Received: 5-9-2025
Revised: 22-9-2025
Accepted: 31-12-2025
p-ISSN: 2541-2345, e-ISSN: 2580-8842

DOI: 10.26623/jic.v10i3.12818

Jurnal Ius Constituendum Volume 11 (1) February 2026
This work is licensed under a. Creative Commons Attribution 4.0 International License

Legal Protection of Health Workers in Emergency Medical Procedures: An Analysis of Legal Certainty in Indonesia and Thailand

Rosnida Rosnida, Muhamad Aksan Akbar, Muhammad As Ari. AM, Irabiah Irabiah, Yeni Haerani, Patma Sari, Ruetaitip Chansrakaeo
[1,2,3,5,6] Faculty of Law, Universitas Sembilanbelas November Kolaka, Kolaka, Indonesia
[7] Faculty of Humanities and Social Sciences, Valaya Alongkorn Rajabhat University, Pathum Thani, Thailand
akbaraksan53@gmail.com

Abstract

This study examines the legal certainty afforded to healthcare workers performing emergency medical procedures in Indonesia and compares it with Thailand's legal protection framework. This research is urgent because healthcare workers increasingly face criminalization and malpractice claims while acting in good faith under high-risk, time-sensitive emergency conditions. Using a normative juridical method that incorporates statutory, conceptual, case, and comparative approaches, this study analyzes Law Number 17 of 2023 on Health in conjunction with Thailand's Emergency Medical Act and the application of the Good Samaritan principle. The findings reveal that although Indonesian law normatively recognizes legal protection for healthcare workers, its implementation remains weak due to the absence of technical guidelines, inconsistent law enforcement practices, and the limited role of professional medical institutions in the early stages of legal proceedings. In contrast, Thailand provides more effective legal certainty through explicit statutory immunity, integrated institutional support, and a restorative legal approach toward emergency medical practice. The novelty of this study lies in its comparative analysis, demonstrating that Thailand's qualified immunity model may serve as a normative and institutional reference for strengthening legal protection for healthcare workers in Indonesia, particularly in emergency medical contexts. This study contributes to the development of health law by offering policy-oriented recommendations to enhance legal certainty, professional security, and patient safety.
Keywords: *Emergency Medical Procedures; Healthcare Workers; Legal Certainty; Legal Protection*

1. INTRODUCTION

Healthcare workers play a crucial role in the healthcare system, particularly when facing medical emergencies that require swift, precise, and expert action. In these situations, courage and accurate medical decision-making often mean the difference between life and death. However, even under these stressful conditions, healthcare workers face the increasingly real threat of criminalization and malpractice lawsuits, even when their actions are carried out in good faith and in accordance with professional standards. Cases of criminalization of healthcare workers have become a worrying phenomenon in Indonesia. The Ministry of Health stated that there were 51 complaints related to patient safety incidents and alleged violations of professional discipline in healthcare facilities between 2023 and 2025, including 21 direct complaints and 30 complaints through mass media or social media. The types of violations reported included patient deaths, post-procedural complications, medical or administrative procedural errors, and poor

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

communication. Before cases proceed to court, legal proceedings are initiated based on recommendations from the Professional Disciplinary Council (MDP).[1]

An analytical study of malpractice cases in hospitals in Indonesia (2011–2021) found 24 malpractice cases that met the inclusion criteria; 37.5% resulted in permanent disability, 95.8% involved doctors, and the majority occurred in type B private hospitals with full accreditation.[2] A legal study from the IIUM Law Journal (2015) highlighted that the criminalization of doctors in malpractice cases has led to negative consequences such as exploitation by law enforcement and the practice of defensive medicine. In contrast, Thailand has adopted a more protective legal approach through the Good Samaritan Law mechanism, which provides legal protection for healthcare workers and civilians acting in good faith to assist in emergencies. According to a report from the Thailand Medical Council (2021),[3] This approach has successfully reduced the risk of criminalization of medical personnel, while increasing the confidence of doctors and nurses in providing immediate medical intervention without fear of prosecution. Furthermore, Thailand has developed National Emergency Medical Services Guidelines, which strengthen practice standards and provide clear legal guidance for all healthcare providers.[4]

A comparative study between Indonesia and Thailand is highly relevant for identifying gaps and potential improvements in the Indonesian legal framework. This research is important not only as an academic contribution to the development of health law but also as practical recommendations for the government, legislators, and health professional organizations in formulating policies that fairly protect medical personnel. By strengthening the legal protection framework, it is hoped that health workers can carry out their duties calmly and optimally, especially in emergencies that require rapid decision-making with high risks. The urgency of this research lies in several crucial, interrelated factors. First, the increasing number of cases of criminalization of health workers in Indonesia, particularly in emergency response, has raised significant concerns among medical practitioners. Second, the implementation of legal protection as stipulated in Law Number 17 of 2023 concerning Health is deemed suboptimal, thus not fully guaranteeing legal security for health workers who act in good faith in accordance with professional standards. Third, a comparison of legal systems is needed to find normative and practical solutions that can be adopted, one of which is through learning from the

[1] M. Iqbal Al Machmudi, "Menkes: Ada 51 Pengaduan Malpratik Dalam 2 Tahun," 2025, https://www.metrotvnews.com/read/NG9CQyBE-menkes-ada-51-pengaduan-malapraktik-dalam-2-tahun.

[2] M. Prasetyo & N. P. Dewi B. F. Fadhillah, "Analisis Kasus Malapraktik Pada Rumah Sakit Di Indonesia Tahun 2011–2021," *Jurnal Kebijakan Kesehatan Indonesia* 13, no. 2 (2024): 143–56.

[3] Polpun Boonmak Suhattaya Boonmak, Thapanawong Mitsungnern, Pimmada Boonmak, "Influence of the Coronavirus Disease 2019 Pandemic and Bystander-Victim Relationship on the Willingness of Laypeople and Health-Care Providers to Perform Cardiopulmonary Resuscitation," *Journal of Emergencies, Trauma and Shock* 17, no. 1 (2024): 14–19, https://doi.org/10.4103/jets.jets_3_23.

[4] Shinji Nakahara Oratai Pochaisan, Ratrawee Pattanarattanamolee, Weerasak Pongputtha, Witaya Chadbunchachai, "Development of an Emergency Medical Services System in Thailand: Roles of the Universal Health Coverage and the National Lead Agency," *Emergency Medicine Australasia* 33, no. 4 (2021): 756–58, https://doi.org/10.1111/1742-6723.13794.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

implementation of protection mechanisms such as the Good Samaritan Law in Thailand. Fourth, this problem has a direct impact on patient safety and the effectiveness of the emergency services system in Indonesia, considering that fear of criminal risks can hinder health workers from making quick and appropriate decisions in critical situations.

