Juridical Analysis of Emergency Healthcare Services for Gunshot Victims Among Security Personnel in Field Operations

Baginda Zulfikar, Muhammad Arif Sahlepi

Abstract

This study analyzed the legal framework, implementation, and legal protection for medical personnel in providing emergency healthcare services to security personnel suffering gunshot wounds. Employing a normative juridical approach with secondary data, the research demonstrates that the obligation to provide emergency medical services is grounded in the principles of non-discrimination and humanity in accordance with Law Number 17 of 2023. However, implementation faces challenges including inter-agency coordination issues (between the National Police, Indonesian Armed Forces, and civilian healthcare facilities), infrastructural barriers, and ambiguity in financing mechanisms. Legal protection for medical personnel is guaranteed under Article 273 paragraph (1A) of the Health Law 2023 and the principle of medical neutrality enshrined in the Geneva Conventions of 1949. There is a critical need for strengthening derivative regulations, establishing cross-sectoral coordination mechanisms, and developing integrated standard operating procedures to ensure legal certainty and effectiveness of emergency services.

Keywords: *Emergency Medical Services, Security Personnel, Gunshot Wounds, Legal Protection, Health Law*

Baginda Zulfikar[1]
[1]Master of Urban and Regional Planning, Universitas Pembangunan Panca Budi, Indonesia e-mail: bagindazulfikar8@gmail.com[1]

Muhammad Arif Sahlepi[2]
[2]Master of Urban and Regional Planning, Universitas Pembangunan Panca Budi, Indonesia e-mail: arif.sahlepi@dosen.pancabudi.ac.id[2]

2nd International Conference on Islamic Community Studies (ICICS)
Theme: History of Malay Civilisation and Islamic Human Capacity and Halal Hub in the Globalization Era

Introduction

Emergency healthcare services constitute a vital component of the national health system. Law Number 17 of 2023 concerning Health affirms the principle of non-discrimination in medical assistance, including for security personnel injured in the line of duty. Gunshot wounds represent penetrating trauma requiring immediate intervention within the golden period to prevent fatality.

Empirical cases demonstrate that security personnel in Papua and Nduga (2018-2019) sustained gunshot wounds with evacuation constraints due to limited medical facilities and inadequate coordination between civilian and military healthcare facilities. Article 190 of Law Number 17 of 2023 emphasizes the obligation of healthcare workers to provide first aid regardless of status. Nevertheless, ambiguities persist regarding financial responsibility, referral mechanisms, and legal protection for medical personnel in high-risk situations.

This research is significant for identifying legal issues, evaluating regulatory implementation, and formulating policy recommendations that strengthen legal certainty and the quality of emergency healthcare services for security personnel.

Research Methodology

The research employs a normative juridical approach utilizing secondary data comprising primary legal materials (Law Number 17 of 2023, Law Number 2 of 2002, Ministry of Health Regulation Number 47 of 2018), secondary legal materials (literature, journals), and tertiary materials (legal dictionaries). Data were collected through library research and analyzed using descriptive qualitative methods to describe, interpret, and evaluate applicable legal norms.

Results

3.1 Legal Framework for Emergency Healthcare Services

The obligation to provide emergency healthcare services is grounded in Article 28H paragraph (1) of the 1945 Constitution and Law Number 17 of 2023, which mandates that medical personnel must provide assistance without discrimination. Ministry of Health Regulation Number 47 of 2018 governs standard operating procedures for emergency care with explicit prohibition against delaying services due to financing issues.

For security personnel, Law Number 2 of 2002 (National Police) and Law Number 34 of 2004 (Indonesian Armed Forces) guarantee healthcare rights for injured members. National Police Chief Regulation Number 8 of 2018 affirms the right to healthcare services resulting from duty performance. However, gaps between legal norms and implementation persist, particularly in inter-agency coordination and financing mechanisms.

3.2 Implementation of Emergency Healthcare Services

Implementation is regulated through coordination among the National Police, Indonesian Armed Forces, Ministry of Health, and Ministry of Defense based on Ministry of Health Regulation Number 19 of 2016 concerning the Integrated Emergency Management System (SPGDT). The system encompasses 24-hour emergency communication, ambulance services, and referral protocols to military hospitals (RSPAD Gatot Subroto, Bhayangkara Hospital).

Implementation constraints include:

a. Overlapping authority between military hospitals and civilian facilities
b. Administrative protocols that delay treatment
c. Inadequate SPGDT infrastructure in remote/conflict areas
d. Fragmented inter-agency coordination

e. Ambiguity in financing schemes between BPJS for civil servants/TNI-Polri health insurance and civilian facilities

3.3 Legal Protection for Medical Personnel

Article 174 of Law Number 17 of 2023 obligates healthcare facilities to provide emergency services. Article 273 paragraph (1A) guarantees that medical personnel acting in accordance with professional standards cannot be subject to criminal or civil prosecution. The Geneva Convention I of 1949 and Additional Protocol II of 1977 establish the principle of medical neutrality to protect medical personnel in armed conflicts.

The Criminal Code Articles 50 and 51 provide protection for those executing official orders. Ministry of Health Regulation Number 47 of 2018 affirms that SPGDT medical personnel are under state protection. Nevertheless, implementation challenges remain: security risks, psychological pressure, and threats of criminalization in conflict zones.

Legal protection encompasses:

a. Normative protection: Based on statutory law
b. Administrative protection: Coordination and SPGDT system
c. Ethical-professional protection: Application of medical professional standards

Conclusion

The legal framework for emergency healthcare services for security personnel is firmly established through Law Number 17 of 2023, Ministry of Health Regulation Number 47 of 2018, and specific regulations governing the National Police and Indonesian Armed Forces, grounded in the principles of non-discrimination and humanity.

Implementation encounters obstacles, including inter-agency coordination challenges, infrastructural barriers in operational areas, financing ambiguities, and disparities in operational procedures. The SPGDT remains suboptimal in remote and conflict-prone regions.

Legal protection for medical personnel has been regulated under national law (Article 273 paragraph 1A of Law Number 17 of 2023) and international law (Geneva Conventions of 1949). Synergy among the National Police, Indonesian Armed Forces, Ministry of Health, and legal institutions is required through strengthening derivative regulations, establishing crosssectoral coordination mechanisms, developing integrated standard operating procedures, and guaranteeing security, compensation, and legal immunity for medical personnel to ensure emergency healthcare services operate effectively and are grounded in humanitarian principles.

References

[1] American College of Surgeons. (2018). *Advanced Trauma Life Support (ATLS) Student Course Manual* (10th ed.).
[2] Anderson, R., & Lee, C. (2021). Emergency medical services and the legal duty to treat in armed conflict situations. *International Journal of Law and Health*, 39(3), 245-260.
[3] Cannon, J. W., et al. (2020). Dismounted complex blast injuries. *Journal of the American College of Surgeons*, 230(4), 413-429.
[4] Konvensi Jenewa I Tahun 1949 dan Protokol Tambahan II Tahun 1977.
[5] Peraturan Menteri Kesehatan Nomor 19 Tahun 2016 tentang Sistem Penanggulangan Gawat Darurat Terpadu.
[6] Peraturan Menteri Kesehatan Nomor 47 Tahun 2018 tentang Pelayanan Kegawatdaruratan.
[7] Undang-Undang Nomor 2 Tahun 2002 tentang Kepolisian Negara Republik Indonesia.
[8] Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.

[9] World Health Organization. (2022). *Legal frameworks for emergency and trauma care systems*. WHO Press.