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## BALTIC JOURNAL OF LAW & POLITICS

A Journal of Vytautas Magnus University

VOLUME 15, NUMBER 7 (2022)

ISSN 2029-0454

Cit.: *Baltic Journal of Law & Politics* 15:7 (2022):685-695

DOI: 10.2478/bjlp-2022-007049

### Regulation Of Health Service Facilities In Emergency Patient Service In Indonesia

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#### Abstract

The right to obtain health services is a constitutional right guaranteed by Article 28H paragraph (1) of the 1945 Constitution. Hospital health service facilities are health care facilities, one of which is providing emergency services. In an emergency condition, health service facilities, both government and private, are required to provide health services and assistance in saving patients' lives and preventing disability in advance and are prohibited from refusing patients and asking for advances that have been entered through the Emergency Installation. Emergency patients who enter through the Emergency Room are prohibited from being rejected by health care facilities for any reason, and they must still be provided with services according to emergency handling standards and be served for medical treatment even without a down payment or without health insurance from a general insurance card or Health Insurance membership card. National. The problems in this study are: 1. why do health workers refuse to serve emergency patients at health care facilities? 2. What is the current regulation of health care facilities in emergency patient care? 3. How to strengthen the regulation of health care facilities in providing equitable emergency services? This research uses a normative and empirical juridical approach with analytical prescriptive nature by using primary data with primary, secondary and tertiary legal materials. The research uses literature and field studies to analyze qualitatively using legislation, case and comparative approaches. The results showed: 1. Health workers refused to serve emergency patients due to internal factors, namely health care facilities that were not complete with medical equipment, facilities and infrastructure, human resources and management in the Emergency Room, and external factors, namely the patient had no fees, and the patient does not have health insurance which causes people to judge human resources and management increasingly not in favor of the demands of the community's sense of justice. 2. There are still weaknesses in the arrangement of health care facilities in the care of emergency patients. 3. Strengthening the regulation of health care facilities in providing just emergency patient care is carried out through strengthening the legal substance, legal structure and legal culture as outlined in the law. Substance strengthening is carried out through regulating health care facilities in the care of emergency patients' in-laws inspired by Pancasila and the Preamble and the body of the 1945 Constitution of the Republic of Indonesia. Structural strengthening is carried out through law enforcement involving the Ministry of Health. Meanwhile, strengthening a cultural perspective is carried out through education and/or health counselling.

**Keywords:** strengthening, regulation, health care facilities, emergency department.

#### INTRODUCTION

The health sector has been recognized internationally as one of the human rights that must be upheld in human life on earth. In the health literature, there are various terms used to refer to human rights in the health sector, such as "Human Right to Health", or "Right to Health", or "right to obtain adequate health status". Optimal" (The Right to Attainable Standard to Health). As mandated by Article 35 paragraph (5) of Law Number 36 of 2009 concerning Health, regarding the implementation of health service facilities, the government makes Government Regulation Number 47 of 2016 concerning Health Service Facilities, the government formulates in Article 1 paragraph (1) that health service facilities are a tool and/or place used to organize health service efforts, whether promotive, preventive, curative or rehabilitative carried out by the central government, regional government, and/or the community. This implies that health issues are

not only the responsibility of the central government, but also include the role of local governments and the community.

Health care facilities in Indonesia are places to provide care and treatment for people who need health restoration. One of the health service facilities that organizes health efforts for all diseases is in the hospital, because the infrastructure is complete, has health workers who have all the competences of expertise and has health technology. Hospitals as health care facilities that provide services in the health sector in accordance with the ability of services to their patients as regulated in the Minister of Health Regulation Number 5 of 2014 concerning Clinical Practice Guidelines for Doctors in Primary Health Care Facilities.

The hospital is run based on Pancasila and is based on human values, ethics and professionalism, benefits, justice, equal rights and anti-discrimination, equity, patient protection and safety and has a social function. In the preamble of Article 1 of Law Number 44 of 2009 concerning Hospitals, it is stated that the definition of a hospital is a health service institution that provides complete health services that provide inpatient, outpatient, and emergency services.

