

LEGAL PROTECTION AGAINST PATIENTS IN HOSPITAL EMERGENCY SERVICES

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ABSTRACT

Emergency services are part of curative health, which is an activity or a series of treatments aimed at healing disease, reducing suffering due to disease, controlling disease, or controlling disability so that the quality of sufferers can be optimally maintained. In an emergency, the patient does not have many choices to choose a health care facility, the patient will only go to the nearest emergency room and hope to get the best health service to handle the emergency to get a cure. In emergency services, several major problems are found, namely service observations are relatively short, sudden clinical changes, and high mobility of staff which causes emergency action to have a high risk for patients in the form of disability and even death. Legal protection for patients is currently under the spotlight. This happens because so far, legal protection for patients has received less attention. Of course, in the implementation of health service measures, medical personnel, namely doctors and nurses do not rule out the possibility an error or negligence occurs which can have fatal consequences both to the body and soul of the patient, this is very detrimental to the patient. Patients have legal protection and can feel safe to get emergency services because patients have legal protection guaranteed by the state. Efforts to prevent violations related to patient rights in emergency services at hospitals are carried out by health workers, hospitals, and the government. Accountability for violating patient rights to emergency services can be subject to criminal, civil, and administrative sanctions. This research includes normative legal research, namely research based on positive legal studies. This research uses primary legal materials in the form of statutory regulations, as the object of research.

Key words: Legal Protection, Patients, Emergency Services, Hospital.

A. INTRODUCTION

Legal protection is the basic right of every person without any discrimination. The right to legal protection is often said to be the main right and the oldest human right. Legal protection is the most important thing in a constitutional state because legal protection is the right of every citizen and an obligation of the state as the organizer of protection. The right to health has important and distinctive qualities that are not provided by other rights, playing down the right to health can diminish rights-based approaches to health, as well as the right to health itself. Playing down the right to health may not matter if other human rights within a rights-based approach possess all the features enjoyed by the right to health, but they do not. The right to health has distinctive characteristics which are indispensable for the effective implementation of a rights-based approach to health. Adopting a rights-based approach, and muting the right to health within it, runs the risk of diminishing both the approach and the right to health. The Law of the Republic of Indonesia Number 29 of 2004 on Medical Practice article 3 said that the State provides protection to patients, maintains and improves the quality of medical services provided by doctors and dentists, and provides legal certainty to the public, doctors, and dentists. Based on the objectives of providing hospital services as stated in The Law of the Republic of Indonesia Number 44 of 2009 on Hospitals Article 3, said that government have the main responsibility in facilitate community access to health services, providing protection for the safety of patients, the community, the hospital environment, and human resources in the hospital, improve quality and maintain hospital service standards, also providing legal certainty to patients, communities, hospital human resources, and hospitals.

The meaning of the aforementioned Law is that hospitals have the main task of aiming to protect patients, the community, and human resources, maintain and improve the quality of hospital services, and provide legal certainty to the public and hospitals.

The emergency room is a hospital sector that provides first services to emergency patients who have a health problem to get help as soon as possible. Emergency services are different from non-emergency services because they have special characteristics. In a medical emergency, several main problems are found, namely the relatively short observation period, sudden clinical changes, and high mobility of staff which causes emergency action to have a high risk for patients in the form of disability and even death. Emergency departments are environments that are at high risk for medical errors. High error rates with serious consequences are likely to occur in intensive care units, operating rooms, and emergency departments. In the ED, the care of a patient is often managed by a sole physician. This contrasts with other clinical settings in which patients may benefit from multiple ward rounds, staff meetings, and handovers. Although previous studies have suggested that handovers in the ED can result in a greater risk of adverse events. Being admitted to the emergency department causes many preventable adverse events. Several factors are involved: use of part-time doctors who are not trained in emergency care, fluctuating service requests, resulting in uneven and sometimes shortened care, limited time to arrive at a definite diagnosis, and the fact that the emergency department is an entry point for seriously ill patients.

In this article, the authors describe legal protection for emergency care patients in hospitals because the emergency room is the first place for patients to come into contact with medical health personnel and one of the hospital service units that have a large chance of occurrence of medical errors, that patients have legal protection. and can feel safe to get emergency services because patients have legal protection guaranteed by the state.

