

LEGAL ASPECTS OF THE MIDWIVES AUTHORITY IN MEDICAL SERVICES IN THE EAST CIREBON REGION

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ABSTRACT

National development requires healthy and strong community workers to improve optimal health status so that professional health workers are needed. The existence of aspects of limiting authority in the midwifery profession is one of the solutions to minimize the existence of practices in the health sector that have an adverse impact on society and to underlie legal relations between health workers (midwives) and clients. This type of research is included in qualitative research, and the research method used in this research is descriptive using a normative juridical analysis approach. This study uses the descriptive-analytic case study method while collecting data in this study using secondary data obtained using existing cases. The results of the study indicate that midwives and doctors have authority in health services that are adjusted to the applicable laws and regulations. In addition, there is a form of delegation of authority for doctors to midwives in medical services consisting of: (1) midwives can perform medical services if there is written evidence (documents) regarding the delegation of authority from doctors; (2) the actions of doctors in delegating authority to midwives in carrying out medical services are relegated medical activities and related parties (doctors, midwives, and health institutions) are subject to joint responsibility depending on the pattern of work relationships. As for legal responsibilities and liabilities related to the delegation of authority from doctors to midwives consisting of accountability for medical services, an action or medical service that violates legal actions and causes harm by violating the provisions of the applicable laws and regulations will be subject to civil sanctions, criminal sanctions or sanctions. administration; accountability arising in health services can be resolved by way of deliberation, arbitration, mediation, and through the judiciary; and civil liability by providing compensation to the injured party, criminal liability is carried out if violating provisions in laws and regulations will be subject to criminal sanctions, while administrative responsibility is carried out

in the form of revocation of temporary permits or permanent permits, and (5) midwives have the right to defend themselves against claims from parties who feel harmed by them by explaining their activities or actions.

KEY WORD: Aspek hukum, tenaga medis, profesi bidan

INTRODUCTION

The National Health System is a form and method of implementing health development by integrating various efforts to ensure the achievement of health development goals that pay attention to the approach of revitalizing basic health care (primary health care), which is comprehensive, integrated, equitable, and acceptable and affordable to all levels of society (Rasmanto, Joni, 2010). National development requires a healthy and strong community force. In addition to these factors, professional health workers are needed to improve optimal health status (Ferdinandus, Herry, 2010). One of the health workers is a midwife, a midwife is someone who has completed a state-recognized Midwifery Education program and obtained qualifications and was given permission to practice midwifery in that country. Midwives must be able to provide the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period, conduct deliveries on their responsibility and care for the newborn and the child. (Sarwono, 2007). Midwives as paramedics have the authority to provide Maternal and Child Health (MCH) services. In carrying out their practice, midwives must be able to provide guidance, care according to needs, and counseling for pregnant women, childbirth, postpartum, newborns, infants, toddlers, adolescent reproductive health, and the elderly.

However, in reality, it is not uncommon for midwives carrying out their services to exceed their authority, giving rise to allegations of malpractice (Sestito, 2022), for example, they provide medical services to patients with various kinds of drugs from antibiotics to narcotic class drugs which course according to the rules these drugs can only be dispensed with doctor's prescription. In the last two years, several cases of health care services by health workers, especially midwives, have caused public dissatisfaction, leading to issues of alleged malpractice. One of these cases was when a resident from East Cirebon Regency had to amputate one of his fingers after being injected by a midwife who practiced in the area. The emergence of this problem is caused by various reasons including the absence of medical personnel (doctors) so that midwives are often asked for help by the local community in providing medical services and even if there are medical personnel (doctors), the costs are relatively more expensive when compared to going to a midwife. The East Cirebon region itself is an area in Cirebon Regency that consists of 17 sub-districts with an uneven distribution of medical personnel, meaning that not every sub-district has medical personnel (doctors), in fact, there are several sub-districts that are easy to reach, have more medical personnel.

