LEGAL PROTECTION FOR DOCTORS IN RUNNING A PRACTICE

a Hasudungan Sinaga, b Josafat Pondang

ABSTRACT

Purpose: Legal problems that may arise as a result of using hospital services when a general practitioner is on call to carry out medical procedures that are the rights of the treating doctor. This article aims to determine the practice of implementing health law in relation to the protection of doctors who carry out daily practice in Indonesia. This article also reviews deviations in health law in relation to medical practice in Indonesia. In the end, the author intends to offer and provide solutions to problems and irregularities in the implementation of health law in medical practice so it is hoped that this article can become a reference in increasing compliance with health law, especially regarding the protection of doctors when carrying out medical practice.

Theoretical Framework: Legal protection is something an effort to protect individual interests by allocating a human right of power to the individual to be able to act in the context of those interests. Legal protection is basically protection given to legal subjects in the form of legal instruments. Doctors who carry out their profession have the right to receive legal protection as regulated in Article 50 of Law Number 29 of 2004 concerning Medical Practice. Hospitals are obliged to provide legal protection to doctors who work in their hospitals in accordance with the hospital's obligations as regulated in Article 29 paragraph (1) letter (s) of Law Number 44 of 2009 concerning Hospitals. In Indonesia, laws and regulations do not yet clearly regulate legal protection for doctors.

Method: This study uses normative legal methods supported by literature reviews from national and scientific journals international. The main focus of the subject is law, which is understood as social standards or regulations that guide everyone's behavior.

Results: The research results show that as long as doctors follow standard operating procedures in their practice, they are allowed to carry out medical procedures to save lives in emergencies. Professional standards refer to a set of minimum competencies (knowledge, abilities, and attitudes) that a doctor must possess.

Conclusions: Legal protection for medical professionals practicing in hospitals is necessary to ensure that the health services offered comply with medical standards and medical ethics. At the same time, improving health service standards needs to be supported by providing a supportive work environment for doctors.

Keywords: legal protection, doctors, medical personnel, medical practice.

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a Bachelor of Law, Krisnadwipayana University. Master in Law, IBLAM University. Universitas Tama Jagakarsa, Jakarta, E-mail: hassinaga@gmail.com, Orcid: https://orcid.org/0009-0002-1573-6013

b Bachelor of Medicine, Sebelas Maret University. Post Graduate Programme, Master of Hospital Management, Sangga Buana University, Maguan Husada General Hospital, Wonogiri, Jawa Tengah, E-mail: realjosafatsinaga@gmail.com, Orcid: https://orcid.org/0000-0002-3296-220X
PROTEÇÃO JURÍDICA DOS MÉDICOS NA GESTÃO DE UMA PRÁTICA

RESUMO

Objetivo: Problemas jurídicos que podem surgir como resultado da utilização de serviços hospitalares quando um médico de clínica geral está de plantão para realizar procedimentos médicos que são direitos do médico assistente. Este artigo tem como objetivo determinar a prática de implementação da lei de saúde em relação à proteção dos médicos que realizam a prática diária na Indonésia. Este artigo também analisa desvios na lei de saúde em relação à prática médica na Indonésia. No final, o autor pretende oferecer e fornecer soluções para problemas e irregularidades na implementação da lei de saúde na prática médica, de modo que se espera que este artigo possa se tornar uma referência no aumento da conformidade com a lei de saúde, especialmente no que diz respeito à proteção dos médicos ao realizar a prática médica.

Quadro teórico: A proteção jurídica é um esforço para proteger os interesses individuais, atribuindo um direito humano de poder ao indivíduo para poder agir no contexto desses interesses. A proteção jurídica é basicamente uma proteção concedida aos sujeitos jurídicos sob a forma de instrumentos jurídicos. Os médicos que exercem a sua profissão têm o direito de receber proteção jurídica, tal como previsto no artigo 50.º da Lei n.º 29 de 2004 relativa ao Exercício Médico. Os hospitais são obrigados a proporcionar proteção jurídica aos médicos que trabalham nos seus hospitais, em conformidade com as obrigações do hospital, tal como previsto no artigo 29.º, n.º 1, alínea s), da Lei n.º 44 de 2009 relativa aos Hospitais. Na Indonésia, leis e regulamentos ainda não regulam claramente a proteção legal para médicos.

