



LEGAL PROTECTION FOR DOCTORS IN THE CHALLENGE OF MEDICAL REFERRAL FOR PRISONERS AT CLASS II B LUBUK PAKAM PRISON INSTITUTION

Emmeninta Florensia Surbakti*¹, Muhammad Arif Sahlepi*², Rahmayanti*³

¹²³Universitas Pembangunan Panca Budi

E-mail : emmenintaf23@gmail.com arif.sahlepi@gmail.com rahmayanti@dosen.pancabudi.ac.id

Article Info	Abstract
Article History Received: 2025-05-05 Revised: 2025-05-06 Published: 2025-06-06 Keywords: <i>Legal Protection, Medical Referrals, Correctional Institutions.</i>	<p>There is a significant misalignment between existing regulations and practices on the ground, which not only hinders timely medical services but also places doctors at high legal risk. Law Number 22 of 2022 concerning Corrections and Government Regulation Number 32 of 1999 provide a legal framework for prisoner health services but their implementation often experiences obstacles. The research method used is empirical with data collection through direct observation and in-depth interviews with prisoners, doctors, and administrative staff. This study aims to understand in real terms how health services are provided and identify gaps between policy and daily practice.</p> <p>The study found that long and complicated bureaucratic processes and lack of adequate facilities are major obstacles to effective health care provision in prisons. Doctors are often reluctant to immediately refer prisoners to outside facilities without the approval of the prison warden, even if the patient's medical condition requires immediate treatment. Based on these findings, the study recommends bureaucratic reforms to streamline the medical referral process, regular training for prison wardens and administrative staff, and stronger legal protection for doctors. The study underscores the importance of closer integration of prison health services with the national health system and strengthening oversight mechanisms to ensure effective and humane implementation of regulations.</p>

I. INTRODUCTION

In Indonesia, the rights of prisoners to receive adequate health services are regulated in various regulations. Law Number 22 of 2022 concerning Corrections states that every prisoner has the right to receive treatment, both physical and spiritual, including adequate health services and adequate food according to nutritional needs (Article 7) Prisoners have the right to: (d) receive adequate health services and food according to nutritional needs;. This law emphasizes that prisoners must not only be treated humanely but must also have access to the health facilities needed to maintain their health.(Astuti and Sh 2009)

In addition, Government Regulation Number 32 of 1999 concerning the Requirements and Procedures for the Implementation of the Rights of Correctional Inmates further regulates the rights of prisoners to receive proper health services. Article 14 of this regulation stipulates that every prison must have a polyclinic with adequate facilities, and provide at least one doctor

and one other health worker.(Pintabar, Rafianti, and Saragih 2024)

Article 14

- (1) *Every prisoner and correctional student has the right to receive adequate health services.*
- (2) *In each prison, a polyclinic with facilities is provided and at least one doctor and one other health worker are provided.*

In cases where health facilities in prisons are unable to handle certain medical conditions, Article 17 stipulates that prison doctors may make recommendations to refer prisoners to government general hospitals outside prisons, with written approval from the head of the prison.(Purba and Zarzani 2023)

Article 17

- (1) *In the event that the patient as referred to in Article 16 paragraph (3) requires further treatment, the prison doctor will provide a recommendation to the Head of the Prison that health services be carried*

out at a government general hospital outside the prison.

- (2) Health services for patients in hospitals as referred to in paragraph (1) must receive written permission from the Head of the LAPAS.*
- (3) Patients as referred to in paragraph (2) who are taken and treated in hospital must be escorted by prison officers and if necessary can request assistance from police officers.*
- (4) The cost of health care in hospitals for patients is borne by the state.*
- (5) If a prisoner or correctional student is sick, the Head of the Prison must immediately notify his family.*

The above regulations and rules of the game demonstrate Indonesia's legal commitment to ensuring that prisoners receive adequate health services. However, the implementation of these regulations in the field often faces complex obstacles, both in terms of bureaucracy and infrastructure, which can have a negative impact on the health of prisoners. (2019 Driving License)

Although this regulation has regulated the rights of prisoners to receive health services, the reality in the field is often different. Doctors working in correctional institutions (prisons) are faced with various challenges that are not only medical but also administrative and legal. The long and complicated bureaucratic process is often the main obstacle in providing fast and timely health services. For example, although doctors in prisons can recommend medical referrals to hospitals outside prisons, the implementation must obtain written approval from the head of the prison. This process often takes a long time, which in the end can be fatal for prisoners who need immediate treatment or even if it occurs at a time of urgency such as at night when the head of the prison is not there and the prisoner needs to be referred to the nearest hospital, often the permission given by the Head of the Prison is in the form of approval by Phone. (Antonius, Saragih, and Zarzani 2024)

