

# Terminal Patient Autonomy and Bioethical Dilemmas: A Legal-Ethical Analysis of Do Not Resuscitate (DNR) Implementation Based on Law No. 17/2023

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## Abstract

**Research Objective:** Advances in medical technology have created new challenges in determining the end of life, blurring the lines between preserving life and prolonging suffering. This article aims to comprehensively analyze the philosophical, sociological, and legal aspects of terminally ill patients' rights, Advance Directives, and the implementation of Do Not Resuscitate (DNR) within the current Indonesian health law framework. **Methodology:** The research method used is normative juridical with a statutory and conceptual approach. **Results:** The results of the study indicate that although Law Number 17 of 2023 concerning Health recognizes the right to refuse medical treatment (Refusal of Treatment) through Article 276 and provides protection for health facilities in Article 192, there is a discrepancy with Article 461 of the National Criminal Code, which still criminalizes the act of taking life on request. This condition triggers significant moral distress among nurses (reaching 47.8% in critical care units) due to procedural uncertainty and the conflict between the principles of beneficence and autonomy. **Conclusion:** The study concludes that national standardization of Advance Directives and strengthening the role of nurses in palliative care teams are necessary to ensure a dignified death (good death).

**Keywords:** *Terminal Patients, Advance Directives, Do Not Resuscitate (DNR), 2023 Health Law, Nursing Ethics*

## INTRODUCTION

Evolution in healthcare has shifted the medical paradigm from a traditional paternalistic model, where the doctor is considered to know what is best for the patient (doctor knows best), to a more equal relationship based on individual autonomy. This transformation reaches a crucial point when faced with the terminal phase, where aggressive medical interventions are often considered a form of medical futility that only prolongs the dying process rather than providing a cure.

In Indonesia, the discourse on the right to die peacefully has resurfaced following the enactment of Law Number 17 of 2023 concerning Health and Law Number 1 of 2023 (the National Criminal Code). One of the most controversial yet urgent instruments is Advance Directives (AD), a legal document that outlines the patient's wishes regarding future medical treatment once they are no longer competent. ADs often include Do Not Resuscitate (DNR) orders, which instruct medical personnel not to perform Cardiopulmonary Resuscitation (CPR) if the patient experiences cardiac arrest.

For nursing staff, a DNR is more than just an administrative status. Nurses are on the front lines, often witnessing the suffering of terminally ill patients and facing pressure from their families. The unclear regulations regarding "passive euthanasia" create a significant ethical dilemma: the professional obligation to save lives and the ethical obligation to respect the patient's autonomy and dignity. The case of Nazaruddin Razali's request for lethal injection at the Lhokseumawe District Court in 2022 is clear evidence that the need for legal certainty regarding the end of life has become a pressing sociological issue in Indonesian society.

Although numerous legal studies have discussed euthanasia and patients' rights in Indonesia, relatively few have specifically examined the legal interaction between Advance Directives, Do Not Resuscitate (DNR) orders, and refusal of treatment under the newly enacted Health Law No. 17 of 2023

alongside the National Criminal Code (Law No. 1 of 2023). Furthermore, previous studies have generally focused on legal doctrine without integrating bioethical principles and the practical implications for nursing professionals. This study addresses these gaps by providing an interdisciplinary legal-ethical analysis that combines statutory interpretation, bioethical principles, and nursing perspectives to support future development of national DNR policies.

For conceptual clarity, Advance Directives (AD) refer to written statements expressing a patient's future healthcare preferences should decision-making capacity be lost. A Do Not Resuscitate (DNR) order specifically instructs healthcare providers not to perform cardiopulmonary resuscitation (CPR) during cardiac or respiratory arrest. Refusal of treatment is a broader legal right allowing competent patients to decline medical interventions. These concepts differ fundamentally from passive euthanasia, which remains legally and ethically controversial because it involves withholding or withdrawing life-sustaining treatment under specific circumstances. Distinguishing these concepts is essential to avoid legal and ethical ambiguity in clinical practice.

## **METHODS**

This study employed a normative legal research method (doctrinal research) with an interdisciplinary approach that combines aspects of health law and nursing ethics. The approaches employed included a statute approach to review Law No. 17 of 2023 and the New Criminal Code, and a conceptual approach to analyze the theories of autonomy and bioethics. Secondary data were obtained through a literature review of health law textbooks, the Indonesian Nurses' Code of Ethics (PPNI), and indexed scientific research journals. The analysis was conducted qualitatively and prescriptively to offer solutions to the problems of legal norm discrepancies and professional ethical dilemmas.

