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IMPLEMENTATION OF PATIENT SERVICES IN THE EMERGENCY INSTALLATION OF PORSEA REGIONAL PUBLIC HOSPITAL

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Abstract

Emergency Services are medical actions needed by emergency patients immediately to save lives and prevent disability. The problems in this study include how the legal relationship between doctors and patients in the Emergency Installation medical services according to health law in Indonesia, how the implementation of medical services to patients in the Emergency Room of the Porsea Regional General Hospital, and what form of legal protection regarding the actions of doctors in providing patient services in the Emergency Room of the Porsea Regional General Hospital. This study uses an empirical legal method with a descriptive analysis approach. Data were obtained through interviews, observations, and legal document studies. The legal relationship between medical and health personnel and patients in medical services in the emergency installation of a hospital according to health law in Indonesia is based on the principle that informed consent must be obtained before medical action is taken, especially in an emergency. The implementation of medical services for patients in the Emergency Room of Porsea Regional General Hospital has generally referred to a well-structured SOP, starting from the triage process to assess the patient's level of emergency to medical and administrative treatment. The form of legal protection for the actions of doctors in providing patient services in the Emergency Room (IGD) of Porsea Regional General Hospital focuses on the doctor's obligation to act quickly and appropriately in emergency situations, even though the patient cannot provide direct consent. Porsea Regional General Hospital also provides legal protection through the socialization of medical ethics and law, legal assistance for medical personnel in the event of a medical dispute, and a good documentation system to ensure that all medical actions are in accordance with applicable operational standards and procedures. Researchers recommend improving understanding of health law and therapeutic communication by medical personnel, periodic evaluation of SOPs by hospitals, and routine training on legal and ethical aspects of medicine, especially regarding the handling of emergency patients without consent to improve the quality and protection of services.

Keywords: ***Medical Services, Emergency Room, Patient***

INTRODUCTION

Hospitals as advanced health service facilities that are classified as referral services from first-level health service facilities, namely health centers and their networks, both outpatient referral services, inpatient care and specimen referrals. Hospitals must prioritize the interests and rights of patients to obtain adequate health services and provide protection against health risks that may have a wider impact, while another point of view states that hospitals have a responsibility to ensure the safety of patients and medical personnel in order to stabilize hospital resources, of course, they can consider other factors.[1] Article 273 paragraph (1) point a of Law No. 17 of 2023 concerning Health states that medical personnel and health workers in carrying out their practices have the right to receive legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as the health needs of patients.[2]Patient

[1]Nurnaeni, Syamsul Bachri, and An-Nur Nabila, "Legal and Ethical Analysis of Suspension of Services at Hospitals," Jurnal Kesehatan, Vol. 16, No. 2, 2023, pp. 53–60

[2]Contents of Article 273 Paragraph (1), "Medical Personnel and Health Personnel in carrying out their practice have the right to: a. receive legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as the health needs of patients " Law No.

safety is certainly the foundation of quality health services and the main priority in providing health services throughout the world, so it is an important component of the quality of health services itself.[3] This situation has consequences for the role and function of health services in hospitals that have changed from social institutions to corporate institutions with the aim of profit (profit making), not to mention the impact of globalization that has caused hospitals to be used as one part of the health industry in addition to medicines and medical devices managed by world health business corporations. This makes the problems that will be faced by hospitals increasingly complex.[4] The diversity of patients in the ER who come from various backgrounds in terms of socio-economic, culture, education and experience makes the perception of patients or the community different. Patients feel satisfied with the nursing services in the ER if the patient's expectations are met, such as fast, responsive, polite, friendly, optimal service and good interaction, as well as the comfort of the room and building.[5] The service problem at the Porsea Hospital Emergency Room is reflected in the case on October 19, 2024, when a 70-year-old male patient came at 09.30 WIB complaining of weakness and asked for an injection of the vitamins he brought. After his blood pressure was checked, the patient still asked for the injection, but the nurse responded with an unfriendly attitude and intonation. Based on Law No. 17 of 2023 concerning Health, Article 293 Paragraph 1 states that every individual Health Service action carried out by Medical Personnel and Health Personnel must obtain approval.[6]

