

The Euthanasia Debate and Its Implications on The Legalization of Euthanasia In Indonesia

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Abstract

Today, an ethical issue that is controversial and much debated is the practice of euthanasia. The ethical debate on euthanasia is basically about competing moral visions and values. The research method used in this study is qualitative. Information is collected from publications such as books and journals. The advocates for the legalisation of euthanasia based their reasons on compassion and individual autonomy. They argue that euthanasia is right because it removes human suffering. Everyone has the right to determine how to die, concerning when and how. They believe that certain lives, such as people in a persistent vegetative state, are not just worth living. Those who oppose euthanasia say it is morally wrong to kill helpless people, even at their request. Christians who oppose euthanasia base their arguments on the sanctity of life. A person's freedom to decide on euthanasia should follow a structure of healthy moral values. Another key consideration in the debate is the slippery slope argument. Currently, euthanasia is prohibited in Indonesia, as stated in Article 344 of the Indonesian Criminal Code. As more countries legalise euthanasia, the writer believes that the call for legalising euthanasia in Indonesia will be intensified. We need to be better informed because law, medicine, beliefs and reason intersect in the euthanasia debate. The writer will give an overall view of the contemporary euthanasia debate from a Christian perspective.

Keywords: Euthanasia, Individual Autonomy, Sanctity of Life, Law

Abstrak

Hari ini, isu etis yang kontroversial dan banyak diperdebatkan adalah praktik euthanasia. Perdebatan etis tentang euthanasia pada dasarnya adalah tentang persaingan visi dan nilai. Para pendukung legalisasi euthanasia mendasarkan alasan mereka pada belas kasihan dan otonomi individu. Mereka berpendapat euthanasia benar karena menghilangkan penderitaan manusia. Setiap orang



memiliki hak untuk menentukan sendiri cara kematiannya sehubungan dengan kapan dan bagaimana. Mereka percaya bahwa kehidupan tertentu seperti orang dalam keadaan 'koma' tidak layak hidup. Di sisi lain, mereka yang menentang eutanasia mengatakan bahwa secara moral, membunuh korban yang tidak berdaya dengan sengaja bahkan atas permintaan mereka sendiri adalah tindakan yang tidak benar. Orang Kristen yang menentang eutanasia mendasarkan argumen mereka pada kekudusan hidup. Kebebasan seseorang untuk membuat keputusan tentang eutanasia harus dilakukan sesuai dengan struktur nilai moral yang sehat. Pertimbangan utama yang lain dalam perdebatan eutanasia adalah argumen 'kemiringan yang licin'. Saat ini, eutanasia dilarang di Indonesia sebagaimana tercantum dalam Pasal 344 KUHP. Penulis percaya bahwa usaha untuk melegalisasi eutanasia di Indonesia akan meningkat ketika lebih banyak negara setuju melegalisasikan eutanasia. Kita perlu informasi yang lebih baik karena hukum, kedokteran, iman dan rasio bersinggungan dalam perdebatan eutanasia. Penulis akan memberikan pandangan secara keseluruhan tentang perdebatan eutanasia kontemporer dan juga dari perspektif Kristen. Metode penelitian yang digunakan dalam penelitian ini adalah kualitatif. Informasi dikumpulkan dari publikasi seperti buku dan jurnal.

Kata-kata Kunci: Eutanasia, Otonomi individu, Kekudusan hidup, Hukum

Introduction

Euthanasia is a critical ethical issue that needs to be addressed urgently. Three global issues that intensify the euthanasia debate:¹ (i) The advancement of medical technology which increases the lifespan of patients, (ii) the phenomenon of an aging population, (iii) and the weakening of religion's influence. Taking care of patients who suffer from the dreaded Alzheimer's disease or who are in a persistent vegetative state² (PVS) without any hope of recovery, will inflict pain, suffering, and financial burden on their family members. In such cases, should one agree to "Euthanasia" which is the ending of a patient's life intentionally?

¹ Xavier Nugraha et al., "Analisis Potensi Legalisasi Eutanasia di Indonesia: Diskursus Antara Hak Hidup dengan Hak Menentukan Pilihan," *University of Bengkulu Law Journal* 6, no.1 (April 2021): 40, <https://doi.org/10.33369/ubelaj.6.1.39-59>.

² A persistent vegetative state is a medical condition in which a patient is kept alive by medical intervention only. The patient is not able to respond to psychological and physical stimuli as well as not showing any sign of brain activity.

Euthanasia is a controversial topic generating intensive debates on whether euthanasia should be legalized or not. The advocates for the legalization of euthanasia based their reasons on compassion and autonomy. Euthanasia is right because it removes human suffering. Everyone has the right to determine for themselves the way one should die concerning when and how. On the other hand, those who oppose euthanasia say that morally, it is not right to purposely kill helpless people even at their requests.

Since the Netherlands allowed euthanasia and assisted suicide to be performed under strict conditions, several countries have also legalized euthanasia. Among them are Belgium, Canada, Columbia, Luxembourg, New Zealand, and several states of Australia. Currently, euthanasia in Indonesia is a criminal offense. With time, as more and more countries accept euthanasia, the writer believes that the call for euthanasia will increase in Indonesia as people lobby for the legalization of euthanasia.

