



# Doctors' Obligations Regarding Chemical Castration for Individuals Who Commit Child Sexual Abuse

Fenty Dwi Yuliana<sup>1\*</sup>, Pudji Astuti<sup>2</sup>

<sup>1</sup> Faculty of Law, State University of Surabaya, Indonesia

<sup>2</sup> Faculty of Law, State University of Surabaya, Indonesia

\* fentydwi.20027@mhs.unesa.ac.id

| Article   | Abstract  |
|---|---|
| <b>Keywords:</b><br>Sexual Abuse; Chemical Castration; Doctor | <i>Law No. 17 of 2016 concerning Child Protection contains chemical castration for perpetrators of child sexual violence in Article 81 paragraph (7) of the Law. The implementation of chemical castration on the orders of the prosecutor is carried out by a doctor in accordance with Article 9 letter b of Government Regulation No. 70 of 2020. This task is contrary to the doctor's oath, the issuance of the MKEK PB IDI fatwa in 2016 contains the position of the medical profession agreeing or disagreeing in responding to chemical castration, while the task of castration has become a doctor's obligation as a State duty on the orders of the law with the legal umbrella of Article 50 of the Criminal Code and has the risk of sanctions if they refuse in accordance with Article 216 paragraph (1) of the Criminal Code. Thus, further discussion is needed regarding the obligations of doctors as implementers of chemical castration and legal efforts by doctors to avoid their duties as implementers of chemical castration. The research method is normative by taking a legislative and conceptual approach. The collection technique used is a literature study with a prescriptive analysis technique. The results and discussion show that doctors are obliged to carry out the order of the law regarding chemical castration, especially if they have the status of a civil servant who is bound by the Civil Servant Discipline to carry out state duties. If there are doctors who refuse by referring to the MKEK PB IDI fatwa No. 1 of 2016, they can file a judicial review to the Supreme Court regarding the task given causing a heavy mental burden in the form of violating the doctor's oath with the chemical castration action in Article 9 letter b of Government Regulation No. 70 of 2020.</i> |

## INTRODUCTION

Violence is an unlawful act committed against a person, with or without the use of physical or verbal force, resulting in harm and danger to a person's body, life, honor, and freedom (PARALEGAL.ID 2018). Violence occurs regardless of gender, age, place, and time. It cannot be denied that children are a vulnerable target for violence. This is because their cognitive abilities are not yet fully developed to recognize the dangers of the actions taking place.

According to data from the Ministry of Women's Empowerment and Child Protection (KPPA) on January 1, 2023 (SIMFONI-PPA 2022), children are the most frequent victims of violence, with a percentage of 57.5% aged 13-17 years old, accounting for 32.1%.

Table 1.1  
Number of Child Victims of Violence in Indonesia by Type  
Year 2022

| Type of Violence         | Number     |
|--------------------------|------------|
| <b>Sexual</b>            | 9588 cases |
| <b>Psychic</b>           | 4162 cases |
| <b>Physical</b>          | 3746 cases |
| <b>Others</b>            | 2041 cases |
| <b>Neglect</b>           | 1269 cases |
| <b>Human Trafficking</b> | 219 cases  |
| <b>Exploitation</b>      | 216 cases  |

Source : Ministry of Women's Empowerment and Child Protection (Pratiwi 2023)

Based on the data above, it can be concluded that sexual violence is the most common type of violence against children. There were 21.241 children who became victims of violence within the country in 2022. The methods and factors contributing to the occurrence of sexual violence against children are diverse, as are the perpetrators, who may come from within the family, educational environments, social circles, and the broader community. In some cases, children themselves may also become perpetrators, with one contributing factor being addiction to watching pornography (CNN Indonesia 2023).

