

## THE LEGAL PROTECTION FOR DOCTORS REGARDING MEDICAL CONSENT FOR ADDITIONAL MEDICAL PROCEDURES

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### ABSTRACT

*Informed Consent is a prerequisite before a medical procedure can be considered legally valid and provide legal protection. Additional medical procedures can raise ethical, medical, and legal issues. There is no specific legislation focusing on legal protection for doctors regarding these additional medical procedures, but general principles of Indonesian law provide room for doctors to defend themselves if they have served patients professionally in accordance with professional standards and professional ethics. The research aims to analyze the procedures for obtaining consent for additional medical procedures and the legal protection for doctors providing these services to patients. The research method is conducted using a normative juridical approach with conceptual and case approach. The research results indicate that the purpose of obtaining consent for medical procedures is to protect patients from medical procedures performed without their knowledge and to provide legal protection for doctors from unforeseen and negative consequences. In the case of additional medical procedures, there must be renewed consent, and the procedure for obtaining consent depends on the availability of family members, either during or after the procedure. Doctors must comply with all medical standards and maintain complete medical records. In conclusion, the procedure for obtaining consent for additional medical procedures should be conducted during the procedure if family members are present or after the procedure if family members are absent, and legal protection for doctors in additional medical procedures is ensured through renewed written consent, maintaining complete medical records, and adhering to professional standards.*

### KEYWORDS

*Legal Protection, Consent for Medical Procedures, Additional Medical Procedures*



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**How to cite:** Inggas, M.A.M et al. (2024). The Legal Protection For Doctors Regarding Medical Consent For Additional Medical Procedures. *Journal Eduvest*. 4 (3): 910-924  
**E-ISSN:** 2775-3727  
**Published by:** <https://greenpublisher.id/>

## INTRODUCTION

Almost everyone has experienced illness and requires medical treatment or certain procedures, such as surgery or medical interventions. However, before any medical procedure is carried out, the doctor will explain in detail the steps to be taken, the expected benefits, and the risks that may occur as a result of the procedure. After receiving explanations from the doctor and understanding them, patients have the right to decide whether to agree or refuse the recommended medical procedure. This is commonly referred to as informed consent.

The term "informed consent" is one of the frequently used terms in medical practice because it is always associated with every medical procedure performed by a doctor. Although this term is widely used in medical practice, a proper understanding of the essence of informed consent is not fully possessed by doctors. Therefore, in practice, there are still requests for medical procedure consent given haphazardly without following the correct mechanism as stipulated in the Medical Practice Law.

With clear and comprehensive medical consent, patients will understand the benefits, risks, and goals of the therapy to be provided by the doctor, including the success rate of the treatment or medical procedure. This is important to prevent misunderstandings by patients or their families, who often consider a procedure malpractice if the results do not meet their expectations.

Medical consent consists of two words, "informed" and "consent." According to John M. Echols, "informed" means having received explanations or information conveyed, while "consent" means permission given by someone to do something. Thus, medical consent can be interpreted as the permission given by a patient to a doctor to undergo a specific medical procedure after receiving explanations from the respective doctor.

Every medical procedure to be performed by a doctor must obtain consent from the patient. This consent is given by the patient after receiving adequate explanations from the doctor who will perform the medical procedure. The doctor's explanations to the patient must minimally include the diagnosis and the procedure of the medical intervention, the purpose of the medical intervention, alternative actions along with their risks, the risks and complications that may occur, and the estimated outcomes of the procedure.

In hospitals, clinics, or health centers, medical procedure consent is usually requested through a form or written letter covering the following aspects:

- Patient's identity and the name of the medical personnel providing the explanations, as well as the name of the doctor who will perform the procedure.
- Name of the disease or information about the diagnosis or medical condition of the patient.
- Type of examination or treatment procedure recommended or to be performed by the doctor.
- Risks and benefits of the medical procedure to be performed.
- Risks and benefits of alternative procedures, including if the patient chooses not to undergo the recommended procedure.
- Estimated cost of the medical procedure and treatment.

