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Legal Protection Of Patients With Retinal Detachment as an Ophtalmic Emergency: A Case Study at Pasar Rebo Hospital Jakarta

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Article

Kata kunci:
Health Law; Hospital Responsibility; Medical Liability; Ophthalmic Emergency; Patient Legal Protection; Retinal Detachment.

Abstrak

Ablatio retina merupakan suatu kegawatdaruratan oftalmologi yang dapat menyebabkan kebutaan permanen apabila tidak ditangani dengan segera. Intervensi tindakan pembedahan dalam kurun waktu 24–72 jam sangat krusial untuk mempertahankan fungsi penglihatan. Namun demikian, di beberapa rumah sakit pemerintah di Indonesia, penanganan kegawatdaruratan oftalmologi seringkali mengalami keterlambatan akibat prosedur administratif dan daftar tunggu operasi yang berkaitan dengan sistem jaminan kesehatan nasional. Penelitian ini bertujuan untuk menganalisis (1) bentuk perlindungan hukum yang diberikan kepada pasien dengan kegawatdaruratan ablatio retina dan (2) tanggung jawab hukum tenaga medis serta rumah sakit dalam penanganan kasus tersebut di Rumah Sakit Pasar Rebo, Jakarta. Penelitian ini menggunakan metode penelitian hukum empiris dengan pendekatan deskriptif-analitis. Data dikumpulkan melalui wawancara dengan dokter spesialis mata, pasien, dan manajemen rumah sakit, serta analisis dokumen terhadap peraturan perundang-undangan terkait, termasuk Undang-Undang Kesehatan No. 17 Tahun 2023, Peraturan Menteri Kesehatan, dan Kode Etik Kedokteran Indonesia. Hasil penelitian menunjukkan bahwa perlindungan hukum preventif telah diimplementasikan melalui prosedur penilaian cepat, informed consent, dan fasilitas pemeriksaan klinis. Namun, perlindungan hukum represif masih tergolong lemah akibat keterlambatan administratif yang berkaitan dengan sistem rujukan BPJS serta keterbatasan kapasitas tindakan bedah. Keterlambatan tersebut berpotensi menyebabkan kerusakan makula permanen dan gangguan penglihatan. Tenaga medis memiliki tanggung jawab berdasarkan prinsip duty of care dan kepatuhan terhadap standar profesi, sedangkan rumah sakit memikul tanggung jawab institusional berdasarkan konsep vicarious liability. Penelitian ini menyimpulkan bahwa meskipun regulasi terkait perlindungan pasien telah tersedia, implementasinya dalam layanan kegawatdaruratan oftalmologi masih belum optimal. Penguatan sistem kegawatdaruratan rumah sakit serta perbaikan prosedur administratif menjadi hal yang esensial untuk menjamin perlindungan hukum yang efektif dan keselamatan pasien dalam kasus ablatio retina.

Keywords:
Health Law; Hospital Responsibility; Medical Liability; Ophthalmic Emergency; Patient Legal Protection; Retinal Detachment.

Abstract

Retinal detachment is an ophthalmic emergency that may lead to permanent blindness if not treated promptly. Early surgical intervention within 24–72 hours is crucial to preserve visual function. However, in several public hospitals in Indonesia, emergency ophthalmic treatment may be delayed due to administrative procedures and surgical waiting lists associated with the national health insurance system. This study analyzes (1) the forms of legal protection provided to patients with retinal detachment emergencies and (2) the legal responsibilities of medical personnel and hospitals in handling such cases at Pasar Rebo Hospital, Jakarta. This research employs an empirical legal research method with a descriptive-analytical approach. Data were collected through interviews with ophthalmologists, patients, and hospital management, as well as through document analysis of relevant regulations, including the Indonesian Health Law No. 17 of 2023, Minister of Health Regulations, and the Indonesian Medical Code of Ethics. The findings indicate that preventive legal protection is implemented through rapid assessment procedures, informed consent, and clinical examination facilities. However, corrective legal protection remains weak due to administrative delays related to the Indonesian's National Health Insurance (BPJS) referral system and limited surgical capacity. These delays may result in permanent macular damage and visual impairment. Medical personnel are responsible through the principle of duty of care and compliance with professional standards, while hospitals bear institutional responsibility under the concept of vicarious liability. This study concludes that although legal regulations regarding patient protection already exist, their implementation in emergency ophthalmic services remains suboptimal. Strengthening hospital emergency systems and improving administrative procedures are essential to ensure effective legal protection and patient safety in retinal detachment cases.

