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Legal Protection for Nurses Who Perform Medical Procedures Based on the Delegation of Doctor's Authority

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Abstract:

This study examines the delegation of medical authority from physicians to nurses within the framework of Indonesian law. It is motivated by the prevalence of nurses performing medical procedures based on physicians' instructions, despite the lack of clearly defined legal regulations and standard operating procedures regarding such delegation. This situation creates ambiguity regarding the boundaries of liability between physicians and nurses. The study aims to: (1) examine legal regulations concerning the procedures, prerequisites, and forms of delegating medical authority from physicians to nurses; and (2) analyze the resulting legal consequences for both professions, particularly in instances of negligence or alleged malpractice. A normative juridical research method was employed, utilizing statutory and case analysis approaches. Data sources included various regulations—such as the Medical Practice Law, Health Law, Health Personnel Law, and Nursing Law, along with their implementing regulations—as well as academic literature. The findings indicate that Indonesian law regulates the delegation of authority through "mandate" and "delegation" mechanisms subject to specific requirements: delegation must be in writing, align with the nurse's competence, occur under physician supervision, and exclude strategic medical decision-making. Under a mandate, the physician retains legal liability, whereas under delegation, partial liability is transferred to the competent nurse. Legal implications may involve criminal, civil, or administrative liability. The Sidoarjo District Court Decision No. 1167/Pid.B/2010/PN.Sda illustrates the complexities involved when nurses perform duties based on physicians' instructions. The study underscores the necessity of legally compliant delegation—supported by supervision, documentation, clear SOPs, enhanced nursing competence, and adequate legal protection—to ensure that healthcare services remain safe and accountable.

Keywords: legal protection; nurses; medical procedures; delegation of authority; doctors.

INTRODUCTION

Healthcare services in Indonesia often operate under a shortage of doctors, particularly in primary healthcare facilities and remote areas. This situation often leads doctors to delegate some tasks and certain medical procedures to nurses. Several studies and field reports indicate that nurses frequently perform tasks such as conducting initial patient assessments, administering prescribed therapies, and even handling certain emergencies as instructed by doctors. This practice of delegating care has ultimately become a crucial part of the healthcare

system, as it helps ensure that the community's medical needs are met despite a limited number of doctors. Through this mechanism, nurses act as extensions of doctors in providing direct care, while doctors retain control over clinical decisions. Thus, delegating care becomes an operational strategy that helps maintain continuity of care, particularly in areas with limited human resources in the health sector (Calundu, 2018). From a healthcare perspective, delegating some medical tasks can expand the reach of services and improve system efficiency, particularly when the availability of doctors is disproportionate to the number of patients to be treated. However, this practice is not free from legal issues related to the boundaries of authority between doctors and nurses. Delegation of duties raises questions about the extent to which nurses can act and who should bear responsibility for errors during medical procedures. Therefore, while delegation of authority brings tangible benefits in improving services, it also requires clear regulations to avoid legal uncertainty. This phenomenon needs to be addressed through detailed regulations, an adequate supervision system, and clear accountability arrangements to ensure protection for doctors, nurses, and patients, as the most vulnerable. With clear regulations, delegation of authority can be implemented optimally without compromising safety and legal certainty (Fibrini, 2024).

Legally, the Indonesian legal framework provides a fairly clear basis for the role of nurses in receiving and performing certain medical procedures. Law No. 36 of 2014 concerning Health Workers stipulates that health workers can be delegated medical procedures by other medical personnel, including doctors, within the context of structured health services. This provision is further emphasized in Law No. 38 of 2014 concerning Nursing, which outlines the limits of nurses' authority, the types of actions that can be delegated, and the formal procedures that must be followed for delegation. Therefore, at the regulatory level, regulations exist to ensure legal certainty regarding the practice of delegation in the medical field. However, the implementation of these regulations in practice still faces several challenges. In daily practice, differences in interpretation regarding the limits of nurse competence, lack of physician supervision, and a misalignment between standard procedures and the actual conditions of health facilities often arise. These obstacles mean that the implementation of delegation of duties does not always proceed as intended by the regulation, necessitating the strengthening of technical guidelines and oversight systems to maintain alignment with patient safety principles (Amir & Purnama, 2021).

In daily practice, technical instructions and standard operating procedures (SOPs) regarding the delegation of authority from doctors to nurses are often not comprehensively developed or easily accessible. As a result, nurses often lack a clear reference point to distinguish actions within their authority from those they should not perform. This uncertainty opens the door to procedural errors and actions deemed beyond competence, which can ultimately lead to legal issues for the healthcare workers involved. This situation demonstrates that the existence of regulations at the legal level is insufficient without concrete operational guidelines in the field. Therefore, harmonization of national regulations, professional guidelines, and internal SOPs within healthcare facilities is needed to ensure the delegation of duties can proceed safely, in a controlled manner, and within the appropriate legal framework. With structured and accessible guidelines, nurses can work within their authority, while physicians can delegate more confidently without incurring unnecessary risks (Fiah et al., 2024).

