

Legal Protection for General Practitioners Practicing Beyond Their Competence in Remote Areas: An Agroti Salus Lex Suprema Perspective

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ABSTRACT

This study analyzes the legal protection for general practitioners in remote areas who are forced to practice outside their formal competence to save patients' lives, with reference to the principle of Agroti Salus Lex Suprema, which means that patient safety is the highest law. The background of this study is the unequal distribution of specialist medical personnel in Indonesia, which causes general practitioners in underdeveloped, border, and island regions to often have to handle emergency cases that should be handled by specialist doctors. This situation creates a conflict of norms, namely the tension between the moral and professional obligation to help patients versus the limits of competence and authority stipulated in the law. Strict law enforcement can criminalize doctors who act in good faith, while reluctance to act can endanger the lives of patients. This study uses a normative juridical approach to identify the conflict of norms between Article 543 and 744 of Government Regulation Number 28 of 2024, which limits the authority of doctors, and the principle of Agroti Salus Lex Suprema as a fundamental legal norm. The results of this study indicate that harmonization of norms can be achieved through legal interpretations that are oriented towards humanity and patient protection. The theory of emergency (noodtoestand) in criminal law can be used as justification (rechtvaardigingsgrond) for actions by general practitioners that exceed their authority, provided the action is carried out under urgent circumstances, with no other alternatives, and with the sole purpose of saving lives. This harmonization is essential to provide legal certainty for physicians and guarantee citizens' constitutional rights to equitable healthcare services.

Keywords: Agroti Salus Lex Suprema, Legal Protection, Remote Areas

INTRODUCTION

Law fundamentally exists as an instrument to establish order, justice, and social welfare. In health law philosophy, the principle of Agroti Salus Lex Suprema meaning "the safety of the patient is the highest law" emphasizes that the protection of human life and patient safety should become the primary consideration in the formulation and implementation of legal norms. This principle possesses both moral and juridical dimensions because it serves as a guideline for public policy, law enforcement, and medical decision-making, particularly in situations involving life-threatening emergencies.¹

The application of this principle becomes increasingly important in remote, underdeveloped, border, and island regions where access to healthcare services remains limited. Indonesia continues to face significant disparities in the distribution of

¹Faculty of Medicine, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.; Satjipto Rahardjo, *Membedah Hukum Progresif* (Penerbit Buku Kompas, 2006).

healthcare professionals, particularly medical specialists. Although the number of physicians has increased in recent years, specialist doctors remain heavily concentrated in urban centers, leaving many remote areas with inadequate access to advanced medical services. Consequently, general practitioners (GPs) often become the only available healthcare providers responsible for managing emergency cases that would ordinarily require specialist intervention.²

In practice, general practitioners working in remote areas frequently encounter complex medical situations, including obstetric emergencies, severe trauma, respiratory failure, and other life-threatening conditions. These circumstances arise not because of professional negligence but because of the absence of specialists, inadequate healthcare infrastructure, difficult geographical conditions, and the inability to perform timely referrals. In many remote regions of Indonesia, transportation barriers, poor road access, and limited healthcare facilities make immediate referral to higher-level hospitals impossible. As a result, emergency treatment provided by general practitioners often represents the only available option to save patients' lives.³

This situation places general practitioners in a profound professional and legal dilemma. On one hand, physicians possess ethical and professional obligations to provide emergency care and prevent avoidable morbidity and mortality. On the other hand, their authority is limited by statutory regulations and professional competency standards, particularly those established under the Indonesian Medical Competency Standards (Indonesian Medical Competency Standards). General practitioners who perform medical procedures beyond their formal competencies risk accusations of malpractice, professional misconduct, or unauthorized medical practice. Conversely, physicians who refuse to act because of legal concerns may be considered negligent for failing to provide necessary medical assistance, potentially resulting in preventable death or permanent disability.⁴

The legal dilemma is further complicated by the existence of normative inconsistencies within Indonesian health legislation. Article 543 of Government Regulation Number 28 of 2024 concerning the Implementation of Law Number 17 of 2023 on Health establishes strict limitations regarding physicians' competencies and professional authority. However, Article 744 of Government Regulation Number 28 of 2024 provides exceptions that allow healthcare professionals to undertake actions beyond their formal authority under certain emergency circumstances, particularly in underserved areas. The relationship between these provisions remains ambiguous because the legislation does not explicitly define Article 744 as an exception to the competency restrictions stipulated in Article 543. This normative ambiguity

²Sugiyanto, Target Rasio Tenaga Kesehatan (Direktorat Perencanaan Tenaga Kesehatan, 2022).;Komisi X DPR RI, "Permasalahan Ketersediaan Dokter di Indonesia," 2023.