PENDAHULUAN

Indonesia upholds human rights through the 1945 Constitution of the Republic of Indonesia Article 28A to Article 28J which provides a guarantee of safety for every citizen. The government affirms the right to health through Article 28H paragraph (1) which states that everyone has the right to receive health services. The State establishes an obligation through Article 34 paragraph (3) to provide decent health facilities for the community. The government strengthens the health system through Law Number 17 of 2023 concerning Health which regulates promotive, preventive, curative, rehabilitative, and palliative services. People receive health services through health centers, clinics, public hospitals, and private hospitals as part of the national system. Health institutions carry out the task of providing safe services that can be felt directly by the community. The legal system provides a strong foundation for the implementation of quality and safe health services.

Healthcare faces great challenges because medical developments can increase the risk of Unexpected Events if not done carefully. The World Health Organization (WHO) defines patient safety as the absence of preventable harm throughout the treatment process. The government regulates patient safety through the Minister of

Health Regulation Number 11 of 2017 which establishes a system of risk assessment, risk identification, and incident reporting. Health workers carry out their obligation to control risks so that there are no adverse impacts on patients. The state sets safety standards as the main part of the quality of service that must be met by all health facilities. The regulatory system ensures that every healthcare worker understands the safe work process. This preventive effort aims to protect patients from losses arising from medical negligence.

Medical personnel carry out the obligation to understand the patient's condition, especially in emergency situations that require quick action to prevent disability or death. National regulations affirm this responsibility through the Minister of Health for Patient Safety and SOPs that require informed consent and post-action supervision. Some health facilities have not implemented SOPs consistently so that the risk of incidents can increase significantly. Negligence in medical procedures can lead to severe complications, especially in eye emergencies involving important organs of vision. The emergency service system requires precision because the patient's condition can change in a short period of time. Health institutions carry out supervision to ensure that medical procedures run according to legal and medical standards. Regulations aim to ensure that patient safety rights are maintained in every situation.

Emergency conditions have a legal basis through the Regulation of the Minister of Health for Emergency Services Article 1 paragraph (4) which stipulates that emergency patients are at risk of disability or death. Law Number 17 of 2023 through Article 1 paragraph (24) emphasizes that emergencies require medical or psychological measures to save lives. Legal and medical dictionaries such as Black's Law Dictionary and Dorland's Illustrated Medical Dictionary explain that an emergency is a sudden situation that demands immediate action. Healthcare facilities carry out emergency procedures according to the rules to provide maximum protection to patients. Medical personnel implement rapid measures that focus on patient safety as a top priority. The emergency service system runs by prioritizing legal and safety standards. This effort ensures the fulfillment of patients' rights in every phase of emergency treatment.

Eye emergencies require special attention because disturbances in the retina can lead to permanent blindness. Retinal detachment occurs when the retina separates from the underlying tissue and requires immediate medical attention, ideally within 24–72 hours, to prevent permanent damage to visual function. Epidemiological studies estimate that the incidence of rhegmatogenous retinal detachment ranges from approximately 10 to 18 cases per 100,000 population annually worldwide. These findings highlight the importance of early diagnosis and immediate medical intervention to prevent permanent visual loss. Medical treatment requires specific SOPs that differ from general emergencies due to the highly sensitive nature of the retina. Delay in action can lead to permanent loss of

vision function in patients. Legal protection plays an important role in ensuring patients receive prompt and appropriate services. The legal system provides a basis for patients to claim their rights when there is a delay in treatment. This situation confirms that a retinal emergency requires certainty of service so as not to cause serious harm to the patient's vision.

Patients have the right to obtain legal protection when there is an alleged malpractice that causes disability or death. Article 193 of the Health Law provides a basis for patients or families to sue the hospital civilly if the medical measures are not up to standard. Questions therefore arise regarding how the legal regulations are implemented when retinal detachment emergencies are handled late. The implementation of legal protection requires an understanding of the rights of patients in emergency situations. The legal system provides a path of settlement when a patient suffers a loss due to the negligence of medical personnel. This mechanism aims to maintain patient safety in an eye emergency situation. The implementation of these rules helps to ensure that medical services are running to the required standards.

Doctors carry out service obligations based on therapeutic agreements born from Article 1313 of the Civil Code. This relationship requires doctors to give their best efforts according to applicable science and standards. Hospitals are responsible for providing a service system involving medical personnel, paramedics, and non-medical personnel in a coordinated manner. The legal explanation shows that hospitals are obliged to maintain patient safety through good governance. The medical service system requires every health worker to work according to operational standards. This arrangement creates certainty that health services are running according to legal obligations. This effort ensures clarity of responsibility between medical personnel and health institutions in patient services.

