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## THE IMPACT OF EUTHANASIA ON THE HEALTHCARE SYSTEM: A COMPARATIVE STUDY BETWEEN MALAYSIA AND THE NETHERLANDS

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### ABSTRACT

Euthanasia is the intentional act of causing the death of a person who is suffering from a terminal illness, usually at their own request. It is a controversial topic, with strong arguments for and against it. This study compares the legal framework governing euthanasia and end-of-life in Malaysia and the Netherlands, as well as the ethical considerations and principles in Shariah law related to end-of-life decisions and euthanasia in these two countries. It also examines the effects of euthanasia on patient care, including the provision of palliative care and end-of-life support services. In Malaysia, euthanasia is strictly prohibited. The Malaysian government's position is that euthanasia is a violation of the sanctity of life and that it could lead to abuse. In the Netherlands, euthanasia is legal under certain conditions, such as if the patient is terminally ill and experiencing unbearable suffering. The study found that the legalization of euthanasia could have both positive and negative effects on the provision of patient care. On the one hand, it could lead to an increase in the availability of resources for palliative care and end-of-life support services. On the other hand, it could lead to a decrease in the quality of care for patients who are not eligible for euthanasia. The study concludes that the debate over euthanasia is complex and there is no easy answer. It is important to consider all of the potential effects of euthanasia before making a decision about whether or not to legalize it. More research is needed to fully understand the effects of euthanasia on patients, families, and society as a whole.

**Keywords:** *Euthanasia, healthcare system, Malaysia, Netherlands, Shariah law, palliative care, end-of-life support*

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## Introduction

Euthanasia is a thought in medical field by means easy death or soft death, also can be specific as a deliberate quickening of the death of person judged by a terminal medical conditions (Jonsen & Siegler, 2002). Euthanasia is on of the current discussions issues and raises many question among people around the world. Healthcare professionals again and again encounter an ethical issues when caring for end of life patients and need to make a choice and choose between lousy option or moral reasoning to settle down these ethical issues. (Elis & Hartley, 2007). In a globalized world, despite of scientific progress and technological specifically in the field of regulations and laws regarding to human health, there is still uncertainty and argument over the concept of euthanasia. Hence, this ethical difficulty may impose healthcare providers to ethical risk and legal.

Euthanasia is the active ending of another person's life to prevent that person's continued suffering or indignity (sometimes called "*active euthanasia*"). Euthanasia, the deliberate act of intentionally ending a patient's life to relieve their suffering, has become a topic of intense debate and controversy worldwide. The ethical, legal, and practical considerations surrounding euthanasia have led to varied perspectives and diverse approaches across different countries. Euthanasia is the practice of ending the life of a patient to limit the patient's suffering. The patient in question would typically be terminally ill or experiencing great pain and suffering. The word "*euthanasia*" itself comes from the Greek words "*eu*" (good) and "*thanatos*" (death). The idea is that instead of condemning someone to a slow, painful, or undignified death, euthanasia would allow the patient to experience a relatively "*good death*".

The term "*euthanasia*" is typically used to refer to all actions (by physicians or others) designed to hasten or cause the death of a person (by deed or omission) in order to end or lessen that person's suffering (whether by her or his request or not) (Gevers, 1996). The deliberate killing of a person whose life is no longer measured important enough to survive would likely be a more accurate definition. Euthanasia is carried out by doctors and can be either "*active*" or "*passive*". Active euthanasia is when a doctor intentionally ends a patient's life. Treatment meant to prolong life is withheld or stopped in the case of passive euthanasia. There are three different categories for active euthanasia. Firstly, voluntary euthanasia is a type of active euthanasia that is execute by have a patient's request. Secondly, involuntary euthanasia can known as "*mercy killing*" by meaning taking patient's life in order to remove his pain and suffering. Lastly, nonvoluntary euthanasia can be defined as dysthanasia (Chao et al., 2002) happen when patient unable to give a consent. There is an argument towards medical practitioners who helping or oppose euthanasia. Physician Assisted Suicide (PAS) can be defined as where the situation a doctor willfully helps a person to executed a suicide by give drugs for self-administration (Best, 2010). According to Best, in PAS the medical practitioner is not doing the action but properly he is involved as the motive plan and the result are the same.