Several real-life incidents demonstrate the significance of the delegation of medical authority and warrant serious analysis. One frequently cited example is the 2010 case at the Sidoarjo District Court, where a nurse with the initials SM was charged with negligence resulting in the death of a child patient. In this case, the doctor initially instructed the nurse to inject a specific medication. However, the initial delegated order was not carried out directly by the nurse but was instead passed down the chain of delegation to another officer. It was during this process that an error occurred in the injection, resulting in the patient's condition deteriorating and ultimately, death. This incident demonstrates that delegation of authority that is not carried out according to procedure can pose serious legal risks for healthcare workers and endanger patient safety. This case also emphasizes the importance of understanding the limits of competence, ensuring proper supervision, and ensuring that delegation of duties is not carried out in a hierarchical manner without legal basis or oversight. Thus, the issue of medical delegation is not only related to service efficiency but also concerns the legal and ethical responsibilities inherent in each healthcare worker (Arifin & Handayani, 2024). As a result of this incident, the nurse was charged under Article 359 of the Indonesian Criminal Code concerning negligence resulting in the loss of life and sentenced to one year and six months in prison. This case sparked widespread discussion regarding the division of legal responsibility in the delegation of medical procedures: whether the burden of responsibility rests with the nurse performing the procedure, the doctor providing the initial instructions, or both parties. This case underscores the need for clear regulations, documented instructions, and robust oversight mechanisms to prevent ambiguity of responsibility in healthcare practice (Sofyan & Munandar, 2021).

The increasing role of nurses in performing various medical procedures and the potential for legal disputes make the discussion of the delegation of medical authority from doctors to nurses increasingly relevant. The importance of this study rests on at least three main reasons. First, patient safety must be guaranteed by ensuring that every medical procedure is performed by personnel who are truly competent and authorized according to their professional standards. Second, legal certainty is needed for both doctors and nurses so that they receive protection when working collaboratively in an increasingly complex healthcare system. Without clear boundaries of responsibility, both doctors and nurses are at risk of legal challenges when incidents occur. Third, clear regulations regarding the delegation process can encourage improved healthcare quality, as doctors can focus more on handling cases requiring high expertise, while nurses can manage routine procedures within their scope of competence. Thus, legal arrangements related to the delegation of authority are not merely technical arrangements, but also strategies to strengthen service quality, ensure patient safety, and provide a solid legal foundation for interprofessional collaborative practice (Mannas, 2023). This study has three main objectives. First, a systematic review of the legal framework governing the delegation of medical procedures from doctors to nurses in Indonesia, including definitions, principles, and relevant laws and regulations. Second, an examination of the various legal implications of this delegation of authority, particularly in terms of criminal and civil liability, as well as ethical and administrative aspects for both parties. Third, recommendations for strengthening the policy and practice of delegation of authority are provided to ensure legal protection for healthcare workers and patient safety, and to ensure more effective and accountable medical services (Riyadi, 2018).

METHOD

This research employs a normative juridical method with a descriptive-analytical character. The normative juridical approach indicates that the research focuses on the review of written legal provisions (law on the books) related to the delegation of authority in medical procedures. Various primary legal sources serve as the main study material, such as Laws including Law No. 29 of 2004, Law No. 36 of 2009, Law No. 36 of 2014, and Law No. 38 of 2014, as well as several technical regulations such as Ministerial Regulation No. 2052 of 2011 and Ministerial Regulation No. 26 of 2019, in addition to other related policy documents (Noer & Kartika, 2022). The analysis process is carried out by examining key articles in these regulations to obtain an overview of the normative construction governing the delegation of medical authority from doctors to nurses. A descriptive-analytical approach is used to systematically describe the content of the regulations while assessing their consistency, scope, and regulatory implications. Thus, this study not only describes the content of the rules, but also evaluates how these norms form the legal basis for implementing delegation of authority in health service practices (Widaningrum et al., 2024).

This research also utilizes various secondary legal sources, particularly relevant scientific works and previous research findings. The literature review includes a review of journals discussing health law, books outlining medical law principles, and academic articles on the delegation of medical authority. The use of these secondary sources serves to enrich the analysis by providing interpretations, critical perspectives, and empirical descriptions that complement the normative provisions studied. Through this literature, the research gains a deeper understanding of how legal regulations are implemented in practice and identifies potential problems in their application. One reference used is Intan's article in the Soepra Journal of Health Law, which provides a concrete illustration of the legal responsibility aspect of medical delegation. The article helps place the issue of delegation of authority in the context of a real case, making the research analysis more comprehensive and grounded in empirical evidence and previously developed academic perspectives (Intan et al., 2022). Meanwhile, Andhini's work also provides an important perspective on the legal aspects of the delegation of authority from doctors to nurses within the statutory regulatory framework. The paper outlines how delegation of medical duties must adhere to normative constraints, including the terms, procedures, and scope of actions that may be delegated. Through a comprehensive regulatory analysis, Andhini asserts that medical delegation cannot be exercised freely but must comply with legal provisions to ensure patient safety and maintain the professional accountability of healthcare workers. This perspective helps researchers understand the legal position of nurses in accepting delegation of authority, while also highlighting the potential legal risks if delegation is undertaken without a valid basis. Thus, Andhini's contribution provides a strong theoretical foundation for analyzing the legitimacy of delegation of authority in healthcare practice (Andhini et al., 2022).

