LEGAL PROTECTION FOR PROFESSIONAL NURSES WORKING IN HOSPITAL HEMODIALYSIS ROOMS

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Abstract

Providing services in the hemodialysis room, doctors, nurses, and even hospitals must also be prepared to be responsible for all related activities. If nurses are required to take actions beyond their authority (collaborative actions), they must get protection for the risks they face. This study examines (1) the procedure for delegating authority from doctors to nurses in providing services in the hemodialysis room, (2) the responsibilities of nurses working in the hospital hemodialysis room, and (3) policies related to legal protection for the professional nurse working in the hospital hemodialysis room. The problem approach used in this research is a normative juridical approach. The normative juridical approach used in this thesis research is the statutory approach. In addition, the research uses secondary data consisting of primary, secondary, and tertiary legal materials. Based on the research results, the procedure for delegating authority from doctors to nurses to provide services in the first hemodialysis room has several stages. First, the implementing doctor must ensure that the authority given is written, the recipient of the authority has the required competence, the willingness of the recipient of authority, and the implementation of hemodialysis under the supervision of the implementing doctor. If the conditions have been met, the delegation of authority can be implemented. Based on the vocational skills and profession of the hemodialysis nurse, delegation of authority can occur on a mandate basis, with active supervision from the implementing doctor. If it is to the requirements for the delegation of authority, then hemodialysis is carried out by skilled nurses under the supervision of the implementing doctor. The responsibilities of a nurse working in a hospital hemodialysis room are regulated based on professional and legal provisions in Indonesia, namely criminal, civil, and administrative. There are several perspectives. Legal protection for nurses in the hemodialysis room is related to competence based on the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia concerning the Implementation of Dialysis Services in Health Facilities. However, the Standard Operating Procedures for the hemodialysis room are returned to each hospital’s policies.

Keywords: hemodialysis, legal protection, nurses

A. Introduction

Hemodialysis (HD) is a kidney replacement therapy that uses a special device to treat symptoms and signs due to a low glomerular filtration rate, which is expected to extend life and improve patients' quality of life. A hemodialysis unit is a place for hemodialysis services consisting of at least four dialysis machines, supported by water treatment units and supporting equipment. It has medical personnel consisting of at least 2 HD Advanced Nurses, 1 HD certified Doctor, supervised by 1 Doctor HD certified internist, and 1 Internist-Kidney
Hypertension (KGH) Consultant. Doctors and nurses are the closest health workers as normative executors. The authority of doctors in carrying out their duties and profession is regulated in the Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice, while the authority of nurses in carrying out their duties and profession is regulated in the Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing. This regulation regulates their rights and obligations according to their field of knowledge and competence. Doctors and nurses are two professions that complement each other, so nurses cannot work without collaborating with doctors, if the collaborative relationship between doctors and nurses is carried out according to professional standards, it will be well established, but this collaborative relationship does not cover the possibility of a problem occurring that could harm the parties. Doctors, nurses, and patients. One of the problems that may occur in a collaborative relationship between doctors and nurses where nurses often only carry out doctor's orders without paying attention to clear authority, namely the extent to which nurses are allowed to carry out actions ordered by doctors, the actions of nurses who carry out orders from doctors are regulated in the law on nursing.

Articles 29 and 32 of Law Number 38 of 2014 regarding the delegation of authority for medical actions that nurses can carry out, the delegation of authority given by doctors to nurses can be in the form of delegation of authority through delegation or mandate. The delegation of authority must be given in writing. A delegation of authority that does not follow existing norms can lead to arbitrary actions by health workers, whether doctors, nurses, or other health workers, resulting in negligence in carrying out medical actions, which is called malpractice, which results in disability or death of the patient. That is when the doctor is examining the patient directly, the nurse is only limited to helping the doctor and taking action according to the doctor's orders and instructions. However, a nurse can act as a patient based on the delegation of authority given and under the supervision of a doctor. Delegation is either delegative or mandate. Nevertheless, doctors and nurses, as well as other health workers, are ordinary people who have many shortcomings in carrying out their duties and responsibilities, which are fraught with the risk of negligence, errors or medical accidents that cause patients to become disabled, even die after being treated, even though doctors have carried out their duties by professional standard or Standard Operating Procedure (SOP) and good medical service standard. Providing services in the hemodialysis room, doctors, nurses and even hospitals must also be prepared to be responsible for all related activities. However, problems often occur in the nursing profession, as it is known at this time that the authority of nurses independently is to provide nursing care, not to perform invasive medical procedures. If you are required to take actions outside of your authority (collaborative actions), nurses must get protection for the risks they face.

