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THE AUTHORITY OF ANESTHESIA TECHNICIANS IN CONDUCTING ANESTHESIA PRACTICES REVIEWED IN LIGHT OF MINISTER OF HEALTH REGULATION NUMBER 18 OF 2016 REGARDING THE LICENSING AND IMPLEMENTATION OF ANESTHESIA TECHNICIAN PRACTICES (A STUDY AT MELAWI DISTRICT GENERAL HOSPITAL, WEST KALIMANTAN)

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ABSTRACT

This study aims to evaluate the clinical authority of anesthesia providers in relation to Health Regulation No. 18/2016 and its implementation at Melawi Regional General Hospital. Anesthesia services in Indonesia are performed by anesthesiologists and anesthetists. The government issued Minister of Health Regulation Number 18 Year 2016 on Anesthesia Practice Permits and Implementation to clarify the responsibilities of anesthesiologists in performing such medical actions. In addition, nowadays, it is highly recommended that all hospitals be accredited to measure public safety and service quality. As part of the accreditation process, all medical professionals will be required to provide evidence of proficiency by demonstrating their credentials. Therefore, the purpose of this study is to determine the clinical authority of anesthesia providers in relation to Health Regulation Number 18 Year 2016 and its implementation. Examining Health Regulation No. 18/2016 on the License to Practice and Implementation of Anesthesia, this research uses a normative juridical analytical approach. The legal review was conducted by referring to several legal materials and expert opinions. The results showed that the authority of the anesthesiologist at Melawi Regional General Hospital is in accordance with Permenkes No. 18 of 2016. The research also noted that the procedure for delegation of authority from anesthesiologist to anesthesiologist is carried out with Standard Operating Procedures that have been determined by the Melawi Regional General Hospital.

Keywords: Anesthesiologist; Authority; Implementation.

INTRODUCTION

Providing high-quality services in this era of rapid scientific and technological advancement is not an easy task. Efforts to improve public health must prioritize service quality. To achieve this goal, healthcare standards are necessary so that healthcare professionals can provide the best service to their patients at all times. The field of anesthesiology has seen rapid development alongside breakthroughs in science and technology and plays a crucial role in the healthcare system. However, there is a discrepancy between the demand for anesthesiology services and the number of qualified specialists available to provide them. Given the recent advancements in medical science and technology, particularly in anesthesiology, high-quality national guidelines with a professional orientation are needed.

Anesthesia specialists, circulating nurses, fellow anesthesia professionals, and others form a team that collaborates with anesthesiologists while delivering anesthesia services. By utilizing qualified and experienced personnel, modern anesthesia equipment, and medications that adhere to Indonesian standards, guidelines, and recommendations, anesthesia services should ensure that all medical procedures are performed safely, effectively, and compassionately by leveraging the latest medical knowledge and technology. However, the demand for anesthesiology services remains difficult to meet due to the shortage and uneven distribution of specialist anesthesiologists, posing particular challenges in areas lacking specialist anesthesiologists, as this can lead to anesthesia technicians misinterpreting patient care instructions.[1]

Anesthesiologists, circulating nurses, fellow anesthesia professionals, and others form a team that collaborates with anesthesiologists while delivering anesthesia services.[2] By utilizing qualified and experienced personnel, modern anesthesia equipment, and medications that adhere to Indonesian standards, guidelines, and recommendations, anesthesia services should ensure that all medical procedures are performed safely, effectively, and compassionately by leveraging the latest medical knowledge and technology. However,

[1] Titiek Suharti, Yustiana Olfah, and Abdul Majid, "Faktor-Faktor Yang Mempengaruhi Kesiapan Perawat Anestesi Melakukan Tindakan General Anestesi Di RSUP Mataram Nusa Tenggara Barat," *Journal of Health* 3, no. 1 (2016): 4.

