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Medicolegal Aspects of Nursing Practice in the Emergency Room of Bhayangkara Hospital, Semarang

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Abstract. *This study aims to analyze the implementation of medicolegal legal aspects in nursing practice at the Emergency Department (ED) of Bhayangkara Hospital Semarang, identify the constraints faced, and formulate efforts to improve understanding and implementation. This research uses empirical legal research methods with a sociological juridical approach and a case study design. Data were obtained through in-depth interviews with the Head of the ED, observation, and documentation studies, which were then analyzed using qualitative data analysis techniques from the Miles and Huberman model. The results show that the implementation of medicolegal aspects in the ED of Bhayangkara Hospital Semarang has generally been carried out in accordance with applicable professional standards and regulations, with nurses having carried out legal responsibilities (civil, criminal, administrative) as well as independent and collaborative authority based on Law No. 38 of 2014 concerning Nursing. However, several main constraints were found, namely: (1) the lack of patient family understanding of legal provisions in emergency situations; (2) misconceptions regarding the limits of nurses' authority; (3) documentation constraints in emergency conditions; (4) communication barriers with patient families; and (5) limited resources and regulatory complexity. Based on these findings, this study recommends a series of comprehensive improvement efforts, including continuous education for nurses, development of efficient documentation systems, improved communication with patient families, strengthening institutional support, and public education.*

Keywords: *Emergency Department; Legal Responsibility; Nurse Authority; Medicolegal Law; Nursing Practice.*

1. Introduction

The Emergency Department (ER) is a healthcare unit with special characteristics for treating patients in critical condition who require immediate care. In the context of healthcare services in Indonesia, the ER serves as the primary gateway for people requiring medical assistance in

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emergency situations.[1]The role of nurses in the emergency room is vital because they are the first healthcare workers to interact with patients and often have to make quick decisions under stressful conditions.[2]

Bhayangkara Hospital Semarang as a hospital owned by the Republic of Indonesia National Police has a special responsibility in providing health services not only to members of the National Police and their families, but also to the general public.[3]The complexity of services at the Bhayangkara Hospital Semarang Emergency Department is increasing along with the development of medical technology and public demands for quality health services.

Nursing practice in the emergency department faces significant legal challenges. Nurses, as professional healthcare workers, have authority and responsibilities stipulated in various laws and regulations, including Law No. 36 of 2009 concerning Health, Law No. 38 of 2014 concerning Nursing, and various derivative regulations.[4]However, the implementation of legal aspects in daily nursing practice still faces various obstacles and problems.

Medicolegal aspects in nursing encompass various complex dimensions, ranging from informed consent, nursing documentation, service standards, to legal liability in cases of malpractice.[5]In the ER, this complexity is further increased by emergency conditions which often make it impossible to carry out complete administrative procedures as they should.[6]Emergency room nurses must be able to balance the demands of providing immediate assistance with compliance with applicable legal aspects.

2. Research Methods

This research uses empirical legal research with a sociological-juridical approach. Empirical legal research examines the operation of law in society, namely how the law is implemented in practice.[7]A sociological juridical approach is used to analyze the medicolegal aspects of nursing practice in the Emergency Department by looking at its implementation in the field.

The research method used was a qualitative research method with a case study design. This case study was chosen because this research focuses on one specific institution, namely Bhayangkara Hospital Semarang, with the aim of gaining a deeper understanding of the phenomenon under study.[8]A qualitative approach was chosen because this study seeks to

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[5]M. Jusuf Hanafiah and Amri Amir, Medical Ethics and Health Law, Fifth Edition, EGC, Jakarta, 2018, p. 178.
[6]Imam Gunawan, "Medicolegal Aspects of Nursing Practice in Indonesia", Daulat Hukum, Vol. 4, No. 1, 2021, p. 67.
[7]Soerjono Soekanto and Sri Mamudji, Op.Cit., p. 45.
[8]Amiruddin and Zainal Asikin, Op.Cit., p. 145.

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understand the meaning and interpretation of the actors involved in nursing practice in the ER.