After the patient reads and agrees to the medical procedure consent, it means that the patient:

- Accepts all information about the procedure and treatment options to be provided by the doctor.
- Understands the information provided and has the opportunity to ask questions.
- Decides whether to undergo or refuse the recommended treatment.

If a patient agrees to undergo a medical procedure from a doctor, whether for examination or treatment purposes, the doctor or nurse will ask the patient to sign a medical procedure consent form stating their agreement. However, if the patient refuses, the doctor or nurse may also ask the patient to sign a refusal letter. This letter contains a statement that the patient disagrees with the suggested medical procedure and has understood the consequences of their choice.

The implementation of medical procedure consent is an obligation that must be complied with by doctors in medical practice, especially when providing specific medical treatments to patients. This is based on the doctor's goodwill to assist, treat, and cure patients, without seeking any benefit. Medical procedure consent is a prerequisite that must be fulfilled before a medical procedure is performed, so that the procedure is considered legally valid and provides legal protection for the doctor.

Several legal regulations that form the basis for the implementation of medical procedure consent include:

1. Article 45 paragraph (1) of Law Number 29 of 2004 concerning Medical Practice, which states that "Every medical or dental action to be performed by a doctor or dentist on a patient must obtain consent".
2. Article 37 paragraph (1) of Law Number 44 of 2004 concerning Hospitals, which states that "Every medical action carried out in a Hospital must obtain consent from the patient or their family".
3. Article 58c of Law Number 36 of 2014 concerning Health Workers, which states that "Health workers, in carrying out practices, obtain consent from the recipient of health services or their family for the actions to be taken".
4. Article 2 paragraph (1) of the Minister of Health Regulation Number 290 / Menkes / Per / III / 2008 concerning Medical Procedure Consent, which states that "All actions to be taken against patients must obtain consent".
5. Article 293 paragraph 1 of Law Number 17 of 2023 concerning Health, which states that "Every individual health service action carried out by medical personnel and health workers must obtain consent".

The right to receive information about their medical condition and the right to decide their own fate are basic human rights supported by medical procedure consent as a subjective requirement for the therapy being performed. A doctor who performs surgery without the consent of the patient or their family is considered to violate the law, and the doctor must be responsible for any risks that arise.

In Indonesia, doctors have the option to obtain legal protection by including a clause about explicit responsibility in the form of medical procedure consent letters. There is no specific legislation focusing solely on legal protection for doctors against additional medical procedures due to unforeseen and unexpected events, but the general principles of Indonesian law allow doctors to defend themselves if they

have served patients with professionalism according to professional standards, operational procedures, professional ethics, and have optimally planned the surgical procedure.

Additional medical procedures are medical procedures outside of the usual medical procedures that have been explained in the initial medical explanation due to unforeseen or previously unimaginable patient conditions. These additional medical procedures can be a sequence of the patient's previous condition or a condition separate from the previous one. The risks and complications of medical procedures have been considered and explained previously by the doctor and have also been conveyed by the Hospital Management regarding financing. However, additional medical procedures are not included in the initial explanation and also in the financing explanation. Similarly, the timing of re-obtaining medical consent for additional medical procedures depends on the emergency condition of the patient. Additional medical procedure explanations cannot be provided at the beginning of the procedure because they are additional to the usual condition.

