

Legal Responsibility of Healthcare Facilities in the Management of Medical Emergencies

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Abstract

The legal responsibility of healthcare facilities in providing emergency services is a crucial element in safeguarding the public's right to health. This study aims to analyze the forms of legal responsibility and the synchronization of regulations concerning the obligations of healthcare facilities in managing medical emergencies. The research method employed is normative juridical, using statutory, conceptual, and analytical approaches. The data is based on primary and secondary legal materials, analyzed through normative qualitative methods using systematic, grammatical, and teleological interpretations. The findings show that the regulation of legal responsibility demonstrates both vertical and horizontal synchronization, especially between Law No. 17 of 2023 on Health, government regulations, and various ministerial decrees. Legal responsibility is divided into two main categories: criminal liability under Article 438 of Law No. 17 of 2023 and administrative liability as stipulated in Ministerial Regulation No. 4 of 2018 and Ministerial Regulation No. 9 of 2014. However, regulatory gaps remain, particularly in rules concerning independent practices and community health centers that do not explicitly mandate emergency care obligations. Therefore, harmonization and legal reform are needed to strengthen the protection of patients in emergency conditions.

Keywords: administrative, criminal law, emergency care, healthcare facilities, legal responsibility

Abstrak

Tanggung jawab hukum fasilitas pelayanan kesehatan terhadap kegawatdaruratan merupakan aspek penting dalam menjamin hak atas kesehatan masyarakat. Penelitian ini bertujuan untuk menganalisis bentuk tanggung jawab hukum serta sinkronisasi peraturan perundang-undangan terkait kewajiban fasilitas pelayanan kesehatan dalam memberikan pelayanan kegawatdaruratan. Metode penelitian yang digunakan adalah yuridis normatif dengan pendekatan perundang-undangan, konseptual, dan analitis. Data yang digunakan bersumber dari bahan hukum primer dan sekunder yang dianalisis secara normatif kualitatif melalui teknik interpretasi sistematis, gramatikal, dan teleologis. Hasil penelitian menunjukkan bahwa pengaturan tanggung jawab hukum telah menunjukkan sinkronisasi vertikal dan horizontal, terutama antara Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, peraturan pemerintah, dan berbagai peraturan menteri kesehatan. Tanggung jawab hukum terbagi menjadi dua bentuk utama, yaitu tanggung jawab pidana sebagaimana diatur dalam Pasal 438 Undang-Undang Nomor 17 Tahun 2023 dan tanggung jawab administratif sebagaimana diatur dalam

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Peraturan Menteri Kesehatan Nomor 4 Tahun 2018 dan Peraturan Menteri Kesehatan Nomor 9 Tahun 2014. Namun demikian, masih terdapat kekosongan norma pada beberapa regulasi, khususnya terkait praktik mandiri dan Puskesmas yang belum secara eksplisit mencantumkan kewajiban layanan darurat. Oleh karena itu, diperlukan harmonisasi dan pembaruan hukum untuk memperkuat perlindungan hukum bagi pasien dalam kondisi gawat darurat.

Kata kunci: administrasi, fasilitas pelayanan kesehatan, kegawatdaruratan, pidana, tanggung jawab hukum

1. INTRODUCTION

Health is a fundamental human right guaranteed by the state through various legal instruments. Law No. 17 of 2023 concerning Health defines health as a state of physical, mental, and social well-being that enables individuals to live productively. This right includes access to quality healthcare services provided by competent professionals and supported by adequate infrastructure.¹ Healthcare facilities serve as the primary institutions responsible for realizing the public's right to health. Emergency medical services (EMS) form an essential part of this responsibility due to their time-sensitive nature. Failure to provide emergency services can result in serious legal and ethical consequences.²

Emergency situations often present critical moments where healthcare providers must act swiftly and responsibly. Healthcare facilities must have clear protocols to manage emergencies in line with legal standards and professional ethics. When these obligations are neglected, the lives and rights of patients are placed at significant risk. An example of this occurred in the case of Wahyu Widiyanto at RS Hermina Malang in 2024. The patient was not given proper emergency care despite showing urgent symptoms, leading to his death. This incident raised public concern over the lack of accountability and compliance with existing health regulations.

