

BALANCING BIOMEDICAL ETHICS AND LEGAL PROTECTION: DOCTOR'S SHIELD IN PERFORMING MEDICAL ACTIONS

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ABSTRACT

In order to protect themselves from the possibility of being accused of criminal acts of malpractice, doctors perform a condition called defensive medicine; situation when doctors being extremely selective about their patients. Patients believe that every failure in medical practice is the consequence of a doctor's actions, which are labeled as malpractice or medical carelessness. This condition is fueled by the rising number of allegations made against doctors. The objective of this research is to establish how Beauchamp's bioethical ideas apply to the legal protection of doctor. This research is a normative legal research, which uses statute approach and conceptual approach. From this study, the writer found that doctors who have performed their tasks in line with moral standards, ethical standards, and operational standards are entitled to legal protection. The doctor is not liable if a medical risk occurs. Legal protection with the principles of bioethics provide a framework for ensuring that doctor-patient interactions can proceed fairly, with dignity and respect for human values.

Keywords: legal protection, doctor, medical actions, bioethical principles, biomedical ethics

1. Introduction

A doctor has an ethical and professional obligation to provide health services. This obligation requires doctors to make maximum efforts in helping patients regardless of their condition. Whether a patient's condition is treatable or has little hope for recovery, doctors must not discriminate. However, the rising number of suspected cases of malpractice or negligence among doctors has created a dilemma that can generate anxiety and uncertainty in fulfilling their responsibilities. This situation can lead to defensive medicine, which is detrimental to society. There is no doubt that doctors will prefer patients who have a high probability of recovery, or can be saved, and are afraid to help for emergency patients who have a

small chance of being saved. The doctor will also carry out a complete examination as possible, in fact it is not uncommon for the examination to not be necessary, causing high costs of treatment and care so as not to be blamed by the patient.

Doctors and dentists who conduct medical practices have the right to legal protection if they do it in line with professional standards and standard operating procedures, as stated in Article 50 letter (a) of Law Number 29 of 2004 concerning Medical Practice. A doctor or dentist cannot be penalized administratively, civilly, or criminally if they provided medical services or performed medical treatments in compliance with professional standards and standard operating procedures. Doctors

who have conducted their medical procedures in compliance with the relevant norms are nonetheless subject to legal action and may even go to jail. Medical Practice Law Number 29 of 2004 is a piece of legislation that's meant to protect doctor and give them legal clarity, in fact still has deficiencies that cause the use of articles in the Criminal Code to prosecute doctors suspected of committing malpractice.

Doctors are, in fact, capable of making mistakes during their practice, which entitles them to civil, criminal, and state administration liability. However, the formulation of the elements of a medical crime pertaining to when a doctor can be reported, sued, and convicted cannot solely be based on the completion of the criteria for a crime, as described in Article 66 paragraph (3) of Law No. 29 of 2004, due to the fact that the fulfillment of these elements does not always imply that it can be linked to accountability for acts that violate material and formal law. And if indeed the doctor has intentionally committed an unlawful act, the patient can complain about the case as also explained in the previous paragraph, namely paragraph (1) in Article 66 which says that everyone Any person who knows about or has a stake in being injured due to a doctor's or dentist's activities while performing medicine may file a written complaint to the Chairman of the Indonesian Medical Discipline Honorary Council (MKDKI).

Some examples of cases in medical practice that occurred were cases involving one of the doctors at Anutapura Hospital in Palu, dr. Heryani Parewasi, m.kes, sp, og, was named a suspect because he was suspected of having committed negligence. This obstetrics and gynecology specialist is suspected of having committed malpractice causing the death of a patient giving birth. Considering the outcomes of the trial conducted by the Medical Ethics Honorary Council, there were 17 doctors who handled

it and it turned out that the results of the examination did not find any violations committed by the suspect in medical treatment. However, it ended with the suspect being charged with Article 359 of the Criminal Code which carries a one-year prison sentence. In several other cases there was also the Supreme Court decision Number 90/PID.B/2011/PN.MDO which sentenced three colleagues to 10 months in prison, namely Doctor Ayu Sasiary, Doctor Hendry Simanjuntak, and Doctor Hendy Siagian for medical services (emergency caesarean section) that have been given to a patient who gave birth, but the patient's soul was not saved.

