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Legal Liability of Doctors for Malpractice in Medicine

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ABSTRACT

This study aims to analyze the liability of doctors in drug abuse malpractice cases based on a normative juridical approach. Malpractice cases involving drug abuse are an important issue in the world of health because they not only harm patients but also have an impact on public confidence in the medical profession. This research uses an analytical descriptive method focusing on primary legal materials, such as Law No. 29 of 2004 concerning Medical Practice, and Law No. 36 of 2009 concerning Health. Normative analysis is conducted to examine the responsibility of doctors from the perspective of criminal, civil, and administrative law, as well as medical ethics. The results show that the responsibility of doctors in cases of drug abuse can be subject to criminal sanctions if proven to have violated the law, as well as civil claims in the form of compensation to patients or their families. Administratively, doctors may be subject to sanctions by the Indonesian Medical Council or related professional organizations, including revocation of practice permits. This study also identifies gaps in the regulation and application of the law that need to be improved to provide better protection for patients while maintaining the professionalism of doctors. Recommendations are provided to strengthen rules governing the supervision of medical practices and increase doctors' awareness of their legal and ethical responsibilities in medicine.

KEYWORDS

Doctor Liability;
Malpractice;
Medicine

INTRODUCTION

Health is one of the basic human needs, in addition to clothing, food, and shelter.[1] With the development of the medical world, the role of hospitals is very important in supporting the health of the community. The progress or decline of the hospital will be largely determined by the success of those who work in the hospital, in this case, doctors, nurses, and people who are in the place.[2] From the hospital, it is hoped that it will be able to understand its consumers, in this case, the patient as a whole, to progress and develop and avoid medical negligence.

Doctors and patients have a legal relationship, which of course will give birth to a responsibility, which among others, the responsibility of a doctor in law is closely related to the efforts made by a doctor, namely in the form of therapeutic and diagnostic steps or actions bound by the memorization of the oath of office and professional code of ethics.[3] Article 1 point 11 of Law Number 29 of 2004 concerning Medical Practice, states that the profession of medicine or dentistry is a medical or dental work carried out based on science, competition obtained through tiered education, and a code of ethics that serves the community.

Doctors as members of the profession devote their knowledge to the public interest, have freedom and independence oriented toward human values, as well as a medical code of ethics. The existence of this code of ethics aims to prioritize the interests and safety of patients, ensuring that the medical profession must always be carried out with straight intentions in the right way.

Increased public awareness of their rights is one of the positive indicators of increased legal awareness in society.[4] The negative side is that there is an increasing tendency for cases of health workers or hospitals to be summoned, complained about, or even sued by patients, the consequences of which are often imprinted and even gripping health workers, which in turn will affect the health service process of health workers in the future. Psychologically, this should be understood considering that for centuries health workers have enjoyed the freedom of paternalistic autonomy which is asymmetrical in position and suddenly placed in alignment. The problem is that not every health service effort always satisfies all parties, especially the patient, who in turn easily imposes the burden on the patient that malpractice has occurred.[5]

It is now almost regular to read in the mass media or see in the electronic media news about malpractice, which is also a scathing criticism of medical services. For example, the case of Mrs. Agian Isna Nauli, the wife of Hasan Kesuma, who suffered brain damage and total paralysis after undergoing a cesarean section that

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1 M Jusuf Hanafiah & Amri, *Etika Kedokteran & Hukum Kesehatan* (Jakarta: Penerbit Buku Kedokteran EGC, 2017).

2 Aida Fitriani, "Pelayanan Kesehatan Ibu dan Anak di Puskesmas" (2021) 19:1 Fokus 4–12.

3 Devid Winowod, Theodorus H W Lumunon & Nelly Pinangkaan, "Tinjauan Yuridis Pembentukan Peraturan Presiden (Perpres) Nomor 64 Tahun 2020 tentang Perubahan Kedua atas Peraturan Presiden (Perpres) Nomor 82 Tahun 2018 tentang Jaminan Kesehatan terkait Kenaikan Iuran BPJS Pasca Putusan Mahkamah Agung (MA) Nomor 7P/HU" (2021) 9:1 Lex Soc.

