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The Supremacy of Patient Safety: Juridical and Empirical Analysis of Emergency Medical Care

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Abstract

The principle of *Aegroti Salus Lex Suprema* (Patient Safety is the Supreme Law) forms the ethical and legal core of healthcare, strictly prohibiting the refusal of patients in emergency conditions, as codified in the Indonesian Health Law, Law Number 17 of 2023. However, documented cases show a persistent gap between this legal mandate and clinical reality, often due to administrative priorities. This study aims to explicitly examine the legal foundation of the *Aegroti Salus Lex Suprema* principle and to analyze its concrete implementation. This study employs a sociological-juridical approach with a case study methodology to analyze the legal basis and the concrete implementation of this principle in emergency practice. Primary data, collected via interviews and observation, supplemented by secondary legal materials, were analyzed qualitatively. Findings indicate that this Islamic hospital institutionalizes *Aegroti Salus Lex Suprema* through rigorous internal regulations, including staff credentialing, establishing a maximum 5-minute response time, implementing triage protocols, and creating detailed resuscitation guidelines. The study concludes that this Islamic hospital successfully fulfills its social and legal duty by embedding patient safety as the highest institutional priority, providing a strategic model for minimizing malpractice risks and enhancing life-saving accountability across Indonesian healthcare facilities.

Keywords: Aegroti Salus Lex Suprema, Emergency Medical Services, Health Law, Legal Protection, Patient Safety.

1. Introduction

Emergency medical situations represent the ultimate intersection of ethical mandates, legal obligations, and professional competence. An emergency is defined as a condition that threatens life if immediate aid is not obtained, potentially leading to permanent disability or death (Naurah, 2025). The inherent volatility and time-critical nature of emergency care necessitate a guiding principle that prioritizes the patient's welfare above all other considerations (Mochtar, 2017). This paramount principle, rooted in the ancient Hippocratic Oath and enshrined in modern legal systems, is known as *Aegroti Salus Lex Suprema* (Patient Safety is the Supreme Law). This dictum translates the moral duty of the physician into a non-negotiable legal obligation for healthcare facilities.

The principle of patient safety as the supreme law is constitutionally guaranteed in Indonesia. Article 28H paragraph (1) of the 1945 Constitution guarantees the right of the public to health and health services, which is further reinforced by Article 4 paragraph (1) of Law Number 17 of 2023 concerning Health (the Health Law). To operationalize this right in moments of crisis, the Health Law provides explicit mandates regarding emergency services (Tamon et al., 2025; Haryanto et al., 2025). Article 174 paragraphs (1) and (2) unequivocally state that all health service facilities (both public and private) are obligated to provide service to anyone in an emergency condition, prioritizing life preservation and the prevention of disability. Crucially, these facilities are explicitly prohibited from refusing the patient, requesting down payments, or prioritizing administrative matters that could delay critical care (World Health Organization, 2018; Wicaksono, 2025). This legal framework removes all bureaucratic and financial barriers, establishing the patient's life as the highest legal priority (*salus suprema lex*).

Despite this clear legal basis, the reality of emergency care globally and nationally reveals systemic violations. International instances, such as the case at Royal Sussex County Hospital in Brighton, UK, where a patient with a respiratory emergency was allegedly neglected and died due to inadequate response time and administrative shortcomings, highlight the dangers of deprioritizing clinical urgency (Chong & Kim, 2022; Hossein, 2024). Similarly, administrative delays regarding elective but critical surgeries, as documented in Sussex, UK, underscore that internal institutional friction can fatally undermine patient care even outside immediate life-or-death scenarios (The Guardian, 2023). These cases demonstrate that the *Aegroti Salus Lex Suprema* is frequently compromised by institutional inertia and procedural failures.

In Indonesia, the problem is starker, often linked to socioeconomic discrimination. A critical incident at the Regional Public Hospital dr. Rasidin involved the refusal of a pregnant patient suffering from eclampsia due to suspected issues with her National Health Insurance (*Kartu Indonesia Sehat/KIS*) card. The fatal delay resulted in the patient's death. Subsequent investigation by the Ombudsman RI not only revealed administrative failure but also found that the medical personnel involved were not competently certified for emergency care, directly linking the failure of the *Aegroti Salus Lex Suprema* to deficiencies in staff competence (Ombudsman RI, 2025). Another tragic case in Sampang, Madura, involved the death of a child due to the complete absence of duty personnel at the community health center, demonstrating the devastating consequence of non-compliance with the duty to provide immediate care (Kamaluddin, 2024). These events confirm a significant gap between the protective principle of the law and the often-lethal practice on the ground, where administrative or staffing issues are prioritized over patient life.