Debates about several aspects of medical procedure consent and additional medical procedures are still ongoing between legislation and medical facts in the field, including:

- All risk complications must be communicated to the patient before medical procedures (Article 293 paragraph 3 of UUTK 2023), except for those that are mild, common, rare, or unimaginable (Article 8 paragraph 3 of Permenkes 2008). In fact, not all risks can occur in a procedure or disease; Variations in signs, symptoms, disease progression, and even risks between the same cases can vary greatly for each individual; Not all risks can be understood by the patient; and There are risks of conditions that are not related at all to the procedure being performed.
- In emergency conditions, medical consent does not need to be obtained or is obtained after the procedure (Article 293 paragraph 9 and paragraph 11 of UUTK 2023). In fact, in the process of surgery, there are new conditions that require additional medical procedures but are not classified as emergencies, such as avoiding 'potential' disasters or complications (potentially catastrophic), where the complications or emergency conditions have not yet occurred.
- Cost explanations by Hospital Management usually only cover operation packages and complications (Article 7 paragraph 3 of Permenkes 2008). In fact, medical procedures and additional medical procedures are often not complications but entirely new conditions and not complications of the ongoing procedure, for example: a radiological examination of an MRI of the head with contrast to identify brain tumors but during surgery, there are vascular abnormalities because the contrast MRI examination is only sensitive to tumors but not sensitive to small vascular abnormalities.

Patients who are incapacitated due to anesthesia during surgery may experience complications that were unforeseeable or potential catastrophic risks that may or may not be related to their initial condition, which in this study is defined as the basis for the emergence of additional medical procedures during surgery, and this is different from the term extension of the surgical procedure. Legal protection for

the extension of surgical procedures is clear because it is still explained and stated in both oral and written explanations to the patient during the initial consent as part of the initial medical procedure explanation. Uncertainty arises in the procedure for conveying additional medical procedure explanations and legal protection related to additional medical procedures because they are not included in the initial medical procedure explanation but carry heavier, higher, and more dangerous risks.

Based on the above background, this study aims to determine the procedure for conveying consent for additional medical procedures and legal protection for doctors providing additional medical procedure services to patients. This research is a normative juridical study using primary legal materials of applicable regulations in addition to conceptual approaches and case approaches.

## **RESEARCH METHOD**

The research method is conducted using a normative juridical approach with conceptual and case approach. The research results indicate that the purpose of obtaining consent for medical procedures is to protect patients from medical procedures performed without their knowledge and to provide legal protection for doctors from unforeseen and negative consequences. In the case of additional medical procedures, there must be renewed consent, and the procedure for obtaining consent depends on the availability of family members, either during or after the procedure. Doctors must comply with all medical standards and maintain complete medical records.

## **RESULT AND DISCUSSION**

A doctor may face a situation where, during the course of surgery, they need to and must perform additional medical procedures that were not previously informed and not consented to by the patient or their family due to unforeseen circumstances.

### **Case example**

A patient was found unconscious in the morning at home with sudden right-sided paralysis by their spouse. The patient has a history of high blood pressure but rarely undergoes check-ups and takes medication. There is no history of falls or previous accidents. There is no history of medication or herbal remedies and no previous illnesses. The patient was brought by their spouse and family to the Emergency Unit of Siloam Semanggi Hospital. The conscious state is restless with a Glasgow Coma Scale (GCS) score of 12, vomiting, weakness in the right arm and leg. Blood pressure upon examination was 210/120 mmHg, heart rate 80 bpm, respiratory rate 24 bpm. Emergency assistance was provided, and a CT scan of the head showed a large hemorrhagic stroke, 100 cc in volume in the left brain, compressing the surrounding healthy brain tissue. With the available test results, the Neurosurgeon provided information about the diagnosis, the plan for the surgery to remove the blood clot in the brain, along with all the information about the risks involved and other alternative treatments (informed consent) in full. The family

agreed to proceed with the patient's treatment by allowing the doctor to perform the surgical procedure. During the surgery, the patient's previously healthy brain became significantly swollen, so the bone that was initially planned to be reattached after the blood clot was removed could not be reattached. The doctor decided to temporarily store the patient's skull bone and complete the surgery without the skull bone in place. After that, the Neurosurgeon informed the spouse and family that the planned surgical procedure was only to remove the blood clot, with the additional removal of the skull bone due to the unexpectedly severe brain swelling. The family agreed to this additional medical procedure but objected to the additional costs incurred because the expenses escalated and were not prepared beforehand.