In addition to the normative approach, this research also utilizes a legal case study as a complementary method. The case in question is Sidoarjo District Court Decision No. 1167/Pid.B/2010/PN.Sda, chosen because it concretely illustrates the legal issues arising from the delegation of medical authority from a doctor to a nurse, resulting

in criminal proceedings. By outlining the content of the decision and reconstructing the chronology of events based on secondary sources such as journal articles and other legal publications, the author attempts to connect the facts on the ground with the normative rules that govern them. The use of this case study aims to expand the normative study so that it is not limited to theoretical discussion but also reflects how legal provisions are applied in practice (law in action) (Al-Fatih, 2023). The research steps were carried out by searching for primary legal materials, including laws and implementing regulations, through official portals such as the Indonesian Supreme Audit Agency (BPK RI) Regulations page. Additionally, secondary legal materials were collected from various national scientific databases, such as Sinta and Google Scholar. After all data was collected, the author reviewed and noted key points from each document. A qualitative analysis of the provisions governing the delegation of authority was then conducted, then compared with findings in the literature, both academic perspectives and empirical data. The analysis also applied the theory of legal responsibility as a basis for answering the problem formulation regarding the legal implications for those who receive and delegate medical duties (Susanti & Efendi, 2022).

The research results are presented coherently, following a predetermined discussion flow. The first section outlines the findings from the study of the legal framework governing the procedures, requirements, and limitations of the delegation of medical authority. The next section discusses the forms of legal liability that may arise from the implementation of this delegation, accompanied by case examples to clarify its application in practice. Next, the study formulates the core findings and provides relevant recommendations. All descriptions use a scientific writing style and consistently reference authoritative sources to maintain accuracy and objectivity. The validity of the legal data is guaranteed by direct reference to the legal texts of the legislation and the opinions of competent experts, while the analysis is conducted using a systematic deductive reasoning approach. With this method, this study is expected to produce scientifically sound conclusions regarding the legal aspects of the delegation of medical authority between doctors and nurses in Indonesia. This approach also ensures that the findings presented are not only theoretically relevant but also useful for understanding the practice of delegation of authority in the context of healthcare.

RESULTS AND DISCUSSION

Legal Regulations on the Delegation of Medical Authority in Indonesia

Based on a review of various regulations, it can be seen that Indonesia actually has a fairly comprehensive legal basis regarding the delegation of medical authority from doctors to nurses. These regulations are spread across various levels of regulation, from statutes to implementing provisions at the ministerial level. At the statutory level, there are two main instruments that serve as the foundation: the 2014 Health Workers Law and the 2014 Nursing Law. The Health Workers Law, specifically Article 65, expressly permits medical personnel to delegate certain medical procedures to other health workers, such as nurses, as long as they meet the specified requirements. The substance of this article affirms that delegation of medical procedures is a legitimate practice, as long as the procedure remains within the scope of health services, is provided by an authorized physician, and is carried out by a competent nurse (Rivai, 2024). This regulation also emphasizes that delegation must not include the authority to make core clinical decisions, such as diagnosis or determining primary therapy, and must be carried out under the supervision of a physician. Article 32 of the Nursing Law provides more detailed clarification regarding the forms of delegation, namely mandate and delegation. A mandate is understood as a delegation without a transfer of responsibility, while delegation involves the transfer of certain responsibilities to nurses. Furthermore, Article 35 regulates the possibility of expanding authority under certain conditions, such as in areas where doctors are unavailable or in emergency situations, where nurses can perform broader medical procedures based on official government assignments. Thus, these two laws provide a strong basis for legitimizing the delegation of medical authority as long as it is carried out within specified normative boundaries. The legality of nurses' actions on a doctor's instructions depends heavily on the compliance of field practice with regulated provisions, from competency and procedures to the required forms of supervision (Ridhani & Haiti, 2025).