This study uses a Normative Juridical approach. The normative juridical approach is carried out by examining and interpreting theoretical matters concerning legal principles, conceptions, doctrines, and norms. This approach is also known as the literature approach, namely by studying statutory books and other documents related to this research. The type of research conducted in this thesis is normative legal research. Normative legal research refers to primary legal materials and secondary legal materials as well as tertiary legal materials. Where the approach to the subject matter is carried out by reviewing statutory provisions

The theory used in this research is the theory of Legal Protection. The use of Legal Protection Theory in this study aims to explore the form of efforts to protect human dignity and recognition of human rights in the legal field that occurs in emergency services in hospitals so that they can be implemented by the principles of legal protection in Indonesia, namely the principle of recognition and protection of human dignity derived from Pancasila.

There are three main questions that will be answered with this research, those are:

1. What is the positive law that regulates legal protection for patients in Hospital emergency services?
2. How are the efforts to prevent violation related to patient rights in Hospital emergency services?

The main objective for this final project is To describe positive laws related to legal protection for patients in hospital emergency services and to determine whether efforts to prevent violations related to patient rights in emergency care in hospitals. Furthermore, this research will give some recommendations to the Hospital management, medical workers, and other stakeholders on how to keep attention on legal protection against patients in hospital emergency services.

B. RESEARCH RESULT: POSITIVE LAWS REGULATING THE LEGAL PROTECTION OF PATIENTS IN IN THE HOSPITAL EMERGENCY SERVICES

The form of protection for citizens and residents is the availability of legal instruments, both in terms of the availability of real institutions that provide protection, as well as the establishment of procedures for the use of said protection rights. Legal protection provided by the state can be in the form of the availability of institutions and special legal instruments, including protection from acts of violating laws or regulations relating to the doctor-patient relationship, especially in health services.

According to AriefGhosita, protection is protection against all kinds of victimization that can cause mental, physical, and social suffering to a person. Apart from that, the protection of victims also means an effort to protect victims to be able to carry out their rights and obligations in a balanced and humane manner based on law. Protection is an act to protect or all efforts made to protect other people in exercising their rights and obligations as human beings. This form of legal protection can be in the form of laws and regulations that regulate how a person respects or does not violate the rights of others, empowerment or recognition of the victim's legal status (victim's rights and granting legal rights to victims, namely giving obligations to others to recognize or respect the rights of victims), as a form of legal protection.

Legal protection is a protection given to legal subjects in the form of legal instruments, both preventive and repressive in nature, both written and unwritten. Legal protection is a description of the function of law, namely the concept where the law can provide justice, order, certainty, benefit, and peace. Legal protection for patients involves various matters, namely the problem of the patient's legal relationship with health workers, the rights and obligations of the parties, and responsibilities and aspects of law enforcement.

Based on author`s literature review, The regulations of Legal Protection In Hospital Emergency Services are as follow:

Table 1. Regulations governing Legal Protection of Patients In The Hospital Emergency Services

Regulation	Substance
Pancasila	1 st precept : The Supreme Deity
	2 nd precept: Fair and Civilized Humanity
	5 th precept Social Justice for All Indonesians
1945 Constitution	Article 28D paragraph (1)
	Article 34 paragraph (3)
Health Law	The Law of the Republic of Indonesia Number36 of 2009 article 58 paragraphs (1), (2),(3)
Consumer Protection Laws	The Law of the Republic of Indonesia Number 8 of 1999 concerning Consumer Protection article 2
	The Law of the Republic of Indonesia Number8 of 1999 on Consumer Protection article 4
Medical Practice Act	The Law of the Republic of Indonesia Number 29 of 2004 on Medical Practice article 3 (a)
	The Law of the Republic of Indonesia Number29 of 2004 on the Practice of Medicine article 52
Hospital Laws	The Law of the Republic of Indonesia Number44 of 2009 on Hospitals article 32

