

Law Enforcement to Transcendental Based of Paramedic Doctoroid Practices in Health Service

Siti Soekiswati

Universitas Muhammadiyah Surakarta/Doctorate of Law Program Student,
soekiswati@gmail.com

DOI : <https://doi.org/10.23917/jtl.v1i1.8696>

Submission

Track:

ABSTRACT

Received:

10 May 2019

Final Revision:

20 June 2019

Available online:

29 June 2019

Corresponding

Author:

Siti Soekiswati

soekiswati@gmail.com

Purpose of the study: This article aims to discuss the paramedic doctoroid practices in primary health care in Community Health Center conducted by paramedic doctors.

Methodology: This research is socio-legal research; research on law application, viewing law acting as law in action, which involves the interrelation between law and social institutions.

Main Findings: Delegation of duty policies under the roof of paramedic doctoroid practices in health services in Community Health Center. This research is a socio-legal aimed at uncovering the phenomenon of paramedic doctoroid practices.

Applications of the study: The current study provides criticism for the government in creating inconsistent policies, poor supervision, and law enforcement behind doctoroid practice persistence.

Novelty/Originality of the study: the concept of law enforcement is based on the philosophy of the first principle of Pancasila as the Indonesian ideology, transcendental-based law enforcement.

Keywords: paramedic doctoroid practice, law enforcement, transcendental.

A. INTRODUCTION

The professionalism of health services in developed countries has become mandatory. Furthermore, the demands for unprofessional health services are increasingly widespread among the community in developed countries.¹ In Indonesia, violations of professionalism have become commonplace, either health services in Community Health Center or private primary health care in the community. Midwife or nurse can practice at the health center with a legal basis of delegation of duty policies. Ironically, due to the higher competence of doctors, they are expected to take a primary service education program after gaining a general practitioner certificate.²

Any disruption, intervention, injustice, attention-deficit, ignorance or any form that results in illness to the human body/physical, mental, natural environment and social environment, regulation and law, as well as injustice in existence social management is a violation of human rights.³ Article 28 H of 1945 Constitution of the Republic of Indonesia states that everyone has the right ... to access health services. The neglect of the right to health service in any form of protection and service of public health denial is a manifestation of human rights violation. From all constitutions, it is obvious that the Indonesian constitution has the lightest and simplest emphasis on the right to health. This triggers the poor implementation on the field. Violation of rights to public health is a violation of the state constitution.⁴

The paramedics in Community Health Center should not practice delegation of duty but work collaboratively in primary health care resulting in good cooperation according to respective competencies.⁵ Moreover, it is the human body being targeted. The cause of delegation of duty phenomenon is low gap ratio doctors to patients,⁶ causing most patients in Community Health Center have to be treated by paramedics, midwives or nurses.⁷ The presence of substandard services occurred. The negative effect of the sub-standard is then brought to the practice of private paramedics.

Thus, this situation leads to an increase in the number of patient referrals to the hospital. The later impact is the vast number of catastrophic diseases due to substandard and unprofessional health services. In practice, many of the doctor

practices in private primary services are not conducted by doctors but nurses and midwives, and this especially occurs in the regions.

B. RESEARCH METHODS

This research is socio-legal research; research on law application, viewing the law as law in action, which involves the interrelation between law and social institutions.⁸ The current research focuses on the process of law application and based on available data then it will be further analyzed and compiled into the concept of law enforcement against violations.⁹ The focus is on violations of the practice of medical law by paramedics, poor law enforcement and the discovery of law enforcement concept.

This research is a qualitative descriptive analysis. According to its type, this research reveals the phenomenon of paramedic doctoroid practice in private primary health care services.

