



EUTHANASIA FOR COVID-19 PATIENTS DURING THE PANDEMIC

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Abstract:

In this study, this paper focuses on the study of euthanasia of COVID-19 patients, which causes the endless spread of COVID-19 and the possible practice of euthanasia assumed by Western medical personnel, as well as the ongoing debate over euthanasia because it is related to religious views. The above-mentioned motives are some factors that the paper attempts with an analytical descriptive writing method that cites references from several literatures such as books, journals, previous research and digital literacy. The study concludes that in Indonesia, although the Criminal Code does not explicitly mention the word euthanasia, however, based on the provisions of Article 344 of the Criminal Code, doctors should refuse to take this action even if the patient's family wishes. According to law, social norms, religion and ethics of doctors, euthanasia is not allowed. It is because the country of Indonesia, which has a majority Muslim population and religion, is in conflict with the issue.

Keywords: euthanasia, Covid-19, pandemic

1. Introduction

The world is currently facing a challenging pandemic circumstance. The rapid extent of the virus has affected the percentage of COVID-19 patients to upsurge. The virus, which is rumored to have originated in Wuhan, was affirmed a global pandemic by the WHO, due to the spread of the virus outside of China, which increased thirteen times in 114 countries with a total death toll of 4,291. In Indonesia, COVID-19 is still a plague at every level of society, because the effects are forceful, which has an impact on the declining population's economy, unstable social state of affairs, and the increased number of patients (Valerisha and Putra, 2020).

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Many countries have complained about the snowballing number of patients infected with COVID-19, and in reality, there are findings of developed countries practicing euthanasia as a means of handling COVID-19 patients, one of which is Spain. Euthanasia itself is known as a rational medical practice. This term was first known by the Greeks with the interpretation of the word "*eu*" which means good, without distress and "*tanathos*" which means death, so euthanasia is to die well without suffering (Notoatmodjo, 2010). In other words, euthanasia is carried out to hasten death due to the severity of the illness so that the patient does not feel the endless misery.

A national case was reported, that there was a husband who submitted a request for euthanasia for his wife who had a brain defect for 2 (two) months after giving birth. This was done because of the cost factor and the small possibility of his wife's life being. This case has attracted public attention because of the practice of euthanasia that is not in accordance with indigenous ethics (Yudaningsih, 2015). It is different from the West, where the existence of euthanasia is no longer marginalized, even euthanasia is one of the objects that has been legalized and regulated in criminal law (Setiawan, 2015). This is very contrary to Indonesian law, both in terms of criminal law and Islamic law, because the law itself has regulated the right to life for every individual. Therefore, euthanasia in Indonesia is still a subject of endless debate, because of the legality and position of the Islamic religious conviction that dominates Indonesian society.

2. Literature Review

Euthanasia itself is taken from the Greek language, namely *eu* which means good, without suffering and *thanatos* which means death with the meaning euthanasia is an act that is desired to end the life of a patient so that he is free from the burden of the malignant disease he is suffering from. According to David Smith, euthanasia has the meaning of "ending human life without pain with the aim of ending severe physical suffering and as a way of dealing with victims who experience incurable pain". Thus, euthanasia is not fully focused on doctors, because of the wishes of the patient and the consent of the parties concerned is substantial.

According to Tjandra Sridjaja Pradjonggo, euthanasia is divided into four forms, namely:

- 1) Voluntary Euthanasia, a request from the patient not to provide treatment or installation of assistive devices that prolong his life.
- 2) Forced Euthanasia, allowing the patient to die by stopping the patient's care without the patient's prior knowledge and consent.
- 3) Mercy Killing is an agreement or agreement between medical personnel and patients for actions to accelerate death.
- 4) Forced Mercy Killing is a deliberate act without the prior knowledge of the patient.

Of the four forms of euthanasia, doctors have indirectly violated the code of medical ethics, which in Article 7d every doctor must always remember the obligation to protect the life of human beings. According to Soekidjo Notoatmodjo, euthanasia can be grouped into 5 groups, namely:

- 1) Passive euthanasia, hastening death by refusing to give/taking usual relief measures, or stopping ongoing regular help.
- 2) Active euthanasia, taking active action, either directly or indirectly, that results in death.
- 3) Voluntary euthanasia, hastening death at the patient's consent or request.
- 4) Involuntary euthanasia, hastening death without the patient's request or consent, is often referred to as mercy killing.
- 5) Euthanasia non-voluntary, hastening death in accordance with the wishes of the patient submitted by or through a third party, or at the decision of the government.

