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Can Doctors Refuse Withholding and Withdrawing Life Support to Critically Ill Patients in Indonesia? Associated with Medical, Bioethic, and Medicolegal Issues

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ABSTRACT
In medical society, there are controvery issues that called withholding and withdrawing life support. Withholding life support is delaying the provision of new or advanced life support therapy without stopping ongoing life support therapy, and withdrawing life support is stopping some or all of the life support therapy given to patients . This decision was not only decided based on medical aspects but also related to bioethics and medicolegal aspects. For medical practitioners, withholding and withdrawing life support are hard moral dilemmas to be implemented. From the medical aspect, withholding and withdrawing life support is not the same as euthanasia. There is a strong general consensus that withholding and withdrawing life support is a decision that allows the disease to progress naturally. This is not a decision to let the patient die, while euthanasia actively take patients at the end of their lives. In the bioetic aspect, doctors must respect the autonomy of patients and families in deciding the withholding and withdrawing life support. In medicolegal aspects, laws regarding withholding and withdrawing life support are regulated in the regulation of the Minister of Health No. 37 of 2014 chapter III where it is stated that the patient's family can ask the doctor to withholding and withdrawing life support or ask to assess the patient's condition to withholding and withdrawing life support. If there is a discrepancy between the family's request and the recommendations of the medical and ethical committee team, where the family continues to ask for a withholding and withdrawing life support, legal responsibility is with the family. Thus, according to what is regulated in the medical, bioethical and medicolegal aspects, doctors and ethical committee team cannot refuse requests to withholding and withdrawing life support
Keywords: *withholding life support, withdrawing life support, critically ill, end of life*

1. INTRODUCTION

Indonesia is a legal state where every side of life is controlled by various norms. No exception in the world of health, where every medical decision and action is regulated by medical ethics, professional standards of health personnel, legal norms and other norms that apply in society. Many medical disputes occur in the world of health. One of the causes of medical disputes is the absence of good informed consent between health workers and patients or families which often results in dissatisfaction of patients and families towards medical actions, medical decisions and complications caused by therapy or the underlying disease until it causes death . There are times when patients and families are not given clear information on the benefits, risks and complications of possible medical actions that often accuse malpractice.

One issue that often arises in the medical world is the delay and termination of life assistance or what is often called withholding and withdrawing life support. The postponement of therapy for life assistance (Withholding life support) is to delay the provision of new or advanced life assistance therapy without stopping ongoing life support therapy, while the termination of life assistance (Withdrawing life support) is to stop some or all of the life support therapy that has been given to patients . Withholding and withdrawing life support is different from euthanasia, because withholding and withdrawing life support aims at the general consensus to follow the course of its natural disease not to make decisions to speed up death and end life. While active euthanasia makes decisions to speed up death and end of life. In simple terms, withholding life support means no longer doing resuscitation. On the other hand, on withdrawing life support, once a withdrawal therapy is decided, the ventilator and inotropic must be stopped, heavy sedation usually appears and death will soon occur.

The issue of withholding and withdrawing life support is still controversial. Opposition and debate among medical practitioners, legal practitioners, community and religious leaders still occur today. Decision making on the condition of critical patients is a very difficult problem. This decision was not only decided based on medical aspects but also related to bioethics and medicolegal aspects. The health community must

remain aware that in carrying out their health profession they are not only responsible for professional responsibility, but also in legal responsibility, for the services provided.

Medicine adheres to 4 moral principles, namely autonomy, beneficence, nonmaleficence and justice. Autonomy means that every medical action must obtain the consent of the patient (or his immediate family, in the event he cannot give his consent), beneficence means that every medical action should be aimed at the patient's goodness, nonmaleficence means that any medical action should not worsen the patient's condition, and justice means that attitudes or medical actions must be fair. Moral dilemma is still possible if the moral principle of autonomy is faced with other moral principles or if the principle of beneficence is faced with nonmaleficence, for example if the patient's desire (autonomy) turns out to be contrary to the principle of beneficence or nonmaleficence, and if an action contains beneficence and nonmaleficence simultaneously.

Positive law and Indonesian medical ethics state that withholding and withdrawing life support are legal and do not violate medical ethics. The condition that must be fulfilled in this condition is that the patient is in a palliative care condition, cannot be cured, prolonging his life will actually add to the pain and suffering of the patient and has received patient and family approval. In this case the patient and family have been informed about the condition of the disease which is subsequently documented and signed by the parties concerned.

The facts are sometimes different. Doctors or health care facilities which are referred to as executors sometimes refuse to withholding and withdrawing life support. This is associated with violations of doctor's vows, medical ethics, moral and religious norms. In this paper the author will discuss the refusal of doctors and health care facilities as executors of withholding and withdrawing life support in terms of human rights, positive law in Indonesia and medical ethics.

2. METHOD

The research method used in this paper is library research. Datas are gathered from library materials which includes textbooks, both published and unpublished academic document such as journal, conference proceedings, dissertations dan theses. Other sources of information are gathered from internet search.

3. PROBLEM IDENTIFICATION

Do doctors and health care facilities have the right to reject requests for withholding and withdrawing life support?