In emergency situations, doctors must prioritize patient safety by performing additional medical procedures as it is their duty as part of their humanitarian profession. However, on the other hand, the patient or their family has the right to provide medical consent for all medical procedures, including additional medical procedures, without exception.

The purpose of medical procedure consent is to protect the patient from any procedures performed without their knowledge and to provide legal protection to the doctor against unforeseen and negative consequences, such as risks of treatment that cannot be avoided even though the doctor has made every effort and acted with extreme care and diligence. The function of medical procedure consent is to promote individual autonomy rights, promote rational decision-making, protect patients, prevent fraud or coercion, encourage medical professions to engage in self-introspection (self-security), involve the community in advancing the principle of autonomy as a social value, and provide oversight in biomedical research.

### **Procedure for Conveying Consent for Medical Procedures Related to Additional Medical Actions by Doctors**

The implementation of consent for medical procedures and additional medical actions is considered proper if it meets the provisions of Chapter II point 3 of the Director General of Medical Services Decision Number: HK.00.063.5.1866 Regarding Guidelines for Medical Procedure Consent, namely:

1. Consent or refusal of treatment is given for specific medical procedures;
2. Consent or refusal of treatment is signed without coercion;
3. Consent or refusal of treatment by mentally and legally competent patients;
4. Consent or refusal of medical treatment is given after sufficient and comprehensive explanation.

According to Chapter II point 4 of this Decision by the Director General of Medical Services, information and explanations are deemed sufficient if at least six main points are conveyed, namely:

1. Information and explanation about the purpose and success rate of the procedure;
2. Information and explanation about the procedure's methodology;
3. Information and explanation about possible risks and complications;
4. Information and explanation about other available medical options and their respective risks;

5. Information and explanation about the disease prognosis; and
6. Information and explanation about the disease diagnosis.

An individual can be considered a legal subject if they are deemed to have legal capacity to exercise legal rights and obligations. Therefore, in conveying explanations of medical procedures and additional medical procedures, it is important to consider the level of capacity of the patient or their family to receive and understand the information provided, as well as to understand the importance of consent in medical procedures and their ability to consider and make decisions to accept or refuse such medical procedures.

The giving of consent to medical procedures and additional medical procedures by patients or their families who are deemed to lack legal capacity is considered invalid or legally void, so such consent is deemed to have never existed. Therefore, if there are losses or undesirable impacts on the patient's health due to medical procedures, the doctor who performed the procedure may still be held legally accountable.

The parties entitled to declare consent in Chapter II point 7 of the Director General of Medical Services Decision Number: HK.00.063.5.1866 Regarding Guidelines for Medical Procedure Consent are stated as follows:

1. The patient themselves if they are 21 years old or older or married.
2. For patients under the age of 21, Consent or Refusal of medical procedures is given by the following in order of rights:
  - a. Biological father or mother.
  - b. Siblings.
  - c. If they do not have parents or their parents are unable to attend, Consent or Refusal of medical procedures is given by the following in order of rights:
    - 1) Adoptive father or mother.
    - 2) Siblings.
    - 3) Legal guardian.
  - d. For mentally incapacitated adult patients, Consent or Refusal of medical procedures is given by the following in order of rights.
    - 1) Biological father or mother.
    - 2) Legal guardian.
    - 3) Siblings.
  - e. For adult patients under guardianship (curatelle), Consent or Refusal of medical procedures is given by the following in order of rights.
    - 1) Guardian.
    - 2) Curator
  - f. For married adult patients or parents, Consent or Refusal of medical procedures is given by them in order of rights as follows:
    - 1) Husband or wife.
    - 2) Biological father or mother.
    - 3) Biological children.
    - 4) Siblings.



