LEGAL ANALYSIS OF COMPENSATION TO DOCTORS AND HOSPITALS DUE TO DOCTORS' NEGLIGENCE (STUDY OF SUPREME COURT DECISION NUMBER 2921K/ Pdt/ 2018)

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Abstract
This study evaluates the Supreme Court's decision Number 2921K/Pdt/2018 relating to medical malpractice cases and the legal responsibilities faced by doctors and hospitals in Indonesia. Using doctrinal analysis methods, this study focuses on regulations, jurisprudence, and the concept of vicarious liability in the context of unlawful acts. The focus of the analysis lies on the interpretation of the roles and responsibilities of doctors who fail to provide the expected standard of care and the hospital's responsibilities in internal supervision and management of health resources. The results of this study indicate a gap between the expected standard of care and the reality of practice in the field, often resulting in significant harm to patients. The recommendations provided emphasize the need to improve oversight mechanisms and implement policies that ensure strict supervision of medical practices in hospitals. This study hopes to encourage the use of alternative dispute resolution outside the courts for similar cases in the future, as mandated by Law Number 17 of 2023 concerning Health, which supports a more conciliatory and preventive approach in managing medical errors.

I. INTRODUCTION

In the context of healthcare, the interaction between doctors, patients, and hospital institutions forms a complex dynamic that often touches on various legal aspects. One of the most important and frequently arising legal issues is regarding legal liability for medical negligence. Medical negligence, in the legal context, occurs when a doctor or other medical professional fails to act in accordance with the expected standard of care, resulting in injury or loss to the patient. What becomes more complex is when such negligence results in liability not only for individuals but also for corporations, namely the hospital where the doctor practices.

Cases of medical negligence often raise questions about how hospitals as corporate bodies should be held responsible for mistakes made by their employees. The legal concept underlying this is "vicarious liability," which in the Indonesian legal system is regulated through a combination of civil law and specific legislation applicable to health facilities and medical practices.

In Indonesia, corporate liability for negligent acts of doctors can be analyzed through various regulations and laws. One of the most fundamental is the Civil Code (KUHPer), especially the Chapter on Unlawful Acts. (Wiryono Prodjodikoro, 1998) In addition, Law Number 29 of 2004 concerning Medical Practice also provides a clear legal framework regarding medical practice standards and responsibilities that must be carried out by health workers, including doctors. (Law No. 29, 2004) At the time this journal was written, the law had been replaced by Law Number 17 of 2023 concerning Health. (Law No. 419, 1949).

Article 193 states that:

The Hospital is legally responsible for all losses caused by negligence committed by the Hospital's Health Human Resources.(Law No. 17, 2023).

According to Article 1367 of the Civil Code, any act that causes harm to another person requires the person whose fault caused the loss to provide compensation. (Subekti, 2005) Furthermore, in the context of a hospital as a corporation, this responsibility can be expanded through the interpretation that the hospital has an obligation to ensure that all medical practices carried out under its auspices meet the standards set by laws and professional standards.

Case studies of medical negligence in Indonesia often reveal a gap between the expected standard of care and the reality of practice on the ground. These cases highlight not only the importance of implementing strict standards in medical practice but also the importance of effective oversight

mechanisms by hospitals. For example, in a case at the Central Jakarta District Court, where a patient died due to medical negligence, the hospital was found guilty of failing to provide adequate supervision of the doctor on duty. (No. 245/Pid.B/2012/PN.Jkt.Pst).

In that case, the judge emphasized that the hospital was not only responsible for providing adequate facilities and equipment but also for internal supervision and oversight of the medical practices carried out there. This decision supports the theory that corporate responsibility in the health sector covers a wider aspect than just the provision of resources, but also includes the management of human resources and internal procedures.