Sexual violence quoted from the Ministry of Education and Culture (Pendidikan 2024) is any act such as degrading, insulting, harassing, and/or attacking a person's body and/or reproductive functions, due to a power imbalance and/or gender inequality, resulting in psychological and/or physical suffering, including issues that disrupt a person's reproductive health and the loss of opportunities to pursue education in an optimal and safe manner. Article 1, Point 1 of Regulation No. 12 of 2022 concerning Criminal Acts of Sexual Violence, which states:

*“Sexual violence is an act that fulfills the elements of a criminal offense as stipulated in this Regulation and other sexual acts as stipulated in the Law to the extent specified in this Regulation.”*

Both families and the government must always be vigilant and protective so that children can be spared from violence by certain parties (Kartika, Rizal Farid, and Nandira Putri 2020). The government has taken steps to combat sexual violence by issuing Law No. 17 of 2016 concerning the Stipulation of Government Regulations in Lieu of Law No. 1 of 2016 concerning the Second Amendment to Law No. 23 of 2002

concerning Child Protection (hereinafter referred to as the Child Protection Law) in response to the vulnerability of children as victims of all forms of violence, particularly sexual violence, so that perpetrators receive a deterrent effect.

There is an additional penalty in the form of chemical castration in Article 81 paragraph (7) of the Child Protection Law, *“subject to sanctions in the form of chemical castration and the installation of electronic detection devices on the perpetrator as referred to in paragraphs (4) and (5).”* These measures are a form of protection by the government for child victims of sexual violence due to the social, physical, and psychological harm they have suffered. Therefore, sexual violence is considered a serious and extraordinary crime that requires further action.

The implementation or procedures for chemical castration are outlined in Government Regulation No. 70 of 2020 concerning the Procedures for the Implementation of Chemical Castration, the Installation of Electronic Monitoring Devices, Rehabilitation, and the Disclosure of the Identity of Perpetrators of Sexual Violence Against Children (hereinafter referred to as the Chemical Castration Regulation). Article 3 of the Chemical Castration Regulation states that chemical castration is carried out by a competent professional in the field, namely medical personnel (doctors) and health workers. Article 9 (b) of the Chemical Castration Regulation states that doctors carry out chemical castration on the orders of prosecutors. This confirms that doctors have been given the authority to carry out chemical castration because they are considered competent in their field (medicine).

However, this situation has sparked controversy among medical professionals because it is considered to be contrary to the medical oath. The reasons for this are that the effectiveness of chemical castration is still questionable and there are risks of other complications that will be caused and faced by the convict. Chemical castration contradicts the nature of a doctor's profession because it can have negative effects unless used for the benefit and safety of the patient, such as the use of anesthetics or anesthesia during surgery (Nabain Idrus, Gatot Dwi Hendrowibowo, Kaharudin 2021). Chemical castration is considered inconsistent with Article 5 of the Indonesian Medical Ethics Code (hereinafter referred to as KODEKI),

*“Any activities or advice from specialists that may weaken mental strength or perseverance must be approved by the patient/family and only provided for the benefit and needs of the patient.”*

This is explained in Article 11 of the KODEKI, which states that every doctor must always remember their responsibility to protect human life. This stance of the medical community is demonstrated by the issuance of Fatwa MKEK PB IDI No. 1 of 2016, which states that in addressing the additional punishment of chemical castration for perpetrators of extraordinary sexual crimes, the medical profession is not in a position to agree or disagree, but rather upholds the firm conviction of doctors who consistently adhere to their professional oath, namely the Hippocratic Oath.

In its consideration, the medical profession is dedicated to healing the sick, alleviating pain, and easing the suffering of patients, as well as striving to enhance the well-being of patients and their families. This aligns with the physician's oath and the medical ethics code, which are grounded in the principles of doing good, causing no harm, respecting patient autonomy, and acting fairly. Therefore, in its fatwa, the MKEK PD IDI has determined that the medical profession cannot accept or be directly involved in acting as an executor of chemical castration, and that such roles should not be included in legislation or its explanatory provisions regarding doctors as executors of chemical castration. This is done without imposing a heavy mental burden on the medical profession, which would constitute a breach of the professional oath.

Chemical castration is contrary to the principles and objectives of medical practice as set forth in Article 2 of Law No. 29 of 2004 concerning Medical Practice (hereinafter referred to as the Medical Practice Law), *“Medical practice is carried out based on Pancasila and grounded in scientific values, benefits, justice, humanity, balance, protection, and patient safety.”* Additionally, Article 3 of the Medical Practice Law regarding the objectives of regulating medical practice states that it is to provide protection for patients; maintain and improve the quality of medical services provided by doctors and dentists; and provide legal certainty to the public, doctors, and dentists.