	The Law of the Republic of Indonesia Number 44 of 2009 on Hospitals Article 37 paragraph (1)
	The Law of the Republic of Indonesia Number 44 of 2009 on Hospitals Article 29 paragraph (1) letter c
	The Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers Article 58
	The Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers Article 59 paragraph (1) and (2)
	The Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers Article 77
Regulation of the Minister of Health	Regulation of the Minister of Health of the Republic of Indonesia Number 259 of 2008 concerning Medical Records Article 12 paragraph (2)
	Regulation of the Minister of Health of the Republic of Indonesia Number 69 of 2014 concerning Hospital Obligations and Patient Obligations Article 5 (b)

Source: Author's, 2020

1. STUDY OF LEGAL PROTECTION FOR PATIENTS IN THE HOSPITAL EMERGENCY SERVICES

a. The Relationship Between Pancasila And The Protection Of Patients In Emergency Services

Pancasila is the view of the life of the Indonesian nation which expresses the view of the Indonesian nation on the relationship between man and God, human beings and fellow humans, as well as humans and the universe, which is based on beliefs about the place of individual humans in society and the universe. As the basis of the state, normatively Pancasila must be the foundation of the administration of the Indonesian State which functions to provide protection, welfare, intelligence, and participate in the world order as described earlier. Based on Pancasila and the functions of the Government of the State of Indonesia as such, the National Independence of Indonesia was compiled in an Indonesian Constitution, which was formed in a structure of the Republic of Indonesia with people's sovereignty.

Human rights are universal values. The doctor profession with Pancasila values has a close relationship. Pancasila is the basic norm of the state, and Pancasila itself is a universal value that contains moral and ethical values that must be possessed by doctors to provide medical services to patients with a conscientious attitude. In carrying out the medical profession, both personally and as an organization, cannot give up the values of Pancasila. This is because the values of Pancasila have a transcendental relationship and accountability to Allah SWT and with humans themselves as a form of just and civilized humanity, or in Islam it is known as *rahmatan lil 'alamīn*, meaning that the presence of humans on earth must benefit to other people.

Regarding patient care in emergency services, the first Pancasila precepts have arranged to respect the beliefs and religions of patients, emergency services everywhere are universal and may not choose to serve patients with certain beliefs, even though sometimes the hospital has an image of a certain religion, for example, the hospital. Sakit Islam does not only serve emergency patients who are Muslim but also serves all patients from other religions. Furthermore, the second precept regulates medical personnel. Recognize and treat humans according to their dignity and status as creatures of God Almighty by recognizing equality, without discriminating against ethnicity, descent, religion, belief, gender, social position, skin color and of course Respect the patient's right to privacy, treat patients with empathy because patients have the right to be treated as human beings with dignity.

Furthermore, the fifth precept describes the process of justice to get something, which wants to be the right of the community which in its implementation related to emergency services means that health workers must try their hardest to work according to their competence in helping patients, especially because patients who come to the emergency department are patients with conditions. critical. Emergency services also carry the Triage Principle, where patients with the highest emergencies get more priority service.

b. The Relationship between the 1945 Constitution and the Protection of Patients in Emergency Services

In the 1945 Constitution, Article 34 paragraph 2 states that: "The state is responsible for the provision of proper health service facilities and public facilities". One of the government's efforts in this matter is to make regulations or laws that provide legal protection to the community. or patients from deviations to health services which of course result in harm to patients, such as doctor negligence

The relationship between the 1945 Constitution and the protection of patients in emergency services is that patients have the right to receive services that are not discriminatory in emergency services, including the right not to be rejected for financial reasons. Patients also have the right to receive services from appropriate health facilities, related to emergency services,

meaning that emergency services through infrastructure have met standards and are running by applicable standard operating procedures and professional standards.

c. The Relationship between Health Law and Protection of Patients in Emergency Services

Emergency services have special characteristics. In a medical emergency, several main problems are found, namely the relatively short observation, sudden clinical changes, and high mobility of staff which causes emergency action to have a high risk for patients in the form of disability and even death. High error rates with serious consequences are likely to occur in intensive care units, operating rooms, and emergency departments. Of course, also in the implementation of health service measures, medical personnel, namely doctors and nurses, do not rule out an error or negligence. Errors or negligence made by doctors in carrying out their professional duties can have fatal consequences both to the body and soul of the patient and this is of course very detrimental to the patient.