Several previous studies have examined the legal protection of healthcare workers. The first study was conducted by Al Aytami et al.[5] This study analyzes how Law Number 17 of 2023 protects healthcare workers in criminal malpractice cases, includes case studies, and emphasizes the importance of compliance with SOP and professional standards. The strength of this study is its relevance because it directly examines criminal protection, using real-life cases. The study's weaknesses include its focus on the criminal aspect, insufficient discussion of malpractice in the context of emergency response and rapid decision-making, and how legal uncertainty in critical situations affects healthcare workers' actions. The second study, conducted by Yuyut Prayuti[6], et al., examine from a normative legal perspective how Law Number 17 of 2023 and the Hospital Law regulate legal protection, particularly liability in the event of violations of professional standards or SOPs. The study's strengths include comparing several relevant regulations and presenting a systematic analysis of legal norms, obligations, and responsibilities, which is useful for understanding the legal framework as a whole. The study's shortcomings are normative, lacking empirical data from emergency cases, and not addressing the effects of criminalization on medical decisions in real-world stressful situations.

Henryanto and Oswari conducted the third research,[7] The study examines the legal obligation of doctors to be "good samaritans," ethical and legal dilemmas during emergencies, and proposes solutions such as adopting the good samaritan model, shifting the burden of proof, and synchronizing complaint mechanisms. The study's strengths include addressing protection gaps in emergency contexts and actions beyond routine obligations, combining ethical and legal analysis, and presenting concrete proposals. However, the study still has shortcomings: although it discusses the urgency of good samaritanism, the research is largely conceptual and normative, not supported by in-depth empirical case studies, for example, in hospital emergency services, rapid response, or emergency malpractice situations, and does not compare how international practices have implemented similar protections. From these three studies, it can be seen that although Law Number 17 of 2023 and other legal regulations have begun to address the issue of protection, gaps remain, especially in the emergency/emergency context, how legal provisions

[5] Abdul Musyfiq Al Aytami; Dwi Andayani Budisetyowati; Noviriska, "Legal Protection For Healthcare Workers In Criminal Malpractice Cases From The Perpective Of Law Number 17 Of 2023 On Health," *International Journal of Society Reviews (INJOSER)* 3, no. 2 (2025): 305–20.

[6] Yuyut Prayuti; Yuda Kusuma; Zainal Abidin, "Perlindungan Hukum Bagi Tenaga Medis Dan Tenaga Kesehatan Dalam Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *Legal Standing Jurnal Ilmu Hukum* 9, no. 2 (2025), https://doi.org/hpps://doi.org/10.24269/Is.v9i2.11750.

[7] Jessica Sylfania Oswari Agathon Henryanto, "Doctor's Legal Obligation To Act As A Good Samaritan In Indonesia: Is It Ethically Justifiable?," *Jurnal Mimbar Hukum* 37, no. 1 (2025): 168–97.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

are implemented in medical situations that require quick decisions, the risk of criminalization experienced by health workers in such contexts, and how proof in criminal malpractice cases can be an obstacle.

The differences and advantages of this study compared to the three previous studies are as follows: This study focuses on legal protection for emergency medical responses by healthcare workers, comparing Indonesia and Thailand. Therefore, this study is expected to be more comprehensive, combining normative, empirical, and international comparative aspects, and relevant to emergency practice, a crucial element that has not been sufficiently explored. This research is expected to fill the gap in cross-national studies in the field of health law, as well as provide direction for legal reform to reduce medical personnel's fear of criminal risks and encourage more responsive, safe, and fair emergency services.

2. METHOD

This study uses normative legal research with a comparative approach because it examines the positive laws applicable between two different countries. Normative legal research is used to examine relevant laws, regulations, legal principles, and doctrines related to legal protection for healthcare workers in emergency medical procedures.[8] Meanwhile, a comparative approach is used to compare the legal arrangements and implementation of legal protection in Indonesia and Thailand to gain an understanding of the strengths and weaknesses of each system. A statute approach is also used to examine national regulations in Indonesia and Thailand; a conceptual approach to discuss the theory of legal protection, legal certainty, and the principle of lex artis ad hoc; and a case approach to analyze concrete cases involving health workers in emergencies.[9]

The legal sources consist of primary, secondary, and tertiary legal materials. Primary legal materials include Law Number 17 of 2023 concerning Health, the Criminal Code (KUHP), and related regulations in Thailand, such as the Emergency Medical Act and provisions of the Good Samaritan Law. Secondary legal materials include scientific literature, health law journals, and reports from medical professional institutions. Tertiary legal materials are used to strengthen legal definitions and terminology. The legal materials analysis is conducted descriptively and normatively-comparatively. The descriptive approach is used to describe the legal substance applicable in both countries, while the normatively-comparative approach is used to evaluate the effectiveness of legal protection for healthcare workers and formulate recommendations for fairer and more proportional legal policies in the context of emergency medical measures.

[8] Soerjono Soekanto dan Sri Mamudji, *Penelitian Hukum Normatif, Suatu Tinjauan Singkat* (Jakarta: Raja Grafindo Persada, 2015).
[9] Peter Mahmud Marzuki, *Penelitian Hukum* (Jakarta: Kencana Prenada Media Group, 2021).

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

3. RESULTS AND DISCUSSION

3.1 Threats of Criminalization and Malpractice Lawsuits Against Health Workers in Emergency Situations

Healthcare workers have a significant professional and moral responsibility in providing medical services, especially when dealing with emergencies. In emergency situations, time is the most crucial factor in determining the success of medical interventions. Every decision made by a doctor or nurse must be made quickly, often without going through a complete diagnostic procedure, as even the slightest delay can have fatal consequences for patient safety. However, the legal reality in Indonesia shows that such emergency situations often receive inadequate recognition in law enforcement processes. According to data released by the Indonesian Medical Association (IDI) in 2023, there were more than 200 reports of alleged malpractice in the past five years, and the majority of these cases occurred in the context of emergency medical procedures, particularly in the Emergency Room (ER) or primary healthcare facilities. Many of these reports resulted in criminal proceedings or civil lawsuits, ultimately placing medical personnel as defendants or even suspects. Yet, in many cases, the medical procedures performed were intended to save lives, were carried out in accordance with professional standards, and were conducted within the limits of their authority and clinical capabilities at the time.

