

A stylized map of Indonesia is shown in the background. The islands of Sumatra, Java, and Irian Jaya are filled with a solid red color, while the islands of Sulawesi, Flores, and the Moluccas are shown as white outlines. The title text is overlaid on the map.

End-of-Life-Care in Indonesian Perspective

PUKOVISA PRAWIROHARJO

Indonesian Perspective

Consisting of:

- **Pancasila** perspective
- **Islamic** perspective (majority in Indonesia)
- **Indonesian Law and Regulations** perspective
- **Indonesian Code of Medical Ethic (KODEKI)** perspective
- **Health Tourism** perspective (one of Indonesian governmental program)

Pancasila

Pancasila: philosophical foundation of Indonesia; consisting of 5 principles.

1st and Main Principle: Belief in One and Only God

2nd Principle: Just and Civilized Humanity

3rd Principle: Unity of Indonesia

4th Principle: Democracy governed by wisdom in representated deliberation.

5th Principle: Social Justice for All Indonesian People

Insight from Pancasila

Religion-Faith of patients and physician, and Humanity are considered as major values in deciding end-of-life, generally, and on specific cases.

Method of debate and discourse should not breaking the Indonesian Unity down.

Issues of End of life practically should lead by wisdom.

Social Justice : ICU bed occupancies for better medical prognosis patients should be put into consideration → terminal patients should be mobilized to homecare ASAP; brainstem/brain death diagnosis require to be more simple.

Islamic Perspective

- Believes that moment of death could not be hastened nor delayed.
- Life is given by God and cannot be taken away except by His permission.
- Important to save the soul, to be prepared for life after death.
 - Doing Talqeen practice for every terminal Moslem patients (Pukovisa, 2016).
 - Guarantee obedience opportunity for conscious terminal moslem patient.
- Caregiver's part is not easy: cope up with situation, have patience, expect reward only from God.

Muslim Patients Advocations

- **Talqeen** practice (whispering and ask the patient to repeat “Laa ilaaha illallah/ there is no god but Allah”) should start at (Pukovisa, 2016):
 - Red zone of emergency ward
 - During resuscitation (code blue/code red)
 - During loss of consciousness and general anesthesia
 - Palliative care

Could end when: patients has repeated the sentence; moments (seconds to minutes) after the death diagnosis has been established, while withdrawing all of the medical procedure.

Islamic prayer opportunities for the conscious and cognitive competent moslem patients (could be done at the hospital bed, even at ICU with ventilator).

Indonesian Code of Medical Ethic (KODEKI)

- Article 1:
Every doctor has to heed, comprehend, and obey the doctor's oath.
 - Implicitly: "Primum non nocere"
 - Global version: "Most especially must I tread with care in matters of life and death. Above all, **I must not play at God.**"
 - Indonesian version: "I will never use my medical knowledge for any deed unacceptable to humanity, even when threatened. I will respect all life since fertilization."
- Article 7a:
Every doctor must, in his medical practice, perform competent medical service with complete technical and moral independence, **with compassion and respect to human dignity.**

Indonesian Code of Medical Ethic (KODEKI)

- Article 7d:
Every doctor must always remember the duty to protect life of living beings.
- Must utilize all knowledge and skills to reduce suffering, but **not by ending life.**

Indonesian Law and Regulation

- **Book of Criminal Law:**
 - Article 344: “Whoever takes another’s life by the victim’s own resolute and clear wish, is to be sentenced with imprisonment for up to 12 years.”
- **Law of Republic of Indonesia, number 32 year 2009, of “Health”**
 - Article 5: “Every people has same right to obtain access to health resources.”

Indonesian Law and Regulation

- **Decision of Health Minister, number 37 year 2014, of “Establishing Death and Organ Donor Utilization”:**
 - Article 8, verse 1: “Clinical death is the cease of circulation and breathing, which has been proven permanent.”
 - Article 9: Decision of brainstem death must be performed in ICU and requires 3 doctors, comprising of at least one anesthesiologist and one neurologist. Each must perform independent and separate examination.
 - Article 13: When the decision of brainstem death is established, all life support must be withdrawn.

Indonesian Law and Regulation

- **Decision of Health Minister, number 37 year 2014:**
 - Article 14:
 - In patient who is **incurable (terminal state) and on whom medical procedures has been proven futile**, life support may be withdrawn or withheld.
 - The criteria is to be decided by associated hospital director.
 - The decision must be approved by patient's family or legal substitute.
 - The following cannot be withdrawn/withheld: oxygen, enteral nutrition, and intravenous crystalloid.

Indonesian Law and Regulation

- **Decision of Health Minister, number 37 year 2014:**
 - Article 15:
 - Patient's family may request life support withdrawal/withholding on incompetent patient.
 - Must be based on:
 - *advanced directive*, or
 - family consensus, that the patient will decide as such should he still retain his decision-making competency.

Indonesian Law of Palliative Care

- **Decision of Health Minister, number 812 year 2007, of “Regulations of Palliative Care”**
- Competent patient in terminal state may refuse resuscitation attempt in the future (*advanced directive*)
- Family members cannot refuse resuscitation, unless:
 - based on written *advanced directive*, or
 - in special condition, based on written requests of all close family members and requires court decision.
- Palliative care team can opt to not resuscitate patient, if he is:
 - in terminal condition, and
 - resuscitation cannot cure the patient nor improve his quality of life, based on most recent scientific evidences.

Indonesian Perspective As Whole

- Active euthanasia is forbidden
- No matter the reason, active euthanasia = murder.
- Does not comply with Pancasila, most of Islamic scholars, Indonesian Code of Medical Ethic, nor Indonesian law itself.

Indonesian Perspective As Whole

- Passive euthanasia by withdrawing/withholding treatment:
 - Controversy.
 - Reasoning and decision vary on different cases.
 - Generally: withdrawing/withholding is allowed when the patient's 'life as a whole' (i.e. quality of life) is impossible to recover, e.g. brainstem death.
 - Requires strict discussion with legal substitute (usually family) and multiple doctors from different disciplines.
 - Must comply with laws and regulations.

Indonesian Perspective As Whole

- The most important:

To cure sometimes, to relieve often, to comfort always

- Palliative care
 - As soon as end-of-life-care is diagnosed.
 - Escort the patient to high-quality, dignified end as humanly as possible.

Palliative Care Tourism !

- Providing great sceneries to comfort terminal patients in their last moments.
- Indonesia is an archipelago with many natural, beautiful tourist attractions.
- Ideas: Palliative care which consider faith-based-activities :
 - Indonesia maybe “palliative care tourism referral” for terminal muslim patients;
 - India maybe referral for terminal Hinduism patients;
 - Etc.



Dreamland Beach, Bali



Lake Toba, North Sumatra



Mount Bromo, East Java



Mount Rinjani, Lombok



Bunaken Sea Garden, North Sulawesi



Raja Ampat Archipelago, Papua



Capital City of Jakarta

~ Thank you