Doctors' actions in complying with legal orders are protected by law under Article 50 of the Criminal Code, and if there is a refusal by the appointed doctor based on the fatwa of the Indonesian Medical Association (IDI), there are sanctions specified in Article 216 paragraph (1) of the Criminal Code,

*“anyone who deliberately disobeys an order or request made in accordance with the law by an official assigned to supervise something; or whose duties or authority include investigating or examining criminal acts, as well as anyone who deliberately prevents, obstructs, or frustrates actions taken by such an official to enforce the provisions of the law, shall be punished with imprisonment for a maximum of four months and two weeks or a fine of up to six hundred rupiah.”*

An example of the imposition of chemical castration in the Mojokerto District Court decision No. 69/Pid.Sus/2019/PN.Mjk relates to the judge's decision to sentence M. Aris, the perpetrator of sexual violence against nine children in Mojokerto, to an additional punishment of chemical castration. M. Aris was sentenced by the Mojokerto District Court to 12 years in prison and will undergo chemical castration after serving his main sentence.

The imposition of chemical castration on perpetrators of child sexual abuse is mandated by the Child Protection Law. The government strives to protect the rights of children, including child victims of sexual abuse. Therefore, it is very important to discuss the obligations of doctors as the implementers of chemical castration for perpetrators of child sexual abuse, because doctors and health workers are the ones who have been given the authority by law to carry out chemical castration.

## METHOD

This study is a normative legal study that examines the regulations or provisions of the Child Protection Law regarding chemical castration and doctors as the practitioners of chemical castration, as well as the pros and cons of its implementation. The approach used in this study is the statute approach, which analyzes the regulations or guidelines related to the issues being studied (Fajar & Achmad, 2022). In addition, it also uses a conceptual approach by studying and understanding both the meaning and concepts of children, concepts of sexual violence, especially against children, and chemical castration from various perspectives and doctrines in legal science so that it is relevant to the issues in the study (Marzuki, 2021).

The legal sources used were primary legal materials in the form of laws and regulations related to the issues under study; secondary legal materials in the form of journals, theses, articles, dissertations, and books relevant to the study; and tertiary legal materials in the form of the Kamus Besar Bahasa Indonesia (KBBI) to facilitate the search for words needed in the study. The method used to collect legal materials in this research is by conducting a literature review of primary, secondary, and tertiary legal materials relevant to the issue being studied (Fajar and Achmad 2022). The analysis technique uses prescriptive analysis, which involves providing suggestions or arguments regarding the issues being studied based on the results of the research that has been conducted in order to determine the appropriate solution to the issues being studied according to the law (Fajar & Achmad, 2022).

## RESULTS AND DISCUSSION

The enactment of Law No. 23 of 2002 concerning Child Protection by the government marked the beginning of a legal framework intended to regulate children's rights. Protection of children has evolved and changed, leading to amendments and additions to Law No. 23 of 2002 concerning Child Protection, which became Law No. 35 of 2014 concerning Amendments to Law No. 23 of 2002 concerning Child Protection. In these amendments, there are additions that include the definition of violence, protection of children's rights from all forms of violence in educational environments, prohibition of discriminatory treatment of children, and fulfillment of children's rights to meet and have personal contact with their parents who have divorced (Roszana, Rusdiana, and Ahmad 2020).

The amendments to Law No. 35 of 2014 concerning Child Protection are aimed at increasing criminal penalties and fines for perpetrators of crimes against children. The purpose of this is to provide a deterrent effect and rehabilitation for child victims and/or child perpetrators, both physically, psychologically, and socially.

The factors that cause a pedophile to commit sexual crimes against children are as follows (Daming 2020):

- a) Internal factors, such as genetic or congenital factors

b) External factors, such as environmental influences.

Chemical castration penalties are regulated both compulsorily and voluntarily. Countries that have regulated chemical castration penalties include:

1) South Korea

Chemical castration applies to men who are 19 years of age or older. Chemical castration is preceded by a period of imprisonment and is administered if medical experts determine that the sex offender is likely to reoffend (Kartika *et al.* 2020)..

2) Russia

Applies to perpetrators of sexual crimes against children under the age of 14. In order to be eligible for chemical castration, the perpetrator must be diagnosed as a pedophile based on the opinion of a panel of doctors.

