www.bircu-journal.com/index.php/birci
Budapest International Research and Critics Institute-Journal (BIRCI-Journal)
Humanities and Social Sciences
ISSN 2615-3076 Online)
ISSN 2615-1715 (Print)
Budapest Institute

Implementation of "Do Not Resusitate (DNR)" In Indonesia's Law and the Study of Ethical Principles of Their Implementation

Kadek Radhitya Vidianditha[1], I Nyoman Bagiastra[2], Ria Tri Harini Dwi Rusiawati[3]
[1,2] *Faculty of Law, Udayana University*
[3] *Faculty of Medicine Ganesha University of Education*
dithabasuki@gmail.com, nyoman_bagiastra@unud.ac.id, harini.dwi.rusiawati@undiksha.ac.id

Abstract

This study aims to analyze and examine in depth the implementation of the " Do Not Resuscitate (DNR)" medical action in the perspective of legislation in Indonesia. This study also discusses and examines the ethical principles in the implementation of " Do Not Resuscitate (DNR)" as part of Euthanasia and pseudo-euthanasia. This research uses normative legal research methods, using a statutory approach (status approach), and a conceptual approach (conceptual approach). The results of this study are the first with not explicitly regulated the implementation of " Do Not Resuscitate (DNR)" as part of Euthanasia or pseudo euthanasia depending on the case and condition of the patient being treated by medical personnel in Indonesian legislation, making frequent conflicts both from the side of the patient or medical personnel. Second, several countries in the world already have national guidelines to make it easier to do " Do Not Resuscitate (DNR)", Indonesia, which only relies on ethical studies, is deemed insufficient for medical personnel to do " Do Not Resuscitate (DNR)", So there are often ethical dilemmas.

Keywords
do not resuscitate (DNR); euthanasia; false euthanasia; legislation; ethical principles

I. Introduction

DNR is a part of a medical procedure which is classified as Euthanasia and/or pseudo-euthanasia depending on the case and condition of the patient being treated. Based on the opinion expressed by Kartono Muhamad who is the General Chair of the Indonesian Doctors Association (IDI) for the period 1991-1994, that Euthanasia can be grouped into several 3parts, namely:

1. Passive Euthanasia, i.e. hastening death by refusing to give/taking usual relief measures, or stopping regular ongoing help.
2. Active Euthanasia, which is taking actively, either directly or indirectly, which results in death.
3. Voluntary Euthanasia, i.e. hastening death with the consent or request of the patient. Involuntary Euthanasia, which is hastening death without the patient's request or consent, which is often referred to as *merey killing* .
4. Non-voluntary euthanasia, namely hastening the death of a patient that can be delivered by or through a third party, or at the decision of the government.

The types of Euthanasia above are the types that are commonly used in the health sector, but apart from that there is also pseudo-euthanasia. According to MJJ Leenen who is a Professor of Health Law at the Faculty of Law and the Faculty of Medicine, Van Amsterdam University stated that the forms of pseudo-eunthanasia consist of:

1. Termination of medical treatment due to symptoms of brain stem death.

The human ability to think and feel will be active if the brain organs can work properly, but if the brain is no longer functioning properly, then intellectual and psychological life ends even though the respiratory organs and heart rate are normal. The occurrence of brain death in the process of death is a sign that someone has died.

2. Termination of a person's life due to an emergency because the power is not resisted (*force majeure*)
   Article 48 of the Criminal Code can be applied in the medical world if there is a case where a doctor must help two patients, both of whom must receive medical treatment with the help of a medical device, but only one medical device is available, then the medical device is attached to the first patient who The former was admitted to the hospital, thus making the second patient have to die because he did not get medical treatment. Cases like this cannot be evidence that the doctor has committed a punishable act.
3. Discontinuing a medical treatment that is no longer useful (*zinloos*)
   According to Leenen, carrying out medical actions that are not useful or can be said to be legally futile will be seen or considered as persecution. A doctor should not give medical action if there is no longer a result that can be expected even though the action can cause the patient to die. Cases like this also cannot be used as evidence that the doctor has taken action that can be punished, because if medical treatment is no longer useful, then the doctor will be considered incompetent to take medical care.
4. The patient refuses medical treatment or action against him
   The refusal to do treatment or medical action taken by the patient will of course make the patient die, especially if the patient is in a critical condition. Regarding this matter, it can be concluded that doctors are not willing to carry out medical treatments or actions without the patient's permission. For this reason, an agreement is needed (Article 1320 of the Civil Code), but if a doctor performs treatment or medical action without the patient's permission, then it can legally be subject to Article 1352 of the Criminal Code regarding Persecution.