Regulation of the Minister of Health Number 1438 of 2010 requires doctors to follow the Medical Service Standards for every medical procedure. This provision states that doctors who work below standard can be considered malpractice. The views of experts such as Veronika and M. Jusuf Hanafiah affirm that malpractice occurs when doctors commit actions that deviate from the general standards of the profession. Hospitals have vicarious liability for the actions of medical personnel because medical personnel act as representatives of the hospital. Clinical guidelines must be prepared to be a reference for all staff in providing services. Hospitals are required to meet facilities, infrastructure, and service standards so that patient safety is guaranteed. This affirmation shows that legal responsibility is inherent in doctors and institutions simultaneously.

The Consumer Protection Act gives patients the right as healthcare users to obtain safety, comfort, and honest information. KODEKI provides a list of patients' rights which include the right to an explanation, referral, data confidentiality, and cost details. The attending ophthalmologist has an obligation to provide information

that is appropriate to the patient's condition so that medical decisions can be accepted correctly. The process of proving damages requires an analysis of whether the loss occurred due to the negligence of the doctor or other factors. The concept of malpractice according to Hubert W. Smith explains four elements, namely liability, deviation, cause-and-effect relationships, and losses. The legal system distinguishes the causes of losses through the analysis of defaults or unlawful acts. Understanding this element helps to assess whether the delay in handling retinal detachment meets the elements of malpractice or not.

The government has a fundamental obligation to ensure the protection of patients' rights through regulations governing the safety and quality of healthcare services. In Indonesia, this protection is primarily established through the 1945 Constitution, the Health Law, the Hospital Law, and the Medical Practice Law. These regulations aim to ensure that healthcare services are delivered safely and in accordance with professional standards. However, challenges often arise when delays in medical treatment occur within healthcare systems that operate under national health insurance schemes such as BPJS Kesehatan. Such situations raise important questions regarding the effectiveness of existing legal frameworks in protecting patients from potential harm caused by delayed treatment.

This condition requires an evaluation of the adequacy of applicable regulations in preventing patient losses. The public service system presents administrative challenges that often slow down the handling of serious illnesses. Regulations that are running are often not able to withstand the adverse effects of long queues. Legal protection is an important thing that needs to be strengthened so that patients continue to get their rights without obstacles .

The case of Mr. M and Mr. W provides a clear illustration of the administrative barriers within the BPJS health insurance system that may delay the management of ophthalmic emergencies. Patients often undergo a series of preliminary examinations and administrative procedures before receiving approval for surgical intervention. The tiered referral system may slow down medical treatment even when the patient's eye condition requires immediate attention. As a result, hospitals are facing long surgical waiting lists that delay treatment for several weeks. Such delays may lead to serious clinical consequences, including permanent macular damage and deterioration of visual function. These conditions indicate that critical patients do not always receive the accelerated treatment pathway that should be available in emergency situations. The situation highlights a significant gap between emergency medical needs and the administrative procedures within the health service system. Consequently, the BPJS system may not fully guarantee the safety of patients experiencing ophthalmic emergencies.

The legal aspect shows that hospitals and medical personnel hold the duty of care to ensure prompt treatment for critical patients. A slow queue system reflects a breach of duty when delays worsen the patient's condition. The government faces

a major challenge in ensuring that the rules run as they originally intended. BPJS regulations require reform so that emergency patients can immediately enter the course of action without being hampered by administrative procedures. Patients need clear information about the risks of delayed examinations and surgical queues. The public service system needs an acceleration mechanism that is able to prevent medical losses that should not occur. Efforts to strengthen policies are an important step so that preventive legal protection can be realized. Improving the health system is an urgent need to maintain maximum patient safety.

Previous research conducted by Kasiman provides an explanation of legal protection for patients in emergency medical procedures without consent. The study assessed that doctors often face urgent situations that do not allow for informed consent from patients or their families. The study states that the law still provides protection for patients through preventive and repressive protection. The study also emphasized that doctors are obliged to comply with SOPs so that emergency measures remain in accordance with the rules. Other research conducted by Judge explains legal protection for doctors through the concept of implied consent when doctors have to save the patient's life. The study illustrates that doctors are entitled to legal protection as long as they meet professional standards. Previous studies have examined legal protection in medical emergencies and informed consent issues. However, limited research specifically analyzes legal protection in ophthalmic emergencies such as retinal detachment, particularly within the context of administrative barriers in national health insurance systems. Therefore, this study aims to fill this gap by examining retinal detachment emergency cases at Pasar Rebo Hospital Jakarta.