[2] Sanfania Almendi Darmapan, Kadek Nuryanto Nuryanto, and Yustina Ni Putu Yusniawati Yusniawati, "Kepatuhan Penata Anestesi Dalam Penerapan Dokumentasi Menggunakan Surgical Safety Checklist Di Ruang Operasi," *Jurnal Riset Kesehatan Nasional* 6, no. 1 (April 29, 2022): 61, https://doi.org/10.37294/jrkn.v6i1.335.

the demand for anesthesiology services remains difficult to meet due to the shortage and uneven distribution of specialist anesthesiologists, posing particular challenges in areas lacking specialist anesthesiologists, as this can lead to anesthesia technicians misinterpreting patient care instructions.[3]

Many Indonesian communities, particularly those residing in rural areas, rely on anesthesia technicians for their healthcare needs. The invaluable role of anesthesia technicians in healthcare services, especially in providing anesthesia care, is still underappreciated despite ample evidence supporting this fact. A comprehensive history of anesthesia technician education programs in Indonesia, their implementation, and the regulations governing the anesthesia technician profession are challenging to obtain.

Laws such as Law 36 of 2009, Minister of Health Regulation 519 of 2011, and Minister of Health Regulation 31 of 2013 are some of the laws explored by Oscar Tri Joko (2016) in a literature-based normative study. This thesis author draws the following conclusions regarding the transfer of authority from anesthesia specialists to anesthesia technicians: that it is important to comply with all relevant legal requirements, that this can enhance service efficiency, and that it can foster good collaboration between anesthesia specialists and anesthesia technicians.[4]

Oscar Tri Joko further elaborates that when an anesthesiologist delegates authority to anesthesia technicians, they must precisely ascertain the extent of authority each individual possesses and refrain from any actions deemed to violate those boundaries. Legal regulations establish the limits of authority that anesthesia technicians may exercise, which is crucial. Criminal, civil, or administrative responsibilities may be imposed on individuals delegating authority if they breach the limits of delegation.[5]

[3] Oscar Tri Joko Putra, "Pendelegasian Kewewenangan Dari Dokter Spesialis Anestesi Kepada Perawat Di Bidang Anestesi Dan Asas Profesionalitas (Penelitian Hukum Normatif Terhadap Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan, Permenkes Nomor 519 Tahun 2011 Tentang Pedoman Penyelenggaraan Pelayanan Anestesiologi Dan Terapi Intensif Di Rumah Sakit Dan Permenkes Nomor 31 Tahun 2013 Tentang Penyelenggaraan Pekerjaan Perawat Anestesi)" (Universitas Katolik Soegijapranata, 2016), 45.

[4] A. Smith et al., "Expertise in Practice: An Ethnographic Study Exploring Acquisition and Use of Knowledge in Anaesthesia," *British Journal of Anaesthesia* 91, no. 3 (September 2003): 325, https://doi.org/10.1093/bja/aeg180.

[5] Putra, "Pendelegasian Kewewenangan Dari Dokter Spesialis Anestesi Kepada Perawat Di Bidang Anestesi Dan Asas Profesionalitas (Penelitian Hukum Normatif Terhadap Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan, Permenkes Nomor 519 Tahun 2011 Tentang Pedoman Penyelenggaraan Pelayanan Anestesiologi Dan Terapi Intensif Di Rumah Sakit Dan Permenkes Nomor 31 Tahun 2013 Tentang

According to Minister of Health Regulation No. 31 of 2013 concerning the provision of anesthesia nurse work, if an anesthesiologist cannot be immediately reached, present, or available, specific regulations govern the delegation of authority to administer necessary anesthesia. In such circumstances, other physicians are entrusted with the responsibility to carry out anesthesia procedures in accordance with relevant legal requirements. The practice of anesthesia is delegated to anesthesia technicians based on their areas of specialization. Before undertaking such tasks, anesthesia technicians must establish communication with operating room physicians or anesthesia specialists.[6]

Furthermore, this regulation stipulates that anesthesia technicians must support attending physicians during anesthesia administration if an anesthesia specialist is present on-site. However, under certain conditions outlined in the relevant regulations, anesthesia technicians are allowed to provide anesthesia services in areas lacking anesthesia specialists. As a result, anesthesia technicians have more flexibility to deliver necessary healthcare services while remaining within their scope of practice.[7]