¹ Anis Mashdurohatun et al., "Delayed Justice in Protecting Emergency Medical Workers," *Journal of Sustainable Development and Regulatory Issues (JSDERI)* 3, no. 2 (July 21, 2025): 347–71, <https://doi.org/10.53955/jsderi.v3i2.116>.

² Shandiz Moslehi et al., "Components of Hospital Personnel Preparedness to Evacuate Patients in Disasters: A Systematic Review," *BMC Emergency Medicine* 24, no. 1 (February 6, 2024): 21, <https://doi.org/10.1186/s12873-024-00942-x>.

Article 17 of the Ministry of Health Regulation No. 4 of 2018 outlines patients' rights to obtain timely, effective, and humane medical treatment. This regulation includes the right to information, diagnosis, treatment options, and protection from harm. In the RS Hermina case, the refusal to treat was justified by the facility due to full bed capacity, which violated patient rights. Such justification is legally invalid in emergency contexts where saving lives is paramount. This scenario illustrates how healthcare institutions may breach legal duties under the guise of operational constraints. The legal system must ensure that such excuses do not override statutory obligations.

Recent studies reinforce the urgency of this issue. Research by Astrodita Adya Seta³ at Marthen Indey Hospital in Jayapura found that refusal to treat emergency patients contradicts Law No. 17/2023, particularly Article 189. The study emphasized the need for hospital administrators to fulfill their emergency service obligations without delay. Legal accountability must be enforced even when logistical challenges arise. Another study by Redyanto Sidi⁴ in 2023 examined medical negligence and stressed the role of institutional procedures in preventing harm. This research highlighted the necessity of proactive legal risk management by hospitals. These findings suggest that legal clarity and enforcement are central to effective emergency care.⁵

A 2025 case analysis by Gladdays Naurah⁶ reviewed the RS Hermina incident and confirmed the violation of both civil and administrative obligations. The study argued that standard operating procedures (SOPs) were either absent or ignored in the emergency response. The authors proposed increased regulatory supervision and improved

³ Astrodita Adya Seta, "Hospital Emergency Unit Services Reviewed from Legal Aspects: A Case Study of Marthen Indey Hospital, Jayapura" 1, no. 4 (2024): 388–398, <https://doi.org/https://doi.org/10.47353/lawpass.v1i4.37>.

⁴ Redyanto Sidi, "Legal Responsibility for Medical Risks and Medical Negligence in The View of Health Law," *Journal of General Education Science*, January 8, 2024, 104–10, <https://doi.org/10.62966/joges.vi.512>.

⁵ Jingjie An, "Evaluating the Impact of Standardized Hospital Medical Administration on Doctor-Patient Relationships and Clinical Efficiency in Emergency Care: A Controlled Study," *Frontiers in Public Health* 13 (June 20, 2025), <https://doi.org/10.3389/fpubh.2025.1615906>.

⁶ T. R. Naurah, G., Simarmata, M., Risdawati, I., Sumarno, S., & Zarzani, "Analysis of Hospital Legal Responsibility in Cases of Refusal of Emergency Patients Based on Law No. 17 of 2023 Concerning Health," *Legal Brief* 14, no. 3 (2025): 495–505., <https://doi.org/https://doi.org/10.35335/legal.v14i3.1350>.

compliance mechanisms. Legal reforms are essential to enforce institutional accountability during emergency care. SOP adherence is a legal obligation, not merely an administrative guideline. This study aligns closely with the issues examined in the current research.

Legal responsibility also includes ensuring the competence of medical personnel, particularly in high-pressure emergency settings. A 2025 qualitative study in *JMIR Advances in Nursing Judgment* revealed that emergency nurses must master rapid decision-making processes under extreme stress. These competencies include recognizing symptoms, prioritizing actions, and evaluating outcomes. Inadequate training or systemic barriers can hinder these capabilities and lead to legal liability. Healthcare facilities are legally required to maintain the qualifications and readiness of their staff. This obligation extends to continuous professional development and resource availability.

Further insight is provided by Gunawan Widjaja's⁷ 2025 comparative study on hospital liability in Indonesia, Singapore, and Malaysia. The study found that Indonesia lags behind in implementing institutional protections and patient-centered legal frameworks. Countries with advanced health systems enforce hospital accountability through independent accreditation and insurance mechanisms. In contrast, Indonesia lacks robust legal safeguards and enforcement structures. Research by Mashdurohatun (2025) supports this view and recommends legislative reforms, including clear emergency duty statutes and dispute resolution mechanisms. This research aims to analyze the legal responsibilities of healthcare facilities in managing medical emergencies, identify gaps in regulation and implementation, and propose normative and institutional reforms to improve patient protection.

