

Legal review of authority delegate from specialist physician to the general physician

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Abstract

A physician is a term for doctor who focus on handling health conditions and specific symptoms encountered by patients. A general physician is also regarded as a first-rate physician for which a general practitioner is involved in initial prevent a possible condition is that a general physician is unable to carry out a patient assessment accurately (initial assessment). This certainly presents potential problems when reporting to specialists during the consultation process. In other cases, the patient's assessment can be done well but there are barriers to communication with the specialist so that the patient's treatment becomes obstructed. Communication barriers may occur as a result of not connected to the specialist or a response delayed or unresponsive.

Keywords: *Delegation, Authority, Specialist Physicians, General Physicians*

Introduction

A general physician is a term used for physicians who focus on the treatment of general health problems and symptoms experienced by patients. A general physician is also known as a primary care physician whose general practitioner is instrumental in providing initial prevention, diagnosis, and early treatment, and refers to the specialist physician as required. In general, the fundamental difference between a general physician and a specialist is the comprehensive provision of healthcare services to patients. In addition, general physicians also play an essential role in providing early and ongoing medical care to patients of all age groups. In the community, a general physician may work in his / her clinic, hospital, or public clinic. Not infrequently, general physicians are often involved in other medical disciplines (multidisciplinary) to support the healing of patients. Following is the standard of ability that a general physician should have possessed:

1. They have anamnesis expertise (medical interview) for his/her patients. It aims to find out about the complaints of the disease experienced and other information related to the disease;
2. They have the expertise to perform a general physical examination, to diagnose and determine the medication that suits the needs of the patient;
3. They can prescribe medications based on the illnesses the patient is suffering from;
4. They can perform basic medical rehabilitation to patients and the public;
5. They can perform simple support tests, such as urine and blood tests, and interpret the results;
6. They can propose other supportive tests, such as X-ray examinations, based on the patient's symptoms;
7. They can take precautions and help direct patients to a healthy lifestyle;
8. They are responsible for referring patients to the appropriate specialist physicians.

In practice, the DPJP's instructions regarding examination, and medication by telephone were also considered violations, as they were considered under the standard of medical service. In practice, the DPJP's instructions regarding examination, and medication per telephone were also considered violations, as they were considered to be under the standard of medical service.

Not only that the physicians are also required to perform resources management and facilities at their workplace, to provide first aid to emergency patients, and to perform minor surgery. Visiting and recovering patients automatically becomes the responsibility of the general physician as a doctor of care and room physician. When this has happened, it means that physicians are obligated to obtain legal protection in the treatment of patients (emergencies and non-emergencies) under the auspices of the DPJP later. In practice, the DPJP's instructions regarding examination, and

medication by telephone were also considered violations, as they were considered under the standard of medical service. The formal education standard of a physician must be fulfilled academically or juridically, which means that based on formal academic standards required by graduating from formal medical education, a medical worker has had an initial proficiency standard to perform medical service duties. In subsequent developments, the initial standards alone were not enough for a medical worker, as it must be supplemented and complemented by the current development of science and technology. The medical world is constantly evolving, and even growth is considered hyper rapid. For medical personnel who do not follow technological advances, they will be considered lagging. Medical personnel who lagging behind in the advance of science and technology related to the medical world, when they perform medical service tasks can be classified by a medical staff who does not meet the standards, when they perform tasks and turn out to have a negative impact can classify have occurred mis-diagnosis with term malpractice. The medical profession is not a science field that all can certainly be measured. The medical profession according to Hipocrates is a combination of science and art. As in conducting a diagnosis is an art for the doctor, because after hearing a patient's complaint, the doctor will do the imagination and take careful observation of his/her patients. The knowledge or theories of medicine and experiences that he/she has gained over the years have been the basis of conducting a diagnosis of the patient's disease and are expected by his/her diagnose is closer to the truth. A possible situation is an inability of a general practitioner to perform a patient assessment (initial assessment) accurately. This certainly presents potential problems when reporting to specialists during the consultation process. In other cases, the patient's assessment can be done well but there are barriers to communication with the specialist so that the patient's treatment becomes obstructed. Communication barriers may occur as a result of unconnected to the specialist or a response delayed or unresponsive. The physicians who work in the emergency room both in and out of the day and during work hours are generally given a specific competence. The competency is definitely a limitation. These competencies are also broadly divided into their applications, case-by-case competence, and action for emergency room competence. Both of these competencies have limitations on the clinical authority of an emergency physician. In cases of the clinical profile is beyond the competence of a case assessment, the emergency room physician will generally call the relevant and competent specialist on the case. The physician in charge is seeking advice, opinions, and medical instructions from a more competent specialist physician.

