

Does the Advance Medical Directive Encourage Active Euthanasia?

Mohd Zamre Mohd Zahir¹, Ramalingam Rajamanickam^{2*}, Haniwarda Yaakob³,
Nur Khalidah Dahlan⁴, Husyairi Harunarashid⁵, Suhaizad Saifuddin⁶

^{1, 3, 4} Faculty of Law, Universiti Kebangsaan Malaysia (UKM), 43600 UKM Bangi, Selangor, Malaysia

² Faculty of Law, Universiti Kebangsaan Malaysia (UKM), 43600 UKM Bangi, Selangor, Malaysia. Email: rama@ukm.edu.my

⁵ Department of Emergency Medicine at Hospital Canselor Tuanku Muhriz, UKM Medical Center, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia

⁶ Faculty of Law, Universiti Kebangsaan Malaysia (UKM), 43600 UKM Bangi, Selangor, Malaysia

*Corresponding Author: Ramalingam Rajamanickam

KEYWORDS ABSTRACT

Advance Medical Directive, euthanasia, hospital, patient autonomy, treatment.

An Advance Medical Directive (AMD) is a person's instructions for his future treatment decisions. Does the AMD encourage active euthanasia? Active euthanasia occurs when death is caused by an act, such as administering an overdose of painkillers or injecting a person with a deadly dose of a substance to end his life. An active euthanasia is also prohibited. While implementing AMD, there is uncertainty about the law that will bind it. However, critics contend that some of AMD's wording could be read in ways that support euthanasia-like procedures. For instance, a directive expressing a preference for "no extraordinary measures" may be interpreted incorrectly, especially in places with unclear legal definitions of euthanasia, withdrawal of treatment, and palliative care. Thus, this paper aims to analyse the law and ethical aspects concerning AMD in Malaysia. This paper adopts a qualitative methodology. The types of main and secondary sources of literature on AMD, medical law, and ethics are examined by the authors. This study concluded that while discussing AMD in Malaysia, Articles 17 and 18 of Consent for Treatment of Patients by Registered Medical Practitioners from the Malaysian Medical Council (MMC) can be cited. Therefore, this study argues that it is crucial for Malaysia to have more precise guidelines regarding AMD and the issue of active euthanasia.

1. Introduction

In recent years, discussions surrounding the ethical, legal, and practical implications of advance medical directive (AMD) and its potential relationship to active euthanasia have intensified. An advance medical directive is a legal document that allows individuals to outline their preferences for medical care should they become unable to communicate their wishes. This tool serves as a means to promote patient autonomy, ensuring that one's healthcare decisions align with personal values, even in cases of severe incapacitation.

AMD is designed to empower individuals to take control of their medical care by documenting preferences ahead of potential incapacitation due to illness or injury. These directives often include living wills and durable powers of attorney for healthcare. Living will allow individuals to detail their choices concerning life-sustaining treatments, such as mechanical ventilation, artificial nutrition, or resuscitation. Conversely, a durable power of attorney for healthcare enables the appointment of a proxy to make medical decisions on their behalf when they are unable to do so (National Institute on Aging, 2023).

AMD prioritises patient autonomy which is a key principle in medical ethics. By clearly articulating their preferences, individuals can ensure that their medical care aligns with their values and beliefs. Additionally, AMD reduces ambiguity for healthcare providers and family members, offering guidance during emotionally charged situations. This clarity is particularly valuable when the individual's wishes are not otherwise known or documented (Gerlach et al., 2022). However, debates have arisen about whether these directives might inadvertently facilitate or encourage active euthanasia. This paper examines the nature of AMD, its role in end-of-life care, and its relationship to the controversial practice of active euthanasia.

2. Materials and Methods

With an emphasis on a thorough examination of main and secondary materials on advance medical directive (AMD), medical legislation, and ethics, this dissertation takes a qualitative research approach. Krippendorff (2004) states that content analysis can be done in a variety of ways, from simple word counts to more complex conceptual evaluations. Accordingly, the study assesses the gathered data using both content analysis and critical analysis techniques (Ramalinggam Rajamanickam et al., 2019). The research is based on primary data sources, including official papers and legislation from Malaysia and other nations (Mohd Zamre Mohd Zahir et al., 2021; Mohd Zamre Mohd Zahir et al., 2019a; Mohd Zamre Mohd Zahir et al., 2019b). In addition to contributing to a strong literature review (Nurul Hidayat Ab Rahman et al., 2023; Nurul Hidayat Ab Rahman et al., 2022; Mohd Zamre Mohd Zahir et al., 2022), the meticulous gathering of such data is essential to guaranteeing the precision and breadth of the research process (Ramalinggam Rajamanickam et al., 2019). The research's final section presents and discusses the outcomes of this painstaking investigation, offering a critical assessment of the findings.