DNR is a difficult thing to do given the many considerations that must be considered beforehand, therefore there are often pros and cons regarding DNR. Regarding the state of death or the state of cessation of blood flow as we know so far and has also been regulated in Government Regulation No. 18 of 1981 concerning Clinical Corpse Surgery and Anatomical Corpse Surgery and Transplantation of Instruments or Human Tissues (Government Regulation No. 18 of 1981) which states that the cessation of the function of the heart and lungs, can no longer be used because resuscitation technology has allowed the heart and lungs to function again. Assessed from an ethical point of view whether or not DNR was carried out, seen from cardiac and pulmonary resuscitation measures which were not limited by legal and technical limitations, but considered bioethical principles, namely the principle of benefit (beneficence), the principle of do not harm (non-malficence). , fair treatment (justice) , and the patient 's autonomy (autonomy) . Not only that, the rules of several religions also justify the existence of DNR actions, especially if the CPR/CPR action is considered futile to be carried out and actually adds to the burden both from the side of the patient and family or from the side of the medical staff. Most of the hospitals in Indonesia do not have regulations for conducting DNR, including regarding the marking of DNR patients with purple bracelets, this regulation is only applied to hospitals on the basis of fulfilling accreditation. The regulations and/or laws governing DNR actions are not yet clear in Indonesia, so most of the DNR orders in Indonesia have not been legally documented. Arrangements regarding the implementation of DNR actions and guidelines (guidelines) or SPO (Standard Operating Procedures) in carrying out DNR should be clarified again.

II. Research Method

This study uses a normative legal research method, using a statutory approach (statue approach), and a conceptual approach (conceptual approach). The legal materials studied in this study are primary legal materials, namely: the 1945 Constitution of the Republic of Indonesia, Law Number 23 of 1847 (KUHPer), Law Number 1 of 1946 (KUHPidana), Law Number 39 1999 concerning Human Rights, Law Number 36 of 2009 concerning Health, Law Number 23 of 2002 concerning Child Protection, Law Number 29 of 2004 concerning Medical Practice, Regulation of the Minister of Health Number 25 of 2014
concerning Health Efforts, Regulation of the Minister of Health Number 37 of 2014 concerning Determination of Death and Use of Organs, as well as secondary legal materials, namely: a study on " Do Not Resuscitate (DNR) ", Euthanasia, False Euthanasia, Legal protection for children as DNR patients, ethical principles of DNR implementation. The technique of collecting legal materials by means of a literature study which examines and reviews books and previous research as a reference and obtains a theoretical basis related to the problems to be analyzed.

III. Result and Discussion

3.1 Implementation of "Do Not Resuscitate (DNR)" in the Perspective of Legislation in Indonesia "Do Not Resuscitate (DNR)" in the Perspective of Indonesian Health Law