In the euthanasia debate, we need to be better informed and our minds be alert because law, medicine, beliefs and reason intersect in this controversial issue. In this article, the writer hopes to contribute to the euthanasia debate by providing relevant information for policymakers. They have to make laws concerning euthanasia by taking into account various considerations such as the ethical, logical, and religious aspects. As Indonesia is not an atheistic country but upholds “Pancasila” with its first precept of freedom in religion, input from religious perspectives on euthanasia is important. The writer will give an overall view of the contemporary euthanasia debate as well as from a certain Christian perspective.

Method

The writer used a qualitative research method in this study. He collected data or scientific writings from books and journals on euthanasia. The scope of this study included legal, medical, social, and Christian perspectives on euthanasia.³

³ Helaluddin, Hengki Wijaya, *Analisis Data Kualitatif: Sebuah Tinjauan Teori & Praktik* (Makassar: Sekolah Tinggi Theologia Jaffray Makassar, 2019).

Result and Discussion

Various Terms of Euthanasia

The House of Lords Select Committee on Medical Ethics defines euthanasia as “a deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering”⁴. From this definition, euthanasia is the intentional termination of a patient’s life and it is done to remove intractable suffering.

Euthanasia can be active and passive. Active euthanasia refers to the act of intentionally terminating a person’s life to avoid suffering by means such as lethal injection. Passive euthanasia means letting death happens to avoid suffering. Euthanasia can be voluntary or involuntary.⁵

The lack of clarity in the definition of active euthanasia has led to ambiguity in the present-day euthanasia debate. This has caused the euthanasia debate to be frustrating. John Keown⁶ has therefore clarified active euthanasia by making a distinction between ‘voluntary’, ‘non-voluntary’ and ‘involuntary’ euthanasia.

Voluntary euthanasia is also known as ‘voluntary active euthanasia’ (VAE). The suffering patient requests to be killed. Non-voluntary euthanasia is when the patient is incapable of consenting (such as babies and elderly people with advanced dementia). The patient is not able to make or reject the request for euthanasia. It is also known as non-voluntary active euthanasia (NVAE). It also includes patients who are competent to make a decision but are denied the opportunity to do so.

Involuntary euthanasia is euthanasia without consent. The patient is competent to make a decision but has not consented to euthanasia. Involuntary active euthanasia (IVAE) is the act of euthanasia forced upon competent patients who do not want euthanasia.

In all these three definitions of active euthanasia, doctors are the decision makers on whether euthanasia is necessary or not. They make

⁴ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 11. Also cited in *Report of the Select Committee on Medical Ethics* (HL Paper 21-I of 1993-4), para 20.

⁵ Norman L. Geisler, *Etika Kristen: Pilihan Isu* (Malang: Seminari Alkitab Asia Tenggara, 2001), 198.

⁶ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 16.

decisions based on the belief that it is for the benefit of patients. The objective is to remove intractable sufferings and preserve the dignity of the patients.

Euthanasia can be done by administering lethal injection. This is an act of intentionally ending a patient's life. Euthanasia can also be done by an act of omission. An example of this would be withdrawing a patient's tube feeding intending to kill the patient. The patient eventually dies of starvation. Euthanasia by deliberate omission is also known as passive euthanasia.

The term physician-assisted suicide (PAS) is different from voluntary active euthanasia. PAS is when a physician intentionally helps patients to take their own life. The physician does this by making drugs available for self-administration to patients who voluntarily and consciously request for them.⁷ The means or 'how' to end one's life is given by the doctor, but the final act is done by the patient.

There is a difference between voluntary active euthanasia and physician-assisted suicide. In the former, the death of the patient is because of the act of a third person (doctor). In the latter, the death of the patient is because of suicide.

Autoeuthanasia is when a competent patient firmly rejects certain medical treatment when he knows very well that his action may shorten or end his life. He has to write a written statement of his decision. Autoeuthanasia is euthanasia at one's request.⁸

The Ethical Debate on Euthanasia

The ethical debate on euthanasia is about voluntary active euthanasia and physician-assisted suicide. People may have different and competing moral values. In "Euthanasia, Ethics and Public Policy: An Argument Against Legalisation", John Keown⁹ categorizes the ethical debate on euthanasia under four areas: the value of human life, the value of autonomy, legal hypocrisy and the slippery slope argument.

⁷ Andreas Fontalis et al., "Euthanasia and assisted dying: what is the current position and what are the key arguments informing the debate?," *Journal of the Royal Society of Medicine*; 2-18 III (II): 407.

⁸ Rospita A Siregar, "Euthanasia Dan Hak Asasi Manusia," *Jurnal Hukum tô-râ* 1, no. 3 (Desember 2015): 195, <https://doi.org/10.33541/tora.vli3.1145>.

⁹ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 37.

The Value of Life

The first argument for VAE is about the value of life. Can doctors take their patients' lives intentionally? Different people have different approaches to determining the value of life. This leads to disagreement on whether it is right for a doctor to perform VAE or not. There are three competing schools of thought on this: vitalism, the sanctity of life, and quality of life.

According to the doctrine of vitalism, human life has absolute moral value and worth. Therefore it is not right to take the life of a patient. It is also wrong to fail to save it. Life-prolonging treatment must be given even if it incurs high costs or more pain and suffering. Vitalism requires the preservation of life and prohibits its shortening.