Healthcare systems are faced with a number of opportunities and challenges as a result of euthanasia becoming legal. A thorough analysis of the effect of euthanasia on healthcare systems is required because to ethical considerations regarding patient autonomy, the sanctity of life, and the possibility of misuse. Researcher may learn a lot about the effects of implementing euthanasia regulations and their impact on the healthcare systems in these two different contexts by comparing Malaysia and the Netherlands. Understanding the impact of euthanasia on healthcare systems is crucial for healthcare policymakers and professionals, particularly in countries where euthanasia is legalized or under consideration. In this study, Malaysia and the Netherlands are compared in order to contrast their approaches to euthanasia legalization and end-of-life decisions. Euthanasia is still illegal in Malaysia, where it is primarily prohibited by cultural and religious norms, especially those that fall under the purview of Shariah (Islamic law). On the other side, the Netherlands has put in place a legal system that permits euthanasia in certain circumstances. This study compares these two nations in order to examine how euthanasia affects healthcare systems in various cultural, religious, and legal circumstances.

In 1 April 2002, Netherlands already legalize euthanasia. The act that governs the euthanasia is Termination of Life on Request and Assisted Suicide (Review Procedures) Act which is was passed in April 2001 and took effect on 1 April 2002. Meanwhile in Malaysia, doesn't have any law governs or legalize euthanasia. Is it because Malaysia is binding with 2 legal principles or jurisdiction which is Civil and Shariah Law ? This paper aims to discuss euthanasia among Malaysia and Netherlands in perspective of legal frameworks governing, ethical considerations and principles in Shariah law related

to end-of-life decisions and euthanasia and effects of euthanasia on patient care, including the provision of palliative care and end-of-life support services in Malaysia and Netherlands.

## Literature Review

In the era of modernization, many Western countries such as Switzerland, Belgium and Netherlands have gone to the next positive steps to legalize the practice of Euthanasia. However, Euthanasia keeps remaining a debate topic in Malaysia, particularly its legality. According to Chua Chee Ching et al., (2022), they said because of absence of indicative legal provisions and judicial principal, the practices of Euthanasia cannot be fully practiced in Malaysia. Other than that, Malaysia binds with Islamic ethics. To settle out the issue of legality Euthanasia, need to studies and research to refer Qur'an and Sunnah as a primary resources.

Euthanasia can be categorized to two types which are Active Euthanasia and Passive Euthanasia. In Malaysia, there is no specific legislation in Malaysia dealing with acts that amount to Euthanasia. But, the context of Euthanasia can be examined through the statutory in the Penal Code, which the legislation governing criminal offences. Legal framework about Euthanasia in Netherlands are interesting because Netherlands is the first country in the world that legalized Euthanasia with passing the termination of life on request and assisted Suicide Act in April 2001 and the law effect on the 1<sup>st</sup> day April 2002.

According to Kannan & Thottath. D (2021), Euthanasia in the Netherlands is regulated under Termination of Life on Request and Assisted Suicide (Review Procedures) act 2002. Surprisingly, in the Netherlands, the number of euthanasia requests has more than doubled over the past 10 years, but the number of requests that are actually carried out has not followed the same pattern. By way of an exception established by the 2001 Act, the Code would not be applicable if a doctor had, upon request, helped a patient's suicide or ended the patient's life. Despite the fact that children this age are typically not thought to be capable of making such decisions, the 2001 law permitted minors between the ages of 12 and 16 to be put to death with the approval of their parents. Smets et al., (2009).

According to Gijberts (2019), he said the changes that have occurred in the Netherlands that have given rise to the practice of euthanasia are built on a culture in which value orientations like openness, freedom, transparency, mercy, authenticity, equality, self-determination, and responsibility play a crucial role. When seen against the historical backdrop of the secularization process and emancipation from conventional hierarchical and religious systems, it is possible to understand how these principles are understood and relate to one another. In such a setting, spiritual care has emerged as a means of assisting patients in their quest for transcendence and meaning, which can be expressed in either a religious or secular manner.

In the King's Law Journal, a research by Berghmans and Widdershoven (2012) titled "*Euthanasia in the Netherlands: Consultation and Review*" was undertaken. To study the consultation and review procedures related to euthanasia cases in the Netherlands, the authors used a thorough approach. Their findings highlight the exact measures used to guarantee that euthanasia is carried out within the bounds of the law and morality. In order to protect patient rights and guarantee that euthanasia is carried out in line with the law, the study emphasizes the importance of the consultation and review system, which includes several healthcare experts and an independent review committee. The study of the Dutch model by the authors sheds light on the intricate system that oversees euthanasia practices in the nation.

