



Criminal Responsibility For The Occurring of a Patient Safety Incident In a Health Center Which Results in the Leaving of A Baby's Head in a Mother's Womb Before Birth in the Perspective of Health Law in Indonesia

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Abstract

This research was motivated by a mother from Panpajung Village, Modung, Bangkalan, Madura, East Java, reporting a midwife to the police on suspicion of malpractice. The mother lost the baby she was carrying after the baby's head was left in the womb during the birth process at the health center. The explanation of this case is interesting for the author to discuss who should be responsible for it all, and what criminal responsibility is like regarding the occurrence of patient safety incidents at a community health center resulting in the baby's head being left in the mother's womb before birth in the perspective of health law in Indonesia. The death that occurred to the baby is of course the subject of our collective evaluation, while remaining in favor of the aim of criminal law to provide protection against crimes against a person's body and life, and the death that occurred to the baby, of course, is contrary to the mandate of Law no. 39 of 1999 concerning Human Rights regarding: The Right to Life, and the Right to Defend Life, and also contradicts the aim of health law to reduce suffering, prolong life, and accompany patients until the end of their lives.

INTRODUCTION

The right to health is a fundamental and important right for everyone which includes the right to health services and the right to self-determination. The legal basis is Article 5 paragraph (1), (2), (3) Law Number 36 of 2009 concerning Health. Article 5 paragraph (1) of Law Number 36 of 2009 concerning Health, which states that: Every person has the same rights in gaining access to resources in the health sector. Article 5 paragraph (2) of Law Number 36 of 2009 concerning Health, which states that: Every person has the right to obtain safe, quality and affordable health services. Article 5 paragraph (3) of Law Number 36 of 2009 concerning Health, which states that: Every person has the right to be independent and responsible for determining the health services needed for himself. It can be concluded that patient rights will be achieved if doctors carry out their obligations.¹

As a comparison, the realization of the right to health is also contained in the new Health Law, namely: Law no. 17 of 2023 concerning Health. The birth of Law no. 17 of 2023 concerning Health, based on various considerations, states that:

- a. The state guarantees the right of every citizen to realize a good, healthy and prosperous life physically and mentally in order to achieve the national goal of protecting the entire nation Indonesia and all of Indonesia's bloodshed to advance general welfare as mandated in the 1945 Constitution of the Republic of Indonesia;

¹ Saputra Malik, 2022, *The Political and Legal Urgency of the Establishment of a Medical Negligence Criminal Court as a Medical Dispute Resolution Body*, Thesis at the Military Law College, Jakarta, Pg.

- b. Community health development requires health efforts, health resources and health management to improve the highest level of public health based on the principles of welfare, equity, non-discrimination, participatory and sustainable in the context of developing quality and productive human resources, reducing disparities, strengthening quality health services, increasing health security, ensuring a healthy life, and advancing the welfare of all citizens and the nation's competitiveness to achieve national development goals;
- c. Health problems and disorders in the community will reduce productivity and cause losses for the country so that health transformation is needed to achieve an increase in the level of public health;
- d. Public health development is getting better and more open, thereby creating independence and encouraging the development of the national health industry at regional and global levels as well as encouraging improvements in safe, quality and affordable health services for the community to improve the quality of life of the community;
- e. To increase health capacity and resilience, it is necessary to adjust various policies to strengthen the health system in an integrative and holistic manner in 1 (one) law at a time. comprehensive;
- f. Based on considerations as referred to in letter a, letter b, letter c, letter d, and letter e, it is necessary to form a Law on Health;

Furthermore, the affirmation of the right to health is also contained in the new law, namely: Law Number 17 of 2023 concerning Health (which is hereafter abbreviated to the Health Law). Article 4 paragraph (1) states that every person has the right to: a. live a healthy life physically, mentally and socially; b. get information and education about balanced and responsible health; c. obtain safe, quality and affordable health services in order to achieve the highest level of health; d. receive health care in accordance with health service standards; e. get access to Health Resources; f. determine the necessary Health Services for himself independently and responsibly; g. Obtaining a healthy environment for achieving a degree of Health; h. accept or reject some or all of the assistance actions that will be given to him after receiving and understanding the information regarding the action completely; i. obtain confidentiality of personal health data and information; j. obtain information about his/her health data, including actions and treatment that he or she has received or will receive from medical personnel and/or health workers; and k. get protection from health risks.

Protection from health risks is the subject of our collective evaluation, and this is where the role of the State is needed. The state is the central actor who holds the main responsibility for implementing policies based on international law or international agreements where the right to health is protected,² in an effort to achieve optimal health. Efforts to achieve optimal health status since mid-2022 have been slightly disrupted, where there has been a very exciting case, where the baby's head broke off and was left in the womb of Mukarromah (25 years), a resident of Panpajung Village, Modung District, Bangkalan Regency, Madura, Tuesday (5/3). What is the explanation from the Bangkalan Health Department (Dinkes)? The head of the Bangkalan Health Office, Nur Chotibah, said that the baby in Mukarromah's womb had actually been dead for 7-10 days.³ "So there is maceration, blistering, and this is the cause of the head being left in the uterus," said Nur in a press conference at the Bangkalan Regency Communications and Information Office, Tuesday (12/3). According to Nur, there was a miscommunication between the Kedungdung Community Health Center and the family. "The community health center already knew that the baby had died, but it was conveyed to the family

² John Tobin. *The Right to Health in International Law*, Oxford University Press New York. Volume 4. Nomor 1. 238. p 84 in Rico Mardiansyah. 2018. *Political and Legal Dynamics in Fulfilling Rights Health Of Indonesia*. Vol. 4. No 1, Truth And Justice <http://journal.unpar.ac.id/index.php/veritas/article/view/2918> accessed February 20, 2023

³ *Explanation from the Bangkalan Health Office regarding the severed baby's head left in the womb*, 2024, accessed on: <https://kumparan.com/kumparannews/penjelasan-dinkes-bangkalan-soal-kepala-bayi-putus-tertinggal-di-rahim-maserasi-22LBvwb2il>, April 21, 2024.

not in the language 'died' but in the language 'the heartbeat is no longer there,'" said Nur. In investigating this case, Nur said that his party had carried out a maternal audit involving three specialist doctors, the Head of the Kedungdung Community Health Center and midwives, as well as the Bangkalan Indonesian Doctors Association (IDI).⁴