Health care facilities are required to have an Emergency Installation unit which is the frontline health service for emergency services assisted by a triage system, the existence of emergency services must be able to avoid professional misconduct which can adversely affect the performance of doctors as health service providers due to not meeting the requirements. professional standards, service standards, standard operating procedures and medical practice standards in accordance with the code of ethics of the medical profession and implementing emergency care systems and critical care management within health care facilities. The regulation above shows that every hospital is required to have an Emergency Unit. Emergency patient services in intra-health care facilities are part of the medical services needed by patients in an immediate manner to save their lives.

The hospital is a place to get promotive, curative, preventive, rehabilitative health services as well as providing emergency services and referral health services from other health facilities.

### **Sources of the Ministry of Health of the Republic of Indonesia in 2019**

Based on data released by the Ministry of Health in 2019 regarding the number of hospitals owned by the government, owned by the police, owned by the TNI, owned by SOEs, owned by the City Government, owned by the Regency Government and privately owned, namely 33 government-owned hospitals, 45 hospitals owned by the Police, 68 SOE-owned hospitals, 90 city-owned hospitals, 120 TNI-owned hospitals, 141 provincial-owned hospitals, 529 hospitals owned by the district government, and 1,800 privately owned hospitals. As is known, the private sector owns 1,800 hospitals or 63.5% of the total in the country. As many as 529 hospitals are owned by the Regency Government and 141 are owned by the Provincial Government. Meanwhile, the number of hospitals owned by the central government is only 33 units, as shown in the graph.

### **Data Sources from the Central Statistics**

Agency 2011-2021 The Central Statistics Agency (BPS) noted that the number of hospitals in Indonesia was 3,112 units in 2021. This value increased by 5.17% from the previous year which was 2,959 units. The number consists of general hospitals and special hospitals. In the graph above, the number of hospitals continues to increase every year. In 2011, the number of hospitals in the country was only 1,721, ten years later, the number of hospitals increased by 80.8%. The most hospitals are in East Java, which is 445 units, followed by West Java with 391 units and Central Java with 324 units, West Sulawesi with 13 hospitals and hospitals in North Kalimantan being the least, with 11 units.

The hospital has been established from 2011 to 2021 based on data from the Central Statistics Agency as many as 3,112 hospital units spread across almost all regencies/cities showing that health services can be easily accessed by people who need health care, especially when there are people who experience emergency conditions with can quickly access emergency services at the nearest Emergency Installation health service facility so that first aid for saving patient lives and preventing the risk of disability can be met quickly.

In Das Sollen, the handling of emergency patients at health service facilities is regulated in:

1. Article 51 letter d of Law Number 29 of 2004 concerning Medical Practice, a doctor or dentist in carrying out medical practice has the obligation to  
: basic humanity, unless he believes someone else is on duty and capable of doing it.

Doctors or dentists in providing health services to patients experiencing emergency conditions must be quick to respond and act based on humanity according to the 2nd principle of Pancasila, namely a just and civilized humanity that can be used as a guide for living every day to practice medicine wherever they are.

In the context of health, in an emergency, the doctor can take medical action with the aim of saving the patient's life without the patient's prior consent. Patients who experience an emergency must immediately get medical help and informed consent can be done after medical action is carried out.

The role and function of nurses in emergency conditions as emergency nurses is to triage, assess, and set priorities in a wider spectrum of clinical conditions in various sudden situations, ranging from life threatening to critical conditions then reported to doctors who have emergency competency qualifications. .

*Article 49 letter e of Law Number 4 of 2019 concerning Midwifery, in carrying out the task of providing maternal health services as referred to in Article 46 paragraph (1) letter a:*

"Midwives are authorized to carry out emergency first aid for pregnant, maternity, postpartum women and carry out early detection cases of risk and complications during pregnancy, childbirth, the puerperium, and post-miscarriage care and continued with referrals."

Midwives have an important role in efforts to reduce maternal morbidity and mortality through their ability to carry out supervision, assistance to mothers, supervision of newborns (neonates) and at the time of delivery, postpartum mothers and are able to identify deviations from normal pregnancy and childbirth, and if experiencing difficulties in an emergency, midwives are required to make referrals to appropriate health care facilities.