Basically, the limitation of the midwife's authority in carrying out her profession will have a detrimental effect (Vickery et al., 2020). In addition to damaging or reducing public trust in the midwifery profession, it can also cause client losses. For this reason, in understanding whether there are errors or omissions that involve the midwife's authority, it must be placed face to face with professional obligations. Besides that, attention must also be paid to the legal aspects that

underlie the legal relationship between the midwife and the client. Based on these problems, it is, therefore, necessary to carry out further research regarding the legal aspects of the authority of the midwife profession in providing medical services in the East Cirebon region.

METHODOLOGY

The method in this study is descriptive using a normative juridical analysis approach, which is a study that seeks to examine by analyzing violations of midwifery authority according to health laws, midwifery professional standards, criminal law laws and then analyzing cases of violations of medical services that give rise to legal liability criminal. This type of research is included in qualitative research, namely, research procedures that produce descriptive data in the form of spoken words, and notes related to meaning, value, and understanding (Ibrahim, Johny, 2008). This research uses descriptive analytics with the case study method, which is research that not only describes the problem but also collects data based on existing facts and then analyzes it based on applicable regulations. The variables studied consisted of violations of midwifery professional authority and medical services. Data collection in this study used secondary data obtained using existing cases, related to violations of midwife authority in medical services. Secondary data was analyzed qualitatively normatively, meaning that it analyzed data based on provisions or theories, then conclusions were drawn from the data which were set forth in the form of questions whose evidence was through articles in laws and regulations.

RESULTS

Based on the results of research conducted by the author, there are several cases related to midwives' authority and the delegation of authority from doctors to midwives in medical services. Researchers conducted interviews with several informants or sources related to the existing cases. Following are the results of research regarding the treatment of midwives and doctors in health services carried out by conducting interviews with several informants related to these problems, namely as follows:

Table 1. Interview Results Regarding the Authority of Midwives and Doctors in Services

Number	Research subject	Date and Time	Description
1	Mrs. K	April 12 th , 08.10 AM	<i>"In my area, there are many paramedics and village midwives in Articleman. Even though there is one doctor who is closest to me, I feel better when I talk to the midwife or the orderly. Apart from that, we can ask questions and explain the disease and how to take the medicine, then we can negotiate the price as well. If my disease doesn't go away, I just go to the doctor, because going to the doctor is</i>

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			<i>expensive, I once asked what I was feeling, but he said "Don't worry, dad, this medicine will definitely heal."</i>
2	dr. A	April 16 th , 11.22 AM	<i>"The presence of doctors in Cirebon Regency, especially in the East region, is uneven, for example in the Ciledug area there are many doctors, almost a few hundred meters away there is a doctor's office, whereas, in the Pasaleman area, we rarely find doctors practicing in that area. Doctors who practice do not live at the practice, in general, they live in the city of Cirebon, so at night the patient goes to the doctor's office, but the doctor is not there."</i>
3	Ms. S	April 15 th , 10.25 AM	<i>"In my work area there is only one doctor in private practice, and even then in front of the main road. People are still reluctant to go to the doctor, unless their complaints of illness don't go away either. Here, if the villagers are sick, they still go to the village midwife or nurse. If I refuse, I'm afraid they will be offended. They also say that in the new regulations, we can serve sick people, right? If I'm not mistaken, it's just babies and toddlers who get sick, even though actually I haven't read the regulations either."</i>
4	Mrs. M	February 5 th , 07.50 AM	<i>"If my child has a fever, coughs, and runny nose, go to midwife initial S, everything will be cured, immediately healed, it's cheap again, already with the medicine. When I got smallpox too, I went to midwife S. Usually it was word of mouth, if one person recovered the others also went to the midwife for treatment."</i>
5	Deputy Chairman of midwifery organization II (Research and MCH Services)	April 10 th , 09.27 AM	<i>"The community, especially in Cirebon Regency in the eastern region, still feels the presence of paramedics. In addition to nurses or midwives, they are figures who play an important role in the community as substitutes for doctors, and even though there are doctors in that area, they feel that there is a difference in treatment between</i>

midwives and doctors. Doctors are the last helpers, if they don't feel healed, even though in fact this is clearly wrong and violates the existing regulations/provisions.