This study focuses specifically on retinal detachment as an ophthalmic emergency case at Pasar Rebo Hospital Jakarta. This study places the problem of service delays as a direct threat to the patient's vision safety. This study explains that patients with retinal detachment need quick medical attention so that macular damage does not become permanent. This study assesses that administrative obstacles and BPJS queues can slow down the handling of patients who should receive priority. This study relates these problems to the obligation of hospitals in carrying out emergency services according to standards. This research places the responsibility of medical personnel in the context of duty of care which demands immediate action. This study seeks to provide a real picture of the impact of delayed treatment on patient eye safety.

This study formulates two main problems to explain the form of legal protection that patients receive from retinal detachment. This study asks about the form of legal protection provided to patients at Pasar Rebo Hospital in accordance with applicable rules and procedures. This study assesses whether the protection is adequate for patients who face the risk of vision loss. This study also asks the legal responsibilities of medical personnel and hospitals in the situation of an eye

emergency. This study assesses these obligations based on professional standards and the obligation to act quickly in critical conditions. This research relates these two problems to the need to improve the service system so that patients' rights are met. This study closes the entire discussion by emphasizing that legal protection must be effective in high-risk medical cases such as retinal detachment.

METODE

This study employs an empirical legal research approach with a descriptive–analytical design. The research examines the implementation of legal protection for patients experiencing retinal detachment emergencies at Pasar Rebo Hospital Jakarta. Empirical legal research was chosen in order to analyze how legal regulations are applied in real healthcare practices through field data and direct observation.

The analysis refers to several legal frameworks governing healthcare services in Indonesia, including the 1945 Constitution, the Health Law No. 17 of 2023, the Consumer Protection Law, and relevant Minister of Health regulations concerning patient safety and medical service standards in hospitals[1].

This research is descriptive-analytical in nature that describes and analyzes the implementation of legal rules in emergency actions by the attending ophthalmologist. This study assesses the way attending ophthalmologist implements emergency SOPs based on the Minister of Health and KODEKI. This study examines the obstacles that arise in the implementation of the legal obligations of doctors and hospitals when dealing with emergency retinal detachment patients. This research highlights the compatibility between primary legal rules and medical practice in the field. This study links the initial findings to the need for legal protection for patients. This study shows the relationship between regulation, ethics, and professional responsibility. This research reinforces the picture of the importance of compliance with the legal basis in every emergency service [2].

Data were collected through interviews, observations, and document analysis. Interviews were conducted with two attending ophthalmologists (the doctors in charge of the patient), and hospital management representatives to obtain information regarding the implementation of emergency SOPs for retinal detachment cases. Observations were carried out in the eye emergency unit to examine how emergency procedures were implemented in practice. In addition, hospital documents and relevant legal regulations were analyzed to strengthen the empirical findings. This approach ensures that the empirical data reflect the implementation of relevant healthcare regulations in practice. This research ensures that information from the field can illustrate the fit between law and practice. This study strengthens the relationship between data collection techniques and research objectives [3].

[1] Zainuddin Ali, *Metode Penelitian Hukum* (Sinar Grafika, 2021).
[2] Derita Prapti Rahayu, *Legal Research Methods* (Yogyakarta: Thafa Media, 2020).
[3] Budi Juliardi et al., *Metode Penelitian Hukum* (Jakarta: CV. Gita Lentera, 2023).

This study uses two types of data, namely primary data and secondary data, to build a complete picture of legal protection for emergency patients. This study collected primary data through direct interviews with related parties. This research uses secondary data from books, journals, research results, encyclopedias, dictionaries, hospital documents, and regulations such as the 1945 Constitution, the Health Law, the Minister of Health, the Code of Civil Procedure, and the Consumer Protection Law. This study classifies legal materials into primary, secondary, and tertiary legal materials according to the needs of analysis. This research ensures that every legal basis is used to assess doctors' emergency measures. This research connects all legal materials with empirical facts from the field. This study confirms that the combination of primary and secondary data strengthens the validity of the research results [4].

The data were analyzed using qualitative analysis techniques, including data reduction, data presentation, and conclusion drawing. Triangulation was applied to ensure the validity of the findings by comparing information obtained from interviews, observations, and document analysis [5]. This study reduced the results of interviews, observations, and documents so that only relevant information was used to assess the emergency SOP for retinal detachment. This study presents data in the form of a narrative that describes the pattern of health law implementation and the obstacles experienced by the attending ophthalmologist. This study draws conclusions by linking regulations such as the Minister of Health, the Health Law, KODEKI, the Civil Code, and the SPM of hospitals with the practices found. This study ensures that the conclusions illustrate the effectiveness of legal protections for emergency patients. This study provides directions for improving hospital policies and SOPs based on empirical findings. This study closes the series of discussions with a complete picture of the relationship between rules, practices, and patient protection needs [6].