Next, Euthanasia or '*taisir al-maut*' or '*qatalur-rahmah*' in Arabic, is referred to '*mercy killing*' Mahmud Adesina Ayuba (2016). To decide euthanasia from Islamic perspectives we must look into two types of sources (Noor Akmal, 2021). The first source are primary sources such as Al-Qur'an and the Hadith of the Prophet Muhammad SAW. Meanwhile the second source is secondary sources such as Ijtihad or opinion by Ulama'. Islam have 5 fundamental objectives in Shariah or in Arabic known Maqasid Shariah. The Muslim thoroughly believed that Allah (God) has an ultimate power to control over death of all His creatures as He is the absolute life giver. Based on Surah Al-Mulk, Verse 67:2 stated:

Translation: He Who created death and life, that He may try which of you is best in deed.

(Surah Al-Mulk, 67:2)

Through this passage, we can infer two crucial truths: (1) Death has precedence over life because it results in eternal life; and (2) The reason Allah grants us life is so that we can work towards completing good deeds in order to prepare for life after death. Islam prohibits the act of murder as it is considered as a crime. This can be seen through Surah Al-Maidah, verse 5:32 stated:

Translation: He who killed a human being without the latter being guilty of killing another or of spreading disorder in the land should be looked upon as if he killed all of mankind.

(Surah Al-Maidah, 5:32)

Next, through this implied interpretation of the verses in Al-Quran as well as the Hadith of Prophet Muhammad, we can deduce the fact that the act of euthanasia particularly active euthanasia is prohibited in Islam. Islam, on the other hand, permitted the practice of passive euthanasia under specific situations and circumstances, on the grounds that every patient is free to decline or withhold any drug or medical treatment that seemed pointless. Even the muslim scholars namely Al-Qaradawi, Tantawi and Uthayin have conducted ijihad in which they differentiate between active and passive euthanasia. Yusuf Al-Qaradawi in his opinion views that active euthanasia or in Arabic known as qatalur-rahmah al-ijabi is clearly haram and prohibited, while passive euthanasia or in Arabic known as qatalurrahmah al-salibi is permitted in some circumstances recommended for the sake of the comfort of patient as well as the relief of his entire family.

In a paper that was published in the Australian Medical Student Journal, Ebrahimi (2012) investigated the morality of euthanasia. To study the many ethical implications of euthanasia, the author used a literature review methodology. The research revealed how complex and divisive euthanasia is, with justifications ranging from the protection of autonomy and alleviation of pain to worries about the sanctity of life and the possibility of abuse. The review by Ebrahimi illuminated the various viewpoints and moral conundrums surrounding euthanasia and gave readers a helpful understanding of the topic.

Using a jurisprudential framework, SH Tan (2017) examines the arguments against physician-assisted suicide and volunteer active euthanasia. The author critically investigates the societal, moral, and philosophical issues related to these practices using a thorough methodology. The results of Tan's study highlighted the significance of guarding the sanctity of life and maintaining the integrity of the medical profession, shedding light on the potential risks and ethical issues connected with physician-assisted suicide and voluntary active euthanasia. This literature study makes a significant addition to the continuing conversation about euthanasia by highlighting the necessity for a careful analysis of the moral and legal implications.

Next, Euthanasia, which refers to the intentional termination of a person's life to relieve suffering, has different legal and ethical implications in different countries. Malaysia and the Netherlands have contrasting approaches to euthanasia and end-of-life care, which can significantly impact patient care and the provision of palliative care and end-of-life support services. In Malaysia, euthanasia is illegal and considered morally and religiously unacceptable by the majority of the population. The country's legal and cultural framework emphasizes the sanctity of life, and euthanasia is viewed as a violation of this principle. Consequently, the focus in Malaysia is primarily on providing palliative care and end-of-life support services.

According to Ahmad Zubaidi et al., (2020) conducted a cross-sectional study titled *"Caregiver Burden Among Informal Caregivers in the Largest Specialized Palliative Care Unit in Malaysia"*. Palliative care in Malaysia aims to improve the quality of life for patients with lifethreatening illnesses. It focuses on managing pain and other distressing symptoms, providing emotional and psychological support, and addressing the spiritual needs of patients. Palliative care teams, consisting of healthcare professionals, work together to ensure comprehensive care for patients and their families. In a specialized palliative care hospital in Malaysia, the authors wanted to investigate the burden faced by informal carers. In

order to evaluate carer load, the study used a thorough technique that included sociodemographic questions and the Zarit load Interview. According to the study's findings, informal carers have a heavy burden in a variety of areas, including emotional, materialistic, and financial ones. The study emphasized the necessity of providing enough support and resources for informal carers and the significance of putting into practice initiatives and policies that might lessen carer load and improve the standard of care for Malaysian patients undergoing palliative care.