Studies by Sumeru (2023) and Hemadhanita (2024), focused predominantly on the juridical-normative responsibilities of hospitals regarding patient refusal and the

legal immunity provided to doctors acting in good faith in emergencies (Article 275 Health Law). While establishing the legal boundaries of liability, these studies often overlook the sociological-juridical reality: how a dedicated facility actively translates the abstract legal principle into concrete, life-saving operational protocols. This research gap, the lack of in-depth case studies analyzing the organizational mechanisms used by effective hospitals to preempt legal liability and embody the supreme law of patient safety is what this study intends to fill.

Demak Regency, a coastal region in Central Java, presents a compelling site for this research. As a major corridor for the Pantura national transportation route, coupled with high vulnerability to natural disasters like tidal floods (*rob*), the region experiences a high prevalence of traffic accidents and health emergencies. Given the significant and growing demand for trauma and emergency care in this area, Nahdlatul Ulama Islamic Hospital (*Rumah Sakit Islam NU/RSI NU*) in Demak, a key community hospital, offers a relevant case study for examining effective emergency preparedness and implementation of the *Aegroti Salus Lex Suprema*.

Therefore, this study aims to conduct a thorough analysis of, the specific legal and ethical basis of the *Aegroti Salus Lex Suprema* principle in emergency medical practice in Indonesia and the empirical implementation of the *Aegroti Salus Lex Suprema* principle in emergency medical practice at NU Islamic Hospital, Demak Regency. By utilizing a sociological-juridical approach focused on organizational policy and field practice, this research seeks to enrich both health law jurisprudence and clinical governance literature, providing a replicable institutional model for patient protection and malpractice mitigation in emergency medicine.

2. Methods

This research employs a sociological-juridical approach that combines normative legal analysis with empirical observation of institutional behaviour in real-world settings. The integration of these two dimensions is essential to examine both the prescriptive content of the law (law in books) and its actual effectiveness when confronted with clinical and administrative practice (law in action) (Widiarty, 2024). By adopting this hybrid methodology, the study is able to assess not only the formal legal obligations arising from the principle of *Aegroti Salus Lex Suprema*, but also how a healthcare facility actively translates those obligations into operational policies and daily routines.

The research design takes the form of a descriptive-analytical case study centred on Nahdlatul Ulama Islamic Hospital (*Rumah Sakit Islam NU/RSI NU*), Demak Regency, a Type-C hospital strategically selected because of its location in a high-risk corridor prone to traffic accidents and natural disasters. The hospital was also chosen because its organisational characteristics and emergency workload make it representative of the operational conditions experienced by most regional Type-C hospitals in Indonesia, allowing the findings to offer broader generalisability. This single-case design allows for in-depth exploration of successful institutional mechanisms that bridge the frequently observed gap between legal mandates and ground-level implementation. Primary data were gathered through semi-structured in-depth interviews with key informants, including the hospital director, head of medical services, head of the Emergency Installation (*Instalasi Gawat Darurat/IGD*), and three emergency physicians actively serving in the emergency installation, as well as through direct non-participant observation of emergency response procedures over multiple visits. All interviews were recorded with consent, transcribed verbatim, and supplemented by field notes to ensure richness and accuracy of the data. Ethical approval for the study was granted by the Ethics Committee of Universitas Islam Nusantara Bandung, and informed consent was obtained from every participant prior to data collection.

Secondary data consist of primary legal materials such as the 1945 Constitution, Law Number 17 of 2023 on Health, Minister of Health Regulation Number 47 of 2018 on Emergency Services, and relevant articles of the Criminal Code, alongside tertiary materials that include the Hospital By-Laws of NU Islamic Hospital Demak, Standard Operating Procedures for emergency and resuscitation services, credentialing records, and internal directives on response-time standards (Setiawan, 2019). These documents were collected directly from the hospital administration and cross-checked for validity and currency. Data analysis was performed qualitatively using content-analysis techniques, in which legal norms were systematically compared with institutional policies and observed practices to identify consistencies, deviations, and enabling mechanisms. The triangulation of interviews, observation, and documentary evidence strengthened the reliability and validity of findings, allowing for a robust narrative synthesis that links the supreme-law principle of patient safety to concrete, replicable governance strategies at NU Islamic Hospital, Demak.