3. Analysis and Discussion

The year 2020 seems to be a terrible year from the eyes of the world, where this year there is an epidemic that does not end. Thousands of people died and the world economy fell harshly. COVID-19 is a type of virus that spreads quickly and usually causes respiratory tract infections, such as the flu, MERS (Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome). In addition, this virus causes coughing, fever, and in susceptible patients it can cause pneumonia, multi organ failure and even death (Setiawan, 2020).

This epidemic was first reported in Wuhan, Hubei Province, China. The source and route of the spread of this virus have not yet been determined due to the very aggressive spread of the virus, until the end of 2019 the coronavirus infects almost the whole world and in March 2020, WHO declared the coronavirus a pandemic (Muhyiddin, 2020). Until now, this pandemic still continues to attack the world and there is no certainty from the government regarding the world's recovery from COVID-19.

Spain as a country that is included in the category of countries with the highest cases of COVID-19, has reportedly begun to formulate euthanasia options as part of handling COVID-19 patients. Media euthanasia is no longer a new thing done by medical personnel in Western Europe; it has even become a reference for patients with vulnerable life histories. India has legalized the practice of passive euthanasia for patients suffering from terminal or incurable diseases. This is done because of the limited opportunity to live by the patient and the right to request to die. Death in science has three interpretations, namely *Orthothanasia* (death that occurs due to natural processes), *Dysthanasia* (unnatural death) and *Euthanasia* (death that occurs with or without the help of a doctor) (Pradjonggo, 2016). The meaning of the third death is often the subject of debate in various circles, because its implementation is controversial. Therefore, this object is often used as material for study and research.

Based on this study, if it is linked again with human rights, euthanasia certainly violates human rights, namely the right to life. The Criminal Code regulates the prohibition of euthanasia, namely in Article 344 of the Criminal Code. From the provisions of this Article, it is clear that what is regulated in the Criminal Code is active and voluntary euthanasia. So, according to Haryadi, in practice in Indonesia, Article 344 of the Criminal Code is difficult to apply to filter euthanasia as a crime, because

euthanasia that often occurs in this country is passive, while the existing regulations prohibit active and voluntary euthanasia.

Although the Criminal Code does not explicitly mention the word euthanasia, however, based on the provisions of Article 344 of the Criminal Code, doctors should refuse to take action to kill lives, even if the patient's family wishes. By law, social norms, religion and ethics of doctors, euthanasia is not allowed. The Dutch obtained euthanasia, but it was not done haphazardly. A court order is required to do this. Even if the patient's family expresses their desire to perform euthanasia, the court may refuse to make a decision. For example, in a case around 1990 in the Netherlands, a patient's family who wanted to perform euthanasia was rejected by the court although it was finally granted. For this reason, if there is no other way, there is no longer any hope of life and a person is bio medically forced to take his life through euthanasia, there must be a court order to carry out the process. This is because the court's decision will be used so that the family or party requesting cannot be convicted. Likewise with the role of doctors, so doctors cannot be called malpractice. In addition to court decisions, information from the prosecutor's office must also be requested so that in the future the state does not demand the euthanasia issue. Although in reality a person's life and death can only be determined by God.

In Indonesia, this attempt to apply for euthanasia occurred at the end of 2004, the husband of Mrs. Again, submitted a request for euthanasia to the South Jakarta District Court to end his wife's suffering, but the application was rejected by the court. The act of euthanasia must meet medical requirements and not for socio-economic reasons. So, euthanasia is indeed prohibited in Indonesia, especially active euthanasia can be sentenced to a maximum of 12 years in prison. However, in practice it is not easy to ensnare the perpetrators of passive euthanasia, which often occurs.

Looking at the issue of COVID-19 and euthanasia, Islamic law views the practice of euthanasia which is considered haram. It is carried out because it is not in accordance with Indonesian law and COVID-19 which is still attacking and endemic. Broadly speaking, COVID-19 sufferers are the same as patients who are susceptible to life, because someone who is exposed to COVID-19 has a disease with a virus for which no antidote has yet been found, besides this disease spreads and attacks other organs quickly, if the patient's immunity weak, he will die.