In addition, interviews with several parties related to the form of delegating authority from doctors to midwives in medical services are as follows:

Table 2. Interview Results Regarding the Authority of Midwives and Doctors in Medical Services

Number	Research subject	Date and Time	Description
1	Midwives initial E (workers at the Public health center in collaboration with the midwifery organization of Ciledug)	April 21 st , 14.10 AM	<i>"In several public health centers, there is often a delegation of authority from doctors to midwives, because the number of doctors is only a few, not proportional to the number of patients who come for treatment, especially when doctors are on duty outside, as a result, nurses and midwives help treat patients who come for treatment."</i>
2	dr. I	April 19 th , 11.00 AM	<i>"If there is an emergency at the hospital and the patient is not being treated by a doctor because there are a lot of patients, the doctor can delegate his authority to the nurse or midwife, provided that there is supervision from the doctor and the documentation is the same as at the public health center. However, if you only consult about medical procedures to be carried out on patients, you can get in touch using a communication device (telephone), and if a midwife or nurse is in a place where there are no doctors and it is quite difficult to reach a health service, the local Health Service issue a Decree (SK) on the placement of midwives or nurses whose contents can perform actions outside their authority, namely medical actions or services."</i>

The midwife with the initials S performed medical procedures at her practice site, according to her, this action was carried out because she had been delegated authority from an obstetrician to carry out medical procedures, namely curettage

by telephone. The patient experienced severe bleeding after curettage until finally the patient's life could not be saved. The case can be resolved in an amicable way between Mrs.'s family P with midwife initial S. The following are the results of interviews regarding responsibilities and accountability in medical services.

Table 3. Interview Results Regarding Responsibilities and Liability in Medical Services

Number	Informan	Date and Time	Description
1	Patient's family (Mrs. P)	April 21 st , 09.10 AM	<i>The wife of the deceased P's family stated that when she was 5 months pregnant she felt diarrhea and a blood clot came out of her birth canal, then went to Midwife S and had to be cured and had a miscarriage. After that, the wife complained of cold sweat, weakness, and blurry vision, and suddenly could not hear. After that, the midwife was called and the family was asked to wait outside. Not long after that, the patient died.</i>
2	Chairman of midwife ethics representative assembly or MPEB Cirebon Regency	April 19 th , 01.45 PM	<i>"Medical action is not the authority of midwives and in the process of delegating authority, doctors must delegate their authority in writing and there is supervision from doctors, as stated in the Minister of Health of the Republic of Indonesia Number 512/MENKES/PER/IV/2007 concerning licenses to practice and carry out medical practices".</i>
3	Midwives initial S	April 24 th , 08.25 AM	<i>"I took medical action because there was a delegation of authority from the doctor, and I did this because the patient was in an emergency, so I called the doctor to consult and asked the doctor to come, but the doctor was sometimes not there, but if something happened Recently I contacted the doctor again, so the doctor keeps watching and because of his busy schedule sometimes I don't have time to document it."</i>
4	Wakil Ketua II IBI	April 26 th , 12.10 AM	<i>"Many midwives practice independently with services beyond their authority. It is not uncommon for midwives who open midwifery practices to provide medical care</i>

*without the delegation of authority
from a doctor.”*

DISCUSSION

Based on Table 1, midwives and doctors have different authorities in carrying out their professional duties. Based on RI Law Number 29 of 2004 concerning Medical Practice, doctors as medical personnel have the authority to perform medical services, such as examining, treating a disease, or performing other medical actions. Meanwhile, according to Permenkes 1464/Menkes/Per IX/2010 concerning Licensing and Implementation of Midwife Practices, midwives as paramedics have the authority to provide maternal and child care services, women's reproductive health and family planning, namely only carrying out preventive actions, early detection of mothers and babies, and seeking medical assistance in emergency situations when there is no medical personnel, except for midwives who practice in areas where there are no doctors who can perform health services outside their authority, namely medical procedures.

