

## Limitation of Doctor's Liability to Patients Based on the Value of Patient Safety

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### Abstract

*This study aims to determine the comparison between students' mathematical critical thinking skills taught with macromedia flash interactive learning media compared to PowerPoint media. This type of research is an experimental research. This research was conducted at SD Negeri 101788 Marindal I. The population in this study was students of SD Negeri 101788 Marindal I. While the samples in this study were 27 students in class IV/a and 27 students in class IV/b. The data collection in this study used a mathematical critical thinking ability test. The research hypotheses were tested using independent sample t-test data analysis techniques. The results showed that: (1) There was a significant difference between students' mathematical critical thinking skills taught with interactive learning media macromedia flash compared to powerpoint media ( $F_{count} = 4.005$ ;  $sig. = 0.004$ ); and (2) The average mathematical critical thinking ability of students who are taught with interactive learning media macromedia flash is higher than the powerpoint media with a Mean Difference value of 7.40. In other words, it can be said that there is a significant effect of the application of interactive learning media macromedia flash on students' mathematical critical thinking skills.*

### Keywords

limits of liability; doctor; patient; patient safety value



## I. Introduction

Medical practice takes place in a relationship therapeutic contract, which positions the rights and obligations of the patient and the doctor equally. This legal relationship contains the consequence that medical practice must be based on a number of values, as regulated in Article 2 of Law Number 29 of 2004 concerning Medical Practice, which stipulates that: "Medical practice is based on Pancasila and is based on legal relationships within the framework of a therapeutic contract, merges the two interests, rights and obligations that go hand in hand between patients and doctors, but the goal is to achieve patient safety. This is reflected in the hope that when it comes to doctors, dentists, or other health facilities, no one wants to get sick".

Health is a very important element of the quality of life in national development. The national health system has established that the goal of health development is to increase awareness, willingness, and ability to live healthy for everyone so that a high degree of public health can be realized - high human resources, as an investment for socially and economically productive development (Health Law No. 36 of 2009). (Hasibuan, S. et al. 2020)

The philosophy of organizing medical practice is basically aimed at curing patients, as well as for patients, when going to a doctor or hospital the goal is to heal. Thus in the practice

of medicine to be achieved is the value of patient safety. Philosophically, value is an ideal thing inherent in the human mind, which is normalized in positive law. This value is abstract, but becomes a guide-line in the implementation of medical practice. At the level of legal dogmatics, this value needs to be constructed in order to explain the limits of the doctor's responsibility to the patient, so that patient safety is achieved.

The juridical problem is that there are differences in norms related to patient safety, between Law Number 29 of 2004 concerning Medical Practice and Law Number 44 of 2009 concerning Hospitals. Article 3 point b of Law Number 44 of 2009 concerning Hospitals (hereinafter the Hospital Law), stipulates that: "Hospital Administration Regulations aim to provide protection for the safety of patients, the community, the hospital environment and human resources in hospitals." Furthermore, Article 1 paragraph (1) of the Regulation of the Minister of Health Number 11 of 2017 concerning Patient Safety (hereinafter Permenkes Patient Safety) formulates the terminology of Patient Safety as: "A system that makes patient care safer, includes risk assessment, identification and management of patient risks: "A system that makes patient care safer, including risk assessment, patient risk identification and management, incident reporting and analysis, the ability to learn from incidents and their follow-up, as well as implementing solutions to minimize risks and prevent injuries caused by mistakes. As a result of carrying out an action or not taking the action that should have been taken".

Perceptions related to Article 3 point b of Law Number 44 of 2009 concerning Hospitals (Hospital Law), determine that: "Hospital Administration Regulations aim to provide protection for the safety of patients, the community, the hospital environment and human resources at home sick." Furthermore, Article 1 paragraph 1 (P) of the Regulation of the Minister of Health Number 11 of 2017 concerning Patient Safety (hereinafter Permenkes Patient Safety) formulates the terminology of Patient Safety as: "A system that makes patient care safer, includes risk assessment, identification and risk management. patients, incident reporting and analysis, the ability to learn from incidents and their follow-up, and the implementation of solutions to minimize risks and prevent injuries caused by errors resulting from carrying out an action or not taking the action that should have been taken".