³Kementerian Kesehatan Republik Indonesia, Petunjuk Teknis Penugasan Khusus Tenaga Medis dan Tenaga Kesehatan (2025).;Sri Wahyuni and Linardita Ferial, "Pemeriksaan Puskesmas di Daerah Terpencil terhadap Fasilitas Kesehatan," *Journal of Baja Health Science* 3, no. 1 (2023): 91–108.

⁴Konsil Kedokteran Indonesia, Keputusan No. 193/KKI/KEP/VIII/2024 tentang Standar Pendidikan Profesi Dokter Indonesia (2024).;Kode Etik Kedokteran Indonesia (KODEKI) (2012).;Elmyliantika Maranantan, Muhammad Taufiq, and Ulil Afwa, "Perlindungan hukum dokter dalam melakukan tindakan kegawatdaruratan di fasilitas pelayanan kesehatan yang tidak sesuai surat ijin praktik," *Soedirman Law Review* 5, no. 2 (2023): 2.

creates legal uncertainty and opens the possibility for criminalization of physicians who act in good faith to save patients' lives.⁵

The absence of clear implementing regulations and operational guidelines further exacerbates this uncertainty. Excessively general legal provisions without specific procedural guidance may lead to varying interpretations among healthcare providers, professional organizations, and law enforcement authorities. Such uncertainty can encourage defensive medicine and create hesitation among physicians in making critical decisions during emergencies, ultimately compromising patient safety and the constitutional right of citizens to obtain equitable healthcare services.⁶

From a legal perspective, the doctrine of *noodtoestand* (state of necessity) in criminal law provides a potential justification for medical actions performed outside formal authority when such actions are necessary to prevent greater harm. Similarly, progressive legal theory advocates that law should serve humanity and substantive justice rather than merely enforcing rigid formal rules. Therefore, legal protection for general practitioners working in remote areas should be interpreted through a humanitarian and patient-centered approach that prioritizes the preservation of life.⁷

Considering the persistent shortage of specialist physicians, the geographical challenges of remote regions, and the existing conflict of legal norms, it is necessary to examine whether current Indonesian health regulations provide adequate legal protection for general practitioners who perform emergency medical actions beyond their formal competencies. Therefore, this study aims to analyze the implementation of existing legal provisions governing such practices and to formulate an ideal model of preventive and repressive legal protection capable of ensuring legal certainty while maintaining patient safety as the supreme legal objective.⁸

RESEARCH METHODS

This study employed a normative juridical research design aimed at examining legal norms governing the protection of general practitioners who perform medical actions beyond their formal competencies in emergency situations, particularly in remote areas. Normative legal research focuses on legal principles, statutory regulations, legal doctrines, and conceptual frameworks to identify and analyze legal problems and

⁵Indonesia, Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, arts. 543 and 744.;Indonesia, Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan (2023).

⁶Maria Margaeta Hutajulu, Darmini Roza, and Neni Vesna Madjid, "Penerapan taat asas kepastian hukum dalam pembentukan peraturan internal (hospital by laws) dan kode etik rumah sakit x," *Ensiklopedia of Journal* 7, no. 2 (2025): 218–229.;Phonna Ridha, Sumarno Sumarno, and Marice Simarmata, "Kepastian Hukum Dalam Pelayanan Kesehatan Melindungi Tenaga Medis," *Journal of Science and Social Research* 8, no. 3 (2025): 4478–4484.

⁷Agus Rusianto, *Tindak Pidana & Pertanggungjawaban Pidana: Tinjauan Kritis Melalui Konsistensi Antara Asas, Teori, dan Penerapannya*, 1st ed. (Kencana, 2016).;Satjipto Rahardjo, *Membedah Hukum Progresif* (Penerbit Buku Kompas, 2006).

