
Application of Human Rights Principles Towards Futile Care Medical Services and its Implications on the Code of Medical Ethics

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ABSTRACT: Futile care medical services are medical actions that clinically do not provide significant benefits for patient recovery and actually prolong suffering. In this context, it is important to review the application of Human Rights (HAM) principles, especially the right to life and patient autonomy, and to examine their compliance with the Indonesian Medical Code of Ethics (KODEKI) 2012. This study aims to: 1) analyze the application of human rights principles to futile care medical services and 2) determine whether futile care medical services are in accordance with KODEKI 2012. The research method is normative juridical, with an approach that focuses on the analysis of relevant laws and medical codes of ethics. The results of the study indicate that human rights principles, such as the right to life and the right to patient autonomy, have not been fully implemented in futile care cases in several medical practices. This is due to a lack of awareness of patient rights and the conflict between the ethical obligation to maintain life and the patient's choice to end useless actions. From the perspective of KODEKI 2012, especially Article 10 concerning respect for patient rights and Article 11 concerning protection of life, futile care services are still an ethical issue that requires wise handling so that doctors can maintain patient trust, while still adhering to applicable medical ethics principles.

KEYWORDS: Futile Care, Human Rights, Medical Code of Ethics

INTRODUCTION

The rapid development of medical technology has brought great benefits to human health, but has also raised ethical challenges, one of which is the phenomenon of futile care. Futile care refers to medical actions that are carried out even though they do not provide significant benefits to the patient. This phenomenon is increasing, especially in countries with advanced health systems such as the United States, where around 20% of ICU care is categorized as futile care (Truog & White, 2013). In Indonesia, although specific data is difficult to obtain, discussions about discontinuing care for terminal patients often occur in large hospitals (Haryani, 2022).

Research shows that futile care often occurs due to pressure from the patient's family who hope for a miracle, even though the medical prognosis is unfavorable. A study in Europe found that 70% of decisions to continue medical care for terminal patients were more influenced by family wishes than medical considerations. This poses a dilemma for medical personnel who must consider the wishes of the family and the principle of non-maleficence (not harming the patient).

Futile care also has an impact on health costs. Studies in the United States show that futile care accounts for up to 13% of total medical care costs at the end of life (Schouela et al., 2021). In Australia, reducing futile care could save millions of dollars each year. This cost burden affects not only the patient's family but also the health system as a whole (Asayesh et al., 2015).

The psychological impact on health workers is also significant. A study in Canada showed that doctors and nurses who frequently engage in futile care experience higher levels of burnout than those who do not (Aghabarary and Nayeri, 2016). The internal conflicts and frustrations they experience can affect the quality of care and their personal well-being.

From a human rights perspective, futile care raises questions about the patient's right to receive dignified care according to their medical condition (Rostami S et al., 2019). Article 25 of the Universal Declaration of Human Rights states that everyone has the right to an adequate standard of living, including necessary medical care. However, in practice, this principle often clashes with unrealistic family expectations.

Medical ethics also face challenges in the case of futile care. The principles of beneficence and respect for autonomy are often at odds. Doctors must balance actions that benefit the patient and respect the family's wishes even if the action does not provide medical benefits (Tully et al., 2016).

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Education and training for medical personnel in end-of-life care can reduce the incidence of futile care. A study in Japan showed that an intervention in communication training and ethical decision-making was able to reduce futile care decisions by 30% (Cheng et al., 2016). This emphasizes the importance of continuing education for medical personnel to improve the quality of care and reduce ethical conflicts.

In Indonesia, various studies have revealed cases of futile care in several large hospitals. For example, a study at Cipto Mangunkusumo Hospital found that 12% of ICU patients in 2019 received care that was no longer medically beneficial. Similar cases also occurred at Dr. Soetomo Hospital, Fatmawati Hospital, and Dr. Soetomo Hospital. Kariadi Hospital, where intensive care decisions are often influenced by family pressure who hope for recovery even though the prognosis is very poor (Krisnalita, 2022).

In terms of finance, futile care burdens the Indonesian health system. The Social Security Administering Agency (BPJS) report shows that the cost of treating terminal patients receiving futile care reaches up to 20% of the total health budget for ICU care. This indicates the need for a wiser allocation of resources so that care is given to patients who have a greater chance of recovery.