Data from the Cirebon District Health Office (2010) shows that there are 40 specialist doctors, 100 general practitioners, 688 general nurses, 72 health center midwives, 565 village midwives, and 82 midwives in hospitals with the number of midwives in the midwifery organization area of the Ciledug branch as many as 108 midwives. Meanwhile, the ratio of doctors to the public is 1 to 14,136 and midwives to the population is 1 to 4,081. This shows that there are more midwives than doctors in Cirebon District. The presence of midwives in each village was more evenly distributed, giving rise to a very close relationship between midwives and the local community. This gave rise to an opinion in the community that the midwife is the first health worker who must be visited if they are sick and it seems that it has become their culture that the midwife is the first doctor. Initially, this situation arose for several reasons such as the absence of medical personnel (doctors) so that midwives were often asked for help by the local community in providing medical services, and if medical personnel (doctors) were available, the costs were relatively more expensive when compared to going to a midwife. In addition, the community feels that all health workers (doctors, midwives, or nurses) are obliged to help them when they are sick.

According to Gonzales et al. (2022), midwives who perform medical services in providing therapy may in this case be able to cure patients, but scientific medical considerations are not considered. When the main complaint can be eliminated, the disease that caused the patient to come for treatment can be cured but behind that, they can exacerbate the patient's co-morbidities. Sometimes these effects appear, but they are only felt after a while and patients rarely notice them. Iskandar (2011) says that in society a person will always be influenced by norms in society itself. One of the norms that will shape the nature and characteristics of a person is a legal norm, in the form of a prohibition (verbode) and an order (gebode). Medical services performed by midwives is a prohibition (verbode) because it is a condition that regulates the prohibition to be carried out and if it continues to be carried out, sanctions will be imposed. A medical action can cause harm, if it violates the professional code of ethics, professional sanctions will be imposed. Meanwhile, violating the provisions of the legislation will be subject to civil, criminal, or administrative sanctions.

Based on Minister of Health regulations Number 1464/Menkes/Per IX/2010, Article 14 midwives can perform medical services outside their authority if in remote areas where there are no medical personnel (doctors) and if in the case of areas where there are doctors, then this authority does not apply. The situation in the field is that midwives actually carry out medical procedures in areas that are easily accessible to access to health service places to get medical services from doctors (Khatun et al, 2022). Cirebon Regency in the East region has a geographical condition that is easily accessible to health service facilities.

According to Yanti (2004), a midwife means someone who has completed a midwifery education program that is recognized by the government and professional organizations in the territory of the Republic of Indonesia and has the competence and qualifications to register, certify and or legally obtain a license to practice midwifery. A midwife must first take part in a midwifery education program, where in the midwifery curriculum there is a course in professional ethics and health law which discusses the ethics of the midwifery profession, midwifery professional standards, and the authority of midwives. This means that a midwife candidate has been introduced to the role and function of midwives in providing health services so that after becoming a midwife it is expected that they can exercise their authority in accordance with midwifery professional guidelines or standards. In addition, the position of the IBI professional organization has the obligation to provide oversight to its members and always disseminate the latest information, especially those related to the role of midwives.

Midwives should already know and understand their authority and the authority of midwives is stated in Minister of Health regulations Number 1464/Menkes/Per/X/2010. The situation in the field shows that the medical services provided by midwives are not in accordance with their authority. If it's not an emergency, midwives are not entitled to provide medical services, because in that area it is still possible to get medical services to competent people (doctors). A midwife must have authority and a firm attitude in dealing with patients, which means having the courage and having the obligation to explain to patients that medical services are not under their authority, but doctors are competent to provide these medical services.