Medical personnel and health workers must collaborate well in providing emergency care and services in the emergency installation by establishing good communication. Medical personnel and health workers must work responsibly, especially must be present immediately and act immediately in handling emergency patients. Medical personnel and health workers must establish good communication with patients or patient families in gathering information, explaining about the patient's health problems and illnesses. Actions to be taken for further treatment. In terms of referring patients to other hospitals or to other more adequate health facilities, the hospital must use an integrated referral system based on this problem. The existence of this agreement strengthens patient compliance with the recommended medical procedure plan. This helps enforce the rights and obligations of doctors and patients, thereby reducing the risk of misunderstandings. However, in emergency situations there is an exception that informed consent does not have to be obtained, this is stated in the Health Law Article 293 paragraph 9 which states that the Central Government and Regional Governments are responsible for the availability of a healthy environment for the community.[7] As in the case of April 20, 2025 at 18.00 WIB, a pair of parents brought their 2-year-old 6-month-old child to the Porsea Regional Hospital Emergency Room in a state of convulsions and unconsciousness. The examination results showed poor nutritional status, severe anemia, high fever above 41°C, severe infection, and bronchopneumonia. The emergency room doctor immediately consulted a pediatrician who then decided that the patient should be referred to a hospital with PICU facilities. However, until 23.00 WIB, there was no certainty of a bed in the PICU of the referral hospital. The patient's condition worsened and he finally died at 02.15 WIB. The family is suing the Porsea Regional Hospital for alleged delays in referral and neglect; this case is still in process.

METHOD

The research method used in this thesis is an empirical legal approach that is descriptive analysis in nature. The types of data collected include primary data and secondary data. Primary data were obtained through interviews and direct observation in the field, while secondary data were collected through a study of laws and regulations, relevant literature, writings of legal experts, and academic materials related to the research topic and SOPs owned by the Porsea Regional General Hospital (RSUD) in providing medical services to patients. Data analysis was carried

17 of 2023 concerning Health

[3]Astryd CP Sendoh, Junita M. Pertiwi, and Jeanette I. Ch. Manoppo, "Analysis of the Implementation of Patient Safety Goals in the Emergency Department of Hospital X, North Sulawesi Province," Medical Scope Journal, Vol. 5, No. 1, 2023, pp. 50–56

[4]Helena Octora, Erdianto, and Hayatul Ismi, "Criminal Legal Protection for Emergency Patients Due to Traffic Accidents Who Are Required to Pay a Down Payment Before Treatment and Surgery at Private Hospitals," Journal of Law and Community Development, Vol. 15, No. 4, 2024, pp. 91–113

[5]Ramadhan Maulana Hikmat et al., "Analysis of Service Factors Influencing Patient Satisfaction Levels in the Emergency Room of Sari Mulia Hospital, Banjarmasin (Review of Aspects of Laboratory Waiting Time, Type of Funding, Level of Urgency, Outcome, and Waiting Time in," Jurnal Ners, Vol. 8, No. 2, 2024, pp. 1437–1445

[6]Contents of Article 293 Paragraph 1, "Every individual Health Service action carried out by Medical Personnel and Health Personnel must obtain approval." Law No. 17 of 2023 concerning Health

[7]Contents of Article 293 Paragraph 9, "In the case of a patient's condition as referred to in paragraph (6) being incompetent and requiring emergency action, but no party can be asked for consent, no consent for action is required." Law No. 17 of 2023 concerning Health

out qualitatively by identifying and exploring the meaning of the data obtained, then connecting the findings with the provisions and legal principles related to medical services in the emergency installation. This study uses inductive thinking logic, namely from specific data to more generalizations, so that valid and relevant conclusions can be drawn on the issues studied. This approach aims to provide a comprehensive picture of the implementation of medical services and legal protection in the IGD of the Porsea Regional General Hospital in a comprehensive manner.

RESULTS AND DISCUSSION

Legal Relationship Between Doctors and Patients in Emergency Room (IGD) Medical Services According to Health Law in Indonesia

Doctors, patients and hospitals are three legal subjects related to the field of health care. These three elements form a medical relationship and a legal relationship. The relationship formed is generally the object of health care in general and health services in particular. Doctors and patients are referred to as "therapeutic transactions" or "therapeutic contracts" or "therapeutic agreements" which are legal relationships that give rise to the same rights and obligations for both parties. Unlike agreements in general in society, therapeutic agreements have their own nature and characteristics, namely differences in the object of the agreement. The relationship between doctor and patient, the relationship between doctor and hospital and the relationship between patient and hospital seen from the legal relationship is a mutual agreement to bind themselves in carrying out treatment known as a contract (verbintenis). In general, the contract used as the legal relationship above is an endeavor contract (inspanning verbintenis) which is an optimal effort to achieve health services for patients being treated, not a result contract (resultaat verbintenis). To protect patients and the community who need treatment and to avoid violations, negligence of service obligations by doctors that can lead to malpractice by doctors, doctors are equipped with a code of medical ethics, health law, human rights law and regulations governing medical practice.