In addition, prison health facilities are often inadequate to handle complex medical conditions, especially for prisoners with underlying medical conditions such as heart disease, diabetes, or asthma. In this situation, prison doctors are in a very difficult position. They must immediately take necessary medical action while waiting for administrative approval that may not come quickly. This situation not only endangers the

health of prisoners but also places doctors at serious legal risk if there is an error or delay in medical treatment. Government Regulation Number 58 of 1999 concerning the Requirements and Procedures for the Implementation of the Authority, Duties, and Responsibilities for the Treatment of Prisoners also states that if a sick prisoner requires further treatment, the doctor or health worker of the RUTAN/LAPAS will provide a recommendation that health services be carried out at a hospital outside the RUTAN/LAPAS. (Silalahi and Zarzani 2023) However, the authority, duties, and responsibilities for the care of prisoners lie with the head of the relevant RUTAN or LAPAS. This adds a layer of complexity to the decision-making process, because even though there are recommendations from medical personnel, the final decision remains with the head of the institution, who is often influenced by various administrative and security considerations.

Article 24

- (1) In the event that a sick prisoner requires further treatment, the doctor or health worker of the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch will provide a recommendation to the Head of the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch so that health services can be carried out at a hospital outside the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch.*
- (2) Health services at hospitals as referred to in paragraph (1) must obtain permission from the detaining agency and the head of the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch.*

In practice, this medical referral system does not always run smoothly. The lengthy bureaucratic process can cause delays in getting the treatment needed. In addition, there is often a mismatch between the medical needs of prisoners and the policies implemented by the prison, which may consider security aspects more than health. This can have a negative impact on the health of prisoners and create an ethical dilemma for doctors who feel hampered in carrying out their professional duties. (Hasna, Laila, and Andri 2023)

This study is very important because it touches on a fundamental human rights aspect, namely the right to health, which must still be guaranteed even though someone is in prison. In addition, this study is also important because it highlights legal protection for doctors, which so far may not have received sufficient attention in

the Indonesian legal framework. First, from the perspective of prisoners' rights, delays or failures in providing timely medical care can be considered a violation of human rights. Prisoners, even though they have lost their freedom, still have the right to receive adequate health care, as regulated in the International Covenant on Economic, Social and Cultural Rights which has been ratified by Indonesia. In this context, this study is important to evaluate the extent to which existing regulations in Indonesia are able to meet these international standards.

Second, from the perspective of legal protection for doctors, this study is important because it highlights the legal risks that doctors face in carrying out their duties in a highly regulatory and challenging environment. Without adequate legal protection, doctors can be the target of lawsuits from both prisoners and their families if there is an error or negligence in medical treatment. This can lower the morale and motivation of doctors to work in prisons, which will ultimately have a negative impact on the quality of health services in correctional institutions. Third, this study is also important to identify gaps in the prison health care system and provide recommendations for improvement. For example, is a new policy needed that is more

flexible in the medical referral process? Is there a need for special training for prison chiefs to better understand the urgency of medical recommendations? Is there a need for regulatory revisions to provide stronger legal protection for doctors? All of these questions require in-depth, data-based answers, which are expected to be found through this study.(Sutrisno et al. 2018)

Fourth, from a public policy perspective, this research is important to ensure that the health care system in prisons not only meets national legal standards but also complies with international best practices. The experiences of other countries that may face similar challenges can provide valuable lessons in formulating more effective and humane policies in Indonesia. In this context, this research can also contribute to the development of national health policies, especially in terms of integrating health services between prisons and the general health system. Currently, there is an urgent need to create a stronger bridge between these two systems so that prisoners receive health services that are equal to the general public. This research is expected to be one of the initial steps in this effort, with a focus on improving the medical referral system and legal protection for doctors in prisons.

