



Liability Of A Doctor Who Perform A Malpractice (A Review Under Health Law)

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ABSTRACT

The problems that will be discussed by the author in the writing of this thesis are: What are the limitations that can be used to determine that a doctor has committed medical malpractice on a patient; What actions or legal remedies can a patient or his family take if he is exposed to medical malpractice; What sanctions can be imposed on doctors who commit medical malpractice as a form of responsibility of doctors to their patients. The type of research used in this paper is a normative juridical research, namely research conducted on written regulations governing health law and legal materials related to medical malpractice. In discussing medical malpractice involving two different disciplines, namely medical science and health science, this paper will use the "medicolegal approach" which is a way of approaching medical problems through law. Medical malpractice is every action of a doctor (whether intentionally or unintentionally such as negligence, negligence) in carrying out a medical practice, which is not in accordance with medical ethics, medical professional standards, applicable laws and regulations so as to cause harm to the patient such as pain, injury, disability, death and other loss; and for his actions, the doctor must be responsible under administrative law and/or civil law and/or criminal law. Legal remedies that can be taken by patients (or their families) who experience medical malpractice actions consist of: Complaining to MKDKI; suing the doctor; Through the Criminal Court. Doctors who commit medical malpractice may be subject to sanctions based on administrative law and/or civil law and/or as a form of legal liability.

1. Introduction

The human need for medical help is as old as human civilization. If a person feels sick or has a disorder in his bodily functions, he will try to find out what is the cause of the disease, then with his ability to try to relieve the pain, because humans know that any disturbances in body functions can threaten his life. Fear of death prompted him to seek medical help from other people who have the ability to cure the disease, namely doctors[1][2].

The history of the medical treatment of a doctor is identified with the "healing god" who is glorified by society, because of his ability to know things that are not visible from the outside. Moreover, at that time, there were times when healing from illness was obtained after "the doctor" read prayers for his patients, as clergy do[3]. In subsequent developments along with the development of the human mind and civilization, this element of worship gradually disappeared. However, the position and role of doctors are still considered high by the community. The

emergence of a higher position is due to the needs of community members who are sick (patients) in dire need of a doctor's help to heal themselves[4].

Public respect for the medical profession is higher than other professions in society, such as: traders, police, prosecutors, judges, lawyers, civil servants, and even teachers who provide early education for a doctor while still in school. This can be seen from their socio-economic status, because usually someone who works as a doctor will have enough clothing, food and shelter or in other words, his life can be fulfilled properly.[5].

Society views the medical profession as a noble profession because it relates directly to humans and is related to human life and death, so that every member of the community recognizes that a doctor is a wise person or it can be said that a doctor is a "helping god" in the midst of society. For ordinary people there is also an opinion that a doctor will not be able to make mistakes in carrying out his duties, so they surrender completely to doctors[6][7]. He will obey all the doctor's advice and the doctor may take any medical measures that must be taken against him in the hope of recovering from the disease. If all treatment measures have been carried out by the doctor but the disease does not heal, even the patient dies or in other words the doctor has "failed" to save the patient, then the patient's family assumes that it is a destiny or fate that has been outlined by God and not because of the inability of doctors to treat disease. In the event that the patient dies when the doctor performs a medical action (such as giving an injection, surgery), the public does not even suspect that the disease caused by the patient's death is due to an error made by the doctor.[8], [9]

Patients or their families often choose to remain silent even though the treatment and health services received from doctors are considered inadequate. They do not dare to express their dissatisfaction to the doctor or take legal action to sue the doctor for fear that the doctor will refuse to cure the patient's illness.[10].

2. Method

2.1 Types of research

The type of research used in this paper is a normative juridical research, namely research conducted on written regulations governing health law and legal materials related to medical malpractice.[11][12]. In discussing medical malpractice involving two different disciplines, namely medical science and health science, this paper will use the "medicolegal approach" which is a way of approaching medical problems through law.