Article 34 paragraph (1) Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector, Hospital Obligations to provide emergency services to patients in accordance with their service capabilities as referred to in Article 27 paragraph (1) letter c are carried out in emergency installations in the form of: triage; and lifesaving or disability prevention measures.

Hospitals in carrying out their obligations to provide emergency services to patients are carried out by doctors, dentists, nurses, and/or other health workers adjusted to their service capabilities at predetermined levels. The ability of hospital services there are types of general hospitals and special hospitals.

*Article 11 of the Regulation of the Minister of Health Number 47 of 2018 concerning Emergency Services, states: Doctors, dentists, nurses, and/or other health workers as referred to in paragraph (2) must have emergency competence.*

Placement of human resources and or other health workers in the Emergency Unit must have emergency competence. The Regulation of the Minister of Health Number 47 of 2018 concerning Emergency Services is stated in Article 11 paragraph (2) of human resources, namely doctors, dentists, nurses and/or health workers. Health care facilities in hospitals basically have medical personnel who have been specifically positioned according to their duties and functions taking into account their scientific discipline or educational background.

Basically, emergency services at health care facilities, in fact, there are still health care facilities when an emergency patient asks for a down payment before medical action is taken, and or asks for health insurance for participation in the Health Insurance program. If you do not provide a down payment or health insurance for an emergency patient, no medical treatment will be provided. This is a form of refusal of emergency patients that cannot be justified as stipulated in Article 32 paragraph (2) of Law Number 36 Year 2009 concerning Health, in an emergency, health service facilities owned by the government and private are prohibited from refusing patients and/or asking for an advance. . Health care facilities refuse patients in emergency

conditions on the grounds that there are no human resources that can handle emergency patients because they do not have specialist doctors, and health care facilities refuse emergency patients on the grounds that there is no adequate medical equipment to carry out examinations for the type of disease involved. Suffered by the patient. Researchers found 2 incidents of refusal of emergency patients which led to the court and 17 incidents of refusal of emergency patients at health service facilities in hospitals, carried out through mediation between the patient or his family and the hospital with a mediator from the local Health Service.

The following are the refusal of patients in an emergency condition at health care facilities, among others:

First, On November 10, 2015, the DJO brought his wife, SR, who was weak, short of breath, to the HSM Jakarta Hospital by bringing a doctor's referral letter from AAP Puskesmas Pondokgede Bekasi with a diagnosis of Tuberculosis of other specified organs to the hospital at HSM Jakarta Hospital because the hospital has more complete treatment equipment than the Puskesmas, when he arrived at the Emergency Installation at HSM Jakarta Hospital, SR's husband was asked for an advance payment at the ER patient registration section so that his wife could immediately take medical action. SR, because he did not have money to pay the down payment, one of the nurses asked his husband if your wife had a health insurance membership insurance card, SR's husband answered that his wife did not have a health insurance card, not long after SR's husband was called by the doctor MM, then MM doctor gave a letter of referral back to SR's husband with a note that "this patient's case on behalf of SR is not an emergency case, it can still be handled at the Puskesmas". SR's husband took his wife home, a few hours later SR died at his residence. In the judge's consideration, based on the description of the legal facts above related to the provisions of the law, it can be concluded that the attitude of the MM doctor who referred back the SR patient to the Puskesmas was a form of service that was not safe and of poor quality, because in about 10 years, ten) minutes have immediately decided to refer back without doing enough patient observation and the attitude of the MM doctor who referred back the SR patient, it can be qualified that the MM doctor has committed an act that is against the law (onrechtmatige daad) and the act has caused direct harm to the patient. SR's husband, because the SR patient could not receive his right to medical services that should have been accepted as a material loss and it was proven 5 (five) hours after the refusal to be treated at the Jakarta HSM Hospital, that the SR patient dies resulting in immaterial losses. In the judge's further consideration, it was stated that in addition to violating the structural norms regarding unlawful acts regulated in Article 1365 of the Civil Code, the act of refusal was contrary to the provisions of a special nature, namely Article 29 paragraph (1) letter j and contrary to Article 29 letter p of Law Number 44 of 2009 concerning Hospitals and the act of refusal also contradicts Article 32 paragraph (2) of Law Number 36 of 2009 concerning Health, which states that in an emergency situation, health service facilities, owned by the government and private sector, are prohibited from refusing patients and/or asking for an advance. The court's decision stated that the Defendants had committed an unlawful act as stated in the decision Number 402/Pdt.G/2016/PN.Jkt.Tim.

