

ASSESSING THE IMPACT OF EUTHANASIA ON NATIONAL HEALTHCARE SYSTEMS: A COMPARATIVE PERSPECTIVE FROM MALAYSIA AND THE NETHERLANDS

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ABSTRACT

Euthanasia is the intentional act of ending the life of a person suffering from a terminal illness, typically at the patient's request. It remains a highly controversial issue, with compelling arguments on both sides of the debate. This study compares the legal frameworks governing euthanasia and end-of-life decisions in Malaysia and the Netherlands, alongside the ethical considerations and Shariah principles related to such decisions in both countries. It also examines the impact of euthanasia on patient care, including the provision of palliative care and end-of-life support services. In Malaysia, euthanasia is strictly prohibited, grounded in the belief that it violates the sanctity of life and poses risks of potential abuse. Conversely, in the Netherlands, euthanasia is legal under specific conditions—such as when a patient is terminally ill and experiencing unbearable suffering. The study finds that the legalization of euthanasia can yield both positive and negative consequences. While it may enhance the allocation of resources for palliative and end-of-life care, it could also lead to a decline in the quality of care for patients who do not qualify for euthanasia. This study concludes that the euthanasia debate is multifaceted and defies simple resolution. It is essential to consider the full spectrum of ethical, legal, and social implications before formulating any policy on its legalization. Further research is necessary to fully understand the broader effects of euthanasia on patients, families, healthcare systems, and society at large.

Introduction

Euthanasia refers to the practice of intentionally ending a person's life to relieve them from suffering, often due to terminal illness or severe pain. The term, derived from the Greek words “*eu*” (good) and “*thanatos*” (death), implies a “good death” as opposed to a prolonged, painful, or undignified one. In the medical context, euthanasia is often described as a deliberate act to hasten the death of a patient suffering from a terminal medical condition. It remains a controversial topic that raises complex ethical, legal, and moral questions globally.

Healthcare professionals frequently face ethical dilemmas when caring for end-of-life patients, often having to choose between less-than-ideal options while upholding moral reasoning (Elis & Hartley, 2007). Despite scientific advancements and regulatory developments in the field of healthcare, the concept of euthanasia continues to be debated, reflecting global uncertainties and divergent perspectives. This ethical dilemma also exposes healthcare providers to significant legal and moral risks.

Euthanasia can be categorized into two main types: active and passive. Active euthanasia involves a deliberate act by a healthcare provider to end a patient's life, usually through the administration of lethal substances. Passive euthanasia, on the other hand, involves withholding or withdrawing life-prolonging treatment, allowing the patient to die naturally. Active euthanasia can further be divided into three categories: (1) Voluntary euthanasia, which occurs at the patient's request; (2) Involuntary euthanasia, also known as “mercy killing,” where a patient's life is ended without their explicit consent to alleviate suffering; and (3) Non-voluntary euthanasia, or *dysthanasia*, which is carried out when a patient is unable to provide consent (Chao et al., 2002).

Physician-assisted suicide (PAS) is another related practice, wherein a medical professional provides the means (usually medication) for a patient to end their own life. As Best (2010) notes, although the physician does not directly perform the act, their role in facilitating it carries similar ethical implications.

The legalization of euthanasia presents both opportunities and challenges for healthcare systems. It requires careful consideration of ethical principles such as patient autonomy, the sanctity of life, and the potential for misuse or abuse. A comparative analysis of countries with differing legal and cultural stances on euthanasia—such as Malaysia and the Netherlands—can offer valuable insights into its impact on healthcare systems.

Understanding the implications of euthanasia on healthcare delivery, especially in terms of palliative care and end-of-life support services, is essential for policymakers and healthcare professionals. This study aims to compare the legal frameworks, ethical considerations, and healthcare implications of euthanasia in Malaysia and the Netherlands. In Malaysia, euthanasia remains illegal and is largely influenced by religious and cultural values, particularly those rooted in Shariah (Islamic law). In contrast, the Netherlands legalized euthanasia under specific conditions through the *Termination of Life on Request and Assisted Suicide (Review Procedures) Act*, enacted in April 2001 and effective from 1 April 2002.

Malaysia's dual legal system—comprising both civil and Shariah law—may contribute to the complexity surrounding the acceptance and regulation of euthanasia. This paper will examine the legal, ethical, and religious dimensions of euthanasia in both countries, with a particular focus on the role of Shariah principles in end-of-life decision-making, and the subsequent impact on patient care and healthcare services.

