



# ETIK DAN MEDIKOLEGAL KEGAWATDARURATAN JANTUNG-PARU

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Disampaikan pada Webinar Penanganan Awal  
Kegawatdaruratan Jantung & Paru di Fasilitas Kesehatan  
Diselenggarakan oleh PT. Akademi Medika Indonesia  
20 November 2024

***Get Started***



# “Postulat” Dasar

- *Law floats in a sea of ethics*
- *“In civilized life, law floats in a sea of ethics.” – Earl Warren*
- *Let's turn our minds to moral values, reflect on them, refine them, then shout them out, so others can hear; and so that the tide of the sea of ethics will produce new currents, and the law, if need be, can take on new directions.*
- Perbedaan etika dan hukum menjadi ruang untuk terus menguji norma hukum, sungguh mencerminkan nilai kebaikan atau tidak.



# Justifikasi terhadap “Nilai” dalam Pribadi Profesi



# Terminologi

- gawat/ga·wat/
  - genting; berbahaya;
  - kritis; mengkhawatirkan; dekat kepada kematian;
  - sulit; terancam:
- kegawatan/ke·ga·wat·an/
  - kegentingan (situasi);
  - kekritisan (tentang kesehatan);
  - kesulitan



# Terminologi

- darurat
  - keadaan sukar (sulit) yang tidak tersangka-sangka (dalam bahaya, kelaparan, dan sebagainya) yang memerlukan penanggulangan segera
  - keadaan terpaksa
  - keadaan sementara
- kedaruratan
  - keadaan yang membutuhkan penanganan segera; keadaan (perihal) darurat