This phenomenon demonstrates a lack of substantive and procedural legal protection, leaving healthcare workers vulnerable to criminalization. The situation becomes even more complex when the general public, or even law enforcement officials, do not fully understand the medical context, including the principles of medical practice, such as lex artis ad hoc, the professional standards applicable in certain situations, including emergencies. Without this understanding, emergency medical procedures are often measured simplistically by outcomes, rather than by a situational medical decision-making process based on professional expertise. This threat of criminalization not only has legal implications but also creates psychological, ethical, and professional pressure for healthcare workers. Fear of being dragged into legal action causes some healthcare workers to be more cautious and even defensive in taking action. This risks delaying crucial medical interventions and potentially worsening the patient's condition. In the long term, this will hamper the effectiveness of the emergency care system and reduce the overall quality of healthcare services.

It's important to understand that in emergency situations, accuracy and speed are often compromised. Therefore, from a legal perspective, it's important to clearly distinguish between gross negligence (culpa lata), which is reckless and contrary to professional standards, and minor errors (culpa levis), which may occur under duress or limited information, manpower, and resources.[10] In the context of emergencies, most medical procedures should be assessed within the framework of culpa levis, as long as it can be proven that the procedure was performed in

[10] Anny Isfandyarie, *Tanggung Jawab Hukum Dan Sanksi Bagi Dokter* (Jakarta: Prestasi Pustaka, 2006).

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

good faith and in accordance with professional competence. Furthermore, the principle of lex artis ad hoc should be recognized as the primary legal assessment principle in all legal cases involving medical procedures. Lex artis ad hoc is the application of medical professional standards adapted to the actual conditions at the time of the procedure, including time urgency, the patient's condition, and the availability of resources. Unfortunately, not all law enforcement officials and even the public adequately understand this principle, resulting in a tendency to drag medical personnel into the legal arena without considering the complexity of medical procedures in emergency situations.

In the progressive legal perspective, as proposed by Satjipto Rahardjo, the law should not be trapped in mere formal positivism, but rather must consider the sociological and ethical context of the legal action being assessed. The application of this principle becomes relevant in the context of assessing emergency medical procedures, which should be understood as urgent forms of "rescue," not as actions that can be immediately deemed wrong simply because the results are less than ideal.[11] Therefore, the legal approach in medical cases must be more accommodating and responsive to the dynamics of the healthcare profession, rather than repressive and marginalizing. Within the framework of a just and civilized legal system, legal protection for healthcare workers should not only be guaranteed normatively through legislation, but also be realized concretely through a comprehensive understanding by law enforcement officials, the establishment of technical guidelines for assessing medical procedures in emergency situations, and strengthening the role of medical professional institutions as primary expert witnesses in the evidentiary process.[12] In this way, the legal system not only guarantees patients' rights but also protects the dignity and professionalism of healthcare workers who work in high-risk conditions for the benefit of humanity.

The threat of criminalization and malpractice lawsuits against healthcare workers in emergency situations is a systemic problem arising from the disparity between positive legal expectations and the reality of medical practice. In emergency situations, healthcare workers are required to act quickly, despite often incomplete medical information, limited resources, and high psychological pressure. Decisions made in minutes to save a patient's life are based not only on medical science but also on moral and humanitarian considerations. However, on the other hand, the legal framework in Indonesia is not yet fully able to distinguish between professional errors that occur under the pressure of an emergency and intentional negligence. This results in many life-saving actions resulting in malpractice allegations or even criminal proceedings. Data from the Indonesian Medical Association (IDI) and the Indonesian Hospital Association (PERSI) show that the majority of reports of alleged malpractice occur in the Emergency Department (ER) or critical care unit. Medical actions that should be assessed within the context of lex artis

[11] Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat Di Indonesia* (Surabaya: Bina Ilmu, 1987).
[12] Suryadhimirtha Rinanto, *Hukum Malapraktik Kedokteran* (Yogyakarta: Total Media, 2011).

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

ad hoc—professional standards applicable in extraordinary circumstances—are still often judged solely on the basis of results or outcomes, without considering the decision-making process involving numerous non-clinical factors. This creates systemic fear among medical professionals, leading to the development of defensive medicine practices. Doctors and nurses tend to delay or avoid critical procedures that patients actually need due to concerns about legal risks. This phenomenon undermines the fundamental principle of healthcare: the courage to take risks for patient safety.

Furthermore, the lack of legal instruments explicitly regulating legal defense in emergency situations adds to the complexity of this issue. Law enforcement officials often initiate investigations without first consulting medical experts or disregarding the ethical procedures of professional bodies like the Indonesian Medical Association (MKDKI). As a result, medical personnel must navigate the legal process in a vulnerable position from the outset, without the presumptive protections that should exist in an autonomous professional system. Yet, many legal systems in developed countries and several ASEAN countries, such as Thailand and the Philippines, have implemented the principle of limited legal immunity, or qualified immunity, for healthcare workers in emergency situations.[13] This principle provides protection against legal risks as long as actions are performed in good faith and in accordance with emergency standards. Recognizing this reality, it is time for Indonesia to formulate more explicit regulations regarding the limits of criminal and civil liability in emergency medical procedures. It should be emphasized that medical procedures in an emergency context cannot be treated the same as elective (non-urgent) procedures. Criminal provisions in the Criminal Code should be exempted or at least provided with technical guidance, adopting an approach that assesses culpability based on the factual circumstances of the emergency. Furthermore, law enforcement officials need to be trained in medical law to understand that medical procedures do not always result in a cure and that risk is an inherent part of medical practice.

By adhering to the principles of legal prudence and constitutionally based professional protection, protecting healthcare workers in emergency situations is not merely a legal requirement but also a fundamental human rights safeguard, both for the healthcare workers themselves and for patients who have the right to receive prompt and accurate medical care. If the fear of criminalization continues to plague the medical world, it will threaten not only the profession of doctors and nurses but also the entire public emergency services system. Clearly establishing regulations regarding the limits of medical personnel's responsibilities in emergencies will also provide legal certainty for all parties. Patients and their families will be assured that their medical procedures adhere to professional standards, while healthcare workers will be protected from criminalization simply because the results of their actions do not meet

[13] Ratrawee Pattanarattanamolee; Rujeewan Yomstreeken Sanglun; Shinji Nakahara, "Community-Based First Responder Network InRural Thailand: A Case Study of Out-of-HospitalCardiac Arrest," *Prehospital and Disaster Medicine* 36, no. 2 (2021): 234–36, https://doi.org/10.1017/S1049023X20001545.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

expectations.[14] This creates a balance between accountability and legal protection. Furthermore, it's important to understand that in modern medical practice, the doctrine of acceptable risk is a crucial foundation. Emergency procedures are almost always carried out under limited time, facilities, and even incomplete medical information. Equating a physician's responsibility in such circumstances with elective procedures violates the principle of ex aequo et bono (proportional justice). Therefore, the concept of qualified immunity, applied in some jurisdictions, can be adapted into national law, for example, by limiting criminal liability to cases of gross negligence, rather than simply inherent medical risk.