3. Defining Key Concepts

To understand the debate, it is essential to distinguish between an advance medical directive and active euthanasia. AMD typically addresses preferences regarding life-sustaining treatments, such as mechanical ventilation, feeding tubes, or resuscitation, and does not explicitly involve requests for active euthanasia. In contrast, active euthanasia refers to the deliberate act of ending a patient's life to relieve suffering, usually involving the administration of lethal substances by a healthcare professional (Cohen-Almagor, 2020). Active euthanasia remains illegal in most jurisdictions, though its ethical considerations vary widely (Brazier, 2020). The right of the patient, who is sufficiently rational and mature to understand what is entailed in treatment, to decide for themselves whether to agree to that treatment is a basic human right (Brazier, M., Cave, E., & Heywood, R., 2023).

The ethical foundation of AMD is centered on respecting autonomy, and ensuring that an individual's healthcare choices are honored. Legally, most jurisdictions recognise AMD as enforceable documents that healthcare providers are obligated to follow. However, the legal framework surrounding AMD varies widely between countries and even within regions, reflecting diverse cultural and societal norms.

Many nations have enacted legislation to uphold the rights of individuals to decline unwanted medical treatment. For instance, the United States' Patient Self-Determination Act (PSDA) of 1990 mandates that healthcare providers inform patients about their right to establish AMD. Similarly, countries such as Australia and Canada have implemented regional laws supporting AMDs, albeit with variations in their application and scope (Wilson et al., 2023).

4. Advance Medical Directive and Patient Autonomy

The primary purpose of AMD is to uphold patient autonomy by enabling individuals to communicate their medical preferences in advance. This ensures that healthcare providers and loved ones can honor these wishes in cases where the individual can no longer express their decisions. By documenting preferences, AMD aims to prevent unnecessary medical interventions, reduce suffering, and respect the dignity of the patient.

Critics, however, argue that the language used in some AMD could be interpreted in ways that might align with practices akin to euthanasia. For instance, a directive stating a preference for "no extraordinary measures" could be misconstrued, particularly in jurisdictions where the legal boundaries of palliative care, withdrawal of treatment, and euthanasia are not well defined (Jackson & Keown, 2019). Brazier (2020) cautions that ambiguous directives could lead to misapplication, undermining the ethical intent of AMD.

According to research, there are currently no specific laws or particular guidelines on AMD in Malaysia (Shaikh Mohd Saiffuddeen Shaikh Mohd Salleh, 2015). Fadhlina Alias, Puteri Nemie Jahn

Kassim, and Muhammad Najib Abdullah state that although AMD is a relatively new idea in Malaysia, some sectors have recently called for raising public awareness and implementing such measures in healthcare delivery (Fadhlina Alias, Puteri Nemie Jahn Kassim & Muhammad Najib Abdullah, 2020). Under Articles 17 and 18, the Malaysian Medical Council (MMC) released a general guideline for AMD titled “Consent for Treatment of Patients by Registered Medical Practitioners.” Article 18 describes among other things, “a medical practitioner should refrain from providing treatment or performing any procedure where there is an unequivocal written directive by the patient that such treatment or procedure is not to be provided in the situations which now apply to the patient.” Even though some private hospitals provide general guidelines on AMD on their website (Harriet Berliner, 2012), it can be seen that there are no specific and detailed guidelines and standards regarding AMD used in the local government hospitals in Malaysia.

5. Legal and Ethical Implications

The relationship between AMD and active euthanasia is shaped by the legal frameworks governing end-of-life care. In countries where euthanasia is legal, such as the Netherlands and Belgium, AMD may include specific provisions requesting euthanasia under particular circumstances, provided these comply with strict legal requirements (Rietjens et al., 2019). Conversely, in countries where euthanasia is prohibited, AMD cannot be used to justify actions equating to active euthanasia. Nonetheless, concerns about potential abuse or misinterpretation persist.