The person in charge of the HD room is an Internal Medicine Specialist (Doctor Sp. PD) who has received dialysis training at a Dialysis Training Center recognized/accredited by the Indonesian Nephrology Association (PERNEFRI) and is in charge of the Dialysis Unit. Besides that, he can also serve as the Implementing Doctor of the Hemodialysis Unit. Nurses who assist doctors in the HD room are proficient nurses who have had special education in dialysis and are intensive kidney nurses at the PERNEFRI-approved Dialysis Training Center. In addition, some nurses have studied at the Nursing Academy who, provide nursing care, and assist HD

proficient nurses in their duties. In principle, routine hemodialysis patient referrals can be carried out at the hemodialysis clinic or hospital, however, the first hemodialysis procedure must be carried out at the hospital. Professionalism in work based on ability and the establishment of competency-based education eventually gave birth to standards in nursing education. All efforts are made in order to achieve a certain level of skills so that they can support better, more efficient, and more efficient work. Improving the quality and quality of these abilities and skills is used to improve health workers' services, roles, and functions.

Nurses who have been certified for dialysis training are included in Human Resources (HR) who are competent to provide health services in the hemodialysis unit in accordance with Article 4 paragraph (3) of the Minister of Health of the Republic of Indonesia Number 812 of 2010 concerning the Implementation of Dialysis Services in Health Service Facilities. On the one hand, if you adhere to the applicable laws and regulations, and carry out health services in accordance with established authorities and professional standards, nurses who have not been certified for dialysis expertise competence cannot carry out health service duties in the hemodialysis unit. Nurses in carrying out their professional practice are required to be aware of laws and regulations. Due to the facts in today's society, many nurses need help to get legal protection when they make mistakes even though health workers are very supportive in the process of handling kidney failure. Not only protection for nurses in carrying out their duties but also for society in general. Nurses who carry out their duties in accordance with statutory regulations will guarantee security in the legal field for both nurses and patients, and the public. Nurses who practice professionally must comply with the principles of nursing ethics, and know their rights and obligations, roles and functions, responsibilities and accountability.

The application of nursing practice in the hemodialysis unit requires clear legislation to regulate the rights and obligations of nurses related to their professional duties. Legislation is intended to provide legal protection for the community as service recipients and also for nurses as health service providers. In order to provide this legal protection, nurses need to be registered and certified with expertise and competency and obtain a license to practice nursing in the hemodialysis unit. Implementation of duties according to professional standards can provide legal protection for health workers and patients, as stipulated in Article 57a of Law Number 36 of 2014 concerning Health Workers, which determines the provision of legal protection for health workers in carrying out their duties in accordance with professional standards.

Nurses who receive delegations or mandates to carry out medical tasks are more careful and continue to communicate with doctors who delegate these tasks so that errors and malpractice do not occur. In addition, so that nurses do not receive demands from criminal, civil, and administrative aspects, it is necessary to analyze in depth how to accept the delegation of duties from doctors to nurses. In addition, it must also be understood regarding the limits of the authority of medical actions that may be carried out by nurses in the hemodialysis room, so that if there is a malpractice act committed by a nurse, legal protection and accountability for the consequences arising from this action must be ensured. The research will discuss three problems, first the procedure for delegating authority from doctors to nurses in providing services in the hemodialysis room. Second, the responsibility of nurses working in the hospital hemodialysis room. Third, policies related to legal protection of the nursing profession working in the hospital hemodialysis room. The problem approach used in this research is a normative

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5 Ibid
juridical approach. The normative juridical approach used in this thesis research is the statutory approach. In addition, the research uses secondary data consisting of primary, secondary and tertiary legal materials.

B. Discussion

1. Procedure for Delegating Authority of Doctors to Nurses in Providing Services in the Hemodialysis Room

Hemodialysis nurses are nurses with specific competence who carry out nursing care by optimizing the health of individuals who experience kidney failure with hemodialysis measures and who are responsible for providing professional hemodialysis services by prioritizing patient safety and security. Population growth in Indonesia affects the number of patients with Chronic Kidney Disease (CKD). Patients with CKD must get kidney replacement therapy, one of which is hemodialysis.\(^8\) Population growth and increased CKD patients mean an increasing demand for hemodialysis. There was an increase in hemodialysis units from 433 units in 2017 to 615 in 2018.\(^9\) This increase must be accompanied by an increase in the competence of nurses to ensure safe nursing and maintain the quality of life of CKD patients. The competence of hemodialysis nurses must always be developed and have standards by applicable regulations. Nurse competence is closely related to legal protection for nurses. Therefore, ensuring the competence of hemodialysis nurses is very significant before carrying out hemodialysis services.

![Figure 1. Three Pillars of Competency-Based Development](source)


Based on Figure 1.2, nurse competency standards must be met in general health services: certification, training, and profession. First, the Indonesian National Qualifications Framework (KKNI) and the Indonesian National Work Certification (SKNI), related to hemodialysis, the competency of nurses in carrying out hemodialysis is nurses who have at least D3 graduates from the Nursing Academy. D3 in IQF is level 5.\(^10\) Second, nurses have competency certificates


from the Professional Certificate Institute (LSP). Hemodialysis nurses are required to have a Registration Certificate (STR) through a competency test organized by the Indonesian National Nurses Association (PPNI). Third is the Education and Training Institute (LDH). Hemodialysis nurses are required to have a hemodialysis training certificate held by the Indonesian Nephrology Association (PERNEFRI). The training consists of Basic Life Assistance (BHD) training. Nursing skills in competency standards can be improved through continuing education and training organized by professional organizations. Miller's pyramid measures each skill that must be achieved at the end of a nurse's education. In Indonesia, the Miller Pyramid is modified with the National Standards for Higher Education in Nursing.