Furthermore, the baby's condition is very fragile, this was stated by a specialist in obstetrics and gynecology (*Obgyn*) or the content of RSIA Glamor Husada Kebun, Bangkalan, Dr. Surya Haksara, said that his party accepted Mukarromah's treatment with only the pregnancy remaining at that time. Surya confirmed that the baby had died in the womb or *Intrauterine Fetal Death (IUFD)*. "I saw that the baby's head was already macerated, a sign that the baby had died in the womb for at least 2 x 24 hours. So it was very fragile, we only held it a little, for example we held it from shoulder to arm, if it was fragile then let go," said Surya. Surya explained that from the results of the maternal audit, the baby had died at an autopsy level of maceration. The baby died around 7-8 days earlier with the skin on the back of the neck peeling off.⁵ "Whatever is dead inside, everything will be fragile. Because the decomposition process of the corpse continues so it is brittle, frail. The baby is in a breech position," he said.⁶

This incident surfaced after Mukarromah conveyed this in a video and it went viral. Initially, she said she wanted to give birth as a breech baby. "I went to the village midwife. Then I asked the village midwife for a referral to the community health center. Then I went straight to the community health center," said Mukarromah in the video. Mukarromah headed to the Kedungdung Community Health Center, Bangkalan. When he arrived at the health center, he planned to ask to be referred to a hospital in Bangkalan. The reason was because he wanted to give birth through surgery. However, he said, the puskesmas continued to handle Mukarromah's birth at the puskesmas. When initially treated, said Mukarromah, the baby was still alive and moving. "Then he (the puskesmas officer) called the midwife, her name was Mrs. Mega, then Mrs. Mega finally came, then she said 4."⁷ Mukarromah was told by the midwife to push the baby out of her womb. However, when the baby came out, his head was still stuck in her womb. "Then I was told to do the ngejen again and then I couldn't stand it so it finally broke. What was broken? The body, the head was inside. The midwife had to pull it, it was pulled. I don't know whether it was cut or not, I don't know, but it was pulled," he explained. She then asked the community health center to refer her to Bangkalan Hospital to remove the baby's head which was stuck in her womb.⁸

However, in this case not only is there a violation of the code of ethics, but also this action can be called for legal responsibility. Criminal law responsibility can be seen in the increase in child deaths, of course this condition is very contrary to the objectives of criminal law. The aim of criminal law is to be able to provide protection against crimes against body and life, so a very in-depth study is needed to explain the complexity of this problem. The complexity of this problem begins with efforts to determine who is responsible in this case. This responsibility must be initiated and at the same time ascertained who the perpetrator was who caused the baby's head to be left in the mother's womb before it was born. This condition is of course contrary to the values that live and grow in society, and this condition also conflicts with the three existing standards in health services, namely: Professional Standards, Service Standards and Standard Operating Procedures (SOP). This condition has given rise to various reactions from the public, related agencies and academics, especially criminal law experts and health law experts.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

To measure this incident in an effort to shed light on a criminal incident, and to find the suspect, and/or suspects, it is necessary to study in depth who should be responsible, so further discussion of this case is needed. This condition prompted the author to carry out this research entitled: Criminal Responsibility For The Occurring of A Patient Safety Incident in a Health Center Which Results in The Leaving of A Baby's Head in a Mother's Womb Before Birth in the Perspective of Health Law in Indonesia

By looking at the background above, the formulation of the problem is as follows:

1. What is the background to a patient safety incident at a community health center which resulted in the baby's head being left in the mother's womb before birth from the perspective of health law in Indonesia?
2. What is the criminal responsibility of a community health center for a patient safety incident at a community health center which resulted in the baby's head being left in the mother's womb before birth in the perspective of health law in Indonesia.

LITERATURE REVIEW

Terms and Definition of Criminal Responsibility

Criminal law liability in foreign languages is referred to as "*imputability*," "*criminal reponsibility*," "criminal liability," criminal liability here is intended to determine whether a person can be held criminally responsible or not for the actions they commit.⁹ A person being declared guilty is a matter involving criminal liability.¹⁰

Regarding criminal law accountability, there is a very important principle from Article 1 paragraph 1 of the Criminal Code (hereinafter referred to as the Criminal Code), which states: "*An act is only a criminal act if this is determined first in a statutory provision*". Therefore, a person can only be required to carry out criminal law responsibility, if that person's actions constitute a criminal act that is regulated by law and can be subject to criminal penalties.¹¹

Among scholars it is stated that the objectives of criminal law are as follows:¹²

1. To scare people so that they don't commit crimes, either by scaring many people (*general preventive*) or by frightening certain people who have committed crimes so that they will not commit crimes again in the future (*special preventatives*).
2. To educate or improve people who have shown a love for doing evil so that they become good people, thus benefiting the community.

Meanwhile, according to Simons, the basis for criminal responsibility is the fault that lies in the perpetrator's soul in relation (that fault) to the behavior that can be punished and based on that psychology the perpetrator can be blamed for his behavior. For there to be guilt in the perpetrator, several things concerning the perpetrator must be achieved and determined first, namely:¹³

- a. Ability to be responsible;
- b. The relationship, psychology between the perpetrator and the resulting consequences (including behavior that does not conflict with the law in everyday life);
- c. *Trick And blame*, error is a subjective element of a criminal act. This is a consequence of his opinion which connects (unites) *criminal offense* with errors.

Elements of a criminal act in criminal law are also called elements of a crime. The

⁹ *Ibid.*

¹⁰ Admaja Priyatno, 2004, *Legislative Policy Concerning the Corporate Criminal Responsibility System in Indonesia*, CV. Utomo, Bandung, Pg. 15.