This paper aims to discuss euthanasia in Malaysia and the Netherlands from the perspective of legal frameworks governing, ethical considerations and principles in Shariah law related to end-of-life decisions and euthanasia and the effects of euthanasia on patient care, including the provision of palliative care and end-of-life support services in Malaysia and the Netherlands.

Literature Review

In the era of modernization, several Western countries such as Switzerland, Belgium, and the Netherlands have taken progressive steps to legalize euthanasia. However, in Malaysia, the legality of euthanasia remains a matter of ongoing debate. According to Chua Chee Ching et al., (2022), the absence of explicit legal provisions and judicial principles inhibits the full practice of euthanasia in the country. Additionally,

Malaysia's legal and ethical landscape is influenced by Islamic principles, which require any discussion on euthanasia to be guided by primary sources of Islamic law—the Qur'an and the Sunnah.

Euthanasia is generally classified into two main categories: active euthanasia and passive euthanasia. While Malaysia does not have any specific legislation addressing euthanasia, relevant legal perspectives can be inferred from the Penal Code, which governs criminal offences. In contrast, the Netherlands has established a comprehensive legal framework. It became the first country in the world to legalize euthanasia with the enactment of the Termination of Life on Request and Assisted Suicide (Review Procedures) Act in April 2001, which came into force on 1 April 2002.

According to Kannan and Thottath D. (2021), euthanasia in the Netherlands is strictly regulated under the aforementioned Act. Interestingly, although the number of euthanasia requests has more than doubled in the past decade, the actual number of approved and performed cases has not increased at the same rate. The Act establishes a legal exception whereby doctors are not criminally liable if they assist a patient in dying, provided strict procedural conditions are met. Notably, the law also permits minors aged 12 to 16 to request euthanasia, with parental consent (Smets et al., 2009).

Gijbels (2019) discusses how the emergence and acceptance of euthanasia in the Netherlands are rooted in broader societal values such as openness, autonomy, transparency, mercy, authenticity, equality, and responsibility. These values are viewed within the context of historical secularization and the decline of hierarchical religious structures. In this environment, spiritual care has developed as a means of helping patients explore meaning and transcendence, whether through religious or secular lenses.

In their study titled “*Euthanasia in the Netherlands: Consultation and Review*”, Berghmans and Widdershoven (2012) provide an in-depth examination of the legal consultation and review procedures. Published in the *King's Law Journal*, their research emphasizes the importance of a multilayered process involving healthcare professionals and independent review committees to ensure that euthanasia is performed within legal and ethical boundaries. Their findings offer insights into how the Dutch model balances patient rights with institutional safeguards.

From the Islamic perspective, euthanasia—referred to as *taisir al-maut* or *qatalur-rahmah* (mercy killing)—raises profound theological and ethical questions. According to Ayuba (2016), the determination of euthanasia's permissibility in Islam must begin with two types of sources: primary sources, including the Qur'an and Hadith, and secondary sources, such as scholarly interpretations (*ijtihad*) (Noor Akmal, 2021). Islam outlines five fundamental objectives of Shariah (*Maqasid al-Shariah*), and the protection of life (*hifz al-nafs*) is one of its highest priorities.

Muslims believe that Allah alone has absolute control over life and death. As stated in Surah Al-Mulk (67:2):

Translation: “[He] who created death and life to test you [as to] which of you is best in deed – and He is the Exalted in Might, the Forgiving”.

(Surah Al-Mulk, 67:2)

This verse reflects two key points: (1) death precedes life in spiritual importance due to its link with eternal life, and (2) life is a divine trust that must be lived with purpose in preparation for the hereafter.

Islam prohibits murder, as reflected in Surah Al-Ma'idah (5:32):

Translation: “Because of that, We decreed upon the Children of Israel that whoever kills a soul unless for a soul or for corruption [done] in the land – it is as if he had slain mankind entirely. And whoever saves one – it is as if he had saved mankind entirely. And our messengers had certainly come to them with clear proofs. Then indeed many of them, [even] after that, throughout the land, were transgressors”.

(Surah Al-Ma'idah, 5:32)

Through interpretive analysis of the Qur'an and Hadith, Islamic scholars have generally ruled that active euthanasia is forbidden. However, passive euthanasia may be permissible under certain circumstances, such as the withdrawal of futile treatment. Prominent scholars such as Yusuf al-Qaradawi, Sheikh Tantawi, and Sheikh Ibn Uthaymeen have differentiated between the two. Al-Qaradawi specifically categorized active euthanasia (*qatal al-rahmah al-ijabi*) as *haram* (prohibited), while passive euthanasia (*qatal al-rahmah al-salbi*) may be permitted for the comfort of the patient and their family when the treatment no longer provides benefit.