The doctrine of the sanctity of life is derived from the Christian tradition. Man is created in the image of God. Therefore, human life has an intrinsic dignity and one should not intentionally kill a person. In the non-religious secular world, this is known as the inviolability of life. Everyone has the right to live regardless of his condition. The central principle of the doctrine of sanctity/inviolability is that intentional life-shortening must not be allowed. However, this does not mean that life is to be preserved at all costs.

According to the doctrine of quality of life, lives full of suffering and pain are not worth to be lived. Therefore, it is right to purposely end them, whether by deliberate action or omission. This is the position taken by supporters of voluntary euthanasia and physician-assisted suicide. They believe that a patient should die than continue to live a life of pain and suffering. "By ending prospective pain and suffering then, a person's death is said to be a genuine benefit to him or her".¹⁰

John Keown distinguishes between 'Quality of life' and 'quality of life'. The 'Quality of life' (with capital Q) refers to the evaluation of whether the patient's life is worthwhile to be lived while 'quality of life' (with small letter q) refers to the evaluation of the patient's condition, whether a proposed treatment is worthwhile to be carried out or not. "The doctrine of the Quality of life is not only concerned with assessing

¹⁰ Craig Paterson, *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach* (Hampshire, England: Ashgate Publishing, 2008), 105.

the worthwhileness of the treatment but also the worthwhileness of the patient's life."¹¹

The Value of Autonomy

The second argument for VAE is about the value of autonomy. Euthanasia is to be supported based on respect for autonomy.¹² Human beings have the right to self-determination to decide whether to live or die. For euthanasia, it means that a patient should be able to decide when and how to die. Voluntary active euthanasia and physician-assisted suicide are considered to be beneficent acts. They relieve human suffering. One must note that the advocates for VAE emphasize that euthanasia is justifiable only when it is requested by the patient who has decided that life has lost its value.

In advocating personal autonomy, there is an indirect claim that a person's decision should be respected simply because it is his choice, no matter what that choice is. However John Keown¹³ points out that the capacity to choose has its responsibility. One must make choices that encourage human flourishing and not weaken it. We do not live in isolation but in a community. The decisions and choices we make can have deep effects not just on ourselves but on other people as well.

Charles Dougherty argues against euthanasia from the perspective of the common good. What we do in pursuing personal goals influences on the 'common good' of the whole society. The collective good of society is more important than the good of an individual. This means that the actions and policies we take must be beneficial overall to the welfare of the people and society. From this perspective, euthanasia is not just a private issue but a social one. "Euthanasia is a social decision. ...It requires a complying society to make it acceptable."¹⁴

The Walton Committee ruled that disallowing intentional killing is the foundation of social relationships. "It protects each one of us

¹¹ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 43.

¹² Richard M. Gula, *Euthanasia: Moral and Pastoral Perspectives* (Mahwah, NJ: Paulist Pr, 1995); Bernard Hoose, *Christian Ethics: An Introduction* (London: Cassell, 1998), 278.

¹³ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 54.

¹⁴ Richard M. Gula, *Euthanasia: Moral and Pastoral Perspectives* (Mahwah, NJ: Paulist Pr, 1995); Bernard Hoose, *Christian Ethics: An Introduction* (London: Cassell, 1998), 280-281.

impartially, embodying the belief that all are equal.”¹⁵ All are equal including the vulnerable and disadvantaged. Every human being is equal as he possesses both humanity and personhood. Every human being has dignity and intrinsic value. In sustaining the patient’s life who has no hope of recovery, one gives the patient the respect he deserves as a person. For persistent vegetative state patients, this means that we must not take their lives. In exercising VAE, we are doing great injustice to helpless members of our society who need our protection.

Legal Hypocrisy

The third argument for VAE is the perception that the current law concerning euthanasia is hypocritical. This is because although the law disallows VAE, it is not enforced in real-life and is a common practice. The inaction against VAE indirectly implies approval. As John Keown puts it, “While the law ostensibly sets its face against VAE, it nevertheless winks at it.”¹⁶

Advocates for VAE accuse the law of hypocrisy. On one hand, the law disallows doctors from intentionally expediting patients’ death. On the other hand, the law allows the use of palliative drugs which may shorten life through side effects.

To answer this accusation, one must understand that intention is not the same as pure foresight. There is a moral difference between intention and foresight. Whether a bad consequence is intended (the intention to bring about a consequence) or merely foreseen (being aware that the consequence may happen) can make a big difference to the morality of one’s action.

In palliative care, the patient’s pain is relieved through the giving of therapy or drugs even if the treatment may indirectly hasten his death. Ethically, this type of treatment is justifiable under the principle of ‘double effect’ or the ‘unintended bad side-effects’. The conditions that must be met are that the objective is the alleviation of pain, a competent patient has given his agreement, and death is near. In addition, the therapy and its results are perceived to be overall favourable.

¹⁵ John Keown, (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (Cambridge: Cambridge University Press, 1995), 30.

¹⁶ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 58.

In the double effect doctrine, there is a conflict between the principles of non-maleficence¹⁷ and beneficence¹⁸. However it provides a solution to the dilemma and protects the ethical integrity of the medical profession.

