

Legal Protection for General Practitioners for Childbirths at Primary Health Care Facilities

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Abstract

General practitioners who assist with deliveries in primary health care facilities (FKTP) are at high risk of facing legal issues such as malpractice or negligence claims. This study aims to examine the forms of legal protection for general practitioners in providing delivery services in FKTP and analyze the factors that influence the effectiveness of such protection. This study uses a normative juridical method with a conceptual approach and collects data from laws and regulations, legal cases, and related journals. The results indicate that legal protection for general practitioners in delivery services is conditional. This protection only applies if the physician carries out his or her duties professionally in accordance with the law and medical ethics. However, if the physician oversteps his or her authority by acting outside of his or her competence or ignoring administrative obligations such as medical documentation and *informed consent*, this legal protection is weakened and can result in administrative, ethical, and even criminal sanctions.

Keywords: *Legal Protection, General Practitioner, Childbirth Procedures, Primary Health Care Facilities*

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Introduction

Based on the concept of a welfare state, the state plays a primary role in meeting the basic needs of society, including education and health. Therefore, social welfare issues such as poverty, inequality, and neglect are not addressed through short-term social projects, but rather through planned, institutionalized, and sustainable social security programs.¹ The state is responsible for providing adequate social services, educational support, and health services. Health is viewed as a fundamental human right, and therefore it is the state's obligation to fulfill it.² In Indonesia, the quality of education and health services remains a focus, reflecting the challenges in realizing the principles of a welfare state. The state strives to fulfill the public's right to health through the implementation of a national health system. The implementation of health policies is influenced by external factors such as politics, economics, and national life. The extent to which the public can achieve optimal health is determined by national health policies.

Healthcare, particularly childbirth, is one of the most critical aspects of a country's health system because it involves high medical and legal risks. General practitioners and other healthcare workers working in primary health care facilities (FKTP), such as community health centers (Puskesmas), primary care clinics, and private practices, often face high work pressure with limited facilities.³ They are not only responsible for ensuring the safety of mothers and babies during childbirth, but also risk facing legal challenges if untoward incidents occur, even if they comply with applicable service standards. General practitioners in Puskesmas and other primary health care facilities must be able to handle normal deliveries and detect complications early, allowing for referral to higher-level facilities. However, in practice, childbirth carries unavoidable medical risks. These risks can lead to legal issues if the patient or their family is dissatisfied.^{4,5}

Medical and healthcare workers are often burdened by legal uncertainty, which results in psychological and financial burdens, including the burden of proof and protracted and expensive legal proceedings. Meanwhile, not all medical and healthcare workers in primary healthcare facilities, especially in remote areas, have adequate access to malpractice insurance or legal assistance from professional organizations. This situation is exacerbated by a lack of public awareness regarding the legal rights and obligations of medical and healthcare workers, leaving many unsure how to proceed when facing lawsuits.

Therefore, healthcare workers and medical personnel, including general practitioners, need adequate legal protection, particularly to ensure their safety in carrying out their duties. This legal protection aligns with the principles of a welfare state that guarantees professional protection in public service. Legal protection for healthcare workers includes preventive and repressive protection in healthcare practice. Preventive protection is implemented through the implementation of standard operating procedures, ongoing training, and the principle of *informed consent*. Meanwhile, repressive protection involves legal assistance in facing lawsuits or legal proceedings.

Legal protection for healthcare workers is regulated by various national laws, including Law No. 36 of 2009 concerning Health, Law No. 29 of 2004 concerning Medical Practice, Minister of Health Regulation No. 21 of 2021, and Law No. 17 of 2023 concerning Health. Therefore, in addition to legal protection for individuals, community health centers (Puskesmas) as public health institutions also have significant responsibilities. Puskesmas provide not only public health services but also primary medical services, including childbirth. Central and regional governments are obliged to provide adequate support for the continuity of services. This support includes facilities, infrastructure, workforce, and legal and administrative assistance. Without such support, healthcare workers' workloads will increase and potentially lead to errors that could lead to legal issues. Therefore, legal protection must be seen as an essential part of the national healthcare system.

The formulation of the problem in this research is: what form of legal protection is there for general practitioners regarding delivery procedures in first-level health care facilities.