In a paper published in the Australian Medical Student Journal, Ebrahimi (2012) explored the ethical dimensions of euthanasia through a literature review. The study highlights the complexity of euthanasia as an ethical issue, with arguments in favor emphasizing autonomy and relief from suffering, and those against focusing on the sanctity of life and the potential for abuse. This review contributes to a deeper understanding of the moral and philosophical dilemmas surrounding the practice.

Using a jurisprudential framework, Tan (2017) critically examined arguments against physician-assisted suicide and voluntary active euthanasia. The study emphasized the need to preserve the sanctity of life and the integrity of the medical profession, and warned against potential ethical and legal challenges associated with such practices. Tan's analysis adds valuable insights to ongoing discussions on the broader implications of euthanasia in contemporary society.

In summary, euthanasia—defined as the intentional ending of a life to alleviate suffering—raises complex legal, ethical, and religious concerns. The contrasting approaches of Malaysia and the Netherlands reflect the significant influence of cultural, legal, and religious values on end-of-life decision-making. These differences also shape the provision of palliative care and other healthcare services, making comparative studies such as this one both relevant and necessary.

Malaysia

In Malaysia, euthanasia is illegal and is widely regarded as morally and religiously unacceptable by the majority of the population. The country's legal and cultural framework upholds the sanctity of life, viewing euthanasia as a violation of this principle. Consequently, the national healthcare approach focuses on palliative care and end-of-life support services.

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*”. The study emphasized that palliative care in Malaysia aims to enhance the quality of life for patients with life-threatening illnesses through pain management, emotional and psychological support, and addressing spiritual needs. Multidisciplinary palliative care teams ensure comprehensive care for both patients and their families. The study specifically investigated the burden experienced by informal caregivers in a specialized palliative care setting, employing sociodemographic questionnaires and the Zarit Burden Interview. The findings revealed significant burdens on caregivers across emotional, material, and financial dimensions. The authors underscored the need for greater support and resources for informal caregivers, as well as the implementation of policies aimed at reducing caregiver strain and improving patient care outcomes.

Kassim and Alias (2015), in a study published in the Journal of Law and Medicine, explored the adequacy of ethical codes and the development of legal standards regarding end-of-life decision-making in Malaysia. Through a comprehensive review of existing ethical and legal frameworks, the study revealed that current regulations are insufficient in providing clear guidance for such decisions. The authors highlighted the necessity for robust, culturally-sensitive ethical guidelines and legal frameworks that respect patient autonomy and offer clarity to healthcare professionals. Their research contributes to a better understanding of the ethical and legal complexities involved in end-of-life care in Malaysia and calls for reforms to ensure compassionate, patient-centered care.

In the absence of legalized euthanasia, end-of-life support services in Malaysia play a critical role. These services include emotional and psychological counseling, advance care planning, and ensuring respect for patients' treatment preferences. Hospices and home-based care provide personalized support during the final stages of life.

The Netherlands

In contrast, the Netherlands adopts a markedly different approach. Euthanasia and physician-assisted suicide are legal under strict conditions defined by law. The Dutch framework mandates that the patient's request be voluntary, well-considered, and persistent; that the patient is experiencing unbearable suffering with no prospect of improvement; that at least one other physician is consulted; and that all procedural safeguards are followed.

Radbruch et al., (2016), in their white paper titled "*Euthanasia and Physician-Assisted Suicide: A White Paper from the European Association for Palliative Care*", offered a comprehensive analysis of the ethical, legal, and clinical dimensions of these practices. Utilizing a rigorous literature review and expert consensus, the authors emphasized the importance of ensuring access to quality palliative care as an alternative to euthanasia and physician-assisted suicide. They advocated for open, transparent communication between patients and healthcare providers, and stressed the importance of addressing patients' fears and concerns about end-of-life care. Additionally, the study highlighted the need for legal frameworks that balance respect for patient autonomy with protection for vulnerable individuals.

Despite the legality of euthanasia, palliative care remains an essential component of healthcare in the Netherlands. This form of care includes symptom management, psychosocial support, and attention to emotional and spiritual well-being. It plays a vital role in end-of-life care, regardless of whether a patient chooses euthanasia.