In the case of *Washington v Glucksberg*, 521 U.S. 702 (1997), the Supreme Court held that assisted suicide is not a form of fundamental liberty protected by the due process clause of the Constitution of the United States of America. Euthanasia remained a crime in the Penal Code (Leenen 2001). In light of that history, this Court’s decisions lead to the conclusion that the respondents’ asserted right to assistance in committing suicide is not a fundamental liberty interest protected by the Due Process Clause. An analysis of the history, legal customs, and practices of the country show that for more than 700 years, Anglo-American common law has penalised or otherwise disapproved of assisting suicide; providing such assistance is still illegal in nearly every state; such prohibitions have never included exceptions for individuals who were close to death; the prohibitions have been re-examined and, for the most part, reaffirmed in several states in recent years; and the Federal Assisted Suicide Funding Restriction Act of 1997, which prohibited the use of federal funds to support physician-assisted suicide, was recently signed by the president.

They brought this lawsuit against petitioners, the State and its Attorney General, seeking a declaration that the ban is illegal on its face. They were joined by three seriously sick plaintiffs who have since passed away and a charitable organisation that provides counselling to individuals contemplating physician-assisted suicide. They claim that a mentally competent, terminally sick adult’s personal decision to commit physician-assisted suicide is protected by the Due Process Clause of the Fourteenth Amendment. According to the Federal District Court, which mainly relied on *Planned Parenthood of Southeastern Pa. v Casey*, 505 U. S. 833, and *Cruzan v Director, Mo. Dept. of Health*, 497 U. S. 261, Washington’s assisted suicide ban is unconstitutional because it unnecessarily restricts the exercise of that constitutionally protected liberty interest.

Euthanasia is mainly a form of “final deed” being undertaken by someone other than the patient to end the patient’s life (Marina Syazana Kamaluzaman, Nurul Izzah Jafri & David Bakit Anak Nuing, 2022). Conversely, assisted suicide, is usually done at the patient’s request and the doctor on behalf of the patient will administer the lethal dose of drugs to terminate the patient’s life (Marina Syazana Kamaluzaman, Nurul Izzah Jafri & David Bakit Anak Nuing, 2022).

Ethically, proponents of AMD argue that they serve as a safeguard against overtreatment and unnecessary suffering. Opponents, however, warn of a potentially slippery slope, wherein the normalization of AMD might lead to broader acceptance of euthanasia, even in contexts where it conflicts with societal or cultural norms (Quill et al., 2018). Religious and cultural considerations significantly influence perceptions of AMDs and euthanasia, particularly in regions with strong

communal or spiritual traditions.

6. The Role of AMDS in End-Of-Life Care

End-of-life care poses significant challenges for patients, their families, and medical professionals. AMD plays a crucial role in guiding decisions related to life-sustaining treatments, palliative care, and other medical interventions. By providing clear instructions, these directives ensure that care aligns with the patient's values and preferences while avoiding unnecessary or burdensome treatments.

Despite their benefits, AMD is not without limitations. Research indicates that individuals often struggle to fully grasp the implications of their documented preferences. For instance, some individuals may underestimate the complexities of certain medical interventions or fail to anticipate scenarios outside the scope of their directive (Singer et al., 2023). Furthermore, healthcare providers may encounter difficulties interpreting or implementing directives, particularly if they contain ambiguous or conflicting information.

7. Exploring the Controversy of Active Euthanasia

Active euthanasia involves intentionally ending a person's life to alleviate their suffering, typically with their consent. This practice is fraught with ethical, legal, and social implications that differ widely across jurisdictions. Advocates argue that active euthanasia respects personal autonomy and provides a compassionate solution to unbearable suffering. Critics, however, contend that it undermines the intrinsic value of life and carries risks of misuse or coercion (Chambaere & Bernheim, 2023).

The connection between AMD and active euthanasia has sparked significant controversy. Some critics suggest that AMD could be misinterpreted to justify euthanasia, especially in cases where the directive's language implies a preference for avoiding prolonged suffering or burdensome treatments. The potential for miscommunication, misinterpretation, or deliberate misuse of AMD heightens these concerns (Smith et al., 2023).

8. Legal Stance on Active Euthanasia in Malaysia

Active euthanasia is explicitly prohibited under Malaysian law. The Penal Code criminalises actions that intentionally cause death, even with the consent of the individual. Section 300 of the Penal Code defines murder, and the associated penalties are severe, including the death penalty for those found guilty. Consent from the person whose life is ended does not serve as a defense under the law, as stated in section 299 of the Penal Code. The Malaysian Medical Council (MMC), the regulatory body overseeing medical practice in the country, upholds strict ethical guidelines that align with the Hippocratic Oath. These guidelines emphasise the duty of healthcare providers to preserve life, avoid harm, and provide palliative care to alleviate suffering without resorting to euthanasia or assisted suicide.