As we know, Indonesia does not have regulations that specifically regulate the implementation of DNR. In fact, DNR medical action can be classified as a form of euthanasia even though there is no legal certainty about it. For now, Article 1 paragraph (1) of the Regulation of the Minister of Health Number 37 of 2014 concerning Determination of Death and Use of Organs states that medical practice is carried out on the basis of an agreement between a doctor or dentist and a patient in order to maintain, prevent, improve, treat, and recover. health, so this Article is often used as a basis for carrying out Euthanasia. Active Euthanasia and Passive Euthanasia which are carried out without the patient's request or consent will be subject to several articles in the Criminal Code, such as Article 338 of the Criminal Code. In the event of a brainstem death condition in a patient, the criminal element committed by a doctor or other medical personnel will also be eliminated if the life support equipment is removed. This is also reinforced by the opinion of Fred Ameln who stated that " There is no action against the law if it has been medically confirmed that a medical action is no longer useful ". Then there is also Article 117 of Law Number 36 of 2009 concerning Health (Health Law) which states " A person is declared dead if the function of the heart, circulation system and respiratory system is proven to have stopped permanently, or if brain stem death has been proven ." this makes the act of euthanasia or pseudo euthanasia cannot be classified as deprivation of life as stated in articles 334 and 338 of the Criminal Code because deprivation of life cannot be carried out on people who have been declared and or are in a dead condition.

Back to the Regulation of the Minister of Health Number 37 of 2014 as a derivative regulation of Law Number 36 of 2009 concerning Health, which in Article 13 paragraph (1) of the Minister of Health Number 37/2014 states that " After a person is determined to be brain stem dead, then all therapies life support must be stopped immediately ", however, the only doctor who can determine a patient in a brainstem death state is a doctor, this is in accordance with Article 9 of the Minister of Health. The Minister of Health Regulation Number 37/2014 also contains criteria that will distinguish coma and coma caused by brain

stem death in detail which can be seen in Article 11. Then there is Article 15 of the Minister of Health Number 37/2014 which also regulates the patient's family as a party who also has rights. to request the termination of the provision of life support to patients experiencing brain stem death if: 1) there is a will from the patient; or 2) Patients who have not made a will, but the family believes that if the patient will agree to discontinue life support equipment and still be based on the beliefs held.

With the existence of Law Number 36 of 2009 concerning Health and also Regulation of the Minister of Health Number 37 of 2014 it is the basis for doctors or other medical personnel to take " Do Not Resuscitate " actions without having to be overshadowed by criminal elements. Although there are no laws and regulations in Indonesia that clearly distinguish between Euthanasia and pseudo-euthanasia, by acknowledging brainstem death as the definition of death, it can guarantee that there will be no punishment if medical personnel have to perform Ethanasia or pseudo-euthanasia as well as DNR actions. as one of the actions classified as pseudo euthanasia. We can conclude from the adage " Lex Specialis derogate Lex Generalis ", Health Law is a special rule (Lex Specialis) that overrides the Criminal Code as a general rule (Lex Generalis).

3.2 “Do Not Resuscitate (DNR)” From a Human Rights Perspective

Human rights are often known as rights that have been attached to humans since they were still in the womb. Article 9 paragraph (1) of Law Number 39 of 1999 concerning Human Rights regulates the right to life which is owned by humans which may almost have no right to die, although there are several conditions of death which are often caused by human rights violations. At first glance, Euthanasia and pseudo-euthanasia can be used as acts of depriving a patient of the right to life. This will be inversely proportional if the patient feels he has the right to avoid suffering from the illness he is suffering from and cannot be cured. Moreover, if the act of Euthanasia or False Euthanasia is requested by the patient himself. In Indonesia, which is a country that believes that God is the main thing and Almighty which can be seen in the first precepts of Pancasila, this can raise the possibility that Euthanasia or pseudo-Euthanasia can be taken for granted, especially if a religion justifies DNR actions. Not infrequently, euthanasia can be carried out if the court allows it even though it violates Law Number 39 of 1999 concerning Human Rights in Article 4 and Article 9 paragraph (1). If then there is a problem regarding the patient's basic right to determine his own destiny (his body) which is also regulated in Law Number 39 of 1999 concerning Human Rights in Article 21 which states that " Everyone has the right to personal integrity, both spiritually and physically and therefore it should not be the object of research without his consent”. The right to determine one's fate includes the right to determine or refuse health services, the right to choose a health facility or a doctor, the right to view medical records, including the right to end one's life.