Childbirth in primary health care facilities carries high risks due to limited resources, particularly in remote areas. This situation is exacerbated when patients urgently seek delivery without a clear history of prenatal care or have never had a prenatal care. Furthermore, the long distance between primary health care facilities and advanced health care facilities, as well as the limited competence of primary health care facilities, often hinder direct patient referrals. Consequently, patients must be treated first at primary health care facilities to ensure their safety. This situation poses numerous potential legal risks for medical personnel in primary health care facilities, particularly if unforeseen complications arise during treatment. In this context, general practitioners working at primary health care facilities (FKTP) have the highest competence in providing delivery services. Therefore, this study aims to examine in depth the forms of legal protection available to medical personnel, particularly general practitioners, in providing delivery services at FKTP and to analyze the factors that hinder or support the effectiveness of such protection.

Literature Review

Medical procedures may only be performed by a specific group of competent medical professionals who meet the standards, are licensed to practice, and operate according to professional standards and ethics. Patients must respect the rights of doctors, and doctors must respect the rights of patients. Patients entrust their safety to doctors, and doctors are obligated to maintain that trust by providing appropriate and responsible medical services. Doctors are obligated to provide health services in accordance with professional standards, standard operating procedures, professional ethics, and patient needs. Furthermore, doctors have the right to provide medical services in accordance with professional standards and standard operating procedures and are entitled to legal protection while carrying out their duties in accordance with these standards.

However, doctors are currently highly vulnerable to existing practices. This vulnerability has led doctors to engage in *defensive medicine* as an attempt to avoid legal action. In a negative context, the practice This must be avoided because it is detrimental to patients and the wider community. If the system for handling medical malpractice allegations could provide adequate protection for doctors, especially from unnecessary criminal prosecution, the practice of *defensive medicine* could be prevented or at least reduced.

Doctors who have performed their duties in accordance with professional standards, service standards, and standard operating procedures are entitled to legal protection. In medical practice, doctors are required to fulfill *informed consent requirements* and provide medical records as evidence that can exempt them from legal action in the event of suspected malpractice.⁹ *Informed consent* can be given in writing, verbally, or by means of a signal. For high-risk medical procedures, written consent from both the patient and the doctor is essential as proof of agreement.¹⁰

Legally, a therapeutic contract can be defined as a legal relationship between a doctor and a patient in healthcare. This relationship is based on the doctor's expertise, which is competent and recognized by the state (having a registration certificate). The doctor-patient relationship within a therapeutic contract is a legal act that creates rights and obligations for both parties to fulfill and protect each other's interests. In this relationship, there is no promise of a cure, but the doctor must be careful and take the time to provide explanations. A therapeutic contract is an agreement based on trust between patient and doctor, forming a legal relationship that creates a bond. However, the reality is that almost every negative outcome a patient experiences, such as a persistent illness, injury, or even death, often triggers malpractice claims or accusations from the patient and their family. This situation tends to discredit doctors, leaving them in a position of liability.¹¹

Medical risks can occur unexpectedly and beyond a doctor's control, and their severity varies. According to the Indonesian Code of Medical Ethics, doctors who provide care to patients are required to adhere to professional standards as guidelines for carrying out their

duties properly. The goal is to prevent harm to patients from medical procedures, which often result in lawsuits. A long-established principle of medical ethics is *primum non nocere*, meaning the most important thing is to avoid causing harm. On the other hand, medical negligence occurs due to a doctor's lack of understanding of the patient's condition or their lack of knowledge of medical science. This negligence occurs when a doctor fails to follow standard operating procedures and professional standards, and is considered a violation of the medical code of ethics, resulting in the patient suffering harm in the form of physical disability or death.¹²

If medical personnel are proven to have committed malpractice or violated the law in their medical practice, they may face legal action in administrative, civil, and criminal courts. Furthermore, healthcare facility management may also be held accountable. The legal basis for this is stipulated in Articles 190 and 201 of Law No. 36 of 2009 concerning Health.¹³

Article 190 stipulates that:

- (1) The head of a health service facility and/or health worker who practices or works at a health service facility who intentionally does not provide first aid to patients in an emergency situation as referred to in Article 32 paragraph 2 or Article 85 paragraph 2 shall be punished with imprisonment for a maximum of 2 (two) years and a maximum fine of Rp. 200,000,000.00 (two hundred million rupiah);
- (2) In the event that the act as referred to in paragraph 1 results in disability or death, the head of the health service facility and/or health worker shall be punished with a maximum prison sentence of 10 (ten) years and a maximum fine of IDR 1,000,000,000.00 (one billion rupiah).