ALUR LAYANAN KESEHATAN

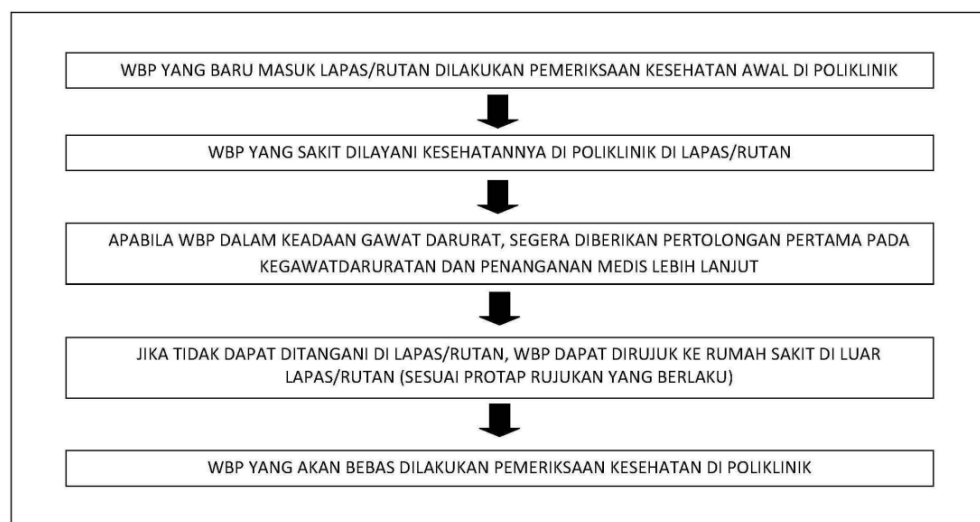


Figure 1. Correctional Service Standards

From the flowchart of health services in correctional institutions shown, it is clear that there is a system designed to ensure the health of prisoners from initial examination to referral to external health facilities if needed. However, in practice, these processes often experience obstacles that lead to delays in critical medical services. Procedural rigidity and inadequate infrastructure often put doctors in prisons in

ethical and legal dilemmas, especially when they have to wait for lengthy administrative approvals.(Sutrisno et al. 2018)

This research is very important in this context because it not only tries to identify existing problems, but also urges reform in the health care system in prisons. Through research, it is hoped that recommendations can be produced that will not only improve the speed and

effectiveness of health services for prisoners, but also provide stronger legal protection for doctors who work in these challenging conditions. This will indirectly improve the standards of health and justice in medical treatment in prisons, in line with human rights principles and health service standards that apply globally.

II. RESEARCH METHODS

This study applies an empirical legal approach to examine legal protection for doctors in the medical referral process for prisoners at Class II B Lubuk Pakam Penitentiary. Through this approach, the study not only analyzes related regulations and legal documents, but also combines them with empirical data obtained directly from the field.(Indra Utama Tanjung 2024)Primary data were collected through in-depth interviews with medical personnel, prison staff, and prisoners who had undergone medical referrals, as well as observations of the condition of health facilities in prisons. Secondary data sources include various relevant laws and legal documents, so that the analysis can see the gap between regulations and practices.(Practical 2010)

The collected data were analyzed qualitatively to understand the practical challenges and barriers faced by doctors in providing health services in prisons. Case studies were also used to describe specific situations that require a rapid response from doctors, especially in medical emergencies. Using these case examples, the study identified factors that influence the implementation of medical referrals in prisons, and examined how existing procedures can hinder or protect medical personnel in critical situations. Through this empirical legal analysis, the study is expected to produce recommendations that focus on improving legal protection for doctors and medical personnel in prisons. Recommendations include proposals for improving regulations and increasing coordination between prisons and external health agencies to create a more effective and safe medical referral system.

III. RESULTS AND DISCUSSION

A. Bureaucratic Barriers to the Effectiveness of the Medical Referral System for Prisoners

Bureaucratic barriers in the medical referral system in correctional institutions (prisons) are

one of the significant challenges that affect the quality and speed of health services for prisoners, especially for those with underlying diseases that require special treatment.(Amalia, Rahmatillah, and Muslim 2023)This process is often slow because it must go through several layers of administration before an inmate can be referred to a more complete health facility. These obstacles can include long waiting times for approval, problems with coordination between agencies, and limited access to the intended hospital. As a result, the inmate's health condition can worsen before receiving the necessary treatment. This situation shows the inefficiency in the bureaucratic process that is supposed to protect the basic rights of inmates, including the right to adequate health services.(Purnomo, Hartinah, and Suwanto 2023)

These bureaucratic obstacles have a direct impact on the speed and effectiveness of health care for prisoners. In cases of underlying diseases that require immediate medical intervention, such as heart disease or diabetes, any delay in medical referral can be fatal. According to Law of the Republic of Indonesia Number 22 of 2022 concerning Corrections, prisoners have the right to receive adequate health services that meet their nutritional needs. However, in practice, the implementation of this right is hampered by inefficient bureaucracy.