The difference in the meaning of the phrase "patient safety" between doctors and patients, in medical practice can be seen in several cases as follows: A 17-year-old patient came to the hospital with his family, with an injury to his leg, which looked swollen, bloody, and had a pungent odor. On the feet there are remnants of traditional herbs stuck to the skin. The patient is weak and has a high fever due to infection, because he was previously taken to alternative medicine. In such circumstances, the examining doctor recommends that the patient be amputated because the leg has rotted, and if it is too late it will be dangerous, because it will continue to spread to other body parts and become infected which will endanger the patient's life. The doctor explained (informed consent), taking into account the safety of the patient, then an amputation operation must be carried out, but the patient's family did not agree. The doctor's consideration is for patient safety, so that the rotten leg does not affect other body parts, it must be amputated, while according to the family it is important to be able to walk without having to amputate.

In another case, it can be stated that the patient's condition is terminal, 78 years old, and suffering from liver cancer, in this case the doctor recommends the family for a liver transplant. Because patients other than diabetes complications, hypertension and abnormalities in the kidneys, so it is unlikely to recover. Consideration of doctors recommending a liver transplant so that the patient recovers although it is very unlikely. As for the family, whose name is recovering, it is enough to see that at the time of death, the patient does not have to feel pain and can enjoy a good meal, without having to suffer

postoperatively. A similar case also occurred at a beauty clinic, where a teenage patient came for treatment with the hope that his acne-filled face would be healed, without acne. Furthermore, the patient underwent a series of treatments that were not in accordance with the standard of medical practice. The doctor who treats the patient knows that acne scars cannot be lost one hundred percent and the process takes a long time. After two months of treatment, at a high cost, the patient was dissatisfied and the incident went viral in the community. Safety for doctors is to stop the growth of new pimples on the face, then improve its texture and take a relatively long time. However, the patient was impatient and thought the doctor's treatment was not working satisfactorily. Patients assume that doctors do not pay attention to the value of patient safety.

The case description above shows that there are two different perceptions regarding the meaning of patient safety, which are based on the element of subjectivity between doctors and patients, even though doctors have fulfilled their professional obligations and are not against the law. Legal problems related to the phrase patient safety are found at the level of normalization in the Medical Practice Act, which is not clearly defined. Meanwhile, in the Permenkes, patient safety is defined as a system that must be owned by health service providers. This ambiguity has an impact on the responsibility of doctors as legal subjects or practitioners of medical practice. Theoretically, the problematic is related to the formulation of norms that are not / less clear, or referred to as vague norms (vague norms). Become a legal issue that underlies and is used to show the existence of inconsistencies and ambiguity of terminology in positive legal products that are formulated in concepts, articles, and paragraphs in laws and regulations.

## **II. Research Method**

Study this is a normative legal research, with a statutory approach which in this study uses the Medical Practice Law and its derivatives, a conceptual approach in terms of conceptualization that goes beyond positive legal regulations to analyze the meaning of patient safety and the responsibility of doctors to patients in medical practice, as well as a Philosophical Approach to systematize reflections on the limits of doctor's responsibility based on patient safety values.

## **III. Result and Discussion**

### **3.1. The Meaning of Patient Safety Values in Medical Practice**

The phrase "Patient Safety" is contained in Article 2 of the Medical Practice Law, which is formulated: "Medical practice is carried out based on Pancasila and is based on scientific values, benefits, justice, humanity, balance, and patient protection and safety." The provisions of the Medical Practice Law mean that "patient safety" is a value in Medical Practice. The Medical Practice Act does not explain in detail what patient safety means, and how to achieve patient safety. In other positive laws, namely Article 1 point 1 of the Minister of Health for Patient Safety, it defines patient safety as a system that makes patient care safer, including risk assessment, patient risk identification and management, incident reporting and analysis, the ability to learn from incidents and their follow-up. , and implementation of solutions to minimize risks and prevent injuries caused by errors resulting from carrying out an action or not taking the action that should have been taken. In this case, Permenkes Patient Safety, is not a derivative of the Medical Practice Act, but is an implementation of the Hospital Law.