Furthermore, Malaysia's religious diversity significantly influences its stance on euthanasia. The majority-Muslim population adheres to Islamic teachings, which prohibit taking life except under specific circumstances sanctioned by religious law. Islam emphasizes the sanctity of life, considering it a divine gift. Active euthanasia, therefore, is viewed as interfering with God's will and timing of death. Similarly, other major religions in Malaysia, including Christianity, Hinduism, and Buddhism, advocate for the sanctity of life and discourage intentional actions to end it. While these religions emphasize compassion and the alleviation of suffering, they typically do not condone active euthanasia as a morally acceptable solution. Given the legal and ethical constraints surrounding active euthanasia, Malaysia has focused on improving palliative care services as an alternative approach to addressing end-of-life suffering. Palliative care aims to improve the quality of life for patients with life-limiting illnesses by managing pain and other distressing symptoms while providing psychological and spiritual support. Government and non-governmental organizations (NGOs) have made efforts to expand access to palliative care across the country, although challenges such as limited resources, uneven access in rural areas, and a shortage of trained professionals persist. The emphasis on palliative care reflects Malaysia's commitment to upholding ethical standards while ensuring compassionate care for those

nearing the end of life.

In spite of that, public discussions on active euthanasia in Malaysia remain limited, as the topic is often overshadowed by cultural and religious sensitivities. However, as societal attitudes evolve and awareness of individual rights grows, the issue has occasionally surfaced in debates about patient autonomy and end-of-life care. Key challenges in addressing the euthanasia debate in Malaysia include the need to balance respect for cultural and religious values with the realities of modern medical practice. Healthcare professionals also face ethical dilemmas when managing patients with terminal illnesses, particularly in cases where patients or their families request measures that could hasten death.

Thus, from a Malaysian perspective, active euthanasia is not legally or ethically permissible. The country's approach to end-of-life care is guided by its legal framework, religious principles, and ethical standards, which collectively emphasize the sanctity of life and the provision of palliative care. While debates about euthanasia may continue to arise, Malaysia remains steadfast in its commitment to preserving life and supporting individuals through compassionate care.

9. Navigating Ethical and Practical Challenges

The ethical dilemmas associated with AMD and active euthanasia are multifaceted. One major issue is the tension between respecting autonomy and adhering to the principle of non-maleficence, which obligates healthcare professionals to avoid causing harm. Although AMD aims to honor personal preferences, their implementation may create ethical challenges when directives conflict with the healthcare provider's professional judgment or moral stance.

Another challenge lies in ensuring the validity and applicability of AMDs. For a directive to be valid, it must be created voluntarily by a competent individual. However, assessing an individual's competence at the time of drafting can be complex, particularly in cases involving cognitive impairments or mental health conditions. Additionally, as medical technologies evolve and personal circumstances change, AMDs may become outdated or less relevant over time (Fagerlin & Schneider, 2023).

The assertion that AMD encourages active euthanasia lacks conclusive evidence. Research suggests that AMD is more often used to guide decisions about withholding or withdrawing life-sustaining treatments rather than as a mechanism for requesting euthanasia. Furthermore, the intent behind AMD is typically to ensure that medical care aligns with the patient's values, not to facilitate the deliberate hastening of death. Misinterpretations or misuse of AMD might occur in isolated cases, but these are generally the result of systemic failures, such as inadequate training for healthcare providers or unclear legal guidelines, rather than inherent flaws in AMD themselves (Singer et al., 2021).

10. Striking A Balance: Autonomy and Safeguards

The findings highlight the importance of balancing individual autonomy with legal and ethical considerations. AMD empowers patients to express their wishes regarding treatment or the refusal thereof, offering clarity for healthcare providers and families during difficult decisions. However, ethical dilemmas arise when AMD is ambiguously worded or interpreted in contexts that conflict with legal restrictions, as seen in jurisdictions where active euthanasia is strictly prohibited. This underscores the need for precise drafting of AMD and the establishment of legal safeguards to prevent potential misinterpretation or misuse.