Article 201 stipulates that:

- (1) In the case of criminal acts as referred to in Article 190 paragraph 1, Article 191, Article 192, Article 196, Article 197, Article 198, Article 199, and Article 200 committed by a corporation. In addition to imprisonment and fines for its managers, the penalty that can be imposed on the corporation is a fine with an increase of 3 (three) times the fine as referred to in Article 190 paragraph 1, Article 191, Article 192, Article 196, Article 197, Article 198, Article 199 and Article 200;
- (2) In addition to the criminal fines as referred to in paragraph 1, corporations may be subject to additional penalties in the form of revocation of business permits and/or revocation of legal entity status.

Malpractice involves not only violating criminal law but also violating medical ethics, including the medical code of ethics and the medical oath. Every doctor has standards of medical care that must be adhered to when treating patients. Failure to meet these standards can be considered a violation and professional misconduct. Management can also be prosecuted as perpetrators of criminal acts under the provisions of Article 80 paragraph 2 of Law No. 29 of 2004 concerning Medical Practice.¹³

The Supreme Court, through its 1982 Circular, instructed judges not to immediately prosecute cases of alleged negligence or medical error. Instead, the case must first seek an opinion from the Medical Ethics Honorary Council (MKEK). The MKEK's role has now been replaced by the Indonesian Medical Discipline Honorary Council (MKDKI), an independent body under the Indonesian Medical Council (KKI). Furthermore, Article 29 of the Health Law states that allegations of negligence by healthcare workers must first be resolved through mediation. Although the explanation does not specify the mediation body in question, the Medical Practice Law mandates the establishment of a disciplinary body for physicians, which was later embodied in the MKDKI. It is important to note that the MKDKI is not a mediation body in the sense of dispute resolution, but rather a state institution authorized to assess whether or not a doctor or dentist has committed any wrongdoing in the application of medical or dental disciplines, and to impose sanctions on those found guilty.¹⁴

In dealing with legal issues related to the medical profession, legal protection efforts for doctors can be viewed from the perspective of Hippocrates, who considered medicine to be a

combination of science and art . For example, the process of diagnosis is an art in itself for doctors; after listening to a patient's complaints, the doctor will use his imagination and make careful observations. The theoretical knowledge and medical experience that has been gained become the basis for diagnosing the patient's illness, with the hope that the diagnosis is accurate. Doctors who carry out their duties in accordance with professional standards, service standards, and standard operating procedures are entitled to legal protection. In practice, doctors must ensure the existence of *informed consent* and complete medical records. Both of these can serve as evidence to exonerate the doctor from lawsuits in the event of alleged malpractice. Several factors that can eliminate lawsuits and exempt doctors from punishment include: treatment risks, medical accidents, *contributory negligence* , *respectable minority rules and errors of (in) judgment*, *volenti non fit iniura* or *assumption of risk*, and *res ipsa loquitur*.¹⁴

Research Methodology

This study adopts a normative juridical method, meaning its primary focus is on analyzing positive legal norms and legal concepts related to legal protection for health workers, particularly in the context of maternity services in primary health facilities. This study uses two main approaches: a conceptual approach, which aims to review various concepts, such as legal protection, the right to health, and the professional responsibilities of health workers, by referring to relevant legal doctrines and literature; and a regulatory approach, which involves reviewing various regulations, including the 1945 Constitution of the Republic of Indonesia, Law No. 36 of 2009 concerning Health, Law No. 29 of 2004 concerning Medical Practice, Minister of Health Regulation No. 21 of 2021, and Law No. 17 of 2023 concerning Health. The legal materials used in this study include primary legal materials (i.e., laws and regulations) and secondary legal materials (such as journals, books, and previous studies). The collected data will be analyzed descriptively and qualitatively. This analysis will be carried out by describing and interpreting the legal materials to answer the problem formulation in a systematic, structured and logical manner.