Because the patient does not fully comprehend medical logic, which states that medical efforts are efforts which are full of uncertainties and the outcomes cannot be predicted with precision, differences in perceptions that arise that lead to the patient or the patient's family (victim) making a claim against the doctor who gives results that are not in accordance with their expectations can occur, because it is heavily influenced by other factors that are beyond the doctor's control; such as body resistance, body defense mechanisms, type and virulence of disease, stage of disease, drug quality, individual response to drugs and patient compliance in following procedures and advice from doctors and nurses (Ilahi, 2018).

The position of doctors as professionals in the medical field has an active role in medical services, and sometimes the intention to help and cure patients does not always work well. As for the public, because of their ignorance of the services provided by doctors, there will generally be misunderstandings and they assume that every failure in medical practice is the outcome of a doctor's actions which are categorized as malpractice to medical negligence, so that patients who feel dissatisfied will immediately

complain/report the case through legal route. As for doctors, all medical actions performed must be based on general standards in force in the field of medicine, or medical professional standards, and operational standards. So it cannot be said that there was a violation of his profession because of inappropriate results. The existence of a standard procedure is also one of the conditions for determining whether the doctor's actions qualify as medical malpractice is up for debate.

Unlike the Child Protection statute No. 35 of 2014 and the Consumer Protection Law No. 8 of 1999, there is currently no special statute that offers legal protection for doctors. The only provision that currently offers protection for doctors is Article 50 of Medical Profession Law No. 29 of 2004. If they carry out their duties in accordance with professional standards and practice standards, doctors and dentists are entitled to legal protection, the statement continues.

Additionally, the legal perspective exclusively emphasizes the legal defense of medical professionals when patients are the victims. Medical actions performed by doctors on patients have the intention to preserve, enhance, restore health, or to get rid of or lessen pain (Samsi, 2005). A medical action is one that can only be performed by medical professionals because it is designed specifically for people who are experiencing health issues. As a result, for a decision to be considered ethical, it must also satisfy certain criteria, such as being correct in accordance with applicable laws, having good goals and consequences, and being appropriate of the situation's particulars at the time (Sinaga, 2021).

When making these kinds of ethical decisions, doctors are required to consider the ideals that society, their profession, and their patients. They must also think about moral standards and particular decisions

when dealing with clinical circumstances (Sampurno, 2008). When doing medical treatments, a doctor must have authorization, behave cautiously, adhere to medical professional standards, and act in accordance with operational processes.

Medical practice is governed by fundamental principles that all doctors and other medical professionals must follow when performing ethical clinical judgements or medical acts. Beauchamp and Childress's bioethics principle states that there are four fundamental moral principles and several more guidelines that follow them to arrive at an ethical judgment. The four fundamental moral precepts—the concept of autonomy, the principle of beneficence, the principle of non-maleficence, and the principle of justice—are currently referred to as the Principles of Bioethics.

The application of Beauchamp's bioethical concepts to medical practice and moral judgment has several significant applications. The principles provide a clear and structured framework to guide ethical actions and decisions in medical practice. These principles help doctors consider the ethical values that underlie medical practice, consider the patient's perspective, and make sound decisions based on moral considerations.

2. Method

This research is normative legal research, also known as positive legal research with a juridical perspective or library law research by looking at information compiled from primary, secondary, and tertiary legal sources. Following a thorough arrangement and evaluation of the legal sources, conclusions about the issue at hand are reached. The author's methodology is based on two approaches: statute approach and conceptual approach. The statute approach entails reviewing all statutes and rules

associated with current legal matters. And conceptual method is used to examine and analyze the framework or theoretical basis of law. The outcomes of this technique are arguments to address the problem.