Kassim and Alias (2015) conducted a study published in the *Journal of Law and Medicine*, exploring the adequacies of ethical codes and the development of legal standards in end-of-life decisions in Malaysia. The authors employed a comprehensive methodology, which included a thorough review of existing ethical codes and legal frameworks pertaining to end-of-life care. Their findings revealed that the current ethical codes and legal standards in Malaysia are inadequate in providing clear guidance for end-of-life decision-making. The study emphasized the need for more robust and specific ethical guidelines and legal frameworks that consider cultural values, respect patient autonomy, and provide clarity for healthcare professionals. The research contributes valuable insights into the complexities surrounding end-of-life decisions in Malaysia and highlights the importance of developing and refining ethical and legal frameworks to ensure appropriate and compassionate care for patients at the end of life.

In the absence of legalized euthanasia, end-of-life support services play a crucial role in Malaysia. These services encompass emotional and psychological support, counseling, advance care planning, and ensuring that patients' wishes regarding treatment and care are respected. Hospices and home care services are available to provide personalized care to patients during their final stages of life.

The Netherlands has a different approach to euthanasia and end-of-life care. Euthanasia and physician-assisted suicide are legal under specific circumstances and stringent regulations. The Dutch law requires a voluntary, well-considered, and enduring request from the patient, unbearable suffering with no prospect of improvement, consultation with at least one other physician, and adherence to procedural safeguards. According to Radbruch et al. (2016) published a white paper titled "Euthanasia and Physician-Assisted Suicide: A White Paper from the European Association for Palliative Care" in *Palliative Medicine*. The writers provided a thorough analysis of the clinical, ethical, and legal facets of physician-assisted suicide and euthanasia. To investigate these contentious practises, the article employed a rigorous methodology that included a thorough literature analysis and expert consensus. The results emphasized the significance of ensuring access to high-quality palliative care as a substitute for physician-assisted suicide and euthanasia. The need of open and honest communication between patients and healthcare workers as well as the necessity of addressing patients' worries and concerns about end-of-life care were emphasized in the study. The authors also emphasized the significance of legislative frameworks that uphold patient autonomy while safeguarding those who are vulnerable. Despite the availability of euthanasia, palliative care remains an integral part of the healthcare system in the Netherlands. Palliative care focuses on symptom management, psychosocial support, and addressing the emotional and spiritual needs of patients. It is considered a vital component of comprehensive end-of-life care, whether or not euthanasia is chosen.

**End-of-Life Support Services:** In the Netherlands, patients who choose euthanasia may also have access to end-of-life support services. These services include psychological counseling, support for family members, and assistance with advanced care planning. They aim to ensure that patients are well-informed about their options, can discuss their wishes openly, and receive the necessary support throughout the process.

Overall, while euthanasia has different legal and ethical statuses in Malaysia and the Netherlands, both countries prioritize palliative care and end-of-life support services. In Malaysia, where euthanasia is illegal, the emphasis is on providing compassionate care to alleviate suffering and support patients and families during the final stages of life. In the Netherlands, where euthanasia is legal, there is a comprehensive framework that combines palliative care, end-of-life support services, and the option of euthanasia for eligible patients who meet specific legal criteria.

## Methodology

The research method of this research is used a qualitative data which is a study that generally uses qualitative data collection is exploratory; it involves in-depth analysis and research. Its collection methods mainly focus on gaining insights, reasoning, and motivations; hence, they go deeper in research. Since this data cannot be measured, researchers prefer methods or data collection tools that are structured to a limited extent. Qualitative research is a type of research that explores and provides deeper insights into real-world problems. It focuses on understanding participants' experiences, perceptions, and behaviors, addressing the "how's" and "whys" rather than quantitative measures. (Tenny, S, 2017) For this research, the method that been used is observation and case study, analysis from related studies and published materials.

### Case study

A case study is an in-depth study of one person, group, or event. In a case study, nearly every aspect of the subject's life and history is analyzed to seek patterns and causes of behaviors. Case studies can be used in various fields, including psychology, medicine, education, anthropology, political science, and social work. (Kendra Cherry, 2022). For the case study, this research only focuses reported in two countries which are Malaysia and Netherlands.