Results

4.1 Types of Childbirth Procedures Performed by General Practitioners at Primary Health Care Facilities

Primary Health Facilities (FKTP) are the frontline of basic healthcare services in Indonesia. According to Minister of Health Regulation No. 75 of 2014 concerning Community Health Centers (Puskesmas), puskesmas, as part of FKTP, provide basic obstetric and maternity services. This provides the legal basis for competent general practitioners to perform deliveries at FKTP. However, the types of deliveries that general practitioners can perform are not comprehensive, but are limited by legal regulations and professional competence. According to Law No. 29 of 2004 concerning Medical Practice, every physician is required to provide medical services in accordance with professional standards, standard operating procedures, and their competencies. Therefore, the Indonesian Physician Competency Standards (KKI) established by the Indonesian Medical Council (KKI) serve as a benchmark for determining the extent to which general practitioners can perform deliveries.¹⁵

General practitioners are permitted to assist with normal deliveries, that is, deliveries that occur spontaneously without complications, provided they meet competency standards and are supported by adequate training, such as Basic Emergency Obstetric Neonatal Care (PONED) training.¹⁶ General practitioners in primary health care facilities (FKTP) have the authority to monitor deliveries, assist with physiological vaginal deliveries, treat minor bleeding, and provide initial care in obstetric emergencies before the patient is referred to a more comprehensive health facility.¹⁷ However, general practitioners in primary health care facilities are not permitted to perform specialist medical procedures outside their scope of competence, such as *cesarean sections* , vacuum or forceps extractions, the management of severe preeclampsia, or other labor complications. Performing actions outside the scope of

competence without a legal basis and valid training can result in legal consequences, whether ethical, administrative, or criminal, especially if they cause harm to the patient.¹⁸

Normatively, general practitioners in primary care (FKTP) are only permitted to assist with normal deliveries that are not high-risk. This means the delivery must proceed physiologically without any indication of complications requiring specialist intervention. These procedures are legitimate if performed in accordance with the standard procedures and competency standards established by law and medical professional regulations. Compliance with competency limits and the implementation of services in accordance with applicable procedures are the main foundations for ensuring legal protection for general practitioners in their delivery practice in primary care (FKTP). Thus, general practitioners acting within this framework will have a strong legal basis to avoid malpractice claims.

4.2 Legal and Regulatory Basis for Providing Protection to General Practitioners in Primary Health Care Facilities

Legal protection for general practitioners when performing childbirth procedures at Primary Health Care Facilities (FKTP) is an important element in Indonesia's health legal framework. The right of health workers to receive legal protection has been recognized and affirmed in several regulations, both at the constitutional and sectoral levels. Constitutionally, Article 28D paragraph (1) of the 1945 Constitution guarantees the right of every citizen to recognition, guarantees, protection, and fair legal certainty.¹⁹ This guarantee also applies to medical personnel, including general practitioners, in carrying out their duties and profession. Furthermore, this provision is strengthened in the Health sector through Article 27 of Law Number 36 of 2009 concerning Health, which specifically states that health workers have the right to receive legal protection as long as they carry out their duties in accordance with applicable professional and ethical standards.²⁰

- (1) Health workers have the right to receive compensation and legal protection in carrying out their duties in accordance with their profession.
- (2) In carrying out their duties, health workers are obliged to develop and improve their knowledge and skills.
- (3) Provisions regarding the rights and obligations of health workers as referred to in paragraph (1) and paragraph (2) are regulated in Government Regulations.

Specifically for doctors, Law No. 29 of 2004 concerning Medical Practice provides a more specific basis for legal protection. Article 50 of the law states that doctors are entitled to legal protection as long as they practice in accordance with professional standards, standard operating procedures, and professional ethics. Furthermore, Article 51 of Law No. 29 of 2004 also requires doctors to act within their competence. It is important to note that legal protection will not be granted if doctors act beyond their authority, or without a valid scientific basis or training. Further details regarding these doctors' rights are explained in Article 50:21

- (1) The right to obtain legal protection as long as duties are carried out in accordance with professional standards and operational procedure standards.
- (2) The right to provide medical services according to professional standards and standard operational procedures
- (3) The right to obtain complete and honest information from patients or their families; and
- (4) The right to receive compensation for services.