The New York State Task Force says that palliative care through the provision of pain medication is ethically and professionally acceptable even if it expedites the patient's death. This is provided the objective of the medication is to relieve severe pain and discomfort without the intention of causing death and it is done by accepted medical practice.¹⁹

The Slippery Slope Arguments

An argument against VAE is the "Slippery Slope" issue. People who oppose the relaxation of the law against VAE are concerned that PAS may eventually become VAE and VAE then becomes NVAE or even IVAE. This means that while they may see nothing wrong with VAE in principle, they do not want VAE legalized. This is because they are afraid that the phenomenon of sliding down the slippery slope will occur. They do not want to see something which they deem acceptable become something that they oppose.

"The slippery slope argument holds that if a proposal is made to accept A, which is not agreed to be morally objectionable, it should nevertheless be rejected because it would lead to B, which is agreed to be morally objectionable."²⁰ Two independent arguments that support the slippery slope argument: the 'empirical' and the 'logical'.

The Empirical Argument

According to the empirical slippery slope argument, a slide will occur from VAE to NVAE in practice. This is because the safeguards to prevent it are not effective. This means that there is a possibility of abuse

¹⁷ According to the principle of non-maleficence, there is a duty not to hurt others. A doctor should not endanger or risk harming his patients.

¹⁸ According to the principle of beneficence, the doctor has the obligation to act for the benefit of the patient. This means that a doctor should prevent harm to the patient. He is to help and save patient who is in a precarious condition.

¹⁹ John Keown, *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation* (Cambridge: Cambridge University Press, 2002), 21.

²⁰ Keown, 71; Also cited in David Lamb, *Down the Slippery Slope: Arguing in Applied Ethics*, 1st edition (London: Croom Helm, 1988); Douglas Walton, *Slippery Slope Arguments* (Oxford England : Oxford ; New York: Clarendon Press, 1992).

if euthanasia is legalized. The relaxation of the law on euthanasia kills not only terminally ill patients but also innocent healthy patients. In “Legal, Social and Ethical Issues in Euthanasia”, Chris O Abakare says that the legalization of euthanasia is not just the termination of life, it is also the decision to terminate life.²¹

The slippery slope argument is clear in Bishop Sullivan’s stance against legalizing euthanasia.²² He says that allowing the direct killing of an innocent person is to release a very dangerous wedge that would eventually endanger all life. Once it started, it cannot be stopped. That is why euthanasia must be condemned.

The Logical Argument

According to the logical slippery slope argument, VAE will eventually lead to NVAE. The advocates of VAE see a central role for doctors to determine case by case if euthanasia is for the benefit of the patients.

The doctor is the one who decides whether it is in the best interest of the patient to die or not. If a doctor can decide VAE for an autonomous competent patient, logically, he could also make the same decision for an incompetent patient. If death is in the best interest of competent patients, shouldn’t incompetent patients suffering from the same condition be treated the same? Therefore based on logical argument, if VAE were given to competent patients who requested it, this would eventually lead to NVAE, when euthanasia is carried out on incompetent patients who never requested it.

The Dutch Euthanasia Experience

In 1984, the Dutch Supreme Court held that when a doctor kills a patient under certain circumstances, he may justify his action by citing the defense of necessity. At the same time, the Royal Dutch Medical Association issued guidelines for euthanasia. Since then, thousands of cases of euthanasia were performed on Dutch patients.

The Dutch euthanasia experience supported the slippery slope argument. In his article, “Euthanasia in the Netherlands: Sliding Down

²¹ Chris O Abakare, “Legal, Social and Ethical Issues in Euthanasia,” *Jurnal Predestination: Jurnal of Society and Culture* 1, no. 2 (Maret 2021): 234,

²² Ibid., 234; Rachels, J. *The End of Life: Euthanasia and Morality* (New York: Oxford University Press, 1986): 171.

the Slippery Slope?”, John Keown²³ says that the Dutch euthanasia experience supported the slippery slope argument in both its forms, the empirical argument, and the logical argument. Within ten years, the strict safeguards against the slide were found to be ineffective. Non-voluntary euthanasia is now carried out widely and is increasingly accepted in the Netherlands.

A Christian Perspective on Euthanasia

The writer would like to point out that there are several Christian perspectives regarding Christian ethics on euthanasia. This is because of the diversity of Christian communities. There are Catholic, Protestant, and Orthodox Christians. In addition, we have thousands of Protestant denominations because of differences in Church doctrines, various interpretations of the Scripture and applications. These in turn will influence their ethical evaluation.

It is therefore not surprising that on one end of the Christian ethics spectrum, we have Christians who adopt an absolutist stance against euthanasia and on the end of the ethical spectrum, we have Christians who indirectly support euthanasia.²⁴ In between, we have Christians who do not specifically approve of active euthanasia but they do take into consideration other factors such as a person's autonomy, the value of life, etc. Here, the writer will give a Christian perspective on euthanasia from the biblical faith-based tradition of the moral interpretation of sacred scriptural texts.

Sanctity of Life

Saul, the first king of Israel, was seriously injured in a battle. A young Amalekite found Saul leaning on his spear. Afraid of being abused and humiliated by the Philistines, Saul asked the young Amalekite to kill him. So the young Amalekite killed him. “So I stood over him and killed him, because I knew after he had fallen he could not survive,” (2 Samuel 1: 10).

²³ John Keown, *Euthanasia in the Netherlands: Sliding Down the Slippery Slope*, 1st edition (London: Croom Helm, 1988); John Keown (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (Cambridge: Cambridge University Press, 1995), 289.