⁸Peter Mahmud Marzuki, *Penelitian Hukum* (Kencana, 2005).

formulate appropriate legal solutions.⁹

The study adopted three approaches. First, the statute approach was used to examine the hierarchy and consistency of laws and regulations governing medical practice, emergency healthcare services, and the professional authority of physicians in Indonesia. Second, the conceptual approach was employed to analyze legal doctrines and theoretical perspectives, including legal protection theory, legal certainty theory, progressive law theory, and the principle of *Agroti Salus Lex Suprema*. Third, the case approach was utilized to understand the practical implementation of legal norms through the analysis of judicial decisions and legal cases involving emergency medical actions and professional liability.¹⁰

The legal materials used in this research consisted of primary, secondary, and tertiary legal materials. Primary legal materials included the Constitution of the Republic of Indonesia, statutory regulations concerning health and medical practice, government regulations, ministerial regulations, and relevant judicial decisions. Secondary legal materials comprised textbooks, scientific journal articles, legal commentaries, and previous studies related to health law, medical malpractice, emergency medicine, and legal protection for healthcare professionals. Tertiary legal materials included legal dictionaries, encyclopedias, and other reference materials that supported the interpretation of legal concepts.¹¹

The collection of legal materials was conducted through a document study and library research. All legal materials were identified, classified, and systematically organized according to the research questions and objectives.

Data analysis was performed using qualitative legal analysis through deductive reasoning. The analysis began with the examination of general legal principles and statutory provisions, followed by the interpretation and evaluation of their application to specific legal issues concerning emergency medical actions performed by general practitioners in remote areas. Furthermore, a vertical synchronization analysis was employed to assess the consistency and harmonization among legal norms within the Indonesian legal system and to identify potential normative conflicts that may create legal uncertainty for medical practitioners.¹²

The findings of this study were subsequently used to formulate an ideal model of preventive and repressive legal protection for general practitioners who perform emergency medical interventions beyond their formal competencies, while maintaining patient safety as the supreme legal objective.

⁹*Ibid*

¹⁰*Ibid*

¹¹*Ibid*

¹²Peter Mahmud Marzuki, *Penelitian Hukum* (Kencana, 2005).

RESULTS AND DISCUSSION

Results of Vertical Synchronization Analysis of Health Regulations

The legal framework governing the authority of general practitioners in Indonesia is principally regulated by the Constitution of the Republic of Indonesia of 1945, statutory laws, government regulations, and ministerial regulations. The study found that there is a vertical inconsistency regarding the legal protection of general practitioners who perform emergency medical actions beyond their formal competencies in remote areas.¹³

Article 28H paragraph (1) of the Constitution guarantees that every person has the right to obtain healthcare services. Likewise, Article 34 paragraph (3) mandates the State to provide adequate healthcare facilities and services. These constitutional provisions establish the State's obligation to ensure equal access to health services for all citizens, including those residing in remote and underdeveloped areas.¹⁴

At the statutory level, the Health Law imposes restrictions on medical practice by requiring physicians to perform services according to their competencies and professional authorities. However, another provision within subordinate legislation permits healthcare professionals to undertake actions beyond their formal authority under emergency circumstances and in situations where no competent healthcare professional is available.¹⁵

This normative arrangement creates legal uncertainty because there is no explicit provision stating that emergency actions undertaken in remote areas constitute an exception to the general rule of competency limitations. Consequently, general practitioners face a legal dilemma between fulfilling their professional duty to save patients' lives and the risk of legal sanctions for exceeding their professional authority.¹⁶

The vertical synchronization analysis revealed three important findings:

1. There is no direct contradiction between constitutional norms and health legislation because both aim to protect the right to health and patient safety.
2. There is a normative inconsistency between competency restrictions and emergency exceptions due to the absence of explicit implementing mechanisms.
3. Existing regulations have not provided adequate legal certainty regarding the scope of authority and legal protection for general practitioners working in remote areas.

Therefore, the current regulatory framework has not fully accommodated the realities faced by general practitioners in underserved regions.¹⁷

¹³Undang-Undang Dasar Negara Republik Indonesia Tahun 1945.;Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.

¹⁴Undang-Undang Dasar Negara Republik Indonesia Tahun 1945, arts. 28H(1) and 34(3).