Obligations of doctors in article 51:

- (1) Doctors are obliged to provide medical services in accordance with professional standards and operational procedure standards as well as the patient's medical needs.
- (2) Obligated to refer patients to other doctors or dentists who have better expertise or abilities, if they are unable to carry out an examination or treatment.
- (3) Obligated to keep confidential everything he knows about the patient, even after the patient dies.
- (4) Carry out emergency assistance on humanitarian grounds, unless he is sure that there are other people on duty and capable of doing it; And

- (5) Increase knowledge and follow developments in medical or dental science.

A more technical regulation, Minister of Health Regulation Number 21 of 2021 concerning the Implementation of Medical Practice, regulates the implementation of medical practice, including childbirth services by general practitioners in primary health care facilities (FKTP), in accordance with the applicable legal framework. This regulation addresses several important aspects related to medical procedures, including competence, reporting of medical procedures, and service standards.²²

- (1) Competency aspects

The competence of health workers is regulated in several articles, including: Article 13 paragraph (4) which states that health services during pregnancy must be carried out by health workers who have the competence and authority, at least twice the services must be provided by a doctor or obstetrician and gynecologist in the first and third trimesters. Article 16 paragraph (2) emphasizes that childbirth must be carried out by a team consisting of medical personnel and other health workers who have the competence in their field to guarantee the safety and quality of childbirth services, Article 27 paragraph (3) emphasizes that the competence of health workers is a requirement in contraceptive services, which may only be carried out by health workers who have the appropriate authority and expertise.

- (2) Reporting of medical actions

Reporting of medical procedures is a crucial element in maintaining the quality of health services and accountability in health care facilities, as regulated in Article 35 concerning the obligation of every health care facility to record and report all service activities. This includes the period before pregnancy, during pregnancy, the delivery process, the postpartum period, contraceptive services, and sexual health services. Furthermore, Article 35 paragraph (2) explains that this recording and reporting process must be carried out in stages, following the applicable systems and laws and regulations. In paragraph (3), it is explained that the recorded data is very important and will be used for various purposes, including monitoring, evaluation, advocacy, and for integrated and systematic health program planning and budgeting.

- (3) Service standards

Article 11 paragraph (2) states that medical services provided before pregnancy must comply with applicable service standards and statutory provisions. Article 13 paragraph (6) emphasizes that health services during pregnancy must comply with antenatal care standards and must be carried out in an integrated manner, including examination and treatment. Article 18 paragraph (3) stipulates that the delivery process must be carried out according to applicable standards, both for normal deliveries and when complications occur. Article 21 paragraph (8) also explains that health services during the postpartum period must be based on nationally established standards.

Law No. 17 of 2023 concerning Health is the latest legislation that significantly strengthens the legal protection framework for healthcare workers. This law emphasizes that medical personnel who carry out their duties in accordance with service standards, competence, and professional ethics cannot be prosecuted criminally or civilly for unintended consequences. The requirement is that the medical procedure has been carried out based on clear medical indications and with the patient's consent. Thus, Law No. 17 of 2023 introduces the concept of "no-fault liability" for healthcare workers. This is a progressive form of legal protection that seeks to provide legal certainty and reduce the burden of lawsuits against healthcare workers who have acted professionally and according to procedures, even though unexpected outcomes may occur.²³

4.3 Forms of Legal Protection for General Practitioners for Childbirth Procedures

General practitioners play a crucial role as primary healthcare providers in primary health care settings, including assisting with deliveries. Given the importance of this role and the potential medical risks, general practitioners require legal protection to ensure safe medical

practice and provide legal certainty. This legal protection is divided into three types: administrative, ethical, and juridical (based on applicable law). Administrative protection includes fulfilling official requirements such as a Registration Certificate, Practice Permit, and participating in additional competency training or certification relevant to midwifery service standards at primary health care facilities (FKTP). These provisions comply with Law No. 29 of 2004 concerning Medical Practice, specifically Articles 29, 31, 32, and 38.