More specifically, the case example that the author took as the material for analysis in this journal is the case of Dr. Ulfa Wijaya Kesuma, Sp.OG, and Drg. Erni Ramayani from the Banda Aceh Mother and Child Hospital with the registration of the Supreme Court decision Number 2921K / Pdt / 2018. With the result of the "Joint Liability" Decision, the hospital was only charged with 15% of the total loss. The implications of this corporate responsibility are very broad. First, it raises the standards expected of health care institutions in carrying out internal supervision and control. Second, it also provides an important legal precedent for patients who suffer losses due to medical negligence to claim compensation, not only from the individual who acted wrongly but also from the corporation that employs them.

With the legal context continuing to evolve, especially through new jurisprudence and regulations issued, it is expected that there will be an improvement in the quality of health services which in turn will reduce the incidence of medical negligence and improve the corporate liability system in Indonesia. This is important not only to protect patients but also to ensure that medical practices are carried out with high integrity and accountability.

II. RESEARCH METHODS

This study uses a doctrinal method (Indra, 2024) which is a normative approach in legal research. This method is very relevant in analyzing cases related to legal responsibility and compensation in the context of medical malpractice, especially through the evaluation of legal decisions. This approach focuses on the analysis of legal texts that include regulations, doctrines, and jurisprudence, which in this case is the Supreme Court Decision Number 2921K / Pdt / 2018. This analysis aims to interpret and understand how the law is applied in certain cases and the implications of this application for medical practice and the responsibility of health institutions.

The main sources used in this study include relevant laws and regulations such as the Civil Code (KUHPer) and Law Number 29 of 2004 concerning Medical Practice which has been revised into Law Number 17 of 2023 concerning Health. In addition, this study also refers to jurisprudence, especially the Supreme Court Decision mentioned, as the main case study to evaluate and discuss corporate legal liability in cases of medical negligence. This doctrinal approach is expected to provide in-depth legal clarity regarding the standards and procedures that must be followed by health workers and medical institutions in carrying out their duties, as well as the legal consequences of failure to meet these standards.

III. RESULTS AND DISCUSSION

A. Legal Liability of Hospitals in Liability as Corporate

It must be admitted that the concept of common law is much more developed in relation to the liability of entrepreneurs/businessmen compared to our legal system (civil law). In the common law system, the doctrine of respondeat superior liability is one of the main doctrines that is widely accepted as the basis for liability according to this doctrine of respondeat superior, an entrepreneur is responsible for unlawful acts committed by his employees or staff if the employee acts within the scope of carrying out his work or within the scope of his work. entrepreneurs in the context of carrying out work.

The concept of unlawful acts is known in the dimensions of civil law and criminal law. In Dutch, unlawful acts are known by the terminology "wederrechtelijk" in the realm of criminal law and "onrechtmatige daad" in the realm of civil law. The term "unlawful act" is generally very broad in meaning, if the word "law" is used in the broadest sense. (Prodjodikoro, W, 2000)

According to the doctrine of respondeat superior, an employer is responsible for unlawful acts committed by his employees or staff if the employee acts within the scope of his work or within the scope of his work. The

formulation of responsibility in Article 1367 of the Civil Code as mentioned above is still very general and broad so that it is somewhat difficult to apply. Subekti defines an obligation as "a legal relationship between two or more people, based on which one has the right to something from the other party, and the other party is obliged to fulfill that demand".

In a country like the United States, in order to be categorized as an unlawful act in the context of employment, there are several elements that must be met:

1. In principle, these acts must occur during working hours and in a specific place designated for carrying out the work;
2. The employee has at least (in such cases) been motivated for the purpose of serving the employer and
3. The act occurred in relation to carrying out legitimate tasks given by the employer to the employee. (Rini Dameria, 2017)

With criteria like this, it is clear that not all negligence committed by employees can be immediately blamed on or become the burden of their employers. The potential problems in the field of employment tort are very broad. Employer liability is one of the legal concepts in liability that is important to note, in Article 1367 paragraph 3 of the Civil Code it is stated that employers and those who appoint others to represent their employer's activities are responsible for losses incurred by their servants or subordinates in carrying out their work.