Método: Este estudo utiliza métodos legais normativos apoiados por revisões de literatura de revistas nacionais e científicas internacionais. O foco principal do assunto é a lei, que é entendida como normas sociais ou regulamentos que guiam o comportamento de todos.

Resultados: Os resultados da pesquisa mostram que, desde que os médicos sigam procedimentos operacionais padrão em sua prática, eles podem realizar procedimentos médicos para salvar vidas em emergências. Os padrões profissionais se referem a um conjunto de competências mínimas (conhecimentos, habilidades e atitudes) que um médico deve possuir.

Conclusões: A proteção jurídica dos profissionais médicos que exercem nos hospitais é necessária para garantir que os serviços de saúde oferecidos estejam em conformidade com as normas médicas e a ética médica. Ao mesmo tempo, é necessário apoiar a melhoria dos padrões dos serviços de saúde, proporcionando um ambiente de trabalho favorável aos médicos.

Palavras-chave: proteção jurídica, médicos, pessoal médico, prática médica.

1 INTRODUCTION

In this era of globalization, a country's progress is very dependent on its health condition. Every country strives to prioritize the provision of health services, from hiring qualified medical personnel to building state-of-the-art facilities. Health improvement is of course carried out in accordance with protocols, both consistently and practically, according to stages to achieve health services. Improving health is one step in growing
the country's overall prosperity. Health development is defined as an effort carried out by all national constituents with the aim of increasing awareness, goals or behavior with a single, effective spirit, so as to create equality in public health (Lestari, 2022).

According to their charitable immunity, hospitals are often considered social organizations exempt from legal accountability because being forced to pay compensation would deplete their assets, which would limit their capacity to support society as a whole. The hospital paradigm changes as hospitals develop into organizations that are intensive in labor, capital and technology. As a result, hospital management can no longer be viewed as a purely social unit, and hospitals are often the focus of legal action and lawsuits for actions deemed detrimental (Yuarsa, 2020).

Legal problems may arise as a result of using hospital services when a general practitioner is on call to carry out medical procedures that are the rights of the treating doctor. If a doctor on call carries out medical procedures on a patient that are detrimental to the patient, then the doctor and hospital can face legal sanctions. However, in this case the doctor delegates care that should be carried out by the doctor treating the patient, who will then be referred. Legal problems, especially those related to criminal law, occur when patients suffer terminal harm as a result of these activities (Nurhadi, 2014).

It is important to differentiate between unintentional and unintentional medical negligence in each case. Because the only way to determine whether this is a criminal offense or not is to look at the methods. Because criminal acts definitely violate the law, there is no need to report them to the Indonesian Medical Discipline Honorary Court (MKDKI) to be handled in court, either civilly or criminally (Kainde et al., 2021). This research aims to examine the legal protection of doctors in carrying out their practice.

2 THEORETICAL FRAMEWORK

Legal protection is the implementation of legal duties to achieve three legal objectives: justice, benefit and legal certainty. Law is needed to realize social justice for those who are not yet strong socially, economically and politically. According to Hadjon (2015), legal protection is a way of using legal means to protect or help legal subjects.

Legal protection is divided into:
(a). Preventive legal protection and
(b). Oppressive legal protection.
Preventive legal protection aims to prevent disputes that may arise in the future through the application of rules or regulations, while repressive legal protection aims to resolve events or disputes that arise. Legal protection is sometimes called legal protection or can be interpreted as protection by legal institutions and means (Sulolipu, 2019).