Ethical protection for general practitioners is achieved through the implementation of a medical professional code of ethics that regulates the professional behavior of physicians, as well as support from professional organizations such as the Indonesian Medical Association (IDI). The IDI is responsible for fostering and protecting its members to ensure ethical medical practice. This aligns with Article 51 of Law No. 29 of 2004, which requires physicians to provide medical services in accordance with professional standards and standard operating procedures, as well as the patient's medical needs. Meanwhile, legal protection applies if the medical action carried out by a general practitioner has followed standard operational procedures, professional standards, and received *informed consent* from the patient or their family. This protection is supported by Article 27 paragraph (1) of Law No. 36 of 2009 concerning Health, which states that health workers have the right to receive compensation and legal protection in carrying out their duties in accordance with their profession.

Doctors may lose their legal protection or experience a loss of such protection if they act outside their authority or expertise, fail to adhere to professional standards, or violate applicable codes of ethics and laws. This situation is often referred to as medical malpractice. Law No. 23 of 1992 concerning Health, Article 35 letter c, states that anyone who carries out health services not in accordance with the relevant health worker's professional standards shall be fined a maximum of IDR 10,000,000.00.²⁴ Furthermore, Law No. 17 of 2023 concerning Health, Article 75, requires all medical and health workers to meet service standards, professional standards, and standard operating procedures in their practice. Violations of these provisions can result in administrative, ethical, and even criminal sanctions.

Legal protection for general practitioners who assist with deliveries at primary health care facilities (FKTP) is conditional. Full protection applies as long as the procedure is performed professionally and in accordance with regulations. However, if the doctor exceeds the limits of competence or fails to fulfill administrative and ethical obligations, this legal protection may be revoked, and the doctor may be held legally accountable.

4.4 Supporting and Inhibiting Factors in the Effectiveness of Legal Protection

The effectiveness of legal protection for general practitioners performing deliveries in Primary Health Care Facilities (FKTP) depends on various supporting and inhibiting factors. These factors are crucial in determining whether a general practitioner can operate within legal boundaries safely and professionally and whether they may face legal risks as a result of their medical procedures.

One of the key supporting factors for the effectiveness of legal protection for general practitioners in primary health care (FKTP) is the existence of clear and standardized Standard Operating Procedures (SOPs), both at the national level and within each healthcare institution. SOPs developed based on the latest regulations and clinical guidelines can provide legal and ethical legitimacy for physicians when making medical decisions during childbirth. With comprehensive and detailed SOPs, physicians have written guidelines that can serve as a basis for defense in the event of future legal disputes. Research by Markelova et al. at *the City Clinical Hospital No. 52 of Moscow* demonstrated that developing effective SOPs, through the formation of professional teams, the involvement of experts, and the establishment of a clear legal basis, can increase efficiency and reduce the risk of medical errors.²⁵

Ongoing medical training, such as Basic Emergency Obstetric Neonatal Care (PONED), is crucial for improving the competence and preparedness of general practitioners (GPs) in handling obstetric and neonatal emergencies at the primary health care level.²⁶ This training not only hones clinical skills but also ensures legal and procedural understanding of maternity

care, ensuring that physicians' actions remain within the bounds of competence and legal authority. Other supporting factors include complete and systematic medical documentation in accordance with Minister of Health Regulation No. 269/MENKES/PER/III/2008 concerning Medical Records, as well as valid, signed *informed consent* from the patient or family. These documents serve as strong evidence to protect doctors in legal disputes.²⁷ Finally, an active and coordinated referral system also supports legal protection, as it demonstrates that doctors have acted professionally and according to service standards when referring emergency patients.