The legal relationship between doctors and patients has existed since ancient times (ancient Greek times), doctors as someone who provides treatment to people who need it. This relationship is a very personal relationship because it is based on the trust of the patient to the doctor which is called a therapeutic transaction. Personal recognition is very important for self-exploration, requiring protected conditions in the consultation room. This legal relationship does not promise anything (healing or death) because the object of the legal relationship is the doctor's efforts based on his knowledge and experience in treating illnesses to cure the patient.[8]The relationship between a doctor and a patient is a relationship that has a special position. The doctor as a Health Provider (who provides health services) and the patient as a Health Receiver (who receives health services). The relationship between a doctor and a patient is basically a contractual relationship. This legal relationship does not promise anything (healing or death) because the object of the legal relationship is the doctor's efforts based on his knowledge and experience in treating diseases to cure patients.[9] Professionalism is a responsible attitude in the sense of an attitude and behavior that is accountable to the community, both the professional community and the wider community (including clients). Some of these professional characteristics are characteristics of the profession itself, such as competence and authority that are always in accordance with the place and time, meaning an ethical attitude in accordance with the ethics of the profession. Working in accordance with the standards set by the profession and specifically for the health profession coupled with an altruistic attitude (willing to sacrifice).

The relationship between a doctor and a patient is a relationship that has a special position. The doctor as a Health Provider (who provides health services) and the patient as a Health Receiver (who receives health services). The relationship between a doctor and a patient is basically a contractual relationship. The relationship begins when the doctor states verbally or through an attitude or action that shows the doctor's willingness. Such as accepting registration, giving a serial number, recording medical records and so on. The contractual relationship between a doctor and a patient is called a therapeutic contract. The relationship between a doctor and a patient can be legally included in the category of contracts. A contract is a meeting of minds between two people about something. The patient comes to the doctor to be given medical services while the doctor accepts to give it.

The relationship has 2 (two) characteristics:

1. There is an agreement (consensual agreement) based on mutual agreement between the doctor and patient regarding the provision of medical services.
2. There is a trust (fiduciary) because the contractual relationship is based on mutual trust in one another.

[8]Dr. Redyanto Sidi, SH., MH., Human Rights in the Perspective of Health Law in Indonesia, Perdana Publishing, Medan, 2022, p. 31

[9]Dr. Redyanto Sidi, SH., MH., Human Rights in the Perspective of Health Law in Indonesia, Perdana Publishing, Medan, 2022, p. 31

Medical personnel in Law No. 17 of 2023 concerning health Article 1 are any person who devotes themselves to the health sector and has a professional attitude, knowledge, and skills through professional medical or dental education that requires authority to carry out health efforts. Health workers according to Law No. 17 of 2023 concerning health Article 1 are any person who devotes themselves to the health sector and has a professional attitude, knowledge and skills through higher education which for certain types requires authority to carry out health services. Patients according to Law No. 17 of 2023 concerning health Article 1 are any person who receives health services from medical personnel and health workers.

The hospital is not legally responsible if the patient or his/her family refuses or stops treatment that can be fatal and cause death after a medical explanation is given by medical personnel or a doctor. The hospital's rights as regulated in Law No. 17 of 2023 concerning health Article 191 include:

1. Receive compensation for health services performed;
2. Collaborating with other parties in accordance with statutory provisions;
3. Get legal protection in carrying out health services;
4. Hospitals cannot be charged with saving human lives.

The rights of medical personnel and health workers as regulated in Law No. 17 of 2023 concerning health in carrying out their medical practice, include:

1. Obtain legal protection as long as you carry out your duties in accordance with professional standards, operational procedure standards and professional ethics as well as patient health needs;
2. Obtain complete and correct information from patients and their families;
3. Receive salary or wages and service rewards in accordance with statutory regulations;
4. Get protection for occupational safety, health and security;
5. Obtain protection from treatment that is not in accordance with human dignity, morals, decency and socio-cultural values;
6. Get the opportunity to develop yourself through developing your competence, knowledge and career in your field of competence;
7. reject the wishes of patients or other parties that are contrary to professional standards, service standards, operational procedure standards, codes of ethics or provisions of laws and regulations;
8. Stopping health services if receiving treatment that is not in accordance with human dignity and morality, as well as cultural values, including acts of violence, harassment and bullying.

Patient rights regulated in Law No. 17 of 2023 concerning health, Article 276 include:

1. Get information about his/her health;
2. Receive adequate explanation regarding the health services received;
3. Receive health services in accordance with medical needs, professional standards and quality services;
4. Refuse or approve medical action except for medical action required for the prevention and control of infectious diseases and outbreaks or epidemics;
5. Gaining access to information contained in medical records;
6. Ask for the opinion of medical personnel or other health workers.