The method of obtaining consent for medical procedures and additional medical procedures can be through written or verbal means in accordance with Chapter II point 8 of the same Regulation. Written consent for medical procedures is mandatory for high-risk medical procedures and additional medical procedures, while verbal consent is required for low-risk medical procedures and additional medical procedures.

According to Minister of Health Regulation Number 290 of 2008 Regarding Medical Procedure Consent, Article 4 states:

1. "In emergency situations, to save the patient's life and/or prevent disability, medical procedure consent is not required."
2. "The decision to perform medical procedures as referred to in paragraph (1) shall be made by the doctor and recorded in the medical record."
3. "In the event of the medical procedure as referred to in paragraph (1) being performed, the doctor must provide an explanation as soon as possible to the patient after the patient regains consciousness or to the closest family member."

The meaning of this article is that a doctor may perform medical procedures and additional medical procedures without first obtaining consent from the patient or their family if the patient is in an emergency condition. However, after handling the patient's emergency condition, the doctor must promptly inform the patient's family about the procedures performed so that they receive an explanation of the medical procedures performed by the doctor.

In handling patients, doctors must act quickly, accurately, and with high quality to assist in recovery, save lives, or prevent disabilities. Before administering such medical procedures and additional medical procedures, based on Law Number 17 of 2023, Law Number 29 of 2004 concerning Medical Practice, Minister of Health Regulation Number 290/Menkes/Per/III/2008 concerning Medical Procedure Consent, a doctor must obtain consent from the patient or their family to avoid legal liability and malpractice. However, this is not necessary as long as the patient's condition is in an emergency state, requiring assistance for life-saving purposes and disability prevention, then medical procedures and additional medical procedures can be performed without prior consent according to Article 4 paragraph 1 of the Minister of Health Regulation above.

Although patient consent is required absolutely before conducting medical procedures and additional medical procedures, and there are sanctions if medical procedures are performed without the patient's permission, there are three situations where medical consent is not required. This is regulated in Articles 7 and 11 of Minister of Health Regulation Number 290 of 2008 Regarding Medical Procedure Consent, which essentially states that information must be provided if there is a possibility of additional medical procedures to save the patient's life. After additional medical procedures are performed, the doctor must provide information to the patient or their family. When the patient is unconscious and not accompanied by close family members and is in a medical condition requiring immediate additional medical procedures for their benefit, consent is not required from anyone. These articles indicate that a doctor is allowed to perform additional medical procedures without prior consent from the patient or their family if the patient's



condition is indeed in an emergency state. However, after the doctor handles the emergency condition, they must promptly inform the patient's family about the procedures performed so that they can receive an explanation regarding the additional medical procedures performed by the doctor.

### **Legal Protection for Doctors in Providing Additional Medical Procedures**

According to Hippocrates, the medical profession involves both scientific and artistic elements, where diagnosis is the result of the doctor's imagination and observation after hearing the patient's complaints. Medical knowledge and experience form the basis for accurate diagnosis.

In the above case example, the decision to temporarily retain the patient's removed skull bone and then inform the wife and family about the additional medical procedure due to an unforeseen and unforeseeable condition (unforeseeable) - namely, severe brain swelling - is a part of a doctor's professional duty to perform additional medical procedures to save the patient's life and prevent disability. Regarding objections from the patient's family due to additional costs, this issue can be addressed through hospital policy and finding solutions, while the doctor's primary duty is to save the patient.