Table 1. Matrix of Nursing Skill Levels, Learning Methods, and Assessment Methods for Each Ability Level

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skill Level</td>
<td></td>
<td></td>
<td></td>
<td>Able to do independently</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understand clinical reasoning and problem solving</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Know the theory of skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning methods</td>
<td>Do it on the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice with props or the patient leaning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Direct observation of demonstration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lectures, discussions, assignments, independent study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Method</td>
<td>Written examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completion of cases in writing and/or orally (oral test)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Objective Structured Clinical Examination (OSCE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workbased Assessments such as mini-CEX, portfolio, logbook, etc.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>


Table 1 is Miller's pyramid adjusted to Indonesia's National Higher Education Standards. However, in these criteria, there are two categories: clinical skill level and learning methods. Each of these categories is measured by four skill criteria, namely (1) being able to understand for yourself, (2) being able to understand and explain, (3) being able to understand, explain, and carry out under supervision, and (4) being able to understand, explain, and carry out independently. Outside of these categories, there are assessment methods that are adjusted to the level of criteria. Criterion one uses the written examination method, criterion two uses the written and oral (oral) case-solving method, criterion three uses the Objective Structured Clinical Examination (OSCE), and criterion four uses Work-based Assessment such as mini-CEX, portfolio, and logbook. After describing the competence of nurses in general, the next study will describe the level of ability that hemodialysis nurses must possess.

Table 2 List of Hemodialysis Nurse Skills

<table>
<thead>
<tr>
<th>No.</th>
<th>Category (Subcategory)</th>
<th>Skill List</th>
<th>Ability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vocation</td>
</tr>
<tr>
<td>1</td>
<td>Physiological</td>
<td>Implementation of hemodialysis procedures</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(Nutrition and Liquid)</td>
<td>Providing education about hemodialysis procedures</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>hemodialysis filtration settings</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Measures to overcome hypotension during the hemodialysis process</td>
<td>1</td>
</tr>
</tbody>
</table>

11Nefrologi adalah cabang kedokteran dan sub-spesialisasi penyakit dalam dan anak yang berfokus pada diagnosis, pengobatan dan manajemen penyakit yang memengaruhi ginjal.
Table 1.2 shows that the competence of nurses in hemodialysis is in the physiological category and the nutritional and fluid subcategories. The skill level of hemodialysis nurses is divided into vocations and professions. Based on the list of skills of hemodialysis nurses, nurses must have skill levels 1-3, namely nurses must (1) be able to understand for themselves, (2) be able to understand and explain, (3) be able to understand, explain, and carry out under supervision. This means that hemodialysis nurses are only allowed to carry out hemodialysis with supervision from medical personnel (doctors).

The Indonesian Dialysis Nurses Association (IPDI) has detailed nurse competency standards consisting of general competency standards and specific competency standards. The establishment of special competencies for hemodialysis nurses aims to enable nurses to practice violations at a level of expertise appropriate to the conditions and needs of patients.

a. General Competency of Hemodialysis Nurses. This competency consists of 10 competencies, namely (1) professional, ethical, legal and culturally sensitive practices; (2) have knowledge of anatomy and physiology of the urinary system and impaired kidney function; (3) have the knowledge and ability to think critically and make clinical decisions according to authority; (4) have knowledge and ability to apply infection prevention standards and patient safety principles; (5) have the knowledge and ability to perform vascular access; (6) have the knowledge and ability to create a safe and comfortable environment for patients; (7) have the ability to apply the care process in providing dialysis services; (8) have the knowledge and ability to provide pharmacological action in the dialysis unit; (9) have the ability to do documentation of nursing care; (10) has the ability to provide education to patients and families.

b. Special Competency of Hemodialysis Nurses. The special competencies of hemodialysis nurses include skills in preparing for hemodialysis, performing hemodialysis vascular access, performing hemodialysis, and stopping hemodialysis.

