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The Urgency of Legal Regulation for Do Not Resuscitate Orders in the Indonesian Healthcare System: A Comparative Study with the United Kingdom

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Abstract: The “Do Not Resuscitate” (DNR) order represents a critical ethical and legal directive within healthcare, providing patients the autonomy to decline cardiopulmonary resuscitation (CPR) at life’s end. This research examines the comparative legal frameworks and procedural implementations of DNR orders in Indonesia and the United Kingdom, highlighting the disparities and the impact on healthcare systems. Despite its recognition in Indonesia, DNR lacks specific legislation, influenced by cultural and religious perceptions that view end-of-life decisions as taboo. Conversely, the UK has established robust legal protocols under the NHS and the Mental Capacity Act 2005, ensuring DNR decisions align with patient rights and medical ethics. This study employs a qualitative comparative approach to analyze DNR policies, assessing the alignment of Indonesia’s practices with international standards and the UK’s structured approach. Through examining legal documents and health policies, this research proposes recommendations for Indonesia to enhance DNR regulatory frameworks, aiming to reconcile cultural sensitivities with the need for ethical clarity in medical decision-making. The findings suggest a pressing need for Indonesia to establish clear, culturally adapted DNR regulations to improve healthcare quality and respect for patient autonomy.

Keyword: Do Not Resuscitate, Medical Law, Medical Ethics, Healthcare Policy.

INTRODUCTION

The “Do Not Resuscitate” (DNR) order is a medical directive commonly encountered in healthcare, indicating a patient’s request not to undergo cardiopulmonary resuscitation (CPR) if their heart and breathing cease functioning (Hite, 2000). This order aims to respect the absolute human rights of patients who choose to forgo CPR procedures that may not align with their values or end-of-life preferences. Within the healthcare context, the DNR order is highly relevant in ensuring that medical decisions reflect patient preferences and desires, thus preventing unnecessary suffering and supporting ethical practices in medical decision-making (Pettersson, 2020).

Moreover, the DNR order helps to avoid the use of medical resources that may be deemed ineffective because the patient is in a clinical situation unlikely to yield the desired outcome. Typically, patients requesting DNR instructions are individuals suffering from chronic or terminal illnesses with no prospects for recovery, even with resuscitation efforts. They believe that CPR will not enhance their quality of life but will merely prolong suffering without a recovery prospect (Beach & Morrison, 2002).

In making DNR decisions, an in-depth discussion usually occurs among the patient, their family, and the healthcare team, considering the patient's medical condition, end-of-life preferences, and personal values. The DNR document is crucial in respecting patient autonomy and ensuring that the care provided aligns with their wishes. Despite widespread concerns about the potential misuse of DNR orders due to inconsistent implementation standards, the necessity for regulated legal procedures remains evident.

Therefore, standardized legal procedures, such as those implemented in countries like Canada, the Netherlands, the United States, Japan, and the United Kingdom, are essential. In the UK, DNR is regulated under the Mental Capacity Act 2005 Code of Practice and is also clearly guided by the National Health Service (NHS) (Chatfield & Menon, 2011). While Indonesia fully recognizes the DNR order as a step towards fulfilling the human right to die for all Indonesians, it still lacks specific legislation or regulations concerning DNR orders due to various social, cultural, ethical, and legal factors.

Issues related to death and end-of-life medical decisions are often intertwined with strong cultural and religious aspects. In Indonesia, many view death as governed by divine will, leaving no room for human intervention (Nauck, 2018). Additionally, there is a lack of public awareness about the DNR concept and end-of-life care management, creating a paradox where Indonesia claims to support DNR enforcement but simultaneously considers the subject taboo for legal procedures or specific legislation.

Historically, DNR management and implementation in Indonesia have been based on general guidelines that adhere to medical ethics and physicians' codes of conduct. These are also regulated by the internal procedures and regulations of individual hospitals in Indonesia. There is no standardized DNR form; doctors typically document each decision and significant step regarding patient care, including agreements on DNR, in the patient's medical records. The absence of specific legal regulation makes DNR heavily dependent on medical discretion in Indonesia. This situation highlights the need for more formal and structured policies and guidelines to assist medical professionals and patients in making decisions that adhere to ethical standards.

Therefore, in this research, the author aims to critique the legal and procedural framework of DNR in Indonesia by comparing it with that of the United Kingdom and assessing the alignment of DNR implementation in Indonesia with international ethical standards. To achieve this, the study will examine two main issues:

1. How do the legal frameworks regulating Do Not Resuscitate (DNR) orders differ between Indonesia and the United Kingdom, and what are the impacts on the healthcare systems of each country?
2. What are the primary challenges Indonesia faces in implementing regulations for DNR orders that conform to international medical ethical standards?