In the Netherlands, patients who opt for euthanasia also have access to a range of end-of-life support services. These include psychological counseling, family support, and assistance with advanced care planning. Such services aim to ensure that patients are well-informed, able to express their wishes freely, and adequately supported throughout the process.

While euthanasia is subject to vastly different legal and ethical interpretations in Malaysia and the Netherlands, both countries place significant emphasis on palliative care and end-of-life support. In Malaysia, where euthanasia is prohibited, the focus remains on compassionate care that alleviates suffering. In contrast, the Netherlands integrates legal euthanasia within a broader framework of comprehensive end-of-life care, ensuring patient choice alongside robust palliative and support services.

Methodology

This research adopts a qualitative approach, which is primarily exploratory in nature and involves in-depth analysis. Qualitative research is particularly useful for gaining insights into complex phenomena, motivations, and reasoning that cannot be easily measured or quantified. It emphasizes understanding human behavior and experiences, focusing on the "how" and "why" of a particular issue rather than statistical or numerical analysis (Tenny, 2017). Qualitative data collection methods are typically semi-structured or unstructured, allowing for flexibility and deeper exploration of the research problem. For this study, data were gathered through observation, case study analysis, and review of relevant literature and published materials.

Case Study

A case study is an in-depth examination of a specific individual, group, or event. It enables researchers to analyze various aspects of a subject's background, behavior, and environment to identify patterns and underlying causes (Cherry, 2022). Case studies are widely used across disciplines such as psychology, medicine, education, anthropology, political science, and social work. In this research, the case study method focuses on two countries: Malaysia and the Netherlands. These countries were selected due to their contrasting legal and ethical positions on euthanasia and end-of-life care. By examining each country's policies, practices, and societal attitudes, the research aims to provide a comparative understanding of how euthanasia and palliative care are approached within different legal and cultural frameworks.

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 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 addresses 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. Section 302 of the Malaysian Penal Code 2018 states that “anyone who intentionally causes the death of another person is guilty of murder.”

The research conducted by Alias and 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 Panel 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 statues. 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, pp. 181187).

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.

- (a) The patient's misery is unendurable with no chance of healed.
- (b) 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.
- (c) The patient must be mindful of his condition.
- (d) The patient have consulted with another doctor who agrees that euthanasia is justified.
- (e) 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 the Netherlands

The ethical considerations and principles in Shariah law related to end-of-life decisions and euthanasia in Malaysia and the 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] who created death and life to test you [as to] which of you is best in deed – and He is the Exalted in Might, the 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 Surah Al-Hajj and Surah Al-Baqarah, which read as follows:

Translation: “And He is the one who gave you life; then He causes you to die and then will [again] give you life. Indeed, mankind is ungrateful”.

(Surah Al-Hajj, 22:66)

Translation: “Have you not considered those who left their homes in many thousands, fearing death? Allah said to them, “Die”; then He restored them to life. And Allah is full of bounty to the people, but most of the people do not show gratitude”.

(Surah Al-Baqarah, 2:243)

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: “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: “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 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 the 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:

- (b) A study published in the New England Journal of Medicine in 2002 found that the
- (c) legalization of euthanasia in the Netherlands did not lead to a decrease in the availability of palliative care services.
- (d) 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.
- (e) 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

(a) Comprehensive Policy Analysis and Multisectoral Dialogue: Malaysia should undertake a comprehensive policy analysis and national dialogue on the issue of euthanasia. This process should involve key stakeholders—including legislators, medical professionals, religious scholars, ethicists, and civil society—to evaluate the moral, legal, religious, and societal implications of legalizing euthanasia or physician-assisted suicide. A balanced, inclusive, and evidence-based approach is essential to inform any future policy directions.

(b) Public Education and Awareness Campaigns: Both Malaysia and the Netherlands should strengthen public education initiatives to raise awareness of end-of-life care options, such as palliative care, advanced medical directives, and patients' rights. Promoting open discourse about death, dying, and dignified care can help individuals make informed, autonomous decisions while reducing social stigma surrounding these issues.

(c) Enhancement of Palliative Care Services: Both countries should prioritize the expansion, accessibility, and quality of palliative care services. Investment in palliative care infrastructure—including training for healthcare providers, emotional and psychological support, and equitable access—can ensure that patients receive compassionate and effective pain management regardless of the legal status of euthanasia.

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