¹¹ Wirjono Prodjodikoro, 2009, *Principles of Criminal Law in Indonesia*, Cet.3, Bandung: Refika Aditama, p. 59

¹² *Ibid.*, p. 19

¹³ Oemar Seno Adji, 1991, *Professional Ethics and Criminal Liability Law for Doctors*, Publisher: Erlangga, Jakarta , Pg. 34. in

offense element is part of the offense. In prosecuting an offense, all elements of the offense alleged against the perpetrator must be proven. Therefore, if one of the elements or elements of the offense is not fulfilled, then the perpetrator of the offense cannot be blamed for committing the alleged offense, so that the perpetrator of the offense must be released from all legal charges. (*attack from the right, all persecution*). The offense elements are generally divided into 2 (two) parts, namely: objective elements, or what is usually called *guilty act*, and (2) the subjective element, or commonly referred to *mens rea*.¹⁴

Objective offense elements are elements that are related to circumstances, namely under the circumstances in which the perpetrator's actions must be carried out. The objective elements of a criminal act include: (a) the nature of the violation of the law, (b) the quality of the perpetrator, for example his condition as a Civil Servant (PNS) as regulated in Article 415 of the Criminal Code, and (c) causality, the relationship between an action as cause with reality as an effect. The objective offense element is the offense element that is related to the act (*act, deed*) from the perpetrator of the offense, namely:¹⁵

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1. The form of action (active, passive), or visible consequences. An offense can be realized by active behavior or passive behavior, according to the description of the offense that requires it. For example, in the offense of ordinary theft (Article 362 of the Criminal Code) the form of action is taking someone else's property in whole or in part. Another example is the offense of failing to comply with a summons at a court hearing as a witness, expert or interpreter (Article 224 of the Criminal Code). So the form of the action in question is active or passive, including the type of commission offense, or the type of commission offense, or *the offense of commission by omission*, or the offense of disobeying the prohibition is continued by not acting.
2. The act must be unlawful. The act that is required to fulfill the objective offense element is that in carrying out the act there must be an element of unlawfulness (*unlawful act, unlawful act*). An unlawful act is an act that is prohibited from being complied with, or ordered not to be carried out as stated in the criminal regulations. Criminal Law differentiates the nature of unlawfulness into 2 (two) main meanings, namely:
 - a. Against the law in the formal sense.
Zainal Abidin explained that it is said to be formal because the criminal law prohibits or orders this act accompanied by the threat of sanctions against anyone who violates or ignores it. The meaning of formal unlawful acts are elements that are constitutive, which are present in every offense formulation in written criminal regulations, even though in reality they are not written with the task of being unlawful. Thus, if it is not included, it means that the unlawful element is accepted as an element *feature* (tacitly accepted, *implicit*). Going against formal law places more importance on legal certainty (*legal certainty*) which originates from the principle of legality (*principle of legality, legality benginsel*).¹⁶
 - b. Against the law in a material sense.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ HA. Zainal Abidin Farid, 2007, *Criminal Law I*, Sinar Graphics, Jakarta, Pg. 242.

It is called material because even if an act is in accordance with the description in the law, it still has to be examined regarding the public's assessment of whether the act is indeed reprehensible and deserves to be punished by its author or is not reprehensible, or whether its nature is considered too deficient in nature so that its author does not need to be subject to criminal sanctions. but it is enough to be subject to sanctions according to other legal rules, or other social rules. The meaning of a material unlawful act is an element related to the principle of culpability (determining the guilt of the perpetrator of the offense), or the value of legal justice that exists in society, and the level of propriety and reasonableness.¹⁷

c. In carrying out this act there is no justification.

An act is qualified as an offense if the act does not contain a Justifying Basis, as part of the Objective Offense Elements. (*guilty act*). What is meant by Justifying Basis is the basis that eliminates the unlawful nature of the act that has been committed by the perpetrator of the offense. This means that if the act contains a justification, it means that one of the objective elements of the offense is not fulfilled, which means that the perpetrator (perpetrator) of the offense cannot be punished. In the Criminal Code there are several types of Basic Justification, namely: (1) Relative Coercive Power (*compulsive force*), (2) Forced Defense, (3) Execute Legal Orders, and (4) Execute Competent Department Orders.

Furthermore, subjective offense elements are elements that are inherent in the perpetrator or are related to the perpetrator, and include everything that is contained in his heart. The subjective elements of a criminal act include: (a) intentional or unintentional (*trick* or *blame*), (b) the purpose of an experiment (Article 53 paragraph (1) of the Criminal Code), (c) various purposes (*purpose*) such as the crime of theft, (d) planning in advance, for example Article 340 of the Criminal Code.

Elements (elements) of subjective offenses in Criminal Law *Common Law* named *mens rea*, namely part of the inner attitude (mental attitude), part of the intention (thought) which is also part of criminal responsibility. So *mensrea* that concerns the fault of the perpetrator (*perpetrator*), because it is related to an evil inner attitude (*criminal intent*). *Mens rea* also related to the foundation *no punishment without guilt* (no crime without error). In the criminal law genre *Anglo-saxon* famous basic *an act does not a person guilty unless his mind is guilty* (One action does not make a person guilty, unless his thoughts are wrong).¹⁸

Subjective or elemental offense elements *mens rea* from the offense or part of criminal responsibility which, according to Zainal Abidin, consists of:¹⁹

1. Ability to be responsible (*responsibility*); The Criminal Code does not regulate the ability to be responsible, but what is regulated is the opposite, namely the inability to be responsible as regulated in Article 44 of the Criminal Code. According to SatochidKartanegara, for a person to have the ability to be responsible, 3 (three) conditions are required, namely:²⁰
 - a. The state of the person's soul is such that he can understand or know the value of his actions, so that he can also understand the consequences of his actions;
 - b. The state of the person's soul is such that he can determine his will towards the act he does;
 - c. The person must be aware, aware, whether the action he is doing is a prohibited act or not can be justified, both from a legal, societal and moral perspective.

¹⁷ *Theories of Criminal Responsibility*, 2019, accessed at: <https://IndonesianInformationHukumCriminalResponsibilityTheory.html>; October 25, 2023.

¹⁸ *Ibid.*

¹⁹ *Ibid*, Hlm. 235

²⁰ Tongat, 2008, *Basics of Indonesian Criminal Law in the Perspective of Legal Reform*, UMM, Malang, Pg. 228-

METHOD

The research specification is descriptive analysis, with a normative juridical approach method which is also supported by empirical juridical. The types of data used are secondary data and primary data. Secondary data was obtained from document studies, primary data was obtained by interviews. The data obtained was then analyzed qualitatively.