3. Results and Discussion

3.1. Implementation of Medicolegal Aspects in Nursing Practice in the Emergency Room of Bhayangkara Hospital, Semarang

a. General Overview of the Implementation of Medicolegal Aspects in the Emergency Room

The implementation of medicolegal aspects in nursing practice in the Emergency Department (ER) of Bhayangkara Hospital Semarang is an inevitability that cannot be separated from professional healthcare services. Based on the analysis of the two cases discussed in this study, it can be identified that the implementation of medicolegal aspects in the ER of Bhayangkara Hospital Semarang has been carried out with attention to the basic principles of emergency care, although in practice it still faces various challenges and complex dynamics.

Referring to the theory of legal responsibility put forward by Hans Kelsen in his pure legal theory (reine rechtslehre), legal responsibility is the obligation to carry out sanctions as a consequence of violating legal norms. From this perspective, nurses in the emergency room at Bhayangkara Hospital Semarang have an obligation to carry out nursing practice in accordance with applicable legal norms, whether sourced from laws, government regulations, or nursing professional standards. The implementation of this legal responsibility is reflected in every action taken by nurses in treating emergency patients.

In the first case involving a CT patient, a 45-year-old man with hemorrhagic stroke and decreased consciousness, the implementation of medicolegal aspects can be seen in the nurse's actions who immediately carried out a red triage categorization and carried out emergency life-saving measures. These actions included installing oxygen, IV access, checking vital signs, and preparing for resuscitation according to applicable protocols. From the perspective of the authority theory put forward by Philipus M. Hadjon, the nurse's actions constitute a legitimate use of authority because they are based on abilities that are based on law, namely Law Number 38 of 2014 concerning Nursing and its implementing regulations.

In his work, Ridwan HR explains that legal responsibility is essentially a juridical responsibility, namely, accountability based on applicable legal provisions. In the context of the first case, the actions of the emergency room nurse in treating a CT patient without waiting for formal approval (informed consent) from the family is an implementation of applicable legal provisions in emergency situations. This is in line with the principles stated in Law Number 36 of 2009 concerning Health and the Minister of Health Regulation governing exceptions to informed consent in life-threatening emergencies.

b. Implementation of Legal Responsibilities of Emergency Room Nurses

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The implementation of legal responsibility of nurses in the Emergency Department of Bhayangkara Hospital Semarang can be analyzed based on three main categories as stated by legal experts, namely civil responsibility, criminal responsibility, and administrative responsibility.

1) Implementation of Civil Liability

In the context of civil liability, Yahya Harahap stated that civil liability in the health sector generally takes the form of compensation (damages) that must be paid to the injured party. The implementation of civil liability by nurses in the Emergency Department of Bhayangkara Hospital Semarang is reflected in the effort to provide services in accordance with professional standards so as not to cause harm to patients. The legal basis for this civil liability can be found in Article 1365 of the Civil Code concerning unlawful acts and Article 1366 of the Civil Code concerning negligence.

In the first case, although the CT patient's family questioned the lack of documented consent prior to the intervention, the nurse's actions could not be categorized as unlawful or negligent because they were carried out in a life-threatening emergency. Rosa Agustina explained that losses under civil liability can include both material and immaterial losses. In this case, the nurse's failure to act quickly could have resulted in greater losses for the patient, both material losses in the form of higher medical costs due to delayed treatment, and immaterial losses in the form of greater physical and psychological suffering.

In the second case involving patient HY, a 60-year-old woman with acute heart failure, the implementation of civil liability can also be seen in the nurse's actions in performing independent interventions such as administering high-flow oxygen, inserting an IV, applying a semi-Fowler's position, and maintaining close monitoring. These actions were carried out within the nurse's civil liability framework to prevent greater harm to the patient due to delayed treatment.

Agus Yudha Hernoko explained that in the Indonesian legal system, the principle of liability based on fault is very dominant, especially in civil law. In the context of nursing, nurses can only be held civilly liable if proven to have committed an error or negligence in carrying out their duties. Based on an analysis of the two cases, the actions of the emergency room nurse at Bhayangkara Hospital Semarang did not meet the elements of error or negligence because they were carried out in accordance with professional standards and in order to save the patient's life.