4 Fitriani, *supra* note 2.

5 Eko Aristanto, Christina Sri Ratnaningsih & Krisnawuri Handayani, "Optimalisasi Pelaksanaan Program Jaminan Kesehatan Nasional melalui Peningkatan dan Penguatan Layanan Fasilitas Kesehatan Primer dengan Pendekatan Gate Keeper in Managed Care dalam Rangka Pencapaian Universal Health Coverage di Kota Malang" (2016) 4:1 J Manaj dan Kewirausahaan 51–65.

was said to have been caused by pregnancy hypertension, a reason that Hasan Kesuma, the victim's husband, considered excessive (Bintang, 703, October 2004). The most recent case is the alleged malpractice of artist Sukma Ayu, who died after receiving medical treatment from a doctor, even though when she was first admitted to the hospital she was in good health and only had a seven-centimeter wound on her arm (Millenea, 257, October 2004) and many other malpractice cases, among others:[6]

1. Donald Church, 49, had a tumor in his stomach when he arrived at the University of Washington Medical Center in Seattle in June 2000. When he returned, the tumor was gone but a metal retractor was left inside. The doctor admitted his mistake of leaving a 13-inch metal retractor in the stomach, Fortunately, the Surgeon was able to remove the retractor as soon as it was discovered, and he suffered no long-term health consequences as a result of the mistake. The hospital agreed to pay US$97,000 in damages.
2. In another case of wrong-sided surgery, the surgeon mistakenly removed the healthy right testicle of 47-year-old Air Force vet Benjamin Houghton. The patient had been complaining of pain and diminished mobility from the left testicle so the doctor decided to schedule surgery to remove it for fear of cancer. However, what he removed was a healthy testicle, the right one, the couple later filed for US$ 200,000 in damages due to the fatal mistake.
3. When Nancy Andrews, from Commack, NY, became pregnant after in vitro sperm fertilization at a New York fertility clinic, she and her handsome husband expected the likes of him. What they were hoping for was a significant child with dark skin better than his parents. Following DNA tests suggested by doctors at the New York Medical Service for Reproductive Medicine, it was deliberate to use someone else's sperm to implant into Nancy Andrews' egg. Later the baby was born on October 19, 2004, they sued for malpractice for the careless actions of a clinic owner.
4. 17-year-old Jésica Santillán died 2 weeks after receiving the heart and lungs of a patient from a blood type that did not match hers. Doctors at Duke University Medical Center failed to check compatibility before the surgery began. After a second transplant surgery to try to correct the mistake, she suffered brain damage and complications that led to her death. Santillán, a Mexican immigrant, had come to the United States three years earlier to seek medical treatment for his heart and lungs. Heart & lung transplants by Hospital Surgeons at Duke University in Durham, NC, were expected to correct these conditions, not put him in grave danger; Santillán, who had an O-blood type, had received organs from a type A donor.

The question arises whether the cases that are widely reported in the mass and electronic media can be categorized as malpractice. In various writings, the terms malpractice and medical negligence in health care are often used interchangeably as if they mean the same thing, whereas the term malpractice is not the same as medical negligence.[7]

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[6] MF Modifier, "10 Malpraktek Terkonyol Sejarah Dunia Medik," (2010), daring: <www.magazineforum.blogspot.com >.

[7] Siswoyo, "Masalah Malpraktek dan Kelalaian Medik dalam Pelayanan Kesehatan," (2010), daring: <www.waspada.com>.

Medical negligence can be classified as malpractice, but in malpractice, there is not always an element of medical negligence, in other words, malpractice has a broader scope than medical negligence. A clearer distinction can be seen from the term malpractice, which in addition to including elements of negligence, also includes actions that are carried out intentionally (dolus), carried out consciously and the consequences that occur are the purpose of the action even though he knows or should know that his actions are contrary to applicable law.

For example, deliberately carrying out a pregnancy termination without clear medical reasons (indications), performing surgery on a patient who does not need surgery, or providing a doctor's certificate whose contents are not true. On the other hand, the term medical negligence is usually used for actions that are carried out unintentionally (culpa), lack of care, indifference, and the resulting consequences are not the goal, but because of the negligence that occurs outside of his will. For example, neglecting a patient and not treating him properly so that the patient dies. Malpractice is an act of negligence or carelessness on the part of a person performing professional work.[8] As described above, with many malpractice cases, which have led to lawsuits and claims from patients and their heirs, doctors are expected to be responsible for the consequences of their actions.

Actions or actions of doctors as legal subjects in the legal responsibility of a doctor as a professional developer must always be responsible in carrying out their profession.[9] Every doctor must understand and understand the legal provisions that apply in the implementation of his profession, including understanding the rights and obligations in carrying out the profession as a doctor.