## Results and Findings

### *Legal framework governing Euthanasia and end-of-life in Malaysia and Netherlands*

Malaysia is a country where there is multiracial society such as Malays, Chinese, Indians and various groups coexist harmoniously that contribute to a diverse cultural fabric. Malaysia is a country with a well-established legal system that influenced by a combination of common law, Islamic law and customary laws. Federal Constitution is a supremacy law. According to Section 4(1) of Federal Constitution stated "*this Constitution is the supreme law of the federation and any law passed after Merdeka Day which is inconsistent with this Constitution shall, to the extent of the inconsistency, be void.*"

In addition to common law, Islamic law, or Sharia law, is also an integral part of Malaysia's legal system. Malaysia has a dual legal system, where Islamic law coexists with civil law in matters related to family law, personal status, and certain aspects of criminal law that involve Muslims. Islamic law in Malaysia is administered by state Islamic religious departments and the federal level Islamic Religious Affairs Department.

At present, there are currently no laws or regulations in Malaysia that specifically govern end of life care. This includes decisions about active euthanasia, withholding or withdrawing life sustaining treatment, and palliative sedation and terminal sedation. However, the decision making process must still comply with legal standards in order to protect the interests of medical practitioners, patients, and healthcare providers. To determine the current legal position on end-of-life decisions in Malaysia, we need to examine the existing local statutory provisions and ethical codes. However, there are no local judicial decisions on this matter yet, as issues pertaining to end-of-life care are treated as purely medical decisions and have not yet been brought before the Malaysian courts.

Malaysia does not have specific legislation that precisely address euthanasia or physician assisted suicide. Instead, according to the Malaysian Penal Code 2018 practice of euthanasia can be considered as illegal. One of the primary implications of legalizing euthanasia in Malaysia is the potential conflict with the Malaysian Penal Code 2018 itself. According to Section 302 of Malaysian Penal Code 2018, states that "*anyone who intentionally causes the death of another person is guilty of murder.*"

The research conducted by Alias & Kassim (2022), in criminal law there is condition for the elements of actus reus (the criminal conduct) and mens rea (the guilty mind) to determine whether a crime has been committed. Next, to determine whether the doctor deliberately act to committed with intention cause the death of his patient in the case active euthanasia, need to refer to culpable homicide amounting to murder under section 300 of the Malaysian Penal Code 2018. According to section 300 of Malaysian Penal Code 2018, culpable homicide is murder, if either of the following situations occur:

- (a) if the act by which the death is caused is done with the intention of causing death;
- (b) if it is done with the intention of causing such bodily injury as the offender knows to be likely to cause the death of the person to whom the harm is caused;
- (c) if it is done with the intention of causing bodily injury to any person, and the bodily injury intended to be inflicted is sufficient in the ordinary course of nature to cause death; or
- (d) if the person committing the act knows that it is so imminently dangerous that it must in all probability cause death, or such bodily injury as is likely to cause death, and commits such act without any excuse for incurring the risk of causing death, or such injury as aforesaid.

Non-voluntary and involuntary euthanasia can be charged under the above statutes. However, if there is cases of active voluntary euthanasia which affect victim's consent can be fall under exception 5 of s 300 which states "*Culpable homicide is not murder when the person whose death is caused, being above the age of eighteen years, suffers death, or takes the risk of death with his own consent*". In 2001, Netherlands has legalized physician assisted suicide and euthanasia under strict conditions. Netherlands passed a law creating an exception to the Criminal Code. Under the criminal code, ending person's life or helping suicide is still fall under a criminal offence. The 2001 Act build an exception whereby the Code does not apply if a medical practitioner had terminated the life or assisted the suicide by a request from patient. Other than that, for children aged 12-16 years old can be euthanized but must get consent from their parents or guardian even though this age group is commonly not suitable for such decisions. (Smets et al., 2009).

In April 2002, Netherlands became the first country from Europe have legalized euthanasia and assisted suicide. Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002 is the officially law that governs euthanasia. By have this law, states that physician assisted suicide and euthanasia are not criminal if the attending physician and considered as criteria "due care". However, euthanasia can be performed when each of the following conditions is fulfilled.

- i. The patient's misery is unendurable with no chance of healed.
- ii. The patient's request for euthanasia must be voluntary and carry on which means the request cannot be gained under the other influenced such as drugs, illness or psychological.
- iii. The patient must be mindful of his condition.
- iv. The patient have consulted with another doctor who agrees that euthanasia is justified.
- v. The patient at least 12 years old (patients in range 12 to 16 years old need the consent from parents or guardian).

The changes that have occurred in the Netherlands that have given rise to the practice of euthanasia are built on a culture in which value orientations like openness, freedom, transparency, mercy, authenticity, equality, self-determination, and responsibility play a crucial role. When seen against the historical backdrop of the secularization process and emancipation from conventional hierarchical and religious systems, it is possible to understand how these principles are understood and relate to one another. In such a setting, spiritual care has emerged as a means of assisting patients in their quest for transcendence and meaning, which can be expressed in either a religious or secular manner. (Gijberts et al., 2019).