Facilitating the process in this way is not justified by *syara'*, because that is why doctors have taken active actions with the aim of killing the sick person and hastening his death through drug overdose or using other medical devices. In this case, the doctor had committed the murder. In *jinayah*, murder is divided into 3 parts, namely: intentional killing (*Qatl 'Amd*), intentional like murder (*Qatl Shibh al-'Amd*) and wrongful or misdirected killing (*Qatl al-Khata'*). In this case, the doctor has committed deliberate murder because of an active act. According to Sayyid Sabiq, what is meant by intentional murder is the killing by a *mukallaf* to another person whose blood is protected, by using a tool which in general can cause death.

One way to atone for murder is by *diyat*. *Diyat* is property that is handed over to the family (heirs) of the victim as a result of committing a crime to another person by

killing or injuring a person, *diyyat* is devoted to compensation for life. For example: a person who kills accidentally is punished with a *diyyat* in the form of freeing a slave and paying 100 camels to the victim's family.

The act of active euthanasia was carried out by the doctor because of the approval of his family, this often happened because the family felt sorry for the sick or even the family was no longer able to pay for it in Islam. It is forbidden because in fact diseases is a test from the almighty, because families who are given these trials and sick patients must always be patient and have trust in Allah, because illness, recovery and death only belong to Allah, people as servants are not entitled to make decisions that precede His destiny. Passive euthanasia is to facilitate the process of death in a passive way by stopping treatment or not giving treatment until the sick person dies by himself. This is based on the doctor's belief that the treatment or medicine he gives is useless and does not give hope to the sick person, in accordance with the *sunnatullah* and the law of cause and effect.

Many friends chose to be patient with their illness rather than seek treatment such as Ubai bin Ka'ab and Abu Dharr, but not all of them used this path, there were some scholars who chose to seek treatment when sick. According to Yusuf al-Qardhawi, legal treatment or treatment is *mustahab* or mandatory if the patient can be expected to recover. While the continuing legal treatment is not mandatory if there is no hope of recovery. In this case, this act of euthanasia is *jaiz* and justified by *syara*, if the family allows it and the doctor is allowed to do it without any sanctions or penalties.

In the explanation above, it can be understood that the practice of passive euthanasia is allowed, because it is not carried out actively or intentionally causes the patient to die, the doctor is no longer responsible for the patient because there is no longer treatment or use of medical devices, here the doctor does not receive sanctions that incriminate him. As for the sick person's family, they have tried their best to pay for medical treatment and others, if the family asks for passive euthanasia there is no penalty for it because they only do not provide treatment to the sick person who is considered not to have a long life and Allah destined the sick person to do so. death is not the will of the family itself.

For example, if there is a pregnant woman who is about to give birth, then the fetus has problems so a cesarean section must be performed, namely removing the fetus by splitting the mother's stomach. So here will appear two harms. The first harm is the splitting of the mother's stomach which will at least be risky for her, or the second harm is not saving the fetus in the mother's stomach. So, the lightest harm must be chosen, namely splitting the mother's stomach to save the fetus.

In the case of the practice of euthanasia for COVID-19 patients, which is an option for handling COVID-19 in Spain, this rule can be applied, where both cases are equally dangerous. With the first *mudhorot*, namely the practice of active euthanasia but not transmitting COVID-19, but in this case the doctor practicing active euthanasia means that he has committed murder, the patient who requested euthanasia has committed suicide and the family who gave the euthanasia permit is classified as legalizing the act

of murder and all receive criminal sanctions and the most severe sanctions from Allah SWT.

The second *mudhorot* is intensive care for COVID-19 patients but it is unlikely that they can transmit the virus. In this case, the lightest harm was chosen, namely doing intensive care, although there is a small chance that someone will be infected. With this, independent prevention can be carried out by carrying out activities that strengthen immunity so as not to be exposed to COVID-19, and many countries have managed to get through the dismal period of COVID-19 such as Iran, South Korea and China.

4. Conclusion

Based on these descriptions, the conclusion that can be detailed in this presentation is that in Indonesia, although the Criminal Code does not explicitly mention the word euthanasia, however, based on the provisions of Article 344 of the Criminal Code, doctors should refuse to take action to kill lives, even if the patient's family wishes. According to law, social norms, religion and ethics of doctors, euthanasia is not allowed. The euthanasia is an option that was touted by the Spanish state as a handling of COVID-19 is better avoided. It is because the country of Indonesia, which has a majority Muslim population and religion, is in conflict with the issue. For doctors and families who perform active euthanasia of the sick person is considered to be murder and will be charged with murder, while if the sick person asks for it himself, then he has committed suicide and Allah has given the maximum chastisement.

Conflict of Interest Statement

The authors declare no conflicts of interests.

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