Given the author's initial description, the issues that are highlighted in this study are as follows:

- How does the delegation form the authority of the specialist to the general practitioner following the standard of medical service or the minimum service standard and the operational standard of the procedure?
- How is legal protection for the general practitioner who receives the authorization of the specialist in providing a good service which is emergence or non-emergence?

This research can provide academic benefits to the advancement of legal education, particularly related to health law. Also, this research can be a reference to the medical service system in advanced health facilities.

Literature Review

Health Law

H.J.J, Leenen, health law is all legal regulations relating to the provision of health services and its application to civil law, administrative law, and criminal law. The meaning of the regulations here is not only to cover international guidelines, customary law, jurisprudence, but science and literature can also be sources of law. Van der Mijn, health law can be formulated as a set of arrangements relating to the provision of treatment and also its application to civil law, criminal law, and administrative law. Medical laws that study the juridical relationships in which a doctor become one of the parties, is part of the health law. Health law is all legal provisions that directly relate to health care and service. It concerns the rights and obligations of receiving (both individual and public) (Aspan,H, 2020a), and from the maintenance of health services in all aspects, its organization, facilities, standards of health care, and more. Currently, the government recognizes that healthy people are an important asset and goal of achieving a fair and prosperous society (Aspan, H, 2020b). Legal regulations and provisions are not only medical, but they cover all areas of health such as pharmacy, medicine, hospital, mental health, public health, occupational health, environmental health, and more. This set of laws and regulations is meant by health laws.

Health Services

Healthcare professional is a person who dedicated to the health field and has the knowledge and/or skills through education in health for certain types requires the authority to conduct healthcare effort. According to Soekidjo Notoatmojo, healthcare is a subsystem of healthcare services whose primary purpose is the preventive services and

promotive (health improvement) with the community target. According to Levey and Loomba, healthcare is an individual or collective effort in an organization to preserve and improve health, prevent and cure illnesses and restore the health of the individual, family, group, or community. Therefore, healthcare is subsystems of health services whose main purposes are promotive (nurturing and improvement of health), preventive, curative (healing), and rehabilitation (recovery) of individual, family, group or community health, environment.

Healthcare personnel

Healthcare personnel is a person who dedicated to health and knowledge and/or skills through health education, either Diploma, Undergraduate, Master's degree, and Postgraduate education; non-degree education; with special training. This is what distinguishes health workers and other workers. Only those with special education or expertise can do specific work related to the human soul and physical body, and their environment. Types of health care include Nurse; Dental Nurses; Midwives; Physiotherapist; Optionist Refractory; Radiographer; Pharmacist; Pharmacist Assistant; Pharmaceutical analysts; General Practitioner; Dentist; Specialist; Dentist Specialist; Acupuncturistsl Speech therapist and Occupational therapist.

The delegation of the authority from the specialist physicians to general physicians, and legal protection to physicians who receive authorization from specialist physicians.

Article 50 letter (a) Law No. 29 The year 2004 on the Practice of Medicine, "a physician or dentist in the practice of medicine has the right to obtain legal protection while performing duties following professional standards and operating procedures standards. If a physician or dentist has performed medical services or medical practice has complied with professional standards and operating procedures standards, then the physician or dentist cannot be prosecuted, either administrative, civil or criminal.