2) Implementation of Criminal Responsibility

Criminal liability arises when a nurse's actions meet the elements of a crime as stipulated in the Criminal Code or other specific criminal laws. Wirjono Prodjodikoro stated that criminal liability is personal and cannot be transferred to another party. In nursing practice in the emergency room, crimes that can be committed include negligence resulting in death (Article 359 of the Criminal Code) or assault (Article 351 of the Criminal Code).

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The implementation of criminal liability in the emergency room at Bhayangkara Hospital in Semarang is reflected in the nurses' awareness to always act in accordance with professional standards and applicable protocols. In both cases, the nurses' actions did not meet the elements of a criminal offense because they were carried out with the aim of saving the patient's life and within the authority granted by law.

Titik Triwulan Tutik stated that errors in nursing practice can be intentional (dolus) or negligent (culpa). Intentional misconduct in the medical context is relatively rare, while negligence is more often the basis for lawsuits against healthcare workers. In the analysis of both cases, no elements of intent or negligence were found in the nurses' actions. On the contrary, the nurses' swift and appropriate actions reflected professionalism and adherence to emergency care standards.

Andi Hamzah emphasized that proving criminal offenses in the healthcare sector requires specialized expertise and often involves medical experts as expert witnesses. In the emergency room (ER) context, the assessment of nurses' actions must take into account the unique conditions of emergency care, which require rapid and accurate decision-making within a very limited timeframe. Therefore, the implementation of criminal liability in the emergency room at Bhayangkara Hospital Semarang must be understood within the context of the unique characteristics of emergency care.

3) Implementation of Administrative Responsibilities

Administrative responsibility relates to violations of applicable administrative provisions in nursing practice. SF. Marbun explained that administrative sanctions aim to ensure compliance with administrative norms, not to impose punishment. Based on Law Number 38 of 2014 concerning Nursing, administrative sanctions can include written warnings, warnings, temporary suspension of practice permits, and even revocation of nursing practice permits.

The implementation of administrative responsibilities in the Emergency Room of Bhayangkara Hospital Semarang can be seen from the nurses' compliance with various applicable administrative provisions, such as ownership of a Registration Certificate (STR) and a Nurse Practice License (SIPP), compliance with standard operating procedures (SOP), and the implementation of complete and accurate nursing documentation.

In the first case, the issue that arose concerned documentation of informed consent. Although the patient's family questioned the lack of such documentation, in life-threatening emergency situations, legal provisions provide an exception to the requirement for informed consent. This is as stipulated in the Minister of Health Regulation, which allows medical procedures to be performed without written consent in emergency situations to save a patient's life.

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3.2. Obstacles Faced by Nurses in Implementing Medicolegal Aspects in the Emergency Room of Bhayangkara Hospital, Semarang

a. Identification of Obstacles in the Implementation of Medicolegal Aspects of Law

Based on the analysis of the two cases discussed in this study, various obstacles faced by nurses in implementing medicolegal aspects in the emergency room of Bhayangkara Hospital Semarang can be identified. These obstacles are multidimensional, encompassing knowledge, communication, documentation, institutional, and sociocultural aspects. A comprehensive understanding of these obstacles is essential for formulating effective improvement efforts.

Satjipto Rahardjo, in his theory of legal protection, emphasizes that legal protection is not passive, but actively empowers legal subjects to defend their rights. In this context, the obstacles faced by nurses can hinder their ability to defend their rights and optimally fulfill their obligations within the applicable medicolegal framework.

b. Obstacles Related to the Patient's Family's Understanding of the Legal Aspects of Emergency Situations

One of the main obstacles identified in both cases was the patient's family's lack of understanding of the legal provisions applicable to emergency situations. In the first case, the CT patient's family questioned the lack of documented informed consent before the intervention, even though the nurse had explained that emergency procedures do not require formal consent under health law.

This obstacle can be analyzed using the legal protection theory proposed by Philipus M. Hadjon. Preventive legal protection aims to prevent disputes, but its effectiveness depends on all parties' understanding of applicable legal provisions. When a patient's family doesn't understand the provisions regarding exceptions to informed consent in emergency situations, the potential for disputes increases.