C. DISCUSSION

The practice of paramedic doctors in a study on the professionalism of health services is included in the category of practice under/out of competence – it is called as malpractice. According to The Oxford Illustrated Dictionary, 2nd ed, 1975 malpractice is the wrong (legally) attitude in providing health services to patients, illegal actions for profit while in a position of trust. (there are indications of abusing the mandate) .¹⁰

Syahrul Mahmud limits malpractice if a person intentionally or as a result of negligence to meet the specified requirements whether in professional ethics, professional standards or health service standards, which results in losses from patients party.¹¹ Paramedics are individuals working in the health environment as doctors assistants, such as nurses and midwives.¹²

Private primary care is a health service for minor illness cases as well as acts as the first layer health service for health problems in the community. For instance: Private Primary Clinic, private practice doctor. The types of services include preventive, curative, promotional and rehabilitative services.¹³The nature of law enforcement according to SatjiptoRahardjo is the process of turning legal desires or ideas into reality. Legal desires are thoughts of lawmakers in the form of ideas

or concepts regarding justice, legal security, and social benefits as written in law.¹⁴

According to Ann Helm, opportunities for nurses (paramedics) to do malpractice are contained in performing nursing tasks in a hospital.¹⁵ Research on law enforcement efforts against malpractice on paramedic doctoroid practices in private primary service practices has never been reported. Even so, data on malpractice handled by PPNI from 2010 to 2015 reported 485 cases of malpractice committed by nurses. From those cases, it was found 46 cases of criminal malpractice due to negligence, medical action (accompanied by doctors) executed by nurses without the consent of the doctors resulting in injuries and disabilities in patients.¹⁶ This is the effect of providing medical diagnoses and medical treatment by nurses (out of competence) when performing health services accompanied by doctors. Health services by incompetence personnel are highly risky to patients' safety.¹⁷

According to the Law on Health Workers, Article 1 paragraph (5) states that competency is the ability possessed by a Health Worker upon knowledge, skills and professional attitude to practice. For life-related health professional workers, standard competency must be a primary concern in health services. Health services by incompetent health professionals might increase adverse event.¹⁸

The shortage of general practitioners has become the main consideration for the government in issuing delegation of duty policies. The number of general practitioners in Indonesia in 2017 was 45,387, with 17,954 workings in Community Health Center. It consisted of 54,316 specialist doctors and a total of 99,703 medical doctors. The ratio of doctors per 100.000 population in 2017 was 38.07.¹⁹ A very small number compared to the same ratio in developed countries with good health level, for instance, Cuba. A small country as one of the best health services, in 2016 one doctor served 148 patients, which reflects the ratio of doctors per 100.000 population was about 600-700 doctors.²⁰ Delegation of duty is regulated in the Nursing Act,²¹ Regulation of the Minister of Health of the Republic of Indonesia Number 1464 / MENKES / PER / X / 2010 Concerning Licensing and Organization of Midwife Practices, Article 14. These legal norms

apply to special circumstances but are then generally applied and with the absence of special requirements.

The news on the *TribuKaltim* on August 17, 2015, contained news about the act of misdeed on a paramedic (nurse) HB Community Health Center, BS (42 years) by a doctor BrH allegedly due to competition in private health service practices. The doctor BrH was the son of Regional House of Representative in S city (mother) and a hotel businessman (father), had become sensational news at the time.²² It was started from the high frequency of doctor BrH (31 years) examining patients who allegedly the victims of paramedic practice (midwives and nurses). The patients were treated with doctor practice by midwives and nurses without the concerns of the doctor. Many cases are often as the result of treatment by nurses in HB Community Health Center, BS (42 years) for years had been practicing health services by using the authority of doctors in his private practice.

Various effects of paramedic treatment that had been examined by doctor BrH including post-injection inflammation patients. Drug-induced tremor patients. Also, the TBC patient was misdiagnosed for cold and cough. Misdiagnosis causes long-term illness as well as the possibility of a wide spreading of contagious disease to family. Some patients with complaints of breath-related heart disorders were diagnosed with a productive cough. As an effect, most patients could not be helped due to misdiagnosis. Some heart attack patients were diagnosed for gastritis.²³

The invalid perception towards patients regarding medication, such as immediate recovery post-injection. This inclines the desire of patients to ask medication to paramedics or midwives than doctors due to rejection in giving an injection. In examining injection cases patients, doctor BrH once found a patient with fever took medicine from private paramedic and was guaranteed with injection. In this case, the patient had a drug allergy, upon arrival, the patient had SJS (Steven Johnsons Syndrome),²⁴ which causes blistered skin and had to be referred to the hospital. This condition was used by doctor BrH to educate patients that injection can be fatal for patients. The injection was not the mere solution for all diseases and the doctor knew what to do. The injection should be accompanied

by understanding competence. Substances injected into patients' body must be well understood for its functions, work and circulation, and effects.²⁵

As Chief of the Community Health Center, doctor BrH who knew and dealt with paramedic malpractice victims became concerned with the phenomenon. Various efforts had been taken, from reminding fellow Chief of Community Health Center to reporting this case to the Local Health Office. No strict action proceeded.