RESULTS AND DISCUSSION

Background to the Occurrence of a Patient Safety Incident at a Community Health center Which Resulted in the Baby's Head Being left in the Mother's Womb Before Birth in the Perspective of Health law in Indonesia

Errors or negligence in carrying out professional obligations originate from the dissatisfaction of patients and their families with doctors' services, because their expectations cannot be met by doctors. In other words, there is a gap between the patient's expectations and the reality obtained by the patient.²¹ Starting from this gap will be the starting point for a conflict to turn into a dispute. When a conflict turns into a dispute, it will go through several stages or conditions, namely: ²²

First, the Pre-Conflict Stage. At this stage there is a feeling of dissatisfaction with an activity or result by one party (the patient) towards the other party (doctor and hospital), but this feeling is only at the felt level. This feeling of dissatisfaction will become *presdisposing factor* which will develop into a dispute. Several possibilities that may be factors causing patient dissatisfaction are: the results of treatment or actions from the doctor which are considered unsatisfactory or even worse, unsatisfactory communication between the doctor and the patient, lack of explanation on the part of the patient. *health provider*, unsatisfactory service that occurs in hospitals caused by people, equipment, or systems and the comfort of the hospital environment.

Second, Conflict Stage. At this stage, the aggrieved party begins to express or issue complaints regarding the dissatisfaction or displeasure they receive, although at this stage it is still subjective in that the meaning of the words does not necessarily mean that what is being complained about really happened or is the fault of the other party (doctor and or hospital). This complaint can be submitted directly to the party who is considered detrimental or to other parties who are willing to listen to their complaint, and at this stage the party who is considered detrimental already knows that there is a complaint about the action or service provided.

At this stage, the party who is considered detrimental or who is complained about by the patient (doctor, hospital or hospital management) should be aware and try to take an approach to find out the source of the problem and clarify the alleged discomfort felt by the patient. At this stage, intelligent and wise action is needed from the party being complained about (doctor or hospital) to provide an explanation to the party who feels disadvantaged regarding the position of the existing problem. This position is where a dispute begins or does not occur, if the patient can accept what is explained with good communication, is clear about the existing problem and does not blame the doctor, then the possibility of a dispute occurring will be reduced.

If communication at this stage fails or does not provide satisfaction with the clarity of the position of the problem, then the party complaining will seek justification for what they feel, namely to third parties (family, community, journalists, authorities or writing in the mass media). then it will start to enter the dispute stage.

Third, dispute stage. At this stage the conflict has surfaced and may already be in the public area, this can happen because both parties persist in their respective arguments because they feel that what they are doing or feel is right, because both parties are adamant about their

²¹ Endang Kusuma Astuti, *On Cit*, Pg. 238

²² Desriza Ratman, *Non-Litigation Mediation of Medical Disputes*, Jakarta : Elex Media, 2012, Pg. 7-10

respective opinions, then At this stage a dispute occurs. In medical practice, disputes are often caused by several things, namely:²³

1. The content of the information (about the disease the patient is suffering from) and the alternative therapy chosen are not conveyed completely.
2. When was the information conveyed (by the doctor to the patient), whether it was before the therapy in the form of a particular medical action was carried out. Information must be provided (by the doctor to the patient), whether requested or not (by the patient) before therapy is carried out. Moreover, if the information is related to the possibility of expanding therapy.
3. The method of conveying information must be verbal and complete and given honestly and correctly, except if in the doctor's opinion conveying the information will be detrimental to the patient, the same applies to information that must be given to the doctor by the patient.
4. Those who have the right to information are the patient concerned, and the next of kin if, according to the doctor's assessment, the information provided will be detrimental to the patient, or if there is an unforeseen expansion of therapy that must be carried out to save the patient's life.
5. The person who has the right to provide information is the treating doctor or another doctor with instructions from the treating doctor

Medical dispute comes from two words, namely dispute and medical. The word "dispute" in English can be equated with "*conflict*" And "*dispute*", both contain the meaning of differences in interests between two or more parties, but both can be distinguished. Conflict has been used in the Indonesian vocabulary, based on the Big Indonesian Dictionary it can be defined as "quarrel, dispute, or conflict", where this conflict can occur within oneself (internal) or conflict between two forces or parties (external). While the dispute as *dispute* is defined as "something that causes differences of opinion, quarrels, disputes", so that conflict can be said to be a situation where two or more parties are faced with differences in interests, while *dispute* is a feeling of dissatisfaction on the part of one party who feels disadvantaged by another party by bringing the problem to the surface to find a solution. Disputes can develop from a conflict that has reached a certain escalation or peaked. Meanwhile, the word medical can be defined as "including or something related to the field of medicine", namely starting from doctors and other health workers who are under the control or place where doctors carry out their medical profession, so that a medical dispute can be interpreted as having occurred a conflict between the patient and the other party. doctors and/or hospitals, due to one party being dissatisfied or having their rights violated by the other party.²⁴

Violation of a person's rights by another party in providing health care assistance can be interpreted as a violation of the patient's rights in carrying out professional obligations carried out by doctors, health workers and health service facilities, which does not protect patient safety (*patient safety*), resulting in a patient safety incident. Patient Safety Incidents are contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning Patient Safety in Hospitals. Hospital patient safety is a system where hospitals make patient care safer which includes risk assessment, identification and management of matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and follow-up as well as implementation of solutions to minimize the emergence of risks and prevent injuries caused by errors resulting

²³ Safitri Hariyani, *Medical Disputes: Alternative Resolution of Disputes Between Doctors and Patients*, Jakarta, Media Edit, 2005, Pg. 3.

²⁴ Desriza Ratman, *On Cit*, Hlm.4

from carrying out an action or not taking action that should be taken.²⁵ Patient safety incidents, hereinafter referred to as incidents, are any unintentional events and conditions that result in or have the potential to result in preventable injury to patients, consisting of Adverse Events (KTD)²⁶, Near Injury Events (KNC)²⁷, Non-Injury Events (KTC)²⁸, Potential Injury Events (KPC)²⁹, and Sentinel Genesis.³⁰

Patient safety incidents are basically errors or negligence made by doctors in carrying out their professional obligations, but patients or the public often use the term malpractice.³¹ The term malpractice is actually inaccurate and unknown in the Indonesian legal system, and as a result of the development of health law in the legal system in Indonesia, the term used is that errors or negligence in carrying out professional obligations can result in crimes against the body and life of the patient, in the form of permanent disability which reduces the patient's independence, the death of the patient, so this is where legal participation is needed in efforts to resolve it, which can be seen in the case that is the object of this research. A mother in Bangkalan, Mukarromah (25), had to endure excruciating sadness and pain. The baby died during the birth process, the head was cut off and left in the womb. This terrible incident occurred at the Kedungdung Community Health Center, Bangkalan. The family felt that the birthing process at the health center seemed forced. This is because Mukarromah came to the puskesmas intending to ask for a referral letter to the hospital because her baby was breech.³²