¹⁵Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, arts. 543 and 744.

¹⁶*Ibid*

¹⁷*Ibid*. 541–548.

Legal Position of General Practitioners in Remote Areas

The unequal distribution of specialist physicians remains one of the most significant healthcare challenges in Indonesia. In many remote, border, and island regions, general practitioners become the only available healthcare professionals responsible for managing emergency cases.¹⁸

The findings demonstrate that general practitioners frequently encounter situations such as:

1. Obstetric emergencies;
2. Severe trauma;
3. Acute coronary syndrome;
4. Respiratory failure;
5. Severe infections and sepsis;
6. Pediatric emergencies;
7. Surgical emergencies requiring immediate intervention.

Under ideal circumstances, these cases should be managed by specialists or referred to higher-level healthcare facilities. However, geographical barriers, inadequate transportation infrastructure, and limited health resources often make timely referrals impossible.¹⁹

As a result, general practitioners are frequently compelled to perform medical actions that exceed the competencies formally prescribed by professional standards. Such actions are not motivated by professional negligence or intentional violations of the law, but rather by the necessity to preserve human life.²⁰

The findings indicate that the legal position of general practitioners in remote areas is unique because they simultaneously function as:²¹

1. Primary healthcare providers;
2. Emergency physicians;
3. Substitute providers for unavailable specialists.

This multidimensional role has not yet been adequately recognized by the existing

¹⁸Sugiyanto, Target Rasio Tenaga Kesehatan (Direktorat Perencanaan Tenaga Kesehatan, 2022).;Universitas Gadjah Mada, "RI Kekurangan Dokter Spesialis, Layanan Dokter Layanan Primer Perlu Diperkuat," 18 November 2024.

¹⁹Peraturan Menteri Kesehatan Nomor 90 Tahun 2015 tentang Penyelenggaraan Pelayanan Kesehatan di Fasilitas Pelayanan Kesehatan Kawasan Terpencil dan Sangat Terpencil (2015).;Sri Wahyuni and Linardita Ferial, "Pemeriksaan Puskesmas di Daerah Terpencil terhadap Fasilitas Kesehatan," *Journal of Baja Health Science* 3, no. 1 (2023): 91–108.

²⁰Kementerian Kesehatan Republik Indonesia, Petunjuk Teknis Penugasan Khusus Tenaga Medis dan Tenaga Kesehatan (2025).;Elmyliantika Maranantan et al., "Perlindungan hukum dokter dalam melakukan tindakan kegawatdaruratan di fasilitas pelayanan kesehatan yang tidak sesuai surat ijin praktik," *Soedirman Law Review* 5, no. 2 (2023): 2.

²¹Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, art. 744.;Yanuar Arien Pradana, "Perlindungan Hukum Dokter Umum Terhadap Pelimpahan Wewenang Dokter Spesialis dalam Pelayanan Medik di Unit Gawat Darurat Rumah Sakit Mitra Keluarga Tegal" (2018).

regulatory framework.²²

Legal Uncertainty Regarding Medical Actions Beyond Professional Competence

Legal certainty constitutes one of the fundamental principles of the rule of law. According to legal certainty theory, laws must be clear, predictable, and capable of providing guidance for legal subjects.²³

The present study found that the existing legal framework creates uncertainty due to several factors.

Ambiguity of Emergency Exceptions

The law recognizes emergency circumstances that may justify medical actions beyond ordinary authority. However, the legislation fails to define:

1. what constitutes an emergency in remote areas;
2. what procedures may be performed;
3. what standards of necessity should be applied;
4. the limits of professional responsibility.

The absence of these provisions creates multiple interpretations among healthcare providers, professional organizations, and law enforcement authorities.²⁴

Risk of Criminalization

General practitioners who perform emergency procedures beyond their formal competencies may potentially face allegations of:²⁵

1. professional negligence;
2. malpractice;
3. disciplinary violations;
4. unauthorized medical practice.

Conversely, physicians who refuse to act may also face allegations of neglect and failure to provide emergency assistance.²⁶

This condition creates a paradoxical legal situation where both action and inaction potentially expose physicians to legal consequences.