3. Results

3.1. The Juridical Foundation and Supremacy of *Aegroti Salus Lex Suprema*

The principle of *Aegroti Salus Lex Suprema* transcends mere ethical aspiration; it is integrated into the core of Indonesian public law, serving as the supreme legislative command in emergency medical practice. Its legal supremacy is anchored in both fundamental human rights guarantees and specific punitive provisions within national statutes. The ultimate source of this supremacy is the 1945 Constitution, particularly Article 28H(1), which asserts the fundamental right to health and a prosperous life. The Constitutional Court has consistently interpreted this provision as placing a positive obligation on the State to ensure access to timely, non-discriminatory, and quality healthcare (Asshiddiqie, 2006). In an emergency, this general right sharpens into an absolute right to life-saving intervention.

This constitutional duty is formalized in Law Number 17 of 2023 on Health, whose academic draft explicitly emphasizes the supremacy of patient safety in emergency conditions (Legislative Body of the House of Representatives of the Republic of Indonesia, 2023). Articles 174(1) and (2) are the legislative operationalization of the *Aegroti Salus Lex Suprema*. The provisions are categorical: no refusal of emergency patients, no administrative barriers (e.g., down payments), and an absolute priority on life preservation and disability prevention. The importance of this mandate is reinforced by two critical legal components:

Firstly, the legal doctrine of implied consent and provider protection. In emergency settings, where time is life, explicit informed consent is impossible. Article 293(9) of the Health Law affirms the emergency exception, allowing immediate medical action without patient consent. This is balanced by Article 275(1), which grants legal immunity to medical professionals who provide emergency services in good faith to save a life or prevent disability, explicitly exempting them from compensation demands. This legal shield is vital; it encourages decisive, timely action by mitigating the provider's fear of litigation, thereby directly serving the supreme interest of the patient (Hemadhanita, 2024).

Secondly, the criminal sanction as a coercive mechanism. To ensure the principle is not merely voluntary, the State attaches severe punitive consequences for non-compliance (Hamzah, 2018). Article 438 of the Health Law stipulates that the leadership of a healthcare facility, or medical or health personnel, who fail to provide first aid to an emergency patient face imprisonment for up to two years and a fine of up to IDR 200,000,000. If the refusal results in disability or death, the penalty escalates significantly, up to ten years imprisonment and a fine of IDR 2,000,000,000 (Dewi & Santoso, 2020). This punitive provision acts as the *ultima ratio* (final reason)

of the law, compelling compliance through the threat of criminal liability, ensuring that the *Aegroti Salus Lex Suprema* is implemented as a fundamental legal duty, not an optional ethical guideline.

The contrast between the strong legal mandate (Law Number 17 of 2023) and the documented cases of fatal refusal (e.g., Regional Public Hospital dr. Rasidin and Sampang, Madura) highlights the classic sociological-juridical problem, the gap between law in books and law in action. These failures demonstrate that the law, while clear, requires robust institutional mechanisms to effectively govern the behavior of personnel on the ground. The mere existence of criminal sanctions is insufficient; the priority of life must be internalized into the administrative and clinical culture of the hospital. Therefore, the implementation strategies employed by hospitals like NU Islamic Hospital Demak, the focus of the subsequent section, become the essential institutional bridge required to ensure that the supreme law of patient safety is tangibly realized, rather than tragically violated.

3.2. Implementation of Aegroti Salus Lex Suprema at Islamic Hospital NU

The operational success of *Aegroti Salus Lex Suprema* hinges entirely on its transformation from a legal abstract into concrete, measurable institutional procedures. The case study of NU Islamic Hospital Demak, a Type C hospital operating in a high-risk area, reveals a strategic framework through which the hospital successfully internalizes this supreme law, mitigating legal risk while maximizing life-saving outcomes.