2.2 Research sites

This research was conducted at the Indonesian Doctors Association in the Medan area and the Indonesian Medical Discipline Honorary Council, with the consideration that the research location meets the characteristics to get an overview of the problem to be studied.

2.3 Method of collecting data

In this paper, the following research methods are used:

- a. Library Research, namely by conducting research on various reading sources including: laws and regulations, books, magazines, opinions of scholars and also lecture materials related to medical malpractice.
- b. Field Research (Field Research), namely by conducting direct field research, in this case the author directly conducts research to the Indonesian Doctors Association in the Medan area and the Indonesian Medical Discipline Honorary Council.

2.4 Data analysis

The data analysis carried out in this paper is qualitative, namely what is obtained from field research and interviews conducted in writing and orally which are thoroughly and thoroughly researched.

3. Analysis and Results

3.1 Making a Complaint to MKDKI

The first legal remedy that a patient or his family can take if they feel they have experienced malpractice by a doctor is to file a complaint with the MKDKI. MKDKI is an autonomous institution from KKI which was formed to enforce the discipline of doctors in the implementation of medical practice.

One of the main tasks of the MKDKI as stated in Article 64 of the Medical Practice Law is to "receive complaints, examine, and decide cases of violations of physician discipline". Based on the article, it can be said that the MKDKI is the authorized institution to determine whether or not there are errors made by doctors in the application of medical disciplines; and establish sanctions for dentists who are found guilty. Discipline violations are violations of the rules and/or provisions of the application of science, which can essentially be grouped into 3 things, namely:

1. Implementing medical practice incompetently
2. Professional duties and responsibilities to patients are not carried out properly
3. Disgraceful behavior that damages the dignity and honor of the medical profession

The following is the procedure for handling cases of violations of medical discipline processed by the MKDKI which has been regulated in the Indonesian Medical Council Regulation Number 16/KKI/PER/VIII/2006:

a. Complaint

Anyone who knows or whose interests have been harmed by the doctor's actions in carrying out the procedure can make a complaint to the MKDKI on Jl. Hang Jebat III Block F3 Kebayoran Baru, South Jakarta. Based on articles 66

In the Medical Practice Law, parties who have the right to complain to doctors can be divided into two, namely:

1. People who know a doctor's actions that harm a patient,
2. People whose interests are harmed by the actions of doctors in carrying out medical practice.

Applications can be made in writing and orally and can be accompanied or represented by one or several proxies with a special power of attorney. An example of the complaint format can be downloaded from the website www.inamc.or.id which is the official website of the KKI and MKDKI. In the event of a verbal complaint, the MKDKI Secretariat facilitates or assists in making a written complaint request signed by the complainant or his/her proxy. Complaints to MKDKI must at least contain:

- a. The identity of the complainant and the patient,
- b. The name and address where the doctor practices,
- c. Action taken,
- d. reason for complaint,
- e. Evidence "if any",
- f. Statement of the truth of the complaint.

To complete the validity of the complaint, MKDKI can verify the complaints received and parties related to the complaint such as doctors, hospitals, patients and their families must provide information, letters/documents and other necessary evidence.

b. Initial Check

For complaints received by MKDKI, a Preliminary Examination Board consisting of 3 members of the MKDKI will be carried out for initial examination or investigations, such as:

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- a. the validity of the complaint,
 - b. The validity of the evidence,
 - c. Determine ethical violations or disciplinary violations.
 - d. Refuse the complaint because it does not meet the requirements of the complaint or is not included in the authority of the MKDKI,
 - e. Complete all evidence.