2. RESEARCH METHODS

This study employs a normative juridical method which involves examining primary and secondary legal materials to analyze the laws and regulations governing the

⁷ Gunawan Widjaja, "Comparison Of Legal Liability Of Hospitals In Indonesia With Asean Countries," *JK: Jurnal Kesehatan* 3, no. 4 (2025): 154–61, <https://wikep.net/index.php/JUKESAH/article/download/7/7>.

legal responsibilities of healthcare facilities in handling medical emergencies.⁸ The approaches used include the statutory approach which focuses on reviewing relevant legislation and regulatory frameworks, the analytical approach which aims to assess the coherence, consistency, and effectiveness of those legal norms, and the conceptual approach which explores legal doctrines, definitions, and principles related to patients' rights and healthcare institutions' obligations.⁹ The research specification encompasses the inventory of legal norms, the analysis of legal synchronization both vertically and horizontally, and in concreto legal discovery especially in interpreting hospital responsibilities during emergency situations. These approaches are intended to construct a comprehensive understanding of legal accountability within emergency medical services. The study seeks not only to identify what the law states but also how it is applied in urgent and life-threatening medical contexts.

The type of data used in this study is secondary data which includes primary legal materials such as statutes, ministerial regulations, and court decisions. Data are collected through library research involving systematic review of legal documents and academic literature relevant to the research problem. The collected data are processed through data reduction, data display, and data classification to organize legal materials into coherent thematic categories.¹⁰ The data are presented in a narrative-descriptive format which facilitates structured legal analysis. The analysis method used is qualitative normative analysis supported by content analysis, comparative legal analysis, and three forms of legal interpretation, namely systematic interpretation, teleological interpretation, and grammatical interpretation, to derive the proper legal meaning of norms and assess their application in the context of medical emergencies.¹¹

⁸ Soerjono Soekanto dan Sri Mamudji, *Penelitian Hukum Normatif Suatu Tinjauan Singkat* (Jakarta: PT Raja Grafindo Persada, 2006).

⁹ Johnny Ibrahim, *Teori Dan Metode Penelitian Hukum Normatif* (Malang: Bayu Media Publishing, 2006).

¹⁰ I Wayan Rideng, *Metode Penelitian Hukum Normatif, Kertha Widya*, vol. 1 (Jakarta: Rieneka Cipta, 2013).

¹¹ Irwansyah, *Penelitian Hukum, Pilihan Metode & Praktik Penulisan Artikel, Edisi Revisi* (Yogyakarta: Mirra Buana Media, 2022).

3. RESULTS AND DISCUSSION

3.1. Synchronization of Legal Regulations Governing the Responsibility of Healthcare Facilities in Emergency Medical Services

Legal synchronization refers to the alignment and consistency of laws within a regulatory system to ensure clarity, coherence, and enforceability. In the Indonesian context, synchronization operates in two ways, namely vertically, across different hierarchical levels of legislation, and horizontally, between laws of the same level. Vertical synchronization ensures that lower-level regulations conform to higher legal norms, based on the principle *lex superior derogat legi inferiori*. Horizontal synchronization focuses on harmonizing regulations that are of equal status and regulate the same legal domain. This study applies both approaches in assessing the consistency of legal norms related to the responsibility of healthcare facilities in providing emergency services. A coherent legal system depends on how these different levels of law interact in a structured and consistent manner.

This research is grounded in Hans Kelsen's theory of legal norms, which views legal systems as hierarchical, where each lower norm derives its validity from a higher one, culminating in the Grundnorm or basic norm.¹² The theory is further elaborated by Hans Nawiasky, who classifies legal norms into four distinct levels: fundamental norms of the state, basic rules of the state, formal legislation, and implementing as well as autonomous regulations. Indonesia adopts this structure in Article 7 of Law No. 12 of 2011, as amended by Law No. 13 of 2022, which outlines the hierarchy of legal instruments ranging from the Constitution to local regulations. Each healthcare-related regulation must be consistent with the higher law from which it derives authority. This legal framework allows researchers to identify inconsistencies or overlaps in regulation. It also forms the basis for evaluating the coherence of existing legal norms in emergency healthcare governance.¹³

¹² Cahya Iradi Arimba, "Hans Kelsen's Nomostatics and Nomodynamics Legal Theory," *Justice Voice* 2, no. 2 (June 2, 2024): 55–63, <https://doi.org/10.37893/jv.v2i2.773>.