Field conditions often show challenges in fulfilling the imperatives described in the regulation. Empirical data shows that most hospitals in rural or remote areas often struggle to employ anesthesiology doctors on a full-time basis. According to a survey conducted by the Ministry of Health, only 30% of hospitals in remote areas have anesthesiology doctors routinely available. This suggests that in many cases, such hospitals can only employ anesthesia technicians to provide anesthesia services. For example, Regional General Hospitals in some districts found that most surgical procedures had to be performed in the absence of a doctor anesthesiologist, requiring anesthesia technicians to take on a greater role in anesthesia administration. Therefore, in situations where access to anesthesiology doctors is limited, the regulation provides the necessary flexibility for anesthesia technicians to provide the necessary anesthesia services,

Penyelenggaraan Pekerjaan Perawat Anestesi)," 30.

[6] Suratno Kaluku, "Dampak Kepatuhan Penerapan Check List Keselamatan Bedah WHO: Literature Review," *Global Health Science* 6, no. 4 (2021): 133.

[7] Bambang Eko Prasetyo, Sutarno Sutarno, and Asmuni, "Legality of Anesthesia Assistance in Surgical and Anesthesia Health Services in Hospital," *JILPR Journal Indonesia Law and Policy Review* 5, no. 1 (October 20, 2023): 102, https://doi.org/10.56371/jirpl.v5i1.159.

ensuring patients still receive optimal care in such limited conditions.

Therefore, anesthesia nurses must understand the regulations affecting their work and collaborate with other healthcare team members, including anesthesia specialists, to ensure patients receive safe and effective anesthesia. Minister of Health Regulation No. 31 of 2013 was declared invalid upon the issuance of Minister of Health Regulation (Permenkes) of the Republic of Indonesia No. 18 of 2016 concerning the Licensing and Implementation of Anesthesia Practices. The definition of "Anesthesia Nurse" in the Guidelines for the Implementation of Anesthesiology and Intensive Therapy Services in Hospitals (Minister of Health Regulation No. 519 / Menkes / Per / III / 2011) is interpreted as "Anesthesia Technician" according to the Minister of Health Regulation No. 18 of 2016.[8]

According to the Minister of Health Regulation, anesthesia technicians are qualified to provide preoperative, intraoperative, and postoperative care to patients undergoing anesthesia. Regarding their authority sources, anesthesia technicians have attribution authority, authority delegated by anesthesia specialists, and authority delegated based on government assignment during their professional activities.

Anesthesia Technicians are responsible for three main areas within the framework of autonomous authority (attribution) for intra-anesthetic services: first, recording all drugs and equipment according to the anesthesia technique plan; second, monitoring the patient's overall condition; and third, documenting all actions performed to ensure accurate medical data presentation. In line with this, an anesthesiologist or another doctor may supervise or mandate an anesthesia technician to perform intra-anesthetic services.[9]

Following the anesthesia specialist's instructions, administering anesthesia drugs, installing invasive and non-invasive monitoring devices, maintaining airway cleanliness, using mechanical ventilation and nebulization devices,

[8] Putra, "Pendelegasian Kewewenangan Dari Dokter Spesialis Anestesi Kepada Perawat Di Bidang Anestesi Dan Asas Profesionalitas (Penelitian Hukum Normatif Terhadap Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan, Permenkes Nomor 519 Tahun 2011 Tentang Pedoman Penyelenggaraan Pelayanan Anestesiologi Dan Terapi Intensif Di Rumah Sakit Dan Permenkes Nomor 31 Tahun 2013 Tentang Penyelenggaraan Pekerjaan Perawat Anestesi)."

[9] Edi Prayitno, "Tanggung Jawab Hukum Praktik Tanpa Surat Izin Oleh Penata Anestesi Di Rumah Sakit (Studi Di Rumah Sakit Umum Daerah Sangatta)," *Jurnal Hukum Dan Etika Kesehatan*, April 19, 2021, 80, https://doi.org/10.30649/jhek.v1i1.16.

concluding anesthesia, and documenting all of these in the patient's medical record are part of the job description tasks.[10]

If medical professionals are limited, the government may also delegate authority depending on their assignment. It is evident that the involvement of anesthesia technicians and the importance of regulatory issues are crucial in conducting anesthesia practice in accordance with relevant regulations. The authority to provide services based on government assignment does not apply if there are already anesthesia specialists in the area, as emphasized at the end of the authority explanation.[11]

The subject matter, geographic location, and duration of authority determine its scope. Deviations in authority may arise due to weaknesses in these areas. One of the main ideas that emerges from the relationship between legal responsibility and the exercise of power in public law is that accountability is an essential component of authority.[12]

Responsibility is an inevitable by-product in exercising positional authority and performing one's duties, especially in certain professions. Ultimately, having authority means working competently and in line with your position.