The physicians who have performed the medical practice under the prevailing standards in fact that are still legally prosecuted, and even imprisoned. The phenomenon occurred in the case of Ayu doctors and Setyaningrum doctors who charged with suspected malpractice. Law No. 29 The year 2004 on the practice of medicine, which is intended to protect and provide legal certainty, it still has its drawbacks and removes the criminal threatening provisions of the Law by the Constitutional Court led to the use of articles in Criminal Code to ensnare suspected the physicians who do malpractice. The settlement of malpractice cases is often brought to court, but still question mark whether the court can prove the truth in the medical field. Even if the doctor or medical worker is an expert witness, whether the judge can understand the opinion of the medical world.

Accordingly, the settlement of medical disputes which is first mediated, or reported to the appropriate authority to consider violations of the medical discipline, namely the Honorable Assembly of the Indonesian Medical Discipline (MKDKI). The lack of socialization has made the public less aware of MKDKI, and thus the legal path they have adopted. MKDKI has the authority to investigate and resolve complaints related to violations of medical discipline and its sanctions. Until the time this manuscript was created, no specific legal regulations were governing specialist physicians on guard duty and delegating their authority to the general physician on guard duty.

Nevertheless, in the Law of the Republic of Indonesia number 29 the Year 2004 on the practice of medicine, article 51 a mention that the physicians should "provide medical services following professional standards and standards of operational procedures...". Then, it is necessary to design professional standards in the Clinical Practice Guidelines for example and standard operating procedures in internal hospital regulations, in detail need to make an inventory of any emergency relief measures that may constitute the clinical authority of emergency guard duty physicians, most of whom are general physicians, supervisory assistance actions, and actions help that is the special authority of the physicians and SMF specialists. Article 51 d has substantially that is more or less similar to KODEKI of article 13 of emergency assistance, as discussed above. Regulation of Indonesian Medical Council No. 4 the Year 2011 on Physicians' Professional Discipline Section 2c states that "delegating a job to a specific health care professional who has no competence to perform such a job is a violation of the medical professional".

The purpose of emergency treatment is the safety of the patient by addressing known emergency conditions. Patients should be treated promptly with fast response times, and proper care is required with adequate competence. Thus, the key to the emergency treatment in the hospital is rapid and accurate clinical decision-making with the support of adequate implementation to patients as per the level of hospital service. The situation may occur is the inability of a general practitioner to perform a patient initial assessment. This fact presents potential problems when reporting to Specialissa during the consulting process. In other cases, the patient's assessment can be done well but there are

barriers to communication with the Specialist thus that the patient's implementation becomes obstructed. Communication barriers may result from being unconnected to a Specialist or weak response from a Specialist, either late or unresponsive. The physicians who work in the emergency room both in and out of the day and in the working hours, generally have good emergency care. This competency is definitely a limitation. These competencies are also broadly divided into their applications, case-by-case competence, and action for emergency room competence. Both of these competencies have limitations on the clinical authority of an emergency physician. In cases of the clinical profile is beyond the competence of a case assessment, the emergency room physician will generally call the relevant and competent specialist on the case. The physician in charge is seeking advice, opinions, and medical instructions from a more competent specialist physician.

Since the specialist replied, the fact is that we agree with the criticism that the doctor-patient agreement has officially involved relevant specialties. But there is one note here according to the field experience. The specialist physician who answered is not necessarily scheduled to serve on the night/day of the holidays. The technical reason is that the doctor may find it difficult to contact a scheduled specialist on the day. Ethically, this is good for both parties. It's good ethical deeds in both the emergency care physician because it reflects themselves more concerned with the patient, and in the context of the need for emergency treatment for response is more urgent. On the other hand, this is also an ethical act of value for specialist physicians who respond when it is not their day and hour, and it also reflects the value of good peer relationships among specialists. Then, how and to whom is this doctor-patient relationship tied? Obviously, the agreement was formalized in that specialty within the structure of the Hospital represented by the Functional Medical Staff (SMF). The next mechanism and responsibility in the context of this emergency are to be resolved through the mechanism in the SMF and/or the regulation of the hospital.

Conclusion

Since the specialist answered, the fact is that we agree with the criticism that the doctor-patient relationship has officially involved relevant specialties. But there is one note here based on field experience. It is a good work ethic for the specialist physician to answer that it is not done during the day and hour of the day, and this also reflects the value of good nursing practice among fellow colleagues.

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