At the implementing regulation level, the government, through the Ministry of Health, has issued various technical provisions to translate the legal mandate regarding the delegation of medical authority. One important regulation is Ministerial Regulation 2052/2011, which specifically stipulates that the delegation of medical procedures from doctors to nurses must be carried out in the form of written instructions. In healthcare practice, this provision is usually realized through the inclusion of medical orders in the patient's medical record or through a special assignment letter. The existence of written instructions provides a strong legal basis for nurses to carry out procedures, as the document confirms that the actions were carried out based on the doctor's orders, not their own initiative. Without written documentation, nurses often become legally vulnerable, especially in the event of

disputes or claims, as it is difficult to prove that the actions were within the framework of delegation. This Ministerial Regulation also requires doctors to review and approve the records of actions performed by nurses in the medical record, thus maintaining the doctor's involvement as a form of oversight and professional responsibility (Astuti, 2009). Ministerial Regulation 26/2019, as the implementing regulation for the Nursing Law, provides a more operational explanation of the delegation mechanism. Several healthcare facilities, including community health centers (Puskesmas), have used this regulation as a reference in developing Standard Operating Procedures (SOPs) for delegation of authority. This regulation clearly identifies the types of medical procedures that can be delegated, along with the competency requirements for nurses eligible to receive them. In some contexts, this regulation also requires the preparation of a formal, standardized Letter of Delegation of Authority, signed by the doctor and the facility manager, particularly for long-term delegations, such as assignments in areas with a shortage of doctors. With these two Ministerial Regulations, the implementation of delegation of medical procedures has an adequate technical foundation. This means there is no regulatory gap; guidelines for delegation practices are available and can be used as a reference by healthcare workers and healthcare institutions (Betan et al., 2023).

In addition to government regulations, operational standards and professional guidelines developed by professional organizations also play a crucial role in guiding the practice of medical delegation. The Nursing Council and the Indonesian National Nurses Association (PPNI) generally issue practice guidelines detailing the limits of independent nursing actions and actions that may only be performed upon delegation by a physician. For example, procedures such as IV drips or injections are considered part of a nurse's basic competency in many healthcare facilities, but still require medical instructions regarding the type of fluid, medication, and dosage to be administered. Meanwhile, more complex procedures such as suturing wounds or inserting certain medical devices typically require specialized training or additional confirmation of competency before nurses can perform them (Secillia et al., 2025). With these professional guidelines, every hospital and community health center is expected to develop Standard Operating Procedures (SOPs) that align with national regulations. These SOPs systematically detail the flow of task delegation, starting with the doctor examining the patient, prescribing the necessary therapy, and determining which actions are appropriate to delegate to the nurse. The doctor then provides clear written instructions as the basis for implementation. After receiving the delegation, the nurse carries out the prescribed actions, records the entire process and results in the medical record, and then submits a report back to the doctor for further evaluation. With this structured process, the delegation process is more controlled, safe, and compliant with the precautionary principle. Furthermore, these guidelines ensure that each step is carried out within the established legal framework and professional ethics, minimizing the potential for errors or disputes. Through a clear SOP mechanism, coordination between doctors and nurses can be more effective, and the delegation of authority can be carried out without neglecting patient safety or professional accountability (Noviani, 2020).

Although the regulatory framework governing the delegation of medical authority has been developed quite comprehensively, major challenges remain in its implementation. Prior to the enactment of the Nursing Law, several studies revealed a lack of harmony between various sectoral regulations, often resulting in overlapping or inconsistent arrangements for the delegation of medical duties to nurses. However, following the enactment of Law No. 38 of 2014 and the issuance of Minister of Health Regulation 26/2019, regulatory consistency has increased, providing greater clarity regarding the limits of authority and delegation procedures. However, the problem extends beyond the normative aspect, but also to how these regulations are implemented. A field study in Kendal showed that the delegation of duties at Community Health Centers (Puskesmas) has generally complied with the provisions of Minister of Health Regulation 26/2019. However, legal protection for nurses is still considered suboptimal. Many nurses remain uncertain about whether a particular action falls within the authority permitted by delegation or risks exceeding it. This uncertainty can lead to potential procedural errors or concerns about facing legal action. Therefore, continuous socialization, increased understanding of regulations, and intensive technical training for health workers are needed so that the delegation of authority can be carried out safely, clearly, and in accordance with regulations (Sutarih, 2018).

Legal Responsibility in the Delegation of Medical Authority

The main issue in the delegation of medical authority lies in determining who is responsible when legal consequences arise from the delegated actions. In this context, there are two forms of responsibility that must be analyzed: the responsibility of the doctor as the party granting the authority, and the responsibility of the nurse as the person carrying out the action. The two are interrelated, but their positions differ depending on the delegation mechanism used, whether through mandate or delegation. In the mandate mechanism, the doctor retains full

responsibility for the actions taken by the nurse. This means that if an error occurs while the nurse is carrying out the action according to the mandate, the doctor can be considered jointly responsible as if he or she had carried out the action himself. This provision is in line with Article 65 paragraph (3) of Law No. 36 of 2014, which emphasizes that the doctor as the person granting the authority remains responsible as long as the action is carried out based on the instructions given (UUD, 2014). Therefore, doctors must be careful in granting mandates, ensuring that the instructions given are clear and understandable, and selecting nurses who have sufficient competence. If a doctor acts carelessly, for example by giving instructions without sufficient explanation, or by delegating high-risk procedures to an untrained nurse, the doctor may be deemed to have committed professional negligence. In criminal law, a doctor may be charged under Article 359 or 360 of the Indonesian Criminal Code if their negligence results in injury or loss to a patient, even if the nurse directly performs the action, as the nurse is considered to be acting as an extension of the doctor. In the civil realm, doctors can also be held liable through malpractice lawsuits, for example for failure to guide, supervise, or provide proper instructions. Therefore, in practice, doctors often continue to monitor or assist with delegated critical procedures to prevent errors (Arthanti et al., 2024).