One example of the impact of slow bureaucracy is when prisoners who need urgent referral to the hospital must wait until permission is issued. Although Article 24 paragraph (3) of PP 58 of 1999 concerning the Conditions and Procedures for the Implementation of Authority, Duties and Responsibilities for Treatment states that in an emergency, the head of the prison can send sick prisoners to the hospital without prior permission from the detaining agency, in many cases, concerns about disciplinary action or strict policies cause prison officials to wait for official permission before taking action, even in urgent situations. This clearly shows that although there are mechanisms to deal with emergencies, their implementation is often not optimal in the field.

In this context, this study is very important because it shows that there is a gap between the rules set out in the regulations and the practices in the field. Policies that should speed up the referral process actually become obstacles when they are not implemented with the flexibility needed to handle urgent medical cases.

Legally, these bureaucratic obstacles also raise questions about the extent of the

responsibility of the prison chief and medical personnel in ensuring that inmates receive timely health services. The provisions in Government Regulation Number 32 of 1999 concerning the Terms and Procedures for the Implementation of the Rights of Correctional Inmates should be interpreted and implemented with greater emphasis on human rights, where the right to health is a fundamental right that must not be ignored. (Muhammad 2015)

Thus, there is a need for reforms in bureaucratic procedures and increased legal awareness among prison officials to ensure that existing regulations are truly implemented with the spirit of protecting the basic rights of prisoners. This study will examine how these bureaucratic obstacles can be overcome through a more humanistic legal approach, as well as how supervision and law enforcement can be strengthened to prevent violations of prisoners' health rights. Bureaucratic obstacles in the medical referral system in prisons not only interfere with the effectiveness of health services but also pose serious health risks to prisoners with underlying diseases. Existing regulations, although they have established procedures that should guarantee prisoners' rights, are often not implemented effectively due to administrative obstacles and fears of disciplinary action. Therefore, this study highlights the need for reforms in the bureaucratic system and increased awareness of the importance of implementing laws that uphold human rights, especially in the context of prisoners' health. (Nurmedina 2021)

In the context of the medical referral system in correctional institutions, I gained some insights through direct interviews with health workers in the field, symbolized by initials to maintain confidentiality. A doctor with the initials DR and a nurse with the initials NS stated that the medical referral process is often hampered by excessive bureaucracy.

From Doctor DR: "In many cases, the urgent need for medical referrals cannot be met quickly because we have to wait for approval from the head of the prison who is sometimes not immediately available. This results in delays that can have a serious impact on the patient's condition. And also if at night there are prisoners who need immediate referrals, sometimes the Head of the Prison provides referrals only via WhatsApp or by phone."

From an NS Nurse: "We often feel caught between the urgent medical needs of inmates and the demands of strict administrative controls. Even in emergency cases, we still have to follow lengthy

protocols that can prevent us from providing timely care."

From this interview and the basic health care service standards as stipulated in the Decree of the Director General of Corrections, Ministry of Law and Human Rights of the Republic of Indonesia, Number PAS-32.PK.01.07.01 of 2016, it is clear that there is a misalignment between regulations and practices in the field. The regulation is indeed designed to ensure the right to health services for prisoners, but in practice, complicated procedures often slow down the process of providing effective medical services.