2. Delegation of Doctoral Authority to Nurses in Providing Services in the Hemodialysis Room

Medical and health services in Indonesia require cooperation between medical personnel and health workers. Carrying out these services requires effective communication between doctors and nurses, which is called delegation of authority. In addition, delegation of authority can also occur when medical personnel (doctors) are limited so nurses must take action or perform medical actions that are not their authority. The main obligation of nurses is to provide nursing services to patients in accordance with the professional standards attached to nurses. When there is a delegation of authority from a doctor to a nurse, then the responsibility of the doctor is also delegated to the nurse when carrying out health services. There are four elements that must be considered in the process of delegating authority so that it can run effectively. First, giving power goes hand in hand with giving responsibility. Second, the power that is delegated must be on the right party competently and physically. Third, the delegation of power

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12Program Vokasi adalah program pendidikan pada jenjang pendidikan tinggi yang bertujuan untuk mempersiapkan tenaga yang dapat menetapkan keahlian dan keterampilan di bidangnya, siap kerja dan mampu bersaing secara global. Sedangkan Pendidikan Profesi adalah pendidikan yang ditempuh setelah menyelesaikan program akademik sarjana untuk menyiapkan peserta didik dengan kemampuan untuk profesi khusus sesuai dengan bidang akademik terkait.


must be accompanied by motivation. Fourth, the leader who delegates power must guide and supervise the party receiving the delegation.

The conditions for the delegation of authority carried out by doctors to nurses are as follows:\textsuperscript{15}

a. Diagnosis, therapy, and indications are decided by the doctor so that the decision-making process by the doctor cannot be delegated.

b. Delegation of medical action is only carried out if the doctor is sure that the nurse receiving the delegation is capable of carrying out the task properly.

c. The delegation of authority must be made in writing including clear instructions regarding its implementation, how to act if complications arise, and other circumstances that need attention.

d. Mandar delegation of authority must be guided and supervised medically.

e. Refusal of delegation can be done if the person being delegated feels unable to carry out the medical action.

The legal basis for delegating authority from doctors to nurses in health practice is regulated in Law no. 36 of 2014 concerning Health Workers, Law no. 38 of 2014 concerning Nursing, and Regulation of the Minister of Health no. 2052/Per/X/2011 concerning the Practice and Implementation of Medicine.

\textbf{a. Law No. 36 of 2014 concerning Health Workers}

Article 65 paragraph (1) of the Law on Health Personnel stipulates that in health services, health workers can receive delegation of medical treatment from medical personnel. The intended delegation of actions is carried out with the following provisions:

1) The actions delegated are included in the capabilities and skills possessed by the recipient of the delegation.

2) The implementation of the delegated actions remains under the supervision of the delegation giver.

3) The delegation giver remains responsible for the actions delegated as long as the implementation of the actions is in accordance with the delegation given.

4) Delegated actions do not include decision-making as the basis for carrying out actions.

Based on the Law on Health Personnel, it can be seen that the delegation of authority to nurses by doctors must pay attention to the competence or skills of nurses. In addition, nurses who are given authority continue to carry out health services under the supervision of doctors as medical personnel who provide authority. In the delegation of authority, nurses will only carry out health services with a group of people.

\textbf{b. Law No. 38 of 2014 concerning Nursing}

Article 29 of the Nursing Act regulates the duties of nurses. In carrying out nursing practice, nurses serve as (1) providers of nursing care, (2) counselors and client consolers, (3) managers and nursing services, (4) nursing researchers, (5) executors based on delegation of authority, and (6) executor of the task in certain limited circumstances. In addition to duties, Article 30 of the Nursing Act regulates the nurse's authority, namely (1) conducting holistic nursing assessments, (2) establishing nursing diagnoses, (3) planning nursing actions, (4) carrying out nursing actions, (5) evaluating the results of nursing actions, (6) make referrals, (7) provide action in emergency situations according to competence, (8) provide nursing consultations and collaborate with doctors, (9) conduct health education and counseling, and (10) administer drug administration to clients according to the prescription of medical personnel or over-the-counter drugs and limited over-the-counter drugs.

Article 32 of the Nursing Act regulates the delegation of authority. Delegation of authority is only given in writing by medical personnel to nurses to carry out medical actions and evaluate their implementation. The delegation of authority can be done by delegative or mandate.

1) Delegative delegation of authority from medical personnel means the authority to carry out a medical action accompanied by a delegation of responsibilities. However, delegated delegation of authority can only be given to professional or vocational nurses with the necessary competencies.

2) The delegation of authority is mandated by medical personnel to nurses to carry out medical actions under the supervision of medical personnel. The responsibility for medical action on the delegation of mandate authority rests with the delegation of authority. Nurses who carry out their duties based on the delegation of authority are authorized to carry out medical actions in accordance with their competence on the delegation of medical staff authority. In the delegation of mandate authority, nurses carry out medical actions under supervision. In addition, nurses can also provide health services in accordance with government programs.

c. Regulation of the Minister of Health No. HK.02.02/MENKES/148/2010 concerning Licensing and Implementation of Nurse Practice

Article 8 Permenkes Licensing and Implementation of Nurse Practice regulates the authority of nurses in nursing practice. Nursing practice is carried out at first, second, and third-level health service facilities. Nursing practice in question is the implementation of nursing care, the implementation of promotive, preventive, recovery, and community empowerment efforts, as well as the implementation of complementary nursing actions. Nursing care consists of assessment, determination of nursing diagnoses, planning, implementation, and evaluation of nursing. Then Article 9 of the Minister of Health Permits and Implementation of Nurse Practice stipulates that nurses in practice must be in accordance with their authority.

d. Regulation of the Minister of Health No. 2052/Per/X/2011 concerning the Practice and Implementation of Medicine

Article 23 Regulation of the Minister of Health No. 2052/Per/X/2011 concerning the Practice and Implementation of Medicine regulates the delegation of authority from doctors to nurses as follows:\textsuperscript{16}

1) Doctors or dentists can delegate a medical or dental procedure to a nurse, midwife or certain other health personnel in writing in carrying out medical or dental procedures.