Cases of the misdeed of paramedics rose to the mass media (Tribun Kaltim), it started from the report of doctor BrH the Head of HB Community Health Center regarding the place of alleged paramedics. Chief of Community Health Center was unable to warn him for various reasons. As a result, the head of the local health center could not act decisively and the arrogant nature of a paramedic (BS) who persisted with his practice. Doctor BrH then reported to the local Health Office and stated that it is an unavoidable situation because he had been practiced for a long time. Then doctor BrH argued that the Health Office should uphold the Medical Practice Act and the Health Act but there was no response from the Health Office.

Various efforts had been taken, including a personal warning. In reality, paramedics BS continued practicing what should have been the authority of doctors and neglected doctor BrH's warnings. One day, there was a patient who was a victim of the paramedic doctoroid practice of BS and triggered BrH to come. BS was reminded to obey the applied rules but remaining arrogant and ignorant. BrH then beat BS and the news became sensational. As a result of his actions, doctor BrH had to face the legal process, forced to be imprisoned three nights at the local Sector Police due to security reasons. The deed of doctor BrH who initially tried to enforce the law of medical practice was unfortunately called arrogant and unethical by colleague of chief doctors of health service in the Local Health Office. The case was then settled by consensus with the Regional House of Representatives that the action was taken after various appropriate attempts were unsuccessful. For example, reporting to the Head of Community Health Center of the paramedic, then to the Head of the Health Office who should be responsible for the supervision of private paramedic practices. The various efforts did not get

an adequate response that should have been in accordance with applied legal rules. The shortage of health workers does not imply to brutal permission of the private practice of health workers. Finally, based on law, doctor BrH won the case because the paramedic captured in applied law. If BS continued the case he could be prosecuted for committing malpractice.²⁶

Consistent with concrete actions to enforce medical practice by the authorities for patient safety, the doctor BrH conducted education on patients. Such as creating wall magazines at health centers regarding the dangers of illegal health practices (malpractice by doctoroid) and risk drugs prescribed to patients from paramedic practice. A small museum had been proposed to educate the community.

The second case of doctor BrH was when encountered a paramedic who practiced with medical authority in 2017. This time, doctor BrH reported the paramedic to S City Health Office of East Kalimantan Province. Chronologically, the incident began with the arrival of the patient, examined by doctor BrH with the trembling body. The patient claimed that he had previously been treated by a paramedic who practiced privately on the S-H Km 1 Gg M City K K. After being examined by the doctor, the patient was diagnosed with high blood pressure. Medicines from the paramedics were brought so doctor BrH concluded that the treatment given by the paramedics was incorrect and illegal and reported the case to Health Office.

His report to the S Health Office received by the Secretary of the Health Office, drg. R, doctor BrH stated that the paramedic did not understand the patient's complaints. The patient had suffered from high blood pressure and no medicine could reduce high blood pressure. The drugs given were painkillers, such as Tramadol, ²⁷Voltaren 50 mgr, Diclofenac Sodium 50 mgr²⁸ and Dexamethason which were all consumed three times a day. Medically, according to the doctor BrH, in addition to the misdiagnosis, the wrong medication also overdosed so the patient experienced trembles after taking medicine. Dexamethason²⁹ actually could raise blood pressure but paramedic gave it to the patient suffering from high blood pressure. The illegal action was the use of Tramadol which should only be prescribed by a doctor but freely prescribed by

the paramedics to the patient. In connection with this, doctor BrH asked the relevant Department to check the performance of The National Agency of Drug and Food Control (NADFC) related to the supervision of the free circulation of Tramadol in S city.