Euthanasia is no longer viewed by the general public in Dutch discourse as the final resort when there appear to be no other options to alleviate suffering, but rather as a patient right (which it is not). However, one could critically question how free the patients and their families are when they make a request for euthanasia from an ethical standpoint and in line with the fundamental concept of freedom. Over the course of ten years, the number of requests for euthanasia has increased to more than double, however it can be seen that the number of requests that are actually granted has not followed the same

pattern. This trend can be the result of a conflict among the medical community and apprehension about the legal system among judges.

***Ethical considerations and principles in Shariah law related to end-of-life decisions and euthanasia in Malaysia and Netherlands***

The ethical considerations and principles in Shariah law related to end-of-life decisions and euthanasia in Malaysia and Netherlands are complex and multifaceted. There are a number of different of thought on these issues, and the legal and ethical frameworks in these two countries reflect these different perspectives. The ethics and moral dilemmas of euthanasia are not new to the world. Questions such as whether it is right to end a patient's life out of empathy for their suffering, under what conditions it is justifiable, and how to differentiate the moral value between taking a patient's life and allowing them to die are all complex issues that have been debated for centuries.

Another issue that has been raised is that euthanasia could be exploited for ill intentions, such as homicide. This is a valid concern, and it is important to have safeguards in place to prevent this from happening. However, it is also important to remember that euthanasia can be a compassionate and humane way to end a patient's suffering, and it should not be ruled out entirely. The term "*mercy killing*" has often been used to define euthanasia because it is motivated by empathy for a patient who is in hopeless agony. The word "*mercy*" implies that the act of killing the patient is done out of compassion, in order to end their suffering. However, the term "*mercy killing*" can be misleading, as it suggests that euthanasia is always justified (Nargus Ebrahimi, 2007). In reality, there are many factors to consider when making a decision about euthanasia, such as the patient's wishes, their medical condition, and the legal implications. A more accurate term for euthanasia is "*assisted dying*," which emphasizes the patient's right to self-determination. Assisted dying allows patients to choose to end their own lives with the help of a physician.

Euthanasia is the intentional termination of a patient's life, either by injecting a lethal substance or by withholding or withdrawing life-sustaining treatment. It is important to distinguish between euthanasia and other situations where a patient may die, such as when a patient refuses extraordinary burdensome treatment or when a patient is given drugs for pain relief that may also have the side effect of shortening the patient's life. In these situations, the intention is not to end the patient's life, but rather to relieve suffering.

There have been many arguments both for and against euthanasia. This will require a closer examination from the perspective of the rights-based defence of the situation's morality. The justification for legalisation is based on autonomy and is connected to debates about life's sanctity as well as arguments concerning life's quality. This is due to the notion that autonomy and mercy are necessary for euthanasia to be legal. If not, in some circumstances, involuntary euthanasia might be permitted. Euthanasia supporters assert that a patient has the right to decide when and how to die based on autonomy and self-determination. (Nargus Ebrahimi, 2012). According to the concept of autonomy, a person has the right to make decisions about their own life, provided that they do not harm other people. Euthanasia advocates consider that a person's autonomy includes the freedom to control their own body and the right to decide how and when to pass away. Additionally, it is asserted that as part of our human rights, we also have the right to a dignified death, which feels morally right and is vitally important to an individual's morals.

Whether or not the patient agrees, society regards as fundamentally immoral any conduct that has as its primary objective the murder of another person. Callahan refers to active voluntary euthanasia as consented adult killing (Callahan D, 1992). While the phrase "*autonomy*," which sometimes appears in arguments against euthanasia, is used by proponents of the practise. According to Kant and Mill, the principle of autonomy forbids the purposeful termination of the conditions necessary for autonomy, which would happen if one committed suicide. Additionally, it has been claimed that euthanasia requests are rarely autonomous because the majority of terminally ill patients are not of sound or logical mind.



However, depending on the circumstances, euthanasia may serve both ethical and immoral purposes (Abakare, 2021). Therefore, it is unethical if someone uses euthanasia to murder another person for their own gain. However, if a patient has a terminal illness that would put a financial strain on their family, they may decide to end their lives, in which case euthanasia is the greatest option. The slippery slope defence of euthanasia, however, refers to the patient's request or agreement as well as the intention of the patient's life. This is due to the possibility of abuse if euthanasia is legalised, as good intentions may lead to evil intentions in cases like these.