Compliance with relevant laws, ethics, conventions, and professional standards must always underpin the exercise of authority. The ability to perform tasks technically is just one part of this; another responsibility is to avoid making judgments or taking actions that violate relevant values to prevent legal and professional repercussions caused by abuse of power.[13]

These are also the reasons why the author is discussing this particular medical professional. As an obstetrician and gynecologist specialist or commonly known as an obstetrician who has been working in remote areas for a decade, the author has been assisted by anesthesia technicians. For almost more than 7 years, the author has not been accompanied by an anesthesia specialist in performing surgical procedures or operations.

In this context, the author will also attempt to explain the extent of an

[10] Smith et al., "Expertise in Practice: An Ethnographic Study Exploring Acquisition and Use of Knowledge in Anaesthesia," 320.

[11] Ns Pamuji and M Khoirul Huda, "Kewenangan Dokter Spesialis Dalam Melakukan Tindakan Medis Di Klinik Utama Rawat Inap," *Yustisia Merdeka: Jurnal Ilmiah Hukum* 5, no. 2 (December 16, 2019): 60, https://doi.org/10.33319/yume.v5i2.37.

[12] Rina Kumala, Hendra Suherman, and Deaf Wahyuni, "Efektifitas Regulasi Penyelenggaraan Praktik Penata Anestesi Dengan STRPA Dan SIPPA Dalam Pelayanan Anestesiologi Perioperatif," *JKKI: Jurnal Kebijakan Kesehatan Indonesia* 12, no. 1 (2023): 8.

[13] Ridwan, *Hukum Administrasi Negara* (Jakarta: PT Rajawali Press, 2016), 40.

anesthesia technician's authority in administering anesthesia and the process of delegating authority between anesthesia technicians if there is already an anesthesia specialist present in the location.

The research aims to address two primary questions based on the background provided. Firstly, it seeks to investigate whether the authority of anesthesia technicians at RSUD Melawi in administering anesthesia aligns with the guidelines outlined in Minister of Health Regulation No. 18 of 2016. Secondly, it aims to explore the practical implementation of the delegation of authority between Anesthesia Specialists and anesthesia technicians in administering anesthesia at RSUD Melawi. These questions are crucial in assessing the compliance of anesthesia practices at the hospital with established regulations and understanding the dynamics of authority distribution within the anesthesia department. Through empirical investigation and analysis, the research aims to provide insights into the efficacy and adherence to regulatory standards in anesthesia administration, ultimately contributing to the enhancement of patient safety and healthcare quality.

METHOD

This research constitutes a live-case study conducted to analyze the phenomenon of the application of law related to the authority of anesthesia technicians in performing anesthesia practices as reviewed in Minister of Health Regulation No. 18 of 2016 concerning the licensing and organization of anesthesia practices (a study at Melawi District Hospital, West Kalimantan). The study employs a normative-empirical method to examine the correlation between the authority of anesthesia technicians in performing anesthesia practices and Minister of Health Regulation No. 18 of 2016, based on interviews and documentation analysis conducted with anesthesia technician staff in the Central Surgical Installation.

This research solely relies on secondary data, thus data collection was carried out through a literature review method (library research), which involves analyzing normative legal materials consisting of laws regarding anesthesia technicians in anesthesiology services and their implementing regulations, as well as other legal documents such as books related to anesthesia procedures or services, seminar proceedings, academic papers, and other articles discussing

anesthesia technicians and anesthesia services. Additionally, digital scholarly articles and journals published in electronic media related to anesthesia technicians and anesthesia services were also included. Detailed documents on clinical authority and delegation letters of authority from anesthesia specialists to anesthesia technicians were examined. The collected data will be analyzed using a qualitative juridical method. This process involves interpretation and analysis of legal documents and information obtained from interviews to understand and interpret the meaning, substance, and implications of the legal relationship between the authority of anesthesia technicians and the delegation of authority from anesthesia specialists.