The value of patient safety in the Medical Practice Law does not stand alone, but also goes hand in hand with human values and patient protection. The value of humanity stems from the essence of a complete human body and soul. Patient safety is a matter of how the body and soul are "safe" from the dangers that threaten health. If this is achieved, then the protection of human dignity will automatically be achieved. Every value is normalized, so are patient safety values. Therefore, normalization becomes important to reconstruct the behavior and attitude of action. How much is safety binding as a value in medical practice, it depends on how juridically normative provides that binding power in the formulation of positive law.

The vague norm in the context of this research is the existence of multiple interpretations of the meaning of the phrase "patient safety" which is formulated in Article 2 of the Medical Practice Act. The concept of "patient safety" is not clearly defined, so the meaning of its articulation provides freedom to doctors/dentists, as well as freedom for patients to interpret independently and freely regarding the meaning of patient safety. Independent and free meaning using subjective interpretation. Freedom to interpret by using interpretation, has the potential to cause legal conflicts.

Theoretically, giving meaning to this vague norm refers to Ronald Dworkin's theory, that if there is a vague norm, then use interpretation, assuming the norm already exists, but it is not clear. Judges can do weak discretion when dealing with difficult cases (hard cases). The use of interpretation methods as an effort to provide articulation of meaning to vague norms can be done with the choice of interpretation of Grammatical Interpretation, Historical interpretation, Teleological/Sociological interpretation, authentic interpretation, Restrictive interpretation, Extensive interpretation, Analogy interpretation, *Argumentum a contrario*.

### **3.2. Parameter Value of Patient Safety in Medical Practice**

Therapeutic agreements between doctors and patients give birth to rights and obligations to achieve a goal. In this paper, the goal is patient safety. At the factual level, there is a gap between the provider and the recipient of medical services. The causative factors include: differences in social status, knowledge, skills, culture of public ignorance of their constitutional rights, namely human rights in the health sector, lack of information. The paradigm that financing with insurance or National Health Insurance does not fully meet patient needs, fraud in the health sector, data that has not been integrated nationally, telemedicine that has not been regulated holistically, are the contributing factors.

The value of patient safety in the Medical Practice Law is juxtaposed with the value of justice in the implementation of medical practice. Justice is a matter of morality. Aristotle's morality will only be realized when people obey the general rules that apply to them. John Rawl describes that balanced justice is justice that returns to its original position. The doctor's default position is as the provider of medical practice services, while the patient is the recipient of medical practice services.

Differences in perceptions between patients and doctors in assessing the quality of medical practice services will lead to injustice in the position of one party. On the other hand, there is a need for quality and cost control in the implementation of medical practice, there is a need for patient safety arrangements as a governance system based on good governance and ecological-based environmental management so as to create holistic patient safety.

### **3.3. Limits of Doctor's Responsibility to Patients Based on Patient Safety Values**

Physicians' responsibilities towards patients in the perspective of Safety Values are divided into 5 levels, namely Responsibility for: Approval of Medical Actions, Implementation of Medical Practices, Reporting of Medical Actions, Alleged Violations of Ethics and Discipline, as well as on alleged violations of the law.

#### **a. Limits of Liability on Approval of Medical Action**

The limit of the doctor's responsibility begins with an agreement which is the result of social interaction in a good communication process. In the doctor-patient relationship, there is communication. Types of communication in the medical world, can be direct or indirect. This communication occurs all the time and is not limited in number. Communications may contain health information addressed to the public. Information includes types of health services at health facilities and hospitals, practice hours, facilities, and partnerships in health services. The information submitted must be clear, good, correct and complete. This is conveyed through communication, which includes: The strategic objectives of health communication are: Relay information, Enable informed decision making, Promote healthy decisions, Promote peer information exchange and emotional support, Promote self-care, Manage demand for health services. Mistakes that are often made in communication are due to lack of knowledge so that officers cannot carry out their duties properly. The responsibility for the information provided in a clear, complete and correct manner will give birth to an approval for medical action. This is regulated in Article 45 of the Medical Practice Law.