Article 293 Paragraph 1 of Law No. 17 of 2023 concerning Health states that every health service action, an individual must obtain consent. This means that legally, informed consent is required before any medical action will be carried out by a doctor including in the Emergency Room (IGD). Every medical action including those carried out in emergency situations must be documented in the medical record. In emergency conditions in the Emergency Room (IGD), the doctor has an obligation to obtain complete information from the patient.

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Then the doctor will explain the actions to be taken transparently, informed consent given by the doctor to the patient or his representative if the patient is unconscious or incompetent. This is done with the exception that applies if the patient is in an emergency condition and is unable to give consent, then new medical actions can be applied. Consent and responsibility make the binding that arises in informed consent will cause legal consequences for each party who gives consent to medical actions made by both parties.

A hospital is a health care facility that provides comprehensive individual health care services, as well as providing emergency services that must be responsive. In Article 1 Number 24 of Law No. 17 of 2023 concerning Health, an emergency is defined as a patient's clinical condition that requires immediate medical or

psychological action to save lives and prevent disability. In emergency conditions, a doctor may be required to provide high-risk medical action with a fast time frame in saving the patient's life. In this situation, the doctor is required to be able to decide on the immediate and best medical action for the patient in saving lives. Legally, doctors do not need to hesitate to immediately provide the necessary medical action. The medical actions carried out by the doctor are protected by clear legal grounds stated in Law No. 17 of 2023 concerning Health based on:

1. Article 80 Paragraph 3 states that in emergency conditions, medical actions may be carried out without requiring prior approval.
2. Article 275 Paragraph 1 and Paragraph 2 provide a doctor with the obligation to provide complete assistance in emergency situations.
3. The obligation of a doctor to provide first aid in emergency conditions and guarantee legal protection for doctors in efforts to prevent disability or save lives.
4. Article 293 Paragraph 9 emphasizes that if a patient does not have the capacity to give consent and is facing an emergency situation without a guardian to ask for consent, then consent for the medical procedure is not required.

In an emergency situation, a doctor may be required to provide high-risk medical procedures in a short time in an effort to save lives. High-risk medical procedures are listed in Article 1 Number 5 of Law No. 17 of 2023 concerning Health along with the Regulation of the Minister of Health of the Republic of Indonesia No. 290 of 2008 concerning Approval of Medical Procedures. Medical procedures that are considered high-risk are procedures that have the possibility at a certain level of probability to cause death or disability. The probability of high risk is often associated with complicated procedures, the patient's condition is already poor, the potential for a reaction to the drug therapy given, or the possibility of uncertain results. When doctors are faced with emergency cases that also require high-risk medical procedures, there is often not enough time. If the procedure takes longer, where the procedure will be postponed due to the absence of informed consent or approval of medical procedures from the family or guardian, it has the potential to make the patient's condition worse, as well as the risk of complications that are greater and will eventually cause death to the patient.

The doctor's hesitation to take immediate action can be used as a basis by the patient's family to blame the doctor because it seems that the patient cannot be helped. This is the same as the doctor daring to take action without delaying medical action with high risk, but the expected results are not in accordance with the family's wishes and even accelerate the patient's death. The doctor is faced with a dilemma due to the patient's family's lack of understanding of the incident. Then the doctor faces a lawsuit filed by the patient's family, the doctor is sued on the basis of medical negligence or neglect which ends in the patient's death.[10] When faced with a dilemma, doctors must refer to Article 293 Paragraph 10 of Law No. 17 of 2023 concerning Health which states that the implementation of providing a medical action is applied with the aim of the best interests of the patient as decided by the doctor. This is also stated in Article 80 Paragraph 3 of Law No. 17 of 2023 concerning Health and Article 293 Paragraph 9 there are exceptions to informed consent in emergency conditions, doctors still have an obligation to provide medical action even though the patient is unconscious and unable to give consent to medical action.

This is called tresumed consent or implied consent. Tresumed consent or implied consent is an agreement given to a patient implicitly without a clear statement. The signal of this statement is assessed by the doctor through the patient's attitude and actions, tresumed consent is generally used by doctors to propose treatments or actions that are less risky, such as when a patient rolls up his sleeves to be injected, a drug test, the act of taking a blood sample can be considered as implied consent to the treatment or action proposed by the doctor. Hospitals cannot be sued in carrying out their duties in saving human lives, this is regulated in Article 192 Paragraph 2 of Law No. 17 of 2023 concerning Health. The criminal or civil prosecution process for medical personnel is determined by the recommendation of the Disciplinary Council. Articles 203 to 309 of Law No. 17 of 2023 concerning Health state that the criminal or civil process is determined by the recommendation of the Disciplinary Council formed by the Ministry of Health. In order to enforce professional discipline, the Minister forms a Council that carries out duties in the field of professional discipline. The Council can determine whether or not there is a violation of professional discipline committed by medical personnel or health workers. This council can be permanent or ad hoc, patients or their families with interests that are harmed by medical or health

[10]Dr. Redyanto Sidi, SH., MH. And Dr. dr. Beni Satria, M.Kes, SH., MH., Evidence in Medical Crime (Theoretical and Practical Studies), Edupedia Publisher, West Java, 2023, p. 27

workers' actions in providing health services can submit to the Council.