METHOD

This research employs a qualitative comparative approach to analyze the differences in Do Not Resuscitate (DNR) procedures between Indonesia and the United Kingdom. A qualitative comparative method is a technique for comparing two or more situations in depth to identify similarities and differences. This method is useful for understanding complexities and examining more advanced or established legal systems in other countries as a reference for

Indonesian studies. The research involves a sample of relevant legal documents and health policies that encompass DNR procedures in both countries.

The research procedure begins with the collection and identification of DNR legal documents, followed by data analysis techniques that include evaluating the social, legal, and ethical impacts of this study. All procedures and techniques used in this research aim to provide an academic manuscript and concrete recommendations for proposing an effective regulatory model for Indonesia based on observed DNR practices in the United Kingdom. Additionally, it seeks to promote and amplify a comprehensive and ethical DNR policy in Indonesia, grounded in the principles of Pancasila and the 1945 Constitution of the Republic of Indonesia.

RESULTS AND DISCUSSION

Clear regulations and procedures related to Do Not Resuscitate (DNR) orders within the healthcare system play a critical role as they are concerned with end-of-life decisions for patients. These regulations are closely linked to medical ethics, human rights, as well as the quality and integrity of healthcare services. DNR regulations help ensure that patients' wishes are respected in accordance with their personal values and beliefs. Without clear DNR instructions, patients may receive unwanted medical interventions and may not be treated fairly and consistently by the healthcare system. The presence of regulations helps healthcare professionals avoid ethical conflicts and confusion when required to make quick decisions in emergency situations.

A comparative analysis between Indonesia and the United Kingdom regarding DNR procedures is highly beneficial because the UK has a well-established healthcare system through the NHS and the Mental Capacity Act 2005 Code of Practice. Established procedures and regulations regarding DNR can provide insights into best practices for DNR and serve as learning material for the context of Indonesia. This analysis strengthens the policy knowledge base in Indonesia, assisting in the development and shaping of effective regulations that align with local values and norms.

Indonesia's Regulation and Procedures

In Indonesia, the legality of Do Not Resuscitate (DNR) decisions is only regulated under the Minister of Health Regulation Number 37 of 2014 regarding the Determination and Utilization of Organ Donors (Yustina, 2018). This regulation primarily governs the cessation and postponement of life support in patients with terminal conditions. Moreover, the requirement that DNR decisions must be documented in writing in the patient's medical records is stipulated in Article 14, paragraph (3) of Minister of Health Regulation Number 290/MENKES/PER/III/2008, which includes the provision that any doctor's decision involving high risks, including those leading to or related to death, must be recorded in a form in accordance with the provisions of Article 3, paragraph (3) of this regulation.

However, to date, there is no specific legal regulation that explicitly governs DNR orders. Medical practices related to DNR often proceed based on agreements between doctors and patients' families without reference to any legal guidelines. In the practice of DNR in Indonesia, decisions are based on ethical and medical considerations by doctors without a legal framework or national standards regulating this process. The absence of clear regulations leads to inconsistencies in medical practice. This is significant because DNR relates to the life of an individual, and the handling of DNR cases varies widely across regions and hospitals depending on the interpretation of doctors and internal hospital policies throughout Indonesia.

Due to the absence of a clear legal framework, the decision-making process regarding Do Not Resuscitate (DNR) orders in Indonesia has historically been conducted through informed decisions made by medical teams. These decisions are based on comprehensive explanations of all available options and their consequences. Doctors document all discussions into the patient's medical records, which serve as the basis for DNR decisions. In Indonesia, the implementation of any medical action is based on patient consent after they have been informed about their medical records by a doctor (Wijilestari, 2022). This is encapsulated in Article 39 of Law Number 29 of 2004 on Medical Practice, further strengthened by Article 45, paragraph (1), which states that actions must have patient consent after a full and transparent explanation. Additionally, Article 17 of the Indonesian Medical Ethics Code (KODEKI) states that doctors are obliged to provide emergency assistance as a form of humanitarian duty. This article explains that this obligation can be waived if the patient has made a medical DNR decision provided to palliative care patients (Puspitasari, 2019).