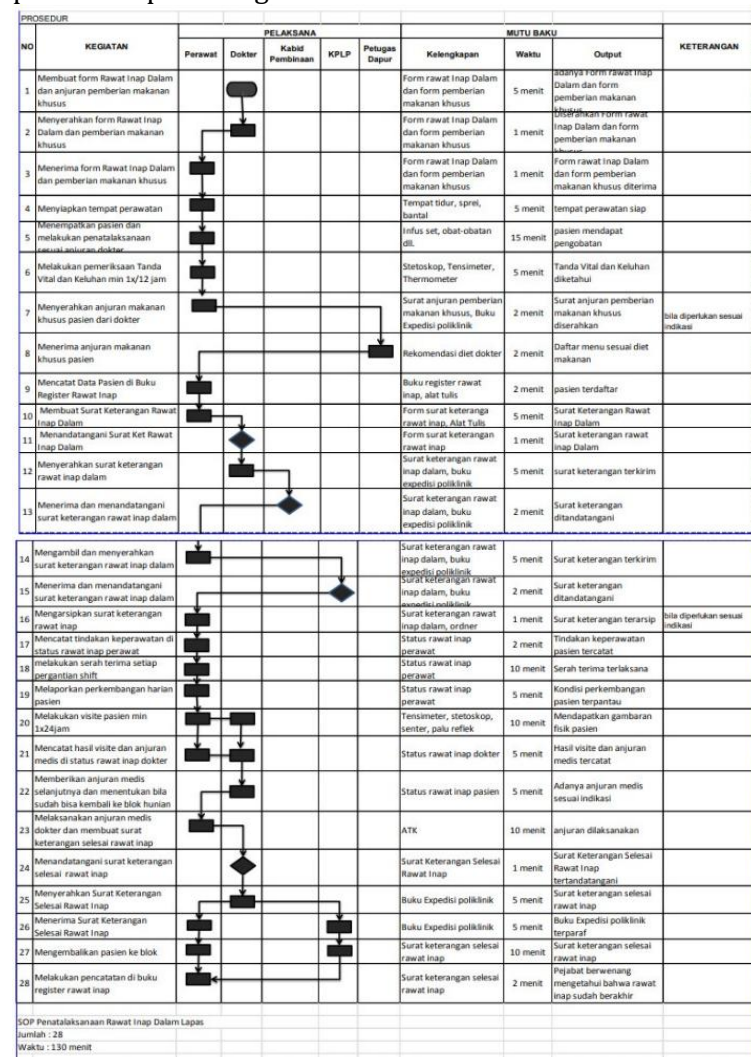


Figure 2. Flow of Basic Health Care Services for Inmates and Detainees and Children in Corrections, Detention Centers, Bapas, LPKA and LPAS.

Through the picture shown regarding the SOP for Inpatient Equipment in Prisons, it can be seen that there is a systematic effort to organize health services in prisons, but the complexity of the procedures and the documentation requirements shown reflect potential obstacles in implementation. The steps illustrated in the

flowchart provide a detailed picture of the procedure but also highlight how many points where delays can occur. The importance of bureaucratic reform in the prisoner medical referral system is crucial. Increasing flexibility and efficiency in administrative procedures, as well as improving the training and awareness of prison chiefs about medical urgency, can strengthen the implementation of prisoners' health rights. This study shows an urgent need for policy revisions that place more emphasis on protecting human rights and being responsive to urgent health needs, in the hope of reducing health risks and improving the quality of health services in prisons.

B. Legal Risks and Protection for Doctors in the Challenge of Medical Referrals for Prisoners at Class II B Lubuk Pakam Penitentiary

Physicians working in correctional facilities face unique and complex challenges. One of the most critical tasks is referring inmates who require advanced medical care outside of the prison facility. This referral process involves not only medical expertise, but also complex legal aspects.(Mercy 2016)The legal risks that doctors may face in this context are very high, especially since medical decisions often have to be adjusted to strict administrative procedures in prisons. This paper will examine the legal risks faced by doctors in the process of medical referrals for prisoners and the extent to which the existing legal framework, especially Law No. 17 of 2023 concerning Health, provides protection against these risks.

One of the major legal risks faced by doctors is the potential for medical malpractice lawsuits. Malpractice occurs when a doctor fails to provide care that meets professional standards, resulting in harm to the patient. In the context of prisons, this risk is further increased by limited facilities and lengthy administrative procedures. Law No. 17 of 2023 concerning Health stipulates that all health workers, including doctors, must provide services in accordance with professional standards and applicable laws and regulations. Article 52 of Law No. 17 of 2023 states that health workers must provide health services based on service standards, operational procedure standards, and professional standards.

Article 52

(1) Health efforts for the elderly are aimed at maintaining a healthy, quality and

productive life in accordance with human dignity.

- (2) Health efforts for the elderly are carried out from the time a person reaches the age of 60 (sixty) years or another age determined in accordance with the provisions of laws and regulations.*
- (3) Every elderly person has the right to access health care facilities and health services that meet standards, are safe, high quality and affordable.*

In a prison situation, for example, an inmate suffering from a chronic illness such as diabetes or heart disease may require more comprehensive hospital care. If the prison doctor does not immediately refer the patient because they have to wait for administrative approval or because of bureaucratic obstacles, and the patient's condition worsens or even causes death, the doctor could face a malpractice lawsuit. In this case, the doctor is considered negligent because he did not take the necessary action in accordance with applicable professional standards.(Silalahi and Zarzani 2023)

Another significant risk is the conflict between the professional obligations of doctors and the administrative procedures applicable in prisons. Law No. 17 of 2023 concerning Health also regulates the administrative obligations that must be fulfilled by health workers, but in emergency situations, there are provisions that allow doctors to act quickly in providing the necessary care. However, in practice, many doctors in prisons hesitate to immediately refer prisoners to outside hospitals without the approval of the head of the prison, even though the patient's condition requires immediate treatment.