3. Result and Discussion

Legal Basis for Protection of Doctors

the types of legal protection that doctors can get in order to perform their professional obligations, namely preventative and repressive legal protection. Article 50 of the Medical Practice Law is referred to as preventive legal protection, whereas Article 29 of the Health Law is referred to be repressive legal protection. The Medical Practice Law's provision for preventive legal protection, included in Article 50, offers doctors limited legal protection, but does not always guarantee them such protection.

Doctors who comply with the rules will be protected legally if they have: STR (Registration Certificate), SIP (Practice License), perform medical procedures in accordance with standards (professional standards, operational standards, service standards, and ethical standards), obtain informed consent before performing any medical procedure, and all of these requirements must be accurately recorded in a book known as the medical record. Meanwhile, repressive legal protection is more focused on breaking down disputes faced by doctors, for example if there is an allegation of malpractice or alleged negligence.

Article 50 Law no. 29 of 2004 stated that when performing their duties in accordance with professional standards and procedural requirements, doctors and dentists working in the medical field are entitled to legal protection. And in Article 27 paragraph (1) of Law no. 36 of 2009 stated that medical personnel deserves recompense and protection from the law

when performing the task accordingly with their profession.

The doctor cannot be penalized administratively, civilly, or criminally if he performs medical procedures in conformity with accepted norms and practices. That doctors must follow professional standards, medical service standards, and standard operating procedures when providing medical care, having in mind that this is mandated by Law Number 29 of 2004 governing the Medical Practice in Article 44 paragraph 1.

A doctor might be accused of making a professional error if he fails to conduct an examination, make a diagnosis, or take action, or does not allow something that doctors who are generally in the same condition will carry out examinations and diagnoses and do or allow that something (Hariyani, 2015) This condition is also known as medical malpractice, which according to its meaning is a condition when a doctor does something that a health worker should not do, does not do what should be done or neglects his obligations, and violates a provision according to law (Guwandi, 2007). Because of this, if doctors causing harm to their patients, they may be held responsible.

Article 29 of Law Number 36 of 2009 Concerning Health states that mediation must first be used to resolve any allegations of professional negligence against a health worker. This appears to be reflected in Article 66 paragraph 1 of the Medical Practice Law, which provides that anybody who has knowledge of or an interest injured by a doctor's or dentist's performance of medical practice may file a written complaint with writing to the Chairman of the Indonesian Medical Disciplinary Honorary Council (MKDKI).

Based on Article 1 paragraph (14) of the Medical Practice, MKDKI is a state-authorized entity that has the power to decide if a doctor violated the rules of their

field of medical science and to impose penalties on them. Article 59 paragraph (1) of the Medical Practice stipulated that MKDKI is made up of three doctors and three dentists from each organization, as well as a doctor and a doctor dental representative from the Hospital Association and three law graduates, in order to assure the organization's objectivity (Mulyadi, 2020).

In addition to having a legal basis that regulates, there are several provisions and procedures that are mandatory for doctors to carry out their profession in order to prevent themselves from being prosecuted. These are as follows:

a. Informed Consent

According to Article 8 of Law No. 36 of 2009 Concerning Health and Article 45 of Law No. 29 of 2004 Concerning Medical Practice, a doctor has a duty to get informed consent when practicing his profession. Informed consent denotes a patient's or his family's permission after being informed of the medical procedure to be done on them and all the risks.

Informed consent is a process in which doctors or medical personnel provide sufficient and clear information to patients regarding the risks, benefits, alternatives and effects of the proposed medical treatment. The purpose of informed consent is to provide an opportunity for patients to make informed decisions and provide voluntary consent before receiving treatment or medical action (Rezki Pebrina et al., 2022). In the informed consent process, the doctor explains in detail the patient's medical condition, the diagnosis that has been made, the recommended treatment plan or action, as well as the possible associated risks and complications (Sidi, 2020).