Violations of discipline by medical personnel or health workers will be subject to disciplinary sanctions in the form of:

1. Written warning;
2. Obligation to take part in education or training at educational institutions in the health sector or educational hospitals that have the competence to carry out such training;
3. Temporary suspension of registration certificate (STRSTR); and
4. Recommendation to revoke the practice permit (SIP).

The results of the examination are binding on medical personnel and health workers who have carried out the disciplinary sanctions imposed if there is an alleged criminal act, law enforcement officers prioritize efforts to resolve disputes with restorative justice mechanisms in accordance with the provisions of laws and regulations. The decision of the Panel as referred to in Article 304 of Law No. 17 of 2023 concerning Health may be submitted for review to the Minister in the event of:

1. New evidence discovered;
2. Misapplication of disciplinary violations; and
3. There is an allegation of conflict of interest between the examiner and the examinee.

The provisions in the Assembly are:

1. Medical personnel or health workers who are suspected of committing unlawful acts in the implementation of health services which can be subject to criminal sanctions, must first request a recommendation from the Council;
2. Medical personnel and health workers who are held accountable for actions. Actions related to the implementation of health services that harm patients civilly, must be requested for recommendations from the Assembly.

The recommendation from the Assembly is given after the investigator, civil servant or investigator of the Indonesian police submits a written application for the lawsuit filed by the patient, the patient's family or a person authorized by the patient. The Assembly's recommendation is in the form of:

1. Recommendations can or cannot be made regarding investigations because the implementation of professional practices carried out by medical personnel or health workers is in accordance with professional standards, service standards and operational procedure standards.
2. Recommendations on the implementation of professional practices carried out by medical personnel or health workers are in accordance with or not in professional standards, service standards and operational procedure standards.

Recommendations are given no later than 14 (fourteen) working days from the time the application is received. If the Assembly does not provide a recommendation within 14 (fourteen) days, the Assembly is deemed to have provided a recommendation for an investigation into the crime. The recommendation provisions do not apply to the examination of medical personnel or health workers who can be held accountable for alleged crimes that are not related to the implementation of health services. In certain circumstances, medical personnel and health workers can provide services outside their authority.

The head of a health care facility, medical personnel or health workers who do not provide first aid to patients in emergency situations at a health care facility for someone in an emergency situation to prioritize saving lives and preventing disability can be punished with a maximum imprisonment of 2 (two) years or a maximum fine of IDR 200,000,000 (Two Hundred Million Rupiah). This is regulated in Article 438 Paragraph 1 of Law No. 17 of 2023 concerning Health, if the act results in disability or death. The head of the health care facility shall be punished with a maximum imprisonment of 10 (ten) years or a maximum fine of IDR 2,000,000,000 (Two Billion Rupiah) as regulated in Article 438 Paragraph 2 of Law No. 17 of 2023 concerning Health, Law No. 17 of 2023 concerning Health regulates all legal processes that occur between medical personnel or health workers and patients.

Implementation of Medical Services for Patients in the Emergency Room (IGD) of Porsea Regional General Hospital

Health services are related to the function of government which is formulated by opposing it to the legislative and judicial functions. The function of government is described negatively as all activities outside the legislative and judicial. The function of government is not merely a pure executive function. In addition, the function of government is basically continuous or an ongoing activity. Health services demand a greater role for government in connection

with the birth of the idea of a welfare state which results in a change in the orientation of government functions.[11] Hospital is one of the health service institutions that provides outpatient, inpatient and emergency services. Emergency Installation (IGD) is a service unit that is required to provide services quickly and accurately so that the objectives of emergency services can be achieved and at the same time provide satisfaction to patients and the community. In order to create good IGD management, regulations are needed as a reference in the form of policies and Standard Operating Procedures (SOP) which are made to facilitate the work of officers.[12] Emergency room staff always understand and try their best to understand when patients need something to be facilitated. Furthermore, staff understand every need and desire of patients and their families by asking patients and their families if there is anything they want or need. The existence of SOPs related to medical equipment used during patient procedures, Ease for patients in terms of obtaining medical services, completeness of medical and administrative facilities, staff act quickly and responsively in answering patient calls, and are adjusted to the patient's condition and triage. Staff also provide information about the services being provided clearly, educate patients or their families regarding the actions to be taken and ask for informed consent from patients or their families.[13]