If the results of the initial examination are found that the complaint is an alleged violation of discipline, the examination will be continued to the Disciplinary Examination Board by the chairman of the MKDKI, while if the complaint submitted is a violation of ethics, the MKDKI will continue the complaint to a professional organization in this case the Indonesian Doctors Association.

c. Disciplinary Examiner Council Session

At the latest within 14 working days after the Preliminary Examining Council gives the results of the initial examination being received, it is recorded correctly. Furthermore, the chairman of the MKDKI will form and determine the Disciplinary Examination Board which consists of 3 (three) or 5 (five) members of the MKDKI (depending on the consideration of the chairman) of the MKDKI and one of them must be a legal expert who is not a medical professional. The Disciplinary Examination Board in carrying out its duties is independent so that it is not influenced by anyone or other institutions.

The Disciplinary Examining Council will examine the doctor who is complained of in the form of a Disciplinary Examining Council Session led by the Chairperson of the Disciplinary Examining Council and a clerk. The process of the Disciplinary Examiner Council Session includes, among others:

- a. Calling the doctor who complained,
- b. Determination of the day and date of the examination hearing,
- c. Examination Session

The Examination Session is attended by the doctor who is complained about and can be accompanied by a companion or defender and is carried out in private, if deemed necessary, the Disciplinary Examining Council may ask the patient or his/her proxy to be present at the hearing. For the sake of smooth examination, the Chief Disciplinary Examiner is authorized to provide instructions in the assembly session regarding the various steps of the examination process in the completion of the evidence that can be used in the Disciplinary Examining Council Session. Evidence that can be submitted at the trial of the Doctor's Disciplinary Examining Council can be in the form of:

1. Written letters or documents Are written letters and/or documents related to medical actions, medical records, other documents deemed important and related to violations of medical discipline.
2. Testimony of witnesses
People who are not allowed to be heard as witnesses are blood relatives or by marriage according to a straight lineage up or down to the second degree of the doctor being complained of. The wife or husband of the doctor who is complained about, even though he is divorced. Minors, namely persons who are not yet mature as regulated in the civil law code, unless the statement is in accordance with other legal evidence. People under custody.
3. Confession teradu (doctor)
4. Expert statements are opinions expressed by people who have special experience and knowledge and are presented before the Disciplinary Examining Council Session.
5. Evidence. If the examination process has been completed and is considered sufficient, the doctor who is complained or his defense attorney must be given the right to express a final opinion. After that, the Chairman of the Disciplinary Examining Council stated that the

examination session provided an opportunity for the Disciplinary Examining Council to conduct deliberation to make decisions.

d. Decision of the Disciplinary Examination Board

The decision of the Disciplinary Examining Council session must contain:

- a. The head of the decision reads: "For the honor of the medical profession based on God Almighty".
- b. Full name along with academic title and professional designation, place/ date of birth or age, gender, nationality, STR number and date of issue, SIP number and date of issuance, residence or place of practice of the doctor on trial.
- c. Full name, place/ date of birth or age, gender, nationality and address of the complainant.
- d. Summary of the complaint and the doctor's response to the complaint
- e. Consideration and assessment of each piece of evidence submitted and things that happened during the examination/trial process.
- f. The reasons for both technical medicine and discipline of expertise are the basis for the decision.
- g. Amar decisions and financing
- h. Day, date of decision, name of the Chairman of the Disciplinary Examination Board and its members, information regarding the presence or absence of the doctor being complained of and other relevant information.

The decision of the Disciplinary Examining Council must be pronounced/ read in the Disciplinary Examining Council Session and open to the public in the form of:

1. Not proven guilty of violating medical discipline; or
2. Proven guilty of violating medical discipline and imposing disciplinary sanctions such as:
 - a. written warning,
 - b. Recommendation for revocation of Registration Certificate or Permit

e. Implementation of the Decision of the Disciplinary Examination Board

Every decision of the Disciplinary Examining Council within 14 (fourteen) working days must be conveyed to the chairman of the MKDKI who will convey it to the relevant parties. In the event that a doctor is found guilty of violating medical discipline and is given medical disciplinary sanctions and given disciplinary sanctions, the implementation of the decision includes:

1. The implementation of the MKDKI decision regarding disciplinary sanctions written warnings by the MKDKI secretariat are submitted to the doctor concerned, the date and day of receipt of the decision as evidence that the decision has been implemented.
2. The implementation of the MKDKI decision regarding disciplinary sanctions recommendations for revocation of the Registration Certificate is submitted by the MKDKI Secretariat to KKI to be implemented no later than 30 (thirty) working days from the date and day the MKDKI decision is received by KKI.
3. The implementation of the MKDKI decision regarding disciplinary sanctions for participating in education or training is conveyed by the MKDKI Secretariat to KKI to be forwarded/submitted to competent collegiums and educational institutions. The costs for attending the education or training are paid for by the doctor who is subject to sanctions.

In the Decree of the Indonesian Medical Council Number 17/KKI/KEP/VIII/2006 concerning Guidelines for Enforcement of the Discipline of the Medical Profession, it is stated that several forms of violations of medical discipline include:

1. Practice medical incompetence
2. Not referring patients to doctors who have the appropriate competence
3. Delegating work to certain health workers who do not have the competence to carry out the work

4. Provide a temporary substitute doctor who does not have the appropriate competence and authority or does not provide notification regarding the replacement.
5. Carrying out medical practice in conditions of such a level of physical or mental health that are incompetent and can endanger the patient
6. In the management of patients, doing what should not be done or not doing what should be done, in accordance with their professional responsibilities, without valid justification or excuses, so as to endanger the patient.
7. Carry out excessive examination or treatment that is not in accordance with the patient's needs
8. Does not provide honest, ethical and adequate explanations to patients or their families in practicing medicine
9. Performing medical actions without the informed consent of the patient or his family
10. Deliberately not creating or storing medical records
11. Doing acts that aim to terminate a pregnancy that is not in accordance with the provisions
12. Perform actions that can end the patient's life at the request of himself and/or his family
13. Carry out medical practice by applying knowledge or skills or technology that has not been accepted or is outside the proper practice of medicine
14. Conduct research in medical practice by using humans as research subjects without obtaining ethical approval from institutions recognized by the Government.
15. Refusing or discontinuing treatment for a patient without a reasonable and valid reason.
16. Unlocking the secrets of medicine
17. Making medical information that is not based on the results of the examination that he knows correctly and properly
18. Participate in acts that include acts of torture or execution of the death penalty
19. Prescribing or giving narcotics, psychotropic and other addictive substances (NAPZA) drugs without any medical reason.
20. Doing sexual harassment, intimidation or acts of violence against patients in practice
21. Using an academic degree or professional designation that is not their right
22. Dependence on narcotics, psychotropics, alcohol, other addictive substances

It should be remembered that the MKDKI only examines and decides on violations of medical discipline. The handling of claims for patient compensation and the imposition of criminal sanctions are not the authority of the MKDKI. In article 66 paragraph (3) of the Medical Practice Law, a complaint to the MKDKI regarding a doctor's actions when carrying out medical practice that causes harm to his patient does not eliminate the patient's right to report an alleged criminal act to the authorities and/or file a civil lawsuit against the court. The purpose of the patient making a complaint to the MKDKI first is to prove that the doctor in question has indeed committed an act of violation during his practice. If the decision from the MKDKI stating that the doctor has committed a violation can be used as a basis for claiming compensation through the court. However, if the MKDKI decision states that the doctor is innocent, it will also not reduce the patient's right to carry out efforts in seeking justice, namely through criminal courts and/or civil courts.

To prove the existence or not of malpractice according to Kartono Mohamad, it should be tested through examinations in both civil and criminal courts because, every medical action is always like a double-edged knife, on the one hand it can bring goodness, namely healing from the disease suffered by the patient, and on the other hand it can also cause injury. No one can promise a cure for his patient. Doctors only make efforts to heal, reduce suffering, minimize bad complications from a disease if it turns out that the results of those efforts end in death or do not improve and even worsen the situation, then it must be studied whether the doctor concerned has made serious efforts in accordance with the knowledge and skills that should be. he has. Besides that, it must also be examined whether death or the deterioration of the situation is a direct result of the doctor's actions or whether the course of the disease is such. The existence of an element of uncertainty can sometimes be used as a doctor to cover up his mistakes, besides that the role of the patient is also very necessary to help his medical recovery.