2) Medical or dental procedures can only be carried out in circumstances where there is a need for services that exceed the availability of doctors or dentists at the service facility.

3) The delegation of actions is carried out under the following conditions:
   a. The actions delegated are included in the capabilities and skills possessed by the recipient of the delegation.
   b. The implementation of the delegated actions remains under the supervision of the delegation giver.
   c. The delegation giver remains responsible for the actions delegated as long as the implementation of the actions is in accordance with the delegation given.
   d. Delegated actions do not include making clinical decisions as the basis for carrying out actions.
   e. Delegated actions are not continuous.

Figure 2. Procedure for Delegating Doctor's Authorities to Hemodialysis Nurses

Figure 2. illustrates the procedure for delegating authority from a doctor carrying out hemodialysis to a nurse skilled in hemodialysis. First, the implementing doctor must ensure that the authority given is written, the recipient of the authority has the required competence, the willingness of the recipient of authority, and the implementation of hemodialysis under the supervision of the implementing doctor. The implementing doctor also reports the delegation of authority to the doctor in charge. If the conditions have been met, then the implementation of the delegation of authority can be carried out. Based on the vocational skills and profession of the hemodialysis nurse, delegation of authority can occur on a mandate basis, with active supervision from the implementing doctor. The delegation of delegated authority from practicing doctors to nurses proficient in hemodialysis is not recommended because the vocational and professional skills of nurses in carrying out hemodialysis are only at levels 1 and 2, namely being able to understand for yourself and being able to understand and explain. So, the implementation of hemodialysis through the delegation of delegative authority is not in accordance with the competence of nurses regulated in the Minister of Health. If it is in accordance with the requirements for the delegation of authority, then hemodialysis is carried out by skilled nurses under the supervision of the implementing doctor.

3. Responsibilities of Nurses Who Work in Providing Services in the Hemodialysis Room

a. Responsibilities of Nurses Working in the Hospital Hemodialysis Room According to the Honorary Council of Nursing Ethics

The Indonesian National Nurses Association (PPNI) has a special assembly authorized to investigate and recommend the resolution of cases its members face. The assembly is the Honorary Council of Nursing Ethics (MKEK). This assembly was formed based on Chapter IX
Article 21 of the PPNI Statutes/Bylaws. MKEK provides input on guidelines for the application of ethics in the provision of nursing services and guidelines for resolving ethical conflicts in nursing services. Thus, issues related to ethics will be resolved by MKEK, while the settlement of health workers (nurses) related to legal provisions in Indonesia will be resolved by the Legal and Political Empowerment Division. MKEK is tasked with nurturing members in the appreciation and practice of the code of ethics for nursing in provincial level jurisdictions. MKEK will conduct an investigation regarding issues related to violations of the ethical code of the nursing profession to the central MKEK. After coordinating with the Central MKEK, MKEK will facilitate the resolution of violations of nursing ethics in the province.

Health workers (nurses) who commit ethical violations will be divided into minor, moderate, and serious errors. The determination of this category is assessed according to the patient's harm and safety, professional honor, public interest, the offender's good faith in settlement, the motive for the violation, and the circumstances of the environment. To ensure an effective and fair assessment, MKEK has the authority to lead the resolution of violations of nursing ethics. First, MKEK has the authority to assess the validity and completeness of data including complaints, evidence, and calling witnesses. Second, MKEK conducts examinations, hearings, imposing sanctions, and assessing case appeals. Nurses who are proven to have committed ethical violations will be given verbal warnings, written warnings, temporary suspension, and permanent (administrative) termination.

b. Responsibilities of Nurses Working in Hospital Hemodialysis Rooms according to Indonesian Law

Nurses are part of the health workers who are sworn in to provide the best health services to the people of Indonesia, including nurses in hospital hemodialysis rooms. In addition to professional ethical responsibilities, nurses as health workers must also take responsibility for violations based on criminal, civil and administrative provisions.

1) The Criminal Code

The Criminal Code (KUHP) does not regulate health workers or crimes related to health law specifically. The Criminal Code regulates violations and crimes in general. However, Chapter XXI of the Criminal Code regulates crimes that result in death or injury due to someone's fault. Mistakes in Indonesian criminal law are divided into intention (dolus) and negligence (culpa). If it is related to hemodialysis, then a nurse can be criminally prosecuted because the nurse's mistake in the hemodialysis process causes the patient's death. Article 359 of the Criminal Code stipulates that if someone causes death as a result of their mistakes, they will be sentenced to a maximum of five years in prison or a maximum of one year in prison. Article 360 stipulates that if a health worker causes serious injury or illness so that they cannot carry out their work, then the health worker will be subject to a maximum sentence of one year's term.