²⁴ Lloyd Steffen, “Christian Perspectives on Assisted Dying: An Issue for Religious Ethics,” in *Euthanasia and Assisted Suicide: Global Views on Choosing to End Life* ed. Micheal J. Cholbi (Santa Barbara, California: Praeger, 2017), 132.

While the Bible does not address euthanasia or physician-assisted suicide directly, the writer believes that the Bible does not approve of euthanasia based on several arguments.

Firstly, in the death of Saul, there are several similarities with voluntary euthanasia.²⁵ It was better for Saul to die than to be tortured and humiliated by his enemy. Death was in Saul's best interest. Everyone was better off with Saul dead. This was especially true for David who would be the next king of Israel. The young Amalekite killed Saul with the best of intentions as Saul could not survive his injury. From the context of euthanasia, Anthony Fisher paraphrased 2 Samuel 1: 10 as "So I stood by him and actively helped him to have a peaceful death because I was sure he was terminally ill."²⁶ So Saul being 'terminally ill' (dying) and in great suffering asked for euthanasia, and died with the assistance of a kind man. The act of young Amalekite who killed Saul was done with good intentions. However it was still a wicked act and deserved severe punishment. David had him struck down.

Secondly, the act of mercy killing by the young Amalekite was against God's law, "*You shall not murder.*" (Exodus 20: 13) Thirdly, the Bible teaches that there is value in suffering. We are to rejoice in our sufferings because suffering produces perseverance. (Romans 5: 3)

Then there is the principle of sanctity of life. An evangelical Protestant Christian website says that the Christian perspective on the subject of 'assisted suicide' is based on the sanctity of life principle, from birth until death. It is God who gives life. It is also God who takes life. In the case of euthanasia, God's Will takes precedence over man's will.²⁷

The Christian sanctity of life principle is derived from revelation and reason. These two sources complement each other.

The revelation of God is revealed in the Bible. Genesis 1: 26 says that we are created in the image of God. We are accorded great dignity. As life is a gift of God and we are His steward, we are called to choose life and not death. Therefore any killing and taking of life intentionally is

²⁵ Anthony Fisher, "Theological Aspects of Euthanasia," *Catholicism*, <https://www.ewtn.com/catholicism/library/theological-aspects-of-euthanasia-12048>; John Keown, (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (Cambridge: Cambridge University Press, 1995), 316.

²⁶ *Ibid.*, 316.

²⁷ Lloyd Steffen, "Christian Perspectives on Assisted Dying: An Issue for Religious Ethics," chapter 6 in *Euthanasia and Assisted Suicide: Global Views on Choosing to End Life*, ed. Michael Cholbi (Santa Barbara, CA: Praeger, 2017), 131.

betraying the trust God has given to us. “The deliberate murder of an innocent person is gravely contrary to the dignity of the human being, to the golden rule, and to the holiness of the Creator. The law forbidding it is universally valid: it obliges each and everyone, always and everywhere.”²⁸

According to the Christian ‘natural law’ tradition, everyone has great and equal worth. Everyone has the right to be respected and protected. It is always wrong to intentionally take the life of an innocent person. The sanctity of life principle is basic to our common morality and deeply rooted in our law and ethics. In classical medical ethics, doctors are meant to heal the sick and not execute patients. It has never endorsed euthanasia whether active or passive. Central to medical ethics is the Hippocratic Oath, “first, do no harm”.

Autonomy

In the garden of Gethsemane, Jesus was contemplating the full horror of the cross. Wayne Grudem²⁹ says that the pain Jesus would have to bear on the cross includes the physical pain and death, the pain of bearing sin, the pain of abandonment and the pain of bearing the wrath of God. Unlike Saul who asked to be killed to be spared of his suffering, Jesus ended his prayer with God’s will be done. (Matthew 26: 42) The humiliation, pain, and death which Jesus would face did not deter him from obeying the Father and submitting to the will of God.

This leads us to the principle of autonomy or personal freedom. Christian faith has high esteem for a person’s life and free will. But today, people view ‘autonomy’ as synonymous with a person’s absolute freedom of self-determination. However, from a Christian perspective, it is a distorted view of human dignity and freedom. It is anti-social. We do not live in isolation. Man is created as a social creature and is meant to live in a community and have relationships with others. Donne³⁰ says that no man is an island but a piece of the continent.

²⁸ Anthony Fisher, “Theological Aspects of Euthanasia,” *Catholicism*, <https://www.ewtn.com/catholicism/library/theological-aspects-of-euthanasia-12048>; John Keown, (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (Cambridge: Cambridge University Press, 1995), 317.

²⁹ Wayne Grudem, *Systematic Theology: An Introduction To Biblical Doctrine* (Leicester, England: Inter-Varsity Press, 2000), 572-577.

³⁰ Anthony Fisher, “Theological Aspects of Euthanasia,” *Catholicism*, <https://www.ewtn.com/catholicism/library/theological-aspects-of-euthanasia-12048>;

Free will is not mere whimsy. We are not free to do whatever we like. We have to take into consideration the moral consequences of our choices. We are accountable to God. In the face of a major decision such as life and death, we should be like Jesus and say, “not my will but Your will be done.”