In the realm of health practice in Indonesia, hospitals as corporate entities play an important role in ensuring the provision of safe and quality health services. The legal responsibility of hospitals for medical negligence committed by health workers under their auspices has become a serious topic of discussion, especially in the case of the Banda Aceh Mother and Child Hospital, where Dr. Ulfa Wijaya Kesuma failed to provide adequate medical services, resulting in the death of a mother and her baby. This analysis will outline in depth the legal principles that should make the hospital fully responsible for the incident.

According to the Civil Code, especially Article 1367, every person or entity, including hospitals, is responsible not only for losses caused by their own actions, but also for losses caused by the actions of people under their supervision. This includes doctors, nurses, and all medical staff working in the hospital facility. (Subekti, 2005).

Law Number 44 of 2009 concerning Hospitals explicitly states that hospitals have an obligation to provide services that meet applicable medical standards and ensure patient safety. This includes the obligation to provide competent medical personnel and to carry out effective supervision of medical practices carried out in the hospital environment. (Law No. 44, 2009).

Article 46

The Hospital is legally responsible for all losses caused by negligence by health workers at the Hospital.

In Article 193

The Hospital is legally responsible for all losses caused by negligence committed by the Hospital's Health Human Resources.(Law no. 17, 2023).

Article 46 of Law Number 44 of 2009 concerning Hospitals. This article explicitly states that hospitals are legally responsible for all losses caused by negligence committed by health workers in the hospital. This obligation emphasizes that hospital management must have an effective supervision and control system to ensure that all medical actions carried out under its auspices are carried out to a high standard and in accordance with applicable procedures. This article shows the legislator's commitment to ensuring that hospitals as institutions have a responsibility that cannot be ignored in monitoring and managing the practices of their health workers, reflecting a proactive legal system in protecting patient rights.

Article 193 of Law Number 17 of 2023 concerning Health. The revision and refinement of health regulations summarized in this article expands the scope of legal responsibility of hospitals, not only limited to negligence committed by health workers, but also includes all health human resources. This includes various roles in the hospital context, such as administrative staff involved in patient management, medical technicians, and others. This responsibility covers all aspects of hospital operations that can affect patient safety. This change signifies a recognition that hospital activities as a corporate entity involve

various factors that can affect health service outcomes.

Both articles have significant implications for how hospitals manage their human resources and how supervision should be conducted. This legal responsibility provides a strong basis for patients who suffer harm to sue for damages, making it clear that hospitals have an inescapable obligation to take all possible precautions to avoid medical errors. Ultimately, it encourages hospitals to be more careful in managing their medical practices and ensure that all health workers involved in the provision of health services are trained, supervised, and periodically evaluated to ensure compliance with established standards.

With the clarity of this regulation, hospitals are expected to not only be passive in providing health services, but must be active in implementing adequate policies and procedures to reduce the risk of medical errors. This forms a paradigm where corporate responsibility is not just a formality, but becomes an integral part of operational ethics and commitment to patient safety. The clarity of this responsibility also confirms that any negligence, large or small, that results in harm to patients, is legally the responsibility of the hospital.

In the context of the Banda Aceh Mother and Child Hospital case, there was a serious failure in the supervision and risk management system that should have been carried out by the hospital management. Dr. Ulfa, as the assigned doctor, was absent from carrying out her medical duties on the grounds of illness, but there was no adequate replacement or supervision carried out by the hospital to ensure that the critically ill patient still received the care he needed.

The principle of vicarious liability or representative responsibility in Indonesian law, although not explicitly regulated in the Civil Code, can be applied through jurisprudential interpretation. This responsibility directs that legal entities, such as hospitals, can be held responsible for negligence committed by their employees while carrying out their duties. This means that the mistakes made by Dr. Ulfa in her professional context should be the responsibility of the hospital that employs her. (Maria SW Sumardjono, 2010).

The consideration that must be taken into account is that, in this case, the hospital should have been proactive in arranging a replacement system for a sick or absent doctor. Failure to provide a replacement doctor in a medical emergency is a form of serious negligence that must be accounted for by the hospital management. In fact, the emergency experienced by Suryani, which required immediate medical treatment, was not responded to with adequate steps by the hospital, which indicates a deficiency in the hospital's internal protocols and procedures. This case shows the importance of corporate responsibility in managing risk and effective internal supervision. Errors or negligence made by medical staff in carrying out their duties reflect not only individual failures but also broader system failures in hospital management. This responsibility is not only moral but also legal, where the hospital must ensure that every medical action carried out under its auspices is carried out in accordance with the highest standards of safety and professionalism. (No. 2921 K/Pdt/2018, dated December 22, 2018).