Government Regulation No. 58 of 1999 concerning the Conditions and Procedures for the Implementation of the Authority, Duties, and Responsibilities for the Treatment of Prisoners, does provide provisions that doctors must obtain written approval from the head of the correctional institution before referring prisoners to outside hospitals, except in emergencies. This provision often leaves doctors in a dilemma, considering the administrative risks if this procedure is not followed. This can lead to delays in necessary medical treatment, which in turn can increase the risk to the health of prisoners, which in this context includes all individuals in detention, including prisoners who have not been proven guilty, and increase the potential for lawsuits against doctors.

Law No. 17 of 2023 on Health provides a more comprehensive legal framework to protect health workers from lawsuits, provided they act in accordance with professional standards and applicable regulations. Article 273 of Law No. 17 of 2023 on Health explicitly states that health workers who carry out their duties in accordance with professional standards and laws and regulations are entitled to legal protection from lawsuits that may arise. (2019 Driving License)

Article 273

(1) Medical personnel and health workers in carrying out their practice have the right to:

- a. get protection law as long as the duties are carried out in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as patient health needs;*

In the context of prisons, this means that as long as doctors can demonstrate that they have made medical decisions based on professional standards and within the existing legal framework, they should be protected from prosecution. This includes situations where doctors must refer prisoners to outside hospitals in an emergency, even if they do so before obtaining formal permission. This protection is essential to ensure that doctors can carry out their duties without fear of unjust legal consequences. (Siyen, Hadi, and Asriwati 2020)

Law No. 17 of 2023 also introduces a clearer mechanism for the protection of health workers in emergency situations. Article 275 of Law No. 17 of 2023 authorizes doctors to take immediate action in providing necessary medical care in emergency situations, without having to wait for permission or approval from administrative authorities first. This is a step forward in providing legal protection for doctors in prisons, who are often faced with situations where delays in providing care can be fatal for prisoners.

Article 275

(1) Medical Personnel and Health Personnel who practice at Health Service Facilities are required to provide first aid to Patients in Emergency situations and/or disasters.

In addition, this law also stipulates that in emergency situations, actions taken by health workers may not be legally questioned as long as the actions are taken to save the patient's life and are in accordance with professional standards. This provides legal assurance for doctors that

they can act quickly and decisively in critical situations without having to fear lawsuits later. (Hasna, Laila, and Andri 2023) Although Law No. 17 of 2023 has provided better protection for doctors, there are still challenges in its implementation in the field. One of the main problems is how to ensure that the head of the prison and other administrative authorities understand and support the legal protections provided to doctors, especially in emergency situations. In many cases, uncertainty or fear of administrative sanctions can make doctors hesitate to take quick action, even though the law actually supports such action.

To address this, there needs to be a more systematic effort to educate all parties involved in the correctional system about the legal rights and obligations of health workers, as well as the importance of administrative support in carrying out medical duties. In addition, there needs to be further affirmation in implementing regulations that the safety of prisoners and the implementation of medical duties must be a top priority, and that medical actions taken in emergency situations must receive full support from administrative authorities. In addition, a stronger oversight mechanism is also needed to ensure that the legal protection provided by Law No. 17 of 2023 is actually implemented in the field. This includes monitoring how administrative procedures are carried out in prisons, as well as how doctors in prisons are given space to carry out their medical duties in accordance with professional standards without excessive bureaucratic obstacles.

The legal risks faced by doctors in referring prisoners for medical care are complex, especially as they must navigate between strict professional obligations and administrative obligations. Law No. 17 of 2023 on Health has provided stronger legal protection for doctors, especially in emergency situations, but challenges in its implementation in the field remain. Clearer legal protection and support from administrative authorities are essential to ensure that doctors can carry out their duties safely and effectively, without fear of unnecessary lawsuits. Therefore, continuous efforts are needed to educate all parties involved and ensure that existing regulations are truly implemented to protect the rights of prisoners and health workers in correctional institutions. (Sustainable 2007)

In addition, Law Number 22 of 2022 concerning Corrections also strengthens the rights of prisoners to receive adequate and timely

health services. Article 25 paragraph (1) states that every prisoner has the right to access adequate health services as part of their human rights, which must be guaranteed by the state. This emphasizes that the medical decision to refer prisoners to external health facilities is not only a medical act but also an implementation of the human rights of prisoners protected by law.(PUSMILASARI 2021)