3) Estonia

Chemical castration was introduced in Estonia in 2015 as part of a complex treatment program and as an alternative to imprisonment.

4) Argentina

Argentina has implemented castration as a punishment, which was legalized through a decision issued by the provincial government. The castration order in Argentina applies to perpetrators of sexual crimes or rapists, and this castration is carried out voluntarily based on prior consent from the perpetrator of the sexual crime and without coercion in undergoing castration.

5) United Kingdom

The castration punishment system in the United Kingdom is used as an alternative option. This is done out of respect for human rights because each person's body reacts differently to the introduction of certain substances. However, the state is also prepared to assist with rehabilitation if there are convicts who wish to undergo castration punishment.

6) Germany

Castration in Germany is a surgical procedure involving the permanent removal of the testicles. The process takes place without any intervention because it is voluntary. The procedure must be carried out in accordance with an agreed agreement and the willingness of the parties concerned to sign a statement, with a minimum age limit of 25 years for the defendant.

The changes made to the Child Protection Law have resulted in harsher penalties for perpetrators of sexual violence against children due to the addition of penalties, namely chemical castration, the installation of electronic monitoring devices, and the disclosure of the perpetrator's identity as stipulated in Article 81 paragraph (7) of Law No. 17 of 2016 concerning Child Protection, "*perpetrators as referred to in paragraphs (4) and (5) may be subject to measures such as chemical castration and the installation of electronic*



*monitoring devices.”* To ensure that these additional penalties are implemented as intended, the government issued Government Regulation No. 70 of 2020 concerning the Procedures for the Implementation of Chemical Castration, the Installation of Electronic Monitoring Devices, Rehabilitation, and the Disclosure of the Identity of Perpetrators of Sexual Violence Against Children as implementing regulations.

The stages of chemical castration:

1. Clinical Assessment: Article 7 of the Chemical Castration Regulation stipulates clinical and psychiatric interviews, physical examinations, and supporting examinations.
2. Conclusion: Article 8 of the Chemical Castration Regulation contains clinical assessment results to determine whether the perpetrator is eligible or ineligible for chemical castration.
3. Implementation: Under Article 9 of the Chemical Castration Regulation, this stage is carried out after a conclusion has been reached that the perpetrator is eligible for chemical castration. Subsequently, the prosecutor orders the doctor to carry out the chemical castration procedure on the perpetrator after the convicted person has completed their principal sentence.

Based on Article 81A paragraph (1) of the Child Protection Law, additional punishment in the form of chemical castration is imposed for a maximum period of 2 (two) years and is carried out after the convict has served their main sentence. Chemical castration is carried out on convicts who have been declared eligible based on the assessment stages that have been concluded. In its implementation, in accordance with Article 81A (2) of the Child Protection Law, the administration of chemical castration is supervised by the ministries of health, social affairs, and justice on a regular basis. Pursuant to Article 81A (3) of the Child Protection Law, *“the implementation of chemical castration is accompanied by rehabilitation.”* The convicted individual will receive rehabilitation, which must be provided no later than three (3) months after the chemical castration procedure is carried out. Regarding such rehabilitation, it is explained in Article 18 (1) of the Chemical Castration Regulation:

*“Rehabilitation is provided to perpetrators of sexual intercourse who are subject to chemical castration in the form of:*

1. *Psychiatric rehabilitation;*
2. *Social rehabilitation; dan*
3. *Medical rehabilitation.”*

An additional punishment of chemical castration was imposed for the first time in Indonesia in the case of M. Aris bin Syukur at the Mojokerto District Court. M. Aris was the defendant who committed sexual violence against nine children since 2015. Based on the facts presented in court, the nine children who were victims of sexual violence were on average still in kindergarten (Roszana 2020).

For his actions, the defendant must serve the sentence imposed by the court, which is 12 years in prison and a fine of Rp 100.000.000,00 (one hundred million rupiah), with a subsidiary penalty of 6 months' imprisonment, as well as additional punishment of chemical castration and the imposition of court costs of Rp 5.000,00 (five thousand rupiah). The imposition of this sentence by the judge is due to the defendant violating Article 76D in conjunction with Article 81(2) of Law No. 23 of 2002 concerning Child Protection. The additional penalty of chemical castration was based on Article 81(5) and (7) of Law No. 17 of 2016 concerning Child Protection, as the defendant was a repeat offender and the penalty was imposed due to the harm caused to the victim in the case of sexual violence against a child, resulting in the additional penalty of chemical castration.