Furthermore, the implication of this corporate responsibility is that hospitals must be financially responsible for the losses suffered by patients or their families. This includes compensation related to medical costs, loss of income, and compensation for the suffering and loss experienced by the victim's family. The presence of strict regulations and effective law enforcement is needed to ensure that hospitals comply with their legal obligations and take all precautionary measures to prevent future medical errors. Hospitals must carry out their role as corporate guardians in the health sector seriously and responsibly, not only as service providers but as holders of a large public trust in handling human life and health.

B. Dr. Case Position Ulfa Wijaya Kesuma, Sp.OG

Considering, that the Plaintiff with a lawsuit letter dated September 30, 2016 which was received and registered at the Banda Aceh District Court Clerk's Office on October 11, 2016 in Register Number 38/Pdt.G/2016 /PN Bna, has filed the following lawsuit:

1. That on Monday, March 28, 2016, at around 06.00 WIB, the Plaintiff took the Plaintiff's wife, SURYANI binti ABDUL WAHAB, to the Banda Aceh Mother and

Child Hospital/Defendant II, to undergo the labor process, where previously the Plaintiff's wife, who was in the late stages of pregnancy, had experienced her water breaking at home.

2. That subsequently, after carrying out the registration process, the Plaintiff's wife was taken to the delivery room and received by 2 (two) midwives and 2 (two) SPK students.
3. That during the time in the delivery room, and within a period of approximately more than 6 (six) hours, namely from 06.00 to 13.00, the Plaintiff did not see any proper and reasonable medical efforts that should have been carried out by medical personnel and the Plaintiff also did not see the presence of a doctor on duty, so the Plaintiff asked the midwife who was looking after the Plaintiff's wife about the presence of the doctor on duty, and at that time the medical officer/midwife stated that the doctor or the doctor responsible was Defendant I.
4. That seeing the condition of the Plaintiff's wife which was getting worse, but did not receive the service/treatment as it should have, and the Plaintiff's concern that something bad would happen to the Plaintiff's wife, the Plaintiff repeatedly asked the midwife who was looking after the Plaintiff's wife about the whereabouts of Defendant I as the person in charge, but the midwife replied "doctor's business is our business", and the Plaintiff also tried to ask the Midwife on duty to give Defendant I's telephone number, so that the Plaintiff could contact Defendant I directly, but the midwife/nurse in the delivery room did not give it.
5. That seeing the condition of the Plaintiff's wife which was already so difficult, and suffering greatly, with very limited knowledge, the Plaintiff and family asked the Midwife/Nurse to immediately take medical action in the form of a cesarean section, or other medical action or other substitute doctor, but our request was answered rudely by the Midwife/Nurse by saying "they know better, the smart father only complains".
6. That because the condition of the Plaintiff's wife was getting worse, the Plaintiff continued to urge the midwives to immediately take appropriate and proper medical action, but the Midwives instead threw the Plaintiff and the Plaintiff's family (including the Plaintiff's mother-in-law, the Plaintiff's wife's mother) out of the room, but the Plaintiff and his family refused to leave the room, because the condition of the Plaintiff's wife had gotten so bad and the Plaintiff was very worried that something worse would happen.
7. That because of the Plaintiff's refusal to evict the Midwife, the Midwife called and asked the Security Guard to evict the Plaintiff and the Plaintiff's family, but the Security Guard, after the Plaintiff showed the Plaintiff's wife's condition, understood the Plaintiff's psychological condition and the Plaintiff's anxiety about the bad possibilities that would occur if medical action was not immediately taken by Defendant I, Defendant II and Defendant III for the Plaintiff's wife.
8. That because the condition of the Plaintiff's wife was already very bad and she did not receive the services she should have, where Defendant I as the person in charge was never in the room at all and Defendant III as the Director of the Banda Aceh Mother and Child Hospital at that time was also responsible for the presence of Defendant I to remain in the delivery room and or at least be able to be contacted immediately in the event of a patient who was in dire need of health services, especially emergency health services.
9. That because the condition of the Plaintiff's wife was getting worse, and there was absolutely no service and/or no medical action taken by Defendant I,