¹³ Novita Tandry et al., "The Legal Protection for Patients in Medical Practice and Healthcare Services," *International Journal of Law, Social Science, and Humanities* 1, no. 2 (November 30, 2024): 100–110, <https://doi.org/10.70193/ijlsh.v1i2.155>.

An inventory of relevant health regulations indicates that vertical synchronization is generally upheld in Indonesia's legal framework for emergency healthcare. Regulations such as Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, and multiple Minister of Health Regulations follow a structured legal hierarchy. Notable among these are Ministerial Regulation No. 47 of 2018 on Emergency Services, No. 4 of 2018 on Hospital and Patient Obligations, and No. 19 of 2016 on the Integrated Emergency Response System, all of which detail institutional duties and patient rights. These regulations are consistent with their respective superior laws and reflect appropriate legal delegation. They establish a normative chain that reinforces institutional accountability in the provision of emergency medical services. The consistency observed among these instruments reflects strong vertical integration of legal obligations.

Nevertheless, some regulatory inconsistencies still exist. For example, Ministerial Regulation No. 2052/MENKES/PER/X/2011 on independent medical practice and Regulation No. 43 of 2019 on community health centers do not clearly mandate emergency response responsibilities. This omission contradicts the mandate found in Ministerial Regulation No. 47 of 2018, which requires all healthcare facilities to provide emergency care services. Such inconsistency disrupts regulatory clarity and weakens enforcement. Facilities such as solo practices and public health centers remain ambiguously positioned within the emergency care framework. These gaps indicate the need for revision and alignment of lower-level regulations to fully reflect their higher legal sources. Without harmonized obligations, legal accountability becomes inconsistent and fragmented.

In terms of horizontal synchronization, the alignment among regulations of equal level is generally consistent within the emergency healthcare legal regime. Several ministerial regulations related to hospitals, clinics, midwifery, nursing, and emergency services reflect a shared normative direction.¹⁴ These legal instruments collectively define the standards and procedures for handling emergency cases and clarify institutional

¹⁴ Adnan Hamid and Hasbullah, "Legal Hermeneutics of the Omnibus Law on Jobs Creation: A Case Study in Indonesia," *Beijing Law Review* 13, no. 03 (2022): 449–76, <https://doi.org/10.4236/blr.2022.133028>.

responsibilities. There is no evident conflict or contradiction among these instruments. Instead, they reinforce one another by offering complementary rules and guidance. The consistent tone and content across these regulations demonstrate effective horizontal integration within the legal framework.¹⁵

The Pyramid of Vertical Synchronization provides a visual representation of this legal structure, starting from the 1945 Constitution as the supreme law down to the ministerial regulations at the operational level. Each regulation within this pyramid draws its legal force from the law immediately above it, maintaining structural coherence. This visual framework illustrates how responsibilities in emergency healthcare are governed by a vertically ordered legal system. However, the previously mentioned gaps require attention to ensure uniformity throughout all levels. In contrast, the Structure of Horizontal Synchronization shows the synergy between regulations of equal rank, especially among ministerial decrees. These structures reflect how the legal system intends to operationalize emergency healthcare consistently across both vertical and horizontal dimensions.

From a normative legal standpoint, the integration of Articles 174, 189, 275, and 438 of Law No. 17 of 2023 on Health with its implementing regulations and related ministerial decrees fulfills both constitutional mandates and legal certainty. The legal validity of these norms is further supported by references to Articles 20, 21, 28H (1), and 34(3) of the 1945 Constitution, confirming their alignment with foundational state norms. Therefore, healthcare facilities have not only a professional obligation but also a constitutional mandate to provide emergency medical services. The absence of explicit responsibilities in certain regulatory instruments must be addressed to ensure comprehensive legal coverage. Full synchronization, both vertical and horizontal, is essential to strengthen institutional accountability and improve access to emergency healthcare. This legal coherence ultimately supports a more responsive and responsible health system.