In Article 1 paragraph (2) of the Government Regulation concerning Chemical Castration,

*“Chemical castration is the administration of chemicals through injection or other methods to perpetrators who have been convicted of violence or threats of violence forcing a child to have sexual intercourse with them or with another person, resulting in more than one victim, causing severe injuries, mental disorders, infectious diseases, disruption or loss of reproductive function, and/or the death of the victim, to suppress excessive sexual desire, accompanied by rehabilitation.”*

Article 3 of the Government Regulation concerning Chemical Castration stipulates that chemical castration shall be carried out by competent personnel in accordance with the orders of the prosecutor. This is reiterated in Article 9(b) of the Chemical Castration Regulation, which states that doctors are ordered by the prosecutor to carry out chemical castration after the convicted person has served their primary sentence. There are clinical stages consisting of clinical and psychiatric interviews, physical examinations, and supporting examinations conducted by a team of officers with expertise in the medical and psychiatric fields to conclude that the convicted person is eligible for chemical castration.

From this explanation, it is clear that doctors are the appropriate parties to carry out chemical castration (Safitri, 2023). Therefore, doctors with medical expertise are needed to assist the government in handling children who are victims of sexual violence. However, with the issuance of the MKEK PB IDI Fatwa No. 1 of 2016, which explains that doctors may either agree or disagree with the imposition of additional penalties for chemical castration and states that they cannot accept or be directly involved in being assigned the task of performing chemical castration procedures, as this conflicts with the principles of medicine.

Doctors are professionals whose existence is to carry out the mission of medical practice. Doctors have the task of helping to heal pain, reduce pain, and alleviate the suffering experienced by their patients. In addition, doctors strive to improve the happiness of patients and their families through the healing process they carry out (Harahap and Islamy 2021).



This professional duty of doctors is enshrined in the Hippocratic Oath and the medical code of ethics, which are based on the ethical principles of doing good, causing no harm, and respecting patient autonomy. Thus, the professional duty of doctors emphasizes the importance of patient safety (Harahap & Islamy, 2021).

However, in carrying out the orders of laws and regulations, a person (the officer who is given the order) is certainly protected by law even if the order given allows for the violation of other provisions because in the Criminal Code there is a reason for criminal exemption, namely justification. Article 50 of the Criminal Code states that, *“Anyone who commits an act with the intention of enforcing the law shall not be punished.”* This provision eliminates the unlawful nature of an act when enforcing the law.

In this case, even though an action violates the rules, it must be carried out in order to protect greater interests. Therefore, the task assigned by the state to doctors to perform chemical castration must be obeyed.

The doctor assigned to perform chemical castration is likely to be a civil servant (ASN), given that chemical castration is a government regulation, meaning that the doctor appointed will undoubtedly be one who is bound by government employment regulations. Therefore, a doctor who is a Civil Servant (PNS) should carry out the task assigned by the prosecutor to perform chemical castration. This is because, in addition to being a doctor, they are also a civil servant who has the obligation of a government employee under Article 23 of the ASN Law, which requires compliance with laws and regulations and the performance of official duties with integrity. Thus, if there is a refusal or failure to comply with civil service orders, resulting in a breach of civil service discipline, sanctions/punishments will be imposed in accordance with Article 1 (7) of the Civil Service Discipline Regulation, based on the negative consequences caused.

The categories of sanctions to be imposed in accordance with Article 8 (1) of the Civil Service Discipline Regulation are minor, moderate, and severe, depending on the nature of the violation and its impact on the work unit, agency, or state. From these categories, it can be concluded that the sanction for refusing to perform the task of administering chemical castration, thereby violating or failing to uphold civil service discipline, falls under the severe category. This is because the regulations governing civil service discipline have not been adhered to, specifically by refusing to carry out the task of administering chemical castration, thereby hindering the implementation of state regulations related to the prevention and follow-up of cases of sexual violence against children as mandated by the Child Protection Act. Pursuant to Article 8 (4) of the Civil Service Discipline Regulation, the type of severe disciplinary punishment is:

*“Demotion to a lower position for 12 (twelve) months; dismissal from his position to an executive position for 12 (twelve) months; and honorable dismissal not at his own request as a civil servant.”*

The implementation of chemical castration is an implementation of the objectives of punishment, namely the combined theory, because it emphasizes retribution that can have a deterrent effect through a rehabilitation process so that the deterrent effect

can have positive benefits for the future in reducing the rate of sexual crime (Daming 2020). The position of the medical profession remains divided between supporting or opposing the imposition of additional chemical castration penalties based on the fatwa of the Indonesian Medical Association (IDI) No. 1 of 2016, as it violates their professional oath under the Medical Practice Act and the ethical code that forms the basis of their practice. Additionally, Article 273 (1) (i) of Law No. 17 of 2023 concerning Health,

*“Refusing the wishes of patients or other parties that conflict with professional standards, service standards, operational procedures, codes of ethics, or statutory provisions.”*

In this case, doctors may refuse to perform the procedure if it does not comply with professional standards and ethical codes, thereby violating the principles of medicine. A doctor's refusal to perform the task of administering chemical castration, based on the fatwa of the IDI, will not alter their obligation to do so. Therefore, it is necessary to review the regulations that doctors perceive as burdensome and that impose a heavy mental burden on the medical profession, thereby violating the professional oath.

Based on Article 9 of Law No. 12 of 2011 concerning the Formation of Legislation, the judiciary has the authority to review legislation. The objects of the review process include the content (wording of the articles) of a regulation (substantive law) and the procedures for the formation of regulations (procedural law).

Regarding the duties of doctors as practitioners of chemical castration as stated in Article 9b of the Government Regulation on Chemical Castration, the trial process may be conducted by the Supreme Court as stated in Article 24A paragraph (1) of the 1945 Constitution. Based on Article 31A paragraph (2) of Law No. 3 of 2009 concerning the Supreme Court,

*“A request for judicial review of regulations under the law against the law can only be made by parties who consider their rights to have been harmed by the enactment of regulations under the law, namely: Indonesian citizens; customary law communities as long as they are still active and in accordance with the development of society and the principles of the Unitary State of the Republic of Indonesia as regulated by law; or public or private legal entities.”*

From this explanation, doctors who are Indonesian citizens and feel that their rights to practice medicine in accordance with their nature have been violated by being assigned the task of performing chemical castration, which requires them to meet the requirements for conducting tests as explained above.

Prosecutors have the authority to carry out chemical castration. However, as this is not within their area of expertise, prosecutors request assistance from doctors to carry out chemical castration. Prosecutors' authority to issue orders must be obeyed, and there are penalties for violators as stipulated in Article 216 paragraph (1) of the Criminal Code, which reads:

*“Anyone who deliberately disobeys an order or request made in accordance with the law by an official assigned to supervise something; or whose duties or authority include investigating or examining criminal acts, as well as anyone who deliberately prevents, obstructs, or frustrates actions taken by such an official to enforce the provisions of the law, shall be punished with imprisonment for a maximum of four months and two weeks or a fine of up to six hundred rupiah.”*

Provision of Article 2 paragraph (1) of the Chemical Castration Regulation, *“chemical castration imposed on perpetrators based on a court decision that has permanent legal force.”* Agus Purwadianto argues that convicts who will be subjected to chemical castration undergo the same procedure as patients. (Noviana, Waluyo, and Agustanti 2020). Based on Yusron Marzuki’s opinion, the additional punishment of chemical castration stipulated in the judge’s verdict must be carried out by the executor (Noviana *et al.* 2020). The decision to impose chemical castration became a binding norm, meaning that the parties had an obligation to implement it and, in principle, citizens could not refuse to comply with existing laws and regulations (Noviana *et al.* 2020).

## CONCLUSION

Doctors have an obligation to perform chemical castration in accordance with legally valid regulations. The decision to impose chemical castration is a binding norm and a final legal decision, so doctors cannot refuse to perform this role. As civil servants, doctors are obligated to perform chemical castration procedures because this falls under the discipline of civil servants to comply with laws and regulations and perform their official duties with integrity, which is a duty of the state. This is to ensure that the mandate of the Child Protection Law is not hindered, as part of efforts to prevent and address sexual violence against children, with the aim of protecting the greater interest in terms of comfort and safety for all.