Based on the news, doctor BrH also stated his demands to the paramedic that paramedics who had practiced the authority of doctors should be given stern warnings to stop doing illegal practices because the treatment was irrational and endangering patients' life. If it continued, there should be law enforcement according to the Medical Practice Act, which is a maximum sentence of five years in prison, the doctor BrH told reporters ANTARA-KT.³⁰

The persistence of doctor BrH to eliminate the paramedic doctoroid practices was opposed by Indonesian Physicians Association at the beginning. Threats of violating the professional code of ethics were declared because it was considered rude actions. Doctor BrH even requested for Violation of Professional Ethics report to be immediately issued without trial since what he had done was in accordance. But it turned out the trial and violation of professional ethics report never proceeded.

The doctor BrH demand on Health Office was also related to the supervision of NADFC. The solution taken to solve the problem was to facilitate meeting consisted of NADFC of East Kalimantan Province, Health Office, Indonesian Physicians Association branch S, Institute of Indonesia Chartered Accountants branch S and Indonesian Midwives Association branch S. Then, all members agreed upon competency-based practices and drug circulation should be under optimal surveillance of local NADFC.³¹

The positive effect of a firm action affected the robust practice of private health services by health workers. East Kalimantan Province Indonesian Physicians Association inquired the authorities to control all health service practice of doctoroid. Many nurses and midwives practiced doctors' authority in East Kalimantan Province although the exact number was unknown because data collection has not been conducted. By law, nurses or midwives may practice only according to their competence (not as doctors), as stated by Doctor NT, the Chief of East Kalimantan Indonesian Physicians Association, reported by Antara. The

paramedics are not allowed to give hard drugs of list G (Gevaarlijk) that must require prescription and doctor supervision, for instance, types of Narcotics (Opiates) and Psychotropic. The statement from the chief of the East Kalimantan Indonesian Physicians Association was based on a case reported by doctor BrH. Later it was found that the alleged person was not a midwife or a nurse but a mere unqualified person who had studied health science. This case according to dr. NT needed to be investigated by Health Office and staffs to avoid reoccurrence of the same case, which experienced loss and profession enactment through inappropriate practices.³²

The state of legal in these cases indicates that legal pathology in its health system. This occurred in all components of the legal system, such as legal substances (laws and regulations), legal structure (institutions, apparatuses, management, etc.) and the legal culture (values and attitudes towards the law).³³ Paramedical doctoroid practices are categorized as malpractice according to the analysis Medical Law expert, Prof. Wila Chandrawila Supriadi and included as criminal offenses. The presence of fraud by incompetence person acted as the doctor. This was argued by Prof. students Van Der Wijn, an expert in Dutch Medical Law.³⁴

Repressive law enforcement in criminal cases should be changed, with a new paradigm with legal subjects that must be able to interact with other social elements involved in social life. The paradigm of legal thinking is at a substantial level which then increases public trust.³⁵ Law enforcement should be pursued in such a way to avoid forces and violence. This may occur that one has high understanding and ethical awareness in carrying out life activities, a high level of legal awareness. The highest attainment of a post-conventional level 2 ethical awareness is conscience, humanism, universalism, daring to oppose the flow, brave in solitude, never deceive oneself and consent to human dignity.³⁶ The concept of law enforcement is based on Islamic transcendental. Departing from the thought of God-spot theory³⁷, the writer assumes that one's God-spot will be activated when it is touched on the level of one's understanding or thinking.³⁸ One's motivation in behavior can be changed by activating one's God-spot to be a

better person. Also, this is affected by the perception formed from information in (sensory nerves).