The effectiveness of legal protection is often hampered by several factors, one of which is limited human resources (HR). General practitioners at primary health care facilities (FKTP) are forced to handle cases beyond their competence due to the lack of adequate specialists or midwives.²⁸ In such situations, even if the doctor acts professionally, the potential for lawsuits remains open if complications or unexpected outcomes arise. Lack of training or scientific updates, especially in remote areas, also hinders maintaining physician competence. Misalignment of actions taken with current medical standards can create loopholes in legal defense. Limited medical facilities, such as a lack of supporting equipment and essential medications, can place doctors in a dilemma between saving a patient's life and facing legal risk for failing to perform a procedure properly. The lack of legal understanding among doctors regarding their legal rights and obligations in medical practice, such as the aspect of *informed consent*, can also cause actions that should be protected by law to become problems due to administrative or procedural negligence. Violations of the principle of *informed consent* can lead to serious consequences, such as claims for damages, accusations of breach of the doctor-patient contract, and damage to the doctor's professional reputation.²⁹

The effectiveness of legal protection depends not only on laws and regulations that provide a normative foundation, but also on practical implementation through training, the availability of infrastructure, and a sound healthcare management system. Therefore, synergy between clear regulations, increased medical personnel capacity, and the provision of adequate facilities is an absolute prerequisite for achieving optimal legal protection for general practitioners, particularly in childbirth care at the primary health care level.

Conclusion

Based on a normative and legal analysis of the legal protection of general practitioners' delivery practices at Primary Health Care Facilities (FKTP), it can be concluded that, legally, general practitioners have limited authority to assist with normal deliveries. This authority must be exercised in accordance with professional standards, standard operating procedures, and officially recognized competencies. The legal basis for this authority can be regulated in various laws and regulations, such as Law No. 29 of 2004 concerning Medical Practice, Law No. 36 of 2009 concerning Health, and Minister of Health Regulation No. 21 of 2021 concerning the Implementation of Medical Practice.

Legal protection for general practitioners in childbirth procedures is conditional, meaning it only applies if the procedure is carried out within the bounds of professionalism, in accordance with the law and medical ethics. When physicians transgress their authority by acting outside their competence or ignoring administrative obligations such as medical documentation and *informed consent*, their legal protection is weakened and can result in administrative, ethical, and even criminal sanctions. Supporting factors such as the existence of standard operating procedures (SOPs), ongoing training such as PONED (Emergency Care and Prenatal Care), a robust documentation system, and an active referral system are crucial for the effectiveness of this legal protection. Conversely, limited human resources, facilities, and a low level of legal understanding among physicians are significant obstacles to the optimal implementation of legal protection.