Legal protection can be provided in various ways, including a. Implementing and maximizing the implementation of existing laws and regulations, including regulations that define rights and obligations and guarantee the rights of legal entities;

Enforcement Regulations:
1. Prevention based on State Administrative Law.
2. Countermeasures by applying criminal law, criminal sanctions, and punishment.
3. Restoration of rights according to civil law, with compensation.

It can be concluded that legal protection for doctors is a conscious preventive and repressive effort to protect, protect, and strengthen the rights and obligations of doctors in carrying out their profession (Koesdinar, 2022).

The medical profession is a noble profession in the context of healing patients, so doctors should receive legal protection in carrying out their duties. In general, every Indonesian citizen receives legal protection as regulated in the 1945 Constitution of the Republic of Indonesia, namely:

a. Article 28D paragraph (1): "Everyone has the right to confession, guarantee, confession and legal certainty that is fair and equal treatment before the law".
b. Article 28I paragraph (2): "Every person is free from discriminatory treatment on any basis and has the right to receive protection against such discriminatory treatment."
c. Article 28I paragraph (4): "Protection, promotion, enforcement and fulfillment of human rights is the responsibility of the state, especially the government." In particular, legal protection for the medical profession is regulated by Article 50 of Law Number 29 of 2004 concerning Medical Practice (hereinafter referred to as the Medical Practice Law)9 and Article 27 paragraph (1) of Law of the Republic of Indonesia Number 36 of 2009 concerning Health (hereinafter referred to as Health Law).

Article 50 of the Medical Practice Law states that "Doctors and dentists in medical practice have the right to obtain legal protection as long as they carry out their duties in
accordance with professional standards and standard professional procedures." Article 27 paragraph (1) of the Health Law states "Health workers have the right to receive compensation and legal protection in carrying out their duties in accordance with their profession". Legal protection for doctors who work in hospitals is also regulated in Article 3 letter b of the Hospital Law which states that "Hospital management regulations aim to provide protection for human resources in hospitals".

From this legal basis, especially Article 50 of the Medical Practice Law, the concept of legal protection for doctors is conditional legal protection, meaning that protection will be obtained as long as the doctor carries out his duties according to professional standards and standard operational procedures. By complying with the provisions of professional standards and standard operational procedures, doctors will be legally protected. The state provides legal protection to a person regarding the rights and obligations regulated in statutory regulations (rule of law). People need legal protection because people are legal subjects and people always interact with people in a social environment where legal events always occur. To avoid legal problems, laws are needed to protect them (Rewur, 2021).

Doctors and patients are two legal subjects who are related based on medical law which regulates medical and legal relationships. The medical and legal relationship between doctors and patients is the object relationship of health services in particular and health services in general. In carrying out the relationship between doctor and patient, the implementation of the relationship between both parties is always regulated by certain rules that occur in accordance with practice. The relationship between doctor and patient in medicine generally occurs as an active-passive biomedical relationship. In this case, the superiority of doctors over patients is demonstrated in biomedicine where there is only active activity of doctors while patients are passive (Rewur, 2021).

The patient's passive attitude is of course based on trust in the doctor's ability to cure or treat. Regarding the legal relationship between a doctor and a patient, two things can occur, namely a contractual relationship (therapeutic) and a legal relationship (zaakwarneming). In a contractual relationship, the doctor and patient agree to initiate medical treatment on the patient. Meanwhile, legal relationships arise because of the obligations imposed on doctors. A doctor can perform procedures and communicate well with his patients to make the right medical decisions or establish the right diagnosis and treatment (Mangkey, 2014).
In health law it is known that when providing health services to health workers or health workers are only responsible for the process or efforts made (Inspanning Verbintennis) and they do not guarantee the final results (Resultalte Verbintennis). When treating patients, doctors cannot promise a cure because the human body is complex and cannot be fully understood. Variations in each patient have not been taken into account: age, psychology, degree of disease, type of disease, complications and so on. Carrying out medical practice requires medical competence and the authority to provide medical services. Competency refers to a person's ability to undertake training based on his or her professional knowledge, skills and attitudes; Authority refers to the legal power given to doctors by authorized officials to carry out their profession. A doctor's qualifications are proven by a Competency certificate and registration certificate (STR) (Mangkey, 2014).