4. DISCUSSION

A doctor has the responsibility to care for patients, give health services to cure diseases and restore health and maintain and improve the health of a person or family according to Law of State No. 36 year 2009. 1 1 In practice, doctors are often faced with varying patient conditions, ranging from mild, moderate and severe illness. Patients with severe conditions can also be called in a critical condition which means very sick or very injured and can lead to death or termination of life. Life comes from the word 'life' which in the Indonesian dictionary (KBBI) means that it still exists, moves and works as it should (about humans, animals, plants, etc. Whereas death means loss of life or no longer living.2

Debates about the end of life or the death of patients in care have been widely discussed in the community. One of them is the problem of critical care in patients who are being treated. According to a population-based study, about one half of 1% of adults are cared for in a special care unit due to critical illness every year.3 Treatment at the end of life is one of the main issues in medical ethics mainly due to technological advancements and the development of living aids. Intensive care can prolong the death process of patients who are not responsive to available treatments. Most hospitals have patients who receive care or interventions that keep them alive; these interventions include mechanical ventilation for acute or chronic respiratory failure and dialysis for acute or chronic renal failure. Some other life-support measures are carried out by chest compression, defibrillation, pacemaker insertion, medication, intubation, and nutrition. In the end, the patient's doctor must face the dilemma of whether to continue this treatment or not. In some circumstances, care is no longer beneficial to the patient, while in other cases, the patient or family no longer wants treatment to continue.4

One problem that often arises in critical patient care as above is the delay and termination of life assistance or often called withholding and withdrawing life support. The concept of withholding or withdrawing life support was introduced to limit the suffering of critically ill patients. Decision making on this matter is very difficult and is influenced by several factors which are not only the severity of the disease but also in terms of ethics, religion, culture and legal background. Withholding life support or delaying life assistance therapy is to delay the provision of new or advanced life support therapy without stopping ongoing life support therapy while withdrawing life support is stopping part or all of the life support therapy that has been given to patients. At present, several countries controversially took radical steps by terminating their lives directly by medical actions, but many other countries prohibit active euthanasia volunteer.5

In Western countries, further direction plays an important role in withholding and withdrawing life support for patients who are dying and respecting patient autonomy. Nonetheless, advanced directives in Korea have not been supported by law and culture, and require offspring to do their best to treat parents on behalf of devoted children, making difficult decisions for doctors and family members with seriously ill patients. Withholding life support in intensive care units is also usually decided without official documentation before the doctors are punished by the supreme court for helping and abetting murder because they attract life support from dying patients.6

Most critically ill patients do not have the capacity to express their choices regarding the delay or termination of life assistance and informed consent is usually given and carried out by family members. One example that occurred in 1985, Karen Anne Quinlan suffered severe brain damage after consuming a mixture of alcohol and Valium. She then was in a permanent vegetative state after being rescued by doctors. Karen's parents wanted the respirator to be removed, and let her die, however, hospital officials did not agree and as such, this problem was finally resolved through the court. In the end, the Supreme Court of New Jersey did it by reversing the court's decision and giving Joseph Quinlan, Karen Anne's father, his legal status as guardian. The request to revoke the respirator has been approved.7

The case has created a need to develop the bioethics field as a practical guide to dealing with various problems in health care. Most clearly, this case partly leads to radical changes in the way we define and think about the concept of care for death and the end of life. This case also starts a process that ultimately brings life's will and direction to progress that can give patients (and their representatives) greater control over the time and means of their death. Indeed, at present, delaying and stopping life support is generally considered morally acceptable (under certain laws, of course), and in fact this practice has become very common in hospitals in America. For example, the number of deaths in neonatal intensive care units due to cessation of therapy has increased almost fivefold in the last thirty years from 14% to 66%. 65,000 chronic dialysis patients die each year in the US due to dialysis cessation and in fact cessation from dialysis has become the number two cause of death among dialysis patients in the US and Canada (after heart disease), accounting for 20% of the deaths of dialysis patients. 4

The discussion on several aspects related to the issue of withholding and withdrawing life support which are often discussed consists of medical, bioethical and legal aspects. Doctors and hospitals must know that they are responsible for patient health (professional responsibility) and in the legal (legal responsibility) for the services they provide. In making decisions on life assistance must be based on bioethical and legal issues and the implementation of practical aspects. Four fundamental ethical principles are also needed, namely autonomy, beneficience, non-maleficence and justice.

A. Medical Consideration

According to American Family Physicians, all states have laws relating to holding or stopping life assistance treatment. Institutional policies generally recommend that when in doubt, doctors must provide treatment to prolong life. However, doctors can ensure proper care in the hospital and in all treatment settings, even if the patient wants not to use certain medical interventions. Unfortunately, Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT) documents that many patients die without regard to this problem, even undergoing invasive medical treatment of desires stated earlier.[8]

Doctors must feel free to give specific advice to patients and families who are struggling with this difficult decision. A wise doctor can give honest advice and based on medical science and personal experience. The Education Curriculum for Doctors on End of Life Care (EPEC) suggests other steps that might help when deciding whether to hold or stop therapy. These steps are as follows:

a) Knowing the institutional policies and laws of the country.
b) Select the private place that is suitable for discussion.
c) Ask patients and families what they understand about the patient's illness.
d) Discuss patient values and general care goals.
e) Set the context for discussion.
f) Discuss specific treatment preferences.
g) Respond to emotions.
h) Set and apply the plan.