Law No. 17 of 2023 concerning Health, provides certainty and legal protection for doctors. This law confirms the rights and obligations of doctors and prisoners in obtaining health services. Article 273 of Law No. 17 of 2023 concerning Health (1) Medical Personnel and Health Personnel in carrying out their practices have the right to: a. receive legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as the health needs of patients;

This provision provides a clear basis for doctors in prisons to enjoy legal protection as long as they act in accordance with recognized medical standards. This is important in medical emergencies or when immediate action is needed to save the life of an inmate. Administrative obligations, such as obtaining written approval from the head of the prison before referring an inmate, although necessary, should not prevent appropriate and immediate medical action that can save a life or prevent serious health damage.

Although Law No. 17 of 2023 provides a strong legal framework, challenges in its implementation remain. For example, doctors are often hesitant to immediately refer prisoners to outside facilities without the approval of the prison chief for fear of administrative consequences. This can be fatal in emergency medical cases. Article 273 paragraph (1) emphasizes that doctors must receive legal protection as long as their actions are in accordance with professional standards, providing assurance to health workers that medical actions carried out in an emergency, even without administrative approval, must be considered legitimate and protected by law.(Meher, Sidi, and Risdawati 2023)

To ensure that doctors in prisons can carry out their duties without fear of undue legal action, further efforts are needed to educate all parties involved in health services in prisons about the legal provisions and the urgent need for prompt medical action. Stronger supervision and regular

training should be integrated into the correctional system to ensure that all parties understand their rights and obligations in accordance with the Health Law. As long as doctors in carrying out health services have obtained approval from the leadership in any form, they are free from all charges. This is important to provide clear legal certainty so that doctors can carry out their duties more effectively and without fear of unfair legal consequences, thereby improving the quality of health services for prisoners.

IV. CONCLUSIONS AND RECOMMENDATIONS

This study revealed that doctors in correctional institutions face significant administrative and legal barriers in the process of medical referrals for prisoners, which not only hinders the provision of effective health services but also places doctors at high legal risk. Existing regulations, including Law No. 17 of 2023 on Health, offer a comprehensive framework to protect the rights of prisoners and health workers; however, challenges in practical implementation remain a major barrier.

Recommendation:

1. **Bureaucratic Reform:**There is a need to simplify the administrative processes associated with medical referrals in prison, including reducing the requirement for written consent that often delays urgent medical care. This simplification will help reduce waiting times for referrals and ensure that prisoners receive the care they need in a timely manner.
2. **Training and Awareness:**Conduct regular training sessions for prison directors and administrative staff on the importance of medical referrals and the urgency involved in this process. This education can help improve their understanding of serious and urgent medical conditions, thereby facilitating faster and more informed decision-making.
3. **Strengthened Legal Protection:**Develop clearer policies that protect physicians from lawsuits as long as they act within professional standards, especially in emergencies. This includes affirming that actions taken in a medical emergency must be fully supported, even if they have not received administrative approval.

4. **Health System Integration:** Creating a bridge between prison health services and the national health system to ensure that prisoners can more easily access public health facilities when needed. This may include partnerships with local hospitals to speed up the referral process.
5. **Enhanced Monitoring Mechanisms:** Strengthening oversight of the implementation of laws and regulations in prisons, including the speed and effectiveness of medical referrals. This oversight can be carried out by an independent body to ensure accountability and compliance with the law.

By implementing these recommendations, it is hoped that it will not only improve the quality of health services for prisoners but also provide legal certainty and better protection for doctors who operate in challenging conditions. This will lead to a more humane and efficient correctional system, where the health and safety of prisoners and medical staff are a priority.