An act that is intentional, an act against the law, an obligation not fulfilled, or causing a loss (disability or death) becomes an element of a crime. As a midwife, in carrying out her actions, she is guided by the professional standards of midwives which have been regulated in Minister of Health regulations 1464/Menkes/Per/X/2010 and Minister of Health decision 369/Menkes/SK/III/2007. Medical services performed by midwives are intentional and constitute an act against the law, because the midwife's obligations are not fulfilled and if it causes a loss (disability or death) it will become an element of a crime.

The elements of this crime are formulated in the Medical Practice Law Number 29 of 2004 Article 78 which contains objective elements, midwives use tools, methods, or other methods in providing medical services to the public which gives the impression that the person concerned is a doctor who already has a practice license (STR and SIP), and contains a subjective element on purpose.

Prohibited acts are using tools, methods, or other means in providing services to the community, namely medical procedures. The criminal acts in Article 78 are

closely related to Article 73 section (2) which are prohibited in administrative law without any mention of sanctions. Meanwhile, the norm of Article 78 is the prohibition of criminal law to become a criminal act because it is given a criminal threat. The two Articles cannot be separated.

Medical action must be carried out by health workers who have the authority to provide medical services. Midwives are given authority based on statutory regulations but are also exempted from violating Article 78. Although Article 78 does not mention it as an exception because the nature of the prohibition in Article 73 section (2) is the same as the prohibition according to Article 78. The provisions of Article 73 section (3) are provisions regarding the elimination of the unlawful nature of midwives' actions using the tools, methods, or other means referred to in Article 78. If not exempted, the midwife who is allowed will also be punished. This clearly contradicts Article 73 section (3).

Apart from that, there is another, more specific purpose of establishing the criminal act of Article 78 which is the same as Article 77, which is to protect the legal interests of society, especially patients so that they do not become victims of deceptive or deceptive acts by people who are not medical experts. Medical devices if used by unauthorized persons can be fatal for patients.

In Table 2, midwives can perform medical procedures if doctors delegate authority. Delegation of authority or handing over part of authority when referring to Authority theory, consists of delegation and mandate. The form of delegation is when the transfer of authority by the delegator and the delegator is no longer entitled to use his authority again, so he is not obliged to give instructions to the recipient of authority because he feels he has no responsibility to the recipient of authority. Another form of delegation is that the mandate is a transfer of authority, the mandated person acts for and on behalf of the person giving the mandate, so that the mandate giver can still use his authority when the mandate has ended, the mandate giver is obliged to provide instructions and the responsibility remains with the mandate giver.

If we refer to the two forms of delegation of the process above, then the two forms of delegation of authority are not in accordance with the delegation of authority in medical services. An action that is part of medical authority, but has been delegated to midwives or is called relegated medical activities, the doctor as the giver of delegation of authority can still use the authority that has been delegated. In terms of accountability, not only the doctor as the giver of delegation of authority or the midwife as the recipient of the authority but both the giver and recipient of authority are responsible for the actions taken. In addition, hospitals or health centers as related healthcare institutions are also responsible if there is an error that harms the patient (joint responsibility).

In carrying out the delegation of authority, midwives can carry out medical procedures under the supervision of doctors. The doctor who delegates his authority must fulfill certain conditions, namely making a diagnosis, administering or determining therapy, and determining indications must be decided by the doctor himself. In other words, the decision remains with the doctor. The doctor must be sure that the midwife who is given delegation of authority is able to carry out the task properly, but if the midwife feels unable, then she has the right to refuse this action and the midwife will still receive supervision and guidance from the doctor.

In an emergency, what is called a "gray area" is often difficult to avoid. There is

no doctor on duty, forcing midwives or nurses to take medical action that is not under their authority for the sake of patient safety.

Even though the action was actually carried out without any delegation of authority, especially in the public health center which only had one or two doctors who functioned as public health center managers. This often creates situations that require paramedics to take medical action. With the transfer of this function, it is certain that the midwife's function will be neglected, and of course, this will not receive legal protection because it is not professionally accounted for.