The legal analysis followed four systematic stages: (1) identification of relevant statutory provisions and legal doctrines; (2) interpretation of legal norms using statutory and conceptual approaches; (3) comparative analysis between health law provisions, criminal law, and bioethical principles; and (4) formulation of normative recommendations to address inconsistencies and improve legal certainty for DNR implementation in Indonesia.

## **RESULT**

### **Theoretical Foundation: Dialectics of Bioethics and Law**

Beauchamp and Childress's Principlism Theory In bioethics, there are four basic principles that guide clinical decision-making:

1. **Autonomy:** Respecting an individual's right to self-determination. This principle underlies the doctrines of informed consent and informed refusal
2. **Beneficence:** The obligation to provide maximum benefit to the patient. Often conflicts with autonomy when a patient refuses treatment.
3. **Non-maleficence:** The principle of *primum non nocere*, or the obligation not to worsen a patient's suffering.
4. **Justice:** The equitable allocation of health resources, especially in situations of ventilator shortages.

### **Nursing Ethics and Moral Distress Theory**

Nursing ethics emphasizes the moral responsibility to provide humane care and facilitate a dignified death. However, nurses often experience moral distress—a state of psychological stress that arises when nurses know the morally correct action (e.g., honoring a patient's DNR wishes) but are hindered by institutional policies or fear of legal repercussions. Research shows that the moral distress rate among healthcare workers in critical care units reaches 47.8%, contributing to a decline in the quality of care and an increase in burnout rates.

## DISCUSSION

### Legal and Implementation Dynamics

**Table 1. Comparison of End-of-Life Regulations in Indonesia**

Comparison Dimensions	Law No 17/2023 (Health)	National KUHP (Law No. 1/2023)
Legal Status Of Refusal	Legitimate as a patient's right to autonomy (Article 276).	Taking a life on demand is a crime (Article 461).
Legal Responsibility	Health care facilities are not responsible if the patient/family refuses treatment (Article 192).	The perpetrator is threatened with a maximum sentence of 9 years in prison.
Regulatory Focus	Protection of medical personnel and fulfillment of the right to access health.	Protection of the value of life from active actions to end life.
Implementasi DNR	Recognized as part of the medical treatment refusal procedure.	At risk of being considered a form of negligence if it does not meet strict clinical criteria.

The transformation of health law through the Omnibus Law, Law No. 17 of 2023, brings significant changes to the rights of terminally ill patients.

Article 192 of the 2023 Health Law explicitly states that hospitals are not legally responsible if a patient or their family refuses or discontinues treatment that results in death, provided a comprehensive medical explanation has been provided. However, challenges arise from Article 461 of the New Criminal Code, which continues to criminalize the act of "taking a life upon a sincere request." Although the penalty has been reduced from 12 years (Article 344 of the old Criminal Code) to 9 years, this article remains a sword of Damocles for medical personnel.

Internationally, Advance Directives and DNR orders have been formally recognized in many jurisdictions. In the United States, the Patient Self-Determination Act requires healthcare institutions to inform patients of their rights to prepare Advance Directives. In the United Kingdom, Advance Decisions to Refuse Treatment (ADRT) are legally recognized under the Mental Capacity Act 2005. Likewise, Singapore's Advance Medical Directive Act allows competent adults to formally refuse extraordinary life-sustaining treatment under specific clinical conditions. Compared with these countries, Indonesia has not yet established comprehensive legal procedures governing Advance Directives and DNR documentation, resulting in greater uncertainty for healthcare professionals.

The coexistence of Article 276 of Health Law No. 17 of 2023 and Article 461 of the National Criminal Code creates normative tension rather than direct legal contradiction. Article 276 emphasizes patient autonomy by recognizing the right to refuse medical treatment after receiving adequate information, whereas Article 461 protects the sanctity of life by criminalizing intentional acts aimed at ending life upon request. Consequently, healthcare professionals implementing DNR orders may experience legal uncertainty when the boundary between lawful refusal of treatment and prohibited euthanasia is not clearly regulated through implementing regulations.