Furthermore, this legal protection is also in line with the constitutional mandate. Article 28H paragraph (1) of the 1945 Constitution guarantees the right of every person to obtain health services, while Article 28D paragraph (1) affirms the right to fair legal certainty. Thus, the state has a dual obligation: to protect patients so that they continue to receive fast and appropriate medical services, while also protecting medical personnel so that they can work without excessive fear of criminalization. From a public policy perspective, clear regulations will strengthen the resilience of the national health system. In mass emergencies such as natural disasters, pandemics, or terrorist attacks, the need for medical personnel who are alert and courageous in making decisions becomes vital. If criminalization is allowed to loom, then medical personnel will tend to become defensive or delay action until there is complete formal approval. This condition can actually worsen the mortality rate and hamper the effectiveness of public emergency services. Therefore, comprehensive legal regulations need to contain three main elements: explicit norms regarding exceptions or limitations of criminal/civil liability in emergency medical actions; a professional-ethical mechanism that acts as an initial filter before entering the criminal realm, so that the opinion of an institution such as the MKDKI becomes a prerequisite in the legal process; Institutional capacity building, in the form of medical legal training for law enforcement officers, ensures that law enforcement aligns with the values of substantive justice. With these measures, Indonesia not only protects medical personnel but also strengthens public trust in the legal system and healthcare services. Legal protection in this context is ultimately an integral part of progressive legal development that places both patients and healthcare workers as the primary subjects of human rights protection.

3.2 Legal Protection for Health Workers in Indonesia and Thailand as a Form of Legal Certainty

The healthcare profession is one of the professions with the highest legal risks. Every medical procedure carries the potential for outcomes that do not meet the expectations of patients or families, whether due to medical limitations, emergency conditions, or non-medical factors. In emergency situations such as mass accidents, natural disasters, or pandemics, healthcare workers

[14] Toguan, Zulfikri & Ricky Ricky, *"Hak Imunitas Dokter Dalam Penyelenggaraan Praktik Medis Di Rumah Sakit."* Lex Renaissance, Vol. 6, No. 1 (2021), hlm. 193–205. DOI: 10.20885/JLR.vol6.iss1.art14.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

are required to act quickly despite limited information, facilities, and infrastructure. Under such conditions, the potential for complications, patient dissatisfaction, and even death increases, which can then lead to accusations of malpractice or even the criminalization of healthcare workers. The criminalization of healthcare workers means the excessive use of criminal law instruments for medical procedures that are actually carried out according to professional standards, but are considered criminal by patients, families, or authorities. Meanwhile, malpractice lawsuits are usually filed through civil proceedings based on alleged negligence that results in harm to patients. Both of these avenues pose serious threats to healthcare workers, especially when legal procedures do not align with the principles stipulated in healthcare regulations.

Law Number 17 of 2023 concerning Health presents a new paradigm in the protection of health workers. The 2023 Health Law contains important provisions regarding the legal protection of health workers. Article 273 paragraph (1) letter a states that health workers in carrying out their practice have the right to receive legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as the patient's health needs. Furthermore, Article 165 paragraph (1) states that medical personnel and health workers who provide health services in the context of life-saving measures or preventing disability in emergencies and/or disasters are exempt from claims for compensation. Legal protection for health workers in carrying out their profession is a fundamental element in ensuring the continuity of the health service system, especially in medical emergency situations. The state has a constitutional obligation to provide legal certainty for all citizens, including medical personnel, as regulated in Article 28D paragraph (1) of the 1945 Constitution, which states that everyone has the right to recognition, guarantees, protection, and fair legal certainty as well as equal treatment before the law. In the context of the medical profession, this legal certainty not only includes protection of patient rights but must also ensure that health workers are not disproportionately criminalized or subject to civil lawsuits when carrying out their duties under stressful and high-risk conditions.

In Indonesia, legal protection for healthcare workers has been explicitly accommodated in Law Number 17 of 2023 concerning Health, which stipulates that medical personnel cannot be criminalized or sued as long as their actions comply with professional standards, standard operating procedures, and the medical code of ethics. This provision can be categorized as a progressive legal norm, as it substantively recognizes the complexity of medical practice and provides a fairly broad corridor of protection for medical personnel, including in emergency contexts. However, in practice, the effectiveness of this norm still faces serious challenges. One major problem is the law enforcement approach that is still oriented towards general criminal law, where law enforcement officials, including police investigators, prosecutors, and judges, tend to ignore the very unique characteristics of the medical profession that differ from other professions. Many cases of alleged malpractice are handled using the Criminal Code (KUHP)

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

without considering the principles of professional law, including lex artis ad hoc, the principle of good faith, and situational limitations in emergency medical procedures.

The absence of technical guidelines or specific investigation protocols in cases of alleged malpractice also exacerbates the situation. The absence of a requirement to involve medical professional bodies such as the Indonesian Medical Council (KKI) or the Indonesian Medical Disciplinary Honorary Council (MKDKI) in the initial investigation process makes the legal process disproportionate and often biased against medical personnel. However, based on the characteristics of lex specialis derogat legi generali, specific laws concerning health professions should override the application of general criminal law in cases of conflicting norms. In comparison, Thailand demonstrates a more mature and effective model of legal protection through the integration of legal norms, institutions, and a legal culture that supports the medical profession. Protection for medical personnel in emergency situations is regulated through the Emergency Medical Act BE 2551 (2008), which grants legal immunity to health workers who perform emergency medical procedures in good faith.[15] This principle implicitly reflects the application of the concept of Good Samaritan Law, which is a legal principle commonly applied in common law and civil law countries, that aims to protect individuals, including health workers who provide assistance in emergency situations, from legal action.