Defendant II and Defendant III, then at approximately

10. 19.00 WIB, the Plaintiff asked the midwife who was looking after the Plaintiff's wife to be transferred/referred to another hospital, but the midwife in question responded arrogantly and haughtily by saying "which hospital is better than the Mother and Child Hospital?"
11. That at 20.00 WIB, during the change of guard/shift, Defendant II took the initiative to transfer/refer the Plaintiff's wife to the dr Zainal Abidin Regional General Hospital, Banda Aceh/Defendant IV, but the referral was no longer at the Plaintiff's request.
12. That the Plaintiff knew that the Plaintiff's wife would be referred to the dr Zainal Abidin Regional General Hospital/Defendant IV at 20.00 WIB, but in reality, the Plaintiff's wife was taken to the Zainal Abidin Regional General Hospital Banda Aceh/Defendant IV at around 22.30, and at that time the Plaintiff met with Defendant V, and Defendant V expressed his concerns about the condition of the Plaintiff's wife, then the Plaintiff saw Defendant V making a phone call using his cell phone, and from the telephone connection that the Plaintiff heard directly, Defendant V expressed his concerns about the condition of the Plaintiff's wife which was already too late for medical action to be taken, because medical action in the form of surgery should have been carried out at least (8) eight hours before, and at that time the Plaintiff could conclude that Defendant V called or spoke with Defendant II.
13. That then an officer from Defendant IV asked for the Plaintiff's signature, and although the Plaintiff did not read the contents of what the Plaintiff signed, the Plaintiff understood that the signature was the Plaintiff's agreement to the medical action in the form of an operation to be carried out by Defendant IV's team, then at around 24.00 the Plaintiff's wife underwent a medical action in the form of a cesarean operation, then at around 01.30 in the morning on Wednesday, April 30, 2016 the medical officer from Defendant IV informed the Plaintiff that the Plaintiff's newborn baby boy had died, and not long after, namely at around 04.00 in the morning on the same day the Plaintiff's wife SURYANI binti ABDUL WAHAB (deceased) also died.
14. That because the Plaintiff feels that the death of the Plaintiff's wife and child was more due to negligence and/or deliberate actions by Defendant I, Defendant II and Defendant III, the Plaintiff has reported Defendant I to the Banda Aceh City Police Resort on Wednesday, March 30, 2016 (while the Police Report states the date April 1, 2016), as per Evidence of Report Number: LPB/184/IV/2016/SPKT. And after going through the investigation process, and through a Letter sent by the Banda Aceh City Police Resort to the Plaintiff on June 3, 2016 Number B/406/VI/2016/Reskrim Defendant I has been named a Suspect and the file has also been sent to the Banda Aceh District Attorney's Office in Banda Aceh

There are several oddities in the alleged malpractice case involving Dr. Ulfa. In 2020, Ulfah brought the MKDKI decision (the MKDKI decision stating that Dr. Ulfa was not guilty and not proven to have committed the malpractice she had been doing for 3 years) to the Banda Aceh City Police Resort. Then, on June 23, 2020, the Banda Aceh Police issued a Letter of Termination of Investigation (SP3) signed by the Head of the Banda Aceh Police, Senior Commissioner Trisno Riyanto. Oddly enough, long before the SP3 from the police and MKDKI was issued, the civil trial continued. Ulfah's request to the judge presiding over the civil trial to wait for the criminal decision was not responded to.

Ulfah objected because in the civil trial she was demanded to compensate for the loss of the lives of patient Suryani and her baby. "The accusation is misdirected, it cannot be proven after the SP3 was issued by the police and the code of ethics that decided I was not guilty," Ulfah said firmly.