METHOD

This research is a normative legal research, which examines the applicable laws and regulations related to malpractice and doctors' responsibilities, including Law No. 36 of 2009 on Health, Law No. 29 of 2004 on Medical Practice, and the medical code of ethics. This research is descriptive-analytical, which aims to describe and analyze the phenomenon of drug abuse malpractice and doctors' responsibilities from the perspective of law, ethics, and practice in the field. In addition, the research also refers to secondary legal materials, such as legal journals, academic literature, and relevant court decisions, as well as tertiary legal materials, such as legal dictionaries and encyclopedias, to strengthen the analysis. Data collection was conducted through a literature study by reviewing legal documents, scientific literature, and court decisions related to drug abuse malpractice cases. The data analysis techniques used include normative analysis, namely by examining applicable legal provisions, as well as legal interpretation to understand and interpret relevant articles. This research may also use a comparative approach, if needed, to compare regulations or handling of similar cases in other countries.

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[8] Anny Isfandyarie, *Tanggungjawab Hukum dan Sanksi Bagi Dokter (Buku 1)* (Jakarta: Prestasi Pustaka Publisher, 2006).

[9] Fradhana Putra Disantara et al, "Sistem Hukum Penanggulangan Darurat Kesehatan dalam Perspektif Omnibus Law: Relasi terhadap Hak Asasi Manusia" (2024) 5:2 J Interpret Huk 1120–1130.

RESULT & DISCUSSION

I. Forms of Doctor's Liability for Malpractice in Medical Practice

Malpractice is the wrongful or erroneous exercise of a profession, which can only establish legal liability for the perpetrator if it results in a loss determined or regulated by law. Malpractice can occur in any profession, including medicine. Errors in practicing the medical profession will form criminal or civil legal liability (depending on the nature of the loss arising) containing 3 (three) main aspects as an inseparable unit, namely:

a. Non-normative treatment;
b. Performed with culpa and;
c. Causing harm in law.

Legal harm is harm that is declared by law and can be recovered by imposing legal responsibility on the perpetrator and those involved by legal means. Medical treatment of medical malpractice is found in the examination, the tools and methods used in the examination, the acquisition of wrong medical facts, the diagnosis drawn from the acquisition of facts, the treatment of therapy, as well as the treatment of avoiding the consequences of harm from misdiagnosis or wrong therapy.

The imposition of legal responsibility to guarantee the restoration of the rights of the injured patient is also determined by law. The right to legal guarantees between health service providers (especially doctors) and the rights of the community (patients) must be balanced. Both parties are subjects rather than objects in medical services. Both receive legal guarantees and protection. Malpractice as a literal sense of deviation in the exercise of a profession from the cause of negligence (error in the narrow sense) can occur in any professional field, such as advocates, accountants, and possibly journalists.[10] There is a general standard for malpractice, especially medical malpractice from a legal perspective that can shape legal liability, especially criminal law. The general standard concerns three aspects as an inseparable unit, namely the aspect of medical treatment, the aspect of the inner attitude of the perpetrator, and the aspect of the consequences of the treatment.

The diversity of understanding is also due to the absence of a specific law on practicing medicine, which of course regulates malpractice more perfectly. Meanwhile, legal teachings or legal theories regarding fault and causality also seem to vary, and in certain aspects, it is sometimes difficult for some people to understand them. This situation leads to the consequence of unequal legal practice.

Medical treatment that can occur in medical malpractice can be in the examination, the method of examination, the tools used in the examination, drawing a diagnosis on the facts of the examination results, the form of treatment, as well as the treatment of avoiding the consequences of losses from misdiagnosis and wrong therapy (treatment after therapy). The aspect of mental attitude here, which describes the maker's mental relationship with the form of action and the consequences of the action, is a mistake in the narrow sense which in criminal law is called culpa, especially in the sense of culpa lata.

This mental attitude is the basis for criminal responsibility. The effect aspect must be a result that harms the patient, both regarding the patient's physical or

[10] Adami Chazawi, *Pelajaran Hukum Pidana Bagian 1* (Jakarta: Raja Grafindo Persada, 2002).

mental health and life. This result must be an unintended result, this is the characteristic of the result of a culpa treatment. From the point of view of criminal law, at this time to measure a medical treatment from a health care provider whether it has entered into malpractice that forms legal liability is still compensionally in two articles, namely 359 and 360 of the Criminal Code. Both aspects of the form of treatment, the inner attitude of the maker and the consequences must be measured from the elements of the two articles. With the development of health technology, the two articles must also be adjusted if medical malpractice problems arise. It seems that the criminal law criteria in the two articles remain as a guide for legal practitioners in resolving cases of alleged medical malpractice from the point of view of criminal law.