A doctor who has an STR certificate means that he has been officially registered by the state he has certain qualifications and is legally recognized to carry out his profession. Thus, it can be said that granting a license to practice medicine is based on qualifications. In the practice of medicine, doctors must act in accordance with their qualifications and authority; If a patient comes to him with a health problem that is beyond his competence or authority, the doctor is obliged to send the patient concerned to another doctor who has that competence and authority (Trisnadi, 2017).

The authority of doctors in carrying out medical practice is regulated in Article 35 Paragraph (1) of the Medical Practice Law9, namely that a doctor who has an STR has the following authority: “a. interviewing patients; b. examine the patient's physical and mental condition; c. determine supporting examinations; d. establish a diagnosis; e. determine patient management and treatment; f. carry out medical procedures; g. write prescriptions for medicines and medical devices; h. issue a doctor's certificate; i. store medications in permitted quantities and types; and J. dispensing and delivering medicines to patients, for those who practice in remote areas where there are no pharmacies.

Criminal Law Aspects of Medical Practice The Criminal Code (Wetboek van Strafrecht), hereinafter referred to as the Criminal Code, applies to Indonesian citizens and nationals without exception, based on Article 7 of Law Number 1 of 1946 concerning Criminal Provisions. This study uses normative legal methods supported by literature reviews from national and international scientific journals. According to Muhammad, normative legal methods are used to produce legal behavioral products, such as legal reviews. The main focus of the subject is law, which is understood as social standards or regulations that
guide everyone's behavior. Therefore, the inventory of positive law, legal doctrine, and legal principles is the main emphasis of normative legal research (Muhammad, 2004).