### Philosophical and Sociological Analysis of the Nazaruddin Razali Case

The Nazaruddin Razali case in Lhokseumawe (2022) reflects the legal impasse in Indonesia. The court rejected the euthanasia request, citing the lack of legal basis and the principle that the right to life is a non-derogable right. Sociologically, this demonstrates that society is beginning to consider end-of-life autonomy due to suffering and economic factors, yet the legal system still upholds the sanctity of life as an absolute principle. This often leads to passive euthanasia, or DNR, being carried out

undercover (pseudo-euthanasia) without adequate documentation, which actually jeopardizes the legal protection of healthcare workers.

### **Nurses' Dilemma in DNR Implementation**

Nurses are often caught in a conflict of roles. On the one hand, hospital Standard Operating Procedures (SOPs) require CPR as the initial emergency response. On the other hand, the DNR label (usually a purple wristband) requires nurses to refrain from lifesaving measures. Factors that exacerbate the nurses' dilemma include:

1. **Lack of Involvement:** DNR decisions are often dominated by physicians (DPJPs) without involving nurses who are more familiar with the patient's daily condition.
2. **Conflict with Family:** Situations often arise where families abruptly revoke the DNR order when a patient experiences respiratory arrest due to emotional distress.
3. **Lack of Standardized DNR Documentation:** Each hospital has its own DNR and DNR order formats, creating confusion during patient transfers.

Beyond ethical concerns, nurses and physicians may also face potential legal risks when implementing DNR decisions without nationally standardized procedures. These risks include allegations of medical negligence, criminal liability, civil litigation from family members, and disciplinary proceedings before professional regulatory bodies. The absence of uniform documentation and institutional protocols further increases uncertainty and defensive medical practice.

### **Potential Impacts and Strategic Solutions**

This uncertainty impacts on the quality of patient deaths, resulting in undignified deaths and the mental health degradation of nurses. Proposed solutions include:

1. **Legal:** Establishment of a Government Regulation (PP) as a derivative of Law No. 17 of 2023 that specifically regulates DNR medical criteria and procedures for nationally valid Advance Directives.
2. **Institutional:** Hospitals are required to establish interdisciplinary palliative care teams that involve nurses and ethics committees in every DNR decision-making process.
3. **Psychosocial:** Implementation of mental health support programs for nurses to address moral distress and training in end-of-life therapeutic communication for patients' families.

Persistent moral distress may contribute to emotional exhaustion, professional burnout, reduced job satisfaction, and decreased quality of patient-centered care. Nurses experiencing prolonged ethical conflict may become reluctant to participate in end-of-life decision-making, potentially affecting interdisciplinary communication and delaying appropriate palliative care interventions.

Implementing nationally standardized Advance Directives in Indonesia may encounter several challenges, including cultural diversity, religious values regarding end-of-life decisions, limited public awareness, differences in hospital resources, and the absence of standardized documentation systems. Therefore, successful implementation will require collaboration among legislators, healthcare institutions, professional organizations, religious leaders, and patient advocacy groups.

## **CONCLUSION**

The right of terminally ill patients to refuse medical treatment is an integral part of human rights, which has now received partial recognition in Health Law Number 17 of 2023. However, the implementation of Advance Directives and DNR is still overshadowed by the inconsistency between the autonomous-palliative nature of health law and the absolute-protective nature of criminal law.

Nurses, as the primary providers of nursing care, experience the greatest psychological impact due to this regulatory uncertainty, leading to high rates of moral distress.

This study has several limitations. First, it relies exclusively on normative legal analysis and does not include empirical data from healthcare professionals, patients, or policymakers. Second, the legal interpretation presented reflects the current regulatory framework, which may evolve through future legislation or judicial decisions. Future research should integrate empirical studies involving nurses, physicians, legal experts, and patients to validate the practical implications of DNR implementation in Indonesian healthcare settings.

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**Informed Consent Statement:** Patient consent was waived because this study did not involve human participants, interviews, surveys, clinical interventions, or identifiable personal data.

**Data Availability Statement:** The data supporting the findings of this study are available within the article and its reference list. All materials analyzed were obtained from publicly accessible legal documents, legislation, government regulations, textbooks, and published scientific literature. Additional information is available from the corresponding author upon reasonable request.

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