The current legal framework in Indonesia consists only of piecemeal interpretations that are mutually agreed upon regarding the procedural and legal aspects of DNR. These rules also consider the four principles of bioethics: beneficence, non-maleficence, justice, and autonomy (Tsai, 2005). The rule that CPR need not be performed if the patient is undergoing what is considered futile care reflects the lack of legal certainty in the regulatory context of DNR in Indonesia. Because rules vary greatly from one hospital to another, this can lead to injustices within the patient care system seeking access to end-of-life care.

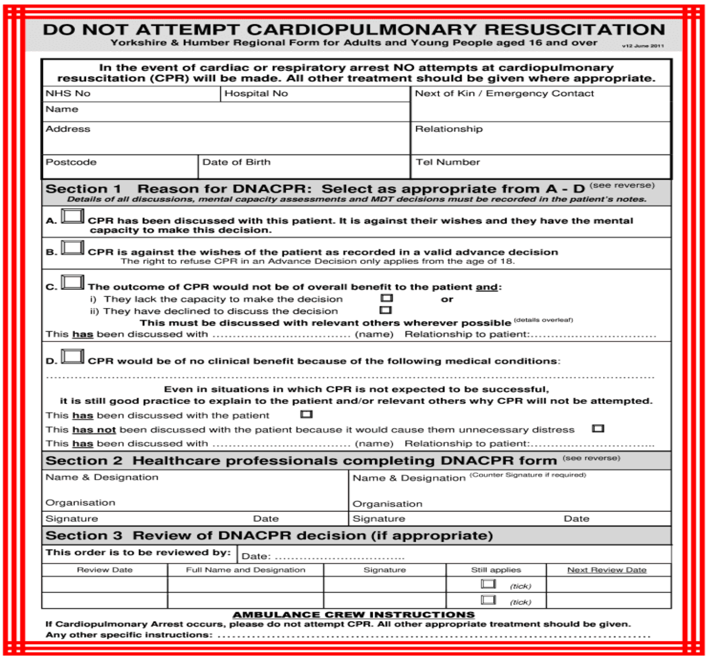
Families often find themselves in difficult situations making decisions about DNR without adequate legal frameworks, leading to significant emotional turmoil and often causing family members to feel guilty and uncertain about the decisions they make (Larsen, 1999). This uncertainty reinforces the perception in Indonesia that DNR is taboo, although Indonesia claims to fully support DNR. Doctors and medical staff also often face significant ethical dilemmas due to decisions made in approving DNR requests from patients, creating risks of legal violations due to involuntary manslaughter and document forgery due to poorly standardized DNR request forms.

The lack of clear DNR regulations leads to inefficient use of healthcare resources, as patients with low or no chance of recovery receive intensive care that is not only costly but also depletes resources without improving quality of life, merely prolonging suffering. Legal issues often arise due to allegations of malpractice from unclear consent documents and lack of standard benchmarks, causing the handling of DNR to receive criticism and concern from the Indonesian public due to a disorganized and confused system.

The United Kingdom's Regulation and Procedures

In the United Kingdom, there is a more structured legal framework to regulate DNR orders, fully integrated into the National Health Service (NHS) system. These guidelines explicitly state the policy procedures for DNR orders to ensure that doctors and medical personnel follow these practices consistently. Known more modernly as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in the UK, these regulations are strictly enforced to ensure that decisions not to resuscitate are made ethically (Freeman, 2015). The regulations specify that DNACPR decisions must be based on the best medical considerations and the requests of the patients themselves, and these decisions should not be influenced automatically by age, disability, or other medical conditions.

Communication and consultation with patients or their guardians regarding DNACPR are clear, so patients receive transparent information about their health condition, treatment options, prognosis, and the implications of DNACPR in their care context. DNACPR decisions are clearly documented in the patient's medical records, including details of discussion conversations documented with transparency and accountability through forms that are integrated into the NHS with a formal format (Mockford, 2015).



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION
Yorkshire & Humber Regional Form for Adults and Young People aged 16 and over v12 June 2011

In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other treatment should be given where appropriate.

NHS No	Hospital No	Next of Kin / Emergency Contact
Name		
Address		Relationship
Postcode	Date of Birth	Tel Number

Section 1 Reason for DNACPR: Select as appropriate from A - D (see reverse)
Details of all discussions, mental capacity assessments and MDT decisions must be recorded in the patient's notes.

A. ☐ **CPR has been discussed with this patient. It is against their wishes and they have the mental capacity to make this decision.**

B. ☐ **CPR is against the wishes of the patient as recorded in a valid advance decision**
The right to refuse CPR in an Advance Decision only applies from the age of 18.