Veronica Komalawati stated that legal protection for patients is an implementation of human rights in the health sector, which includes the right to information. However, this right to information must be understood in the context of the situation. In a life-threatening emergency, the primary priority is saving lives, while providing information and obtaining informed consent can occur after the patient's condition has stabilized.

This obstacle to understanding among patients' families has several dimensions that require attention. First, there's a lack of public awareness of legal provisions regarding emergency care. Second, there's unrealistic family expectations regarding administrative procedures in emergency situations. Third, there's a tendency to seek blame when treatment outcomes don't meet expectations.

Achmad Ali stated that a balance of legal protection between providers and recipients of care is crucial to creating a harmonious relationship. Obstacles to the patient's family's

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understanding can disrupt this balance and create a situation that is not conducive to optimal healthcare.

c. Obstacles Related to Perceptions of the Limits of Nurses' Authority

In the second case, the challenges that arose were related to perceptions about the limits of nurses' authority in emergency situations. Patient HY's family accused the nurse of "acting without a doctor" and questioned whether the actions exceeded their authority. This perception reflects a lack of understanding of nurses' independent authority as stipulated in the law.

Philipus M. Hadjon defines authority as the ability to perform public legal actions, not merely a factual ability but a legally based ability. The obstacle nurses face is public ignorance about the authority granted by law to nurses to act independently in certain situations.

Dedi Supriadi emphasized that independent authority allows nurses to make professional decisions within their competence. However, the authority granted by this law is not always understood by the general public, who tend to view nurses as simply carrying out doctors' instructions.

The perceived barriers to nurses' authority can be analyzed from several perspectives. First, the old paradigm that positions nurses as healthcare workers who work solely under the direction of doctors remains deeply embedded in society. Second, public awareness of Law Number 38 of 2014 concerning Nursing has not yet reached the wider community. Third, communication between nurses and patients' families in explaining the procedures performed is suboptimal.

Azrul Azwar explained that emergency situations often require nurses to take swift action that may exceed their normal authority. The challenge faced is the public's lack of understanding that in emergency situations, nurses have broader authority to act to ensure patient safety.

4. Conclusion

First, the implementation of medicolegal aspects in the Emergency Room of Bhayangkara Hospital Semarang has generally been carried out in accordance with the principles of emergency services. Nurses have implemented legal responsibilities in three dimensions (civil, criminal, and administrative) in accordance with professional standards. The independent and collaborative authority of nurses is implemented in accordance with Law Number 38 of 2014 concerning Nursing, especially in life-saving actions in emergency situations. The PPNI professional standards are implemented with proportional adaptations prioritizing patient safety. Preventive and repressive legal protection has been implemented through SOPs, practice guidelines, and institutional support, although it still requires strengthening. Based on the analysis of both cases, the nurses' actions can be legally accounted for because they are in accordance with professional standards and the authority granted by law. Second, the obstacles faced are multidimensional, including: (a) External

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obstacles in the form of a lack of understanding by the patient's family regarding emergency legal provisions, a misperception of nurses' authority, and a legal culture in society that tends to seek blame; (b) Internal obstacles in the service system in the form of limited time for comprehensive documentation and communication, the complexity of the patient's condition, and limited human resources; (c) Communication barriers due to family emotional conditions, differences in understanding, and unrealistic expectations; (d) Institutional barriers related to continuing education programs, complaint handling mechanisms, and institutional legal support; (e) Regulatory complexity constraints in interpretation and implementation in complex clinical situations. Third, improvement efforts must be carried out comprehensively through: (a) Increasing nurses' knowledge and competence through continuing education, special training on emergency legal aspects, and systematic clinical supervision; (b) Improving documentation systems with efficient formats, electronic systems, and special protocols for emergency situations; (c) Improving communication through communication protocols, written information for families, and effective communication training; (d) Strengthening institutional support through supportive policies, the formation of legal teams, and risk management systems; (e) Increasing cooperation with PPNI in socializing standards, advocacy, and member protection; (f) Increasing public education about procedures and legal provisions for emergency services; (g) Developing complaint handling and mediation systems; (h) Advocacy for policies and continuous monitoring and evaluation for systematic improvement.

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