The doctor must also inform the available treatment alternatives and explain the consequences of refusing or delaying treatment. As well as providing

information, doctor should also provide patients with opportunities to ask questions, understand the information provided, and express their concerns or preferences. Patients have a right to accurate and comprehensive information so that they can make informed decisions based on their own values, beliefs and interests. Informed consent is a very important ethical principle in medical practice and is widely recognized as a patient right (Irfan, 2018). With informed consent, patients have control over their care and doctor must respect patient autonomy and ensure that they give informed consent.

b. Medical record

In addition to obtaining informed permission, clinicians are required to document the patient's medical history. Article 46 paragraph (1) of the Medical Practice Act describes medical record arrangements. A patient's medical record is a file that includes information about their identity, examination, treatment, and other services they received. Medical records are kept for a variety of reasons, including patient care, higher service standards, teaching and research, funding, health statistics, and evidence in legal, disciplinary, and ethical matters. A patient's medical record is a file that contains information regarding their identity, examination, treatment, course of action, and other services they have received (Abduh, 2021).

Written, full, and understandable medical records are required. PERMENKES RI No 269/MENKES/PER/III/2008. The medical record is said to be complete if it contains complete information, notes and records regarding the services provided to patients, including the results of interviews (anamnesis), results of physical examinations, results of supporting examinations if laboratory tests, x-rays, electrocardiograms, diagnosis, treatment

and procedures are carried out. when carried out as well as the final result of medical and nursing services and all services.

Medical records are kept to aid in the attainment of orderly administration as part of initiatives to enhance hospital healthcare. It is impossible to reach the anticipated level of orderly administration of the hospital without the aid of a reliable and accurate medical record management system. The basic objective of the medical record is to document and preserve the patient's pertinent medical information (Manurung et al., 2019). Medical records serve as an important source of information for doctors and other medical personnel in providing appropriate and coordinated care to patients. The patient's medical history is listed in the medical record as documented information, results of physical examination, diagnosis, treatment plan, and response to treatment that has been given. By having access to medical records, doctors can make informed decisions about diagnosis, treatment, and other medical procedures.

In general, there are several standards that are often applied in medical practice, such as: competency standard, which is a standard that regulates the knowledge, skills, and attitude that a doctor must have to carry out medical practice. This standard covers the education and training required to acquire adequate competence; ethical standards, are standards that govern the ethical behavior expected of a doctor. This includes aspects such as patient relations, confidentiality of medical information, professional integrity, and avoidance of conflicts of interest; clinical standards, are standards governing clinical management in the diagnosis, treatment, and care of patients. This standard also includes guidance for the physical examination, use of diagnostic tests, use of medications, medical

procedures, and management of certain medical conditions.

Patient safety standards are standards that aim to ensure patient safety in medical services. This standard covers prevention of care-associated infections, medication errors, proper patient identification, risk management, and other safety measures; medical documentation standard, is a standard that regulates the management of patient medical records. This standard covers the clarity and completeness of medical records, patient privacy, storage and checking of medical records, as well as policies on retention and deletion of medical records, and practice management standards, which are standards governing the management of medical practice, including administrative management, inventory management, scheduling systems, cooperation with other medical teams, and compliance with applicable laws and regulations.

According to the Indonesian Hospital Code of Ethics, there are several obligations for medical personnel. These obligations include general obligations, obligations to society and obligations to patients. General obligations of hospitals from obeying the Indonesian Hospital Code of Ethics, supervising and being responsible for all incidents in the hospital (corporate liability), providing good service (duty of due care), providing emergency assistance without asking for a down payment, maintaining medical records patients, maintain equipment properly and ready to use, and refer to other hospitals when necessary.

The position of the patient who was a novice only as a party that depended on the doctor in determining the method of healing has now changed to being equal with the doctor. Thus the doctor may no longer ignore the patient's considerations and opinions in choosing a treatment method, deciding whether or not to do

surgery after consulting the patient. In order to obtain compensation for the treatment that he considers to have been harmful to him, the patient will launch a lawsuit against the doctor if he feels dissatisfied by the doctor's services.