PEMBAHASAN

Forms of Legal Protection for Retinal Detachment Emergency Patients at Pasar Rebo Hospital Jakarta

The findings indicate that Pasar Rebo Hospital carries out legal protection for emergency retinal detachment patients through the implementation of emergency SOPs which are the initial basis for services. The attending ophthalmologist carries out a rapid assessment obligation to ensure the condition of the detached retina can be treated within a critical time limit. Hospitals provide an initial examination route that follows the provisions of the Minister of Health Regulation Number 11 of 2017 as a form of preventive protection. Patients receive the right to be examined

[4] Nurul Qamar and Farah Syah Rezah, *Metode Penelitian Hukum: Doktrinal Dan Non-Doktrinal* (CV. Social Politic Genius (SIGn), 2020).

[5] Bachril, Maskun, and Siti Nurhaliza, "Tinjauan Normatif Penerapan Prinsip Tanggung Jawab Produsen Dalam Pengaturan Tata Kelola Sampah Plastik Di Indonesia," *Bina Hukum Lingkungan* 6, no. 2 (2022): 184–200.

[6] Nurul Qamar et al., *Metode Penelitian Hukum (Legal Research Methods)* (CV. Social Politic Genius (SIGn), 2017).

immediately because sensitive retinal conditions require prompt action. The emergency system gives high priority to critical patients according to the legal basis of the Health Law. The implementation of SOPs provides an initial overview of the protection mechanisms that are running in the field. These preliminary findings show that legal protection is present through the obligation of medical personnel to assess the patient's condition quickly.

The study highlights that the attending ophthalmologist provides legal protection by providing information about the risks of retinal detachment and the need for immediate action. attending ophthalmologist explained to patients that delay in treatment can cause permanent blindness in accordance with the obligation of informed consent. The communication process provides the basis for legal protection because patients have the right to understand their medical condition based on CODEKI rules. The hospital provides a medical communication room to ensure patients receive complete information. The medical service system provides protection through clarity of information which is a legal condition for medical action. The attending ophthalmologist carries out an ethical obligation to ensure patients understand the medical decisions to be made. The results of the study show that legal protection is present through the communicative relationship between doctors and patients.

This study shows that hospitals hold the responsibility of legal protection through the obligation to provide means of handling retinal emergencies. The hospital provides retinal assessment facilities that are in accordance with the standards of the Minister of Health Number 1438 of 2010. The hospital runs a service system involving attending ophthalmologist, nurses, and medical technicians to ensure that the actions run according to standards. Patients receive assurance that the examination process follows clinical guidelines that must be applied by all medical personnel. The hospital provides a documentation system to record all actions as a form of protection from the aspect of legal proof. The documentation system is an important control tool to assess whether or not there is negligence. These findings show that legal protection comes from the readiness of facilities and coordination of medical personnel.

This study explains that legal protection experiences obstacles when patients enter the BPJS administrative process. The BPJS referral system places retinal detachment patients in long queues that are not in accordance with the principle of emergency. Patients receive multiple procedures before getting permission to perform so that critical time is often up. The hospital follows administrative procedures in accordance with existing regulations, even though the patient's condition requires immediate intervention. The administrative process reveals a gap in legal protection because the system does not prioritize pathways for vision-threatening conditions. The analysis reveals that administrative barriers can reduce the effectiveness of legal protection provided by medical personnel. These findings

show a discrepancy between emergency rules and administrative practices in the field.

This study found that repressive legal protection has not been optimally run when patients suffer losses due to delays in action. Patients face difficulties in proving the element of negligence even though the condition of the retina has been permanently damaged. The evidentiary system requires the patient to show the relationship between delay and loss according to the element of malpractice. The hospital said that the long queue came from the limited operating facilities so that the fault was not entirely on the attending ophthalmologist. Patients face a weak legal position because the public service system does not prioritize retinal conditions as a condition that requires urgent action. This research shows that the protection of repressive laws has not been able to provide a quick and fair solution. These findings confirm the need for an evaluation of the loss proof system in cases of retinal emergency.