### 3 RESULTS

<table>
<thead>
<tr>
<th>No</th>
<th>Author, Year</th>
<th>Title</th>
<th>Method</th>
<th>Findings</th>
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<tr>
<td>1</td>
<td>(She, 2022)</td>
<td>Health Law Enforcement Against Malpractice Activities in Indonesia</td>
<td>Literature study</td>
<td>Medical staff malpractice often harms patients and has fatal consequences. Stricter enforcement of health laws regarding malpractice activities is very necessary. This shows that the need for Malpractice Enforcement to be based on related articles and not just be part of statutory regulations is not an ambiguous matter.</td>
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<td>2</td>
<td>(Naik et al., 2022)</td>
<td>Legal and Ethical Consideration in Artificial Intelligence. in Healthcare: Who Takes Responsibility?</td>
<td>Literature study</td>
<td>Errors in procedures or protocols in the health care sector can have negative consequences for patients who are victims of these errors. Currently, there are no clear regulations to address the legal and ethical issues that may arise from the use of artificial intelligence (AI) in healthcare. This review seeks to address related issues highlighting the need for algorithmic transparency, privacy and protection of all beneficiaries involved and cybersecurity against vulnerabilities in the medical world.</td>
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<td>3</td>
<td>(Jauhani et al., 2022)</td>
<td>Legal Protection for Medical Personnel and Patients in Emergency Procedures</td>
<td>Normative juridical</td>
<td>The findings of this study suggest that patients may bring criminal charges against a doctor for performing a medical procedure in an emergency if they find that the doctor acted inappropriately and that the procedure meets the requirements for criminal prosecution. However, remember the principle last resort, criminal prosecution should be the last resort in law enforcement. From a civil law perspective, health workers who intervene in an emergency to save a life or prevent someone from becoming disabled are not entitled to claims for compensation, according to Article 58 paragraph (2) of the Health Law.</td>
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<td>4</td>
<td>(Huda &amp; Huda, 2021)</td>
<td>Legal Protection of Nurses on Delegation Authority of the Doctor in Carrying Out Medical Procedures for Stitching</td>
<td>Normative juridical</td>
<td>From the search results, it was revealed that there were two regulations, namely Law Number 38 of 2014 concerning Nursing and Minister of Health Regulation</td>
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<td>5</td>
<td>Kainde et al., 2021</td>
<td>Wounds in the Hospital Emergency Room</td>
<td>Number 26 of 2019 concerning Implementing Regulations of Law Number 38 of 2014 concerning Nursing which regulates the transfer of authority for medical procedures from doctors to nurses, including suturing. The inability to socialize the norms governing the delegation of authority creates problems in the actual implementation of these restrictions. Because nurses carry out medical procedures (suturing) on the doctor's orders, the doctor is responsible both morally and legally.</td>
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| 6 | Latif et al., 2020 | Number 29 of 2004 concerning the Medical Practice Law Regarding Procedures for Complaining about Doctors' Malpractice in Indonesia
(Kainde et al., 2021) | Reconstruction of Article 66 Paragraph (3) of Law no. 29 2004 concerning the Medical Practice Law Regarding Procedures for Complaining about Doctors' Malpractice in Indonesia
(Kainde et al., 2021) | Many health disputes are caused by a lack of translation of the violation of interest sentence in Article 66 paragraph 1 UUPK. What is meant by "patient rights" in paragraph 1 is a civil violation and not a criminal one, unless the MKDKI facility can provide proof. In practice, the agreement between the doctor and the patient is a therapeutic (business) agreement and not an agreement on results, meaning that the doctor's negligence in providing services and the patient's death or disability cannot be prosecuted immediately. The MKDKI session consists of dr./drg. and many legal experts is a professional institution in the medical discipline that is autonomous and impartial, but this still needs to be proven first. |
| 7 | Rowthorn et al., 2019 | Number 29 of 2004 concerning the Medical Practice Law Regarding Procedures for Complaining about Doctors' Malpractice in Indonesia
(Kainde et al., 2021) | Reconstruction of Article 66 Paragraph (3) of Law no. 29 2004 concerning the Medical Practice Law Regarding Procedures for Complaining about Doctors' Malpractice in Indonesia
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4 DISCUSSION

4.1 CODE OF MEDICAL ETHICS IN PROVIDING HEALTH SERVICES

In health services, various parties have an important role to play in ensuring standardization and appropriateness of services are met. Services that do not comply with procedures will have negative impacts on patients in the form of disability and possibly death. If malpractice occurs, patients can take legal action under applicable legal regulations, because they do not provide appropriate services according to the procedures regulated in the Criminal Code (Latif et al., 2020). The implementation of health services includes patterns of health service facilities and infrastructure that have a legal relationship if they meet subjective and objective requirements. The legal basis is an agreement to do something to each other, and the ability to give each other achievements (by doing or not doing) for a permitted thing or cause.

Medical procedures carried out by hospitals for the community are an integral part of the health services they provide. These procedures, which include suturing wounds and involve the application of medical practices, cannot be completely performed by emergency room physicians; instead, it requires the involvement of other health workers, such as nurses. Therefore, there must be a flow of authority for medical actions from doctors to nurses (Huda & Huda, 2021).

Delegation of authority involves four (four) considerations that must be made for the procedure to be successful. The four things mentioned above are:

1. Delegating authority or tasks requires dividing responsibilities as well.
2. Authority must be given to the right person both in terms of credentials and
physical attributes;
3. Delegation of power requires motivation; And
4. The leader who assigns the delegation must direct and supervise the recipient of the authority (Sugandi, 2023).