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imprisonment. Meanwhile, in situations where a health worker causes a patient to be injured and temporarily ill, the health worker will be subject to imprisonment for a maximum of one year or confinement for a maximum of six months or a maximum fine of Rp. 4,500.00.

2) Code of Civil law

Health workers who perform nursing services are not only criminally responsible but also civil. Civil liability in this case is compensation or compensation. The Civil Code (KUH Perdata) stipulates that the civil aspects that are held accountable are defaults and acts against the law. Article 1239 of the Civil Code stipulates that a person is declared to have committed a default if he cannot fulfill the agreement agreed upon by the parties. Whereas Articles 1365-1367 of the Civil Code stipulates that a party that breaks a promise must be held responsible for its mistakes by compensating for damages caused by negligence. If it is related to hemodialysis, then this situation can occur if the nurse makes a mistake and uses a hemodialysis device that is not in accordance with the health procedures being carried out so that hemodialysis is not carried out in its entirety. As a result of this negligence, the nurse failed to fulfill the agreement and had to compensate the patient's hemodialysis costs.

3) Law No. 36 of 2009 concerning Health

Arrangements regarding the responsibilities of nurses are also regulated in Law no. 36 of 2009 concerning Health or the Health Act. Article 29 of the Health Law stipulates that health workers who are suspected of negligence in carrying out their profession will settle losses through mediation. Article 58 of the Health Law stipulates that everyone has the right to receive compensation from health workers and the health services they receive. Through this Health Law, it can be seen that the responsibility that must be met by health workers (nurses) in hemodialysis is in civil terms, namely by fulfilling compensation for services that do not comply with operational standards.

4) Law No. 44 of 2009 concerning Hospitals

The hospital has four areas of responsibility, namely personnel, professional, advice and infrastructure, as well as building safety and maintenance. The description of each area of responsibility of the hospital is as follows:

a) Personnel responsibility. This responsibility is based on a subordinate relationship, namely “leader-subordinate”. This relationship is closely related to the delegation of authority between doctors and nurses and determines whether the mandate creates absolute or delegative authority. Personnel responsibility includes all employees working in the hospital. Personnel responsibility generally applies in Indonesia and is regulated in the Civil Code Articles 1365-1367.

b) Professional responsibility for the quality of treatment or care. Responsibility relates to the suitability of the services provided by medical personnel and health workers with professional standards. If the services provided are not in accordance with the standards, then the hospital is legally responsible professionally.
c) Responsibility for facilities and equipment. In a hospital, there are several equipments that are the scope of responsibility, namely basic equipment for hospitality, hospital, medical, and other supporting equipment. If the hospital fails to provide optimal service due to a lack of equipment, the hospital will be held responsible. Hospital equipment and facilities must always be ready to use and in good condition at all times.

d) Responsible for building safety and maintenance. The hospital is also responsible for building security and maintenance to ensure the safety of everyone in the hospital, especially patients, patient families, and medical/health personnel. The hospital will be responsible if the building collapses, tiles fall, the floor is slippery, which causes injury to visitors.

The responsibility of the hospital when it is related to the responsibility of nurses working in the hemodialysis room is the responsibility of personnel and professional responsibility. Personnel responsibility is whether the nurse who performs hemodialysis services has the competence to perform hemodialysis services. Personnel responsibility also shows if the nurse working in the hemodialysis room is given absolute or delegative authority. Meanwhile, professional responsibility will see whether the nurse has carried out hemodialysis in accordance with applicable medical standards.

5) Law No. 36 of 2014 concerning Health Workers

A health worker is any person who is devoted to health midwifery and has knowledge or skills through education in the health sector which in certain categories requires authority to carry out health efforts. Article 11 point c stipulates that nursing staff are part of a group of health workers. Article 84 of the Law on Health Personnel stipulates that any health worker who commits gross negligence and causes the recipient of health services to be seriously injured, shall be punished with a maximum imprisonment of three years. Whereas in cases of gross negligence leading to death, health workers are subject to a maximum imprisonment of five years. If a health worker practices without having an STR, they will be subject to a maximum fine of Rp. 100,000,000.00.

6) Law No. 38 of 2014 concerning Nursing

Nurses as health workers in Indonesia are subject to Law no. 38 of 2014 concerning Nursing or the Nursing Act. Article 36 letter a of the Nursing Act stipulates that nurses are required to carry out their duties in accordance with service standards, professional standards, standard operating procedures, and statutory provisions. If the nurse does not carry out this obligation, then the practice of care that is carried out is not entitled to obtain legal protection. Article 58 of the Nursing Act stipulates that nurses are required to have a Registration Certificate (STR), Nurse Practicing Permit (SIPP), independent nursing practice nameplates, and competency. If you violate these provisions, nurses will be given verbal warnings, written warnings, administrative fines, and license revocation. Nurses who practice negligence in hemodialysis services will be examined for competence, if it is proven that they have failed to fulfill these competencies, then the Nursing Law will be administratively punished.