3.2 Doing a Lawsuit Against a Doctor to a Civil Court

The legal relationship that occurs between a doctor and a patient in a medical practice is included in the engagement, therefore medical practice is a civil law study. The position of doctors and patients in therapeutic transactions is equal, therefore patients can file lawsuits against doctors who commit medical malpractice. Civil malpractice occurs when in a medical practice the patient feels aggrieved by the actions taken by the doctor, so he has the right to file a claim for compensation as compensation for the losses he has incurred through the Civil Court.

A patient's lawsuit against a doctor who commits malpractice to a civil court can take the form of, among others:

- a. The lawsuit is based on a default as regulated in Article 1239 Bw: Every engagement to do something or not to do something, if the debtor does not fulfill his obligations, he will get a settlement in the obligation to provide compensation for costs, losses and interest.
- b. The lawsuit is based on an unlawful act as regulated in Article 1365 Bw: Every unlawful act, which brings harm to another person, obliges the person who due to his fault issued the loss, is required to compensate for the loss.
- c. The lawsuit is based on an act of negligence that causes harm to another person as regulated in Article 1366 Bw: Everyone is responsible not for losses caused by his actions, but also for losses caused by negligence or carelessness.
- d. The lawsuit is based on liability for losses caused by the mistakes of others who are under his control as regulated in Article 1367 Bw: A person is not only responsible for losses caused by his own actions, but also for losses caused by the actions of people who are his dependents. .

In civil law there is a principle "for every loss there must be a compensation" so when it is associated with losses experienced by patients as medical malpractice acts, it does not have to be based on fatal mistakes by doctors, the most important thing is that the patient feels aggrieved. The slightest mistake made by a doctor can cause great harm to the patient, so the doctor must provide compensation; and vice versa if the doctor makes a serious mistake but does not cause harm (the patient does not feel he has been harmed) then the doctor will not be sued by the patient.

The evidence in the examination of civil cases in court is the formal truth, therefore whoever can prove his arguments in a formal trial, the court wins. Regarding who has to prove it, it is regulated in Article 163 HIR which states: "Whoever says he has a right to something or mentions an incident to enforce his right or to refute the rights of others, that person must prove the existence of that right".

Patients who are victims of medical malpractice choose the civil route by filing a lawsuit against a doctor based on a default or an act against the law must prove the existence of an error on the part of the perpetrator (the doctor or the defendant) either by intention or negligence so that the act is included in an unlawful act. . In general, patients have difficulty in proving that what they suffer is the result of a doctor's error and/or negligence in carrying out medical practice. This difficulty arises because the patient does not have sufficient knowledge about the therapy and diagnosis made by the doctor; especially in the case of a surgical patient who is given anesthetics causing the patient not to know the actions taken when the doctor performs surgery, because the patient is unconscious (under anesthesia). Therefore, to protect the legal interests of patients who are harmed by health services, some scholars propose to apply the doctrine of Res Ipsa Loquitur (The thing speak for itself).

The purpose of the application of the Res Ipsa Loquitur doctrine is to achieve justice, where the victim of an unlawful act in a medical malpractice case is very difficult to prove an element of negligence, especially if the evidence of the unlawful act is good enough to access the perpetrator or in the case of This is the doctor's side (the defendant) and it is very difficult for the victim to

access, and therefore it is unfair if the victim has to bear the consequences of an act which is actually the negligence of the other party.

3.3 Accountability of Doctors Who Perform Malpractice

The medical profession is a very noble profession because it is related to because it relates directly to humans and is related to human life and death and is related to human life and death. The relationship that occurs between patients and doctors in a medical practice is a relationship based on trust. Patients put their trust in doctors because the doctor has the knowledge, intelligence and skills to cure their illness or at least ease the burden of their suffering. The doctor will act carefully and thoroughly. The doctor will act according to the standards of the medical profession.