From the point of view of civil law, medical treatment by doctors to patients is based on a bond or relationship in what is called an *inspanings verbentenis* agreement.[11] The doctor's legal obligation is in the form of an obligation to try as hard as possible and earnestly to do (treatment) treatment or healing or restoration of the patient's health, which in that earnest obligation contains at the same time the obligation of correct treatment from the point of view of medical discipline, reasonable habits among doctors and propriety. Improper treatment makes a breach of agreement (default) and if it causes harm it is an unlawful act *(onrerchtmatige daad).* Because this relationship is within the framework of a legal (civil) engagement, the doctor's treatment of the patient forms civil liability.

The legal relationship between doctors and patients from a civil angle is a legal engagement. A legal engagement is a bond between two or more legal subjects to do or not do something or give something (1313 jo 1234 BW). Something is called an achievement. To fulfill an achievement is a legal obligation for the parties who make a legal engagement (in a reciprocal legal engagement). For the doctor, the achievement of doing something is a legal obligation to do as well as possible and maximally (medical treatment) for the benefit of the patient's health, and a legal obligation not to make mistakes or mistakes in medical treatment, in the sense of the obligation to provide the patient with the best possible health services.

Medical malpractice from a civil perspective occurs when a doctor's misconduct in the provision of services causes civil loss (regulated in civil law). Legal obligations are born by 2 (two) causes or sources, one by an agreement (1313 BW) and the other by cause of law (1352 BW). The legal relationship between doctor and patient falls under both types of legal engagement. Violation of the doctor's legal obligations in a legal engagement due to an agreement brings a state of default.

The doctor's violation of the doctor's legal obligations due to the law brings a state of tort *(onrechtmatige daad)* of the doctor, both of which impose liability for compensation. The burden of responsibility of doctors due to default is broader than tort, because from Article 1236 jo 1239 BW, in addition to compensation for losses, patients can also demand costs and interest.

Healing or restoring health is not a legal obligation of doctors, but rather a moral and ethical obligation, the consequences of which are not legal sanctions, but moral and social sanctions. So, as long as the medical treatment of the patient has been carried out correctly and properly according to medical discipline, without the

[11] *Ibid*.

expected healing result does not give birth to medical malpractice from a legal point of view. However, if after medical treatment there is a situation without the expected results (without healing) or it could be more severe like the disease, due to the doctor's medical treatment, which medical treatment violates medical discipline or deviates from standards, then the doctor can be in a state of medical malpractice. Of course, with the condition that the patient's illness does not recover or worsen after medical treatment, and from the point of view of medical discipline, these two conditions are truly the result *(causal verband)* of the wrong medical treatment by the doctor. If this condition exists, then the doctor has been in medical malpractice, and therefore the patient has the right to claim compensation (material and moral) for the doctor's medical mistreatment. If the outcome of the disease is more severe to a certain extent that meets the criteria of criminal law (359 or 360 of the Criminal Code), it may form criminal liability, which is not just compensation (civil), but maybe punishment.

Article 359 of the Criminal Code, states:
"Any person who through negligence causes the death of another person shall be punished by a maximum imprisonment of five years or a maximum light imprisonment of one year."

Article 360 of the Criminal Code states:
"Any person through whose negligence another person is seriously injured shall be punished by a maximum imprisonment of five years or a maximum light imprisonment of one year."

It is different in the case of breach of a legal obligation created by law (1352 BW), if in the medical treatment of the doctor if there is an error by causing harm, then the patient has the right to claim compensation for the loss based on a tort (1365 BW). Article 1365 formulates "Every unlawful act, which causes loss to another, obliges the person who through his fault causes the loss, to compensate for the loss". Because of its fault, in the case of medical treatment doctors who cause patient harm can fall into the category of unlawful acts according to this article. The fault here may be in the form of intent or negligence of the doctor either in terms of doing (active) or not doing (passive) in the medical treatment of the patient. The loss must be truly caused by the doctor's wrongful medical treatment and must be proven both from the point of medical science (especially in terms of adverse effects on health and life) and the point of law or other sciences such as psychology or propriety (in terms of material and moral losses).

The legal relationship between doctors and patients is a civil relationship, which in the case of medical mistreatment falls into the civil field if the mistreatment is in the form of default or tort. Entry into default if the doctor does not carry out the obligation of medical treatment as well as possible and maximally (for example because the patient does not have enough money to pay for his treatment) or carry out obligations that are not under medical standards.

Service according to medical standards, even though the procedure and form are unknown to the patient, is an achievement that must be performed by a doctor. If the doctor in his medical services are outside medical standards (procedures, methods, and tools) it is the same as not carrying out his performance (default), and if it results in harm to the patient, then malpractice occurs which forms civil liability.