The Indonesian Medical Association may file a petition with the Constitutional Court if the appointed doctor refuses to perform chemical castration based on the fatwa of the Indonesian Medical Association’s Medical Ethics Committee No. 1 of 2016, which addresses chemical castration in terms of agreement or disagreement and establishes that doctors shall not accept or be directly involved in performing chemical castration as it imposes a significant mental burden on the medical profession, constituting a breach of the professional oath. A judicial review may be filed with the Supreme Court due to the perceived harm suffered by doctors as a result of being assigned the task of performing chemical castration procedures as stipulated in Article 9(b) of Government Regulation No. 70 of 2020 concerning the Procedures for Performing Chemical Castration, Installing Electronic Monitoring Devices, Rehabilitation, and Announcing the Identity of Perpetrators of Sexual Violence Against Children. Additionally, as an exemption from the penalty under Article 216 (1) of the Criminal Code, which imposes a maximum prison sentence of four months and

two weeks or a fine of up to six hundred rupiah for violating or failing to comply with the prosecutor's authority in issuing orders in accordance with the law.

### Recommendations

1. The Indonesian Medical Association (IDI) must comply with the prosecutor's order to carry out legally valid chemical castration. The implementation of chemical castration is the responsibility of the state to doctors who have been appointed to administer chemical castration in accordance with the law. In carrying out the legal order, there is a valid legal basis as outlined in Article 50 of the Criminal Code, so there should be no hesitation in complying with the order. Therefore, the order must be followed, especially by civil servant doctors who are bound by civil service regulations and have a duty to comply to avoid violations of civil service discipline that could negatively impact the implementation of state regulations.
2. The Indonesian Medical Association (IDI) remains obligated to carry out chemical castration procedures as long as there are no changes to its duties in Government Regulation No. 70 of 2020 concerning Procedures for Carrying Out Chemical Castration, Installation of Electronic Monitoring Devices, Rehabilitation, and Disclosure of the Identity of Perpetrators of Sexual Violence Against Children. This role must be adhered to, and sanctions will be imposed if there is a refusal to comply with the law as stipulated in Article 216 (1) of the Criminal Code. Therefore, the Indonesian Medical Association (IDI), which feels disadvantaged by this assignment and has an interest in this matter based on the IDI Medical Ethics Committee (MKEK PD IDI) Fatwa No. 1 of 2016, is advised to seek judicial review at the Supreme Court regarding its involvement in the implementation of chemical castration as a measure listed in Article 9 (b) of Government Regulation No. 70 of 2020 concerning the Procedures for the Implementation of Chemical Castration, the Installation of Electronic Monitoring Devices, Rehabilitation, and the Disclosure of the Identity of Perpetrators of Sexual Violence Against Children, which places doctors in a position where they must choose between agreeing or disagreeing, thereby imposing a significant mental burden on the medical profession. As a result, this may lead to the release of obligations deemed contrary to the professional oath/medical ethics.

### REFERENCES

- CNN Indonesia. 2023. "KemenPPPA: RI Darurat Kekerasan Seksual Anak, 9.588 Kasus Selama 2022." *CNN Indonesia*. Retrieved November 20, 2023 (<https://www.cnnindonesia.com/nasional/20230127173509-20-905780/kemenpppa-ri-darurat-kekerasan-seksual-anak-9588-kasus-selama-2022>).
- Daming, Saharuddin. 2020. "Mengkaji Pidana Kebiri Kimia Dalam Perspektif Medis,