The second act in this concept is the theory of brain plasticity, according to this theory when information is given to the human brain repeatedly it will stimulate the nerves to create adaptations according to sensory acceptance, referred to as "cross-modal plasticity"³⁹ which is expected to be an awareness of someone towards God will appear more frequently and can motivate to act according to the conscience of truth. The concept is strived to underlie every law enforcement factors in the health legal system. Several factors affect law enforcement, according to SoerjonoSoekanto:

- 1) The legal factor, law / legal rules that include central and local regulations. In delegation of duty contains legal antinomy, legal inconsistency, that is the law of medical practice. There are also errors found in the application of the unending legal discretion term.
- 2) Law enforcement factors form and apply the law. The rules regarding guidance and supervision are created but work improperly. Various political interests hinder the work of law enforcement. The existence of PMK RI No. 10 of 2018 concerning Health Supervision is not enough to enforce paramedic malpractice laws before inconsistent policies are terminated.
- 3) Facilities supporting law enforcement, the circulation of drugs under inadequate supervision of NADFC lets paramedics have free access to give drugs prescription for the sake of their practices. Health Polyclinic should be re-reviewed for its role for malpractice committed by paramedics. Health polyclinics as a practice are of midwives legalizes them to become doctoroids, although doctors are available in the area. The government should provide adequate medical staff by increasing the state budget for the health sector at least 10%. As a comparison to Cuba as a poor country, it achieves to be a pilot in health services.
- 4) Community and cultural factors of the environment in social relationships.⁴⁰ Based on the applied law, community are perpetrators and patients. It is important to educate the public with the transcendental-based

health law. The community needs to understand that professional health services are the right of the community. Health workers also should raise awareness of their professional duties without violating professional ethics in private health practice. The compulsory thing that must be completed by health workers is to remember the profession's oath taken with a testimony to God.

The concept of transcendental-based law enforcement that underlies all the factors of law enforcement expects professional health services to respect human life and can be manifested so Indonesian BPJS (Indonesian Health Care Insurance) can run better.

D. CONCLUSIONS

Paramedic malpractice in private primary services has led to chaos situations in community health services. The local health office inclines to be passive regarding paramedic malpractice. This needs improvement because such practices violate the Medical Practice Act. Monitoring conducted by the Health Office on private paramedic practices is merely a formality and neglect patient safety. The performance of drug control supervision by NADFC has not been effective yet so a structured law enforcement effort needs to be created immediately to deal with the legal pathology occurring in the Indonesian health legal system.

Transcendental-based law enforcement offered is a form of holistic law enforcement concepts including law enforcement factors. All those included in the law enforcement factors are filled with transcendental-based morals, the main goal is patient safety. The method was based on transcendental-based health law education for all health workers and the public as patients. The law does not only change its human perception but also changes the legal substance, legislation or regulations, and guarantees legal certainty with professional services.

E. REFERENCES:

1. Sommerville, Ann., *Everyday Medical Ethics and Law British Medical Association Ethics Department*, Project Manager Veronica English, United Kingdom, first published 2013, by BMA Medical Ethics Department, page