Withholding and withdrawing life support are not the same as euthanasia. There is a strong general consensus that postponing and stopping treatment is a decision that allows the disease to progress according to the course of the disease. This is not a decision to bring patients together with death, while euthanasia actively brings patients at the end of their lives. For example, is removing the doctor's ventilator killing the patient? No. The purpose and sequence of actions is important and the aim is to increase comfort rather than death, if drugs are chosen to reduce the patient's symptoms, if the drug is given without the primary purpose of causing death, then the ventilator discontinuation and the drug is not euthanasia.[8]

B. Bioethical Aspect

In conveying the determination of actions withholding or withdrawing life support, the doctor must respect the autonomy of the patient, the family must be explained about the disease and ensure that they understand it. From a medical perspective, the first requirement is that there is at least the best acceptance and consensus among members of the health care team to limit therapy when the expectation for recovery exceeds the burden of care. Care must not be detained because of a false fear that if it starts, they cannot be stopped again. At the end of a trial, a conference must be held to review and revise the treatment plan. The decision to stop an equipment or prolong life action that has been applied to a patient is still a problem, compared to if the equipment or action has never been done to a patient.[4, 5]

The religious-cultural background of patients and families greatly influences preferences and needs related to decision making, death, and discussion of bad news in general. Therefore, these factors must be considered in making decisions about therapies that sustain life, related to communities that are increasingly multicultural, multiracial, and diverse in terms of religious beliefs. Recognizing this pluralism is fundamental in providing high-quality end-of-life care. Research has shown that non-white patients are less likely than white patients to agree to the DNR (do not recucitate), less likely to withholding and withdrawing life support, and less likely to get follow-up direction. In addition, African-American doctors and patients are more likely than Caucasians to request treatment for artificial feeding, mechanical ventilation, or cardiopulmonary resuscitation if the patient is in a persistent or severely vegetative state. In contrast, the DNR order is consistent with Islamic teachings. In Asian culture, making decisions for withholding and withdrawing life support from parents can be considered not filial. If the integrity of the family as a whole is valued more than the wishes of individual family members, patients can expect the family to do everything possible to extend their lives, even if they do not want to be on life support because doing so will not bring shame to the family.[4]

Consider how non-maleficence principles might apply in cases like this. There are actually two ways to consider the problem here: first is the danger of absence in the sense that one cannot experience the ‘goods’ of life; and secondly, the pain from what was allegedly suffered when the cessation of artificial feeding and hydration was stopped so that patients such as 'starved to death' or 'die of thirst'. Regarding the first type of damage, the goods of life are clearly the result of what someone does with their lives.

C. Medicolegal Aspect

During practice in Indonesia, regulations regarding the delay and termination of living assistance are regulated in the Regulation of the Minister of Health No. 37 year 2014 chapter III. It is said that in patients who are in a state that cannot be cured due to their illness and medical actions have been in vain, it can be done to withhold or withdraw life support. Policy regarding the criteria for the condition of patients who are in a terminal state and when medical action has been in vain

determined by the director or head of the hospital. The decision to stop or delay therapy for life assistance in medical action on patients is carried out by a team of doctors who handle patients after consulting a team of doctors appointed by the medical committee or ethics committee. Plans for stopping or delaying life support therapy must be informed and obtain approval from the patient's family or those who represent the patient. Life support therapy that can be stopped or delayed is only a therapeutic action fund that knows extraordinary care that includes intensive care, cardiac pulmonary resuscitation, dysrhythmic control, intubation, ventilation of the sweet, vasoactive drugs, parenteral nutrition, artificial organs, transplants, blood transfusions, invasive monitoring, and antibiotics. Life support therapy that cannot be stopped or delayed includes oxygen, enteral nutrition and crystalloid fluid.

The patient's family can ask the doctor to terminate or delay the life supporting therapy or ask to assess the patient's condition for the withholding and withdrawing life supporting therapy. This request can only be done if the patient is incompetent but has left his message on this subject in the form of a specific message to withhold and withdraw life supporting therapy or messages delegated to certain people and patients who are incompetent and not intimate, but the patient's family believes competent patients will decide as such, based on their beliefs and the values they embrace. If the patient is still able to make a decision and express his own desires, then the decision is in the hands of the patient and must be fulfilled. If there is a discrepancy between the family's request and the recommendations of the medical committee and ethical team, where the family continues to ask for the termination or delay of life assistance therapy, legal responsibility is with the family.[9] Thus, according to legislation and ethical aspects, the doctor and health workers cannot refuse requests to withhold and withdraw life supporting therapy.

4. CONCLUSION

According to what is regulated in the medical, bioethical and medicolegal issues, doctors and ethical committee team cannot refuse requests to withholding and withdrawing life support. Further research on culturals and religions in Indonesia is required.

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