According to Minister of Health regulations 512/MENKES/PER/IV/2007 regarding permits to practice and carry out medical practice, the delegation of authority for medical services from doctors to midwives can be carried out if doctors can delegate an action to midwives in writing in accordance with their abilities and competencies.

The delegation of authority for handling from doctors to midwives, legally and morally, imposes responsibility on doctors because what is done by midwives is a doctor's instructions. But it is precisely the reality on the ground, when the delegation process takes place and it turns out to cause a loss to the patient, only the person who gets the delegation of authority is responsible. If referring to Article 1367 of the Criminal Code, a person is not responsible for his own actions, but also for losses caused by the actions of people who are his responsibility, or under his supervision. This is because when the process of delegation of authority is not in accordance with what is required as stated in Minister of Health regulations 512/Menkes/Per/IV/2007 concerning Permits to Practice and Implementation of Medical Practices article 15, namely doctors delegate their authority to midwives not in writing, not in accordance with midwives' abilities and competencies, the delegation process uses interpersonal communication via telephone, so that medical actions are carried out by midwives without supervision from a doctor and not in writing.

Based on Table 3, in terms of responsibility for medical services, the patient who feels aggrieved needs to know who is involved in the medical staff (doctor), and who works together with other professional staff in organizing and providing medical services to the community or patients.

The process of delegating medical authority from doctors to midwives, when referring to the Health Doctrine theory regarding the responsibility of delegating authority from doctors to midwives, is vicarious liability, namely responsibility arising from mistakes made by their subordinates. If an error occurs that can harm the patient, then not only is the person delegating authority (midwife) given, but the person giving the authority (doctor) is also responsible, especially if in a health care institution (hospital or health center) the subject is jointly and severally responsible depending on the patterns of working relationships between health workers and these health institutions.

The Health Doctrine regarding vicarious liability is in line with Article 1367 of the Civil Code, that a person is not only responsible for losses caused by his own actions, but also for losses caused by the actions of people who are his responsibility, or caused by goods under his control.

The case in the results of this study, if an error occurs that can harm the patient, a midwife who is given delegation of authority by a doctor must not only be responsible, but the doctor who gives this authority is also responsible and if in a health care institution, the institution is also involved, responsible for the case.

However, in reality, the doctor as a person who gives authority does not share responsibility. If we look at the existing cases, the doctor cannot be blamed for taking responsibility, because there is no documentation in the case of the doctor delegating this authority only orally, so there is no written evidence that medical actions were carried out by midwives without direct supervision from the doctor (such as; by telephone).

According to [Triwulan \(2010\)](#), if an error occurs in a medical procedure and results in a loss on the part of the patient, then the responsibility is not directed to the hospital or other healthcare institution. Regarding responsibility, one must first see whether the mistake was made by the doctor himself or other healthcare workers (midwives). If the mistake made by the paramedic is specifically the doctor who made it, usually the hospital is responsible in general and the doctor carrying out the action can also be penalized.

All acts that violate the law have consequences for the offender. These consequences can take the form of compensation for civil law, criminal sanctions, or administrative sanctions. To compensate for an unlawful act, one must undergo or accept the sanctions stipulated by law.

Based on the research results obtained, the resolution of the problem in this case was carried out by mediation, both parties agreed to provide compensation to the party who felt aggrieved and the patient's family and the midwife concerned signed a stamped agreement. According to [Tribuwono \(2010\)](#), responsibility can be carried out by resolving unlawful actions through the courts (litigation) and non-trial (non-litigation). This problem is also regulated in the Consumer Protection Act No. 8 of 1999; Article 19 Section 1 and Section 2 and Article 45 Section 1 concerning judicial and extrajudicial disputes). In addition, according to [Mudakir \(2011\)](#), namely civil responsibility to provide compensation to the aggrieved party depending on a court decision or deliberation outside the court. Regarding responsibility, it is regulated in article 1367 of the Civil Code as a further elaboration of who and what is under his responsibility. This issue of civil legal responsibility has the consequence that the guilty party (ie the one causing the loss to the other party) must pay compensation.