25. (Sommerville, Ann., *Everyday Medical Ethics and Law British Medical Association Ethics Department*, Veronica English Project Manager, United Kingdom, first published in 2013, by BMA Medical Ethics Department, page 25.)
2. Peraturan Pemerintah Republik Indonesia Nomor 52 Tahun 2017 sebagai Peraturan Pelaksanaan UU No.20 Tahun 2013 Tentang Pendidikan Kedokteran. (**Government Ordinance of the Republic of Indonesia Number 52 Year 2017 as Regulation for Implementation of Law No.20 of 2013 concerning Medical Education**)
 3. Farid Anfasa Moelok, "Pembangunan Berkelanjutan dalam Peningkatan Derajat Kesehatan Manusia," makalah disampaikan pada Seminar BPHN, Denpasar, 23-28 Juni 2003. (**Farid Anfasa Moelok, "Sustainable Development in Enhancing the Degree of Human Health," presented at the BPHN Seminar, Denpasar, June 23-28, 2003.**)
 4. Mahda El Muhtaj, 2008, *Dimensi-Dimensi HAM: Mengurai Hak Ekonomi, Sosial dan Budaya*. Jakarta: Rajawali Pers, Edisi 1, hlm. 157- 160. (**Mahda El Muhtaj, 2008, *Human Rights Dimensions: Disentangling Economic, Social and Cultural Rights*. Jakarta: Rajawali Press, 1st ed, p. 157-160.**)
 5. Schadewaldt, V., McInnes, E., Hiller, J. E., & Gardner, A., 2016, *Experiences of nurse practitioners and medical practitioners working in collaborative practice models in primary healthcare in Australia – a multiple case study using mixed methods*. *BMC Family Practice*, 17(1), 99. <http://staff.uny.ac.id/sites/default/files/penelitian/ita-mutiara-dewi-sip-psi/perkembangan-layanan-dan-sarana-kesehatan-mozaik.pdf>
(Schadewaldt, V., McInnes, E., Hiller, J. E., & Gardner, A., 2016, *Experiences of nurse practitioners and medical practitioners working in collaborative practice models in primary healthcare in Australia - a multiple case study using mixed methods*. *BMC Family Practice*, 17 (1), 99. <http://staff.uny.ac.id/sites/default/files/penelitian/ita-mutiara-dewi-sip-psi/perkembangan-layanan-dan-sarana-kesehatan-mozaik.pdf>)
 6. A Syah, Nur, 2015, *Perceptions of Indonesian General Practitioners in Maintaining Standards of Medical Practice at a Time of Health Reform*, *Family Practice Advance Access*, page 2. (**A Syah, Nur, 2015, *Perceptions of Indonesian General Practitioners in Maintaining Standards of Medical Practice at a Time of Health Reform*, *Family Practice Advance Access*, page 2.**)
 7. Soekiswati, Siti, Tesis, *Kebijakan Pelayanan Kesehatan: Studi Pelayanan Pasien Pada Puskesmas Rawat Jalan di Kabupaten Sukoharjo*, Sekolah Pasca Sarjana Universitas Muhammadiyah Surakarta, 2014, hlm. 114. (**Soekiswati, Siti, Thesis, *Health Services Policy: Study of Patient Services at Outpatient Health Centers in Sukoharjo Regency*, Postgraduate School of Muhammadiyah University, Surakarta, 2014, p. 114.**)

8. Ibid hlm. 55-56.
9. Soejono & Abdurrahman, 2003, *Metode Penelitian Hukum*, Jakarta: PT Rineka Cipta, Cetakan Kedua, hlm. 43. **(Soejono & Abdurrahman, 2003, *Legal Research Methods*, Jakarta: PT Rineka Cipta, Second Printing, p. 43)**
10. Machmud, Syahrul, 2012, *Penegakan Hukum dan Perlindungan Hukum Bagi Dokter yang Diduga Melakukan Medikal Malpraktik*, Bandung: Karya Putra Darwati, Cetakan I, hlm. 24-25. **(Machmud, Syahrul, 2012, *Law Enforcement and Legal Protection for Doctors Conducting Malpractice Medicals*, Bandung: Karya Putra Darwati, first printing, p. 24-25.)**
11. Ibid, hlm. 29-30
12. Suharsodan Ana Retnoningsih, 2012, *Kamus Besar Bahasa Indonesia*, Semarang : Widya Karya, Cetakan ke-10, hlm. 359. **(Suharso and Ana Retnoningsih, 2012, *Indonesian Dictionary*, Semarang: Widya Karya, 10th Printing, p. 359.)**
13. Notoatmodjo, Soekidjo, 2010, *Promosi Kesehatan Teoridan Aplikasinya*, Jakarta: Rineka Cipta, Edisirevisi, hlm. 5. **(Notoatmodjo, Soekidjo, 2010, *Health Promotion Theory and Application*, Jakarta: Rineka Cipta, Revised edition, p. 5)**
14. Rahardjo, Satjipto, *tt, Masalah Penegakan Hukum, Suatu Tinjauan Sosiologis*, Bandung: Sinar Baru, hlm. 15 & 24-29. **(Rahardjo, Satjipto, *tt, Law Enforcement Problems, A Sociological Review*, Bandung: Sinar Baru, p. 15 & 24-29.)**
15. Sudarma, Momon, *Sosiologi untuk Kesehatan*. Jakarta: Salemba Medika. 2009. hlm. 48 - 49. (Sudarma, Momon, *Sociology for Health*. Jakarta: Salemba Medika. 2009. p. 48 - 49.)
16. Data PPNI dalam Mike Asmaria, *Persepsi Perawat Tentang Tanggung Jawab dalam Pelimpahan Kewenangan Dokter Kepada Perawat di Ruang Rawat Inap Non Bedah Penyakit Dalam RSUD Dr. M. Djamil Padang*, Tesis, Padang: Universitas Andalas, Tahun 2016, hlm. 6 **(Data on PPNI in Mike Asmaria, *Perceptions of Nurses About Responsibilities of Delegation of Duties to Nurses in Non-Surgical Internal Medicine Inpatients in Regional Hospital Dr. M. Djamil Padang*, Thesis, Padang: Andalas University, 2016, p. 6)**
17. Purnawan, Hudi, 2017, *Diskresi Pelimpahan Wewenang Tindakan Medik Dari Dokter Kepada Perawat di Kotawaringin Timur*, Tesis, Universitas Muhammadiyah Surakarta, hlm. 9 **(Purnawan, Hudi, 2017, *Discretion in Delegation of Duty of Medical Treatment Authority from Doctors to Nurses in Kotawaringin Timur*, Thesis, Muhammadiyah University, Surakarta, p. 9)**