This study assesses that the attending ophthalmologist holds legal responsibility through the concept of duty of care which demands immediate action to prevent blindness. The attending ophthalmologist conducted a quick inspection but could not change the busy operation queue. The surgical queue places a significant burden on medical personnel because the ideal treatment timeframe cannot be achieved. Patients receive an explanation that the procedure will be performed when the operating room is available although the risk of retinal damage continues to increase. The attending ophthalmologist faces a dilemma between professional obligations and the limitations of hospital facilities. This research shows that the duty of care cannot be fully carried out without the support of the hospital operational system. These findings show that legal protection requires synergy between medical personnel and hospital management.

This research illustrates that hospitals hold legal responsibilities through SPM obligations stipulated in the Ministry of Health Number 129 of 2008. Hospitals must provide emergency services and quick action for patients at risk of disability. Hospitals have not been able to meet the ideal time standard for retinal detachment treatment because the operating queue exceeds capacity. Patients receive the consequences of a service system that runs at a low speed. The hospital provided an explanation of the limitations but did not provide an acceleration alternative that should be available. The results demonstrate that there is a discrepancy between minimum service standards and operational reality. These results show the need to evaluate the hospital system as part of institutional legal protection.

This study shows that preventive legal protection is still present through rules that require doctors and hospitals to work according to professional standards. The attending ophthalmologist carried out all actions according to the guidelines even though obstacles arose at the operational stage. The hospital provides a line of communication for patients to submit complaints if they feel aggrieved. Patients

receive the right to know the progress of their condition while waiting in line for action. Communication systems help maintain clarity of information even if medical measures cannot be taken immediately. This research shows that preventive protection can run through communication channels guarded by medical personnel. These findings show that clarity of information is an important part of legal protection.

This study confirms that legal protection for retinal detachment patients is highly dependent on the integration of rules, SOPs, and the readiness of health facilities. The attending ophthalmologist consistently implements professional standards but cannot overcome the administrative obstacles stemming from the health insurance system. Hospitals carry out service obligations but face limited operating capacity. Patients are in a vulnerable position because the early condition of retinal detachment does not have time tolerance. The health system has not provided a lightning rod for retinal patients even though emergency rules require immediate action. This research shows that the regulatory system needs to be strengthened so that legal protection can work in real terms. These findings confirm that legal protection requires operational policies that are aligned with written rules.

This study concludes that legal protection for emergency retinal detachment patients at Pasar Rebo Hospital runs at the regulatory level but is not optimal at the implementation level. The attending ophthalmologist carries out the obligations of rapid assessment, clear communication, and actions in accordance with SOPs. Hospitals provide screening facilities but are unable to keep up with the need for rapid action in retinal cases. The BPJS system provides administrative barriers that extend patient handling time. Patients receive preventive legal protection through rules but find it difficult to obtain repressive protection when losses occur. Hospitals need operational reforms to ensure rapid action can be delivered without a hitch. This research emphasizes the need to improve the assurance system and medical services to ensure that patients' safety rights are fulfilled in real terms.

This is in line with research conducted by Suhaymi [7] which found that negligence in the service of medical emergencies, including critical situations such as retinal detachmentsp, often gives rise to hospital vicarious liability to its medical staff, even though constitutional regulations guarantee patients' health rights. Research conducted by Martha [8] which found that doctors are not required to obtain formal consent in emergency situations to save lives or prevent disability, with legal protections for medical personnel from claims for damages. Research conducted by

[7] Ery Suhaymi, "Rekonstruksi Regulasi Perlindungan Hukum Terhadap Dokter Dalam Menangani Kegawatdaruratan Medis Berbasis Nilai Keadilan" (Skripsi: Universitas Islam Sultan Agung, 2023).

[8] Ardania Marta, "Perlindungan Hukum Bagi Pasien Gawat Darurat Terhadap Tindakan Kedokteran Tanpa Persetujuan Pasien Atau Keluarga Pasien (Studi Pada Rumah Sakit Adella Kabupaten Tegal)" (Skripsi: Universitas Islam Sultan Agung Semarang, 2023).

Himayani [9] which found that the hospital was responsible for providing formal and material compensation to patients harmed by negligence, including in general medical services involving emergency conditions.

Legal Responsibilities of Medical Personnel and Hospitals in Handling Retinal Detachment Patients as a Medical Emergency Condition

The findings indicate that medical personnel hold the main obligation to carry out rapid action in patients with retinal detachment as an emergency condition. Medical personnel carry out these obligations based on the provisions of the 1945 Constitution, the Health Law, the Minister of Health for Emergencies, and the KODEKI which affirms the right to patient safety. Medical personnel bear the responsibility to reduce the risk of visual impairment through fast service according to applicable SOPs. Medical personnel conduct an initial assessment to determine the severity of the retinal disorder as the basis for immediate action. Medical personnel face a serious dilemma when administrative procedures slow down medical decisions that must be made quickly. Medical personnel show a strong need for a support system that is able to accelerate the flow of emergency services. These findings show that the obligations of medical personnel do not run optimally without the support of the hospital system.