Additional medical procedures by doctors during patient surgery can lead to several ethical, medical, and legal issues. Here are some problems that doctors may face in cases of additional medical procedures during surgery:

- **Increased medical complications:** Unexpected additional medical procedures can lead to more severe medical complications than expected, such as infections, bleeding, or organ damage, including patient death.
- **Medical conflicts:** Additional medical procedures can trigger controversies and disputes between doctors and patients, doctors and patients' families, doctors and third parties funding the patient or other healthcare entities such as other specialists, professional organizations, hospitals, or other healthcare professionals. Doctors who perform additional medical procedures during surgery without patient consent or without strong medical reasons may be considered to violate medical ethics, which can lead to sanctions from medical associations or revocation of medical licenses. If a doctor violates hospital policies regarding additional medical procedures, the doctor may face sanctions from the hospital such as termination or revocation of privileges at the hospital.
- **Legal issues:** Improper additional medical procedures can lead to legal problems, including medical malpractice disputes. If a doctor performs additional medical procedures during surgery without strong medical reasons or without obtaining written consent from the patient, the doctor may face malpractice claims, which can lead to legal sanctions, fines, or revocation of medical licenses.
- **Professional stigma:** Doctors who perform additional medical procedures, whether indicated or not, may face professional stigma in the public eye, portraying them as unprofessional or incompetent.

In legislation concerning health, legal grounds for protecting doctors in carrying out their medical profession are outlined, including what doctors must do to avoid legal claims, and reasons for exemption from punishment for doctors suspected of malpractice.

1. Legal protection provided for doctors.

Provisions and legal regulations that protect doctors in cases of alleged malpractice are found in Article 50 of Law No. 29 of 2004 concerning Medical Practices, Article 189 letter s, Article 273 paragraph 1, and Article 302 paragraph 3 of Law No. 17 of 2023 concerning Health, and Article 24 paragraph 1 of Government Regulation No. 32 of 1996 Regarding Health Personnel.

2. Actions doctors must take to avoid legal claims.

a. Consent to medical procedures.

In the medical profession, obtaining consent for medical procedures, including additional medical procedures, is an obligation for doctors. Consent for medical procedures and additional medical procedures involves obtaining approval from the patient or their family after providing information about the medical procedures to be performed, as well as their associated risks.

b. Medical Records.

Doctors are obligated to maintain comprehensive medical records, known as Medical Records, for every health service provided to patients. Regulations regarding medical records can be found in Article 46 paragraph 1 of Law No. 29 of 2004 concerning Medical Practices and Articles 296-298 of Law No. 17 of 2023 concerning Health. Medical records contain information about patient identity, examination results, types of treatment, medical procedures, and services provided to patients. Medical records have various benefits, including for patient treatment, improving service quality, education and research, financing, health statistics, and as evidence in legal, disciplinary, and ethical matters.

3. Reasons for exemption from punishment for doctors suspected of malpractice:

a. Treatment Risks.

According to Danny Wiradharma, treatment risks include:

1) Natural or inherent risks.

Every medical procedure and additional medical procedure undertaken by a doctor carries inherent risks. Therefore, doctors must practice their profession in accordance with applicable standards. Examples of potential risks include hair loss due to chemotherapy with cytostatics.

2) Hypersensitivity reactions.

Unpredictable immune responses to administered drugs often occur.

3) Sudden and unforeseeable complications.

Often, patients are expected to improve, but suddenly their condition deteriorates, or they may even die without prior explanation. For example, amniotic fluid embolism may occur.

b. Medical Accidents:

Medical accidents are often equated with medical malpractice because both can harm patients. However, they should be distinguished because in medical

practice, doctors aim to heal patients rather than harm them. If a medical accident occurs, the doctor's liability depends on how the accident occurred or whether the doctor can prove that the accident did indeed happen.

c. Contribution of Negligence

Doctors cannot be blamed if they fail to treat a patient properly if the patient does not honestly disclose their medical history or follow the doctor's instructions correctly. This is considered the patient's fault known as contributory negligence. Patient cooperation and compliance with doctors are considered the patient's obligations to the doctor and themselves.

d. Minority Rule Appreciation and Errors in Judgment

The field of medicine is very complex, and there are often differences of opinion about the appropriate therapy for specific medical cases. Medical science is an art and science built on experience. Approaches to diseases may differ among doctors, but they must still be based on accountable scientific knowledge. Based on this, the legal theory known as the appreciation of minority rules arises, where a doctor is not considered negligent if they choose one of various recognized treatment methods. Errors in choosing medical procedures for patients lead to a new theory known as Errors in Judgment, or medical errors, when the choice of medical action by the doctor, although based on professional standards, turns out to be incorrect.