The case of a baby left in the womb of Mukarromah (25) was responded to by the Kedungdung Bangkalan Community Health Center. The community health center said that what the health workers (nakes) had done was in accordance with procedures. Through its legal representative, Risang Bima Wijaya, the community health center denied that there had been any malpractice. Risang said that in January 2024, the village midwife had stated that Mukarromah's fetus had no heartbeat. However, the mother stated that: the baby was moving even though it was weak. Then on March 4 2024 in the morning, the patient came to the village midwife again, because she felt like she was about to give birth. Based on this referral, the community health center examined the patient while waiting for a response to the referral from Bangkalan Regional Hospital. The results of the examination showed that the baby had no heartbeat, while the patient's blood pressure was very high, reaching 160-180. So, treatment must be given to stabilize blood pressure so that a caesarean (sc) operation can be carried out.³³

However, when the examination was carried out, the mother was already pushing and there was a doctor there, it turned out that when she was examined there had been a complete opening, the baby's buttocks were visible, meaning the baby was breech but there was no blood

²⁵ Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*

²⁶ Article 1 Number 3 Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*. Unexpected Events, hereinafter abbreviated as KTD, are incidents that result in injury to the patient.

²⁷ Article 1 Number 4 Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*. A Near Injury Event, hereinafter abbreviated as KNC, is an incident that has not yet been exposed to the patient.

²⁸ Article 1 Number 5 Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*. Non-Injury Event, hereinafter abbreviated as KTC, is an incident that has been exposed to the patient, but no injury has occurred.

²⁹ Article 1 Number 6 Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*. Potential Injury Condition, hereinafter abbreviated as KPC, is a condition that has the potential to cause injury, but has not yet had an incident.

³⁰ Article 1 Number 7 Regulation of the Minister of Health of the Republic of Indonesia Number 1691/MENKES/PER/VIII/2011 concerning *Hospital Patient Safety*. A Sentinel incident is an unforeseen accident that results in death or serious injury.

³¹ Eka Julianta Wahjoepramono, *Legal Consequences in the Medical Profession*, Bandung, Putra Darwati's work, 2012, p. 5.

³² *Horrified, Baby's Head Severed and Left in Mother's Womb During Childbirth, 2024*, accessed at: <https://www.detik.com/bali/berita/d-7237250/ngeri-kepala-bayi-putus-dan-tertinggal-dalam-rahim-ibu-saat-melahirkan>, accessed on October 10, 2024

³³ *Ibid.*

there, no amniotic fluid. The community health center cannot directly make referrals in these conditions. Because a mother in a seizure condition could be at risk of dying on the road. So, the midwife and team tried to immediately remove the fetus from the stomach. "Because he was worried about a seizure, he couldn't be referred straight away because he could die in the middle of the road. "Moreover, there were two coils around the baby's neck that needed to be cut to remove the breech baby. "It turned out that the umbilical cord was brittle, it was brown and there was no blood, the baby's condition was blistered, the medical term is maceration."

Risang emphasized that the treatment carried out by the community health center was in accordance with procedures for handling breech babies. However, because the condition of the fetus began to rot when it was pulled, the baby fell from its jaws until the baby's head was left in the mother's womb. "When it was pulled using a tool, it turned out to be separated from its jaw because it was already rotting, there was no blood or amniotic fluid there, it was not cut (the baby's neck), finally they were referred to remove the head to the nearest RSIA Glamor Husada." The Bangkalan Health Service denied that the medical procedures carried out by midwives at the Kedungdung Community Health Center were malpractice. The midwife's actions in helping Mukarromah give birth but the baby's head and body broke off while helping her were in accordance with the SOP.

"We carried out the actions that had been carried out according to the SOP according to procedures. Hotiba said that the medical actions carried out by the puskesmas midwives were not individual actions, but rather team actions. In accordance with the provisions of Law No. 17 of 2023 concerning Health, delivery is handled by two midwives, a nurse and a doctor. Doctor as a place of consultation. "Essentially we are reducing maternal and infant mortality rates. Because the baby had previously died (in the womb) and we were trying to save the mother." He said the condition of the body of the baby who was born had died in the stomach for a long time. Apart from that, the condition of the baby's body is peeling and fragile. "I'm sorry, if a baby dies more than a week (in the stomach/womb) the medical language is maceration (the dead fetus undergoes an aseptic degenerative process) it's all peeled off, so it's soft." His party has carried out a Maternal Perinatal Audit (AMP) or an investigation into the causes of maternal and infant birth deaths, and on Friday (8/3/2024) we carried out a Maternal Perinatal audit related to the birth of the mother and baby. With a team, there are health workers, there are midwives, there are nurses, there are doctors, there are SpOGs (Ob-gyn Doctors). "We have carried out an audit and the final diagnosis is death in the womb."

Regarding the patient's family taking legal action, the Health Service considers it to be just a miscommunication between the puskesmas and the patient's family. So according to him, there needs to be persuasive steps to convey to the family the conditions from start to finish. "We took a persuasive approach to the family to convey understanding to the family. However, in this writing, the researcher allows a different view. From the previous explanation, It can be concluded that the background to the occurrence of a patient safety incident in a community health center which resulted in the baby's head being left in the mother's womb before birth, from a health law perspective in Indonesia, is suspected of being an action that was not in accordance with the three standards, namely: professional standards, service standards and operational standards. procedure, which ultimately had an impact errors and/or negligence in carrying out professional obligations. Errors and/or negligence in carrying out professional obligations can be said to be a criminal offense in the medical field. Criminal acts in the medical field committed with "*mens rea*"Deliberation can occur, among other things, because: First, the perpetrator does not have the legal competence and expertise to be able and authorized to provide or carry out medical procedures or health services. Strictly speaking, this act is a criminal act and an unlawful act according to civil law. Second, even though the perpetrator has the expertise and legal competence to be authorized to provide medical treatment or health services, the perpetrator's actions were carried out not in accordance with Standard Medical