Based on Law Number 36 of 2009 concerning health, Article 58 section (1) explains that everyone has the right to claim compensation from health workers or health providers if they cause losses due to errors or negligence in the health services they receive. According to [Triwulan \(2010\)](#), liability from the perspective of civil law contains aspects, namely that it can be caused by "default", due to unlawful acts. Both of these aspects can arise either due to a lack of caution resulting in the death of a person or also due to a lack of caution causing bodily harm.

In addition to civil responsibility, there is also criminal responsibility, which is basically a sanction in the form of torture or the restraint of freedom for perpetrators of criminal acts. With the hope that after serving a criminal sanction it will create a deterrent effect on the perpetrator (repressive) or there is an element of prevention against other people (society). Meanwhile, administrative responsibility, if referring to Law Number 36 of 2009 Article 188, that the minister can take administrative action on health workers or health facilities that violate the rules, in the form of revocation of temporary permits or permanent permits.

If referring to the definition of malpractice, namely the negligence of a doctor or

other health worker to use the intelligence and knowledge they have. From this definition of malpractice, it must be proven whether it is true that there has been negligence by health workers in applying knowledge and skills which are commonly used in that area. If the unwanted consequence occurs, is it not an inherent risk of a medical action (risk of treatment) because the engagement in therapeutic transactions between health workers and patients is an effort type agreement (inspaning verbintenis) and not agreements that will result (resultan verbintenis).

According to Mudakir (2011), that the form of responsibility for civil losses is certain to provide compensation to the injured party, to determine the size of the loss depends on a court decision or based on deliberation of both parties. Deliberations are held without any pressure from any party, and carried out under normal conditions. If the deliberations are held outside the court, an official report must be made with sufficient stamp duty, there must be a neutral witness. This is in line with the Consumer Protection Act No. 8 of 1999 Article 19 Sections (1 and 2), namely losses suffered by patients due to medical actions carried out by doctors can be sued in the form of a number of compensations which can be in the form of reimbursement of money, goods, services or compensation. in accordance with the applicable laws and regulations. Meanwhile, according to Article 45 section (1) UUPK, every consumer who is harmed can sue business actors through an institution tasked with resolving disputes between consumers and business actors or through a different court within the general court environment. The provisions of the next section say, "consumer dispute resolution can be reached through court or out of court based on the voluntary choice of the parties to the dispute".

The form of compensation aims to improve the situation, and most of the compensation is in the form of a sum of money. Compensation for such losses must be assessed according to the ability and position of both parties and must also be adjusted to the circumstances. This latter provision generally applies in terms of providing compensation issued from an unlawful act against a person's person.

In addition, from the midwives organization profession and the Cirebon District Health Office, there are midwives in question who receive sanctions in the form of warnings, revocation of temporary practice permits, and continuing to allow practice but receiving regular supervision or monitoring. With regard to civil, criminal, and administrative responsibilities, in fact, in cases where the authority of a doctor is delegated to a midwife, it is not only the midwife but those related to the action, namely the provision of the delegation of authority (doctor) and if he is in a health care institution (hospital or public health center), then the institution is also responsible if the process of delegation of authority fulfills the existing requirements in accordance with Permenkes Number 512/MENKES/PER/IV/2007 concerning licenses to practice and carry out medical practices.

In Permenkes Number 1464/Menkes/Per IX/2010 concerning Licensing and Implementation of Midwife Practice in Article 14 section (3), which states that in the event that an area already has a doctor, the midwife's authority for medical treatment does not apply. For this reason, midwives should be careful when performing medical services. If medical action or service is still carried out, then this can lead to malpractice. Malpractice can occur due to intentional acts, acts of

negligence, or a lack of skill. Malpractice is divided into three categories according to the field of law violated, namely criminal malpractice, civil malpractice, and administrative malpractice.