REFERENCE LISTAN

- Amalia, Euis, Indra Rahmatillah, and Bukhari Muslim. 2023. "Strengthening Halal SMEs in Indonesia (A Sharia Economic Ecosystem Approach)." Blue Ocean.
- Antonius, Agam Saputra, Yasmirah Mandasari Saragih, and T Riza Zarzani. 2024. "Criminal Elements and Prisoner Development in Narcotics Crimes (A Study of Prisoner Development at Class Ila Pancur Batu Penitentiary, Deli Serdang Regency)." *Innovative: Journal Of Social Science Research* 4 (1): 9868–81.
- Astuti, Endang Kusuma, and M Sh. 2009. *Therapeutic Transactions in Medical Service Efforts at Hospitals*. Citra Aditya Bakti.
- Hasna, Raini, Suriatu Laila, and Andri Andri. 2023. "The Relationship between the Level of Knowledge of Inpatient Nurses About JKN Services and Patient Satisfaction at Malahayati Hospital." *Tambusai Health Journal* 4 (3): 3159–68.
- Indra Utama Tanjung. 2024. *BASICS OF LEGAL RESEARCH METHODS*. Karanganyar: CV Pustaka Dikara]. https://scholar.google.com/citations?view_op=view_citation&hl=id&user=rToGqjUAAA&AJ&cstart=20&pagesize=80&citation_for_view=rToGqjUAAA&Wp0gIr-vW9MC.
- Lestari, Tri Rini Puji. 2007. "Occupational Health Analysis of Domestic Helpers in Surabaya." *Public Health* 2 (2): 78–85.
- Mawaddah, Nida. 2016. "Child Trafficking in Drug Distribution Networks Case Study: Exploitation of Children as Drug Couriers in West Jakarta." Jakarta: Faculty of Social and Political Sciences, UIN Syarif Hidayatullah.
- Meher, Cashtry, Redyanto Sidi, and Irsyam Risdawati. 2023. "Use of Personal Health Data in the Big Data Era: Legal and Policy Challenges in Indonesia." *Jurnal Ners* 7 (2): 864–70.
- Muhammad, Ghulam. 2015. "Legal Study on Judges' Considerations in Sentencing Perpetrators of Illegal Fishing Crimes by Indonesian Citizens (Decision Number: 19/Pid. P/2011/Pn-Mdn)." *Simbur Cahaya* 28 (2): 245–64.
- Nurmedina, Listyalaras. 2021. "Comparison of Environmental Dispute Resolution Through Citizen Lawsuit Mechanisms in Indonesia and the United States." *Simbur Cahaya* 28 (2): 245–64.
- Pintabar, Andar Jimmy, Fitri Rafianti, and Yasmirah Mandasari Saragih. 2024. "Implementation of the Health Service System for the Fulfillment of Health Rights for Correctional Inmates." *USM LAW REVIEW JOURNAL* 7 (1): 475–89.
- Practical, Legal Tips. 2010. *Facing Criminal Cases*. PT Niaga Swadaya.
- Purba, Jose Fernando Seven, and T Riza Zarzani. 2023. "Legal Protection for Child Prisoners in Lubuk Pakam Penitentiary." *Innovative: Journal Of Social Science Research* 3 (5): 42–56.
- Purnomo, Muhammad, Dewi Hartinah, and Tri Suwanto. 2023. "THE EFFECT OF SERVICE ON PATIENT SATISFACTION OF BPJS PUBLIC HEALTH CENTER, PECANGAAN, JEPARA." *Indonesian Journal of Nursing* 8 (1): 33–48.
- PUSMILASARI, BELNI. 2021. "ANALYSIS OF DIFFERENCES IN ICD-10 DIAGNOSIS CODES BETWEEN HOSPITALS AND BPJS HEALTH VERIFIERS WHICH IMPACT THE DELAY IN PAYMENT OF BPJS HEALTH CLAIMS AT MITRA MEDIKA TANJUNG MULIA HOSPITAL, MEDAN CITY, JANUARY–JUNE 2021." *HELVETIA HEALTH INSTITUTE, MEDAN*.
- Silalahi, Joshua Alberto, and T Riza Zarzani. 2023. "Implementation of Prisoner Guidance in an Effort to Prevent Recidivism at Lubuk Pakam Penitentiary." *Innovative: Journal Of Social*

Science Research 3 (4): 7731–43.

SIM, SIYEN. 2019. "FACTORS RELATED TO THE QUALITY OF SERVICES AT BHAYANGKARA TEBING TINGGI HOSPITAL IN 2019." HELVETIA HEALTH INSTITUTE.

Siyen, Sim, Anto J Hadi, and Asriwati Asriwati. 2020. "Factors Related to the Quality of Services at the Tebing Tinggi Bhayangkara Hospital." Indonesian Health Promotion Publication Media (MPPKI) 3 (3): 267–74.

Sutrisno, Endang, Betty Dina Lambok, Taty Sugiarti, and Paulus Mulyono. 2018. "Legal Consequences of Primary Care Physicians in Their Role as Gatekeepers for a Multilevel Referral System." HERMENEUTIKA: Journal of Legal Studies 2 (2).