As a form of protection for the right to health, the Health Law also provides for the rights of someone who is harmed in the event of an error or negligence in the health services provided by the health service provider. In this case, the victim can claim compensation as compensation for mistakes or negligence committed by the health service provider. However, the claim for compensation does not apply to health workers who take life-saving measures or prevent someone's disability in an emergency. Furthermore, it can be understood that the legal protection of patients' rights in health services based on the Health Act is the protection of the patient's rights through a civil suit to demand compensation. In the framework of protecting the rights of patients, the law provides for the right to sue patients, in the event of services that are not following service standards, or it is often called malpractice.

Furthermore, it is stated in The Law of the Republic of Indonesia Article 85 of the Health Law related to an emergency in a disaster, which reads in an emergency, health service facilities, both government and private, are required to provide health services in disasters for saving patient lives and preventing disability. And health service facilities in providing health services in disasters as referred to in paragraph (1) are prohibited from refusing patients and/or asking for advance payment. This regulation provides an overview of protecting the certainty of emergency services for people experiencing emergencies.

d. The Relationship between Consumer Protection Law and Patient Protection in Emergency Services

Legal protection for patients as consumers of health services basically must start from the time a therapeutic transaction is made, meaning that the transaction is based on equality between the two parties. Besides, the communication between the two sides is always maintained, this is intended to minimize the occurrence of intentional actions such as certain misconducts, negligence, or unreasonable lack of competence from health service providers that result in patient losses.

a consumer because he is a service user, namely the services of a doctor. Patients as consumers in health care services can be categorized as end consumers because patients are not included in the production. The consumeristic nature of health care can be seen from the shift in the paradigm of health care from being social to commercial because patients have to pay a high amount of money for their health efforts. Patients have rights as stipulated in Article 4 of the Consumer Protection Laws, which states that patients have the right to comfort, security rights, right to vote, right to information, right to be heard, right to advocacy, right to non-discriminatory services, right to compensation and rights regulated in legislation.

Regulations for the implementation of medical practice are based on the principles of statehood, science, benefit, humanity, and justice. The existence of a Medical Practice Law is intended to provide protection to patients, maintain and improve the quality of medical services provided by doctors and dentists, and provide legal certainty to the public, doctors, and dentists. To achieve this goal, two independent institutions were set up, namely the Indonesian Medical Council (KKI) and the Indonesian Medical Discipline Honorary Council.

e. The Relationship between the Law on Medical Practice and the Protection of Patients in Emergency Services.

The medical practice setting aims to protect patients, including in Emergency services, namely;

- 1) The patient must give consent before taking medical action, where consent is given after the patient has received a complete explanation of the diagnosis and procedure for medical treatment, the purpose of the medical action, other alternative measures and risks, the risks and complications that may occur and the prognosis for the action. which is conducted. Medical actions performed in emergency services such as splinting, suprapubic punctures, suturing wounds, resuscitation, nebulization.
- 2) Patients receive emergency services which are recorded in the hospital medical record which is kept confidential
- 3) Patients receive emergency services whose medical secrets are kept by doctors and their medical secrets can be disclosed only for the benefit of the patient's health, fulfilling requests from law enforcement officials in the context of law enforcement, patient requests themselves, or based on statutory provisions. An example is the making of *Visum et Repertum* for emergency doctors for cases of domestic violence at the request of police investigators.
- 4) Specifically, the patient's rights are stated, namely to get a complete explanation of medical actions, ask the opinion of other doctors or dentists, get services according to medical needs, refuse medical actions, obtain the contents of medical records.

f. The Relationship between Hospital Law and Patient Protection in Emergency Services

Hospital is a health service institution for the community with its characteristics that are influenced by the development of health science, technological advances, and the socio-economic life of the community which must continue to be able to improve quality and affordable services for the community to realize the highest health degree. The Law of the Republic of Indonesia Article 29 paragraph (1) letter c of the Hospital Law states that hospitals are obliged to provide emergency services to patients according to their service capabilities, for example, if an accident occurs, the hospital may not refuse the patient and must provide emergency services to prevent death and disability.

g. The Relationship between Health Personnel Law and Patient Protection in Emergency Services.