#### **b. Limits of Responsibility in the Implementation of Medical Practice**

These limits of responsibility include: Responsibility for keeping medical secrets, Responsibility for quality control and cost control, Responsibility for doctor's obligations that are in harmony with patient rights, Responsibilities on the Operating Table, Responsibility for medication errors and responsibility for unwanted events. The responsibility to keep medical secrets is an effort to realize human rights to privacy. Humans who are social beings do not mean that what happens to them must be revealed in public. The regulation of medical secrets with an imperative (coercive) power is regulated as an obligation (duty), as regulated in Article 48 of the Medical Practice Law. Disclosure of medical secrets is solely for the purposes of law enforcement and medical audits, Health service efforts to control costs as well as quality control is to apply a service standardization. The responsibility for quality control and cost control is regulated in Article 49 of the Medical Practice Law, which is realized through the implementation of medical audits. Article 61 UU no. 11 of 2020 concerning Job Creation states that medical audits are medical technical supervision, with "hospital technical supervision" is hospital performance audit.

The responsibility for the doctor's obligations that are in harmony with the patient's rights related to the value of patient safety in the Medical Practice Law, is not spelled out in the legislation below, but the Hospital Law describes it in the Hospital Obligation to respect and protect the rights of patients to perform rights-oriented services and patient interests, as well as monitoring and evaluating its implementation. Furthermore, the doctor's responsibilities in the operating room include ethical rules, SOPs, and laws.

Medication errors is a condition in the form of drug service errors carried out by health workers and endangering patients. Medication errors include: prescription writing or drug selection (prescribing), drug recording process (transcribing), drug distribution process (dispensing), documenting or monitoring drug therapy process (administering). This error is generally caused by human error. The pharmacist as the person in charge of the pharmacy has a function to prevent medication errors from occurring, both in relation to health workers and

the treatment process. Errors that occur due to not complying with the drug service protocol, namely: a). Errors in prescribing, i.e. irrational, inappropriate, over-dose, or under-dose prescriptions in writing prescriptions; b). Error in interpreting recipe. c). Manufacturing in formulations, namely: wrong drug, wrong formulation, wrong label, d). Formulating errors, namely: wrong formulation, wrong label, e). Taking or giving wrong drugs, namely: wrong drug administration, wrong frequency and duration.

Unexpected Events (KTD) is a discussion that is closely related to patient safety. KTD is one of the factors strengthening the patient safety movement. KTD is a condition where the patient gets new difficulties that he did not previously have. The losses in question are financial, physical and social losses. This loss is often known as a medical error (USA) or an adverse event (UK).

Minister of Health Regulation Number 11 of 2017 concerning Patient Safety (Permenkes Patient Safety), is an elaboration of Article 43 of the Hospital Law, which provides a definition of patient safety, namely: a system that makes patient care safer, including risk assessment, patient risk identification and management, incident reporting and analysis, the ability to learn from incidents and their follow-up, as well as implementing solutions to minimize risks and prevent injuries caused by errors resulting from carrying out a procedure. action or not taking the action that should be taken. A patient safety incident that can occur in medical practice is any unintentional event and condition that results in or has the potential to result in injury to a patient. This incident is classified as an Unexpected Event.

Embodiment form This responsibility will appear in: the availability of an interdisciplinary team to manage patient safety, the existence of proactive activities or programs for the identification of safety risks and programs to minimize incidents, good working mechanisms, accessibility and “quick-response” procedures for incidents, including patient care. affected by disasters, limiting risks, and delivering correct and clear information for analysis purposes as well as internal and external reporting mechanisms related to incidents including providing true and clear information about root cause analysis of Near Injury Events (KNC), KTD, and sentinel events. when patient safety begins.