Application of Bioethical Principles in the Medical Profession

Principles are always used in all moral reasoning. Variations of this four-principle method previously appeared in the Biomedical Research Ethics, which is part of the overall Biomedical Ethics. A year before Beauchamp Childress's book was published in the United States, the National Commission for the Protection of Human Subject of Biomedical and Behavioral Research published the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research (1978). This published document has had a major impact on ethical developments in biomedical research worldwide. The purpose of this document is to formulate principles that apply to biomedical research ethics. The Belmont Report sets out three principles: respect people, do good and be fair. But the second principle (do good) also includes "do no evil", so their approach is very similar to the Beauchamp/Childress method (Bertens, 2011).

The ethical framework that applies to doctors and medical personnel in general may not be complete with this principle. Other moral rules, such as not killing, not stealing, and not lying, are also significant. But the four fundamental principles must be considered the most important and most specific to the medical profession. It can be said, these other principles can at least partially be derived from these basic principles as Beauchamp/Childress argues. They distinguish principles from rules, and understand rules or rules as a derivative of principles. "Thou shalt not kill" and the other examples mentioned earlier they call rules derived from the principle of "no

harm". Therefore, sometimes Beauchamp refers to the four basic principles as the four clusters of principles. Each of the principles mentioned is still a complex reality and can be further elaborated into several more specific principles. There are four main moral principles in the medical world, namely (Beauchamp & Childress, 2012):

Beneficence

This principle is also called the principle of beneficence. If you trace its origins, the word beneficence comes from the Latin: *bene* means good, and *ficere* which can mean to do. Beneficence is a bioethical principle in which a doctor performs an action for the benefit of his patient in an effort to help prevent or eliminate harm or simply treat simple problems experienced by patients (Sofia, 2020). More specifically, beneficence can be understood as the obligation on a doctor to act morally, uphold human dignity, and do everything possible to maintain the patient's health. The basic idea behind the principle of beneficence really highlights the need for a doctor to operate in a way that maximizes patient satisfaction by favoring positive outcomes over negative ones. This idea, which has gained widespread acceptance as the correct objective of medicine, is described as a way of clarifying or persuading oneself.

This theory has limitations due to the relative importance of benefits, risks, and costs (as a result of action), therefore it does not guarantee that all responsibilities will be met. Both the individual patient's welfare and the welfare of society as a whole must be served through the application of the beneficence principle. The application of the beneficence principle in some way is a crucial aspect of morality. Numerous guidelines for excellent medical practice are derived from this beneficence concept due to the broad definition of goodness. Protecting and upholding others' rights, preventing harm to others,

eradicating situations that can cause harm to others, assisting those with impairments, and assisting those in danger are some instances of how the principle of beneficence is used (Tanjung et al., 2019). Doing good has two meanings, namely doing good as a special moral ideal and doing good as an obligation. In the context of medical ethics, doing good is meant as an obligation.

In this principle the risks and benefits for the patient are considered. An operation can carry a great risk for the patient, but if the patient is not operated on, the rest of his life will not be much left. This problem can be approached using the principle of nonmaleficence nor the principle of beneficence and the final decision will have the same result. For example, in medical practice, a vaccination program may result in losses for some people, but overall the benefits for society are enormous. If the principle of nonmaleficence applies to everyone without exception, the principle of beneficence applies to only a few people, such as patients of a doctor or people who need medical services.

It is also necessary to know that every medical action always carries a risk, no matter how small the action, it can still pose a big risk, so that the patient suffers a loss/injury. In the event of a medical risk, doctor cannot be held legally responsible because the risk occurs not due to errors/mistake in medical procedures performed by doctors (*schuld*) either intentionally or negligently (Herkutanto, 2008).