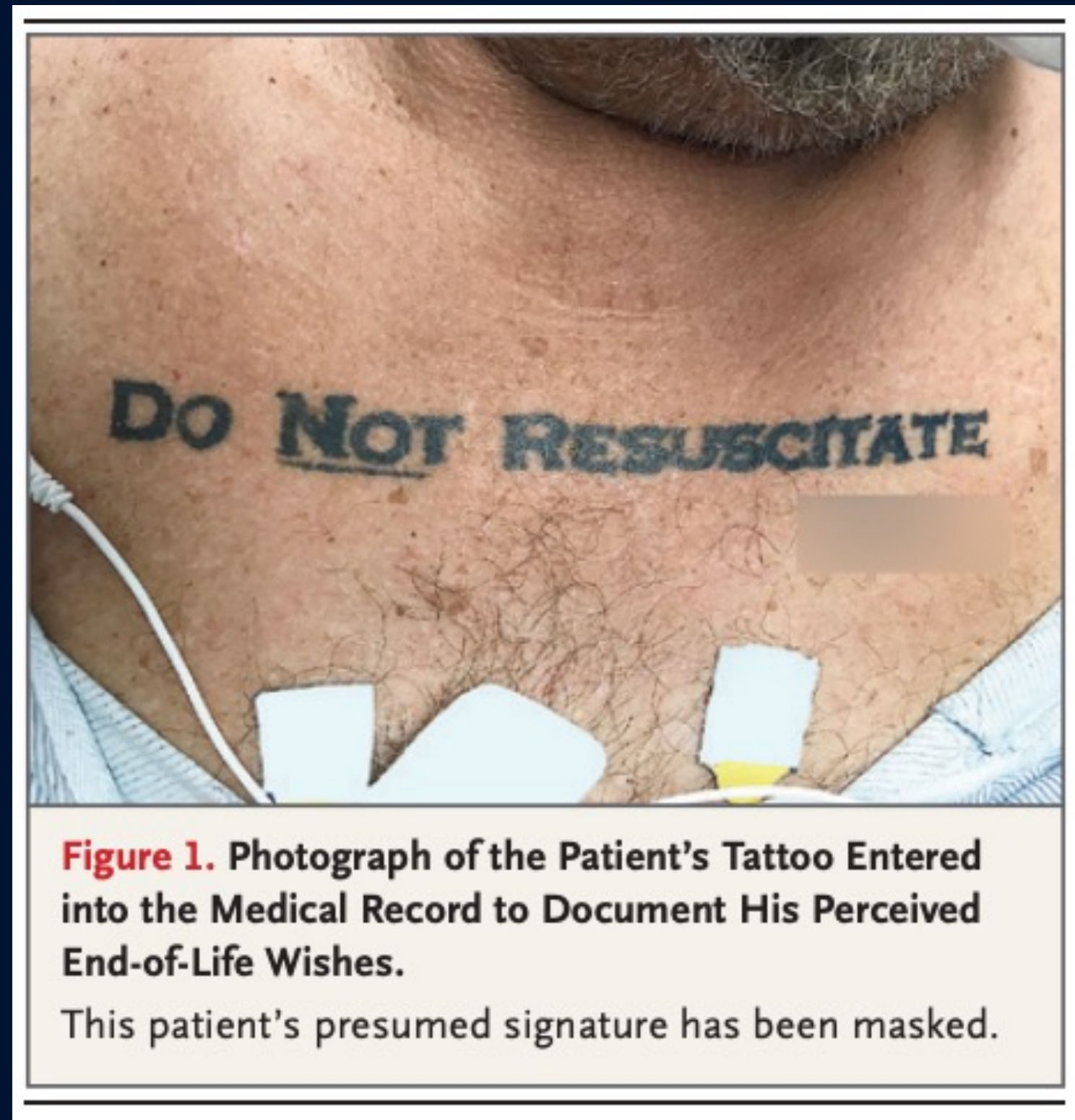
# Terminologi

- Gawat Darurat adalah keadaan klinis Pasien yang membutuhkan tindakan medis dan/ atau psikologis segera guna penyelamatan nyawa dan pencegahan kedisabilitas.
- Keadaan klinis
- Kebutuhan terhadap tindakan medis dan/atau psikologis
- SEGERA
- Guna penyelamatan nyawa dan pencegahan kedisabilitas
- Penilaian subjektif (objektif) Tenaga Medis dan/atau Tenaga Kesehatan



# DNR tattoo

- Paramedics brought an unconscious 70-year-old man with a history of chronic obstructive pulmonary disease, diabetes mellitus, and atrial fibrillation to the emergency department, where he was found to have an elevated blood alcohol level.
- The staff of the medical intensive care unit evaluated him several hours later when hypotension and an aniongap metabolic acidosis with a pH of 6.81 developed.
- His anterior chest had a tattoo that read “Do Not Resuscitate,” accompanied by his presumed signature



# DNR tattoo

- We initially decided not to honor the tattoo, invoking the principle of not choosing an irreversible path when faced with uncertainty. This decision left us conflicted owing to the patient's extraordinary effort to make his presumed advance directive known; therefore, an ethics consultation was requested.
- After reviewing the patient's case, the ethics consultants advised us to honor the patient's do not resuscitate (DNR) tattoo. They suggested that it was most reasonable to infer that the tattoo expressed an authentic preference, that what might be seen as caution could also be seen as standing on ceremony, and that the law is sometimes not nimble enough to support patient-centered care and respect for patients' best interests. A DNR order was written.
- Despite the well-known difficulties that patients have in making their end-of-life wishes known, **this case report neither supports nor opposes the use of tattoos to express end-of-life wishes when the person is incapacitated.**



# Ethical Dilemma and Legal Implication

- There is a general obligation to initiate life-sustaining interventions as rapidly as possible. At the same time, however, any evidence providing a reason to doubt that such interventions are desired or appropriate has to be taken into account
- Is such an expression of will a valid and sufficient clue as to the patient's presumed wishes in the sense of Article 379 Swiss Civil Code?
- Recently, the Swiss company marketing the No-CPR stamp has expanded the offer of its products. It now supplies a No-CPR patch that can be dated and signed and then placed on the skin. According to the information of the supplier, the patch remains on the skin for about three days.
- Providing the possibility to date and sign it, such a No-CPR patch prima facie fulfils the formal and substantive requirements of an advance directive within the meaning of Article 371 Swiss Civil Code. Being legally valid and thus a binding advance directive, healthcare providers must respect the wishes expressed through a No-CPR patch.



# *Autonomy*

- *primum inter pares* (first among equals)
- every person has the unalienable right to self-determination and to decide whether to accept or reject recommended treatment.



# *Non-maleficence*

- *Primum non nocere* – first, do no harm



# *Beneficence*

- Provide 'good' to the patient
- Obvious, *prima facie*
- Highly contextualized



# Justice

- This refers mainly to distributive justice and finds application majorly in public health and in emergency room triage.
- It relates to fair distribution of resources and benefits on one hand, and fair distribution of burdens on the other hand.
- In emergencies, it relates to distributing health care needs according to severity and need for urgency in order to prevent grievous bodily harm.