In 2018, the civil decision had already reached the Supreme Court stage, two years before the issuance of the SP3 from the Police and the decision not to violate the code of ethics from the MKDKI. "With great reluctance, we finally obeyed this civil decision as good citizens," said Ulfah softly. Now, due to the alleged "legal malpractice", Ulfah and Drg Erni (at that time the Director of RSIA) and RSIA were decided by the Supreme Court panel of judges to be jointly and severally liable to pay a fine of Rp500 million to the victim's family. Ulfah 70 percent (Rp350 million), Drg Erni 15 percent (Rp75 million), and RSIA 15 percent (75 million)

C. The Judge's Legal Considerations Underlie the Decision in Case 2921K/Pdt/2018

In the Supreme Court Decision with Case Registration Number 2921K/Pdt/2018

REJECT

1. Rejecting the cassation application from the First Applicant for Cassation, Dr. ULFA WIJAYA KESUMAH, Sp.OG;
2. Rejecting the cassation application from the Second Cassation Applicant Drg. ERNI RAMAYANI;
3. Rejecting the cassation request from the Applicant for Cassation III, the Aceh Government Cq. Banda Aceh Mother and Child Hospital;
4. Revising the Decision of the Banda Aceh High Court Number 111/PDT/2017/PT BNA dated 11 January 2018 which strengthens the Decision of the Banda Aceh District Court Number 38/Pdt.G/2016/PN Bna dated 11 July 2017 only regarding compensation, so that the full ruling is as follows:

IN CONPENTION:

In Exception :

- Rejecting the exceptions of Defendant I, Defendant II, Defendant III, Defendant IV, Defendant V, Defendant VI, Defendant VII, Defendant VIII and Defendant IX in their entirety;

In the Main Case:

1. Granting the Plaintiff's claim in part;
2. Declaring that Defendant I, Defendant II and Defendant III have committed an Unlawful Act (onrechtmatige daad) which resulted in the death of the Plaintiff's wife SURYANI binti ABDUL WAHAB and the baby boy who was born to the deceased on Tuesday, March 29, 2016 at the dr Zainal Abidin Regional General Hospital, Banda Aceh.
3. To sentence Defendant I, Defendant II and Defendant III to pay compensation in the amount of Rp. 500,000,000.00 (five hundred million rupiah) with the portion of responsibility of Defendant I being 70%, Defendant II being 15% and Defendant III being 15% of the total compensation payment;
4. Rejecting the plaintiff's claim other than and beyond.

IN RECONSIDERATION:

- Rejecting the claim of the Counterclaim Plaintiff/Third Defendant in the Counterclaim.

5. Sentencing the Applicant for Cassation I, Applicant for Cassation II, and Applicant for Cassation III to pay court costs at this cassation level each in the amount of Rp. 500,000.00 (five hundred thousand rupiah);

Thus it was decided in the deliberation meeting of the Panel of Judges on Tuesday, December 11, 2018 by Dr. Nurul Elmiyah, SH, MH, Supreme Court Justice who was appointed by the Chief Justice of the Supreme Court as the Chair of the Panel, I Gusti Agung Sumanatha, SH, MH, and Dr. Pri Pambudi Teguh, SH, MH, Supreme Court Justices as Members and pronounced in an open session for the public on the same day by the Chair of the Panel attended by the Member Justices and Syaifulah, SH, Substitute Registrar and not attended by the parties.

The legal considerations underlying the Supreme Court Decision in case Number 2921K/Pdt/2018 are essential to understand in order to illustrate how the Indonesian justice system interprets and applies legal principles in cases of medical negligence resulting in death. This decision relates to the rejection of the cassation filed by Dr. Ulfa Wijaya Kesumah, Drg. Erni Ramayani, and the Aceh Government cq Banda Aceh Mother and Child Hospital, and corrects the previous decision of the Banda Aceh High Court which

upheld the decision of the Banda Aceh District Court.