Nonmaleficence

This principle is rooted in the tradition of medical ethics and dates to Hippocrates. In the Hippocratic Oath it was stated "I will keep them from harm and injustice". Nonmaleficence is the principle where a doctor does not commit an act or action that can make the patient worse. The

doctor must choose the action with the least risk. "Do no harm" is an important point in the principle of non-maleficence. This principle can be applied to emergency cases. This principle is related to the Hippocratic expression which states "I will use therapy to help sick people based on my abilities and opinions, but I will never use it to harm or harm them". The principle of non-maleficence does not say what to do, but only what not to do. Doctors should not do anything that is harmful, something that is not good for the patient. this principle is frequently addressed, particularly in contentious instances involving cases of terminal illness, major illnesses, and serious injuries. Making judgments on whether to prolong or end life depends in large part on this principle. Its application can be carried out on patients who are competent or incapable.

Essentially, in specific situations the principle of non-maleficence provides patients, their guardians, and healthcare professionals the choice to accept or reject a course of action or therapy after considering the benefits and downsides. The concept of beneficence, which prioritizes activity for the patient's well-being, has been expanded upon by several philosophers to include the principle of non-maleficence. Many people do, however, distinguish between them. Although both actions are taken for the benefit of the patient, this concept holds that the duty to help the patient is unquestionably distinct from the duty to prevent injury or harm to the patient. (Pratiwi & Triwahyudi, 2020).

The actions of a doctor or hospital for a patient must be beneficial and not detrimental. Losses in this principle mean broadly, for example, such as losses involving property, good name, or liberty. And not only meant the actual loss, but also the risk of experiencing a loss in the future. Including such as performing a variety of

unnecessary medical procedures (financially detrimental).

To avoid this, medical practice policies have been regulated and stipulated in Law Number 29 of 2004 concerning Medical Practice in article 51 which states that doctors and dentists who practice medicine have the following duties:

1. Provide medical care in accordance with operational guidelines, professional standards, and patients' medical needs.
2. If a doctor or dentist is unable to do an examination or treatment, they should refer the patient to another practitioner who has greater knowledge or skill.
3. Provide humane emergency aid unless the doctor is certain that someone else is on duty and capable of doing it.
4. Become more knowledgeable and stay up to date with developments in dentistry or medicine

Autonomy

The term "autonomy" comes from the Greek words *autos* (self) and *nomos* (law, regulation, regulation, government). In view of these origins, autonomy means governing oneself. Since autonomy is understood as self-regulation, this basic meaning can develop in several different directions. First, autonomy can concern the nation or the state (meaning the independence of this nation is based on its sovereignty). Second, autonomy can involve individual humans. The point is the freedom of a person to make his own decisions or independence in managing his affairs (individual autonomy).

Immanuel Kant linked autonomy to human will, which means free will. According to Kant, for an action to be considered moral (good and bad) it needs to be based on the autonomy of the will, which means that the human will submits itself to moral law. We can only be called acting morally if we respect other people's

property because it is mandatory to do so (Duras, 2023).

A doctor is required by this concept to respect people's rights and dignity, particularly the right to self-determination. Patients are granted the freedom to reason clearly and make their own judgments. Patient autonomy must be respected ethically, and in most countries, it is respected legally. However, it should be noted that it takes a patient who can communicate and an adult patient to be able to approve or refuse medical action. Through informed consent, patients can agree to a medical action in writing. Informed consent requires that the patient must first receive and understand accurate information about their condition, the type of medical treatment proposed, the risks, and the benefits of the medical action.

A doctor has a duty to provide informed consent as part of his professional duties as regulated in Article 8 of Law no. 36 of 2009 concerning Health and Article 45 of Law no. 29 of 2004 concerning Medical Practice. Informed consent denotes a patient's or his family's permission after being informed of the medical procedure to be done on them and all the hazards. Providing patients with adequate and unambiguous information about the risks, advantages, options, and outcomes of the medical activity to be undertaken is a procedure known as informed consent. The purpose of informed consent is to provide an opportunity for patients to make informed decisions and provide voluntary consent before receiving treatment or medical action. In the informed consent process, the doctor explains in detail the patient's medical condition, the diagnosis that has been made, the recommended treatment plan or action, as well as the possible associated risks and complications. The notion of autonomy can be applied in a variety of contexts, particularly in the practice of medicine. These techniques

include telling the truth or providing accurate information, respecting other people's privacy rights, safeguarding confidential data, getting consent before acting on patients, and they can also be used to guide other individuals in making crucial decisions. Identifying the patient's competence is crucial when using the autonomy principle. The capability of carrying out a job or directive is one acceptable definition of patient competence.