Under the mechanism of delegation or delegation of duties, doctors' legal positions are relatively more protected, although this does not mean they are completely free from responsibility. Delegation can only be granted to nurses who have adequate training and are deemed competent to carry out the procedure independently. In many healthcare facilities, for example, procedures such as administering immunizations or intramuscular injections are often delegated to nurses. If a doctor has performed an examination, given clear written instructions (e.g., "give 1 ml of drug A intramuscularly and observe for 30 minutes"), and the nurse has performed the task according to standards, but the patient still experiences serious side effects, the nurse will be the first party to be asked for clarification. If the investigation shows that the nurse followed procedure and the effects were a patient reaction, the doctor remains obligated to provide an explanation and take professional responsibility to the family. Legally, a doctor can be found not guilty, but ethical responsibility remains (Hansten & Washburn, 2001). Conversely, if a nurse commits negligence, such as administering the wrong dosage, the doctor is not automatically subject to criminal charges because they are not the direct perpetrator. However, they are still potentially subject to administrative sanctions if proven negligent in selecting an inexperienced nurse or failing to provide adequate supervision. Thus, even though the implementation of the action is shifted to nurses, doctors still bear the primary responsibility for patient safety as directors of medical services (Huda & Huda, 2021).

Legal provisions stipulate that doctors are obligated to provide supervision and direction when delegating a procedure to a nurse. Doctors are not permitted to delegate essential clinical decisions, such as establishing a diagnosis or determining the primary therapy, as these remain their professional responsibility. Before delegating a procedure, doctors must ensure that the selected nurse has sufficient competence, skills, and experience to safely carry out the procedure. Instructions must also be written, with detailed and easily understood explanations, including anticipatory measures in case of complications or emergencies. Furthermore, doctors are still required to monitor, especially when the delegation is carried out in the form of a mandate, where the nurse acts as an extension of the doctor, making supervision a crucial requirement to ensure patient safety (Amir & Purnama, 2021). If a doctor violates any of these requirements, it can be considered maldelegation, which is a form of professional negligence. In the Sidoarjo case, Dr. WPA formally fulfilled the requirements for providing written delegation (instructions for KCl injections) and selecting a competent vocational nurse (SM). However, upon closer inspection, KCl is a high-risk drug that should be closely monitored. In this case, the doctor was not present at the time of the injection and may not have provided detailed instructions (apparently, SM was confused and passed the instructions to the intern). This demonstrates that the doctor's responsibility extends beyond issuing the order, including ensuring it is properly implemented. Following the incident, the doctor may also be subject to internal investigation, although not criminal charges (Rahmadani et al., 2023).

For a nurse, accepting a delegation of care means agreeing to carry out the procedure in accordance with professional standards and the trust placed in the physician. In practice, nurses assume direct responsibility for every action they perform. If an error occurs during the procedure, the nurse is the first to provide clarification regarding what occurred. In the realm of criminal law, if a nurse's negligence, such as administering the wrong medication, failing to monitor vital signs, or performing a procedure without observing safety procedures, results in injury to the patient, the nurse can be charged under Article 359 or 360 of the Criminal Code. A defense can arise if the nurse can demonstrate that they correctly followed the doctor's instructions or that there were difficult field conditions. However, if it is proven that the negligence arose from the nurse's own error, such as misreading a dosage, ignoring aseptic procedures leading to infection, or failing to perform basic verification, then criminal

responsibility rests with them (Matippanna, 2022). In delegated care, the nurse is deemed to have received professional authority to perform the procedure, thus assuming both ethical and professional responsibilities. The nurse's position in a working relationship with a doctor falls into the category of dependent nursing staff in a therapeutic relationship, meaning the nurse works based on the doctor's instructions as part of an integrated health care service. However, even after instructions are given, the nurse remains obligated to use their own professional judgment. A prime example is the application of the five rights principle in medication administration (right patient, right drug, right dose, right time, and right method). If negligence occurs in aspects within the nurse's competence, such as medication administration techniques or monitoring patient responses, full responsibility rests with the nurse as the person performing the action (Fakih, 2013).