Table 3 Responsibilities of Nurses Working in the Hospital Hemodialysis Room

<table>
<thead>
<tr>
<th>Rule</th>
<th>Criminal</th>
<th>Civil</th>
<th>Administration</th>
<th>Legal basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>MKEK</td>
<td>-</td>
<td>-</td>
<td>Oral and written warnings as well as temporary and permanent termination.</td>
<td>Article 26 AD/ART PPNI</td>
</tr>
<tr>
<td>Criminal Code</td>
<td>Criminal and fine if it causes death and physical disability.</td>
<td>-</td>
<td>-</td>
<td>Articles 359 and 360</td>
</tr>
<tr>
<td>Civil Code</td>
<td>-</td>
<td>In general, compensation for broken promises (defaults) between nurses and patients</td>
<td>-</td>
<td>Articles 1239, 1320, 1365-1367</td>
</tr>
<tr>
<td>UU no. 36/2009 concerning Health</td>
<td>-</td>
<td>Responsible for compensating based on patient demands</td>
<td>-</td>
<td>Article 58</td>
</tr>
<tr>
<td>UU no. 36/2014 concerning Health Workers</td>
<td>responsible for imprisonment if it causes injury and death. Responsible for fines if you don't have STR</td>
<td>-</td>
<td>-</td>
<td>Articles 84-86</td>
</tr>
<tr>
<td>UU no. 44/2009 concerning Hospitals</td>
<td>Personnel responsibility (delegation of authority)</td>
<td>Personnel responsibility (compensation)</td>
<td>Professional responsibilities, facilities and equipment, and where</td>
<td>Article 46</td>
</tr>
<tr>
<td>UU no. 38/2014 concerning Nursing</td>
<td>-</td>
<td>-</td>
<td>Verbal warning, written warning, fine, and verbal revocation if the negligent nurse does not have STR, SIPP, and competency</td>
<td>Article 58 Paragraph (2)</td>
</tr>
</tbody>
</table>

Based on Table 3 it can be analyzed that the implementation of the responsibility of nurses working in the hemodialysis room has several perspectives. From the perspective of health workers, the responsibilities of nurses in the hemodialysis room are seen from the nurse as an individual first, whether the nurse meets competence or not. After that, are there other factors for which the hospital is also responsible, such as facilities that do not support the hemodialysis process according to regulated medical standards. From the patient's perspective, the level of loss experienced by hemodialysis patients also affects the responsibilities of nurses. If it causes death, then the nurse's responsibility is greater than the loss of physical disability so that a criminal sanction is given to imprisonment and a fine in accordance with the loss suffered by the patient. In some cases, the patient's family will ask the nurse for compensation in the form of compensation, especially if there is a written agreement between the patient and the health
worker who serves hemodialysis. From a professional perspective, it can be seen that the Nursing Ethics Honorary Council (MKEK) and the Nursing Law have in common that the nurse’s responsibility in negligence to practice hemodialysis is to revoke the license to practice the profession (administration). However, the authors have not seen any specific regulations governing medical responsibility in hemodialysis services. Even though the risk in the practice of hemodialysis services is higher compared to health services in general.

c. Policies Related to Legal Protection of Professional Nurses Working in Hospital Hemodialysis Rooms

Legal protection is a right that must be given by law enforcement officials to the public. Legal protection is a means to protect one's rights to ensure justice for each party. Legal protection for nurses who work in the hemodialysis unit is very significant so that nurses do not easily become the object of demands that threaten the profession. As an effort to protect the law, nurses are required to have competency certification and practice permits in carrying out nursing practice in the hemodialysis unit. The application of nursing practice in the hemodialysis unit requires comprehensive legislation regarding the rights and obligations of nurses in carrying out their professional duties. While the research is ongoing (2023), the only regulation that specifically regulates hemodialysis is the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia No.812/MENKES/PER/VII/2010 concerning the Implementation of Dialysis Services in Health Facilities. This regulation only regulates nurses as a requirement for hemodialysis personnel, but does not describe Standard Operating Procedures (SOP) that must be fulfilled by nurses in hemodialysis services. So, SOP related to hemodialysis is returned to each hospital. One example is the Ngudi Waluyo Hospital which has an ethical and legal committee team so that the rules for nurses working in the hemodialysis room are based on the hospital's SOP which provides legal protection for the nurses. It can be concluded that the legal protection policy for health workers is directly in each hospital.31

In general, every health worker, especially nurses, refers to nursing care standards set by the Indonesian National Nurses Association (PPNI). The Nursing Care Standard is a description of the desired level of performance, so that the quality of structure, process and results can be assessed. The standard of assisted care means quality cages that are contacted and can be assessed as providing care for patients/clients. The relationship between quality and standards are two things that are closely related to each other, because standards can be quantified as evidence of improving and deteriorating services.32