C. ☐ **The outcome of CPR would not be of overall benefit to the patient <u>and</u>:**
i) They lack the capacity to make the decision ☐ **or**
ii) They have declined to discuss the decision ☐
This must be discussed with relevant others wherever possible (details overleaf)
This **has** been discussed with ……………………………… (name) Relationship to patient:……………………………

D. ☐ **CPR would be of no clinical benefit because of the following medical conditions:**
……
Even in situations in which CPR is not expected to be successful, it is still good practice to explain to the patient and/or relevant others why CPR will not be attempted.
This **has** been discussed with the patient ☐
This **has not** been discussed with the patient because it would cause them unnecessary distress ☐
This **has** been discussed with ……………………………… (name) Relationship to patient:……………………………

Section 2 Healthcare professionals completing DNACPR form (see reverse)

Name & Designation Organisation	Name & Designation (Counter Signature if required) Organisation
Signature Date	Signature Date

Section 3 Review of DNACPR decision (if appropriate)

This order is to be reviewed by: Date: ……………………………

Review Date	Full Name and Designation	Signature	Still applies	Next Review Date
			☐ *(tick)*	
			☐ *(tick)*	

AMBULANCE CREW INSTRUCTIONS
If Cardiopulmonary Arrest occurs, please do not attempt CPR. All other appropriate treatment should be given.
Any other specific instructions: ……………………………………………………………………………

Source: pcse.england.nhs.uk

Figure 1. The United Kingdom's DNACPR Form

This DNACPR decision must be made in a personalized manner, taking into account all circumstances of each individual case. This specific form requirement will apply if there are advance directives concerning life-sustaining medical treatment. As with the administration of CPR, DNACPR requires a decision verified by the patient, and it will be effective for care provided that the conditions set forth in section 25(6) of the Mental Capacity Act are complied with:

a. It is in writing;
b. It is signed by patient or by another person in patient presence and by patient direction;
c. The signature is made or acknowledged by patient in the presence of a witness;
d. The witness signs it, or acknowledges his signature, in patient presence.

DNACPR decision is not static and must be reviewed periodically, especially if a patient's medical condition changes unexpectedly. Such reviews ensure that the decision remains relevant and aligned with the medical needs of the patient, opening possibilities for patients who medically improve beyond expectations and might warrant the cancellation of the DNACPR decision (Griffiths, 2018). NHS medical staff also receive adequate training regarding the principles and practices of DNACPR, and hospitals and other healthcare facilities have clear policies referring to consistent DNACPR guidelines as a formal national standard.

DNACPR is managed in accordance with laws, including legislation related to equality and human rights. DNACPR decisions are made ensuring that there is no discrimination in decision-making. The NHS strives to enhance public understanding of DNACPR, thereby equalizing knowledge across the community and reducing disparities. This has a positive effect on reducing misunderstandings and building trust in the legalization process of DNR. The DNACPR regulations within the NHS in the UK are designed with meticulous decisions and take many strategic steps to facilitate public awareness.

The public can easily access the NHS website, which provides definitions of CPR and DNACPR, chest compression procedures, cardiac stimulation with electric shock devices, and the administration of artificial ventilation. It also explains the success rates of CPR and the process for submitting DNACPR from start to finish, including when these decisions are made and who is involved in the documentation. DNACPR decisions generally are not legally binding, but if one wishes to legally enforce these forms, an additional document, the Advance Decision to Refuse Treatment (ADRT), must be created (Michalowski, 2022).

Additionally, the UK regulates DNR through the Mental Capacity Act 2005 Code of Practice in Chapter 6, paragraph 16, which states:

"Major healthcare and treatment decisions – for example, major surgery or a decision that no attempt is to be made to resuscitate the patient (known as 'DNR' decisions) – will also need special consideration. Unless there is a valid and applicable advance decision to refuse the specific treatment, healthcare staff must carefully work out what would be in the person's best interests (see chapter 5). As part of the process of working this out, they will need to consider (where practical and appropriate)…"

Chapter 5 of the Mental Capacity Act 2005 Code of Practice comprises 69 paragraphs that provide an understanding of "What does the Act mean when it talks about 'best interests'?" This section thoroughly addresses all aspects and potential scenarios in making DNR decisions, starting from providing case study examples and answers to commonly asked questions to serve as a guide for medical professionals and patients. Chapter 5 offers an expansive and comprehensive framework for all parties involved in DNR decisions (Hope, 2009).