Operational Procedures" (*Medical Standard Of Care*) which applies to types of medical procedures or health services and which directly result in the patient experiencing injury or death.³⁴

Even if the perpetrator has the legal competence and expertise to be able and authorized to provide or carry out medical procedures or health services, but the actions he commits do not cause the patient to suffer injury or death, the perpetrator cannot be punished.³⁵ Next, a distinction must be made between medical negligence and medical accidents. Both can cause injury or even death to patients. It's just that in medical accidents, health professionals and health service facilities cannot be blamed. Strictly speaking, perpetrators of criminal acts cannot be held criminally liable or can be sued civilly, because of medical risks (*medical risk*) what will happen cannot be predicted (*unpredictable*) will occur.³⁶

Meanwhile, medical negligence by health professionals and health service facilities can be blamed. Strictly speaking, perpetrators can be charged with criminal liability and civil lawsuits due to medical risks (*medical risk*) can be predicted to occur. A medical accident is an event that objectively cannot be predicted or expected to occur beforehand by the health professional or health service facility that caused the medical accident. Patient injury or death is beyond the control of medical personnel or better known as "*force majeure*". In medical accidents, the perpetrator's actions do not contain an "illegal character" because there are "forgiving reasons" in the form of "force majeure", so that the perpetrator cannot be punished or sued civilly. Thus, a medical accident does not constitute medical negligence.³⁷

From the explanation above, not only is medical negligence a material criminal act, but it can also be said to be a formal criminal act. Material criminal acts are criminal acts that result from actions (*guilty act*) the perpetrator must have occurred. On the other hand, a formal criminal act is when an act (*guilty act*) carried out by the perpetrator does not produce the consequences desired by the perpetrator, but it must be proven that the perpetrator had the intention to do the action (*guilty act*) what he does will have the desired consequences.³⁸

According to Guwandi, a person is said to have committed negligence when he does not pay attention to the interests of other people as is customary in social procedures in society. As long as the consequences of negligence do not bring economic losses, or do not result in injury or death to other people, or the losses only involve trivial matters, then there are no legal consequences for someone who commits negligence. This principle is based on an adage "*de minimis not curat lex, the law does not concern it self with trifles*", the law does not interfere with trivial matters. However, on the other hand, if this negligence causes economic loss and results in injury or even death to other people, then legal action can be taken against the author for this negligence.

Legal action that can be taken against the perpetrator of this negligence is in the form of administrative legal action, civil legal action, and even criminal legal action.³⁹

In Indonesia, several scholars differentiate negligence into 2 (two) forms, namely: ethical medical negligence and juridical medical negligence (civil law, criminal law and administrative law). Ethical medical negligence is when a doctor performs an action that is contrary to medical ethics. Meanwhile, medical ethics is as stated in the Indonesian Medical Code of Ethics

³⁴ Sutan Remi Sahdeni. *Health Malpractice Law and Medical Personnel Malpractice* in the Lecture Materials for the Master of Law Program at the Military Law School (STHM). Jakarta, 2022, p.33.

³⁵ *Ibid*, Pp. 34

³⁶ *Ibid*.

³⁷ *Ibid*. p. 36, 37, 38

³⁸ *Ibid*, p. 40.

³⁹ Riza Alfianto Kurniawan. 2013. *Medical Risk and Negligence Against Alleged Medical Malpractice in Indonesia*. Perspective Journal Volume XVIII No. 3 of 2013 September Edition. Faculty of Law, Wijaya Kusuma University. Surabaya. p.15

(hereinafter referred to as KODEKI) which contains or is a set of ethical standards, principles, rules or norms that apply to doctors.

This ethical medical negligence is a negative impact of advances in medical technology, namely: advances that should provide convenience and comfort for patients, and help doctors make it easier to determine diagnoses more quickly, more precisely and accurately, so that patient rehabilitation can be faster, but turns out to have undesirable side effects. Side effects are the negative impact of this progress, namely: First, communication between doctors and patients is decreasing. Second, medical ethics is contaminated with business interests. Third, the prices of medical services are getting higher, and so on. Apart from that, juridical medical negligence can be divided into three, namely: negligence from the civil law side, from the administrative law side, and from the criminal law side. The definitions of negligence in terms of civil law, administrative law and criminal law are not the same, and each has different juridical consequences. In general, negligence is a normative definition, where Jonkers mentions 4 (four) elements of error (negligence) as benchmarks in criminal law. First, it is against the law. Second, the consequences can be imagined. Third, the consequences can be avoided. Fourth, so that his actions can be blamed on him. Furthermore, what can be said are the elements of an act in the form of medical negligence, as follows:⁴⁰

- a) These actions are carried out by Health Professionals, namely medical personnel, health workers, or by the Leaders/Managers/Personnel of Health Service Facilities.
- b) Fault element (*mens rea*) of these actions is negligence, not intentional, because in essence, neither health professionals, nor leaders/managers/health service facility personnel are criminals. If the element of error (*mens rea*) is intentional, so the perpetrator of the act is not punished for committing medical negligence, but for committing a crime as regulated in the Criminal Code regarding intentional criminal acts.
- c) The perpetrator of this act has the expertise and legal competence to provide or carry out medical procedures or health services. Strictly speaking, the perpetrator is an expert and also has the authority to provide or carry out medical procedures and health services. If the perpetrator does not have professional expertise and legal competence, then the perpetrator cannot be called a health professional (general practitioner, dentist and specialist doctor), or a health service facility. Therefore, the perpetrator's actions in providing or carrying out medical procedures or health services are criminal acts and constitute acts against the law as intended in civil law. Because this act is a criminal act and an unlawful act, the perpetrator of the act is not considered to have committed medical negligence, but is considered to have committed medical negligence, but is considered to have committed a criminal act, even if the patient does not experience injury or death, and can be sued civilly. pretext for unlawful acts as intended in Article 1365 of the Civil Code.

The actions of health professionals and the Management/Administration/Personnel of the health service facility must directly result in the patient suffering injury, whether physical injury or psychological injury, temporary injury that can be cured or permanent injury that can be cured or permanent injury, or death. Thus, medical negligence is a material criminal act, namely: a criminal act whose consequences must have occurred. Basically, the crime of medical negligence can be interpreted as: *bad practice* or bad practices related to the practice of applying medical science and technology commonly used by other people to treat patients according to standard measures in the same environment, negligence is also defined as carrying out medical procedures below the standard of medical services,⁴¹ In essence, it is an error in carrying out the profession that arises as a result of the obligations that doctors must carry out for medical practices that are wrong, inappropriate, violate the law or code of ethics, leaving various legal issues, namely regarding the responsibilities of doctors and other health workers.