### **c. Limits of Doctor's Responsibility to Patients in Reporting Medical Actions**

In the Implementation of Medical Practice, doctors are responsible for reporting everything that happens during service to patients or the public. This is specifically regulated in Article 46 of the Medical Practice Law, namely on Medical Records and Article 49 of the Medical Practice Law, namely: Medical Audit. Reports of medical actions that are summarized in medical records and medical audits can serve as medical evidence to prove that a medical practice has or has not realized patient safety, within the limits of compliance with administrative law, criminal law and civil law.

Medical records in the Medical Practice Law are mandatory, while medical audits are still an alternative in evaluating medical practice in the context of quality control and cost control. Regulations on medical audits that should be more imperative need to be carried out considering the scope of medical auditing as a responsibility is much wider in scope because it includes medical records. Reports in the form of medical audits as stated in the origin of the 74 Medical Practice Law are also used in the context of fostering and supervising medical practice to achieve patient safety.

#### **d. Limits of Doctor's Liability for Alleged Violations of Ethics and Discipline in Medical Practice**

Regarding medical discipline, Article 1 paragraph (1) of the Regulation of the Indonesian Medical Council Number 4 of 2011 stipulates that "Professional Discipline of Doctors and Dentists is adherence to the rules and/or provisions of the application of science in the implementation of medical practice. Whereas in paragraph (2) it is stated that medical practice is a series of activities carried out by doctors and dentists in carrying out health efforts. The professional work of a doctor is based on at least two behavioral principles, namely: sincerity to do good, and not hurting or harming patients.

This Limit of Liability is regulated in the Indonesian Medical Council Regulations in the form of 28 types of disciplinary violations, giving rise to the responsibility of doctors to carry out administrative discipline in the form of competent medical practice, referring patients to other doctors or dentists who have the appropriate competence, delegating work to competent staff, practice in conditions of physical or psychological health that can harm the patient, perform adequate medical care and treatment, examination or treatment is not excessive, adequate information and without informed consent, keep medical records, research responsibilities based on ethical clearance, perform emergency assistance on humanitarian basis, taking medical action or care or treatment for patients, maintaining medical secrets, making information based on the results of examinations that he knows correctly and properly, is prohibited from participating in manufacture which includes acts of torture or execution of the death penalty, is obliged to prescribe or give drugs class narcotics, psychotropics, and other addictive substances that are not in accordance with the provisions of professional ethics or legislation in force, prohibited from committing sexual harassment, acts of intimidation, or acts of violence against patients in the implementation of medical practice using an academic title or professional designation that has the right.

Doctors are also responsible for the act of receiving compensation as a result of referring, requesting, examining, or prescribing drugs or medical devices, advertising the ability or service or the excess ability of the services possessed either verbally or in writing that is incorrect or misleading. Doctors are responsible for addiction to narcotics, psychotropic substances, alcohol, and other addictive substances. Responsibilities include administrative issues, namely practicing using a registration certificate, practice permit, and/or competency certificate which is not valid or practicing without having a practice permit in accordance with the provisions of the applicable laws and regulations, dishonesty in determining medical services and not providing medical services information, documents, and other evidence required by MKDKI/MKDKI-P.

#### **e. Limits of Doctor's Liability for Alleged Violations of Law in Medical Practice**

Legal responsibility for administrative law issues in the implementation of medical practice is basically a violation of the legal obligations of the administration of medical practice. The administrative obligations include obligations related to the authority of doctors before carrying out medical practice services and administrative obligations when doctors are performing medical services. Sanctions for administrative violations are the provision of written warnings, recommendations for revocation of registration certificates or practice licenses, and/or the obligation to attend education or training in medical education institutions.