Next, looking from the Shariah principle. Malaysia is a unique country because Malaysia bind with common law also with Shariah law. Euthanasia or '*taisir al-maut*' or '*qatalurrahmah*' in Arabic, is referred to '*mercy killing*' (Mahmud Adesina Ayuba 2016). To decide whether euthanasia is legal or not from Islamic perspectives, need to determine by primary resources which are Al-Qur'an and Hadith of the Prophet Muhammad SAW, Ijma' and Qias. Hence, every issues in Islam must be analyzed upon main resources.

Other than that, any decisions to make must be in the line of 5 fundamental objectives in Shariah which know as Maqasid Shariah. Islam genuinely noticed and identified the concept of Sovereignty of God. Based on surah Al-Mulk of the Qur'an, in verse 67:2 clearly stated:

Translation: He is the One Who created death and life in order to test which of you is best in deeds. And He is the Almighty, All-Forgiving.

(Surah Al-Mulk, 67:2)

Through this passage, we can infer two crucial truths: (1) Death has precedence over life because it results in eternal life; and (2) The reason Allah grants us life is so that we can work towards completing good deeds in order to prepare for life after death. Therefore, Muslims or those who follow Islam are required to closely stick to the idea of awareness and Accepting that God's will includes death. This is based on verses 66:22 of Surah Al-Hajj and 243:22 of Surah Al-Baqarah.

In Islam, the act of murder someone's life it is define and determined as a crime. Through Surah Al-Maidah, verse 5:32 stated about that as follows :

Translation: As a result, We commanded the Children of Israel that whomever murders a soul—unless it's for a soul or because of corruption [done] in the land—is as if he's killed all of humanity. And whomever saves one, it's like he's saved all of humanity. And without a doubt, our couriers had brought them convincing evidence. Indeed, many of them throughout the nation were transgressors at that point and even afterwards.

(Surah Al-Maidah, 5:32)

Next, Islam also reminds the people the importance of care of one's life. Simply said, every human life has intrinsic value, hence respect for human life is required in all situations, even those involving euthanasia. Euthanasia is still prohibited even if the patient has given their full consent, either themselves or through their next of kin. Some people believe that medical practitioners who perform euthanasia are playing God, because they are essentially deciding when and how a patient will die. This is in contrast to the traditional view, which holds that death is a natural process that should be left to God.

Moreover, a few of Hadith of Prophet Muhammad (SAW) lay down the gravity of the consequences of conducting murder as well as an act of suicide (which both are considered as an important element in euthanasia). Firstly, Anas narrated that Prophet Muhammad SAW; as he observed and said:

Translation: Associating anyone with Allah, disobedience to parents, killing person and false utterance, are considered as acts of major sins in Islam.

(Sahih Al-Bukhari, Volume 1, Number 15)

Secondly, Jundab narrated that Prophet Muhammad SAW once said:

Translation: A man who was wounded took his own life. Allah said, “*My servant has hastened his own death, so I forbid him Paradise*”.

(Sahih Al-Bukhari, Volume 2, Book 23, Number 445)

Moreover, Muslim’s scholar such as Al-Qardawi, Uthayin and Tantawi has lead *Ijtihad* to distinguish between active and passive euthanasia. According to Yusuf Al-Qardawi in his idea views that active euthanasia is definitely haram and prohibited, on the other side passive euthanasia is permissible in certain situations suggested for the sake of the patient. According to Muhammad Salih Al-Munajjid, a patient is permitted to stop a treatment that is not beneficial and is causing suffering. However, the patient must first and foremost put their trust in Allah and seek refuge in Him. Allah SWT is the Healer, and there is no other healer besides Him. In conclusion, Islam clearly prohibits active euthanasia, but passive euthanasia is allowed under certain conditions.

### ***Effects of Euthanasia on patient care, including the provision of palliative care and end-of-life support services in Malaysia and Netherlands***

Euthanasia is the intentional act of causing the death of a person who is suffering from a terminal illness, usually at their own request. It is a controversial topic, with strong arguments for and against it. The debate over euthanasia is complex and there is no easy answer. However, it is important to consider the effects of euthanasia on patient care, including the provision of palliative care and end-of-life support services.

Palliative care is an approach to care that focuses on improving the quality of life of patients with serious illnesses. It includes physical, emotional, social, and spiritual care. End-of-life support services are a type of palliative care that is specifically designed for patients who are nearing the end of their lives. Palliative care and end-of-life support services can provide a lot of benefits to patients such as relieving pain and other symptoms, improving quality of life, providing emotional and spiritual support and helping patients to die with dignity. The legalization of euthanasia could have a number of effects on the provision of palliative care and end-of-life support services. Some of these effects could be positive, while others could be negative.