In the context of human rights, Law Number 17 of 2023 concerning Health in Indonesia states that everyone has the right to fair and dignified health care. However, in practice, the implementation of this principle is often hampered by external pressures that influence treatment decisions more than purely medical judgment.

Effective communication between medical personnel and the patient's family is an important factor in reducing the incidence of futile care. A study at the University of Indonesia showed that communication training for doctors and nurses succeeded in reducing futile care decisions by up to 25% (Rahmattichasari, 2016). This shows that improving the communication skills of medical personnel can help make more rational decisions and reduce emotional stress in caring for terminal patients.

In addition, the psychological impact on medical personnel involved in futile care cannot be ignored. Physicians who frequently treat these cases report higher levels of stress and burnout compared to those who do not. This can affect the quality of care they provide as well as their personal well-being.

The Indonesian Code of Medical Ethics also emphasizes the importance of respecting patient autonomy and the principle of beneficence. However, in futile care cases, there is often a conflict between the wishes of the patient or their family and medical judgment. Physicians must act in the best interests of the patient, but in practice, these decisions are often influenced by external factors.

Given the prevalence of futile care cases and their ethical, financial, and psychological impacts, the application of human rights principles in medical services is very important. Integrating these principles into medical practice can ensure that patients receive fair, dignified, and appropriate care for their medical conditions.

The formulation of the problem in this study includes two main aspects. First, how is the application of human rights to futile care medical services. Second, whether futile care medical services are in accordance with the 2012 Indonesian Code of Medical Ethics. The purpose of this study is to analyze the application of human rights principles in futile care medical services and to determine its compliance with the 2012 Indonesian Code of Medical Ethics.

RESEARCH METHOD

This study uses a qualitative method with a normative legal approach, which focuses on the analysis of applicable norms and legal rules. The study was conducted through a review of laws and regulations, legal doctrines, court decisions, and legal literature to understand the application and interpretation of related laws. The approaches used in this study include the statute approach which analyzes applicable written legal rules, the case approach which examines related court decisions as material for legal analysis, and the conceptual approach which uses legal concepts and theories to understand the applicable basic principles. Data were collected through literature studies and analyzed descriptively and systematically so that the research results can be presented clearly.

RESULTS AND DISCUSSION

Regulation on Termination or Postponement of Life Support Therapy in Indonesia

The results of the study show that Law Number 17 of 2023 and the related Regulation of the Minister of Health have regulated the procedure for terminating/postponing life support therapy for patients who no longer have hope of recovery. However, in its implementation, there is still an unclear legal definition and differences of opinion between the legal and medical ethics aspects. In the legal aspect, termination or postponement of life support therapy can only be done if the patient has met the criteria for a terminal illness, namely: (1) a progressive, life-threatening disease, (2) incurable, (3) reduces the quality of life, and (4) has a life expectancy of less than one year. This definition is important to prevent misdiagnosis in determining whether a disease is categorized as terminal. Termination or postponement of life support therapy in Indonesia has been regulated in Law Number 17 of 2023 concerning Health and the related Regulation of the Minister of Health. This regulation stipulates procedures and certain medical conditions in which therapy can be stopped or postponed. Minister of Health Regulation No. 37 of 2014 specifically discusses the termination/delay of life support therapy in terminal patients and futile care, which must be carried out based on strict medical standards. In the regulation,

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there are 18 articles that regulate the determination of death, termination of life support therapy, and the use of donor organs. Patients who are included in the terminal category must meet the following criteria: (1) suffering from a life-threatening progressive disease, (2) incurable, (3) experiencing a decline in quality of life, and (4) having a life expectancy of less than one year. Determining terminal status is important to ensure that medical decisions taken do not violate legal and ethical principles.