Second, emergency patient service that happened to MP's wife named S, at around 06.00 WIB on March 28, 2016, MP took him to RSIA BA Banda Aceh, for delivery, when he arrived at the health care facility through the Emergency Installation RSIA BA Banda Aceh. Aceh patient S is in a late pregnancy, experiencing ruptured membranes at home. After registering through the Emergency Unit, MP was asked for a down payment by the ER patient registration department, but MP did not have an advance for medical treatment costs. Patient S was brought to the delivery room for treatment by 2 (two) midwives and 2 (two) Health Nursing School students. Since being in the delivery room for about 6 (six) hours, namely from 06.00 to 13.00, the husband of patient S did not see any proper and reasonable medical action that should be carried out by health workers. The condition of patient S seems to be getting worse but has not yet received health services, at that time the husband of patient S asked his wife to be referred to a hospital health service facility that is able to handle patient S, but the UWK doctor and the ER midwife did not make an immediate referral.

Due to the incomplete medical equipment of RSIA BA Banda Aceh, then patient S was referred to the health service facility at the Banda Aceh Hospital, when he arrived at the health care

facility at the Banda Aceh Hospital, patient S was given a Cesarean section, when the Cesarean section was performed, baby S was found to be dead and postoperative. Cesarean section not long after that patient S died. The lack of medical equipment and the lack of ability of UWK doctors and ER midwives to provide first aid and make observations that were not in accordance with standard operating procedures, professional standards and medical needs resulted in the death of patient S and the baby S they were carrying. In the judge's consideration, this UWK doctor and ER midwife have violated the provisions of Article 51 letter a of Law Number 29 of 2004 concerning Medical Practice, doctors and dentists provide medical services in accordance with professional standards and standard operating procedures as well as patients' medical needs and violate medical discipline as regulated in Article 3 paragraph (2) letter f of the Indonesian Medical Council Regulation Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists, does not take adequate medical action/care in certain situations that can endanger patients and violates Article 32 paragraph (1) and paragraph (2) of Law Number 36 Year 2009 concerning Health. In the judge's further consideration, based on the description of the legal facts above which are connected with the provisions of the law, it can be concluded that UWK and ER doctors also violate Article 1365 of the Civil Code. The person who because of his fault published the loss, compensates for the loss. The court's decision stated that the Defendants had committed an unlawful act as stated in Decision Number 38/Pdt.G/2016/PN.Bna.

Third, the health service facilities of the MK Jakarta Hospital. The refusal of the patient in an emergency condition was carried out by the Jakarta MK Hospital, a toddler patient named TD who suffered from a lung infection. TD toddler patients are refused to receive emergency treatment because the patient's parents have not been able to pay an advance for the pediatric intensive care unit (PICU) room where the room is devoted to toddlers. Parents of TD toddlers cannot pay directly at that time, so refuse TD's toddlers to be given care and treatment. The refusal of TD toddlers in addition to no cost is also due to the complicated administrative management procedures for using the PICU room facilities to go through hospital management, while TD toddlers really need the PICU room.

Based on the problems mentioned above, this study aims to examine and analyze health care facilities refusing emergency patient services; The next step is to review and analyze the rules for making regulations on health care facilities in the care of emergency patients that are currently in effect. Then to review and find and strengthen regulations for health care facilities in providing equitable emergency patient services.

## RESEARCH METHOD

This research method was carried out by normative and empirical juridical research methods. Case studies are discussed with a statutory approach to the regulation of health care facilities in the care of emergency patients. The data used in this paper is secondary data which includes 3 (three) legal materials, namely primary legal materials, secondary legal materials and tertiary legal materials. The sampling method used is purposive sampling. This research uses literature studies and field studies to analyze qualitatively using the current laws and regulations. The author conducts a study and analysis in this study using the Grand Theory, namely the Welfare State theory, Middle Theory, namely the Justice theory, the Legislation Formation theory and the Legal System theory and Applied Theory, namely the Legal Protection theory and the Health Degree theory.