¹⁵ Rachel Ekaireb, Anna Yap, and Robert Kucejko, “Vertical Integration and Market Consolidation in Healthcare: Policy Drivers and Impact on Physicians and Patient Care,” *Seminars in Colon and Rectal Surgery* 35, no. 3 (September 2024): 101038, <https://doi.org/10.1016/j.scrs.2024.101038>.

3.2. Forms of Legal Responsibility of Healthcare Facilities in Emergency Medical Services

Legal responsibility arises when a subject fails to fulfill duties imposed by law and, as a result, becomes subject to legal sanctions. In the healthcare context, these duties are explicitly outlined in national statutes and implementing regulations. Failure to comply with such obligations, especially during emergencies, may result in consequences classified as either criminal or administrative. According to Hans Kelsen, a legal subject is considered responsible when it becomes subject to enforceable sanctions following a breach of legal norms.¹⁶ Therefore, legal responsibility in emergency medical situations is not only moral or ethical but also grounded in binding legal obligations. This research identifies two main forms of legal responsibility applicable to healthcare facilities, which are criminal liability and administrative liability.

Criminal liability is clearly regulated under Article 438 of Law No. 17 of 2023 concerning Health, which explicitly sanctions healthcare facility leaders or professionals who fail to provide emergency care. When such failure results in serious harm, disability, or death, penalties may include imprisonment of up to ten years or a fine of up to two billion rupiah. These provisions demonstrate how seriously the Indonesian legal system views negligence in emergency healthcare. Both individuals and institutions may be held accountable, which reflects the dual aspect of responsibility.¹⁷ The law recognizes that healthcare institutions have obligations beyond those of their personnel. Consequently, criminal responsibility can be applied to the institution itself as well as its leadership.

Corporate criminal responsibility is further elaborated in Articles 45 and 46 of Law No. 1 of 2023 concerning the Penal Code. These provisions confirm that a corporation, including a hospital, may be treated as a subject of criminal law and held accountable for the actions of individuals acting on its behalf. This includes individuals in functional leadership roles or those acting for the benefit of the institution. Both private and public hospitals can be held liable when their representatives fail to fulfill emergency care obligations. In the case of state-owned facilities, the director who is typically a civil

¹⁶ Tandry et al., "The Legal Protection for Patients in Medical Practice and Healthcare Services."

¹⁷ Mashdurohatun et al., "Delayed Justice in Protecting Emergency Medical Workers."

servant may also be held personally responsible.¹⁸ These rules create a clear legal pathway for assigning corporate criminal accountability in healthcare settings.

Administrative liability represents another legal mechanism to hold healthcare facilities accountable when they violate operational procedures or legal standards. This form of liability focuses more on correcting institutional behavior than on punishment. Ministerial Regulation No. 4 of 2018, specifically Articles 30 to 34, details the administrative obligations of hospitals and the consequences of non-compliance. In addition, Article 41 of Ministerial Regulation No. 9 of 2014 provides specific administrative sanctions for clinics. Such sanctions may include official warnings, temporary suspension, or permanent revocation of operational licenses. Administrative liability thus functions as a regulatory tool aimed at maintaining standards and ensuring ongoing service delivery.

The legal foundation for administrative responsibility is based on the authority granted to healthcare facilities to operate as licensed service providers. These institutions enter into a legal relationship with the state that obliges them to follow specific procedures and meet regulatory standards.¹⁹ When these standards are not met, administrative sanctions are imposed as a form of state intervention. The objective is to prevent harm and maintain public trust in healthcare services. Administrative sanctions serve a preventive function, while criminal sanctions act as a deterrent against serious violations. These two forms of enforcement work together to strengthen legal compliance in the health sector.²⁰

The distinction between criminal responsibility and administrative responsibility highlights the dual legal mechanisms used by the state to enforce healthcare obligations. Criminal liability applies to acts of negligence or misconduct that result in serious harm,

¹⁸ Indah Wati and Sudarto Sudarto, "Pertanggungjawaban Pidana Rumah Sakit Akibat Kelalaian Pelayanan Tenaga Medis Dan Tenaga Kesehatan Di Rumah Sakit," *LITERATUS* 7, no. 1 (April 8, 2025): 126–30, <https://doi.org/10.37010/lit.v7i1.1995>.