Cultural and religious perspectives play a significant role in shaping societal attitudes toward both AMD and euthanasia. In many societies, particularly those with strong religious influences, the sanctity of life is prioritized, and practices such as euthanasia are viewed as morally unacceptable. Conversely, in secular or liberal jurisdictions, the emphasis on individual rights and personal autonomy often allows for more open discussions about euthanasia and its relationship with AMDs. Recognising and respecting these cultural nuances is critical to fostering a globally inclusive dialogue on this sensitive topic.

Education and awareness are key to addressing misconceptions surrounding AMD and their relationship to euthanasia. Healthcare providers must be trained to interpret and implement AMD accurately and ethically, ensuring that they honor the patient’s intentions without overstepping legal boundaries. Public education campaigns can also help individuals understand the purpose of AMD, empowering them to make informed decisions about their end-of-life care and alleviating concerns about potential misuse.

Strong measures are necessary to reduce risks related to AMD and its possible connection to active euthanasia. Among these are four significant aspects that must be considered.

Table 1: Four Significant Aspects (illustrations given by the authors)



Based on the above table, there are four significant aspects. Firstly, Comprehensive Education and Counseling: Ensuring individuals fully understand the implications of their decisions when creating AMD is crucial. Medical and legal professionals can offer guidance and help resolve ambiguities.

Secondly, Regular Review and Updates: Encouraging periodic reviews and updates to AMD helps ensure that they remain accurate reflections of an individual’s preferences and values.

Thirdly, Clear Legal Standards: Developing consistent and transparent legal guidelines for the creation, interpretation, and application of AMD can reduce the likelihood of misuse or misinterpretation. Mechanisms for resolving disputes and clarifying ambiguities are also necessary.

Fourthly, Ethical Oversight: Establishing ethical oversight committees or review boards can help ensure that decisions involving AMD and end-of-life care adhere to ethical standards and best practices.

The four significant aspects which are Comprehensive Education and Counseling, Regular Review and Updates, Clear Legal Standards, and Ethical Oversight are essential pillars for strengthening the implementation of Advance Medical Directives (AMD). Together, they ensure that AMD fulfills its intended purpose of promoting patient autonomy while mitigating potential risks and ethical dilemmas. Firstly, Comprehensive Education and Counseling empower individuals to make informed decisions. Understanding the implications of AMD is crucial to avoid unintended interpretations that may arise from ambiguous or overly broad language. Medical and legal professionals play a vital role in this process, offering personalized guidance to clarify options and resolve doubts. Such education not only protects the rights of patients but also builds trust in the healthcare system. Secondly, Regular Reviews and Updates help maintain the accuracy and relevance of AMDs. Preferences regarding end-of-life care may evolve due to changing health conditions, advances in medical technology, or shifts in personal values. Encouraging individuals to revisit and revise their directives ensures they reflect current wishes and remain applicable in different clinical contexts. Establishing protocols for periodic

reviews is essential for avoiding outdated or irrelevant directives. Clear Legal Standards provide a robust framework that reduces the likelihood of misinterpretation and misuse. Legal guidelines should clearly define the scope of AMD, distinguish it from practices like active euthanasia, and set procedures for resolving disputes. Mechanisms such as mediation or legal consultation can help address ambiguities while ensuring consistency in application. This clarity also protects healthcare providers, offering them a reliable basis for decision-making. Lastly, Ethical Oversight acts as a safeguard to ensure AMD's decisions align with best practices and moral standards. Ethical review boards or committees can provide an impartial assessment of complex cases, particularly when the directive involves high-stakes decisions. Their presence helps prevent coercion, protect vulnerable individuals, and uphold the ethical principles of beneficence and non-maleficence in medical practice.

In conclusion, these four aspects work together to create a balanced and comprehensive framework for AMD. Education and counseling lay the foundation by ensuring individuals make informed choices. Regular reviews keep directives updated and relevant, while legal standards offer consistency and clarity. Finally, ethical oversight ensures that patient welfare remains at the forefront of decision-making. By addressing these four areas, policymakers and healthcare providers can strengthen the integrity of AMD systems, minimize risks, and enhance public confidence in end-of-life care planning.