Malpractice can enter the field of criminal law, if it meets the requirements in 3 aspects, namely:

a. Conditions in medical treatment
b. Conditions in the doctor's mental attitude; and
c. Conditions regarding matters of consequences.[12]

The requirement in medical treatment is a medical treatment that deviates from the standard. The mental attitude requirement is the culpa requirement in medical malpractice. The condition of effect is the condition of loss. In the aspect of medical treatment, the requirement to whom the medical treatment is carried out is a consideration that should also not be ruled out in assessing the issue of medical malpractice. The requirement that there must be a legal relationship between the doctor and the patient is an integral part of the medical treatment provided by the doctor. This legal relationship, which is a civil relationship, is what forms the legal liability for doctors in the event of deviations in medical treatment that result in harm from the point of view of criminal law.

Whether malpractice falls into the civil or criminal field, the key determinant is the effect. The nature of the consequences and the location of the regulatory law determines the category of medical malpractice, between criminal and civil malpractice. From the point of view of criminal law, harmful consequences fall into the criminal field, if the type of harm is mentioned in the formulation of the crime. As death or injury is an element of the crime in Articles 359 and 360 of the Criminal Code, if negligent or culpable medical treatment occurs and results in death or injury, of the type specified in these articles, then the medical treatment is categorized as criminal malpractice.

Medical malpractice falls into two legal fields, namely civil and criminal. It is categorized in civil law as a default and/or tort that imposes liability for damages. It enters the field of criminal law as a crime, which imposes criminal liability. Criminal malpractice also enters the civil field through tort. Conventionally, at the practical level, criminal malpractice is resolved through articles 359 and 360 of the Criminal Code. Civil malpractice is resolved through a civil lawsuit for compensation through the law of wanpretasi (Article 1236 to Article 1239 of the Civil Code), and tort (Article 1365 of the Civil Code).

II. Malpractice Prevention Measures

The tendency of the public to sue medical personnel due to malpractice is expected that medical personnel such as doctors, nurses, and others in carrying out their duties always act carefully, namely:

a. Does not promise or guarantee the success of its efforts, because the agreement is in the form of an effort *(inspanning verbintenis)* not an agreement to succeed *(resultaat verbintenis).*
b. Before intervening, informed consent should always be obtained.
c. Record all actions taken in the medical record.
d. In case of doubt, consult a senior or doctor.
e. Treat the patient humanely by paying attention to all his/her needs.

[12] *Ibid*.

f. Establish good communication with the patient, family, and surrounding community.

If the health efforts made to the patient are not satisfactory and the nurse faces lawsuits, the health worker should be passive and the patient or their family should be active in proving the negligence of the health worker. If the allegations against the health worker constitute criminal malpractice, then the health worker can do the following:

a. Informal defense, by submitting evidence to deny that the allegations are unfounded or do not point to existing doctrines, for example, the nurse submits evidence that what happened was not intentional, but was a medical risk (risk of treatment), or submits the reason that he did not have the mental attitude (men rea) as required in the formulation of the alleged offense.
b. Formal/legal defense, i.e. a defense by submitting or referring to legal doctrines, i.e. by denying the charges by rejecting the elements of liability or making a defense to exempt oneself from liability, by submitting evidence that what was done was influenced by force.[13]

In civil cases in allegations of malpractice where nurses are sued to pay compensation in the amount of money, what is done is to refute the plaintiff's arguments, because, in civil court, the party who postulates must prove in court, in other words, the patient or his lawyer must prove the argument as the basis for the claim that the defendant (nurse) is responsible for the suffering (damage) experienced by the plaintiff. To prove the existence of civil malpractice is not easy, especially the absence of facts that can speak for themselves *(res ipsa loquitur),* let alone to prove the existence of dereliction of duty and the direct relationship between dereliction of duty and damage to health (damage), while those who have to prove are lay people in the health sector and this is what benefits the nursing staff.

CONCLUSION

A doctor's action can be said to be malpractice consists of elements:

a. There is an element of fault/negligence of the doctor in carrying out his profession.
b. The existence of a certain form of action (treating/treating patients).
c. The result of serious injury or death of another person (patient).
d. The existence of a causal relationship that the serious injury or death is the result of the doctor's actions that treat the patient not under medical service standards.

Compensional liability for medical malpractice at the level of criminal malpractice practice is resolved through articles 359 and 360 of the Criminal Code. Civil malpractice is resolved through a civil lawsuit for compensation through the law of default (Article 1236 to Article 1239 of the Civil Code), and tort (Article 1365 of the Civil Code).

DECLARATION OF CONFLICTING INTERESTS

The authors state that there is no conflict of interest in the publication of this article.

[13] *Ibid*.

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