After getting clear information from a competent doctor that a patient can no longer be cured, then the patient has the right to request for Euthanasia or pseudo euthanasia, namely " Do Not Resuscitate " medical action, the treatment will stop because the patient has accepted the risk of losing his life even before his critical period.

3.3 “Do Not Resuscitate (DNR)” in Civil Law Perspective

Legally, Euthanasia has been discussed in several articles of the Civil Code. There are two forms of liability of doctors in the field of civil law. The first thing is the legal relationship that occurs because of an agreement and if this agreement is violated it will create a default as regulated in Article 1238 of the Civil Code. The second thing is an unlawful act (onrechtmatigedaad) in accordance with Article 1365 of the Civil Code. In

general, in written consent, after a clear and relevant explanation from a competent doctor, the patient will be given an informed consent form to sign if the patient agrees with the final decision.

It is important to remember that DNR requests are purely patient requests on their own behalf. There is no provision that the family can request a decision for a DNR. All aspects of DNR approval must be carefully considered, both in terms of good and bad effects as a rescue effort. DNR is used to respect and protect patients' autonomy rights and avoid them from further suffering during the treatment or treatment period. The assessment made by the doctor on the results of medical therapy carried out by the patient is not always a reason for DNR, therefore input from the patient and the patient's family is also still taken into consideration by doctors and other medical personnel so that unilateral statements do not occur.

Passive and pseudo-euthanasia actions must clearly be accompanied by informed consent . Informed consent is an agreement that is needed to take action, while for Active Euthanasia, most medical personnel still often experience ethical dilemmas because there is no legal umbrella. Euthanasia or pseudo euthanasia is often judged not to meet the legal requirements of the agreement on the fourth point, which is a lawful cause . The importance of communication practices by doctors, especially young doctors to be better able to explain about DNR to patients, must get serious attention and training in real settings by means of observation and simulation.

The DNR status of the patient must be clearly written in the document, including the discussions that took place and the conclusions drawn from the results of the discussion between the doctor and the patient. Questions and answers that occur between the patient and the doctor, an explanation of the disease and the pros and cons of DNR must also be written in the patient's document. The documentation must also contain the patient's distinctive and special signature that can be recognized by medical personnel at the hospital. The DNR's decision is not final and rigid. Patients can change the choices that have been made during the treatment process required thorough documentation. DNR decisions are subject to change, and these decisions must also be communicated and discussed again with the parties concerned and immediately remove any marks or statuses that have been made previously. The DNR document must also contain the conditions that the patient refused, the action or assistance the patient refused, and also certain things that were excluded. For example, the patient refuses to perform CPR and the administration of drugs when the patient is in cardiac arrest, except for cardiac arrest due to complications of the procedure, such as anaphylactic shock due to administration of drugs, contrast material and compilation of cardiac catheterization.

The implementation of DNR which has not been clearly regulated makes its implementation a gray matter for health facilities. If we look at the Regulation of the Minister of Health Number 37 of 2014 concerning Determination of Death and Organ Utilization in Article 1 paragraph (1) which states that " Medical practice is carried out based on an agreement between a doctor or dentist and a patient in an effort to maintain health ". This provision indirectly categorizes DNR as part of an act of Euthanasia or False Euthanasia, although the legal certainty is not yet clear. The DNR decision that is directly chosen by the patient has not yet been clearly regulated, even if the decision is made before undergoing hospitalization. Patients who have previously chosen to do DNR at the time of previous treatment or at another hospital cannot sue the doctor if the aim is to save lives. The decision to do a DNR must take into account the condition and quality of life of the patient. Documentation of this DNR decision should also be made in a special form so that it becomes evidence in case of legal problems.