In civil law, a patient or their family has the right to file a lawsuit against a nurse if it can be proven that the losses incurred were a direct result of the nurse's negligence in carrying out delegated actions. Although in practice, lawsuits directed solely at nurses are relatively rare because the hospital is usually named as a defendant, the possibility remains open. For example, in incidents of incorrect blood transfusions performed by nurses, the patient's family can sue for both material and immaterial damages. In such cases, the hospital generally bears the financial consequences, but the nurse in question will usually still face professional repercussions, including potential termination of employment or other internal sanctions. Administratively, violating the provisions of delegation of authority can result in disciplinary consequences (Anwar, 2018). For example, when a nurse performs a procedure without written instructions from a doctor, such actions can be categorized as serious violations. Professional organizations such as the Indonesian Nurses Association (PPNI) and the Nursing Disciplinary Council have the authority to impose sanctions if a nurse is found to be practicing beyond their competence or authority. However, conversely, a nurse who refuses to delegate actions even though they are competent and the service conditions require it can also be considered a disciplinary violation, for example, being deemed to have failed to comply with a superior's instructions. However, regulations allow nurses to refuse if they feel incompetent or lack sufficient competence, and these reasons must be respected for the safety of the patient and the nurse's own protection (Lintang, 2021). The division of responsibility in several situations can be explained as follows:

First, the Ideal Scenario. A doctor delegates a specific action with clear written instructions; the nurse carries out the action according to internal operating standards; and the outcome is good for the patient. In such a situation, there are no legal issues because all parties work in accordance with regulations and professional standards. Second, the Nurse Negligence Scenario. If the doctor has delegated the action correctly but the nurse makes a technical error, such as failing to maintain sterility or performing a procedure incorrectly, resulting in a patient infection, the nurse bears full responsibility. Possible sanctions include criminal, civil, or disciplinary liability. Doctors are usually not subject to criminal penalties, but in a civil lawsuit they can be held vicarious liable. Third, the Doctor's Incorrect Instruction Scenario. If the doctor gives an incorrect instruction, such as the wrong dosage, and the nurse correctly follows the instructions according to the written record, the doctor is responsible for the consequences. The nurse is generally not criminally liable because she is simply following instructions, provided she can prove her actions are in accordance with the instructions. In this situation, the doctor can be held criminally and civilly liable (Anitasari, 2023). Fourth, the Delegation Scenario Without Written Instructions. Verbal delegation without written documentation opens the door to disputes. The doctor may deny giving the order, and the nurse may lack proof. This situation violates procedures from the outset, thus both parties may be subject to administrative sanctions, while criminal or civil liability is determined by the element of substantive negligence of each party. Fifth, Emergency Scenarios Without a Doctor's Presence. In an emergency, nurses are authorized to perform certain medical procedures even without a delegation, as long as they are lifesaving. This provision is protected by Article 63 of the Health Workers Law. As long as the actions are carried out proportionally and according to competence, nurses cannot be criminalized or sued. However, if the actions taken exceed their capabilities or are carried out incorrectly, resulting in harm to the patient, liability may still arise (Suwardianto, 2020).

From the previous description, it is clear that the delegation of medical authority requires precision and caution from all parties. Both doctors and nurses need to recognize that the delegation mechanism is not a simple instructional relationship, but rather a legal relationship that directly impacts patient safety and rights. Therefore, both must have the same perception regarding the limits of their respective authority, proper communication channels, and the obligation to maintain complete record keeping. If each delegation is carried out correctly and according to procedures, from written orders and standardized implementation to evaluation, then if an incident occurs, the tracing process can be conducted objectively. With neat documentation, it is possible to identify whether the error occurred during the instruction-issuing stage by the doctor or during the implementation stage by the nurse, allowing for the determination of legal responsibility to be carried out proportionally and fairly (Hadi, 2020).

Case Study: Legal Analysis of the Case of Delegation of Authority (Decision No. 1167/Pid.B/2010/PN.Sda)

To assess how the legal provisions regarding delegation of authority are applied in practice, this section reviews a significant case study: Sidoarjo District Court Decision No. 1167/Pid.B/2010/PN.Sda. This case involved a doctor, Dr. WPA, and a nurse named SM, who worked at a public hospital in Sidoarjo (referred to as RSU "KH"). The case stemmed from the death of a pediatric patient, identified as DCO, allegedly related to an error in therapy resulting from an inappropriate delegation of authority. Patient DCO was admitted for diarrhea accompanied by bloating. During treatment, he had difficulty taking medication orally, so his parents requested that the medication be administered by injection. The following day, Dr. WPA decided to administer intravenous Potassium Chloride (KCl) therapy to address possible hypokalemia caused by the diarrhea. He then wrote a medical instruction to nurse SM to administer 12.5 cc of KCl (equivalent to approximately two ampoules), which was to be administered slowly through an IV drip. Intravenous administration of KCl is a high-risk procedure because errors in dosage or speed of administration can trigger heart rhythm disturbances (Boyd, 2022).