Medical Malpractice or Doctor's malpractice is an event where this violation occurs. Malpractice is not only in criminal or civil matters, but also in administrative matters. Ngesti Lestari and Soedjatmiko, as quoted in Anny Isfandyarie, can be distinguished in two forms, namely ethical malpractice and juridical malpractice. Every juridical malpractice is definitely

an ethical malpractice, but not all ethical malpractice is a juridical malpractice. Ethical malpractice occurs when doctors take actions that are contrary to the code of medical ethics which is a set of ethical standards, principles, rules and norms that apply to doctors in carrying out their profession.

Herkutanto cites the World Medical Association Statement on Medical Malpractice adapted from the 44th World Medical Assembly Marbella Spain, September 1992 which states that: "Medical malpractice is a doctor's failure to meet standard procedures in handling his patients, inability or negligence, resulting in a direct cause of loss. on the patient. Jusuf Hanafiah, medical malpractice is the negligence of a doctor to use the level of skill and knowledge commonly used in treating patients or injured people according to the size of the same environment. Furthermore, Ninik Mariyanti stated that malpractice actually has a broad meaning, which can be described as 1) In a general sense: a bad practice, which does not meet the standards, set by the profession; 2) In a special sense (viewed from the patient's point of view) malpractice can occur in determining the diagnosis, performing surgery, during treatment, and after treatment.

Based on several definitions of medical malpractice above, all scholars agree to interpret medical malpractice as the fault of health workers who do not use their knowledge and skill level in accordance with professional standards, which ultimately results in the patient being injured or disabled or even dead.

Restrictions on doctors must be based on applicable legislation. In essence, licensing instruments in the context of medical practice have led to the limits of liability through the following:

- a) Directing activities means that the granting of permits (formal or material) can contribute to the enforcement of professional standards and service standards that must be met by doctors (and dentists) in their practice.
- b) Preventing dangers that may arise in the context of conducting medical practice, and preventing the implementation of medical practice by unauthorized persons.
- c) Distribute the scarcity of doctors/dentists, which is linked to the authority of the local government over the limitation of practice places and the arrangement of Practice Permits (SIP).
- d) Carry out a selection process, namely administrative assessment, as well as technical capabilities that must be met by every doctor and dentist.
- e) Provide protection for community members against practices that are not carried out by people who have certain competencies.

Article 50 of the Medical Practice Law explains that what is meant by "professional standards" is the minimum knowledge, skill and professional attitude that must be mastered by an individual to be able to carry out professional activities in society independently made by professional organizations. Meanwhile, what is meant by "standard operating procedure" is a set of standardized instructions/steps to complete a certain routine work process. Standard operating procedures provide the right and best steps based on mutual consensus to carry out various activities and service functions made by health service facilities based on professional standards. Regarding the elements of medical services that are in accordance with the patient's medical needs

Patient safety is not explained in detail in the Medical Practice Law, so it becomes a vague norm that is multi-interpretative, depending on the perception of the parties. This is different from the legislation derived from the Hospital Law, which views patient safety as a system that must exist. Meanwhile, medical practice does not only take place in hospitals but also in other health facilities. Patient safety as a system, referring to the Permenkes Patient Safety, is by evaluating incident reporting documents, as regulated in Article 25 to Article 35.



The mechanism is carried out as follows: The Director General follows up on the report by conducting an investigation by an investigation team consisting of elements of the Ministry of Health, the Committee National patient safety, professional organizations, supervisors, and other relevant agencies.

The investigation team has the following functions: to explore information by conducting interviews with all parties involved or who are aware of the incident, securing evidence, registering victims, documenting investigation results in the form of documents, pictures, or photos, conducting laboratory tests, analyzing all information, findings to explore and conclude the causes of patient safety incidents, recommend solutions to prevent expansion and recurrence of events, compile reports based on data from the study of the National Committee on patient safety, leaders of health care facilities, health workers involved as witnesses to the incident, patients and families, and anyone who was lost. directly with the incident. The investigation team in handling sentinel events that have a wide impact on a national scale, must coordinate with the patient safety team and the local Provincial/District/City Health Office which also carries out the function of guidance and supervision.