Criminal comes from the Dutch word punishment which means "punishment". Crime is defined as suffering intentionally inflicted on a person by the state as a legal punishment or as a result of breaking the law. Criminal law is a type of public law, meaning it regulates how humans interact with the state and society. These are put in place to advance the interests of society and are only made when necessary. Restrictions on carrying out certain activities, coupled with the fear of criminal consequences for those who violate these prohibitions, is one of the provisions contained in criminal law. In this context, what is meant by "criminal act" or "criminal act" is the prohibition of actions accompanied by criminal threats. In general, there are two categories of prohibited acts: active (positive) acts and passive (negative) acts (Jauhani et al., 2022).

Study GroupEuthanasia from KNMG Holland (the Dutch Medical Association) defines euthanasia as follows: euthanasia is defined as an act intentionally (nalaten) to shorten or end a patient's life, or do nothing, and all for the patient's personal benefit (Krisnalita, 2022).

There are four different definitions of euthanasia:
1. *Euthanasia* purely refers to all efforts to prolong a person's life without hastening his death; this includes providing all necessary medical care and spiritual support to ensure a “good” death;
2. *Euthanasia* indirect is the practice of trying to reduce mortality by the possibility of the patient dying more quickly;
3. *Euthanasia* passivity is the act of not using any medically feasible method to prolong life. This includes the use of hypnotics, analgesics, and other narcotic drugs, all of which have the de facto potential to shorten life even when used intentionally; Besides that
4. *Euthanasia* active (mercy killing) The practice of minimizing death by directly and specifically shortening life is known as or "mercy killing". It remains to be determined whether the patient desires active euthanasia, does not desire it, or is unable to express his views under any circumstances (Mulyatsih, 2023).
In research reviewed by Yuarsa (2020), if a doctor is on call in an emergency, they are allowed to perform life-saving medical procedures as long as they adhere to professional standards. The minimum competencies (knowledge, skills, and professional attitudes) that a doctor must have are called professional standards. When medical intervention is required outside the scope of this authority, the treating physician is forced to act alone due to potential criminal penalties if he fails to help someone in need. The treating doctor in this situation acts as an executor of authority as well as a functional actor because he is the person who carries out the action. However, according to the Regulation of the Minister of Health, the treating doctor is not responsible unless he carries out medical procedures outside the specialist doctor's instructions, which is not the specialist doctor's responsibility. This raises legal concerns regarding the consequences of failure in efforts to provide medical services in the context of delegation of authority.

We must also recognize that, like mathematics, medicine is not an exact science. For example, diagnosing a health condition and communicating it to an expert doctor is a skill in itself because it requires creativity to follow up on patient complaints attentively, and observe these complaints carefully, all of which contribute to the uncertainty of the final outcome. Both the patient and the doctor must bear the risk if these efforts are not successful and the patient does not recover, becomes physically disabled, or even dies. Due to their disproportionate fear of being sued for medical malpractice, practitioners have adopted a defensive medicine paradigm as a result of the lack of legal protection. According to Eka Julianta, what is meant by "defensive medicine" is preventive action carried out by doctors, such as carrying out additional procedures that are not actually needed by the patient. Nonetheless, physicians believe that these measures are necessary to protect against future claims. Due to physicians’ decisions to perform or not perform medical procedures, treatment becomes substandard, and medical expenditures increase as a result of this caution (Riyadi, 2011).

4.2 LEGAL PROTECTION FOR DOCTORS AND MEDICAL PERSONNEL

Laws are basically coercive laws made by official bodies that regulate how people behave in a social environment. Violation of these regulations carries consequences, for example, legal action. Law is defined as "rules or customs that are officially considered binding, implemented by the authorities or government, laws, regulations, and so on to
regulate social life in society" according to the Big Indonesian Dictionary (Huda & Huda, 2021).

Philipus Hardjon stated that there are two types of legal protection provided to the community: (Hadjon, 2005)

1. Preventive legal protection, namely providing opportunities for the public to voice their opinions before the government makes a final decision to avoid conflict.
2. Biased law, which is intended to resolve conflicts. In their status as legal subjects, all parties are guaranteed by the state to be able to exercise their legal rights and interests. This is known as legal protection.