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# Kegawatdaruratan Jantung

- Penyakit Jantung Bawaan (Gagal Jantung Akut, Spel Hipoksia, Tamponade Jantung, Kegawatan Aritmia, Perawatan Intensif Medikal)
- Penyakit Aorta dan Trauma pada Aorta
- Kardiovaskular Akut dan Perawatan Intensif



# Kegawatdaruratan Paru

- Gawat Napas



# Identifikasi Subjek Hukum terkait

- Pemberi Layanan Kesehatan
  - Fasilitas Pelayanan Kesehatan
  - Tenaga Medis
  - Tenaga Kesehatan
- Penerima Layanan Kesehatan
  - Pasien (dan keluarganya)



# Kewajiban dalam Keadaan Gawat Darurat

## Pasal 275

- (1) Tenaga Medis dan Tenaga Kesehatan yang menjalankan praktik pada Fasilitas Pelayanan Kesehatan **wajib memberikan pertolongan pertama** kepada Pasien dalam keadaan Gawat Darurat dan/atau pada bencana.
- (2) Tenaga Medis dan Tenaga Kesehatan yang memberikan Pelayanan Kesehatan dalam rangka tindakan penyelamatan nyawa atau pencegahan kedisabilitasan seseorang pada keadaan Gawat Darurat dan/atau pada bencana **dikecualikan dari tuntutan ganti rugi.**



# Implikasi Hukum

## Pasal 438

- (1) Pimpinan Fasilitas Pelayanan Kesehatan, Tenaga Medis, dan/atau Tenaga Kesehatan yang tidak memberikan pertolongan pertama terhadap Pasien yang dalam keadaan Gawat Darurat pada Fasilitas Pelayanan Kesehatan sebagaimana dimaksud dalam Pasal 174 dan Pasal 275 ayat (1) dipidana dengan pidana penjara paling lama 2 (dua) tahun atau pidana denda paling banyak Rp200.000.000,00 (dua ratus juta rupiah).
- (2) Dalam hal perbuatan sebagaimana dimaksud pada ayat (1) mengakibatkan terjadinya kedisabilitas atau kematian, pimpinan Fasilitas Pelayanan Kesehatan tersebut dipidana dengan pidana penjara paling lama 10 (sepuluh) tahun atau pidana denda paling banyak Rp2.000.000.000,00 (dua miliar rupiah).



# Isu Hukum

- Indikator – kondisi kegawatdaruratan - “keadaan gawat darurat” (jantung-paru)
- Indikator – standar pertolongan pertama



# Pemenuhan Prestasi (Kewajiban)

- Pemberian Pelayanan Kesehatan oleh Tenaga Medis dan Tenaga Kesehatan dalam menjalankan praktiknya sesuai dengan **standar profesi, standar pelayanan profesi, standar prosedur operasional, dan etika profesi serta kebutuhan Kesehatan Pasien**
- Penyelenggaraan Pelayanan Kesehatan oleh Tenaga Medis dan Tenaga Kesehatan yang diwajibkan mematuhi **standar profesi, standar pelayanan, dan standar prosedur operasional**
  - Standar profesi: disusun oleh Konsil serta Kolegium dan ditetapkan oleh Menteri
  - Standar pelayanan: diatur dengan Peraturan Menteri
  - Standar prosedur operasional: ditetapkan oleh pimpinan Fasilitas Pelayanan Kesehatan



# ***Best Practices*** Penanganan Kegawatdaruratan

- Penguatan dan penyeragaman pemahaman definisi gawat darurat pada masing-masing bidang ilmu
- Standar Prosedur Operasional (PPK, CP) yang diuji validitas dan kesahihannya berdasarkan standar profesi dan standar pelayanan, sesuai sumber daya
- Audit medis terlaksana baik (formil-materiil), diperluas dalam audit klinis



# Implikasi Pelayanan (Kegawatdaruratan)

- Pertanggungjawaban etik, disiplin, dan hukum
- Etik – etika profesi – kode etik
- Disiplin – Majelis Disiplin Profesi
- Hukum – pidana, perdata, administratif
- Proses penegakan hukum “bertalian erat” dengan penegakan disiplin
- Rekomendasi majelis (disiplin profesi) menjadi pertimbangan (yang berpengaruh kuat) terhadapnya



# Penyelesaian Isu Etik

- *In 1979, Beauchamp and Childress discussed the basic set of four Hippocratic values or ethical principles that can provide guidance in analysing and resolving ethical issues (Autonomy, Beneficence, Non-maleficence, Justice).*
- *Since the 1990s several criticisms have arisen regarding bioethical principles.*
- *Clouser and Gert stated that principlism lacks systematic unity, thereby creating a practical and a theoretical problem.*
- *Garrafa and Porto questioned the lack of a practical ethical intervention in principlism, especially when it comes to solving problems arising from economic and social inequality.*
- *Petrini stated that the main criticism of bioethical principles derives from the difficulty of “balancing” between values.*