The actions of midwives who do not have a Work Permit (SIK) include administrative malpractice. According to Chazawi (2007), administrative law violations are a path to malpractice. Permits to practice independent midwifery can be revoked if midwives abuse their authority when practicing midwifery. Reasons for license revocation are usually individual midwives who have abused their authority, failed to maintain education and skills in accordance with the provisions of the year or period of midwifery practice, become accused of a crime, and committed professional actions.

In addition, Deputy Chair II of the midwives organization Cirebon Regency said that the administrative sanction given to midwives A and midwife S in cases two and three, was to give a direct warning, because midwife A is a Midwifery Clinical Trainer (CT), so the CT title is temporarily revoked, in other words, that midwife A is not allowed to provide guidance as a midwifery student instructor and regular monitoring is carried out regarding her independent practice. Meanwhile, midwife S, actually this case is not the first time, with considerations from the midwives organization profession and the health service division of the Cirebon District Health Office, such as considerations regarding the length of time to practice midwifery, so midwife S was given sanctions in the form of a written warning and supervision of independent practice.

When referring to article 188 of Law Number 36 of 2009 concerning Health, states that the Minister can take administrative action against health workers and health service facilities that violate the provisions stipulated in this Law. Administrative action can be in the form of a written warning, and revocation of temporary or permanent permits.

As a health worker (midwife) has the right to defend herself against claims from parties who feel aggrieved by her. According to Bambang (2007), accountability can provide reasons for its actions. A midwife is accountable to herself, the patient, the profession, superiors, and society with the aim of evaluating new professional practitioners and reviewing what they have done, maintaining health service standards, facilitating personal reflection, and ethical thinking, and providing a basis for ethical decision making. In that case, the midwife defended herself in the form of participating in making decisions and learning from those decisions. At the time of the Maternal Perinatal Audit (AMP), in front of her profession (IBI), the Cirebon District Health Office, the midwife concerned defended herself by giving her scientific explanation, the course of the case that occurred using various evidence she had prepared, namely through midwifery documentation as a form of written evidence of the actions he performed on the patient. To be accountable, midwives practice according to their professional code of ethics and are assessed based on the quality of predetermined midwifery care.

CONCLUSION

The authority of midwives and doctors in health services, namely: (1) there are differences in the authority of doctors and midwives who have clear boundaries regarding the roles and functions of each professional authority which have been regulated in laws and regulations; (2) the creation of a close relationship between

midwives and the local community, due to the fact that there are more midwives than doctors; (3) in the field there are still paramedics (midwives) providing medical services that are not in accordance with the provisions in the legislation; (4) medical services performed by midwives without complying with applicable regulations constitute a prohibition (verbode), and violate the applicable laws and regulations, are intentionally unlawful, cause harm resulting in disability or death are elements of a criminal offense (Law Medical Practice Number 29 of 2009 Articles 73 and 78).

In addition, the form of delegating authority from doctors to midwives in medical services is described as follows: (1) midwives can perform medical services if there is written evidence (documents) regarding the delegation of authority from doctors; (2) the actions of doctors in delegating authority to midwives in carrying out medical services are relegated medical activities and related parties (doctors, midwives, and health institutions) are subject to joint responsibility depending on the pattern of work relationships. The responsibilities and legal liability related to the delegation of authority from doctors to midwives are as follows: (1) accountability for medical services, where the patient feels aggrieved, the party who cooperates with other health workers in organizing and providing medical services to patients; (2) an action or medical service that violates the law and causes harm by violating the provisions of the applicable laws and regulations will be subject to civil sanctions, criminal sanctions or administrative sanctions; (3) accountability that arises in health services can be resolved by way of deliberation, arbitration, mediation and through the judiciary; (4) civil liability by providing compensation to the injured party, criminal liability is carried out if violating provisions in laws and regulations will be subject to criminal sanctions, while administrative responsibility is carried out in the form of revocation of temporary permits or permanent permits; and (5) midwives have the right to defend themselves against claims from parties who feel harmed by them by explaining their activities or actions.

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