It cannot be denied that all workers have legal protection. In addition, to speed up the desired healing process, the doctor has the right to insist that the patient sincerely disclose all relevant information regarding the diagnosis and treatment plan that will be implemented by the doctor, as well as follow the necessary recommendations. Just as other members of society have the right to defend themselves against accusations regarding patient suspicions, every patient complaint regarding actions taken by a doctor should be discussed with the doctor before being forwarded to other parties. This is comparable to the medical field, which has legislative protections to defend when practicing in a hospital (Fajar, 2019).

Doctors who follow SOP and SPK guidelines often face the possibility of criminal penalties. In handling cases involving doctors suspected of committing malpractice, it is important to remember that not all legal professionals—including judges, lawyers and doctors themselves—are aware that Article 66 paragraph 1 is a law. Lex specialist which requires the MKDKI to complete the malpractice action before a case can be brought to court using the MKDKI decision as acceptable evidence (Krisnalita, 2022).

In situations where there are allegations of criminal or civil acts, the public can immediately report medical procedures carried out by doctors to the court or investigators based on the provisions of Article 66 paragraph (3) of the Medical Practice Law. Article 66 concerning complaints makes the public aware of doctors' actions that are considered to violate the law. Rebuilding Article 66 Paragraph 3 UUPK is necessary because the provisions therein give rise to a broad interpretation regarding procedures for patient complaints. Three categories of legal rules can be used to organize legal regulations relating to medical service standards in a hierarchical manner:
First is a legislative act, namely Law Number 29 of 2004 concerning Medical Practice. The main legislation, or Law Number 29 of 2004 which regulates Medical Practice (UUPK), is an embodiment of this core style of legislative control.

Second is an Executive Law, namely Minister of Health Regulation no. 1438/MENKES/PER/IX/2010 concerning National Guidelines for Health Services and Medical Service Standards. This is a type of secondary law or statutory regulation.

Third, Standard Operating Procedures or Internet regulations are implemented with Standard Operating Procedures (SOP). Internal regulations, often known as standard operating procedures, are legally binding only for legal issues that fall within the scope of the content of internal regulations.

Fourth, Paragraph 3 Article 66 of Law Number 29 of 2004 concerning Medical Practice. It is stated that: "Complaints as intended in paragraphs (1) and (2) do not eliminate the right of every person to report suspected criminal acts to the competent authorities and/or claim civil damages in court."

In providing health services, the professionalism of medical staff is required with optimal and responsible treatment. In the Criminal Code, most of the provisions regarding responsibility in the event of violations including malpractice are regulated. However, its implementation is also specifically regulated. Medical criminal practice as formulated in Law Number 29 of 2004 concerning Medical Practice begins with violations of administrative law. Violation of administrative law which constitutes a criminal offense for medical practice means that it has the potential to constitute criminal malpractice including civil malpractice. Criminal charges are not only aimed at individual perpetrators such as lecturers and/or other medical personnel, but also extend to hospitals and corporations (Fajar, 2019).

Furthermore, meeting community needs in terms of health is one way the government implements public services. Reforms in the health sector are carried out to improve health services and make them more effective, efficient and available to all levels of society. Concentrating on the idea of accountable, responsible and patient-responsive performance is an idea that can be applied in the healthcare industry.

5 CONCLUSION

One important component of the healthcare services that hospitals offer to the public is the medical operations they perform. Emergency room doctors cannot perform
this treatment, including suturing wounds and applying medical practices, completely on their own; additional health workers, such as nurses, should be involved. As long as they follow professional standards, individuals are allowed to perform life-saving medical procedures in emergencies. Professional standards refer to a set of minimum competencies (knowledge, abilities, and attitudes) that a doctor must possess. Ensuring that the healthcare services offered comply with medical and ethical standards relies heavily on legal protection for medical professionals practicing in hospitals. At the same time, improving healthcare standards also requires providing appropriate working environments for doctors.
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