The provisions in the Emergency Medical Act state that medical personnel will not be criminally or civilly responsible for the consequences of actions carried out professionally in the context of limited time and facilities, as long as there is no element of intent or gross negligence.[16] These norms are imperative and binding, and are supported by a legal system that systematically integrates ethical, professional, and legal guidelines. Furthermore, Thailand has developed a regulatory framework through the National Emergency Medical Services Guidelines, which establish standard operating procedures (SOPs) for emergency medical procedures. These SOPs serve not only as clinical guidelines but also as a legal basis in the event of lawsuits or legal proceedings against healthcare workers. This is complemented by the active role of institutions such as the Thai Medical Council and the National Institute for Emergency Medicine (NIEM), which not only foster professional standards but also provide litigation support and legal representation for healthcare workers. Alleged violations are often resolved first through ethical or administrative mechanisms, only to be referred to the criminal process if a genuine criminal element is proven.[17]

[15] "Emergency Medical Act, B.E. 2551 (2008) (Thailand) — Undang-Undang Yang Menjadi Dasar Pembentukan National Institute for Emergency Medicine (NIEM) Dan Kerangka Hukum EMS Nasional. Terjemahan/Tampilan Dokumen Dan/Atau PDF Resmi NIEM Tersedia Pada Situs NIE," n.d., https://www.niems.go.th/1/?lang=EN&redirect=True.

[16] Mudakir Iskandarsyah, *Tuntutan Pidana Dan Perdata Malpraktik* (Jakarta: Permata Aksara, 2011).

[17] "World Health Organization / Regional Sources Tentang Penguatan EMS Dan Integrasi Ke Sistem Kesehatan (Pendukung Konteks Dan Rekomendasi Kebijakan)," n.d.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

In this regard, Thailand has adopted a restorative and preventive approach, which is far more proportionate than the repressive approach still dominant in Indonesia. This approach is also in line with the principle of responsive law as developed by Philippe Nonet and Philip Selznick, where the law serves not only as a tool of social control but also as a protection mechanism for vulnerable groups, including healthcare workers in extreme situations. From a law-in-action perspective, it can be concluded that the effectiveness of legal protection is not solely determined by the existence of written norms, but also by the availability of implementation mechanisms, the understanding of legal officials, and the legal culture that exists in society. In this context, Indonesia still needs to undertake substantive reforms, including through: first, the development of technical guidelines for handling allegations of emergency medical malpractice, including the obligation to involve expert witnesses from medical professional institutions in the early stages of the investigation; second, reformulation of the Criminal Code and/or the creation of specific provisions on limiting the criminal liability of medical personnel, especially in emergency-based actions; third, strengthening the position of medical professional institutions, both as legal partners and as assessors of professional actions in the justice system; and fourth, continuing education for law enforcement officials to understand the technical and ethical characteristics of the medical profession.

Without systemic reforms in these areas, legal protection for medical personnel in Indonesia will remain declarative and unable to provide a real sense of security in professional practice, particularly in the face of medical emergencies that demand courage, speed, and precision. The effectiveness of legal protection for healthcare workers in emergencies is a crucial indicator of the sustainability of a fair and responsive healthcare system. In the context of Indonesia and Thailand, fundamental differences are evident, reflecting the extent to which legal certainty is truly guaranteed in practice. In Indonesia, although Law Number 17 of 2023 concerning Health contains provisions granting legal immunity to healthcare workers as long as actions are carried out in accordance with professional standards and codes of ethics, this norm has not been accompanied by consistent law enforcement practices. Many law enforcement officials still tend to use a general criminal law approach through the Indonesian Criminal Code, without considering the inherent risks and situational limitations of the medical profession, particularly in emergencies. This situation is exacerbated by a lack of technical understanding among investigators, prosecutors, and judges regarding the dynamics of medical decision-making in emergencies.[18]

The absence of technical legal guidelines governing investigation and evidence-based procedures in cases of alleged malpractice leaves healthcare workers in a highly vulnerable position. Unlike Indonesia, Thailand's legal system demonstrates a higher level of certainty through the existence

[18] Ratih Kusuma Wardani, "Tinjauan Yuridis Persetujuan Tindakan Medis (Informed Consent) Di RSUP DR. Kariadi Semarang" (Universitas Diponegoro, 2009), https://eprints.undip.ac.id/18836/.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

of explicit regulations, such as the Emergency Medical Act and the application of Good Samaritan Law principles. These regulations guarantee that healthcare workers acting in good faith in an emergency cannot be sued or criminalized, even if the outcome of the medical action is less than ideal.[19] This principle provides a real sense of security for medical personnel in making quick and bold decisions to save lives. Institutionally, Thailand is also more progressive. Institutions such as the Thai Medical Council and the National Institute for Emergency Medicine (NIEM) play an active role in defending medical personnel through advocacy, ethical protection, and providing administrative resolution pathways before cases become criminal. In contrast, in Indonesia, professional bodies such as the Indonesian Medical Discipline Honorary Council (MKDKI) are often not used as an initial reference in legal proceedings, resulting in healthcare personnel being immediately subjected to criminal proceedings even without evidence of a violation of ethical standards or professional discipline. This demonstrates that legal protection is determined not only by the existence of norms in the law, but also by the effectiveness of institutions and the legal awareness of officials in implementing them.

The lack of effective legal protection in Indonesia has seriously impacted the mentality and professionalism of healthcare workers. Many doctors and nurses have begun practicing defensive medicine, medical practices aimed more at avoiding lawsuits than at addressing the patient's clinical needs. This directly harms patients and weakens the national healthcare system in the long term. Meanwhile, in Thailand, legal certainty, established through clear regulations, institutional support, and a legal culture that respects the medical profession, actually encourages healthcare workers to respond professionally to emergencies quickly and appropriately, without the shadow of fear of criminalization. This comparison makes it clear that the effectiveness of legal protection for healthcare workers is largely determined by the existence of clear substantive norms, supportive institutions, and a legal culture that respects the complexity of medical practice. Indonesia needs comprehensive legal reform, not only through revising laws but also by issuing technical regulations that bind law enforcement officials in handling allegations of malpractice. This reform includes requiring the involvement of medical experts in investigations, empowering professional bodies as the first line of defense in dispute resolution, and establishing standards of proof that distinguish between negligence under normal circumstances and the risks inherent in emergency measures. Without this comprehensive overhaul, legal protection for health workers will continue to be symbolic and fail to provide real legal certainty.