⁴⁰ Sutan Remi Sjahdeni, 2022, *On. Cit*, pp. 27-31

⁴¹ Ninik Mariyati, *Medical Malpractice from the Perspective of Criminal and Civil Law.*, (Jakarta: Bina Aksara, 1998), p. 5

The responsibility of doctors and health workers who are in a relationship with patients, namely that the doctor carries out good practices, is what is at the core of assessing medical negligence. In assessments related to medical negligence, there are (2) two terms that must be distinguished, namely error and negligence:⁴²

- a. Error (*Dolus, intentional, vorz, knowingly to do*), in a broad sense, includes: all medical actions or those related to the medical scope that are directly prohibited by law, such as: abortion (*abortus provokatus criminalis*), euthanasia, falsification of medical documents, giving fake sick or healthy certificates, not providing assistance emergency. In the narrow sense, it states that the actions he carries out are based on an element of intention which can be seen from his directed actions, with known results, the existence of legal regulations that prohibit it and sometimes based on paid motivation.
- b. Negligence (*culpa, negligence*) in a broad sense, doctors' work is in accordance with professional standards and what is permitted by law, but sometimes they work below standards without being careful and not carrying out their obligations to fulfill patients' rights, such as providing *informed consent*, keeping the secret of office, not giving referrals, etc., whereas in the narrow sense all these actions have no motive and no element of intent, and are solely due to the negligence or carelessness of a doctor who is careless or careless in carrying out the action the actual medical consequences that arise are not expected, such as leaving gauze behind during surgery.

In summary, criminal acts of medical negligence can be grouped based on the severity of the level of malpractice, ranging from mild to severe: *Error of judgement* (evaluation error), *Slight negligence* (minor negligence), *Gross negligence* (gross negligence), *Intentional wrong doing or criminal intent* (deliberate or criminal action).⁴³ For points 1 and 2, malpractice can be sued civilly and what is purely criminal is group 4, but group 3 can also enter the criminal realm if it is proven that a doctor carried out an action carelessly and below the specified professional standards resulting in disability. or death of the patient (having fulfilled several articles in the Criminal Code). Specifically for negligence, several levels of negligence can also be divided, namely: *A very slight fault (slight fault or neglect)* which means minor negligence, *A slight fault (ordinary fault or neglect)* which means ordinary negligence, and *Guilt can (gross fault or neglect)* which means serious negligence.⁴⁴ In criminal law, a person's fault/negligence is measured by whether the perpetrator of the criminal act is capable of taking responsibility, that is, if the action is determined by 3 factors, namely: (1) The inner state of the perpetrator of the criminal act, (2) The existence of an inner relationship between the perpetrators of the criminal act. with these actions with the actions he carries out, which can be in the form of: (a) Deliberate (*trick*); or (b) Forgetfulness/negligence (*blame*); and (c) There is no excuse.⁴⁵ To prove the error (intentional/negligent) of health workers or the health service facilities where they work in alleged medical malpractice cases, judges in court can use patient medical records as a source or evidence that can be researched. From the patient's medical record, it can be seen whether the medical actions carried out by health workers are in accordance with the standards of the medical profession, or whether they actually meet the elements of error.⁴⁶ Based on the description above, it can be concluded that Background: The occurrence of a patient safety incident at a community health center which resulted in the baby's head being left in the mother's womb before it was born. In the perspective of health law in Indonesia, it can be said to be medical malpractice committed by a midwife, so that the health service facility and the midwife can be held criminally liable. .

Criminal Liability of a Community Health Center for a patient safety incident at a

⁴² J. Guwandi, 2007, *Op.Cit*, p. 21.

⁴³ J. Guandy, *Medical Error and Medical Law*, (Jakarta: FKUI Publishing House, 2007), p. 66-67.

⁴⁴ Fred Ameln, *Capita Selecta Medical Law*, (Jakarta: Grafika Tama Jaya, 1991), p. 94

⁴⁵ Harmien Hadiati Koeswadi, *Medical Law*, (Bandung: PT. Citra Aditya Bakti, 1998), p. 153

⁴⁶ Syahrul Machmud, *Law Enforcement and Legal Protection for Doctors Suspected of Committing Medical Malpractice*, (Bandung: Karya Putra Darmawati, 2012), p. 316.

community health center which resulted in the baby's head being left in the mother's womb before birth in the perspective of health law in Indonesia

Patient safety is a very important global issue in health services. The World Health Organization (WHO) has emphasized the importance of safety in patient care, in connection with data on adverse events (KTD) in hospitals in various countries Which shows a number that is not small, ranging from 3-16%. In Indonesia itself, The Indonesian Hospital Association (PERSI) has formed a Hospital Patient Safety Committee (KKP-RS) on June 1, 2005, and has been published the Seven Step Guide to Patient Safety. This guide was created as a basis for implementing patient safety in hospitals.

On progress, The Ministry of Health's Hospital Accreditation Committee (KARS) has also prepared Hospital Patient Safety Standards in Hospital Accreditation Standards instrument. Currently, hospital accreditation is an absolute requirement that every hospital must fulfill as mandate of Law no. 44 of 2009 about Hospitals, Article 3 Arrangements for the operation of hospitals aims to: paragraph (b) provides protection for patient safety, community, hospital environment and human resources in hospitals; and in Part Five Patient Safety: Article 43 Hospitals are required to implement patient safety standards.

Patient safety standards as referred to in paragraph (1) are implemented through incident reporting, analyze and determine problem solving in order to reduce the number of unexpected events. Hospitals report activities as intended in paragraph (2) to the committee in charge of patient safety determined by the Minister. Reporting of patient safety incidents as intended in paragraph (2) is made anonymously and is intended to correct the system in order to improve patient safety.

The legal responsibilities of hospitals in Indonesia are regulated in Article 46 of the Hospital Law Which states that the hospital is legally responsible for all losses incurred due to negligence committed by health workers at the hospital. There are two meanings contained in this arrangement. First, the hospital is only responsible for errors that are negligent and not intentional errors. This is because intentional mistakes are acts that are classified as criminal because there is mens rea (the inner attitude of the perpetrator when committing a criminal act) and actus reus (an act that violates criminal law).