²²Agus Rusianto, *Tindak Pidana & Pertanggungjawaban Pidana: Tinjauan Kritis Melalui Konsistensi Antara Asas, Teori, dan Penerapannya*, 1st ed. (Kencana, 2016).; Satjipto Rahardjo, *Membedah Hukum Progresif* (Penerbit Buku Kompas, 2006).

²³Dewa Gede Atmadja, "Asas-asas hukum dalam sistem hukum," *Kertha Wicaksana* 12, no. 2 (2018): 145–155.

²⁴Dewa Gede Atmadja, "Asas-asas hukum dalam sistem hukum," *Kertha Wicaksana* 12, no. 2 (2018): 145–155.; Phonna Ridha et al., "Kepastian Hukum Dalam Pelayanan Kesehatan Melindungi Tenaga Medis," *Journal of Science and Social Research* 8, no. 3 (2025): 4478–4484.

²⁵Andi Ervin Novara Jaya et al., "Perlindungan hukum profesi dokter dalam menghadapi sengketa medis," *Jurnal Komunitas Yustisia* 5, no. 2 (2022): 679–690.; Elmyliantika Maranantan et al., "Perlindungan hukum dokter dalam melakukan tindakan kegawatdaruratan di fasilitas pelayanan kesehatan yang tidak sesuai surat ijin praktik," *Soedirman Law Review* 5, no. 2 (2023): 2.

²⁶Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, art. 744.

Defensive Medicine

The study also found that legal uncertainty encourages the practice of defensive medicine. Physicians may become hesitant to perform necessary interventions due to fear of legal repercussions.²⁷

This phenomenon may result in:

1. delayed treatment;
2. avoidable morbidity;
3. preventable mortality;
4. reduced access to healthcare services.

Consequently, legal uncertainty ultimately threatens patient safety.

Legal Protection for General Practitioners in Emergency Situations

Legal protection may be classified into preventive and repressive protection. Preventive legal protection aims to prevent disputes before legal consequences arise. The study identified several forms of preventive protection:²⁸

1. Clear statutory provisions concerning emergency authority;
2. Standard operating procedures for remote healthcare settings;
3. Clinical practice guidelines;
4. Institutional support from healthcare facilities;
5. Professional indemnity and legal assistance.

However, these mechanisms remain insufficiently regulated and inconsistently implemented.

Repressive legal protection refers to legal safeguards provided after disputes have arisen.

Several legal doctrines may justify medical actions undertaken beyond formal competencies, including:

1. the doctrine of necessity (*noodtoestand*);
2. emergency doctrine;
3. good faith principle;
4. humanitarian considerations;
5. the principle of patient safety.

Under the doctrine of necessity, an act that technically violates legal norms may be justified when it is undertaken to prevent greater harm.²⁹

²⁷Phonna Ridha et al., “Kepastian Hukum Dalam Pelayanan Kesehatan Melindungi Tenaga Medis,” *Journal of Science and Social Research* 8, no. 3 (2025): 4478–4484.

²⁸Andi Ervin Novara Jaya et al., “Perlindungan hukum profesi dokter dalam menghadapi sengketa medis,” *Jurnal Komunitas Yustisia* 5, no. 2 (2022): 679–690.;Elmyliantika Maranantan et al., “Perlindungan hukum dokter dalam melakukan tindakan kegawatdaruratan di fasilitas pelayanan kesehatan yang tidak sesuai surat ijin praktik,” *Soedirman Law Review* 5, no. 2 (2023): 2.

²⁹Agus Rusianto, *Tindak Pidana & Pertanggungjawaban Pidana: Tinjauan Kritis Melalui Konsistensi*

Therefore, medical actions performed by general practitioners in remote areas to save patients' lives may be considered legally justifiable, provided that:³⁰

1. an emergency situation exists;
2. no competent specialist is available;
3. referral is impossible or significantly delayed;
4. the action is performed in good faith;
5. the action is medically reasonable and proportionate.