To obtain primary data, the authors conducted interviews that had been prepared in the interview guidelines at government-owned health care facilities, namely Dr. RSUPN. CM Jakarta, and privately owned hospitals, namely RS CTA Bogor, West Java and RSIA HS Bangkalan, East Java and MLA Hospital, Bogor City, West Java.

The author conducted research at the location of health care facilities of 1 (one) government hospital, RSUPN CM Jakarta and 3 (three) private hospitals, Bogor CTA Hospital, Bangkalan HS RSIA and Bogor City MLA Hospital.

## Figure-3 Thinking Framework

The framework is useful as a guide and direction for the discussion of the entire series of studies, in order to stay focused and focused on the goals that have been set. To be able to make this



framework, it is necessary to first determine the scope of the study of legal issues in health care facilities. The main topic of discussion in this study is about the service of health care facilities in the care of emergency patients. The parties involved are the doctor on duty at the Emergency Installation unit, the Head of the Emergency Installation Unit and patients who have received emergency handling services. The relationship between hospitals, doctors and patients at health care facilities is not preceded by an agreement because patients who come directly to the Emergency Room are physically and psychologically weak, in an emergency, emergency and or emergency condition. Based on the context of the writing here, what is emphasized is the regulation of health care facilities in the application of the law to protect emergency patients and also doctors get legal protection when taking medical actions or medical care at certain times that must be done to emergency patients to provide first aid for rescue. Patient's life and/or disability prevention first. In the regulation of health care facilities in emergency patient services, one of them is to provide legal protection for patients, doctors and health care facilities.

## RESEARCH RESULTS

### 1. Regulation of Regulation of Health Service Facilities in Emergency Patient Service that is currently

In effect Provisions regarding the provision of assistance in an emergency are regulated in Article 51 letter d of Law Number 29 of 2004 concerning Medical Practice, a doctor is obliged to provide emergency assistance on the basis of humanity. Emergency assistance as referred to in Article 51 letter d is to provide assistance to someone in an emergency condition who requires health services quickly in order to save his life and or avoid the risk of disability. In the context of health, in an emergency, doctors can perform medical actions on a humanitarian basis by respecting the human dignity of each individual, namely patients must be treated as human beings who have the right to self-determination and doctors can protect their patients. Doctors can respect each other's human dignity, doctors must also be able to make sure that the patients they treat are in good health. Doctors can be friendly or help more than just fulfill their obligations and doctors can be fair to their patients, this is in accordance with Article 13 of the Indonesian Medical Code of Ethics, every doctor is obliged to provide emergency assistance as a humanitarian task, unless he believes that someone else is willing and able to provide assistance. able to give it.

Doctors as ordinary people who work as health service providers in ordinary conditions or in emergency conditions whose life is attached to human rights that are protected from every existing law concerning health services. Patients who experience an emergency must immediately get medical help/medical action and informed consent can be done after medical action is carried out with the aim of saving the patient's life or preventing disability without the patient's prior consent. As a result of the law regarding the handling of emergency patients without using informed consent, doctors should still be in charge of treating patients. The absence of informed consent does not make the doctor free from responsibility if there is an error or negligence in the medical treatment given. Even though it is protected by law, there are still legal consequences if the doctor does not take medical action according to the applicable rules.

Emergency patient services at health care facilities can provide medical treatment for emergency patients who enter through the Emergency Room, then doctors, dentists, nurses and or health workers quickly provide triage to sort out patients who are in critical condition, emergency condition, emergency condition. Emergency and/or non-emergency and non-emergency conditions. Patients who enter through the Emergency Unit must be served even without a down payment and or without a health insurance program from the government, namely the National Health Insurance-Healthy Indonesia Card (JKN-KIS), focusing on first aid for saving patient lives and preventing disability and health care facilities in an emergency it is prohibited to refuse a patient for the sake of life safety, the prohibition of refusing a patient has been regulated in Article 32 paragraph (2) of Law Number 36 of 2009 concerning Health.