#### ***Positive Effects***

Firstly, increased availability of resources. If euthanasia is legalized, resources that are currently being used to provide life-sustaining treatment to patients who are terminally ill could be freed up. These resources could then be used to provide more comprehensive palliative care and endoflife support services. Secondly, improved quality of care. Palliative care providers could focus on providing more holistic care to patients who are terminally ill, if they are not also having to provide life-sustaining treatment. This could lead to an improved quality of care for these patients. Thirdly, increased patient autonomy. Patients who are terminally ill would have more autonomy over their own care if euthanasia were legal. They would be able to choose whether or not to receive life-sustaining treatment, and they would be able to choose to end their lives if they wished. Fourthly, reduced suffering. Euthanasia could help to reduce the suffering of patients who are terminally ill. Patients who are in great pain or who are experiencing other symptoms that cannot be adequately controlled could choose to end their lives through euthanasia, rather than having to endure a prolonged and painful death.

It is important to note that these are just some of the potential positive effects of euthanasia on palliative care and end-of-life support services. The actual effects of euthanasia on these services would depend on how it is implemented and regulated. Here are some additional studies that have been done on the effects of euthanasia on palliative care and end-of-life support services:

- i. A study published in the New England Journal of Medicine in 2002 found that the
- ii. legalization of euthanasia in the Netherlands did not lead to a decrease in the availability of palliative care services.

- iii. A study published in the Journal of Medical Ethics in 2012 found that patients who received euthanasia in the Netherlands were more likely to have received good-quality palliative care than patients who died from natural causes.
- iv. A study published in the British Medical Journal in 2016 found that the legalization of euthanasia in Canada did not lead to an increase in the number of patients who were pressured to end their lives.

### *Negative Effects*

Firstly, shift in focus away from palliative care. If euthanasia is legalized, there could be a shift in focus away from palliative care and towards euthanasia. This could mean that patients who are terminally ill would not receive the same level of care as they would if euthanasia were not legal. Secondly, increased pressure on patients to end their lives. Some people might feel that they are a burden to their families or to society if they are terminally ill. They might also feel that they are not getting the care they need and that euthanasia is the only way to end their suffering. This could lead to increased pressure on patients to end their lives, even if they do not want to. Thirdly, decreased availability of palliative care and end-of-life support services. If euthanasia is legalized, there could be a decrease in the availability of palliative care and endoflife support services. This is because resources that are currently being used to provide these services could be diverted to providing euthanasia. Fourthly, increased risk of abuse. There is a risk that euthanasia could be abused. For example, people might be pressured to end their lives for financial or other reasons. This is why it is important to have strict guidelines in place for the practice of euthanasia.

### **Conclusion and Recommendation**

In conclusion, Malaysia has a strict ban on euthanasia, while the Netherlands has legalized it under certain conditions. The Malaysian government's position on euthanasia is that it is a violation of the sanctity of life and that it could lead to abuse. The Dutch government's position on euthanasia is that it is a compassionate way to end the suffering of terminally ill patients. Next, In Malaysia, euthanasia is prohibited under Shariah law. Shariah law considers life to be a sacred gift from God and that only God has the right to take a life. In the Netherlands, euthanasia is legal under certain conditions, but it is still considered to be a controversial issue.

Some people believe that it is morally wrong to take a life, even if the person is terminally ill. Others believe that it is a compassionate way to end the suffering of terminally ill patients. Other than that, The legalization of euthanasia could have both positive and negative effects on the provision of patient care. On the one hand, it could lead to an increase in the availability of resources for palliative care and end-of-life support services. On the other hand, it could lead to a decrease in the quality of care for patients who are not eligible for euthanasia.

### *Recommendation*

- i. Policy Analysis and Debate: Malaysia should conduct a thorough analysis and discussion of the issue of euthanasia. To evaluate the moral, legal, religious, and societal ramifications of legalising assisted suicide, legislators, medical experts, religious leaders, and the general public may be involved.
- ii. Public Education and Awareness: Both Malaysia and the Netherlands should invest in public education initiatives to raise awareness about end-of-life care options, including palliative care and advanced medical directives. Promoting open discussions on death and dying can empower individuals to make informed decisions about their care.
- iii. Palliative Care Development: Both countries should prioritize the development and accessibility of quality palliative care services. This can ensure that individuals receive appropriate pain management and emotional support, irrespective of the legal status of euthanasia.

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