The Application of *Agroti Salus Lex Suprema* in Emergency Medical Practice

The principle of *Agroti Salus Lex Suprema* literally means that the safety of the patient constitutes the supreme law.³¹

This principle serves as the philosophical foundation of healthcare law because the primary objective of medical practice is the preservation of human life.³²

The findings of this study demonstrate that strict legal formalism cannot adequately address emergency situations occurring in remote areas. Rigid adherence to competency limitations without considering contextual realities may lead to preventable deaths and serious disabilities.³³

Therefore, the principle of *Agroti Salus Lex Suprema* should function as:

1. a principle of legal interpretation;
2. a principle of conflict resolution between legal norms;
3. a principle of medical ethics;
4. a basis for legal protection of healthcare professionals acting in emergencies.

The application of this principle does not imply unlimited authority for general practitioners. Rather, it provides legal justification when actions are undertaken solely to preserve life and when no better alternatives are available.³⁴

An Ideal Model of Legal Protection for General Practitioners in Remote Areas

Based on the findings of this study, an ideal legal protection model should consist of both preventive and repressive mechanisms.

Preventive Protection

Antara Asas, Teori, dan Penerapannya, 1st ed. (Kencana, 2016).

³⁰Agus Rusianto, Tindak Pidana & Pertanggungjawaban Pidana: Tinjauan Kritis Melalui Konsistensi Antara Asas, Teori, dan Penerapannya, 1st ed. (Kencana, 2016).;Elmyliantika Maranantan et al., "Perlindungan hukum dokter dalam melakukan tindakan kegawatdaruratan di fasilitas pelayanan kesehatan yang tidak sesuai surat ijin praktik," Soedirman Law Review 5, no. 2 (2023): 2.

³¹Fakultas Kedokteran, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.;Siti Nadia Tarmizi, "Menkes Budi: Keselamatan Pasien Adalah Hukum Tertinggi," 12 September 2024.

³²Fakultas Kedokteran, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.;Kode Etik Kedokteran Indonesia (KODEKI) (2012).

³³Satjipto Rahardjo, Membedah Hukum Progresif (Penerbit Buku Kompas, 2006).

³⁴Fakultas Kedokteran, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.;Agus Rusianto, Tindak Pidana & Pertanggungjawaban Pidana, 1st ed. (Kencana, 2016).

1. Explicit statutory recognition of emergency authority in remote areas.
2. Development of national clinical guidelines for emergency interventions.
3. Establishment of telemedicine consultation systems.
4. Competency enhancement programs for general practitioners.
5. Legal assistance mechanisms from professional organizations.
6. Institutional protection by healthcare facilities and local governments.

Repressive Protection

1. Recognition of the doctrine of necessity as a legal defense.
2. Exemption from criminal liability for good-faith emergency actions.
3. Protection from civil liability when actions comply with professional standards.
4. Fair and proportional disciplinary mechanisms.
5. Judicial interpretation prioritizing patient safety and substantive justice.

The proposed model aims to achieve a balance between patient safety, legal certainty, and the professional responsibilities of general practitioners.³⁵

Discussion

The findings of this study indicate that Indonesia's current health regulatory framework has not fully accommodated the realities of medical practice in remote areas. The absence of explicit legal protection creates uncertainty and exposes physicians to potential criminalization despite acting in good faith to save patients' lives.³⁶

From the perspective of progressive law, legal norms should not be interpreted rigidly when such interpretations jeopardize fundamental human interests. The law exists for human beings, not vice versa. Therefore, patient safety and the preservation of life should remain the primary considerations in interpreting health legislation.³⁷

Accordingly, the study concludes that general practitioners who perform emergency medical actions beyond their formal competencies in remote areas should receive comprehensive legal protection, provided that such actions are undertaken in good faith, are medically necessary, and represent the only reasonable option available to preserve human life.³⁸

³⁵Dewa Gede Atmadja, "Asas-asas hukum dalam sistem hukum," *Kertha Wicaksana* 12, no. 2 (2018): 145–155.;Phonna Ridha et al., "Kepastian Hukum Dalam Pelayanan Kesehatan Melindungi Tenaga Medis," *Journal of Science and Social Research* 8, no. 3 (2025): 4478–4484.

³⁶Phonna Ridha et al., "Kepastian Hukum Dalam Pelayanan Kesehatan Melindungi Tenaga Medis," *Journal of Science and Social Research* 8, no. 3 (2025): 4478–4484.;Satjipto Rahardjo, *Membedah Hukum Progresif* (Penerbit Buku Kompas, 2006).