However, related to emergency services under The Law of the Republic of Indonesia No. 36 of 2009 article 58 paragraph (2). The claim for compensation as referred to in paragraph (1) does not apply to health workers who carry out life-saving measures or prevent someone's disability in an emergency. Likewise, it is written in The Law of the Republic of Indonesia No. 44 of 2009 concerning Hospitals, Article 45 paragraph (2). Hospitals cannot be prosecuted for carrying out tasks to save human lives.

h. The Relationship between the Regulation of the Minister of Health regarding Medical Records and the protection of patients in emergency services.

Management of Medical Records in emergency services is regulated by the Medical Record Unit. It is stated in Regulation of the Minister of Health of the Republic of Indonesia Number 259 of 2008 concerning Medical Records article 12 that the contents of the medical record belong to the patient in the form of a medical record summary that can be given, recorded, or copied by the patient or a person who is authorized or with the written consent of the patient or patient's family.

The contents of medical records for emergency patients should at least contain Patient identity, The condition when the patient arrives at the health service facility, Patient introductory identity, Date and time, Anamnesis results, including at least complaints and a history of the disease, results of physical examination and medical support, Diagnosis, Treatment, and/or action, Summary of the patient's condition before leaving the emergency room service and follow-up plans, The name and signature of the doctor, dentist, or certain health worker who provides health services, The means of transportation used for patients who will be transferred to other health services, and other services that have been provided to patients.

2. PREVENTION OF VIOLATIONS RELATED TO PATIENT RIGHTS IN THE HOSPITAL EMERGENCY SERVICES

Patient Rights in Emergency Services in Hospitals have started when patients come to emergency services. When a patient has received emergency care, an agreement has been established between the doctor and the patient which results in reciprocal rights and obligations. In emergency care, patients have the right not to be rejected by the hospital, to receive the same treatment regardless of ethnicity, nation, religion, belief, because of the insurance system, to obtain information about the rules and regulations that apply in the hospital, are entitled to receive information which includes: the illness, what medical action to take, possible complications as a result of the action and actions to overcome it, other alternative therapies, the prognosis, the estimated cost of treatment. In emergency care, patients have the right to permit actions to be taken by doctors in connection with their illness. Patients have the right to refuse actions that are about to be taken against themselves and to end medication and treatment at their responsibility, after obtaining clear information about their illness. However, if the patient is under medication, approval or rejection of medical treatment can be given by the immediate family, including husband/wife, biological father/mother, biological children, or siblings.

In an emergency setting, no consent is required to save a patient's life. However, after the patient is conscious or in conditions that allow, an explanation is immediately given and an agreement is made. If the patient is a child or person who is unconscious, an explanation is given to the family or the escort. If there is no one accompanying and there is no family while medical action must be taken then an explanation is given to the child concerned or at the first opportunity the patient is conscious.

Another right that a patient or community has is to demand compensation from a person, health worker, or health provider who causes harm due to errors or negligence in the health services they receive. Compensation claims do not apply to health workers who take measures to save life or prevent someone's disability in an emergency, but compensation claims apply to leaks of medical secrets.

C. HEALTH SERVICE PROVIDERS EFFORTS TO PREVENT VIOLATIONS RELATED TO PATIENTS' RIGHTS IN THE HOSPITAL EMERGENCY SERVICES

1. Doctor's Efforts to Prevent Violations in Emergency Services at Hospitals.

Rights and obligations in the life of society, nation, and state are two correlative things. This means that in a legal relationship, the rights of one party are mandatory for the other party. In providing health services, doctors or health workers who are in direct contact with patients should do their best for the patient or society. It is a general obligation that must be fulfilled by a doctor or health worker. On the other hand, patients and the community, apart from having the right to receive good health

services, are also obliged to comply with all recommendations from doctors or other medical personnel or health workers to prevent negative or unwanted treatment results.

The relationship between doctor and patient is a relationship that has a special position. Namely a doctor or hospital having the position of the party providing health services (Health Care Provider) and the patient as the party receiving health services (Health Care Receiver). The relationship between doctor and patient is a contractual relationship. The contractual relationship between the doctor and the patient is called a therapeutic contract.