A principal tenet of this regulation is that any action taken on behalf of someone who lacks capacity must be done in their best interests or be made for them. As long as the actions taken by medical personnel are in the best interests of the individual who lacks the capacity to make decisions for themselves, the medical personnel, as decision-makers, will be provided legal protection for actions performed under this law (Williams, 2014). Chapter 5 explains aspects of the best interest decisions to provide broader latitude for medical personnel in making decisions, including DNR decisions.

Thanks to the government's diligent efforts in promoting DNR regulations and guidelines in the United Kingdom, there has been a positive impact on the consistency of procedures across healthcare facilities, ensuring that patients are treated equally and ethically according to established standards (Mayor, 2001). These guidelines reduce the ethical and legal burdens on healthcare workers in deciding whether or not to perform resuscitation and potentially minimize future legal issues as all stages are well documented. This not only impacts fairness but also significantly affects the allocation of healthcare resources such as equipment, treatment spaces, and medications, which can be directed towards patients with a higher hope of recovery than those who have requested DNR.

The DNACPR guidelines in the United Kingdom respect the principle of patient autonomy, enabling patients to control their own healthcare with clear information before making decisions (Hall, 2018). DNACPR decisions also provide legal protection to healthcare professionals and reduce the potential for legal claims, as these decisions are ethically sound and legally defensible. Moreover, this directly impacts the growth and advancement of medical ethics in the United Kingdom in various other aspects.

The Urgency and Challenges

The establishment of DNR regulations in Indonesia becomes crucial, especially when considering how countries like the United Kingdom have implemented procedures and regulations that positively impact the community regarding DNACPR orders. In terms of regulatory development in Indonesia, it is essential to reference the adoption of international medical ethical standards into healthcare regulations to support fundamental aspects of healthcare provision. This is because international medical ethical standards consistently adhere to the basic principles of human rights, emphasizing the importance of individual autonomy and ensuring fair and proper healthcare. By meeting these standards, health regulations automatically uphold fundamental rights to protect and respect values at every level of healthcare, including DNR orders (Parsa, 2023).

International ethical standards create consistency and trust in global healthcare practices and enhance the quality of Indonesia's healthcare system on the international stage. These standards also serve as a safeguard against medical malpractice because every action is based on clear guidelines (Kasuma, 2018). Regulations based on international ethics provide scientifically sound, effective, and safe knowledge, and encourage ongoing innovation in medical research. Facing rapid technological advancements, especially in areas like biotechnology and DNR, requires regulation that is unambiguous.

Implementing this faces several major challenges in Indonesia. One of the biggest challenges is the difference in cultural and religious views related to end-of-life issues and medical interventions. Many communities in Indonesia consider the practice of discontinuing life support to be taboo (Nurhayati, 2021). These strong cultural and religious norms influence all medical decisions in Indonesia, including discomfort in fully acknowledging the concept of DNR. This significantly hinders the acceptance and implementation of DNR regulations. Moreover, the relatively low level of public awareness and understanding makes it very difficult for people to make informed DNR decisions.

Not only from a societal aspect but also from a healthcare perspective, many professionals have yet to receive sufficient training and understanding to handle situations where patients have requested DNR ethically and effectively, including the ability to engage in comprehensive and holistic discussions with patients about this issue. Additionally, there is resistance from healthcare institutions in Indonesia to accept and implement DNR regulatory formations, sparking resistance due to changes in routines considered established practices.

CONCLUSION

The study conducted provides a comprehensive analysis of the legal frameworks and procedural implementation of Do Not Resuscitate (DNR) orders in Indonesia in comparison with the United Kingdom. It reveals significant discrepancies in how DNR orders are regulated and implemented, with the UK possessing a structured and transparent system that integrates these directives within the healthcare service under robust legal guidelines, thereby ensuring they are aligned with both medical ethics and the patient's rights. In contrast, Indonesia shows a lack of specific regulations and a heavy dependence on hospital policies and medical discretion, influenced by deep-rooted cultural and religious beliefs that complicate the acceptance and formalization of DNR orders.

This disparity highlights the critical need for Indonesia to develop a clear, legally-binding framework that is sensitive to local values yet meets international ethical standards. Such a framework would not only uphold the autonomy and human rights of patients but also improve the consistency and quality of healthcare delivery across the country. Establishing formal DNR regulations in Indonesia would provide clearer guidelines for healthcare providers and ensure that end-of-life decisions are made transparently and ethically, reducing the potential for medical disputes and enhancing the overall trust in healthcare practices. This research underscores the urgency of reform in Indonesia's healthcare and legal systems to address these pivotal issues effectively.

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