Regarding legal skills in making an agreement and or agreement is also an important thing that must be considered. In the case of DNR, if a child or adolescent is the patient, it can be considered that he is not legally competent and must be represented by a parent or guardian. The definition of legal competence in Indonesia can be seen from Article 330 of the Civil Code in conjunction with Law Number 1 of 1974 concerning marriage in Article 47 and Regulation of the Minister of Health Number 25 of 2014 concerning Child Health Efforts in Article 1 paragraph (7). In accordance with the principle of legal interpretation lex posterior derogate legi priori , it can be said that Indonesia recognizes that the age of 18 is legally mature and competent. The implication for health services is that Indonesian children under the age of 18 do not have the right to determine their health services individually. The absence of the right to determine individual health services for pediatric or adolescent patients has also become a polemic due to the absence of definite regulations because they are considered unable to protect the human rights of pediatric or adolescent patients in determining the choice of medical assistance for their health.

3.4 " Do Not Resuscitate (DNR)" in Criminal Law Perspective

Judging from the regulations that exist in Indonesia at this time, there is no one that clearly regulates Euthanasia and pseudo-euthanasia. The problem of Euthanasia and pseudo-euthanasia that concerns the issue of security and safety of life must be sought at least in articles that approach the elements of euthanasia and pseudo euthanasia. The only options that can be used as a legal basis are matters that are regulated in the Criminal Code, especially those that regulate crimes against human life, including Articles 304, 338, 340, 344, 345, and 359. Seen in Article 344, there are the sentence " self-declaration expressed with sincerity " must be stated clearly and earnestly (ernstig) otherwise it can be said to be an ordinary act of murder. The sentence must also get attention, because with the evidence of the element of sincerity, it can determine whether a person violates Article 344 of the Criminal Code or not. So that these elements are not misused, it must be determined whether or not someone has committed a murder due to a firm request (unitdrukkelijk) and an element of sincerity (ernstig), which must be proven either by the presence of witnesses or other evidence.

Judging from the targets of crimes related to legal interests that have been violated, crimes against human life are divided into 3, namely:

1. Crimes directed against the human soul in general.
2. A crime directed against the soul of a child who is or has just been born
3. A crime directed against the soul of a child still in its mother's womb.

Crimes against human life are divided into five types, namely:

1. Deliberate murder (doodslag) in Article 338 of the Criminal Code
2. Premeditated murder (moord) in Article 340 of the Criminal Code
3. Murder in a form that can increase the punishment (gequalificeerde doodslag) in Article 339 of the Criminal Code
4. Murder committed with a firm request by the victim in Article 344 of the Criminal Code
5. The act of someone who intentionally encourages and helps or gives effort to another person to commit suicide Article 345 of the Criminal Code.

Regarding Passive Euthanasia which occurs when doctors or other medical personnel intentionally do not take medical actions that can help extend the patient's life, then Passive Euthanasia is divided into three:

1. Passive Euthanasia based on the patient's request, will not be punished
2. Passive Euthanasia without the patient's request, subject to Article 304 juncto 306 paragraph (2)

3. Passive Euthanasia without the patient's attitude is subject to Article 304 juncto 359 paragraph (2)

Regarding the implementation of " Do Not Resuscitate " which is regulated in Article 388 of the Criminal Code and Article 340 of the Criminal Code. In the case of Euthanasia and pseudo euthanasia where the request is made by relatives because the patient is in a state of unconsciousness that has lasted for a long time (coma) or on the basis of the doctor's own initiative without the consent of the patient or the patient's family, it can be subject to Article 338 of the Criminal Code or even Article 340 of the Criminal Code. . Judging from the sounds of the articles that regulate crimes against human life in the Criminal Code which reveal how important human life is.

Regarding pediatric patients who are DNR patients, their right to decide on all matters related to the health sector still has to be determined by their guardian (*surrogate*). Decision making in health services includes DNR orders, which are therapeutic decisions made by the patient or his representative when the patient is critical before the patient is in a respiratory or cardiac arrest condition, so that health workers do not perform cardiac arrest without discontinuing the therapy that has been given. The DNR order for adolescent children is a social legal case that often occurs in referral public hospitals. Those who are often considered a minority due to their young age and do not have legal protection to be considered legally competent in making DNR agreements and are also considered unable to make the right decisions. Indonesian law regulates the provision of health services to children. Health services for children are regulated in the 1945 Constitution of the Republic of Indonesia in Article 28A *in conjunction with* Law Number 39 of 1999 concerning Human Rights in Article 62 and Law of the Republic of Indonesia Number 36 of 2009 concerning Health in Article 5.