The Emergency Room (IGD) reflects the balance between rights and obligations recognized by all elements of the health team. From the doctor's side, they have the right to work in a safe environment, obtain medical information from patients or their families, and refuse actions that are contrary to ethics and law. However, doctors also have a great responsibility to provide fast and standard services, maintain patient confidentiality, and help anyone without discrimination in emergency situations. Basically, every health worker in providing health services to the community, especially in the Emergency Room, hopes that it can run smoothly, comfortably and safely, free from pressure or intimidation, as well as demands from the patient's family and run according to established procedures. However, not all people understand and appreciate the procedures and rules owned by the Hospital. In carrying out practice, health workers who provide direct services to health service recipients must make the best efforts for the benefit of health service recipients without promising results. Health workers and health service recipients in the form of maximum efforts (inspanningsverbintenis) health maintenance, disease prevention, health improvement, disease treatment and health recovery according to Professional Service Standards, Professional Standards, Standard Operating Procedures and health needs of Health Service Recipients.[14]

The implementation of Standard Operating Procedures (SOP) in the IGD of Porsea Hospital is systematic, starting from triage as a stage of sorting patients based on their level of emergency. Patients then immediately receive medical treatment such as infusion, oxygen, or resuscitation if necessary, with the main focus on patient safety. The administrative process is carried out after the patient's condition is stable to ensure complete documentation. The SOP also regulates internal referrals to advanced rooms such as the ICU, with coordination between the medical and administrative teams to support smooth service. This SOP emphasizes the integration of the speed of emergency handling with administrative order to ensure patient safety and legal compliance. Each stage, from admission to final administration, is carried out consistently to ensure that all patients, including BPJS participants, receive fair and standardized services.[15].

Emergency Room (IGD) of Porsea Regional General Hospital (RSUD):

1. Patient Handling
   Emergency patients are managed quickly and in a structured manner, with the initial focus on stabilizing vital functions. Actions such as intubation or resuscitation are performed if necessary, before proceeding to further care, hospitalization, referral, or observation.
2. Medical Team Coordination
   The ER team—doctors, nurses, laboratory, and administration—work in a coordinated manner according to their respective roles. The triage, examination, and referral processes are carried out quickly without neglecting patient monitoring.

[11]Titon Slamet Kurnia, The Right to Optimal Health as Human Rights in Indonesia, Alumni, Bandung, 2007, p. 29

[12]Noer Husni et al., "Analysis of Health Worker Compliance with Patient Waiting Time in Emergency Room (IGD) of Hospital," Jurnal 'Aisyiyah Medika, Vol. 10, No. 1, 2025, pp. 475–484

[13]Anastasya Shinta Yuliana, Dwiny Tetiana Fauzi, and Bobi Handoko, "Effectiveness of Excellent Patient Handling Services in the Emergency Room of Arifin Achmad Regional General Hospital, Riau Province," Tambusai Health Journal, Vol. 5, No. 4, 2024, pp. 10194–10203

[14]Cuk Samsul Arif and Markus Suryo Utomo, "The Rights of Health Workers to Refuse Health Services That Do Not Meet the Standards of the Hospital Emergency Department in Semarang," Jurnal Jispendiora, Vol. 1, No. 2, 2022, pp. 141–145

[15]Britney Saerang, Prycilia P. Mamuaja, and Bertom Ch. Pajung, "Analysis of Administrative Service System Management in Accepting BPJS Patients in the Emergency Room of Noongan Hospital in 2024," Jurnal Ilmiah Kesehatan, Vol. 4, No. 1, 2025, pp. 16–24

3. Patient Administration
   Administrative procedures adjust to emergency conditions. Recording is done while waiting for the patient's condition to stabilize, without hindering medical action, even though the family is not yet present.
4. Service Priority
   Patient safety is a top priority. Administrative processes are carried out after the patient's condition is safe, demonstrating the application of emergency standards in a professional and targeted manner.