The analysis reveals that hospitals have an equally strong legal responsibility in ensuring that retinal emergency services run quickly and safely. Hospitals carry out these obligations through the provision of facilities, infrastructure, emergency SOPs, and competent medical staff according to minimum service standards. Hospitals are required to fulfill obligations through facilities capable of treating the retina within a time limit of 0–72 hours as recommended by clinical standards. Hospitals face major obstacles when BPJS's queue and administrative systems slow down patients' access to the operating room. Hospitals bear the legal consequences when delays in services cause permanent damage to the patient's macula. Hospitals are required to conduct internal evaluations to ensure that emergency mechanisms run in accordance with the provisions of health law. These findings provide an idea that institutional responsibility is a determining factor for the success of critical services.

This study explains that medical personnel carry out their duty of care as a legal basis in every handling of eye emergencies. Medical personnel carry out these obligations through rapid assessments, objective retinal assessments, risk information, and determination of action plans according to professional standards. Medical personnel convey information to patients about the risk of permanent blindness if treatment is delayed. Medical personnel often encounter obstacles when referral and administrative verification flows slow down the action of retinal surgery. Medical personnel remain responsible for showing maximum effort even if the system does not fully support the speed of action. Medical personnel show that compliance with SOPs is the basis for proving that actions have met professional standards. These findings show that medical personnel need a more responsive support system so that the duty of care can be fully carried out.

[9] Rani Himayani et al., "Pendekatan Pelayanan Kesehatan Primer Pada Kegawatdaruratan Mata: Ablasio Retina," *Jurnal Kedokteran Universitas Lampung* 5, no. 2 (2021): 1–11.

This study assesses that hospitals hold vicarious liability for the actions of medical personnel because medical personnel work as part of the institution. Hospitals carry out these responsibilities through the establishment of clinical guidelines, emergency SOPs, and internal monitoring systems for all medical procedures. Hospitals are obliged to maintain patient safety through internal referral arrangements, action queues, and readiness of retinal surgery facilities. Hospitals face problems when the burden of surgical queues builds up and hampers critical patients who need acceleration. The hospital bears legal responsibility when such delays cause permanent harm to patients. The hospital shows the need for a special fast lane mechanism for emergency eye patients so that the right to safety is fulfilled. These findings confirm that institutional responsibility is a dominant factor in the success of retinal emergency services.

This study found that legal protection for retinal detachment patients is not effective when the health service mechanism does not provide an acceleration path. Patients undergo repeated examination procedures that take hours to days before follow-up measures are performed. Patients face great risks because delaying the procedure can permanently damage the macula as illustrated in the case of Mr. M and Mr. W. Patients receive the immediate impact of decreased vision function after waiting in the operating queue for weeks. Patients need legal certainty because retinal conditions have very strict time limits on action. Patients suffer real losses when the hospital system does not give priority to the level of eye emergency. These findings make it clear that legal protection has not been fully felt by patients in the context of retinal emergencies.

This study shows that BPJS administrative barriers are one of the main factors that slow down medical actions. The BPJS system regulates tiered referrals that require patients to go through several stages of verification before action is taken. The BPJS system causes a time lag that is not in accordance with the needs of retinal detachment patients who need quick action. The BPJS system causes long queues at referral hospitals so that emergency patients wait longer than the standard safe time. The BPJS system presents a big challenge for medical personnel who are obliged to save patients' vision. The BPJS system requires adjustments so that emergency patients are not equated with regular patients. These findings show that administrative reform is an urgent need for the legal protection of patients.

This study revealed that medical personnel are still obliged to provide informed consent even though the patient's condition requires quick action. Medical personnel provide an explanation of the risks, benefits, and timing of action in accordance with the Code of Conduct and the Medical Practice Law. Medical personnel bear this obligation as part of the patient's right to know complete medical information. Medical personnel find it difficult when an emergency demands quick action but administrative procedures slow down the time of action. Medical personnel are still required to record every explanation process so that legal aspects can be accounted for in the event of a dispute. Medical personnel point out that communication procedures must still be carried out even though the conditions are very urgent. These findings confirm that ethical and legal aspects remain inherent in the practice of retinal emergencies.