Children or teenagers who are often called the nation's next generation and are still considered to have a very long time to enjoy life are considered taboo to be given DNR medical treatment. Legal protection for DNR cases where children and adolescents as patients still has not reached a universal certainty, this is due to:

1. The legal aspects in each country are still different, there are countries that have regulated the age limit for children and or adolescents to be able to obtain their rights in making their own decisions for their health, but there are also countries that do not regulate it.
2. The development of the capacity to make decisions involves the cognitive and affective aspects of reasoning. Assessment of this capacity is difficult to do because of understanding the short-term and long-term aspects and the consequences that will be faced, then cognitive and affective development is different for each individual, then the capacity to predict the consequences of the decisions that have been chosen will be inhibited by emotions and brain cell growth. .
3. Evaluation and assessment of decision-making abilities carried out by children or adolescents should be given to competent medical personnel and have direct contact with patients without ignoring the advice of parents or guardians.
4. Indonesia does not yet have a reference to assess the capacity of children or adolescents in making decisions in the form of *informed consent* , *informal refusal* , *do not resuscitate* , or *informed assent* . There is a tool for assessing the capacity of children and youth called the *MacCAT-T* , but it has not been validated and is available in Indonesia.

The provision of legal protection is an effort to protect legal subjects in the form of preventive or preventive rules, or those that are repressive or restrictive, either verbally or in writing. Article 28A of the 1945 Constitution *in conjunction with* Article 62 of Law Number 39 of 1999 concerning Human Rights, Article 5 of the Law of the Republic of Indonesia Number 36 of 2009 concerning Health, Article 32 paragraph (1) letter (c) of Law Number

44 of 2009 concerning Hospitals which reads " *Every patient has the right: to obtain services that are humane, fair, honest, and without discrimination* ", then there is Article 24 of the Law of the Republic of Indonesia Number 35 of 2014 concerning amendments to Law Number 23 of 2009 2002 concerning Child Protection which reads " *The State, Government, and Local Government guarantee children to exercise their right to express opinions according to the age and level of intelligence of the child* ". From these rules, it should be able to provide a child's human rights protection with certainty in making decisions for his health. There needs to be a law that also regulates DNR with child or adolescent patients to protect their human rights in determining the medical treatment they get.

3.5 Study of Ethical Principles in Implementation "Do Not Resuscitate (DNR)" as part of Euthanasia and pseudo euthanasia in Indonesia

DNR which is an effort to resuscitate patients so that the ethical principles are reviewed regarding the entire effort to provide CPR (Cardiopulmonary Resuscitation) or it can also be called CPR (Cardiopulmonary Resuscitation). This ethical principle is used when considering the decisions taken in the DNR case, one example of which is the condition of the surrounding environment. The environmental conditions referred to here are for example a group of Asian people who rely heavily on group decisions or the results of deliberation when the DNR decision will be made, while in the United States it is based on the principle of individual autonomy that the patient has when the patient makes the decision to do DNR. Performing CPR/CPR is not only limited to legal and technical rules, but must consider four bioethical principles, namely the principle of benefit (beneficence), the principle of do not harm (non-malefience), fair treatment (justice), and also the right to autonomy. patient (autonomy). The views of a religion also justify DNR actions if indeed CPR/CPR actions will not give good results and even add to the burden for the patient or family.

