

RINGKASAN

Penelitian ini dilatarbelakangi oleh tuntutan kesinambungan asuhan medis di rumah sakit yang dalam praktiknya melibatkan pelimpahan kewenangan medis dari Dokter Penanggung Jawab Pasien (DPJP) kepada dokter jaga. Pelimpahan tersebut merupakan tindakan hukum yang menimbulkan konsekuensi hak, kewajiban, dan tanggung jawab hukum bagi para pihak, sehingga perlu dikaji dari perspektif perlindungan hukum guna menjamin kepastian dan keadilan bagi dokter dalam menjalankan tugasnya. Penelitian empiris perlu dilakukan pada rumah sakit yang memiliki praktik pelimpahan kewenangan yang nyata dan akses data memadai seperti RSUD Wiradadi Husada Banyumas.

Tujuan penelitian yaitu menganalisis mekanisme pelimpahan kewenangan medis dari Dokter Penanggung Jawab Pasien (DPJP) kepada dokter jaga di RSUD Wiradadi Husada Banyumas serta menganalisis perlindungan hukum bagi Dokter Penanggung Jawab Pasien (DPJP) dan dokter jaga atas pelimpahan kewenangan medis.

Penelitian ini merupakan penelitian yuridis empiris dengan spesifikasi deskriptif analitis yang dilaksanakan di RSUD Wiradadi Husada. Sumber data terdiri atas data primer dan data sekunder, yang dikumpulkan melalui wawancara dan studi pustaka. Seluruh data yang diperoleh dianalisis menggunakan metode analisis kualitatif.

Hasil penelitian menunjukkan bahwa mekanisme pelimpahan kewenangan medis berlangsung melalui penetapan DPJP, pemberian instruksi, pelaksanaan tindakan oleh dokter jaga dalam batas kewenangan klinisnya, serta dokumentasi rekam medis, tanpa peralihan kewenangan yuridis maupun tanggung jawab hukum dari DPJP. Pada aspek pelaksanaan ditemukan evaluasi terhadap konsistensi dokumentasi. Perlindungan hukum preventif diwujudkan melalui SPK, RKK, SOP, kredensial, dan pembinaan Komite Etik dan Hukum. Perlindungan represif melalui audit medis, mediasi internal, dan pendampingan hukum. Namun, regulasi nasional masih bersifat umum dan belum operasional.

Berdasarkan hasil penelitian dapat disimpulkan bahwa pelimpahan kewenangan medis dari DPJP kepada dokter jaga di RSUD Wiradadi Husada Banyumas dikualifikasikan sebagai mandat profesional. Perlindungan hukum dalam pelimpahan kewenangan medis didominasi perlindungan internal institusi namun belum didukung regulasi nasional yang spesifik dan operasional. Peneliti menyarankan penyempurnaan SOP rumah sakit, serta pembentukan pedoman nasional dari KKI berupa standar kompetensi dengan batas kewenangan yang tegas serta oleh MDP berupa parameter penilaian disiplin untuk melindungi tenaga medis dari kriminalisasi.

SUMMARY

This study is grounded in the need to ensure continuity of medical care in hospitals, which in practice involves the delegation of medical authority from the Attending Physician (Dokter Penanggung Jawab Pasien/DPJP) to on-duty physicians. Such delegation constitutes a legal act that generates rights, obligations, and legal responsibility for the parties involved, thereby requiring examination from the perspective of legal protection to ensure legal certainty and justice for physicians in the performance of their professional duties. An empirical study was conducted at a hospital with an established practice of delegated authority and adequate data accessibility, namely RSU Wiradadi Husada Banyumas.

The objectives of this research are to analyze the mechanism of delegation of medical authority from the Attending Physician to on-duty physicians at RSU Wiradadi Husada Banyumas and to examine the legal protection afforded to both parties in the context of such delegation.

This research employs an empirical juridical approach with a descriptive-analytical specification. The study was conducted at RSU Wiradadi Husada, utilizing primary and secondary data. Primary data were obtained through interviews, while secondary data were collected through a review of statutory regulations, hospital internal documents, legal doctrines, and relevant scientific literature. All data were analyzed qualitatively.

The findings indicate that the mechanism of delegation is carried out through the formal designation of the Attending Physician, the issuance of instructions, the performance of medical actions by on-duty physicians within the limits of their clinical authority, and proper medical record documentation, without transferring juridical authority or legal responsibility from the Attending Physician. In practice, issues were identified concerning the consistency of documentation. Preventive legal protection is implemented through Clinical Assignment Letters, delineation of Clinical Authority, Standard Operating Procedures, credentialing systems, and supervision by the Ethics and Legal Committee. Repressive protection is provided through medical audits, internal mediation, and legal assistance. However, national regulations remain general and lack operational specificity.

The study concludes that the delegation of medical authority from the Attending Physician to on-duty physicians at RSU Wiradadi Husada Banyumas is normatively and empirically qualified as a professional mandate. Legal protection in this context remains predominantly institution-based and is not yet supported by specific and operational national regulations. The study recommends the refinement of hospital Standard Operating Procedures and the establishment of national guidelines by the Indonesian Medical Council in the form of competency standards with clearly defined limits of authority, as well as disciplinary assessment parameters by the Medical Disciplinary Board to safeguard medical professionals from criminalization.