e. Volenti Non Fit Iniuria or Assumption of Risk

This term is an old doctrine in the field of law that is also relevant in the context of medical law. This doctrine refers to a previously known assumption of high medical risk for a patient if they undergo certain medical procedures and additional medical procedures. If comprehensive explanations have been provided and the patient or their family agrees to these medical procedures and additional medical procedures, then if the anticipated risks occur, the doctor cannot be held accountable for these medical procedures and additional medical procedures. This doctrine also applies in cases where patients leave the hospital against medical advice or voluntarily, even without a doctor's permission, thus absolving the doctor and the hospital from legal claims.

f. Res Ipsa Loquitur

This doctrine directly relates to the shifting of the burden of proof from the plaintiff (the patient or their family) to the defendant (medical personnel). This doctrine applies in cases where specific negligence can be clearly known by common knowledge, resulting in defects, injuries, or harm that provide clear evidence of medical errors. In such cases, proof is not required from the plaintiff, but rather it is the defendant who must prove that their actions were not caused by negligence or error.

Several laws and regulations govern the rights and obligations of doctors. Put simply, patients' rights in the therapeutic contract are actually the obligations of doctors, while doctors' rights in the therapeutic contract are actually the obligations of patients. However, this does not mean that the obligations and rights of doctors are limited only to those of patients.

The rights of doctors under the therapeutic agreement are as follows:

1. The right to legal protection in carrying out their professional duties.

2. The right to refuse patient requests that conflict with regulations, professional standards, and ethics.
3. The right to complete and honest information from patients about their complaints.
4. The right to receive compensation for services rendered.
5. The right to terminate the relationship if the patient refuses advice or if the relationship with the patient is not conducive.
6. The right to good faith from patients in the implementation of the therapeutic agreement.
7. The right to fair and honest treatment.
8. The right to privacy.

The rights of doctors in hospitals are as follows:

1. The right to legal protection in carrying out their duties according to their profession.
2. The right to work according to professional standards and based on autonomy (a doctor, although legally employed by the hospital, cannot be ordered by the hospital's owner or board of directors to perform actions that deviate from professional standards or their beliefs).
3. The right to refuse patient requests that conflict with regulations and professional codes of ethics.
4. The right to terminate their professional services to a patient if good cooperation cannot be continued, except for emergency patients, and to refer them to another doctor.
5. The right to privacy and to demand redress if their reputation is tarnished by a patient.
6. The right to receive complete and honest information from the patient or their family.
7. The right to be informed first when dealing with a dissatisfied patient.
8. The right to fair and honest treatment by the hospital and by patients.
9. The right to receive professional service compensation based on agreements and/or regulations applicable in the hospital.

The obligations borne by doctors in the therapeutic agreement are as follows:

1. Obligation to provide medical services according to professional standards, by performing medical procedures in specific cases based on certain criteria derived from medical science and experience.
2. Obligation to respect patients' rights, including confidentiality of patient health information even after the patient's death.
3. Obligation to provide information to the patient and/or their family about medical procedures and additional medical procedures performed and the risks that may result from those procedures.
4. Obligation to refer patients to other doctors who have better expertise.
5. Obligation to provide assistance in emergency situations as a humanitarian duty.
6. Obligation to maintain good and continuous medical records.

7. Obligation to increase knowledge and skills according to the latest medical developments.
8. Obligation to maintain balance in relationships/interactions.