However, this public trust is increasingly being disrespected and not maintained by doctors, this can be seen from the increasing number of news about medical malpractice. Some examples of medical malpractice cases include:

1. Doctors at Budhi Jaya Hospital, South Jakarta, found a myoma (tumor) in her uterus so surgery was needed. Five days after the operation, his stomach was swollen and his breath was short, because of that Sisi Chalik had another operation at the same hospital and it turned out that
2. bowel leak was found. The hospital offered to operate again with the aim of repairing the leak in the intestine but he refused. Since then, his stomach has continued to perforate and his intestines appear to be sticking out and he has to defecate from the intestinal opening. Sisi Chalik also sued Budhi Jaya Hospital to pay compensation of 3 billion rupiah.
3. Novares, a 6-year-old boy, has been wronged surgery by an Ear Nose and Throat (ENT) specialist at Mitra Kemayoran Hospital, Jakarta. Novares suffers from a stiff left ear bone which can be cured by surgery, but doctors operated on the right ear. As a result, the ENT specialist was charged by the Public Prosecutor with violating Article 360 in conjunction with 361 of the Criminal Code, this case was examined at the South Jakarta District Court.
4. A patient with the initials W who is about to give birth is handled by a doctor who is still in education with the initials D in the midwifery division in a teaching hospital. The doctor performed a Caesarean section and the child was born safely, but when sewing the surgical wound, the needle was broken and the needle was broken into the patient's body and when searched for it was not found, so Doctor D finally closed the surgical wound. A fatal mistake made by doctor D was not notifying his patient of the incident where the needle was left behind.
5. The case of Sita Dewati Darmoko, which started on February 12, 2005, underwent surgery to remove a tumor at Pondok Indah Hospital, Jakarta. The operation was led by Prof DR. Ichramsyah A. Rachman. After surgery, the tumor growing in Sita's body was declared non-malignant. The problem arose when the pathology anatomy test results on February 16 showed another fact, namely that the tumor growing in Sita's ovary turned out to be malignant and this was never reported by the doctor or hospital to the patient or his family. A year later, Sita again complained of pain and a lump around her stomach. Sita returned to Pondok Indah Hospital. And only then, was Sita informed about the results of the pathology anatomy laboratory test which stated that the tumor in her body was malignant. His condition was getting worse. The results of the CT-scan showed that the tumor he had was at stage IV. This indicates the patient has stage IV liver cancer. Sita also had to undergo chemotherapy six times. For this negligence, Pondok Indah Hospital offered Darmoko's family Rp. 400 million in compensation. This amount later increased to Rp 1 billion. The promise was never realized until Sita died. Not satisfied with the hospital's actions, the family of the deceased filed a lawsuit to the South Jakarta District Court for Rp 20.172 billion. The lawsuit was filed by two of the deceased's children: Pitra Azmirla and Damitra Almira Pondok Indah Hospital offered Darmoko's family Rp 400 million in compensation. This amount later increased to Rp 1 billion. The promise was never realized until Sita died. Not satisfied with the hospital's actions, the family of the deceased filed a lawsuit to the South Jakarta District Court for Rp 20.172 billion. The lawsuit was filed by two of the deceased's

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Based on some examples of medical malpractice cases above, it can provide an illustration that the slightest mistake made by a doctor in carrying out can cause very fatal consequences for his patients. In every medical action carried out by a doctor, there is inherent risk that can endanger the patient, but in the event that an error has occurred so that it has a bad effect on the patient, a doctor cannot hide behind the medical risk.