The hospital's institutional commitment begins with its core values. NU Islamic Hospital Demak operates under the vision, Making the patient an important individual as a manifestation of professional practice and devotion to Allah S.W.T. This vision, rooted in Nahdlatul Ulama humanitarian and *Rahmatan lil Alamin* values, reinforces the ethical foundation for the application of *Aegroti Salus Lex Suprema* by embedding empathy and moral responsibility directly into the service culture.

The implementation is structured around three critical components: regulatory standardization, personnel competence, and operational efficiency. First, regulatory standardization and internal legitimacy. The hospital's bylaws serve as the internal legal document that institutionalizes the external health law. Article 102(3) of the NU Islamic Hospital Demak, Hospital By-Laws obligates all personnel to adhere to professional standards, service standards, and operational procedures, explicitly placing patient safety as the primary concern (Setiawan, 2019). This internal regulation provides the legal legitimacy necessary to enforce clinical decisions that supersede administrative or financial considerations. Furthermore, adherence to guidelines like Minister of Health Regulation Number 47 of 2018 on Emergency Services ensures the hospital's internal rules are fully aligned with national legal requirements.

Second, personnel competence as a prerequisite for safety. The most profound failure in emergency care, as seen in external case studies, is often the lack of competent personnel (Ombudsman RI, 2025). NU Islamic Hospital Demak addresses this through stringent credentialing requirements for all emergency installation staff, mandating valid Registration Certificate (*Surat Tanda Registrasi/STR*), Practice License (*Surat Izin Praktik/SIP*), and essential emergency certifications such as *Basic Trauma and Cardiac Life Support* (BTCLS) and *Advanced Cardiovascular Life Support* (ACLS). Interviews with emergency installation medical staff confirmed that all practitioners met these credentialing requirements. The purpose of this mandatory competence is two-fold: to verify the clinical authority to act decisively under the Emergency Exception doctrine, and to actively minimize the risk of negligence or medical error, thereby fulfilling the non-maleficence principle (Panji, 2025).

Third, operational efficiency and timeliness form the core measure of compliance. NU Islamic Hospital Demak has institutionalized this through three main protocols. The triage system, governed by Standard Operating Procedures Number 278/02.06/2021, dictates mandatory triage to prioritize patients based on the threat to life (red, yellow, green categories), ensuring resources are immediately allocated to life-threatening conditions. A critical metric for accountability is the self-imposed maximum 5-minute response time for resuscitation and stabilization. This strict internal standard directly operationalizes the legal mandate to provide immediate, non-delayed intervention. Finally, the Resuscitation Guidelines established by the Director's Decree of NU Islamic Hospital Demak Regency, Number 05/008.2/SK/I/2021, provide a clear, documented protocol for life-saving procedures, serving as both a performance standard and a legal defense against claims of procedural negligence.

Table 1. Emergency Data Period June–August 2025 at RSI NU Demak

Emergency Category	Period June–August 2025
Minor Cases	1002
Febrile Observation	629
Vomiting with Dehydration	373
Injury due to an Accident	371
Dyspepsia and Abdominal Pain	299
Obstetric Emergency	60

Source: Internal Data of RSI NU Demak

The data from Table 1, showing 371 cases of accidental injury and 60 cases of obstetric emergencies over a three-month period, confirms the high-stakes environment in which the hospital operates. The existence of these formalized, rapid-response protocols is the institutional evidence that NU Islamic Hospital Demak has successfully bridged the gap between legal expectation and clinical practice, ensuring that the priority of saving lives is not merely a written rule but a daily operational reality. The final dimension of institutionalizing *Aegroti Salus Lex Suprema* lies in establishing an effective system of accountability that simultaneously protects the patient from negligence and the competent provider from unfounded legal claims (Setiawan, 2019; Prakoso, 2021). The practices at NU Islamic Hospital Demak, particularly the combination of rigorous internal controls and proactive compliance with the Health Law, provide a robust model for malpractice mitigation.

The central issue in emergency malpractice claims is often establishing negligence (a breach of duty causing harm) versus unavoidable complication (an inherent risk despite adherence to standards) (Suryadi, 2019; Huda, 2020; Prakoso, 2021). NU Islamic Hospital Demak addresses this preventative aspect through its procedural clarity. The detailed SOPs for triage and resuscitation, coupled with the maximum 5-minute response time, establish a clear, documented standard of care. By adhering to these internal standards, the medical staff creates an indisputable record that their actions were consistent with professional duty (Nugraha, 2018). This documentation serves as the primary evidence in defense against allegations of negligence, effectively transforming the internal administrative rules into a shield of legal protection (Setiawan, 2019). The emphasis on correct procedure minimizes the risk of fatal error.