This study assesses that hospitals have an obligation to provide an eye triage system that is able to identify critical patients quickly. Hospitals carry out these

obligations through emergency departments that handle initial assessments of the patient's retinal condition. Hospitals show weakness when triage does not give priority to retinal detachment patients so that the action queue does not pay attention to the level of risk. Hospitals cause losses to patients when triage SOPs are not carried out according to national health standards. Hospitals should ensure staff run triage based on the level of urgency rather than by administrative order. Hospitals need internal evaluations to improve critical patient screening mechanisms. These findings show that the weakness of triage has a major effect on the safety of patients' eyes.

This study explains that the legal responsibilities of medical personnel and hospitals must be seen from the four elements of malpractice, namely liability, deviation, cause-effect relationship, and loss. Medical personnel are required to show that the action is in accordance with professional standards through recording medical records and compliance with SOPs. Hospitals are obliged to ensure that all support systems allow medical personnel to work according to these standards. Vision loss is a major factor in assessing the relationship between delay in action and the degree at which the retina's inability to recover. Service delays can meet the element of irregularities if it is proven that the SOP is not carried out according to the rules. Legal analysis shows that both parties must prove that there was no negligence in service. These findings provide a solid foundation for assessing legal liability in cases of retinal emergencies.

This study concludes that the legal responsibilities of medical personnel and hospitals must be strengthened through the improvement of SOPs and emergency service mechanisms. Medical personnel need the support of a system that facilitates quick action without irrelevant administrative barriers. Hospitals need internal repairs so that the retinal emergency line gets priority according to the risk of vision damage. The health system needs reform at the BPJS level so that critical patients do not experience fatal delays. Legal protection needs to be strengthened through the consistent implementation of the provisions of the Constitution, the Health Law, the Minister of Health, and the KODEKI. Strengthening the service system is the key so that patient safety rights are fulfilled in eye emergencies. These findings show that comprehensive improvement is an important need for the safety of retinal detachment patients.

This is in line with research conducted by Kurniansyah & Sara [10] which found that although regulations such as the Health Act have clearly regulated the obligations of medical personnel and hospitals in emergency services, implementation challenges such as weak oversight lead to inequities for patients. Research conducted by Amabell [11] which found that doctors can be criminally held liable through Article 360 of the Criminal Code if negligence causes serious injuries

[10] Angga Kurniansyah and Rineke Sara, "Tanggung Jawab Rumah Sakit Terhadap Pasien Pada Pelayanan Instalasi Gawat Darurat Di Rumah Sakit Dr. Cipto Mangunkusumo Berdasarkan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *Constitutum: Jurnal Ilmiah Hukum* 3, no. 1 (2024): 1–11.

[11] Meeranda Amabell, "Tanggung Jawab Hukum Tenaga Medis Dan Tenaga Kesehatan Terhadap Pasien Dalam Keadaan Gawat Darurat Di Luar Rumah Sakit Berdasarkan Prinsip Beneficence" (Skripsi: Universitas Atma Jaya Yogyakarta, 2025).

such as permanent loss of vision. Research conducted by Stuttgart [12] which found that the criminal liability of the perpetrators of medical malpractice is based on Articles 359-360 of the Criminal Code and the Law on Medical Practice, where the negligence of doctors that cause serious injury or death can be resolved through priority mediation in accordance with the Health Law.

KESIMPULAN

This study concludes that legal protection for patients experiencing retinal detachment emergencies at Pasar Rebo Hospital Jakarta is implemented through preventive mechanisms such as emergency SOPs, rapid retinal assessment by attending ophthalmologists, and informed consent procedures. These mechanisms aim to ensure that patients receive timely medical attention in accordance with professional standards and patient safety regulations.

However, the implementation of regulatory protection remains suboptimal due to administrative barriers within Indonesia's National Health Insurance (BPJS Kesehatan) referral system and the limited availability of surgical facilities. These factors often result in delays in surgical intervention, which may increase the risk of permanent vision loss in retinal detachment patients.

The findings also indicate that attending ophthalmologists hold professional responsibility based on the principle of duty of care, while hospitals bear institutional responsibility to ensure the availability of facilities and emergency service systems. Therefore, improving coordination between medical personnel, hospital management, and the national health insurance system is essential to ensure effective legal protection and timely treatment for patients with ophthalmic emergencies.

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[12] Rismunandar Katili, "Tanggung Jawab Hukum Perawat Dalam Melaksanakan Pelimpahan Tindakan Kedokteran Di Rumah Sakit (Studi Kasus Di Provinsi Gorontalo)" (Skripsi: Universitas Katholik Soegijapranata Semarang, 2022).

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