A doctor as a profession, must always be responsible for all his actions when practicing medicine. Doctors in carrying out their profession have an attachment to legal provisions relating to the implementation of medical practice, in this case health law. Therefore, a doctor who has committed an act of medical malpractice may be subject to legal sanctions as a form of legal liability, which consists of:

a. Accountability in Administrative Law

The doctor's authority to practice medicine begins with the fulfillment of the administrative requirements regulated in the Medical Practice Law which is the authority of the KKI. Therefore, in the event that a doctor has committed medical malpractice, the KKI has the authority to provide administrative sanctions as a form of accountability in the field of administrative law, including:

1. Written warning
2. Recommendation for Revocation of Registration Certificate (STR) or Permit
3. Practice (SIP) for a maximum of 1 year
4. Recommendation for Revocation of Registration Certificate (STR) or Permit
5. Practice (SIP) permanent or forever
6. Obligation to attend education or training in medical education institutions which can be in the form of: Formal education; or Training in knowledge and/or skills, internships in educational institutions or network health service facilities or
7. designated health service facilities for a minimum of 3 months and a maximum of 1 year.

b. Accountability in the Field of Civil Law

Doctors who are proven in the Civil Court to commit medical malpractice actions result in the doctor having to be civilly responsible for paying compensation either due to an act of default or because the doctor has committed an unlawful act.

c. Accountability in the Field of Criminal Law

Criminal liability can be imposed on a doctor if during the examination of the Criminal Court it has been proven that the doctor has violated the provisions stipulated in the Criminal Code and/or the criminal provisions contained in other laws and regulations relating to the implementation of medical practice. Regarding the types of crimes that can be imposed, it is regulated in Article 10 of the Criminal Code which consists of:

- Basic Crimes such as: Death Penalty; Imprisonment; Criminal Cage: V; Criminal Fines; Criminal Cover
- Additional penalties such as: revocation of certain rights; confiscation of certain goods; Announcement of Judge's Decision

4. Conclusion

Based on the descriptions in the previous chapters, it can be concluded that in order to establish a company, it is necessary to fulfill the requirements and procedures stipulated by the Company Law. The procedure for establishing a PT is the making of a Limited Liability Company Deed of Establishment, Ratification, Registration, Announcement of a Limited Liability Company. Since 2001, the legalization of the deed of establishment of PT has been carried out through information technology services for the legal entity administration system (SISMINBAKUM). Sisminbakum which was enforced based on the Decree of the Minister of Justice and Human Rights of the Republic of Indonesia No. M-01.HT.01.01. of 2000 concerning the Enforcement of the Legal Entity Administration System at the Directorate General of General Legal Administration, Ministry of Justice and Human Rights of the Republic of Indonesia, has been strengthened by Law Number 40 of 2007 concerning Limited Liability Companies as the legal basis so that in the process of establishing a PT there are no deviations. While the technical instructions for the implementation of the Sisminbakum are further regulated in the Regulation of the Minister of Law and Human Rights of the Republic of Indonesia Number M-01.HT.01.10 of 2007 concerning Procedures for Submitting Applications for Legal Entity and Approval of Amendments to the Articles of Association, Submission of Notification of Amendments to Articles of Association and Changes in Company Data .

Sisminbakum is a Legal Entity Administration System using an online system through the internet network in terms of the settlement of legal entities including requests for legalization of the deed of establishment of PT (Fian 1), and applications for approval (Fian 2), as well as submission of reports on the deed of amendment to the articles of association of PT (Fian 3).

The ratification of the deed of establishment through the sisminbakum provides considerable benefits to the Director General of AHU as well as to the notary. As for the advantages of the sisminbakum, namely the improvement of services to the community to be more effective and efficient, accurate, fast and transparent. Meanwhile, a common obstacle that is often experienced by users of this system is the length of loading. The application for legalization of the company's deed of establishment is submitted by a notary through the Sisminbakum by filling out the Model I Form I (FIAN I). Fian model I is a format for filling out a notary deed that functions in the case of the establishment of a Limited Liability Company to obtain approval from the Minister of Law and Human Rights.

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