Furthermore, the hospital proactively navigates the delicate legal area of informed consent in emergencies. As established by Article 293(9) of the Health Law, explicit consent is exempted for life-saving measures. NU Islamic Hospital Demak's policy of proceeding with resuscitation and stabilization without initial consent is a direct and necessary application of the *Aegroti Salus Lex Suprema*. Consent is subsequently requested once the patient is stable and capable of understanding the information. This procedural sequence is crucial: it prioritizes the right to life first,

then restores the *right to autonomy*, aligning the hospital's actions perfectly with the legal mandates (Naurah, 2025).

The competency assurance, provided by the mandatory credentialing system (BTCLS/ACLS), also serves as a critical defense mechanism. As highlighted in the Regional Public Hospital dr. Rasidin case, the lack of certification was a key indicator of non-competence, reinforcing the claim of negligence (Ombudsman RI, 2025). By contrast, NU Islamic Hospital Demak's verification of clinical authority ensures that its practitioners can invoke the legal protection granted by Article 275(1) of the Health Law, confirming that their decisive, life-saving actions were performed by qualified personnel acting within the boundaries of their clinical competence and in good faith.

The ultimate legal mechanism for accountability lies in the criminal sanction (Article 438 Health Law), which serves as a powerful deterrent against refusal or abandonment (emergency abandonment) (Rahman et al., 2025; Prastyo et al., 2025; Firma et al., 2025). This provision, coupled with internal ethical controls, ensures that the hospital and its personnel must maintain a state of constant readiness and compliance. NU Islamic Hospital Demak's robust implementation framework is therefore not just a reflection of good management; it is a calculated and proactive strategy to avoid the severe criminal and civil liabilities that stem from the failure to uphold the *Aegroti Salus Lex Suprema*. By ensuring staffing, training, and procedures are optimal, the hospital transforms the threat of legal liability into a driver for quality patient safety, fulfilling its role as a key social function provider in the Indonesian healthcare system.

A comparative view further reinforces the significance of NU Islamic Hospital Demak's implementation model. Compared with documented cases from other Indonesian regional hospitals, particularly those that failed to meet emergency response obligations due to delays, incomplete triage, or uncertified personnel, NU Islamic Hospital Demak demonstrates a markedly higher level of procedural readiness and legal compliance. This institutional alignment also mirrors international benchmarks, such as the World Health Organization's emergency care systems framework and the American Heart Association's standards for rapid response and ACLS-certified staffing. While Indonesian regulations do not explicitly require alignment with global protocols, NU Islamic Hospital Demak's operational standards, especially its strict 5-minute response target, mandatory credentialing, and procedural clarity, show substantial convergence with these international safety norms. This comparison reveals that the hospital is not only compliant with national law but is operating at a standard that approaches global best practices, positioning it as a replicable model for improving emergency care governance across similar Type-C hospitals in Indonesia.

4. Conclusion

This sociological-juridical study confirms the non-derogable legal and ethical status of *Aegroti Salus Lex Suprema* as the supreme law governing emergency medical practice in Indonesia. The principle is firmly rooted in the 1945 Constitution and explicitly enforced through Law Number 17 of 2023 on Health, which mandates the absolute priority of life preservation over all administrative and financial barriers while providing legal protection for providers who act in good faith. The case study of NU Islamic Hospital Demak successfully demonstrates a practical and replicable model for translating this supreme principle into daily clinical reality through clear internal regulations, mandatory staff competency standards, and strict operational protocols, particularly the maximum five-minute response time and comprehensive resuscitation guidelines.

The findings carry significant implications for healthcare governance across Indonesia, offering a proven institutional framework that simultaneously protects

patients and shields competent medical personnel from undue liability. However, the study is limited to a single Type-C hospital in a specific high-risk region, so the results may not fully represent larger public hospitals or facilities in urban areas with different resource constraints. Future research should expand to comparative studies involving multiple hospitals of varying types and ownership, explore the role of digital triage systems in further reducing response time, and examine the long-term impact of these mechanisms on malpractice claim rates to strengthen the nationwide enforcement of patient safety as the highest law.

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The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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