2. Other Health Workers' Efforts to Prevent Violations in Emergency Services at Hospitals.

Health Worker is any person who devotes himself to the health sector and has the knowledge and/or skills through education in the health sector which for certain types requires the authority to carry out health efforts. Medical health workers consist of doctors, dentists, and specialist doctors, while other health workers who are involved in emergency services are nursing staff, midwifery staff, pharmaceutical personnel, biomedical engineering personnel, and nutrition workers. Every Health Worker who practices in the field of health services is required to have a license in the form of a Practice License which is given by the district/city government on the recommendation of the authorized health official in the district/city where the Health Worker carries out the practice. Certain types of health workers in carrying out their professional duties are obliged to respect the patient's rights, maintain the confidentiality of patient identity and personal health data, provide information relating to conditions and actions to be taken, requesting approval of the action to be taken and also create and maintain medical records.

In emergency services, Health Workers who practice in Health Service Facilities are required to provide first aid to Health Service Recipients in an emergency or a disaster for life saving and prevention of disability and are prohibited from refusing to provide health services and are prohibited from asking for advance payments.

The Medical Practice Act has mandated legal certainty for health service recipients through the implementation of good medical practice. Article 28 paragraph 1 states that to provide services by professional standards, every practicing doctor or dentist is obliged to attend continuous medical or dental education and training organized by professional organizations and other institutions accredited by professional organizations in the context of absorbing scientific developments. medical or dentistry knowledge and technology. A doctor or dentist who has a registration certificate has the authority to practice medicine following his education and competence, which consists of Interviewing patients; Examine the patient's physical and mental health; Determine supporting examinations; Making the diagnosis; Determine the management and treatment of the patient; Performing medical or dentistry actions; Writing prescriptions for drugs and medical devices Issuing a doctor's or dentist's certificate; Storing drugs in the amount and type permitted; and Mixing and delivering medicines to patients, for those who practice in remote areas where there is no pharmacy.

Every health worker in carrying out his practice is obliged to comply with the professional standards, professional service standards that have been established by health professional organizations and approved by the minister, and standard operating procedures established by health care facilities. In certain circumstances, Health Workers can provide services outside their authority. Furthermore, every individual health service action performed by a health worker must obtain approval after being preceded by an adequate and proper explanation where consent can be given in writing or orally.

3. Hospital Efforts to Prevent Violations in Emergency Services at Hospitals

Based on The Law of the Republic of Indonesia concerning Health Law Number 36 Year 2009 articles (1) and (2) it has been stated that In an emergency, health service facilities, both government and private, are required to provide health services for saving patient lives and preventing disability first. In an emergency, health care facilities, both government and private, are prohibited from refusing patients and/or asking for down payments. This assures of service to patients with emergency conditions, namely life-threatening conditions, endangering themselves and others / the environment, disturbances in the airway, breathing, and circulation, decreased awareness, hemodynamic disorders; and/or require immediate action, that the patient should not be rejected by the hospital.

Base on The Law of the Republic of Indonesia Article 74 of Law Number 36 of 2014 concerning Health Workers states that Head of Health Service Facilities is prohibited from allowing Health Workers who do not have STR and permission to practice in Health Service Facilities. Articles 77 and 78 states that each Health Service Recipient who is harmed by mistake or negligence of a Health Worker can ask for compensation following the provisions of the Legislation and if the Health Worker is suspected of negligence in carrying out his profession that causes harm to the health service recipient, arising from the negligence must be resolved first through a settlement of disputes outside the court under the provisions of the Legislation.

Based on The Law of the Republic of Indonesia concerning Consumer Protection Number. 8 of 1999, the hospital as a business actor is responsible for providing compensation for damage or loss to consumers due to consumer goods and/or services produced or traded. Compensation can be in the form of refunds or replacement of goods or services of similar or equivalent value, or health care or provision of compensation by the provisions of the prevailing laws and regulations. The compensation is given within a grace period of 7 (seven) days after the date of the transaction. The provision of compensation does not eliminate the possibility of a criminal charge based on further evidence regarding the existence of an element of error.

Based on Law Number 44 of 2009 concerning Hospitals articles (4) and (5) it has been stated that hospitals have the task of providing complete individual health services as well as administering medical services and health recovery following hospital

service standards. The effort to fulfill patient rights article 29 has also regulated hospitals to provide correct information about hospital services to the public, provide safe, quality, anti-discrimination, and effective health services by prioritizing the interests of patients according to hospital service standards and providing services. emergency department to patients by the ability of service.