Health care facilities in the service of emergency patients are not allowed to ask for advances from patients or their families as a requirement for providing medical treatment, the prohibition on asking for advances has been regulated in Article 32 paragraph (2) of Law Number 36 of 2009 concerning Health, in an emergency, health facilities, owned by the government or the

private sector are prohibited from refusing patients and/or asking for a down payment. Health service activities in order to improve the quality of health should contain the nature of first aid for saving patient lives and preventing disability first.

Hospitals are not justified in delaying providing emergency services in an emergency patient condition on the grounds that the patient has not given a down payment, because basically the hospital has a social function that must be carried out and cannot be ignored as a health service provider. Based on Article 29 of Law Number 44 of 2009 concerning Hospitals, it is stated that every hospital has obligations, namely:

- a. Provide emergency services to patients according to their service capabilities.
- b. Carry out social functions, among others, by providing service facilities for underprivileged/poor patients, emergency services without a down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions.

2. Research Results on Health Care Facilities in Emergency Patient Services Health care facilities in the Emergency Room include adult emergency services for cases of surgery, internal medicine, ENT, eye, neurology, resuscitation and isolation rooms with Emergency room capacity (red) for 3 patients, Urgent room (Yellow) for 14 patients, Non Urgent Room (Green) for 3 patients and Isolation Room for 1 patient. Emergency services for psychiatric cases are carried out in the Psychiatric Inpatient Room. Emergency operations are carried out in the operating room of the Central/Central Surgical Installation. Emergency services with a fairly wide and large capacity. RSUPN dr. CM provides emergency services handled by specialist doctors and nurses with a fixed number.

Emergency Installation of RSUPN dr. CM provides 40 beds for patients who require emergency measures until they wait for the availability of the treatment room or are referred to other hospitals. Emergency services for Obstetrics and Gynecology cases are carried out at the Obstetrics and Gynecology Polyclinic. The author concludes that the health service facilities of RSUPN dr. CM Jakarta in the service of emergency patients is in accordance with Article 51 letter d of Law Number 29 of 2004 concerning Medical Practices, Article 32 paragraphs (1) and (2) of Law Number 36 Year 2009 concerning Health, Article 34 paragraph (1) Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector and Article 11 paragraph (3) of the Regulation of the Minister of Health Number 47 of 2018 concerning Emergency Services.

## CONCLUSION

Based on the results of the research and discussion that have been described previously, the following conclusions can be formulated:

1. The cause of refusal of emergency patient services by health workers is due to internal factors, namely the lack of health equipment, facilities and infrastructure, hospital management and lack of human resources. Training *Advanced Trauma Life Support, Advanced Cardiac Life Support* and *Basic Life Support* and external factors do not require a down payment and patients do not have health insurance.
2. The current regulation of health care facilities in the care of emergency patients, namely "Law Number 29 of 2004 concerning Medical Practice" Article 51 letter d Doctors or dentists in carrying out medical practice have the obligation to: (d) provide emergency assistance on a humanitarian basis, unless he believes someone else is on duty and capable of doing so. Law Number 36 Year 2009 concerning Health. Article 32 paragraph (1) In an emergency, health service facilities, both government and private, are obligated to provide health services to save the patient's life and prevent disability first.
3. Paragraph (2) In an emergency, health service facilities, both government and private, are prohibited from refusing patients and/or asking for an advance. Law Number 44 of 2009 concerning Hospitals. Article 29 of Law Number 44 of 2009 concerning Hospitals, states that every hospital has obligations, namely:

- a. Provide emergency services to patients according to their service capabilities.