Duty of Care

“Near the cross of Jesus stood his mother and the disciple whom he loved standing nearby,” (John 19: 25-26). Here, we see Mary waiting by the foot of the cross. In the context of a dying person, we can say that Mary was by the “bedside” of Jesus who was dying. The picture of a mother waiting patiently for her dying son tells us that sometimes the best we can do is to invest ourselves in people who are suffering and dying. This brings us to another principle, the duty of care for others.

One of the reasons for the support of euthanasia is to relieve terminally ill patients of severe pain and suffering. People’s ability to bear suffering differs considerably depending on a person’s attitude and outlook on life. While suffering is not a value in itself, it can be transformed. In God’s sovereignty, suffering has a purpose. It brings the sufferer closer to God. In Christ, the sufferer can bear the suffering courageously and manage it well.³¹ Christians view suffering positively. Madame Guyon said, “It is the fire of suffering that brings forth the gold of godliness.”³² Joni Eareckson Tada wrote, “But only in suffering will we know Jesus.”³³

We are called to care for people who are sick and in need. Compassion for the sick is shown by alleviating their sufferings and not by taking their lives. Pope John Paul II³⁴ once said that in genuine ‘compassion’, we share another pain and do not kill the person whose suffering we cannot bear.

John Keown, (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (Cambridge: Cambridge University Press, 1995), 319.

³¹ Richard M. Gula, *Euthanasia: Moral and Pastoral Perspectives* (Mahwah, NJ: Paulist Pr, 1995); Bernard Hoose, *Christian Ethics: An Introduction* (London: Cassell, 1998), 286.

³² Rick Warren, *The Purpose Driven Life* (Singapore: Campus Crusade Asia, 2005), 193.

³³ *Ibid.*, 194.

³⁴ Richard M. Gula, *Euthanasia*. Cited in Bernard Hoose, (Editor), *Christian Ethics: An Introduction* (London: Continuum, 1998), 286.

There are other positive alternatives to euthanasia such as palliative care. The World Health Organization defines palliative care as an approach that “improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”³⁵

D. Oliver says that palliative care has a lot of benefits. This includes the physical, psychological, and spiritual aspects of patients as well as their families. It is therefore important to make sure that patients are treated by a specialist multidisciplinary team.³⁶

The writer recognizes that palliative care or other positive alternatives such as pain management, good counseling, and chaplaincy may not eliminate suffering. However, we have a community that can support and care for the sick and dying. Like Mary waiting beside the dying Jesus, we could give our time, companionship, prayer and hope.

Just like there is a limit to every positive duty, there is also a limit to the duty of care. While we should not intentionally kill, neither should we continuously delay death from happening when all seemed to be hopeless. One should not be afraid of death. For Christians, death is the door to heaven.

While life is a gift, one should not hold on to it relentlessly through ‘extraordinary’ treatments. “To refuse treatment which is useless or disproportionately burdensome (i.e. extraordinary) is the morally appropriate forgoing of treatment. It is neither euthanasia nor assisted suicide.”³⁷

³⁵ Andreas Fontalis, Efthymia Prousali, and Kunal Kulkarni, ‘Euthanasia and Assisted Dying: What Is the Current Position and What Are the Key Arguments Informing the Debate?’, *Journal of the Royal Society of Medicine* 111, no. 11 (1 November 2018): 407–13, <https://doi.org/10.1177/0141076818803452>.

³⁶ D. Oliver, “A Perspective on Euthanasia,” *British Journal of Cancer* (2006): 954. <https://doi.org/10.1038/sj.bjc.6603365>.

³⁷ Richard M. Gula, *Euthanasia: Moral and Pastoral Perspectives* (Mahwah, NJ: Paulist Pr, 1995); Bernard Hoose, *Christian Ethics: An Introduction* (London: Cassell, 1998), 278.

Indonesia Law on Euthanasia

Euthanasia is considered a criminal act in Indonesia. Article 344 of the Indonesia Criminal Code (Kitab Undang-Undang Hukum Pidana/ KUHP pasal 344³⁸) states that the punishment for anyone who takes the life of another person even at the request of the person himself, who asks for it, is a maximum imprisonment of twelve years. From Article 344, it is clear that euthanasia is prohibited by Indonesia Law. Taufik Suryadi and Kulsum point out that Indonesia only recognizes one type of euthanasia which is euthanasia requested by the patient himself or voluntary euthanasia.³⁹

Indonesia Criminal Code 306 Article 2.1 states that if one of the actions under Articles 304 and 305 results in serious injury, a maximum imprisonment of seven years and six months is given to the offender. However, the offender is punished with a maximum imprisonment of nine years if his action leads to death (Indonesia Criminal Code 306 Article 2.2). Therefore neglecting people who need help can be categorized as a criminal act. In other words, this law can be construed as prohibiting 'passive euthanasia' which often happens in Indonesia.⁴⁰

It is clear that euthanasia in whatever form, whether active or passive, is prohibited in Indonesia. However, a doctor can perform 'passive euthanasia' in the form of stopping medical assistance under certain conditions (the patient has no hope of recovery, the doctor has informed the patient and his family about his incurable terminal illness, and the patient and his family have given their consent). In performing passive euthanasia and if the doctor cannot provide proof that the patient's illness is incurable, the doctor is punishable not because of performing passive euthanasia but of negligence. He will be charged

³⁸ Pasal 344 KUHP secara tegas menyatakan, "Barangsiapa merampas nyawa orang lain atas permintaan orang itu sendiri yang jelas dinyatakan dengan kesungguhan hati diancam dengan pidana penjara paling lama dua belas tahun." [Article 344 of the Criminal Code explicitly states, "Anyone who seizes the life of another person at the request of the person himself who is clearly stated in sincerity is threatened with imprisonment for a maximum of twelve years."].