This case began with a tragic event in which Suryani binti Abdul Wahab and her newborn child died after not receiving adequate assistance during their delivery at the Banda Aceh Mother and Child Hospital. Dr. Ulfa Wijaya Kesumah, who was responsible as the obstetrician on duty, was not present at the critical time, an act that the District Court deemed to be an unlawful act because it was considered to have deliberately neglected her medical obligations, an assessment based on a thorough analysis of Suryani's condition and medical needs.

The Supreme Court in deciding this case relied on several fundamental legal principles, the most important of which is unlawful acts as regulated in the Civil Code. In Indonesian civil law, any act that causes harm to another person and is not done in order to exercise legal rights or obligations can be considered an unlawful act.

In this case, the judge's considerations focused on:

1. Presence and Role of Doctor: The evidence shows that Dr. Ulfa was not present to provide medical assistance during a critical time. Her presence was considered vital given the medical emergency that Suryani was facing.
2. Nature of Negligence: The Court considered that Dr. Ulfa's negligence was not only passive but also active, considering that she chose not to attend without arranging adequate compensation.
3. Direct Impact of Negligence: The absence of a specialist doctor at a critical time directly contributed to the death of Suryani and her child, which is considered a significant and direct loss.
4. Corporate Responsibility of the Hospital: Banda Aceh Mother and Child Hospital, as an institution, is also considered responsible for failing to organize an adequate system of supervision and replacement of doctors.

This Supreme Court ruling demonstrates adherence to the principle of accountability in medical practice, where every health worker must meet the standard of care that is not only regulated by medical ethics but also civil law. This ruling also confirms that hospitals have a corporate responsibility that cannot be ignored in managing their human resources and health systems effectively.

By dismissing the defendant's appeal and upholding the high court's decision, the Supreme Court sent a clear message about the importance of medical and corporate responsibility. This decision not only serves as a legal precedent but also as a reminder to healthcare institutions to tighten their internal oversight and ensure that all medical protocols are strictly followed.

The Supreme Court's decision in this case reflects a strict legal approach to medical negligence, strengthening the legal framework aimed at protecting patients from medical malpractice. It shows the importance of having an effective law enforcement system that not only punishes perpetrators but also develops better standards of practice in healthcare. Lessons learned from this case should be integrated into training and daily operations in medical facilities to avoid similar tragedies in the future, increasing public trust in the healthcare system in Indonesia.

Furthermore, if Law Number 17 of 2023 concerning Health had been enacted at that time, the resolution of this dispute might have been different. Article 310 of the Law states that professional errors by medical personnel that cause losses must first be resolved through an alternative dispute resolution mechanism outside the courts. This shows a paradigm shift in handling medical errors, from a punitive approach to a more conciliatory and restorative model, which not only seeks to blame the party but also a more constructive solution for both parties.

Considering these aspects, there are strong grounds to criticize and question the existing Supreme Court decision. New evidence and context ignored in the initial decision call for a reconsideration of the case, both procedurally and substantively. The court needs to ensure that any decision it makes is based on a comprehensive analysis of the evidence and fair legal considerations, avoiding inappropriate punishment that could damage the professional careers and personal lives of the individuals involved.

This analysis underlines the importance of accuracy in identifying and attributing responsibility in medical cases. It also emphasizes the importance of evolution in health law that supports conflict resolution through dialogue and mediation rather than

litigation. In the future, a more holistic and integrated approach is needed in handling medical malpractice cases, which focuses not only on the punitive aspect but also on recovery and prevention of further harm.

IV. CONCLUSIONS AND RECOMMENDATIONS

In understanding and interpreting the Supreme Court decision Number 2921K/Pdt/2018, it is important to consider the criticisms and potential oversights that may occur during the court process. The misattribution of responsibility to Dr. Ulfa Wijaya Kesumah, as revealed in the new evidence, indicates a systematic error in the application of existing law. If Dr. Ulfa was not directly involved in the medical action that caused the patient's death, then the blame for her must be reviewed. This raises questions about the effectiveness of medical oversight mechanisms and the courts in identifying the root causes of malpractice. Furthermore, the implementation of Law Number 17 of 2023 concerning Health, which encourages the resolution of medical disputes outside the courts, could influence the legal approach to similar cases in the future, prioritizing more conciliatory and constructive resolutions.