Legal subjects that can be charged with criminal responsibility in medical practice are personal. There are at least three elements that must be met, namely:

- a. violation of the written rule of law,
- b. unlawful acts,
- c. there is an element of error (dolus) or negligence (culpa/negligence)

Jonkers in Guwandi's quote states that there are elements of error as benchmarks in criminal law, namely: contrary to the law (wederrechtelijkeheid), conceivable consequences (voorzienbaarheid), avoidable consequences (vermijdbaarheid), actions that can be blamed on him (verwijtbaarheid). This is in line with Black's Law Dictionary which states that: "negligence is the failure to use such care as reasonable prudent and careful person would use under similar circumstances; it is doing some of act with a person of ordinary prudence while not having done under similar circumstances." Negligence is an act that ignores caution. This caution is implemented by evaluating whether with an inner attitude the value of safety to be achieved with the parameters as stated in the Standard Operational and Clinical Pathway.

Criminal liability is not regulated in the Medical Practice Law, because this law abstractly lists patient safety as the basic principle and goal of medical practice. This causes the criminal responsibility of doctors in the medical practice law to be ultimum remedium. Whereas in the General Criminal Law, the patient has carried out procedures according to medical service standards, but the patient ends up being seriously injured or dead, this is a medical risk. While for patients who experience serious injuries or deaths as a result of doctors performing services below medical standards, then this means medical malpractice occurs.

Civil liability of the doctor-patient relationship is within the framework of an inspanning verbintenis therapeutic agreement. Patients who feel aggrieved under Article 55 of Law Number 36 of 2009 concerning Health can sue for compensation. Types of civil liability, namely: Personal Liability, as the responsibility attached to an individual. This responsibility is only limited to what is done, and by whom is done individually; Strict Liability, namely responsibility without fault (liability without fault), from a situation a person is also responsible even though he does not commit an intentional mistake, clumsiness (tactlessness), or negligence (negligence); Vicarious Liability, namely the responsibility that arises as a result of an error made by his subordinate, Respondent Liability, namely joint responsibility for a potential dispute; Corporate Liability, namely the responsibility that lies with the government, in this case given as the authority of the Minister of Health, Rep. Ipso

Liquitor Liability, which is a responsibility that is almost the same as Strict Liability, but consequently exceeds the authority. Often referred to as a presumptuous act.

Administrative responsibilities in medical practice relate to licensing, including professional licenses for doctors and dentists, as well as permits to operate health facilities. The limit of the doctor's responsibility involved is an individual responsibility which will actually end after the patient's rights are fulfilled.

## V. Conclusion

- a. The limits of a doctor's responsibility in practicing medicine in the perspective of patient safety values include:
- b. Responsibility for Approval of Medical Actions, namely the obligation to carry out a series of Approval processes for Medical Actions as regulated in Article 45 of the Law on Medical Practices.
- c. Responsibility for the Implementation of Medical Practice, namely to keep medical secrets, Responsibility for quality control and cost control, Responsibility for doctor's obligations in harmony with patient rights. These three things are regulated in Articles 49-52 of the Medical Practice Law. Its embodiment is by prioritizing patient safety in order to avoid the occurrence of medication errors and unwanted events (KTD).
- d. Responsibility for Medical Practice Reporting, this relates to the responsibility of doctors to make medical records, to conduct medical audits in the context of quality control and cost control.
- e. Physician's responsibility for alleged violations of ethics and discipline in medical practice is as stipulated in the Indonesian Medical Ethics Code, Physician's Responsibility for alleged violations of ethics and disciplinary guidelines. This responsibility is an individual responsibility because it involves an individual legal relationship in a therapeutic contract between a doctor and a patient. Violations will be supervised by the Honorary Council for Medical Ethics and the Honorary Council for Medical Discipline.
- f. Physician's responsibility for alleged violations of law in medical practice, including aspects of administrative law, criminal law

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