However, the service in the ER is still often considered inadequate by patients, especially in terms of the responsiveness of the officers, the indifferent attitude, and the effectiveness of the service which is considered slow and inefficient. Problems such as complicated and unclear administrative procedures, the absence of the main doctor when needed, and inadequate facilities also worsen patient satisfaction. In addition, the behavior of officers who are less empathetic, insensitive to patient suffering, and do not have the initiative to provide the best service are the main highlights. Patients at the Porsea Hospital ER complained about limited beds, lack of medical personnel especially at night, lack of communication regarding patient conditions, as well as the discomfort of the waiting room and slow administrative processes. Patients suggested improving communication and empathy training for officers, simplifying the administrative flow, and the presence of information officers to bridge communication with families. This suggestion is in line with Article 9 paragraph (1) and Article 27 paragraph (1) of Law No. 17 of 2023 concerning Health which guarantees the right to quality, humane and safety-oriented services, as well as patient satisfaction.

Every hospital has an emergency unit or installation (IGD) that receives emergency cases that come in suddenly without being predicted, as well as the number of cases and the time of patient arrival that is unexpected. Such situations require officers in the ER to always be alert and take action quickly, carefully, precisely and still prioritize patient safety. This makes the work stressor in the ER higher than other installations, so the ER is more prone to patient safety incidents.[16] All citizens have the right to health, including the poor, so a system is needed to regulate the implementation of efforts to fulfill citizens' rights to stay healthy, by prioritizing health services for the poor. Health On a broader level, health is a basic need of society, both society as a collection of individuals, and the environment where these individuals live and reside. Health is so important that health is included as one of the most basic rights for humans and is included in various laws and regulations.[17]

Obstacles to Medical Services at the Porsea Regional Hospital Emergency Room

1. Pharmacy Distance Too Far
   The location of the pharmacy being far from the emergency room hinders the collection of drugs in emergency situations, thus slowing down direct patient care.
2. Absence of Patient Transfer Officer
   The entire process of transferring patients to the supporting examination or treatment room is still borne by the IGD nurse. This adds to the workload and disrupts focus on medical actions, as well as slowing down the flow of services.
3. Medical Equipment Failures Often Occur
   Damage to critical equipment such as CT-Scans hampers the process of diagnosis and prompt medical treatment. This often forces patients to be referred to other facilities, which can slow down life-saving efforts.
4. Inadequate Availability of Emergency Medicines
   The lack of emergency drug stocks in the ER is a serious obstacle to providing immediate medical treatment, and can increase the risk to patient safety.
5. Non-strategic distance between ICU and Operating Room
   The ICU's location far from the operating room makes it difficult to transfer patients in critical condition, increases clinical risk, and slows down post-operative care.

Based on the previous description, it can be seen that medical services in the Emergency Room (IGD) of Porsea Hospital still face a number of obstacles that affect the effectiveness and speed of service to patients. These obstacles include the distance of the pharmacy room which is too far from the ER which causes delays in taking medicine, the absence of special officers to move patients which burdens nurses, and damage to medical equipment such as CT-Scans which hinders the diagnosis process. In addition, the availability of inadequate emergency medicines and the location of the ICU room which is far from the operating room also slow down the handling of patients in critical condition. All of these obstacles indicate the need for improvements in terms of infrastructure, human resource management, and the procurement and maintenance system of facilities in order to improve the

[16]Astryd CP Sendoh, Junita M. Pertiwi, and Jeanette I. Ch. Manoppo, Op Cit, p. 51

[17]Nurul Ragilia Berdame, Jemmy Sondakh, and Vecky Y. Gosal, "Government Policy in Health Services for the Underprivileged According to Law No. 17 of 2023 Concerning Health," Jurnal Lex Privatum, Vol. 13, No. 5, 2024, pp. 1–12

quality of services in the ER of Porsea Hospital.

Forms of Legal Protection Regarding Doctors' Actions in Providing Patient Services at the Emergency Room (IGD) of the Porsea Regional General Hospital

A patient in an emergency must be given immediate health services to address the patient's clinical condition, so that every health service, whether government (central and regional) or private, is prohibited from rejecting patients in an emergency as stated in Article 174 paragraph (1) and paragraph (2) of Law No. 17 of 2023 concerning Health. In addition to legislation, the obligation to provide emergency assistance to patients in need is also stated in the Code of Medical Ethics in Article 17, which explains that every doctor is obliged to provide emergency assistance as a form of humanitarian duty, unless he is sure that someone else is willing and able to provide it. Not all sick patients coming to the Emergency Unit are categorized as an emergency, an emergency has criteria in accordance with Article 3, Regulation of the Minister of Health No. 47 of 2018 concerning Emergency Services, which reads:

1. Emergency services must meet emergency criteria.
2. The emergency criteria as referred to in paragraph (1) include:
    a. life threatening, endangering oneself and others/the environment;
    b. there are disturbances in the airways, breathing and circulation;
    c. there is a decrease in consciousness;
    d. the presence of hemodynamic disorders; and/or
    e. requires immediate action.
3. The Minister may determine emergency criteria other than those referred to in paragraph (2).