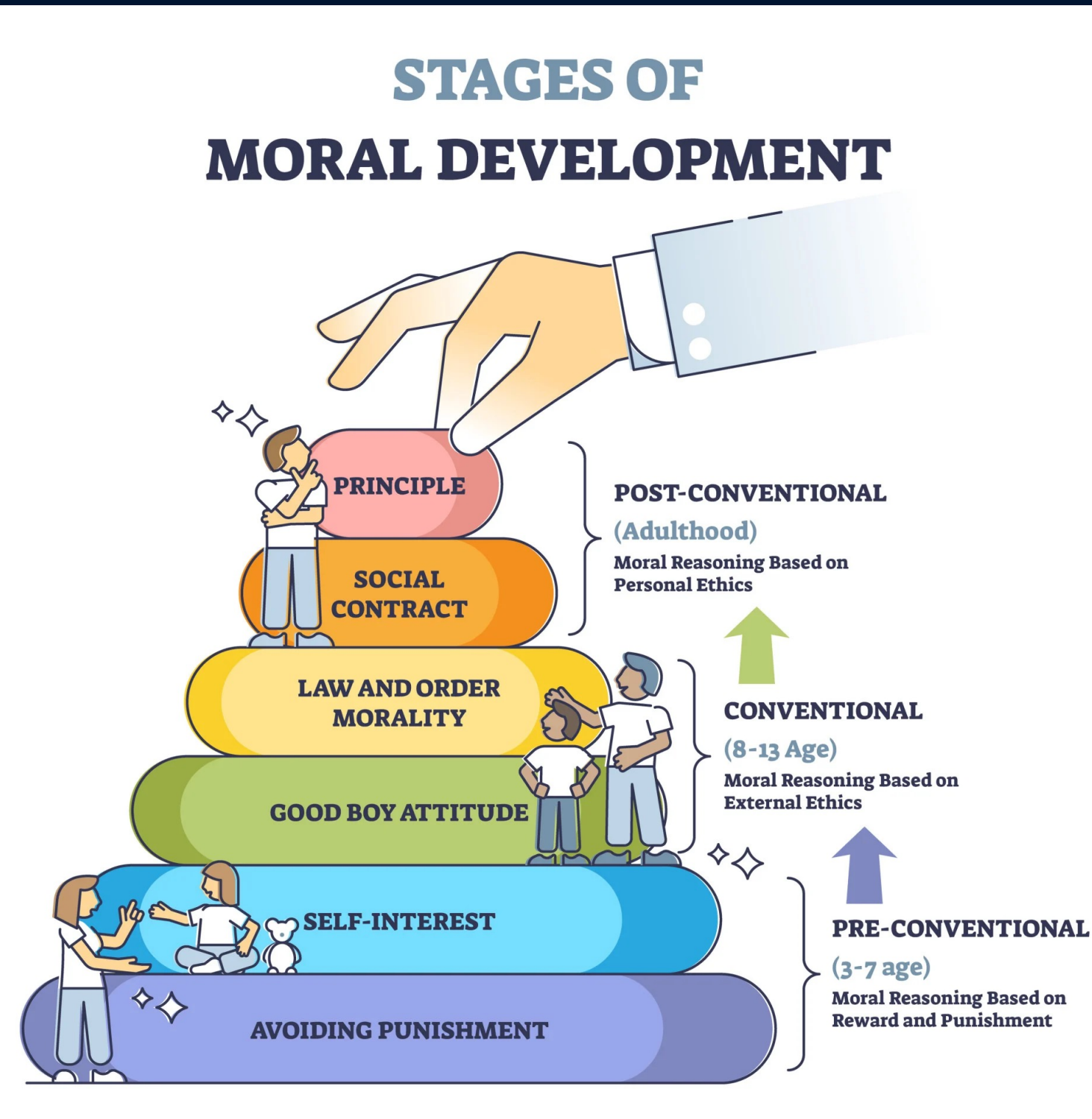


# Pengambilan Keputusan Etis

- Secara pragmatis konkret, keputusan etis dalam kerangka profesi adalah mendasarkan pada kode etik profesi.
- Kode etik profesi sebagai konsensus bersama nilai “kebaikan” profesi.



# Pengambilan Keputusan Etis





# Terima Kasih!

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