Nurse SM received the instructions, but she did not carry them out herself. Instead, she delegated the task to an intern nurse named DAY, who was in the treatment room. SM instructed DAY to inject KCl as ordered by the doctor, while she performed other tasks. DAY, an intern, allegedly lacked the necessary skills to handle the high-risk medication. She then mixed the KCl into the patient's IV fluid. During the process, procedural errors were suspected, both in terms of the dilution concentration and the speed at which the KCl was injected into the IV. Several sources also stated that SM failed to double-check the mixing method and the amount of solvent used before administering the medication. This error resulted in a fatal reaction in the patient. Shortly after administering the KCl, DCO showed signs of potassium overload: she experienced seizures and then fell into cardiac arrest (asystole). The medical team, including Dr. WPA, performed resuscitation efforts, but the patient's life could not be saved. This incident later became the basis for the criminal justice process against the doctor and nurse, and also serves as a significant example of the legal risks resulting from improperly delegating medical duties (Supinganto et al., 2020).

Following the patient's death, the case was reported and entered the legal process. Police handled the case as a suspected criminal act of negligence, pursuant to Article 359 of the Criminal Code, which regulates negligent acts resulting in death. During the investigation and prosecution, the Public Prosecutor named Nurse SM as the sole defendant. The prosecutor argued that SM acted negligently by failing to properly carry out the doctor's instructions, including handing over high-risk procedures to intern nurses who were not yet competent, thus making this negligence the direct cause of the patient's death (Hutomo & Leksono, 2022). The prosecutor then demanded a prison sentence of 1 year and 6 months for SM. Meanwhile, Dr. WPA was not named a defendant. This decision was likely based on the consideration that the doctor had provided written instructions and did not take actions that directly resulted in fatal consequences. Thus, law enforcement officials placed the perpetrator, in this case Nurse SM, as the party considered most responsible in the criminal process. This case illustrates how negligence in the delegation of authority can lead to criminal liability for the healthcare worker who carried out the procedure (Rusnita, 2025).

During the trial, several important findings emerged regarding how the delegation of duties was carried out by the health workers involved. The panel of judges stated that the initial delegation from Dr. WPA to nurse SM was carried out in accordance with regulations. The doctor provided written, detailed, and understandable medical instructions regarding the administration of KCl, thus complying with the provisions of Minister of Health Regulation 2052/2011, which requires written orders for the delegation of medical procedures. Furthermore, SM, as a vocational nurse, was deemed to possess the qualifications in accordance with the provisions of the Nursing Law. With these competencies, she was legally deemed competent to receive and carry out the medical instructions given by the doctor. These findings indicate that the initial stages of the delegation of authority followed formal procedures, both in terms of the instructions given by the doctor and the nurse's competency as the recipient of the assignment. However, although the initial delegation was deemed valid, subsequent trial evidence then highlighted other aspects of the task implementation mechanism that influenced the assessment of the legal responsibility of the health workers involved in the case (Pratama et al., 2025).

At this stage, the panel found no formal procedural violations. The problem arose when the second level of delegation occurred. Instead of carrying out the doctor's instructions herself, SM transferred the task to an intern nurse named DAY. This action was deemed to have exceeded her authority, as nurses are not permitted to delegate medical procedures to others. The situation was further complicated by the fact that DAY was an intern and did not necessarily possess a Registration Certificate or the authority to perform the procedure independently. Therefore, the second level of delegation was deemed fundamentally flawed and became a key point in the assessment of negligence. The judge emphasized that SM should have performed the KCl injection

procedure herself, or at least provided close supervision if she needed technical assistance. This is all the more crucial given that administering KCl is a high-risk procedure that requires precision and specific clinical skills. The error at this stage formed the basis for the assessment that the deviation from the delegation procedure significantly contributed to the fatal outcome in this case (Riyanto, 2020).

The court found that SM had disregarded applicable operational standards, including the obligation to ensure procedures were carried out correctly. Allegations that the KCl was not diluted according to standards or administered too quickly strengthened the element of negligence. The forensic expert also stated that the pattern of the patient's death was consistent with a KCl overdose, which caused a fatal cardiac arrhythmia. Therefore, the causal link between the wrongful act and the resulting consequence was deemed satisfied. Despite the strong element of negligence, the court ruled against imposing a criminal penalty (Parinduri, 2022). The judge ruled that SM had indeed committed the acts charged, but that these acts could not be classified as criminal. The judge's primary consideration was the concept that SM was acting on the orders of a superior, namely a doctor. Within the criminal law framework, actions taken in accordance with legitimate official orders can negate the unlawful nature of an act. The judge appeared to apply a similar logic, stating that SM was carrying out a doctor's orders and therefore not deserving of criminal punishment despite the unintended consequences (Wiraagni et al., 2021). This decision subsequently sparked debate. On the one hand, SM's release can be seen as a form of protection for healthcare workers within a hierarchical structure who did not intend to harm patients. However, on the other hand, SM still committed a serious violation, normatively handing over crucial medical procedures to incompetent parties without supervision. According to some health law observers, this error should be addressed through professional disciplinary mechanisms or administrative sanctions, rather than criminal sanctions.