- 18.
19. Profil Kesehatan Indonesia tahun 2017. (Indonesian Health Profile 2017.)
20. www.berdikarionline.com. dunia bergerak headlines, terbit 8 Agustus 2018, diunduh 28 Desember 2018 (**www.berdikarionline.com. The world moving headlines, published August 8, 2018, downloaded December 28, 2018**)
21. <http://kt.tribunnews.com/2015/08/17/dokter-pelaku-pemukulan-mantri-diduga-anak-anggota-dewan>
22. Bab III Pasal 6 Wewenang Perawat, ayat 2) melaksanakan tugas limpah. **(Chapter III Article 6 Authority of the Nurse, paragraph 2) Conducting delegation of duty.)**
23. Wawancara via telpon dengan dr. BrH tanggal 14 Februari 2018 jam 06.43 – 11.58. **(Telephone interview with Dr. BrH on February 14, 2018 at 06.43 - 11.58.**
24. Djuanda, Adhi..et al, 2011, *Ilmu Penyakit Kulit dan Kelamin*, Jakarta: Badan Penerbit FKUI, Edisi keenam, Cetakan kedua, hlm.163-165. **(Djuanda, Adhi..et al, 2011, *Skin and Urology Diseases*, Jakarta: FKUI Publishing, Sixth Edition, Second Printing, pp. 163-165.)**
25. Price, Silvia A.& Wilson, Loraine M., Wilson, L.M, 2006, *PATHOPHYSIOLOGY: Clinical Concepts Of Disease Processes, Sixth Edition*. alih bahasa oleh Brahm U. Pendit...(et.al.), editor bahasa Indonesia oleh Hartanto, Huriawati. Jakarta: Penerbit Buku Kedokteran EGC. *hlm 1-7* (**. Price, Silvia A. & Wilson, Loraine M., Wilson, L.M, 2006, *PATHOPHYSIOLOGY: Clinical Concepts of Disease Processes, Sixth Edition*. translation by Brahm U. Pendit ... (et.al.), Indonesian editor by Hartanto, Huriawati. Jakarta: EGC Medical Book Publisher. pp. 1-7**)
26. Wawancara via Whats App tanggal 14 Februari 2018 jam 06.43 – 11.58. **(Interview via WhatsApp on February 14, 2018 at 06.43 - 11.58.)**
27. Tim Staf Departemen Farmakologi dan Terapi FKUI, 2009, *Farmakologi dan Terapi*, Jakarta: Balai Penerbit FK UI, Edisi 5, hlm. 228. **(FKUI Pharmacology and Therapy Department Staff Team, 2009, *Pharmacology and Therapy*, Jakarta: FK UI Publisher Center, Issue 5, p. 228.)**
28. **IbidIbid, p.. 240.**
29. Ibid 496-514.
30. <http://kaltim./antaranews.com/berita/36239/dokter-puskesmas-laporkan-mantri-ke-dinkes-samarinda>, Selasa 3 Januari, 2017 (17:51), pewarta: M. Ghofar (<http://kaltim./antaranews.com/berita/36239/dokter-puskesmas->