³⁹ Taufik Suryadi and Kulsum, "Aspek Etika Dan Legal Euthanasia," *Jurnal Kedokteran Syiah Kuala* 18, no 3 (Desember 2018): 178, <https://doi.org/10.24815/jks.v18i3.18022>.

⁴⁰ Rospita A. Siregar, "Euthanasia Dan Hak Asasi Manusia," *Jurnal Hukum tô-râ* 1, no. 3 (Desember 2015): 198, <https://doi.org/10.33541/tora.v1i3.1145>.

under Article 304 of the Indonesian Criminal Code.⁴¹ Article 304 of the Indonesia Criminal Code threatens criminal action against someone who deliberately places or allows someone to be in a miserable condition, especially death or sickness when according to the law, he is obligated to care for him.

In addition, Ministerial Regulation Number 37 of 2014 (Peraturan Menteri Nomor 37 Tahun 2014) has laws that regulate the death and utilization of donor organs. It allows with-drawing life support (penghentian terapi bantuan hidup) and with-holding life support (penundaan terapi bantuan hidup). Its objectives are to provide legal certainty as well as protection to patients, their families, health workers, and health service facilities. The withdrawal of life support is similar to passive euthanasia.

Implications of “Pancasila” on the Euthanasia Debate in Indonesia

On the issue of legalizing euthanasia in Indonesia, the writer believes that one should consider the implications of “Pancasila”. “Pancasila” is the foundation and guiding principle of the Indonesian government. It consists of two Sanskrit words, “*panca*” meaning five, and “*sila*” meaning principle. Therefore “*pancasila*” refers to the five principles. In the euthanasia debate in Indonesia, the first two principles are worthy to be considered.

The first principle is “Belief in the one and only God” (Ketuhanan yang Maha Esa). Every Indonesian has the freedom of religion and there is a need for tolerance and harmony among the various faiths. Apart from medical and legal perspectives, the euthanasia debate also includes perspectives from various faiths. Therefore, Christians do have positive contributions to the euthanasia debate in Indonesia.

The second principle is “Just and civilized humanity” (Kemanusiaan yang adil dan beradab). One of the meanings of this principle is to be fair to others. “To be fair to others” includes viewing others objectively, actions taken should not be beneficial to one party only, not judging the others and everyone has the right to live. The last part of the sentence can be rephrased as “Do not play God! Terminally ill

⁴¹ Putri Azzuri, Handoyo Prasetyo, “Tindakan Euthanasia Pasif Oleh Dokter Terhadap Pasien di Indonesia,” *Jurnal Ilmu Hukum dan Humaniora* 8, no. 4 (2021): 726.

patients and those who are in a persistent vegetative state also have the right to live!”

The Writer’s Position and Perspective on Euthanasia

The advocates for euthanasia believe that certain lives are not just worth to be lived. For people who are in a persistent vegetative state or terminal patients with unbearable suffering, it is right to intentionally end their lives.

The advocates for euthanasia have almost absolute respect for personal autonomy. In the medical context, this is known as the patient’s right to self-determination.⁴² A patient has the right to choose any recommended course of treatment according to his value and beliefs. This means that a terminally ill patient who has no hope of recovery has the right to reject life-sustaining treatment that prolongs life.

Christians who oppose euthanasia base their arguments on the sanctity of life. Human beings are created in the image of God. Therefore, they have great dignity and worth. When a terminally ill patient requests death to remove his suffering as well as not be a financial liability to others, should we comply and hasten the death? The theological answer is a resounding “No!”. “You shall not murder.” If we agree to the request and perform mercy killing, we would have violated the principle of the sanctity of life. God is the giver of life and only God can be the taker of life. Therefore no one should play the role of God, even if the person has good intentions to relieve pain and suffering.

As for the argument of individual autonomy as advocated by those who support euthanasia, while we have free will, our free will should be subservient to the Will of God. We are accountable to God in how we live. This includes what we do with our bodies. We are not free to do whatever we please. We also have to take into consideration the impact on society. Choices are made not just for our own flourishing, but for others as well.

Another possible argument in support of euthanasia is situational ethics. Killing is wrong but killing in times of war is not wrong as it is

⁴² Giesen, Dieter. ‘Dilemmas at Life’s End: A Comparative Legal Perspective’. In *Euthanasia Examined: Ethical, Clinical and Legal Perspectives*, edited by John Keown (Cambridge: Cambridge University Press, 1995), 201.
<https://doi.org/10.1017/CBO9780511663444.016>.

done to save more lives from the hand of a tyrant. Likewise, euthanasia is for the good of people and is necessary as it removes pain and suffering as well as a financial burden on caregivers. Situational ethics takes precedence over moral and divine law. Here, the writer would like to warn of the danger of the slippery slope argument. By approving euthanasia, we are opening a door whereby voluntary euthanasia eventually becomes non-voluntary and involuntary euthanasia. Ending the life of a terminally ill patient who requested for it is “killing”. Some people can accept this type of “killing”. Ending the life of a patient who does not ask nor consent to it, is not “killing”, it is “murder”. Can anyone accept and condone “murder”?