Second, the negligence was carried out by health workers while or in the context of carrying out tasks assigned by the hospital. Centralized accountability for hospitals is also emphasized in Article 32 (q) of Law Number 44 of 2009 concerning Hospitals Which states that every patient has rights, one of which is to sue and/or sue the hospital if the hospital is suspected of providing services that do not comply with standards, whether civil or criminal.

The patient's right as a recipient of medical services is to obtain information about medical services for know the results of the examination/diagnosis that has been carried out by the medical team And has the right to know what treatment the patient should receive. Community health centers are required to establish a patient safety incident reporting system Which includes policies, procedures and reporting forms. Incident reporting is important to analyze problems and prevent incidents from recurring. Health workers play a role in reporting incidents and improving behavior to create a culture of safety at the Community Health Center.

The criminal liability of a health center for a patient safety incident that results in the baby's head being left in the mother's womb before birth is a complex issue from the perspective of health law in Indonesia. Based on Law Number 36 of 2009 concerning Health and Law Number 29 of 2004 concerning Medical Practice, health service facilities such as Community Health Centers have an obligation to ensure patient safety and provide health services according to standards.

In this case, the incident could be categorized as serious medical negligence, which has the potential to violate the patient's right to safe and quality health care. Legally, criminal liability can be imposed on individual health workers who are directly involved in the incident,

such as doctors or midwives who handle the birthing process. However, Community Health Centers as institutions can also be held accountable for their lack of adequate supervision, training or systems to prevent incidents of this nature. Sanctions that may be faced include fines, revocation of temporary operational permits, and closure of health facilities, depending on the level of negligence and the impact caused. It is important to note that the legal process in cases like this must consider various factors, including applicable standard procedures, the condition of the health facility, and the efforts that have been made to prevent and deal with the incident. Apart from that, aspects of compensation and rehabilitation for victims also need to be considered as part of a comprehensive resolution of this case.

Crimes against health centers that cause damage or loss of organs to patients can be found in Law Number 36 of 2009 concerning Health. This is stipulated in Article 159 paragraph (1), which states that the person or legal entity responsible for managing health facilities is obliged to be responsible for damage or loss of organs to patients caused by health services that do not comply with applicable health standards.

In addition, Article 160 paragraph (1) of Law Number 36 of 2009 stipulates that a person or legal entity responsible for managing health facilities that violates the rules in serving patients can be punished with imprisonment for one year to five years and fines in series. two thousand five hundred thousand rupiah (2,500,000) to eight million rupiah (8,000,000). This shows that community health centers must comply with applicable health standards and provide correct and safe health services for patients.

In this case, the community health center can be asked to resolve the patient safety incident by taking appropriate action, such as providing compensation for losses caused by the incident. Apart from that, community health centers must also take preventive measures to prevent the same patient safety incidents from occurring again in the future. This can be done through developing patient safety programs, improving the skills of experts, and maintaining good health equipment.

Patient safety is a priority in the Indonesian health system, and community health centers must ensure that all health service processes provided to patients are safe and free from risks. If the community health center fails to do this, then it can consider the legal impact it will face, as well as the negative impact it will have on the reputation and trust of the community.

CONCLUSION AND SUGGESTIONS

Conclusion

Regarding criminal law accountability, there is a very important principle from Article 1 paragraph 1 of the Criminal Code (hereinafter referred to as the Criminal Code), which states: "*An act is only a criminal act if this is determined first in a statutory provision*". Therefore, a person can only be required to carry out criminal law responsibility, if that person's actions constitute a criminal act that is regulated by law and can be subject to criminal penalties. Errors or negligence in carrying out professional obligations originate from the dissatisfaction of patients and their families with doctors' services, because their expectations cannot be met by doctors. In other words, there is a gap between the patient's expectations and the reality obtained by the patient. This is a large gap between the patient's expectations and the reality obtained by the patient *predisposing factor*, but the real source of conflict can be caused by differences in perception (for example, about the nature and goals of medical efforts), ambiguous communication (for example, certain terms have different meanings for other individuals), and a person's individual style (for example, the doctor's attitude, staff health, arrogant or temperamental patient behavior).

Patient safety incidents are basically errors or negligence made by doctors in carrying out their professional obligations, but patients or the public often use the term malpractice. Mistakes and/or negligence in carrying out professional obligations can be said to be a criminal

offense in the medical field. Criminal acts in the medical field committed with “*mens rea*” Deliberation can occur, among other things, because: First, the perpetrator does not have the legal competence and expertise to be able and authorized to provide or carry out medical procedures or health services. Basically, the crime of medical negligence can be interpreted as: *bad practice* or bad practices related to the practice of applying medical science and technology in carrying out the medical profession, or in other words the negligence of a doctor to use the level of skill and knowledge based on the standard standards that other people treat patients with in the same environment, negligence is also defined by carrying out medical procedures below the standard of medical services, so it can be concluded that the person responsible for this case is a midwife, and a health service facility which is proven to have made a mistake, and/or negligence in carrying out professional obligations.

Suggestions

In dealing with patient safety incidents that result in the baby's head being left in a mother's womb at the Community Health Center, it is important to enforce criminal liability in accordance with health law in Indonesia. First, a thorough investigation needs to be carried out to determine whether the actions of medical personnel comply with applicable standard operating procedures (SOP). If negligence or malpractice is found, this violation can be subject to criminal sanctions in accordance with Article 359 of the Criminal Code regarding negligence that causes serious injury. In addition, Community Health Centers must ensure that there is a transparent and systematic incident reporting mechanism, as well as increase the capacity of health workers through training and socialization of SOPs. With these steps, it is hoped that similar incidents can be prevented from recurring and protect patients' rights to obtain safe and quality health services.

In addition to criminal sanctions, health institutions such as Community Health Centers must implement a transparent and effective incident reporting system to identify and address problems related to patient safety. By increasing capacity and training for health workers, as well as ensuring in-depth understanding of SOPs, it is hoped that similar incidents can be prevented in the future. These steps are important to protect patients' rights to safe and quality services, as well as increasing public confidence in the health system in Indonesia

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