Legal protection for healthcare workers in emergencies is a crucial foundation for ensuring the sustainability of a responsive and equitable healthcare system. A comparative study of Indonesia and Thailand shows that although Indonesia has a normative basis through Law Number 17 of 2023 concerning Health, the effectiveness of this protection remains weak due to a lack of consistent legal implementation, a lack of understanding by law enforcement officials of the

[19] Ari Suyanto dan Helmi, *Hukum Pidana Malpraktik Medik* (Yogyakarta: Andi Offset, 2010).

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

complexities of the medical profession, and the absence of technical mechanisms governing investigative procedures in cases of alleged malpractice. Consequently, healthcare workers are vulnerable to criminalization, even when performing their duties in accordance with professional standards and under stressful emergency conditions. In contrast, Thailand demonstrates more effective and comprehensive legal protection practices through specific regulations such as the Emergency Medical Act BE 2551 and the Good Samaritan Law principle, which guarantees immunity for healthcare workers acting in good faith in emergencies. Thailand's legal approach is restorative, supported by strong institutions such as the Thai Medical Council and the NIEM, and a legal culture that respects the medical profession. Thailand's success demonstrates that legal protection is not simply a matter of establishing norms; it also requires a legal implementation system that is responsive and adaptive to the unique characteristics of healthcare professionals.

A comparison between Indonesia and Thailand reveals fundamental differences in how the two countries have developed legal protection systems for health workers in emergencies.[20] Indonesia already has a normative basis through Law Number 17 of 2023 concerning Health, which explicitly mentions protection for medical personnel. However, this norm at the legal level remains declarative and is not supported by a clear legal mechanism for its implementation. Existing norms emphasize the state's commitment to protection, but lack technical procedures for how that protection should be implemented in real-world situations, particularly when medical personnel face the risk of criminalization in treating emergency patients. As a result of these weaknesses, in practice, law enforcement officials in Indonesia often act without considering the ethical and professional dimensions of the medical profession. Investigations into alleged malpractice, for example, are often conducted solely based on reports from patients' families or the public, without first consulting assessments from professional bodies such as the Indonesian Medical Disciplinary Honorary Council (MKDKI). This situation places healthcare workers in a very vulnerable position from the outset of the legal process, as they must face the threat of criminal or civil action before the ethical filter that should protect them is in place.[21] Furthermore, Indonesia's legal culture remains repressive toward the medical profession. This is evident in the tendency of law enforcement to interpret medical risks as errors or negligence, even though emergencies often require limited time, equipment, and even medical information. Consequently, risks that should be acceptable within the framework of the profession become threats of criminalization for healthcare workers.

[20] *Aonrat, P., Yeesarapat, B., Lertwuthirak, S., & Paipuk, S.* "Compensation for Damages from the Use of Public Health Services without Proving Liability: Thailand-Kingdom of Sweden-USA Comparison." *Interdisciplinary Academic and Research Journal*, Vol. 5, No. 4 (2025), hlm. 185-198. DOI: 10.60027/iarj.2025.283767

[21] *Doctor's Legal Obligation to Act as a Good Samaritan in Indonesia: Is It Ethically Justifiable?* Agathon Henryanto & Jessica Sylvanie Oswari. *Mimbar Hukum*, Vol. 37, No. 1 (2025), hlm. 168-197. DOI: 10.22146/mh.v37i1.14708.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

In contrast, Thailand offers an example of how a legal system can work more effectively and comprehensively to protect healthcare workers. Through the Emergency Medical Act BE 2551 (2008), the country affirms protection for medical personnel and volunteers who assist in emergencies. This regulation is combined with the principle of the Good Samaritan Law, which grants limited legal immunity to anyone, especially healthcare workers, who act in good faith and in accordance with minimum standards of emergency. This means that as long as the action is carried out with the intention of saving a life and not due to gross negligence or deliberate harm, healthcare workers cannot be prosecuted criminally or civilly. The strength of legal protection in Thailand goes beyond norms, but is strengthened through responsive institutions. The Thai Medical Council acts as an ethical authority that assesses whether an action complies with professional discipline, while the National Institute for Emergency Medicine (NIEM) functions as a regulator and supervisor of the provision of emergency medical services throughout the country. The presence of these institutions ensures that any issues concerning emergency medical procedures are first addressed within the ethical and administrative realms before being brought to the criminal justice arena. In this way, medical personnel are assured that the legal system will not rashly punish life-saving actions that have been carried out in good faith.

Thailand's legal approach also exhibits a more restorative dimension. Rather than using the law as a repressive tool to punish medical personnel, the Thai legal system establishes a paradigm that the law should protect the courage of medical personnel to act quickly in critical situations. Thailand's legal culture of respect for the medical profession contributes to the effectiveness of this regulation. The public generally understands that the risk of failure in emergency response is an inherent part of the profession, thus limiting the scope for criminalization. Legal protection for medical personnel is a crucial part of the healthcare system, particularly in emergencies. Emergencies demand swift decisions, while time for thorough examinations is often limited. Medical personnel find themselves in a dilemma: on the one hand, they must act immediately to save the patient's life, but on the other, they must also be prepared to face legal risks if these actions fail to result in a cure or even result in the patient's death. In this context, Thailand is a noteworthy country, having established a legal protection system for medical personnel that is not solely based on legal norms but is also strengthened through responsive institutions and a legal culture that respects the medical profession.[22]

One crucial aspect of the legal protection of medical personnel in Thailand is the Thai Medical Council. This body has the ethical authority to assess whether a medical procedure performed by a doctor or other healthcare professional complies with professional discipline and the medical code of ethics. This mechanism is crucial because it prevents law enforcement officials from

[22] Teerawattananon, Y. (2003). *Health sector regulation in Thailand: Recent progress and challenges*. *Health Policy and Planning*, 18(3), 237-245. https://doi.org/10.1093/heapol/czg027

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

immediately entering the criminal realm when a medical error is suspected, particularly in emergency cases. With a prior ethical assessment, medical procedures are viewed from the perspective of a profession that understands the intricacies of medicine, rather than simply from a legal perspective that is often rigid and ignores the complexity of clinical situations. In emergencies, medical personnel often have only minutes, or even seconds, to make a decision. They cannot undergo lengthy procedures or perform a series of laboratory tests before acting, as even the slightest delay can be fatal. Therefore, the ethical assessment by the Thai Medical Council serves as an initial protection mechanism that ensures that medical personnel's professional courage is not automatically viewed as criminal negligence.