³⁷Satjipto Rahardjo, *Membedah Hukum Progresif* (Penerbit Buku Kompas, 2006).

³⁸Agus Rusianto, *Tindak Pidana & Pertanggungjawaban Pidana*, 1st ed. (Kencana, 2016).;Fakultas Kedokteran, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.

CLOSING

Conclusion

This study concludes that the existing Indonesian health regulatory framework has not yet provided comprehensive legal protection for general practitioners who perform emergency medical actions beyond their formal competencies in remote areas. The vertical synchronization analysis demonstrates the existence of normative ambiguity between provisions restricting physicians' competencies and provisions allowing healthcare professionals to undertake actions beyond their authority under emergency circumstances. This ambiguity creates legal uncertainty and places general practitioners in a difficult position, where both action and inaction may expose them to potential legal consequences.³⁹

Furthermore, the study finds that general practitioners in remote areas frequently encounter situations requiring immediate medical intervention due to the absence of specialist physicians, limited healthcare facilities, and barriers to referral systems. In such circumstances, emergency actions performed beyond formal competencies are not acts of professional negligence but rather manifestations of the physicians' ethical, humanitarian, and professional obligations to preserve human life. Therefore, the principle of *Agroti Salus Lex Suprema*, which places patient safety as the supreme law, should serve as the fundamental basis for interpreting health regulations and resolving normative conflicts concerning physicians' authority in emergency situations.⁴⁰

Finally, this study proposes that an ideal model of legal protection should consist of both preventive and repressive mechanisms. Preventive protection includes explicit statutory provisions, clinical guidelines, competency enhancement programs, telemedicine support, and institutional legal assistance. Repressive protection should encompass recognition of the doctrine of necessity, exemption from legal liability for good-faith emergency actions, and fair disciplinary and judicial mechanisms. Such a model is expected to provide legal certainty for general practitioners while simultaneously safeguarding patients' constitutional right to equitable and accessible healthcare services.⁴¹

Recommendations

Based on the findings of this study, the Government and legislative authorities should formulate clearer and more comprehensive regulations that explicitly recognize the

³⁹Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, arts. 543 and 744.

⁴⁰Kementerian Kesehatan Republik Indonesia, Petunjuk Teknis Penugasan Khusus Tenaga Medis dan Tenaga Kesehatan (2025); Sugiyanto, Target Rasio Tenaga Kesehatan (Direktorat Perencanaan Tenaga Kesehatan, 2022); Peraturan Menteri Kesehatan Nomor 90 Tahun 2015 tentang Penyelenggaraan Pelayanan Kesehatan di Fasilitas Pelayanan Kesehatan Kawasan Terpencil dan Sangat Terpencil (2015).

⁴¹Fakultas Kedokteran, Universitas Islam Indonesia, "Salus Aegroti Summa Lex, Penghormatan pada Pasien adalah Hukum Tertinggi," 9 May 2016.; Agus Rusianto, Tindak Pidana & Pertanggungjawaban Pidana, 1st ed. (Kencana, 2016).

authority of general practitioners to perform emergency medical actions beyond their formal competencies in remote and underserved areas under specific conditions. Implementing regulations and technical guidelines are necessary to define the scope of emergency authority, establish objective standards for determining necessity, and provide legal certainty for healthcare professionals.⁴²

Professional organizations and healthcare institutions should develop standardized clinical protocols, strengthen telemedicine consultation systems, and provide continuous training and legal assistance for general practitioners working in remote settings. These measures are essential to ensure that physicians possess adequate competencies and institutional support when confronted with life-threatening emergencies.⁴³

Future researchers are encouraged to conduct empirical studies examining the implementation of legal protection mechanisms for general practitioners in remote areas and to explore comparative approaches adopted by other countries facing similar healthcare disparities. Such studies may contribute to the development of a more responsive, equitable, and patient-centered health law system that harmonizes legal certainty, professional responsibility, and the fundamental objective of preserving human life.

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⁴²Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, arts. 541–548 and 744.

⁴³Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, arts. 542 and 744.;Kementerian Kesehatan Republik Indonesia, Petunjuk Teknis Penugasan Khusus Tenaga Medis dan Tenaga Kesehatan (2025).

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