11. Conclusion

To effectively address the issue of AMD in Malaysia, any effort should include medical practitioners, academicians, lawyers, religious authorities, and relevant government bodies, as well as the Ministry of Health (MoH), who can contribute their skills, knowledge, and expertise to the development of a practical and sustainable AMD model in Malaysia. Advance medical directive is a vital tool for promoting patient autonomy and ensuring dignity in end-of-life care. While concerns about their potential to encourage active euthanasia are understandable, these fears are largely unfounded when AMDs are used appropriately within clear legal and ethical frameworks. To mitigate risks, it is crucial to educate healthcare professionals and the public about the proper use and limitations of AMD. Additionally, policymakers should ensure that laws governing AMD and euthanasia are well-defined, transparent, and enforceable. By doing so, AMD can continue to serve its intended purpose: empowering individuals to make informed choices about their medical care without fear of unintended consequences.

Thus, AMD is a vital mechanism for promoting patient autonomy, dignity, and clarity in medical decision-making. While their relationship to active euthanasia is often misunderstood, this paper has shown that their proper use, supported by clear legal frameworks, ethical oversight, and public education, can mitigate risks and enhance trust in the healthcare system. Moving forward, a collaborative effort among policymakers, medical professionals, and society is essential to ensure that AMD fulfill their intended purpose while addressing the ethical and cultural complexities of end-of-life care.

12. Acknowledgments

Universiti Kebangsaan Malaysia (UKM) funded this work through the Geran Universiti Penyelidikan (GUP) grant, with grant code GUP-2023-082; the Ministry of Higher Education (MOHE), Malaysia, funded the research group members through the Skim Geran Penyelidikan Fundamental (FRGS), with grant codes FRGS/1/2023/SSI12/UKM/02/2; and GGPM-2021-041.

References

- [1] Brazier, M. (2020). *Medicine, patients, and the law* (6th ed.). Manchester University Press.
- [2] Brazier, M., Cave, E., & Heywood, R. (2023). "Agreeing to treatment". In *Medicine, patients and the law*. Manchester, England: Manchester University Press. Retrieved Jun 9, 2024, from <https://doi.org/10.7765/9781526157188.00016>.
- [3] Chambaere, K., & Bernheim, J. L. (2023). Ethical perspectives on euthanasia: Balancing autonomy and protection. *Journal of Medical Ethics*, 49(2), 127-134.

- [4] Cohen-Almagor, R. (2020). *Euthanasia and the future of health care ethics*. Routledge.
- [5] Fadhlina Alias, Puteri Nemie Jahn Kassim & Muhammad Najib Abdullah. (2020). Dying Wishes: Understanding Advance Medical Directives from the Malaysian and Islamic Law Perspectives. *Ulum Islamiyyah*, 32, 18-39. <https://doi.org/10.33102/uij.vol32no.174>.
- [6] Fagerlin, A., & Schneider, C. E. (2023). Advance directives: Challenges in ensuring validity and relevance. *American Journal of Bioethics*, 23(1), 19-28.
- [7] Gerlach, C., Miller, J., & Evans, R. (2022). The role of advance directives in promoting patient-centered care. *Health Policy Review*, 12(4), 233-245.
- [8] Harriet Berliner, M., ANP & Daniel L. Swagerty, MD, MPH. (2012). Advance Directive. <http://www.kpjdammansara.com/Advance-Directives-article-843.html>. Accessed on 4 November 2016.
- [9] Jackson, M., & Keown, J. (2019). The legal and ethical boundaries of advance directives. *Medical Law Review*, 27(3), 312–328. <https://doi.org/10.1093/medlaw/fwz017>.
- [10] Krippendorff, K. (2004). *Content Analysis: An Introduction to Its Methodology* (2nd Ed.). California and London: SAGE.
- [11] Leenen, J. (2001). The Development of Euthanasia in the Netherlands. *European Journal of Health Law*.
- [12] Marina Syazana Kamaluzaman, Nurul Izzah Jafri & David Bakit Anak Nuing. (2022). Euthanasia and Advanced Medical Directives in the Perspective of Ethical, Moral, Religious and Legal Issues in Malaysia and under Common Law. (2022) 4 CLI. 97-121.
- [13] Mohd Zamre Mohd Zahir, Nurul Hidayat Ab Rahman, Mohamad Azhan Yahya, Shahrul Mizan Ismail, Mohd Shahril Nizam Md Radzi, Asma Hakimah Ab. Halim & Nor Hikma Mohamad Nor. (2022). A Study Concerning to The Tight Spot of Different Work Types That Can Be Protected by Copyright. *Res Militaris*. 12 (2). 7057-7065.
- [14] Mohd Zamre Mohd Zahir; Noor, T.; Zainudin, A.T.; Rajamanickam, R.; Azam, A.; Shariff, M.; Rahman, Z.A.; Ishak, M.K.; Sulaiman, S. (2021). Prospect and Legal Challenges of Medical Tourism in Relation to the Advance Medical Directive (AMD) in Malaysia. *Pertanika Journal of Social Sciences & Humanities*. 29, 17-28. DOI: <https://doi.org/10.47836/pjssh.29.S2.02>.
- [15] Mohd Zamre Mohd Zahir; Zainudin, T.N.A.T.; Rajamanickam, R.; Rahman, Z.A. (2019a). Arahan Do Not Resuscitate (DNR) Dalam Sektor Kesihatan Dari Perspektif Undang-Undang (Do Not Resuscitate (DNR) Order in Health Sector from the Legal Perspective) *Semantic Scholar. Akademika*. 89, 143-154.
- [16] Mohd Zamre Mohd Zahir; Zainudin, T.N.A.T.; Yaakob, H.; Rajamanickam, R.; Harunarashid, H.; Mohd Shariff, A.A.; Abd Rahman, Z.; Hatta, M. (2019b). Hak Pesakit Bagi Melaksanakan Arahan Awal Perubatan: Suatu Gambaran Umum (The Patient's Right to Implement Advance Medical Directive: An Overview). *Sains Malaysiana*. 2019, 48, 353-359.
- [17] National Institute on Aging. (2023). Advance care planning: Health care directives. Retrieved from <https://www.nia.nih.gov>
- [18] Nurul Hidayat Ab Rahman; Mohd Zahir, M.Z. & Althabhwai, N.M. (2023). Repercussions of COVID'19 Lockdown on Implementation of Children's Rights to Education. *Children*. 10, 474. <https://doi.org/10.3390/children10030474>.
- [19] Nurul Hidayat Ab Rahman; Salawati Mat Basir & Mohd Zamre Mohd Zahir. (2022). Discrimination of Street Children's Rights to Development and Sustainable Development Goals 2030 (SDG 2030).