In addition to the Thai Medical Council, legal protection is also strengthened through the role of the National Institute for Emergency Medicine (NIEM). This institution acts as a regulator and supervisor of the emergency medical services system throughout Thailand. NIEM operates not only administratively but also substantively. It establishes operational standards that must be followed by all hospitals, conducts ongoing training for medical personnel, and establishes a quality control system that ensures emergency services operate in accordance with national standards. With uniform standards, emergency medical procedures performed across Thailand have the same legal and ethical basis, minimizing differences in interpretation that could lead to criminalization. NIEM also serves as a coordinating authority, connecting hospitals, medical personnel, ambulance providers, and local governments, ensuring that the emergency services system operates as a unified whole. The presence of these two institutions creates a multi-layered legal protection system. If a problem arises related to emergency medical procedures, the resolution mechanism is first pursued through the ethical realm of the Thai Medical Council or through administrative mechanisms overseen by NIEM. Only if there is evidence of a serious violation of professional discipline or gross negligence that cannot be justified can a case proceed to the criminal realm. Thus, the Thai legal system guarantees that medical personnel will not be immediately punished simply because their medical treatment failed to save a patient. What is punished is not courage to act, but rather proven and deliberate negligence.

Thailand's legal approach also reflects a more restorative rather than repressive paradigm. In many countries, the law is often used as a repressive tool to ensnare medical personnel upon suspicion of wrongdoing, without considering the context of high-stakes emergencies. However, Thailand positions the law as an instrument that protects the courage of medical personnel to act swiftly. A restorative approach means that the legal system focuses not solely on punishment but also on restoring trust, improving the service system, and maintaining the morale and morale of healthcare workers, preventing them from being undermined by the threat of criminalization. This paradigm makes medical personnel feel more secure legally and psychologically, as they know that the legal system will provide space for appreciation for good intentions in saving lives, even if the outcome is not as expected. Beyond normative and institutional aspects, Thailand's legal culture also plays a significant role in strengthening legal protection for medical personnel.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

The medical profession in Thailand is highly respected, leading the public to place a high degree of trust in doctors and other healthcare professionals. This social trust contributes to a relatively low rate of medical litigation compared to other countries.

The public generally understands that medical failure in emergencies is an inherent, unavoidable risk of the medical profession. This prevents the phenomenon often referred to as "over-litigation," the tendency to sue medical professionals whenever a failure occurs. Instead, Thai society places a greater emphasis on recognizing the efforts and courage of medical professionals, even if the outcome is not always as expected. The combination of clear legal norms, responsive professional and regulatory bodies, and a supportive legal culture in Thailand makes legal protection for medical professionals very comprehensive. This system balances medical professionals' professional obligations, the oversight role of the state, and community support. Legal protection not only serves to prevent excessive criminalization but also encourages medical professionals to remain courageous and make the swift decisions necessary in critical situations. Without such legal protection, medical professionals may hesitate to act, ultimately endangering patient safety.

The legal protection model in Thailand demonstrates that law in the health sector cannot be viewed simply as a set of written rules. Law must be understood as a system encompassing norms, institutions, and legal culture. Norms provide a clear regulatory framework, institutions provide implementation and oversight mechanisms, and the community's legal culture provides moral support that strengthens the effectiveness of the rules.[23] By integrating these three aspects, Thailand has successfully created a legal system that is more humane and just, and serves to protect the courage of medical personnel in carrying out their duties. Thus, legal protection for medical personnel in Thailand is not merely protection from criminal threats, but rather a system oriented towards professional courage, legal certainty, and social respect. The Thai legal system has demonstrated that regulatory success is determined not only by the content of the law, but also by the existence of institutions capable of wisely enforcing the rules and a legal culture in society that supports the medical profession. Such a model is crucial as a reference, especially for other countries still struggling to address the issue of criminalization of medical personnel in emergency practice.

From this comparison, it is clear that legal protection for healthcare workers in emergencies is not simply a matter of legislation; it must be supported by a responsive legal implementation system. Indonesia can learn from Thailand's experience that legal protection will only be effective if it encompasses three key elements: clear regulations regarding the limits of responsibility, professional bodies that serve as ethical filters before cases become criminal, and state institutions with the capacity to regulate, supervise, and protect. By strengthening these

[23] Sittichanbuncha, Y., et al. (2014). *An emergency medical service system in Thailand: Providers' perspectives*. *Journal of the Medical Association of Thailand*, 97(10), 1016-1021.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

three aspects, the law can function not only as an instrument of certainty but also as a guarantee of justice and the continuity of fast, accurate, and humane emergency healthcare services. Ultimately, the issue of legal protection for healthcare workers in emergencies is not only about maintaining the dignity of the medical profession but also concerns broader human rights.[24] Patients have the right to receive prompt medical care without delay due to hesitation by medical personnel fearing legal consequences, while medical personnel have the right to work safely without disproportionate criminalization. If the fear of criminalization persists, not only is the medical profession at risk, but the entire public emergency care system is also at risk.

4. CONCLUSION

This study concludes that legal protection for healthcare workers in emergency medical situations in Indonesia remains largely normative and has not yet translated into effective legal certainty in practice. Despite the recognition of protection under Law Number 17 of 2023 on Health, the absence of clear technical regulations, limited understanding among law enforcement officials of emergency medical decision-making, and the marginal role of professional medical institutions have left healthcare workers vulnerable to criminalization and malpractice litigation. In contrast, Thailand demonstrates a more effective and coherent protection model through the Emergency Medical Act and the application of the Good Samaritan principle, supported by strong institutions and a legal culture that respects the inherent risks of emergency medical practice. The comparative findings indicate that legal protection is not determined solely by statutory norms but also by their institutional implementation and legal culture. Therefore, Indonesia should strengthen its legal framework by formulating specific regulations on emergency medical liability, reinforcing the role of professional bodies as preliminary ethical and legal filters, and enhancing medical law literacy among law enforcement officials. Such reforms are essential to ensure proportional accountability, safeguard healthcare workers acting in good faith, and ultimately strengthen the responsiveness and sustainability of the national emergency healthcare system.

REFERENCES

Abidin, Yuyut Prayuti; Yuda Kusuma; Zainal. “Perlindungan Hukum Bagi Tenaga Medis Dan Tenaga Kesehatan Dalam Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan.” *Legal Standing Jurnal Ilmu Hukum* 9, no. 2 (2025).