The principle of benefit (beneficence) in CPR / CPR is a principle that provides benefits in the patient's healing efforts. CPR/CPR which is seen as one of the efforts to restore health and organ function with the aim of relieving pain and suffering of patients. This principle compels doctors or other medical personnel to take into account the benefits of CPR/CPR for the patients they treat. Patients with cardiac arrest conditions, administering CPR / CPR is considered a very efficient action. Patients who are having a heart attack due to factors such as kidney failure, cancer, or other chronic diseases, it is rare for changes to improve after being given CPR/CPR and make the patient's life expectancy worse (<5%) especially if there is no known cause. Irreversible conditions such as prolonged shock, bleeding, hypotension, and pneumonia indicate that CPR/CPR should not be performed. The limited implementation of CPR/CPR makes the patient's life expectancy increase by 10.5% after CPR/CPR is performed, although another 7-10% are postponed to be given CPR/CPR. The rapid treatment of disease with CPR/CPR of course increases the life expectancy of a patient by 36%, which is the highest number from current data. In hospitals that have limited health services, both from human resources and medical equipment, their life expectancy will be less. It should be remembered that in providing CPR/CPR, the patient's age is not a contradiction in performing CPR/CPR.

The principle of do not harm (Non-maleficence). The level of brain damage that occurs due to the provision of CPR/CPR varies between 10-83%. One study revealed that 55 out of 60 children died after being given prolonged CPR/CPR. The other five were able to survive, but in a consistent condition or in a vegetative status in the hospital. As a result, many patients with severe disabilities accompanied by the occurrence of brain damage are in a condition tantamount to death. CPR/CPR can be dangerous and damaging when the

patient is at high risk of brain damage. Disturbances in blood flow to the brain or to the heart can cause severe damage, although CPR/CPR can be said to be successful if done on time.

The principle of autonomy (autonomy) which describes the autonomy rights of patients who must be respected ethically and legally. Requires good communication skills for doctors and patients to be able to make a decision to approve or reject RJP/CPR. The decision must also be verified that a patient is able to agree or refuse medical intervention, including RJP/CPR. The regulations that apply in Indonesia indirectly assume that patients who are 18 years old are adult patients who are able to make individual decisions and can be tested. Doctors must provide informed consent , which in writing can show that the patient can receive and has understood all types of information about the condition of the disease, prognosis, proposed medical action, alternative medical action, risks and benefits of every decision taken by the patient. previously explained explicitly by a doctor or competent medical personnel.

The principle of justice is a principle that can guarantee the rights of patients. In order to reduce injustice in the treatment or treatment process for patients, the principle of justice is very necessary. Moral principles are also needed to legitimize the medical care provided to patients. The principle of justice requires that all patients with heart disease receive RJP/CPR. The policy of these principles is to ensure fairness, but medical personnel must first assess whether medical procedures: 1) carry out treatment, prevent, and prolong life; 2) have less side effects and pain; 3) can provide good benefits for patients; 4) has a greater positive impact than a negative impact on the patient.

Several countries have national guidelines regarding the implementation of " Do Not Resuscitate (DNR)" as part of Euthanasia and also pseudo euthanasia depending on the case and condition of the patient treated by doctors and other medical personnel. Indonesia is one of the countries that do not widely know and understand the concept of DNR, especially in existing health facilities. The need for guidelines (guidelines) or SPO (Standard Operational Procedure) regarding the implementation of DNR as part of Euthanasia and also pseudo-euthanasia in every health facility owned by Indonesia is also an important matter in addition to the laws and regulations governing DNR actions in order to reduce ethical dilemmas experienced by medical personnel.