Dr. WPA was not held criminally liable, likely because he had carried out the delegation procedure in accordance with regulations. The technical error occurred at the executive level, making it difficult to prove that the doctor was negligent. However, it is possible that Dr. WPA will face ethical guidance or an internal hospital evaluation. Thus, this case demonstrates the complexity of delegation of authority and the importance of full compliance with standards of practice to prevent legal disputes (Julianda et al., 2025). This case offers several important lessons, both from a legal and nursing practice perspective. First, the aspect of compliance with the limits of authority is a key focus. Nurses do not have the right to continue or redelegate medical tasks previously delegated by a physician. If a nurse feels incompetent or requires additional assistance, the correct step is to communicate this to the delegating physician, rather than assigning the task to another professional with lesser competence. Multilevel delegation, as practiced by SM, lacks legal basis and places herself as the party responsible for the consequences of the second delegation (Candra, 2024). Second, this case emphasizes the importance of documenting and implementing hospital SOPs. It's possible that the healthcare facility lacked internal regulations explicitly prohibiting nurses from requesting assistance from interns for injection procedures. For high-risk drugs like KCl, ideally, SOPs mandate skilled personnel or direct supervision. This lack of clarity in the regulations allowed nurses to misinterpret the procedure. This incident should prompt the hospital to tighten SOPs, including special supervision for any delegation of critical procedures (Agil et al., 2025).

Third, in terms of legal accountability, even if SM is ultimately acquitted of criminal charges, the victim's family may pursue civil action against the hospital. Hospitals generally choose amicable settlements to avoid escalating the case. Administratively, SM may still receive a warning or retraining, while DAY, as an intern nurse, may have his authority restricted until he is fully competent. The WPA doctor may also be subject to ethical or administrative evaluation. Fourth, the emergence of the defense of "carrying out superior orders" in this case is an interesting issue. Typically, this exception is used in the military context or formal office orders. The judge in this case appears to have considered the doctor's order a form of office order, which could negate the unlawful nature of SM's actions (Zebua, 2021). However, the application of this defense cannot be generalized. In other cases, nurses who clearly made mistakes or violated standard operating procedures may not receive similar protection. This case in Sidoarjo demonstrates that the delegation of medical authority must be carried out with precision and strict adherence. Regulations are in place, but their effectiveness depends on the compliance of healthcare workers. Violating delegation rules can result in harm to patients and trigger complex legal issues. Therefore, prevention through discipline, competency development, and legal understanding is a far wiser approach than relying on a judge's decision.

CONCLUSION

Based on the analysis, it can be concluded that the delegation of medical authority from doctors to nurses is a legally permissible practice and has a strong regulatory basis in the Indonesian health legal system. The 2014

Health Workers Law and the 2014 Nursing Law provide the legal foundations that affirm that nurses can perform certain medical procedures as long as they are within the framework of a mandate or delegation. The differences regarding the transfer of responsibility between the two have been explained normatively, while implementing regulations such as Ministerial Regulation 2052/2011 and Ministerial Regulation 26/2019 provide technical guidelines regarding competency requirements, written instructions, and the form of supervision that must be carried out by doctors. Thus, the applicable legal framework indicates that delegation of authority is not a free practice, but must follow strict procedural standards and be supported by adequate supervision. Regarding legal implications, delegation of authority does not automatically eliminate the responsibility of doctors or nurses, but rather divides it proportionally according to their respective roles and levels of negligence. The doctor granting the delegation is obliged to ensure that the delegation is made to a competent nurse and that the instructions given are clear and documented. If a nurse has performed the procedure according to procedure but an incident occurs, the responsibility remains with the doctor, particularly within the mandate framework. However, if the nurse is at fault, for example, if the action was not carried out according to instructions or outside professional standards, the nurse can be held accountable, whether criminally, civilly, ethically, or administratively. Criminal provisions such as Articles 359 and 360 of the Criminal Code can still be applied if there is an element of negligence that results in injury or death of the patient. The 2010 case study of nurse SM in Sidoarjo demonstrates how poorly managed delegation of authority can lead to serious legal issues. The unauthorized chain of delegation and inadequate oversight led to the patient's death and criminal proceedings against the nurse. Although the nurse was later acquitted after being proven to have followed a superior's orders, the case serves as an important lesson that delegation procedures must be carried out in a disciplined manner and should not be carried out informally or without documentation. This study identified several challenges, including poor legal understanding among healthcare workers, weak implementation of written instructions, and the need for stronger legal protection for nurses. Overall, delegation of medical authority can improve the effectiveness of healthcare services, but it can only be carried out safely if implemented in a compliant, transparent, and patient-safety-oriented manner.practices that already support the implementation of Shafi'i-based economic transactions within the community.

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