Res Militaris. 12 (2) 7041-7056.

- [20] Quill, T. E., Lo, B., & Brock, D. W. (2018). Palliative options of last resort: A comparison of voluntary stopping of eating and drinking, terminal sedation, physician-assisted suicide, and voluntary active euthanasia. *Journal of Medical Ethics*, 44(1), 9–15. <https://doi.org/10.1136/medethics-2017-104378>.
- [21] Ramalingam Rajamanickam; Na'aim, M.S.M.; Zainudin, T.N.A.T.; Rahman, Z.A.; Zahir, M.Z.M.; Hatta, M. (2019). The Assessment of Expert Evidence on DNA in Malaysia. *Academic Journal of Interdisciplinary Studies (SCIENDO)* 8, 51-57. Doi: 10.2478/ajis-2019-0016.
- [22] Rietjens, J. A., van der Heide, A., Onwuteaka-Philipsen, B. D., & van der Maas, P. J. (2019). Advance directives and euthanasia: Dutch perspectives. *Bioethics*, 33(6), 626–634. <https://doi.org/10.1111/bioe.12602>.
- [23] Shaikh Mohd Saiffuddeen Shaikh Mohd Salleh. (2015). Persoalan berkaitan Advance Medical Directive (AMD) dalam Kerangka Bioetika Islami. Paper presented at the Muzakarah Pakar Bioetika Islami mengenai Isu Advance Medical Directive (AMD), Kuala Lumpur.
- [24] Singer, P. A., Martin, D. K., & Kelner, M. (2023). Advance care planning and its impact on end-of-life decision-making. *Palliative Medicine*, 37(1), 3-11.
- [25] Singer, P. A., Martin, D. K., & Lavery, J. V. (2021). Reconciling AMDs with end-of-life care: Challenges and opportunities. *The Lancet*, 398(10298), 1628–1635. [https://doi.org/10.1016/S0140-6736\(21\)00847-4](https://doi.org/10.1016/S0140-6736(21)00847-4).
- [26] Smith, M., Patel, R., & Lee, H. (2023). Ethical dilemmas in end-of-life care: The intersection of advance directives and euthanasia. *Bioethics Quarterly*, 41(3), 189-202.
- [27] Wilson, D. M., Cohen, J., & MacLeod, R. (2023). Legal frameworks for advance directives: Comparative perspectives. *International Journal of Law and Medicine*, 28(2), 145-160.