Aonrat, P., Yeesarapat, B., Lertwuthirak, S., & Paipuk, S. “Compensation for Damages from the Use of Public Health Services without Proving Liability: Thailand-Kingdom of Sweden-USA Comparison.” Interdisciplinary Academic and Research Journal, Vol. 5, No. 4 (2025), hlm. 185-198. DOI: 10.60027/iarj.2025.283767.

[24] Huabbangyang, T., et al. (2023). *Effects of the Hazardous Area Response Team Training Program on the Knowledge and Confidence in Operational Skills of Prehospital Emergency Medical Personnel in Thailand*. *Open Access Emergency Medicine*, 15, 1-8. https://doi.org/10.2147/OAEM.S436054

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

Agathon Henryanto & Jessica Sylvanie Oswari Doctor's Legal Obligation to Act as a Good Samaritan in Indonesia: Is It Ethically Justifiable?. Mimbar Hukum, Vol. 37, No. 1 (2025), hlm. 168-197. DOI: 10.22146/mh.v37i1.14708

Agathon Henryanto, Jessica Sylfania Oswari. "Doctor's Legal Obligation To Act As A Good Samaritan In Indonesia: Is It Ethically Justifiable?" *Jurnal Mimbar Hukum* 37, no. 1 (2025): 168–97.

B. F. Fadhillah, M. Prasetyo & N. P. Dewi. "Analisis Kasus Malapraktik Pada Rumah Sakit Di Indonesia Tahun 2011–2021." *Jurnal Kebijakan Kesehatan Indonesia* 13, no. 2 (2024): 143–56.

"Emergency Medical Act, B.E. 2551 (2008) (Thailand) — Undang-Undang Yang Menjadi Dasar Pembentukan National Institute for Emergency Medicine (NIEM) Dan Kerangka Hukum EMS Nasional. Terjemahan/Tampilan Dokumen Dan/Atau PDF Resmi NIEM Tersedia Pada Situs NIE," n.d. https://www.niems.go.th/1/?lang=EN&redirect=True.

Hadjon, Philipus M. *Perlindungan Hukum Bagi Rakyat Di Indonesia*. Surabaya: Bina Ilmu, 1987.

Helmi, Ari Suyanto dan. *Hukum Pidana Malpraktik Medik*. Yogyakarta: Andi Offset, 2010.

Huabbangyang, T., et al. (2023). Effects of the Hazardous Area Response Team Training Program on the Knowledge and Confidence in Operational Skills of Prehospital Emergency Medical Personnel in Thailand. Open Access Emergency Medicine, 15, 1-8. https://doi.org/10.2147/OAEM.S436054

Isfandyarie, Anny. *Tanggung Jawab Hukum Dan Sanksi Bagi Dokter*. Jakarta: Prestasi Pustaka, 2006.

Iskandarsyah, Mudakir. *Tuntutan Pidana Dan Perdata Malpraktik*. Jakarta: Permata Aksara, 2011.

Machmudi, M. Iqbal Al. "Menkes: Ada 51 Pengaduan Malpratik Dalam 2 Tahun," 2025. https://www.metrotvnews.com/read/NG9CQyBE-menkes-ada-51-pengaduan-malapraktik-dalam-2-tahun.

Mamudji, Soerjono Soekanto dan Sri. *Penelitian Hukum Normatif, Suatu Tinjauan Singkat*. Jakarta: Raja Grafindo Persada, 2015.

Marzuki, Peter Mahmud. *Penelitian Hukum*. Jakarta: Kencana Prenada Media Group, 2021.

Noviriska, Abdul Musyfiq Al Aytami; Dwi Andayani Budisetyowati; "Legal Protection For Healthcare Workers In Criminal Malpractice Cases From The Perpective Of Law Number 17 Of 2023 On Health." *International Journal of Society Reviews (INJOSER)* 3, no. 2 (2025): 305–20.

Oratai Pochaisan, Ratrawee Pattanarattanamolee, Weerasak Pongputtha, Witaya Chadbunchachai, Shinji Nakahara. "Development of an Emergency Medical Services System in Thailand: Roles of the Universal Health Coverage and the National Lead Agency." *Emergency Medicine Australasia* 33, no. 4 (2021): 756–58. https://doi.org/10.1111/1742-6723.13794.

Puspita, I. H. "Criminal Prosecution of Doctors in Indonesia: Issues and Problems." *IIUM Law Journal* 23, no. 3 (2015): 223–45.

Ratrawee Pattanarattanamolee; Rujeewan Yomstreeken Sanglun; Shinji Nakahara. "Community-Based First Responder Network InRural Thailand: A Case Study of Out-of-HospitalCardiac Arrest." *Prehospital and Disaster Medicine* 36, no. 2 (2021): 234–36.

p-ISSN: 2541-2345, e-ISSN: 2580-8842
https://journals.usm.ac.id/index.php/jic

https://doi.org/10.1017/S1049023X20001545.

Rinanto, Suryadhimirtha. *Hukum Malapraktik Kedokteran*. Yogyakarta: Total Media, 2011.

Suhattaya Boonmak, Thapanawong Mitsungnern, Pimmada Boonmak, Polpun Boonmak. "Influence of the Coronavirus Disease 2019 Pandemic and Bystander-Victim Relationship on the Willingness of Laypeople and Health-Care Providers to Perform Cardiopulmonary Resuscitation." *Journal of Emergencies, Trauma and Shock* 17, no. 1 (2024): 14–19. https://doi.org/10.4103/jets.jets_3_23.

Sittichanbuncha, Y., et al. (2014). An emergency medical service system in Thailand: Providers' perspectives. Journal of the Medical Association of Thailand, 97(10), 1016-1021.

Toguan, Zulfikri & Ricky Ricky, "Hak Imunitas Dokter Dalam Penyelenggaraan Praktik Medis Di Rumah Sakit." Lex Renaissance, Vol. 6, No. 1 (2021), hlm. 193–205. DOI: 10.20885/JLR.vol6.iss1.art14.

Teerawattananon, Y. (2003). Health sector regulation in Thailand: Recent progress and challenges. Health Policy and Planning, 18(3), 237-245. https://doi.org/10.1093/heapol/czg027

Wardani, Ratih Kusuma. "Tinjauan Yuridis Persetujuan Tindakan Medis (Informed Consent) Di RSUP DR. Kariadi Semarang." Universitas Diponegoro, 2009. https://eprints.undip.ac.id/18836/.

"World Health Organization / Regional Sources Tentang Penguatan EMS Dan Integrasi Ke Sistem Kesehatan (Pendukung Konteks Dan Rekomendasi Kebijakan)," n.d.