Justice

The principle of justice covers an area of ethics of its own. It seems that the principles discussed previously cannot be applied in this field, so that the principle of justice cannot be derived from these principles. In relation to justice, we include other people in relation to each other, that is, in society. The concept of justice has been mentioned in medical ethics since its inception, even by Hippocrates himself. If justice is understood as granting rights to everyone, then the embodiment of justice can take various forms. If we consider justice in terms of the relationship between society and the individual, there are three possibilities.

Justice can include the obligations of individuals to society, then the obligations of society to individuals, and finally the obligations between individuals to each other. A doctor has a responsibility to treat each of his patients fairly. In this instance, doctors are prohibited from discrimination against patients due to their socioeconomic situation, religion, ethnicity, etc. The moral value of justice is necessary to ensure fair medical care and treat patients equally. An example of applying the principle of equality is for example a doctor who must consider a person's source of income to treat that person.

To determine whether a value of moral justice is necessary for minimum eligibility for medical benefits, it must also

be evaluated based on the importance of the problem facing the patient. Considering various aspects of the patient, it is hoped that doctors can act fairly. Another meaning of this principle is to treat other people fairly, justly and in accordance with their rights. When someone obtains benefits or obligations in accordance with their rights or circumstances, this is called fairness. An unjust situation is an error or omission where benefits are denied to someone who has the right, or where the burden is shared unequally. This rule requires fair action in terms of benefits, risks and impact or value. Justice means equal treatment for everyone in the same situation, not based on taste and discrimination, such as favoritism in association and family.

For example, in an emergency situation, services must be prioritized over critical patients because they have to save their lives or avoid malfunctions even if the patient arrives later (Irmansyah, 2009). In an emergency, both public and private health care facilities are expected to provide medical care to save the patient's life and avert disability. Both public and commercial healthcare establishments are forbidden from turning away patients or requesting money in advance. Article 32 of Law Number 36 of 2009 Concerning Health confirms this. This means that the hospital, as a health care facility, is obligated to provide services that will help the patient survive and is not allowed to turn away people who are experiencing an emergency. A patient's clinical state that needs immediate medical intervention to preserve lives and prevent further disability is what is indicated by an emergency situation, this is explained in Law Number 44 of 2009 concerning Hospitals in Article 1 number 2.

Being conscious that there are only so many products and services available, while there are frequently more people who need them than there are available gave rise to the concept of justice. If we want to create a fair

health system, we must start with a clear understanding of the goals to be achieved: availability of the best service for all, availability of the same service for

4. Conclusion and Suggestion

The conclusions in this study emphasize that legal protection for doctors is very important in ensuring ethical, professional, and responsible medical practice. This legal protection not only protects doctors, but also involves respecting patient rights and the interests of society. The principles of bioethics provide an important framework for ensuring that doctor-patient interactions are fair, dignified and respect human values. The combination of legal protection and medical principles can form a solid foundation for ensuring that medical practice is conducted with integrity, meets the standards set by society and the medical profession, and provides quality care to patients. These two aspects will complement each other and provide a comprehensive framework for maintaining ethics and professionalism in medical practice.

Meanwhile, the implementation and recognition of the role of the MKDKI as an institution for medical disciplinary examination requires a clear legal framework and strong support from the government, the judicial system and medical institutions. Additionally, it is crucial to make sure that the procedure adheres to the values of transparency, fairness, and protection of human rights. Additionally, effective communication between the MKDKI and the legal system is required to guarantee that the competent court retains the final decision.

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everyone, freedom to choose (on the part of the health service or the patient), and controlled costs in health services.

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