Based on Article 42 of the Medical Practice Law, it has been stated that leaders of health service facilities are prohibited from allowing doctors or dentists who do not have a license to practice medicine in these health service facilities. This includes emergency services in hospitals so that the hospital assures that services by doctors in charge of emergency services are under applicable professional standards. Hospitals are also required to issue details of clinical authority authorized by the leadership of health facilities which intend to limit the authority to health workers in providing services and prevent overlapping authority between health workers.

Based on Regulation of the Minister of Health Number 259 of 2008 concerning Article 7 Medical Records, it is stated that health service facilities are required to provide the necessary facilities in the context of administering medical records. Article 14 states that the head of health care facilities is responsible for the loss, damage, falsification, and/or use of unauthorized persons or bodies of medical records.

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 69 of 2014 concerning Hospital Obligations and Obligations of Patients, article 18 paragraph (1) of hospitals, the obligation to provide emergency services to patients is under the ability of services in the emergency room including triage and life-saving measures (life-saving). The service capability as referred to is carried out by the standard of emergency room installation according to the type and class of the hospital. For every patient who comes to the emergency department, triage must be carried out, namely the initial examination or rapid screening of all patients who come to the emergency department to identify their emergency status and priority for treatment.

4. Government Efforts to Prevent Violations in Emergency Services at Hospitals

Based on The Law of the Republic of Indonesia concerning Health Law Number 36 Year 2009 Article 14 and Article 21, the Government is responsible for planning, regulating, organizing, fostering, and supervising the implementation of health efforts that are evenly distributed and affordable by the community, as well as regulating planning, procurement, utilization, guidance, and quality control. health personnel in the framework of administering health services. Article 55 also states that the Government is obliged to set health service quality standards. This is necessary to have standard and standard services in each service so that there is no substandard service that can have an impact on the output of emergency services.

Based on The Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, article 6 the government has the responsibility of providing hospitals based on community needs, ensuring the financing of health services in hospitals for the poor, or poor people according to the provisions of laws and regulations, fostering and supervising the operation of hospitals. guarantee the financing of emergency services in hospitals due to disasters and extraordinary events;

Based on The Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice To protect the public receiving health services and to improve the quality of health services from doctors and dentists, an Indonesian Medical Council was formed consisting of a Medical Council and a Dental Council.

Based on The Law of the Republic of Indonesia Number 36 of 2014 concerning Article 48 of Health Workers, the Minister together with the Regional Government conducts practical training for health workers by involving the respective councils of Health Workers and Professional Organizations following their respective authorities.

D. CONCLUSION

Based on the results of the review literature, it can be concluded as follows:

1. In Indonesia, Legal protection for patients in emergency services in hospitals consists of the Pancasila, the 1945 Constitution, the Health Law, the Consumer Protection Law, the Medical Practice Law, the Hospital Law, and the Ministerial Regulations in accordance with the theory of legal protection. Health protection of patients' rights in emergency services has the same essence to be protected as other health services and its protection must be pursued by various parties.
2. Efforts to prevent violations related to patient rights in emergency services in hospitals are carried out by doctors, health workers, hospitals, and the government which is carried out by carrying out the obligations of service providers to carry out emergency services by professional standards and standard operating procedures and still uphold high-heeled patient.

E. REFERENCES

- Achmad Muchsin. (2009).
Perindungan Hukum Terhadap Pasien Sebagai Konsumen Jasa Pelayanan Kesehatan Dalam Transaksi Terapeutik,
Jurnal Hukum Islam (JHI) Vol. 7, No. 1.
- Carver N, Gupta V, Hipskind JE. *Medical Error*. [Updated 2020 Oct 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430763/>