By acknowledging that Dr. Ulfa's role may have been misinterpreted in the dynamics of this case, and considering Suryani's stable condition when referred, the law and court practice should strengthen a more accurate and fair mechanism in handling malpractice cases. This decision should be a reflection for the justice system to develop a more comprehensive method in evaluating medical errors, ensuring that every legal decision is based not only on accountability but also on deep substantive justice. Improvements in the approach to handling malpractice cases are important not only to protect medical professionals from inappropriate accusations, but also to improve the quality of health services and public trust in the justice system.

REFERENCE LISTAN

Abdulkadir Muhammad. (2004). Law and Legal Research. Bandung: PT Citra Aditya Bakti.

Atmadja, Djaja Surya. (2004). Medical Malpractice, Evidence and Prevention (in the Trilogy of Medical Secrets, Malpractice and the Role of Insurance). Jakarta: FKUI.

Dameria, R. (2017). Unlawful Acts in Medical Actions and Their Settlement in the Supreme Court (Case Study of Supreme Court Decision Number 352/Pk/Pdt/2010). Diponegoro Law Journal, 6(1), 12.

Fitriono, Riska Andi, Budi Setyanto, & Rehnalemken Ginting. (2016). Enforcement of Malpractice Law Through a Penal Mediation Approach. Yustisia, 5(1), 87.

Guwandi, J. (2008). Law and Doctor. Jakarta: Sagung Seto.

Hartono, Sunaryati. (1994). Indonesian Legal Research at the End of the 20th Century. Bandung: Alumni.

https://www. Hukum-Hukum.com/2016/05/difference-respons-respons-pengusaha-dalam.html. Accessed July 30, 2024.

https://www.kba.one/news/elegi-dr-ulfah-martir-nakes-dari-rsia-banda-aceh/index.html. Accessed July 30, 2024.

Moh. Hatta. (2013). Health Law and Medical Disputes. Yogyakarta: Liberty.

Nazir, Moh. (1983). Research Methods. Bogor: Gralia.

Prodjodikoro, W. (1998). Principles of Civil Law. Bandung: PT Citra Aditya Bakti.

Prodjodikoro, W. (2000). Unlawful Acts. Bandung: Mandar Maju.

Decision of the Supreme Court of the Republic of Indonesia, No. 2921 K/Pdt/2018, dated December 22, 2018.

Decision of the Central Jakarta District Court, No. 245/Pid.B/2012/PN.Jkt.Pst.

Serambinews. (2020, January 5). Doctor Ulfah becomes a suspect. Retrieved fromhttp://www.serambinews.com/.

Soekanto, Soerjono. (2001). Normative Legal Research: A Brief Review. Jakarta: Rajagrafindo Persada.

Subekti. (2005). Civil Code. Jakarta: Pradnya Paramita.

Sumardjono, MSW (2010). Legal Responsibility in Medical Practice. Jakarta: UI Press.

Sutopo, HB (2001). Qualitative Research Methodology, Theoretical Basis and Its Application in Research. Surakarta: UNS Press.

Tanjung, Indra Utama, SH, MH (2024). *Basics of Legal Research Methods*. First Edition. Karanganyar, Central Java: Dikara Publisher. ISBN 978-623-10-2492-3.

Law Number 17 of 2023 concerning Health.

Law Number 18 of 2014 concerning Mental Health.

Law Number 20 of 2013 concerning Medical Education.

Law Number 29 of 2004 concerning Medical Practice.
Law Number 36 of 2009 concerning Health.
Law Number 36 of 2014 concerning Health Workers.
Law Number 38 of 2014 concerning Nursing.
Law Number 4 of 1984 concerning Infectious Disease Outbreaks.
Law Number 4 of 2019 concerning Midwifery.
Law Number 419 of 1949 concerning the Hard Drug Ordinance.
Law Number 44 of 2009 concerning Hospitals.
Law Number 6 of 2018 concerning Health Quarantine.