FINDINGS AND ANALYSIS

Anesthesia services are part of hospital healthcare efforts; this includes the administration of anesthesia-related medical care, which requires quick, accurate, and proper life-saving interventions. With advancements in anesthesia research and technology, anesthesia services in hospitals have become a rapidly evolving aspect. Hospital anesthesia services encompass procedures both inside and outside the operating room, pain management (acute and chronic), perioperative care, emergency cardiopulmonary resuscitation, and much more.

With qualified staff and adequate equipment, hospitals can efficiently manage anesthesia. The human resources referred to are specialized anesthesiologists assisted by anesthesia technicians. In this study, we will explicitly discuss anesthesia management. Anesthesia technicians are healthcare professionals, wherein the practice of their profession, they bear responsibilities and accountabilities, thus being strictly bound by all laws and regulations governing healthcare practice.

In the study conducted at RSUD Melawi, the author compares the authority of an anesthesia technician based on Minister of Health Regulation No. 18 of 2016 concerning Licensing and Implementation of Anesthesia Technician Practice with the Director's Decision of RSUD Melawi No. 53 of 2022 concerning Clinical Decision Letters and Details of Clinical Authority for Anesthesia Nursing at RSUD Melawi.

Minister of Health Regulation No. 18 of 2016, Article 10 states that Anesthesia Technicians, in carrying out their professional practice, are authorized to

provide anesthesia nursing care services, namely: a. pre-anesthesia, b. intra-anesthesia, and c. post-anesthesia. Article 11:

(1) Pre-anesthesia management services as referred to in Article 10 letter a include the implementation of pre-anesthesia management review tasks as follows:

a. Patient administrative preparation.
b. Verify vital signs.
c. Additional examinations, including inspection, palpation, and auscultation, are required based on patient needs.
d. Examine and evaluate the patient's physical condition.
e. Review evaluation findings and develop patient issues.
f. Review pre-anesthesia service management initiatives individually or collectively.
g. Record findings from evaluations or histories.
h. Ensure anesthesia machines and monitors function properly and are well-prepared each time they are used.
    i. Daily inventory control to ensure that all drugs, including anesthesia and emergency drugs, are accessible as per the hospital's needs.
    j. Ensure the availability of anesthesia infrastructure and facilities according to the time, date, and nature of the surgery.

(2) Intra-anesthesia administrative services as referred to in Article 10 letter b include:

a. Monitoring drugs and equipment according to the planned anesthesia approach.
b. Accurately and precisely monitoring the patient's general condition.
c. Accurate and comprehensive documentation of all actions taken.

(3) Post-anesthesia care management services as referred to in Article 10 c include:

a. Arranging management responses after anesthesia care.
b. Managing pain according to the anesthesiologist's instructions.
c. Monitoring patient health after epidural catheter placement.
d. Monitoring patient health after regional anesthesia.
e. Monitoring patient health after general anesthesia.
f. Assessing patient condition after epidural catheter placement.
g. Evaluating outcomes of regional anesthesia therapy and epidural catheter placement.

h. Evaluating outcomes of general anesthesia therapy and epidural catheter placement.
i. Implementing emergency preparedness measures.
j. Recording the use of prescription drugs and medical equipment.
k. Maintaining equipment to ensure readiness for use in subsequent sessions.

Based on the Director's Decree of RSUD Melawi number 53 of 2022 regarding Clinical Assignment Letters and Detailed Clinical Authority for Anesthesia Nursing at RSUD Melawi, the following data was obtained (authorities listed below have been approved by other medical committee members to be performed independently):

Anesthesia nursing PK 2:

a. General nursing competency level 1.
b. Intubation preparation.
c. Extubation preparation.
d. Intraoperative monitoring.
e. Postoperative monitoring in the recovery room.
f. Airway insertion and stabilization.
g. Airway management and oxygenation.
h. Fluid resuscitation.
i. Administration of anesthesia medications.
j. Pain management.
k. Incident reporting.
l. Emergency case management.
m. Adult and pediatric patient resuscitation.
n. Checking anesthesia medications and equipment.