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Figure 3. Legal Protection for Health Workers According to Health Regulations in Indonesia

Based on Figure 3, patient demands for health workers are not immediately processed without seeing from the perspective of health workers. This is called legal protection for health workers. The requirement for legal protection for health workers is the appropriateness of authority and fulfillment of competence. If the patient sues for damages when the health worker is proven to have done work according to their skills, then the health worker is considered innocent and the claim will be dropped. The basis for legal protection for patient staff is first, Law no. 36 of 2009 concerning Health. Article 27 of the Health Law regulates legal protection as the right of health workers in return for carrying out their duties according to their profession. Second, Law no. 38 of 2014 concerning Nursing. Article 58 Law no. 38 of 2014 concerning Nursing stipulates that nurses are entitled to legal protection as long as they fulfill permits and competencies. This legal protection is useful so that patients cannot be compensated if they fail to recover, because nurses have met the requirements and competence when carrying out hemodialysis. Third, Government Regulation No. 32 of 1996 concerning Health Workers. Article 24 Government Regulations for Health Workers stipulate that legal protection is given to health workers who carry out their duties in accordance with the professional standards of health workers. Fifth, Regulation of the Minister of Health No. HK.02.02/MENKES/148/2010 concerning Licensing and Implementation of Nurse Practice. The Regulation of the Minister of Health on Permits and Implementation of Nurse Practice stipulates that nurses in exercising their authority must have several permits, namely.\(^{33}\)

1) Work Permit (SIK), namely written evidence given to all nurses in Indonesia in nursing practice.
2) Nurse Permit (SIP) is written evidence that authorizes nurses throughout Indonesia to carry out their duties as nurses.
3) Nursing Practice Permit (SIPP) is written evidence given by the nurse for
4) Registration Certificate (STR) is government written evidence for health workers who have competency certificates in accordance with statutory provisions.

Legal protection for health workers has various applications. Legal aspects in health regulations become specific instruments that determine behavior, rules, requirements and special prohibitions regarding something that applies to parties related to the business of health workers. Legal protection consists of competence, clinical authority, and regulation of the implementation of health services. This arrangement will provide protection for health workers and patients who need disease management. Basically the goal to be achieved in health services is the fulfillment of rights and obligations with guaranteed legal protection. To see the legal protection policy for nurses working in the hemodialysis room, the provisions of each relevant regulation will be described.

C. Conclusion

The procedure for delegating authority from doctors to nurses in providing services in the first hemodialysis room, several stages begin. First, the implementing doctor must ensure that the authority given is written, the recipient of the authority has the required competence, the willingness of the recipient of authority, and the implementation of hemodialysis under the supervision of the implementing doctor. The implementing doctor also reports the delegation of authority to the doctor in charge. If the conditions have been met, then the implementation of the delegation of authority can be carried out. Based on the vocational skills and profession of the hemodialysis nurse, delegation of authority can occur on a mandate basis, with active supervision from the implementing doctor. The delegation of delegated authority from practicing doctors to nurses proficient in hemodialysis is not recommended because the vocational and professional skills of nurses in carrying out hemodialysis are only at levels 1 and 2, namely being able to understand for yourself and being able to understand and explain. So, the implementation of hemodialysis through the delegation of delegative authority is not in accordance with the competence of nurses regulated in the Minister of Health. If it is in accordance with the requirements for the delegation of authority, then hemodialysis is carried out by skilled nurses under the supervision of the implementing doctor.

The responsibilities of nurses working in a hospital hemodialysis room have several perspectives. From the perspective of health workers, the responsibilities of nurses in the hemodialysis room are seen from the nurse as an individual first, whether the nurse meets competence or not. After that, there are other factors for which the hospital is also responsible, such as facilities that do not support the hemodialysis process according to regulated medical standards. From the patient's perspective, the level of loss experienced by hemodialysis patients also affects the responsibilities of nurses. If it causes death, then the nurse's responsibility is greater than the loss of physical disability so that a criminal sanction is given to imprisonment and a fine in accordance with the loss suffered by the patient. In some cases, the patient's family will ask the nurse for compensation in the form of compensation, especially if there is a written agreement between the patient and the health worker who serves hemodialysis. From a professional perspective, it can be seen that the Nursing Ethics Honorary Council (MKEK) and the Nursing Law have in common that the nurse's responsibility in negligence to practice hemodialysis is to revoke the license to practice the profession (administration).

Legal protection for health workers is related to the suitability of authority and fulfillment of competence. If the patient sues for damages when the health worker is proven to have done work according to their skills, then the health worker is considered innocent and the claim will be dropped. The basis for legal protection for patient staff is the Health Law, the Nursing Law, Government Regulations for Health Personnel, Regulations of the Minister of Health concerning Licensing and Implementation of Nurse Practices. However, laws and regulations do not describe Standard Operating Procedures (SOP) that must be fulfilled by nurses in hemodialysis services. So, SOP related to hemodialysis is returned to each hospital.

References

A. Book


B. Journal


**C. Websites**