¹⁹ Yussy A. Mannas, "Hubungan Hukum Dokter Dan Pasien Serta Tanggung Jawab Dokter Dalam Penyelenggaraan Pelayanan Kesehatan," *JURNAL CITA HUKUM* 6, no. 1 (June 23, 2018): 163–82, <https://doi.org/10.15408/jch.v6i1.8274>.

²⁰ Muhammad Hatta, Cut Khairunnisa, and Sri Wahyuni, "Communication in Health Care Services: An Overview of the Legal Position of Informed Consent," *International Journal of Law, Social Science, and Humanities* 1, no. 1 (July 9, 2024): 0–17, <https://doi.org/10.70193/ijlsh.v1i1.139>.

while administrative liability addresses procedural or regulatory failures. Both mechanisms play complementary roles in upholding patient rights and ensuring healthcare quality.²¹ Healthcare institutions are expected to translate these legal responsibilities into practice through standard operating procedures and staff training. Without such internalization, the legal framework cannot function effectively. Therefore, institutions must be proactive in aligning their operations with legal requirements.²²

Taken as a whole, the framework of criminal and administrative responsibility creates a legal system that addresses both institutional and individual accountability in emergency medical care. These responsibilities are built on a hierarchical structure of norms consistent with Hans Kelsen's and Hans Nawiasky's legal theories. Legal provisions such as Law No. 17 of 2023, the Penal Code, and various ministerial regulations collectively establish a multi-level obligation to deliver timely emergency services.²³ However, practical enforcement challenges remain, especially regarding institutional readiness and awareness. Strengthening regulatory supervision and legal literacy among healthcare personnel is necessary to ensure compliance. The upcoming section will outline the final findings and propose recommendations for legal and institutional reform.

CONCLUSION AND SUGGESTION

This study concludes that the legal framework governing the responsibility of healthcare facilities in managing medical emergencies in Indonesia has achieved a sufficient level of both vertical and horizontal synchronization. Vertical synchronization is evident in the alignment of lower regulations, such as ministerial decrees, with higher legal norms, including Law No. 17 of 2023 and the 1945 Constitution. Horizontal

²¹ Bernhard Ruben Fritz Sumigar, "Pelanggaran Berat HAM Dalam RUU KUHP: Tinjauan Dari Hukum Internasional (Gross Violations of Human Rights in the Criminal Code Bill: An Overview from International Law)," *Negara Hukum: Membangun Hukum Untuk Keadilan Dan Kesejahteraan* 11, no. 2 (December 1, 2020): 125–44, <https://doi.org/10.22212/jnh.v11i2.1639>.

²² Amiruddin Amiruddin, "Komnas HAM, Investigating Serious Human Rights Violations," *Journal of Southeast Asian Human Rights* 5, no. 2 (December 31, 2021): 244, <https://doi.org/10.19184/jseahr.v5i2.28118>.

²³ M. Misbahul Mujib and Mustari Kurniawati Muchlas, "Achievements and Challenges of Human Rights Protection Policy in Realizing Good Governance in Indonesia and China," *Journal of Human Rights, Culture and Legal System* 3, no. 2 (June 27, 2023): 328–60, <https://doi.org/10.53955/jhcls.v3i2.98>.

synchronization is reflected in the consistency among equal-level regulations that govern various healthcare providers, such as hospitals, clinics, and midwifery practices. The forms of legal responsibility identified include criminal liability under Article 438 of Law No. 17 of 2023, and administrative liability as regulated in several ministerial regulations. However, certain legal gaps remain, particularly in the regulations related to independent medical practices and community health centers, which do not clearly mandate emergency service obligations. Legal reform is therefore necessary to ensure comprehensive and enforceable protection of patients in life-threatening conditions.

The government should undertake regulatory harmonization by revising ministerial regulations that have yet to explicitly mandate emergency service obligations, particularly in primary healthcare settings such as independent practices and community health centers. Strengthening administrative oversight through periodic compliance audits and the implementation of progressive sanctions is essential to ensure the effective enforcement of legal norms. Healthcare facilities must integrate legal provisions into their standard operating procedures and align them with clinical emergency protocols. Furthermore, enhancing legal literacy among healthcare professionals and facility administrators should be institutionalized as part of continuous professional development within the national healthcare system.

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