Anesthesia Nursing PK 3:

a. General nursing competency level 1 and anesthesia competency level 2.
b. Preoperative coordination.
c. Fluid and electrolyte management.
d. Management of shock patients.
e. Administration of intraspinal medications.

The authority requested by medical personnel, in this case, anesthesia technicians, will undergo credentialing by another medical committee based on their knowledge, experience, and competence. Based on this, clinical authority details that have been approved and recommended to the director of the Regional Public Hospital (RSUD) will be issued. Subsequently, the director will issue a Clinical Assignment Letter as the basis for anesthesia technicians to provide medical services.

Not all authorities requested by anesthesia technicians will be approved by other medical committees; in fact, there may be differences in authority among the

same medical personnel, meaning that anesthesia technicians may have different clinical authorities.

An anesthesia technician specializes in providing professional management services to patients, not performing medical procedures. If an anesthesia technician performs a medical procedure, it is part of a collaborative effort with an anesthesiologist. If the anesthesiologist is unable to perform a medical procedure, they may request assistance from the anesthesia technician, provided that the anesthesiologist clearly delegates authority in writing to the anesthesia technician to perform the medical procedure.

From the research conducted at RSUD Melawi, it was found that the delegation of authority when an anesthesiologist is not available is in the form of a written document titled "Anesthesiologist Authority Delegation Letter." This document outlines the giver of the mandate, namely the anesthesiologist, and the recipient of the mandate, namely the anesthesia technician, to perform anesthesia services in the operating room of RSUD Melawi.

However, the letter specifies aspects to be considered when carrying out the mandate, citing the level of competence corresponding to the detailed clinical authority and the assignment letter from the director. The administration of anesthesia procedures is only granted to patients with specific risk levels (ASA 1, ASA 2 elective, and ASA 2 emergency), with continuous communication via telephone with the anesthesiologist and written reporting of the anesthesia procedure outcomes.

RSUD Melawi has successfully implemented several practices that are in accordance with applicable regulations, especially related to the clinical authority of anesthesia providers according to Health Regulation No. 18/2016. The process of delegation of authority from anesthesiologist to anesthesiologist has been well regulated through well-documented Standard Operating Procedures in the hospital. However, there are still some aspects that are not fully in accordance with the regulations. For example, empirical data shows that there are difficulties in hiring full-time anesthesiology physicians in hospitals, especially in remote areas.

This results in a situation where anesthesiologists have to take on a greater role in anesthesia administration, especially in cases where there is no anesthesiologist available. As a

suggestion, RSUD Melawi may consider alternative solutions, such as further training for anesthesiologists to improve their ability to provide optimal anesthesia services. In the conclusion section, while there is a discussion of implementation in accordance with applicable regulations, concrete and comprehensive analysis supporting the conclusion still needs to be added. This can be done by providing further data that supports the findings in the study, as well as providing a more detailed evaluation of RSUD Melawi's compliance with relevant health regulations.

CONCLUSION

Based on the research findings, it was found that the authority of anesthesia technicians at RSUD Melawi in performing anesthesia practices is in accordance with Minister of Health Regulation Number 18 of 2016 regarding the Licensing and Implementation of Anesthesia Technician Practices. This can be seen from its alignment with the Regional Hospital Director's Decision Number 53 of 2022 concerning the Clinical Assignment Letter and Detailed Clinical Authority of Anesthesia Nursing in Melawi Regional Hospital.

Based on the research findings, it was found that the authority of anesthesia technicians at RSUD Melawi in performing anesthesia practices is in accordance with Minister of Health Regulation Number 18 of 2016 regarding the Licensing and Implementation of Anesthesia Technician Practices. This can be seen from its alignment with the Regional Hospital Director's Decision Number 53 of 2022 concerning the Clinical Assignment Letter and Detailed Clinical Authority of Anesthesia Nursing in Melawi Regional Hospital.

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