- DeoRembet. (2020) Perlindungan Hukum Terhadap Pasien Dalam Pelayanan Kesehatan Berdasarkan Undang-Undang Nomor 36 Tahun 2009, *Lex Et Societatis* Vol. VIII, No. 2.
- EniDasukiSuhardini. (2016). Perlindungan Hukum Terhadap Pasien Sebagai Pengguna Jasa Pelayanan Rumah Sakit Swasta. *Wacana Paramarta: Jurnal Ilmu Hukum* Vol. 15, No. 1.
- Freund, Y., Goulet, H., Leblanc, J., Bokobza, J., Ray, P., Maignan, M., Guinemer, S., Truchot, J., Féral-Pierssens, A. L., Yordanov, Y., Philippon, A. L., Rouff, E., Bloom, B., Cachanado, M., Rousseau, A., Simon, T., & Riou, B. (2018). Effect of Systematic Physician Cross-checking on Reducing Adverse Events in the Emergency Department: The CHARMED Cluster Randomized Trial. *JAMA internal medicine*, 178(6), 812–819.
- Gunawan Setiardi. (1993). *Hak-hak Asasi Manusia Berdasarkan Ideologi Pancasila*, Yogyakarta: Kanisius.
- HB Mukti. (2016). Perlindungan Hukum Terhadap Pasien Sebagai Konsumen Jasa Di Bidang Pelayanan Medis Berdasarkan Kitab Undang-Undang Hukum Perdata. *Mimbar Keadilan, Jurnal Ilmu Hukum* Januari–Juni.
- HBuamona. (2017). Pancasila Sebagai Nilai Dasar Profesi Dokter *Jurnal Hukum Novelty*. Vol. 8, No. 1.
- Herkutanto. (2007). Aspek Medikolegal Pelayanan Gawat Darurat. *Majalah Kedokteran Indonesia*. Vol 57, No 2.
- HernadiAffandi. (2019). Implementasi Hak atas Kesehatan Menurut Undang-Undang Dasar 1945: antara Pengaturan dan Realisasi Tanggung Jawab Negara, *Jurnal Hukum POSITUM*. Vol. 4, No.1.
- Hunt P. (2016). Interpreting the International Right to Health in a Human Rights-Based Approach to Health. *Health and human rights*, 18(2), 109–130.
- Isharyanto. (2016). *Teori Hukum : Suatu Pengantar Dengan Pendekatan Tematik*, Cetakan I. Surakarta: WR.
- M. Nurdin. (2015) Perlindungan Hukum Terhadap Pasien Atas Korban Malpraktek Kedokteran. *Jurnal Hukum Samudra Keadilan*. Vol 10, No.1.
- NNBW Giri. (2020). Perlindungan Hukum Terhadap Pasien Sebagai Konsumen Pengguna Jasa Di Bidang Kesehatan Dalam Transaksi Terapeutik. *Jurnal Kertha Wicara*, Vol. 9, No.5.
- Sibarani S, (2017). Aspek Perlindungan Hukum Pasien Korban Malpraktik Dilihat Dari Sudut Pandang Hukum Di Indonesia. *Justisia et Pax* Vol. 33, No.1.
- Setiasih PI, dan Junadi P. (2017). Effectiveness Of Failure Modes Effect Analysis (FMEA). *Journal of Indonesian Health Policy and Administration*. Vol. 2, No 2.
- Shidarta. (2009). *Moralitas Profesi Hukum*. Bandung: Refika Aditama.
- Siswati Sri. (2017). Etika dan Hukum Kesehatan dalam Perspektif Undang-undang Kesehatan, Depok, PT Raja Grafindo Persada.
- Sumarson. (2020). Pengaruh Edukasi Melalui Literasi Hukum Terhadap Tindakan Pencegahan Medical Error Pada Perawat Di Rumah Sakit. *Indonesian Journal of Public Health and Community Medicine* Vol. 1, No. 4.
- Tristantia A.D. (2018). Evaluasi Sistem Pelaporan Insiden Keselamatan Pasien di Rumah Sakit. *Jurnal Administrasi Kesehatan Indonesia*. Vol. 6, No. 2.
- VMP Siringoringo. (2017). Pengaturan Perlindungan Hukum Hak-Hak Pasien Dalam Peraturan Perundang-Undangan Tentang Kesehatan Di Indonesia. *Diponegoro Law Journal*, Vol. 6, No 2.
- Weingart SN, Wilson RM, Gibberd RW, Harrison B. (2000). Epidemiology of medical error. *BMJ*. 2000;320(7237):774-777. doi:10.1136/bmj.320.7237.774
- WCSupriadi, (2001). *Hukum Kedokteran*, Bandung: Mandar Maju.
- Zahir Rusyad. (2018). *Hukum Perlindungan Pasien*, Malang: Setara Press.

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