- b. Carry out social functions, among others, by providing service facilities for underprivileged/poor patients, emergency services without a down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions.
- Law Number 24 of 2011 concerning the Social Security Administering Body. Article 9 paragraph (1): State that BPJS Health as referred to in Article 5 paragraph (2) letter a has the function of organizing a health insurance program.
  - Law Number 36 of 2014 concerning Health Workers Article 59 paragraphs (1) and (2) which states that:
4. Health workers who practice at Health Service Facilities are required to provide first aid to Health Service Recipients in an emergency situation and/or in disasters to save lives and prevent disability.
  5. Health workers as referred to in paragraph (1) are prohibited from rejecting Health Service Recipients and/or are prohibited from requesting advance payment. Law Number 38 of 2014 concerning Nursing. Article 35 In an emergency to provide first aid, a nurse can take medical action and administer medicine according to their competence. The first aid as referred to in paragraph (1) aims to save the life of the Client and prevent further disability. The emergency situation as referred to in paragraph (1) is a condition that threatens the life or disability of the patient.
    - 1) The emergency situation as referred to in paragraph (1) is determined by the Nurse in accordance with the results of the evaluation based on his knowledge.
    - 2) Further provisions regarding the emergency as referred to in paragraph (1) shall be regulated by a Ministerial Regulation. Law Number 4 of 2019 concerning Midwifery Article 49 letter e in carrying out the task of providing maternal health services as referred to in Article 46 paragraph (1) letter a.
      - a) Midwives are authorized to carry out emergency first aid for pregnant women, maternity, postpartum and carry out early detection of risk and complication cases during pregnancy, childbirth, postpartum, as well as post-miscarriage care and followed by referrals.
        - Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector. Article 34 paragraph (1):
  6. Hospital's obligation to provide emergency services to patients in accordance with their service capabilities as referred to in Article 27 paragraph (1) letter c is carried out at the emergency department in the form of: triage; and lifesaving or disability prevention measures.
  7. Regulation of the Minister of Health Number 4 of 2018 concerning Hospital Obligations and Patient Obligations. Article 7 paragraphs (1) to (6), namely
    - a. The obligation of the Hospital to provide emergency services to patients in accordance with their service capabilities as referred to in Article 2 paragraph (1) letter c is carried out at the emergency department in the form of triage; and life-saving or disability prevention measures.
    - b. The service capability as referred to in paragraph (1) is carried out in accordance with the standards of the Emergency Room according to the type and classification of the Hospital.
    - c. Triage as referred to in paragraph (1) letter a is an initial examination or rapid screening of all patients who come to the Emergency Room to identify their emergency status and priority treatment which must be followed up immediately with first aid according to their medical needs.
    - d. Triage as referred to in paragraph (3) must be carried out on every patient who comes to the Emergency Room.
    - e. The priority of patient care is based on the results of the triage as referred to in paragraph (3) carried out in accordance with service standards.
    - f. In addition to receiving emergency services as referred to in paragraph (1), every patient who comes to the emergency department is required to have a doctor in charge of the service on site.



8. Regulation of the Minister of Health Number 47 of 2018 concerning Emergency Services. Article 11 paragraph (3). Doctors, dentists, nurses and/or other health workers as referred to in paragraph (2) must have emergency competence. Strengthening the regulation of health care facilities in providing equitable emergency patient services is carried out through strengthening the legal substance, as follows:
  - a. Article 51 letter d of Law Number 29 of 2004 concerning Medical Practice. Doctors or dentists in carrying out medical practice have the obligation to provide emergency assistance on a humanitarian basis and act fairly, unless they believe that someone else is on duty and capable of doing so. Article 32 paragraph (1) and paragraph (2) of Law Number 36 Year 2009 concerning Health. In an emergency, health care facilities, both government and private, are required to provide health services and first aid to save patient lives and prevent disability. In an emergency, health care facilities, both government and private, are prohibited from refusing emergency patients without health insurance and/or asking for advances for emergency patients.
  - b. Article 34 paragraph (1) Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector. The Hospital's obligation to provide emergency services to patients by doctors, dentists, nurses and or other health workers who have emergency competence to attend *Advanced Trauma Life Support, Advanced Cardiac Life Support* and *Basic Life Support* with the ability to service as referred to in Article 27 paragraph (1) letter c carried out at the emergency department in the form of: triage; and lifesaving or disability prevention measures. Article 11 paragraph (3) of the Regulation of the Minister of Health Number 47 of 2018 concerning Emergency Services. Doctors, dentists, nurses, and/or other health workers as referred to in paragraph (2) must have emergency competence training *Advanced Trauma Life Support, Advanced Cardiac Life Support* and *Basic Cardiac Life Support*

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