The writer understands that a person who adopts a stance against euthanasia may risk being branded a “Pharisee” or a hypocrite by the advocates of euthanasia because of the legal hypocrisy argument. To address this, the writer would like to give the Reformed’s position on euthanasia and PAS. In 1981, the Advisory Committee on Social Witness (Presbyterian Church –USA) gave a definitive statement on PAS and euthanasia under the title, “The Nature and Value of Human Life”.⁴³ The statement is clearly against euthanasia. However, its text is ambiguous in some sections. This opens the door for euthanasia and PAS in certain extreme situations. The Reformed tradition acknowledges the possibility of justifiable killing in certain circumstances when the two conflicting obligations are equally consistent with the principle of respect for life.

The writer would like to take this opportunity to give his personal views against euthanasia based on his experiences. As he is a Christian, his view is influenced by his Christian faith. The advocates for euthanasia say that people who are in a persistent vegetative state are living a useless and worthless life. The writer’s father died of Alzheimer’s illness in the last part of his life with no memory of his loved ones and he needed tube feeding. While his father was not in a persistent vegetative state, his condition was not far from it. Concerning his father’s condition, the writer has pondered for a long time on God’s promise in Romans 8: 28. God works out all things for our good. What good does it

⁴³ Steven D. Aguzzi, “Suffering Redeemed: A Reformed Argument Against Physician Assisted Suicide and Euthanasia,” *Theology Matters. A Publication of Presbyterians for Faith, Family and Ministry* 17, no. 2 (Mar/April 2011): 5.

do for a person who is in a persistent vegetative state? The writer acknowledges that keeping an Alzheimer patient alive has a great impact on the caregivers in terms of their physical, mental, emotional, and financial well-being. However, the writer believes that an Alzheimer's patient is not totally "inactive" or "useless". His soul is alive and active. Every Christian hopes to be able to worship God in heaven free from all worries and cares for the world. And in a Christian who suffers from Alzheimer's disease or is in a persistent vegetative state, the Lord has given him the honor to worship Him in a condition free from worldly cares while he is still alive on earth. His soul is lifted to God without any worldly distractions at all.

The advocates for euthanasia say that euthanasia is an act of kindness, love, and mercy for those who are suffering gravely with no hope of recovery. The world sees sufferings as something to be avoided. However, Christians do not avoid suffering. Christians embrace suffering. The writer has friends who are suffering from cancer. They are wonderful testimonies for the Lord. One of them has even started a Christian organization to support other cancer victims. Being a cancer patient herself, she not only empathizes with the other cancer patients, she also encourages, strengthens, and gives hope to them. She helps them and their spouses to come to terms with their conditions.

Euthanasia is not only an injustice to the victim, but it also affects surviving family members. Children live with the guilt of "pulling the plug" for years. The writer has heard of regrets that still linger on for years after family members approved the act of 'passive euthanasia' on their beloved ones who were terminally ill. The writer's observation is supported by Helly Prajinto Soetjipto⁴⁴ who says that the decision to stop medical assistance to a terminally ill patient is not easy as family members will be filled with guilt if they stopped trying. In addition, a survey of physicians in the US showed that 24% of doctors who had assisted in euthanasia or PAS regretted their decision on reflection.⁴⁵

⁴⁴ Helly Prajitno Soetjipto, "Konteks Dan Konstruksi Sosial Mengenai Kematian Elektif (Euthanasia)," *Buletin Psikologi*, Tahun VIII, no. 1 (Juni 2000): 26.

⁴⁵ D. Oliver, "A Perspective on Euthanasia," *British Journal of Cancer* (2006): 953.

Conclusion

Euthanasia is likely to become more widespread as medical abandonment and killing are allowed by changes in the common law and medical practice that are more favourable to it. Several developments in Western countries that lead to the increase in support for voluntary active euthanasia: the perception of the value of life, high esteem for personal autonomy, and the downswing of established religious faith.

Currently, euthanasia in whatever form, whether active or passive, is prohibited in Indonesia. This is very clear in Article 344 of the Indonesian Criminal Code. The penalty for anyone who takes the life of another person at the request of the person himself is a maximum imprisonment of twelve years. However, under certain conditions, a doctor can stop giving medical assistance, an act similar to passive euthanasia. If the doctor cannot provide proof that the patient's illness is incurable, the doctor will be charged under Article 304 of the Indonesian Criminal Code for negligence. He will not be charged for performing passive euthanasia. In addition, Ministerial Regulation Number 37 of 2014 (Peraturan Menteri Nomor 37 Tahun 2014) which regulates the death and usage of donor organs allows the discontinuation or delay of life support therapy. This can be likened to passive euthanasia. While Indonesia Law is firmly against euthanasia, it is not so clear about passive euthanasia. Could this give the advocates of euthanasia the chance to accuse Indonesia Law guilty of legal hypocrisy?

In their review of the legislation of euthanasia in Indonesia, the writer hopes that the policymakers will consider input from Christian perspectives as well as the implications of "Pancasila". They should also make new laws that are clearer in their position on passive euthanasia as present laws are rather ambiguous and may even lead to abuse of it. Finally, the writer hopes that the slippery slope argument will deter the softening of Indonesia's law against euthanasia.

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