Bibliography

- [1] Erniyati, E. Budiati, D. Nurahman, and AF Prasetya, "Legal Counseling on Legal Protection for Health Workers in Emergency Measures at the Sribhawono Community Health Center, East Lampung Regency," *Andasih Journal of Community Service*, Vol. 4, No. 1, 2023.
- [2] Zunnuraeni, Zunnuraeni, et al. "Indonesia's Obligations Under International Law in Fulfilling Women's Health Rights." *JATISWARA* 38.1 (2023).
- [3] Maharani, C., and Diatri, D. (2024). Preparation And Implementation Of Accreditation In Primary Clinics As A First-Level Health Facility: A Case Study. *Journal Health & Science: Gorontalo Journal Health and Science Community* , 8 (3), 140–158. <https://ejurnal.ung.ac.id/index.php/gojhes/index>
- [4] Bayuana, A., Anjani, AD, Nurul, DL, Selawati, S., Sai'dah, N., Susianti, R., & Anggraini, R. (2023). Complications in Pregnancy, Childbirth, Postpartum, and Newborns: A Literature Review. *Journal of Health Discourse* , 8 (1), 27–37. <https://doi.org/10.52822/jwk.v8i1.517>
- [5] N. Rahmad, D. Setiawan, and S. Indrawati, "Legal Protection for Midwives Performing Medical Procedures (Case Study of PKU Muhammadiyah Gombong Hospital)," *Amnesty: Journal of Law*, vol. 5, no. 1, pp. 126–137, Feb. 2023, doi: 10.37729/amnesti.v5i1.2710.
- [6] Wahyuni, S., & Ferial, L. (2023). Examination Of Community Health Centers In Remote Areas Towards Health Facilities. *Jurnal JOUBAHS* , 3 (1), 91–108
- [7] Pramesuari, FD, & Agus A. The Rights and Responsibilities of Doctors in Performing Medical Procedures. 2023;02(09):702-720.
- [8] Jaya, AE., Tajuddin, MA., Parera Z., Badilla NW., Rado RH., (2022) Legal Protection of the Medical Profession in Facing Medical Disputes. *J Komunitas Yust* . 5(2):679-690. doi:10.23887/jatayu.v5i2.51747
- [9] Darwaman R, Sidi R, Saragih YM. Legal Protection for Doctors in Independent Medical Practice Health Services. *J Ners* . 2023;7(1):225-231. doi:10.31004/jn.v7i1.13000
- [10] Sidi R. The Position of Informed Consent in Patient Services in Hospitals. *Iuris Stud J Kaji Huk* . 2020;2(2):214-219. doi:10.55357/is.v1i2.182
- [11] Tsan R, Nasser M. Legal and Non-Legal Analysis of the Legal Relationship Between Doctors and Patients in Therapeutic Contracts. *Soepra J Health Law* . 2025;10(2):197-213. doi:10.24167/sjkh.v10i2.12579
- [12] Sidi R. Legal Responsibility for Medical Risks and Medical Negligence in The View of Health Law. *J Gen Educ Sci* . 2024;2(1):104-110. doi:10.62966/joges.vi.512
- [13] Zarzani TR, Ismaidar, Sirait AR. Criminal Law Policy Against Corporations for Medical Malpractice by Doctors Working in Hospitals. *Innovative* . 2024;4(3):5593-5604.
- [14] Darwaman R, Sidi R, Saragih YM. Legal Protection for Doctors in Independent Medical Practice Health Services. *J Ners* . 2023;7(1):225-231. doi:10.31004/jn.v7i1.13000
- [15] Indonesia, KK (2018). Indonesian Medical Council. *Indonesian Medical Council* .
- [16] Akbar, S., Yulivantina, EV, & Ananti, Y. (2025). Analysis of the Implementation of the Poned Program in Reducing Maternal Mortality Rates at the Patani Community Health Center UPTD. *Journal of Health (JoH)* , 12 (1), 082-097.
- [17] Salwa, F., Fitria, AD, Dasopang, LM, & Gurning, FP (2024). Implementation of the JKN Participant Childbirth Referral System at the Darussalam Community Health Center in Medan City. *Scientific Meditory Health Journal* , 7 (2), 61-65.
- [18] Murphy, D.J. (2019). Medico-legal considerations and operative vaginal delivery. *Best Practice & Research in Clinical Obstetrics & Gynecology* , 56 , 114–124. <https://doi.org/10.1016/J.BPOBGYN.2019.01.012>
- [19] Article 28D Paragraph 1 of the 1945 Constitution of the Republic of Indonesia
- [20] Law Number 36 of 2009 concerning Health
- [21] Law Number 29 of 2004 concerning Medical Practice

- [22] Minister of Health Regulation Number 21 of 2021 concerning the Implementation of Medical Practice
- [23] Law Number 17 of 2023 concerning Health
- [24] Law Number 23 of 1992 concerning Health
- [25] Markelova, Yu. V., Bogacheva, M., Sokolova, E., Sukhotina, N., & Tichina, I. (2024). Key aspects of developing standard operating procedures. *Meditinskaja Sestra* . <https://doi.org/10.29296/25879979-2024-03-07>
- [26] Mia, VAF, Suparwati, A., & Suryoputro, A. (2016). Analysis of the Implementation of the Basic Emergency Obstetric and Neonatal Service System (Poned) at the Sitanggal Community Health Center, Brebes Regency. *Journal of Public Health*, 4(4), 154-161.
- [27] Yakub, Y. (2024). Legal Responsibilities of Health Workers to Patients. *Health Law*, 33.
- [28] Nabil, ME (2024). *Reconstruction of the regulation of the rights and obligations of the medical profession as providers of equitable health services* . (Doctoral dissertation, Sultan Agung Islamic University (Indonesia)).
- [29] Chandra, A., & Kurniawan, IGA (2024). The Civil Law Aspects of Informed Consent to Medical Procedures. *Sasi (Ambon)* , 30 (3), 326. <https://doi.org/10.47268/sasi.v30i3.2277>