[laporkan-mantri-ke-dinkes-samarinda](#) , Tuesday 3 January, 2017
(17:51), reporter: M. Ghofar)

31. Wawancara via telpon tanggal 16 Februari 2018 jam 16.05-16.25. **(Telephone interview on February 16, 2018 at 16.05-16.25.)**
32. www.klikpenajam.com/berita-2039-idi-kaltim-banyak-praktik-kesehatan-ilegal-bukan-dokter-dikaltim.html, diunduh tanggal 22 Februari jam 21.30. **(www.klikpenajam.com/berita-2039-idi-kaltim-banyak-praktik-kesehatan-ilegal-bukan-dokter-dikaltim.html , downloaded on February 22 at 21.30.)**
33. Tanya, Bernard L., 2011, *Hukum Etika & Kekuasaan*, Yogyakarta: Genta Publishing, Cetakan Pertama, hlm. 124. **(Tanya, Bernard L., 2011, *Law of Ethics & Power*, Yogyakarta: Genta Publishing, First Printing, p. 124)**
34. Disampaikan pada Seminar Urun Rembug Nasional Memperingati Hari Kesadaran Hukum Kedokteran Tahun 2018, di Hotel Aryaduta, Jakarta Pusat, 28 Juni 2018, yang diselenggarakan oleh PB IDI, dengan menghadirkan pembicara dari Pakar Hukum Kedokteran, Kepolisian RI dan Jaksa Agung RI. **(Presented at the National Urun Rembug Seminar to Commemorate Medical Law Awareness Day 2018, at the Aryaduta Hotel, Central Jakarta, June 28, 2018, organized by PB IDI, by inviting speakers from Medical Law Experts, the Indonesian Police and the Attorney General.)**
35. Ridwan, 2010, Telaah Kritis Tentang Penerapan Hukum Represif Dalam Penegakan Hukum Pidana di Indonesia, *Jurnal Ilmu Hukum*, Vol.11, No.2, ISSN 0853-7100, hlm. 662-663. **(Ridwan, 2010, *Critical Study of the Application of Repressive Law in Criminal Law Enforcement in Indonesia*, *Journal of Legal Studies*, Vol.11, No.2, ISSN 0853-7100, p. 662-663.)**
36. Tanya, Bernard L., 2016, *Materi Kuliah Filsafat Hukum*, Pendidikan Doktoral Ilmu Hukum Universitas Muhammadiyah Surakarta, hlm. 22. **(Tanya, Bernard L., 2016, *Material in Philosophy of Law*, Law Doctoral Program, Muhammadiyah Surakarta University, p. 22.)**
37. Zohar, Danah & Marshal, Ian, 2005, *Spiritual Capital: Memberdayakan SQ di Dunia Bisnis*, terj. Helmi Mustofa, Bandung: PT. Mizan Pustaka, hlm 187-189. **(Zohar, Danah & Marshal, Ian, 2005, *Spiritual Capital: Empowering SQ in the Business*, trans. Helmi Mustofa, Bandung: PT. Mizan Pustaka, pp. 187-189.)**
38. Shukla, Samarth..et.al., 2013, Neurotheology-Matters of the Mind or Matters that Mind?, *Journal of Clinical and Diagnostic Research*, July, Vol-77: page 1486-1490. **(Shukla, Samarth..et.al .., 2013, *Neurotheology-Matters of the Mind or Matters that Mind ?*, *Journal of Clinical and Diagnostic Research*, July, Vol-77: pages 1486-1490.)**

39. Price, Silvia A.,...*Op.Cit.* pp.1127-1128.
40. Soekanto, Soerjono. 2013.*Faktor-Faktor yang Mempengaruhi Penegakan Hukum*. Jakarta: Rajawali Pers. Ed.1 Cet. 12. hlm. 5 – 8. **(Soekanto, Soerjono. 2013. *Factors Affecting Law Enforcement*. Jakarta: Rajawali Press. Ed.1 Cet. 12. pp. 5-8.)**

BIOGRAPHY:

- Siti Soekiswati, soekiswati@gmail.com, Phone: 085867335485
- Physiotherapy teacher
- Medical Law Concentration