This condition shows that doctors who work in the ER have a great responsibility, because their work is directly related to human safety and welfare. Thus, the medical profession is required to always adhere to high moral and intellectual standards. A doctor is not only required to cure and prevent disease, but must also be alert and professional in dealing with emergency situations. In such situations, doctors are required to act quickly, precisely, and with quality to save the patient's life, based on the authority of their profession supported by a Registration Certificate (STR) and Practice License (SIP), as regulated in Law No. 17 of 2023 concerning Health.[18] In emergency situations in the IGD of Porsea Hospital, medical personnel are allowed to take action without the patient's direct consent based on the principle of emergency doctrine, namely legal medical intervention to save lives or prevent worsening conditions, as long as it is in accordance with medical indications, SOPs, and professional codes of ethics. All actions without consent must be fully documented in the medical record as evidence and a form of legal accountability. After the patient or family can be communicated, officers are required to provide an explanation of the actions that have been taken. This legal protection is important so that patient rights are protected and medical personnel have a legal basis in carrying out their duties. According to Satjipto Rahardjo, legal protection means giving legal power to individuals to act in their own interests.[19] Referring to Article 57 of the Health Workers Law which has been amended in Law No. 17 of 2023 concerning Health, it states that health workers in carrying out their practices have the right to:

1. Obtain legal protection while carrying out duties in accordance with Professional Standards, Professional Service Standards, and Standard Operational Procedures.
2. Obtain complete and correct information from health service recipients or their families.
3. Receive compensation for services.
4. Obtain protection for occupational safety and health, treatment in accordance with human dignity, morals, decency and religious values.
5. Get the opportunity to develop your profession.
6. Rejecting the wishes of health service recipients or other parties that are contrary to professional standards, codes of ethics, service standards, operational procedure standards, or provisions of laws and regulations.
7. Obtain other rights in accordance with the provisions of laws and regulations.

Legally, medical actions performed by a doctor in an emergency without the patient's direct consent, as long as they are in accordance with medical indications and fully documented, are guaranteed protection. This is in accordance with the provisions of Law No. 17 of 2023 concerning Health and other regulations governing emergency

[18]Adinda Eka Ramadhani, "Legal Protection for Doctors in Providing Health Services for Patients Who Refuse Medical Actions That Result in Death," Jurnal Syntax Admiration, Vol. 5, No. 7, 2024, pp. 2722–2751

[19]Ribka Aletha Sajow, Theodorus HW Lumunon, and Jemmy Sondakh, "Hospital Liability Towards Patients in Emergency Units Based on Law No. 44 of 2009 Concerning Hospitals," Lex Privatum, Vol. 9, No. 6, 2021, pp. 5–15

assistance and patient rights.[20]Doctors also receive protection from legal risks since actions are carried out based on the emergency doctrine principle, namely prioritizing patient safety without waiting for approval if the condition is urgent. Improvement of medical services in the IGD of Porsea Hospital is carried out comprehensively and continuously by all elements of the hospital. Priority is given to fast, precise, and professional services through routine training, enforcement of SOPs, and an orderly triage system. Management also supports by improving facilities, developing information systems, and improving coordination between departments. On the administrative and laboratory side, acceleration of workflow and availability of equipment continues to be pursued. Commitment to service quality is also demonstrated through acceptance of patient input as evaluation material, in order to realize responsive, efficient, and quality IGD services.

CONCLUSION

Based on the research results that have been described previously, there are conclusions in this study including:

1. The legal relationship between medical personnel and patients in the ER is based on the principle of informed consent which must be obtained before medical action. However, in emergency situations, medical actions without consent are permitted to save lives or prevent disability, according to Law No. 17 of 2023. These actions must be documented and intended for the benefit of the patient. Disputes are resolved through the Disciplinary Council before entering the legal realm.
2. Medical services at the Porsea Hospital Emergency Room generally follow good SOPs, from triage to handling and administration. Emergency patients are handled quickly without waiting for the administrative process. Team coordination is effective, although there are still obstacles such as slow officer responses, complicated administrative procedures, and lack of empathy from medical personnel that affect patient satisfaction.
3. Legal protection for doctors in the IGD of Porsea Hospital emphasizes the obligation to act quickly without patient consent in an emergency, in accordance with Law No. 17 of 2023 and the Code of Medical Ethics. Actions must be documented as a form of accountability. The hospital also supports with ethics socialization, legal assistance, and a good documentation system so that actions are in accordance with SOP and applicable laws.

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