The duties of doctors in hospitals according to Circular Letter Yanmed No. YM.0204.3.5.2504 of 1997 are as follows:

1. Complying with hospital regulations.
2. Providing medical services according to professional standards and respecting patients' rights.
3. Referring patients to other doctors/other hospitals with better expertise.
4. Giving patients the opportunity to stay in touch with their families and practice their religion.
5. Maintaining confidentiality about anything known about a patient, even after the patient's death.
6. Providing emergency assistance as a humanitarian duty unless the doctor believes there is someone else willing and able to provide it.
7. Providing sufficient information about the relevant medical procedures and possible risks.
8. Maintaining comprehensive medical records about the patient's condition continuously.
9. Increasing knowledge and keeping up with continuous medical advancements.
10. Fulfilling agreements that have been made.
11. Collaborating with other professions and/or parties in providing reciprocal patient care.
12. Establishing written agreements with the hospital.

Medical procedures and additional medical interventions can sometimes result in undesired outcomes for both doctors and patients, even if the doctor has made maximum efforts. Because almost all medical procedures are essentially authorized forms of harm under the law. It is very difficult to avoid the potential risks of injury or death, especially when it comes to anesthesia and surgery. In cases of additional medical procedures during surgical processes, a doctor may face legal risks depending on various factors including patient consent, hospital policies, and medical care standards. If a doctor does not obtain written consent from the patient to perform additional medical procedures, lacks strong indications or reasons for exemption, this may be considered a violation of ethical, medical, and legal standards.

According to Veronica Komalawati, the role of a doctor as a legal subject in societal interactions can be divided into everyday actions unrelated to their profession and legal responsibilities related to the execution of their profession. Their professional responsibilities can also be distinguished between responsibilities towards the Indonesian Medical Code of Ethics (KODEKI) regulated in Ministerial Decree Number 434/Menkes/SK/X/1983 and responsibilities towards legal provisions in the fields of administration, criminal, and civil law.

Doctors in conducting medical practice, including additional medical procedures, are obliged to adhere to medical service standards, which are guidelines that

doctors must follow in conducting medical practice according to Article 280 paragraph 2 of Law Number 17 of 2023. Article 2 of KODEKI determines that a doctor must always strive to carry out their profession in accordance with the highest professional standards. The highest standards referred to are that in practicing medicine, it must be in line with the development of medical science and technology, general ethics, medical ethics, law and religion, according to the level of health service, as well as local conditions and situations.

## CONCLUSION

The procedure for conveying consent for additional medical procedures to the patient is as follows: if the patient's family is present at the hospital, the doctor must provide a direct re-explanation of the new condition that occurred during the surgery to the patient's family; if the patient's family is not at the hospital and the patient is incapacitated due to anesthesia, the explanation of the additional medical procedures due to the new condition that occurred during the surgery must be given after the patient regains consciousness shortly after the surgery.

Legal protection for doctors providing additional medical services to patients is ensured by obtaining new medical procedure consent from the patient or their family during or after the surgery. In addition to obtaining written consent for additional medical procedures, the doctor must also maintain complete medical records. A doctor, in carrying out their profession, is also obliged to adhere to professional standards, professional service standards, standard operating procedures, medical professional ethics, and always prioritize patient health and caution in handling patients. Legal protection for doctors is stipulated in Article 50 of Law No. 29 of 2004 concerning Medical Practices, Article 189 letter s, Article 273 paragraph 1, and Article 302 paragraph 3 of Law No. 17 of 2023 concerning Health, and Article 24 paragraph 1 of Government Regulation No. 32 of 1996 concerning Health Workers.

Recommendations: To reduce medical and legal issues, doctors must adhere to all professionalism standards, maintain comprehensive medical records, and ensure that the patient's family is always present at the hospital during the surgery process. If it is necessary to explain additional medical procedures due to new conditions during or after the surgery, make sure that the patient and/or the patient's family understand the complete medical explanation of the additional medical procedures. Explanations regarding the incurred expenses by the hospital management should include explanations about the possibility of unforeseen or unforeseeable additional medical procedures so that the patient and the family understand and are prepared for this, and this should be documented in the estimated surgery cost form.

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