IV. Conclusion

Indonesian legislation which does not explicitly regulate " Do Not Resuscitate (DNR)" as part of Euthanasia and/or pseudo euthanasia in accordance with the case or condition of patients treated by medical personnel makes its implementation still gray or has not found a bright spot. The implementation of " Do Not Resuscitate (DNR)" is still left entirely to health facilities in accordance with applicable regulations and refers to national hospital accreditation standards only. In practice the implementation of " Do Not Resuscitate (DNR)" only refers to regulations that are closest to and can be used as a reference for accountability or problem solving in the event of a violation of the law or an unlawful act, Indonesian legislation must be reaffirmed, either in regulating Euthanasia and also pseudo-euthanasia , so that the implementation of DNR no longer makes medical personnel experience ethical dilemmas, and is not considered to be potentially carried out illegally. The ethical principles possessed by Indonesia to carry out " Do Not Resuscitate (DNR)" are also deemed insufficient to deal with the ethical dilemma felt by medical personnel when faced with an agreement to do a DNR. The need for guidelines (guidelines) or SPO (Standard Operating Procedures) regarding the implementation of DNR as part of Euthanasia and also pseudo-euthanasia in every health facility owned by Indonesia is also an important matter in addition

to the laws and regulations governing DNR actions in order to reduce the perceived ethical dilemma. by medical personnel.

References

Irmanti, Riri, & Wahyu Andrianto. (2016). “Analysis of the “Do Not Resuscitate” (DNR) Command as a Form of Pseudo-Euthanasia (Pseudo-Euthanasia). Faculty of Law, University of Indonesia

Manik, Judika Atma Togi. (2017). " A Study of Passive Euthanasia in the Perspective of Indonesian Criminal Law ". University of North Sumatra, Faculty of Law

Minister of Health Regulation Number 25 of 2014 concerning Health Efforts

Minosa, Mona. (2018). “Juridical Analysis of Euthanasia (Right to Die) Based on Article 344 of the Criminal Code and Human Rights”. Junal Inkrach t MH-UB, Vol 2 No. 3

Muhammad, Kartono. (1992). " Medical Technology and its Challenges to Biotics ". Jakarta: Gramedia Pustaka Utama

Ose, Maria Imaculata. (2017). " Experience of ER Nurses Caring for Do Not Resuscitate Patients in the Near-Death Care Phase”. Indonesian Journal of Nursing, Vol.20 No. 1 Permatasari, Widya Puspa. 2021. “Do Not Resuscitate (DNR)”. Karangturi National University, Faculty of Health

Regulation of the Minister of Health Number 37 of 2014 concerning Determination of Death and Use of Organs

Rizaldi, Faziral. “Do Not Resuscitate Legal Ethics”. Accessed on the page: https://www.academia.edu/38902890/Etik_Legal_Do_Not_Resucitate.

Shatri, Hamzah, & Edward Faisal, Rudi Ptranto, Budi Sampurna. " Advanced Directives On Palliative Care ". Indonesian Journal of Internal Medicine, Vol. 7 No. 2

Sutarno, S. (2014). " Health Law Euthanasia, Justice and Positive Law in Indonesia ". Malang: Equal to Press Shatri, Hamzah, & Edward Faisal, Rudi Ptranto, Budi Sampurna. " Advanced Directives on Palliative Care ". Indonesian Journal of Internal Medicine, Vol. 7 No. 2

Wijaya, Yunus Adi, Ni Luh Putu Suardini Yudhawati & Kiki Rizki Fista Andriana. (2022). “Ethical Dilemma in Do Not Resuscitate (DNR) Management in Indonesia”. Journal of Nursing Ethics, issued 2

Yustisia, Dewi Asri, & Utari Dewi Fatimah. (2018). “Renewal of Health Laws Against Euthanasia in Order to Provide Legal Certainty and Legal Protection for Patients and Doctors”. Journal of Litigation, Vol 19 No. 1 Yustisia, Dewi Asri, & Utari Dewi Fatimah. 2018. “Renewal of Health Laws Against Euthanasia in Order to Provide Legal Certainty and Legal Protection for Patients and Doctors”. Journal of Litigation, Vol 19 No. 1

Jurnal Litigasi, Vol 19 No. 1 Yustisia, Dewi Asri, & Utari Dewi Fatimah. 2018. " Pembaruan Undang-Undang Kesehatan Terhadap Euthanasia Dalam Rangka Memberikan Kepastian Hukum dan Perlindungan Hukum bagi Pasien dan Dokter". Jurnal Litigasi, Vol 19 No. 1