- Hukum Dan HAM.” *Supremasi Hukum: Jurnal Kajian Ilmu Hukum* 9(1):22–29.
- Fajar, Mukti, and Yulianto Achmad. 2022. *Dualisme Penelitian Hukum Normatif Dan Empiris*. Yogyakarta: PUSTAKA PELAJAR.
- Harahap, Abdul Aziz, and Athoillah Islamy. 2021. “Penolakan Peran Dokter Sebagai Eksekutor Sanksi Hukum Kebiri Di Indonesia: Perspektif Filsafat Hukum Islam.” *Al-Izzah: Jurnal Hasil-Hasil Penelitian* 58. doi: 10.31332/ai.v0i0.2740.
- Kartika, Ari Purwita, Muhammad Lutfi Rizal Farid, and Ihza Rashi Nandira Putri. 2020. “Reformulasi Eksekusi Kebiri Kimia Guna Menjamin Kepastian Hukum Bagi Tenaga Medis/Dokter Dan Perlindungan Hukum Bagi Pelaku Pedophilia.” *Jurnal Hukum Ins Quia Iustum* 27(2):345–66. doi: 10.20885/iustum.vol27.iss2.art7.
- Marzuki, Peter Mahmud. 2021. *Penelitian Hukum*. revisi. Jakarta: KENCANA.
- Noviana, Debora Anggie, Bambang Waluyo, and Rosalia Dika Agustanti. 2020. “Analisis Terhadap Pelaksanaan Pidana Kebiri Kimia Dalam Kasus Kekerasan Seksual Pada Anak Dalam Perspektif Yuridis Dan Kedokteran.” *Borneo Law Review* 4(1):45–63. doi: 10.35334/bolrev.v4i1.1399.
- PARALEGAL.ID. 2018. “No Title.” *PARALEGAL.ID*. Retrieved April 18, 2024 (<https://paralegal.id/pengertian/kekerasan/>).
- Pendidikan, Kementerian. 2024. “Apa Itu Kekerasan Seksual?” *Kemdikbud.Go.Id*. Retrieved November 10, 2023 (<https://merdekadarikekerasan.kemdikbud.go.id/ppks/kekerasan-seksual/>).
- Pratiwi, Febriana Sulistya. 2023. “Sebanyak 21.241 Anak Indonesia Jadi Korban Kekerasan Pada 2022.” *DataIndonesia.Id*. Retrieved November 2, 2023 (<https://dataindonesia.id/varia/detail/sebanyak-21241-anak-indonesia-jadi-korban-kekerasan-pada-2022>).
- Roszana, Dina. 2020. “Hukuman Kebiri Kimia Bagi Pelaku Kekerasan Seksual Terhadap Anak Dalam Perspektif Penologi.” Universitas Negeri Surabaya, Surabaya.
- Roszana, Dina, Emmilia Rusdiana, and Gelar Ali Ahmad. 2020. “EKSISTENSI HUKUMAN KEBIRI KIMIA BAGI PELAKU KEKERASAN SEKSUAL TERHADAP ANAK DITINJAU DARI PEMBENTUKAN NORMA HUKUM PIDANA.” 7(35).
- SIMFONI-PPA. 2022. “No Title.” *SIMFONI-PPA*. Retrieved November 2, 2023 (<https://kekerasan.kemenpppa.go.id/ringkasan>).
- Undang-Undang Dasar Negara Republik Indonesia Tahun 1945
- Undang-Undang Nomor 1 Tahun 1946 tentang Peraturan Hukum Pidana (KUHP)

Undang-Undang Nomor 8 Tahun 1981 tentang Hukum Acara Pidana (KUHAP)  
Undang-Undang Nomor 24 Tahun 2003 tentang Mahkamah Konstitusi  
Undang-Undang Nomor 29 Tahun 2004 tentang Praktik Kedokteran  
Undang-Undang Nomor 3 Tahun 2009 tentang Mahkamah Agung  
Undang-Undang Nomor 5 Tahun 2014 tentang Aparatur Sipil Negara  
Undang-Undang Nomor 17 Tahun 2016 tentang Penetapan Peraturan Pemerintah  
Penggati Undang-Undang No. 1 Tahun 2016 tentang Perubahan Kedua Atas  
Undang-Undang No. 23 Tahun 2002 tentang Perlindungan Anak  
Undang-Undang Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual  
Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan  
Peraturan Pemerintah No. 70 Tahun 2020 tentang Tata Cara Pelaksanaan Tindakan  
Kebiri Kimia, Pemasangan  
Alat Pendeteksi Elektronik, Rehabilitasi, dan Pengumuman Identitas Pelaku Kekerasan  
Seksual Terhadap Anak  
Peraturan Pemerintah No. 94 Tahun 2021 tentang Disiplin Pegawai Negeri Sipil  
Kode Etik Kedokteran Indonesia (KODEKI) 2012