Ethical Perspective in Futile Care

From an ethical perspective, there is a debate between the principles of beneficence and non-maleficence. Some therapies are considered useless if they do not benefit the patient, including physiological futility (does not achieve the expected physiological effect), quantitative futility (very low probability of success), and qualitative futility (does not provide benefits to the patient's quality of life). In such conditions, doctors are faced with an ethical dilemma in deciding whether therapy should be stopped. In decision-making, patients who are still competent have the right to provide Informed Consent in accordance with applicable law. However, if the patient is not competent, the decision is made by the closest family as a surrogate decision-maker. This is regulated in the Medical Practice Law and Permenkes 290/2008, where the family has the right to approve or reject the action of stopping therapy. In the case of futile care, not all therapies provide benefits to patients. Aghabarary and Nayeri classify futile care into three subtypes, namely:

1. Physiologic futility: Therapy does not achieve the expected physiological effects.
2. Quantitative futility: The probability of success of therapy is very low (<1%).
3. Qualitative futility: Therapy provides physiological effects but does not improve the patient's quality of life.

In the context of medical ethics, the Principles of Beneficence and Non-Maleficence are the basis for making decisions to stop therapy. Beneficence requires doctors to provide interventions that are beneficial to patients, while Non-Maleficence requires doctors to avoid actions that can cause unnecessary suffering. Therefore, in futile care conditions, medical actions that do not provide real benefits can be stopped to maintain the patient's dignity.

Informed Consent and the Role of Surrogate Decision-Makers

In medical decision-making, patients who are still competent have the right to provide Informed Consent before undergoing medical treatment. The Medical Practice Law and Minister of Health Regulation 290/2008 stipulate that decisions to stop therapy must obtain the patient's approval or, if the patient is incompetent, the closest family can act as a surrogate decision-maker. In some cases, families can use the principle of Advanced Directives, which is a written statement from the patient before losing their competence regarding the desired medical decision. However, the law in Indonesia has not fully regulated the implementation of Advanced Directives, so the decision often remains in the hands of the family or medical personnel.

The Relationship of Futile Care with the Indonesian Code of Medical Ethics

The Indonesian Code of Medical Ethics (KODEKI) 2012 is a guideline in determining medical actions that are in accordance with ethical principles. Several articles in KODEKI that are relevant to futile care include:

1. Article 10 – Regulates respect for patient rights and the doctor's obligation to provide clear information;
2. Article 11 – States that doctors have an obligation to protect the lives of patients, but may not actively end their lives.

Doctors must ensure that they not only adhere to the law, but also consider the moral aspects in every medical action. Palliative Care is a solution in cases of futile care, where doctors focus on reducing the patient's suffering rather than prolonging life with therapies that do not provide benefits.

Challenges of Implementing Regulations and Ethics in Medical Practice

In practice, there are still several challenges in implementing regulations and ethics related to the termination of life support therapy in Indonesia:

1. Inconsistency between law and ethics – Regulations tend to provide legal certainty, while ethics are more flexible and dynamic;
2. Differences in the concept of autonomy in Eastern and Western cultures – In Western countries, personal autonomy is more dominant, so that medical decisions are more determined by the patient. In Indonesia, which is more communally oriented, the family has a large role in medical decision-making;
3. Lack of understanding of Advanced Directives – Not many people or medical personnel understand the concept of Advanced Directives, which should be able to help patients express their wishes before losing competence;
4. Potential conflict between family and medical personnel – The decision to terminate therapy often creates a dilemma for families and doctors, especially if there is no agreement between the family and the medical team.

CONCLUSION

This study highlights three main points related to futile care medical services. First, the application of Human Rights (HAM) in futile care emphasizes the importance of dignified care, by respecting the patient's right to be involved in medical decision-making in accordance with the principle of autonomy. Second, the alignment of futile care with the Indonesian Medical Code of Ethics

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(Kodeki) 2012, especially Articles 10 and 11, which emphasize the need for a balance between preserving life and preventing unnecessary prolongation of suffering. Third, the role of doctors in managing futile care ethically, by prioritizing the principles of non-maleficence (doing no harm) and beneficence (providing benefits), and ensuring that patients and families understand their medical conditions transparently.

SUGGESTIONS

As a follow-up, this study recommends several steps to various parties. Hospitals need to develop ethical policies and futile care protocols that balance medical care and patient quality of life, as well as provide training to medical personnel on patient rights and end-of-life care ethics. Doctors are expected to respect patient autonomy, provide clear information, and shift focus to palliative care to relieve patient suffering. Meanwhile, patients and families need to be more active in medical decision-making and utilize their right to informed consent, so they can choose treatments that are in accordance with human rights principles and the patient's personal preferences.

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