

**IMPLEMENTATION OF THE DELEGATION OF MEDICAL AUTHORITY TO  
NURSING PERSONNEL IN THE SPECIAL CARE UNIT  
AT RSUD dr. M. YUNUS BENGKULU**

**Eka Purwati<sup>1</sup>  
Reny Suryanti<sup>2</sup>  
Herlambang<sup>3</sup>**

<sup>1</sup>RSUD dr. M. Yunus Bengkulu

Email : [purwatieka@rocketmail.com](mailto:purwatieka@rocketmail.com)

<sup>2</sup>Poltekkes Kemenkes Bengkulu

<sup>3</sup>Faculty Of Law, University Of Bengkulu

**ABSTRACT**

According to statutory regulations, nursing personnel are healthcare professionals with dual authority: the authority to perform nursing actions and medical procedures. Medical procedures carried out by nurses are based on delegated authority, either in the form of written delegation or a mandate. The objectives of this study are: (1) To identify and analyze the procedures for delegating medical authority to nursing personnel in the Special Care Unit at Local Government General Hospital (Indonesian - RSUD) dr. M. Yunus Bengkulu, and (2) To identify and analyze the legal accountability of the delegation of medical authority to nursing personnel in the Special Care Unit at RSUD dr. M. Yunus Bengkulu. The findings of this study reveal that the implementation of medical authority delegation to nursing personnel at RSUD dr. M. Yunus Bengkulu lacked the establishment of specific types of healthcare services eligible for delegation, whether by mandate or delegation, from medical to nursing personnel. The delegation of medical authority to nursing personnel was recorded in the patient progress notes integrated by the responsible physician.

**Keywords:** Implementation, the delegation of authority, medical actions.

## A. INTRODUCTION

### 1. Background Research

Efforts to improve human quality of life in the field of health are extensive and comprehensive endeavors, encompassing both physical and non-physical aspects of public health improvement.<sup>1</sup> Health development is one of the elements of public welfare that must be realized by the government in accordance with the ideals of the Indonesian nation as stated in the 1945 Constitution: to protect the entire nation of Indonesia and all its people, to promote public welfare, to advance the nation's intellectual life, and to participate in maintaining world order based on independence, eternal peace, and social justice.<sup>2</sup> Health is one of the basic human needs, alongside food, housing, and education, as only in a healthy state can individuals live, grow, and contribute effectively. Therefore, Indonesia's national development

prioritizes health as one of its main economic focuses<sup>3</sup>.

Health is a fundamental human right and an essential element of welfare that must be realized under the ideals of the Indonesian nation, as stated in Pancasila and the 1945 Constitution of the Republic of Indonesia. Therefore, all activities and efforts to improve the highest possible standard of public health are carried out based on the principles of non-discrimination, participation, protection, and sustainability, which are crucial for the development of Indonesia's human resources, enhancing the nation's resilience and competitiveness, as well as advancing national development.<sup>4</sup>

Based on Law Number 17 of 2023 concerning Health, it is stated that public health development requires health efforts, health resources, and health management. Article 197 mentions that Human Resources for Health consists of:

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<sup>1</sup> Bahder Johan Nasution, *Hukum Kesehatan Pertanggungjawaban Dokter [Health Law of Doctor Accountability]*, Penerbit Rineka Cipta, Jakarta, 2013. p.1.

<sup>2</sup> Zaeni Asyhadie, *Aspek-Aspek Hukum Kesehatan di Indonesia [The Aspects of Health Law in Indonesia]*, Rajawali Pers, Depok, 2017. p. 1.

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<sup>3</sup> Ervianingsih, et al. *Kebijakan & Manajemen Pelayanan Kesehatan [The Health Service Management and Policy]*, Widina Bhakti Persada, Bandung, 2020, p. 3.

<sup>4</sup> Jaya Yahya Makmur, *Pelimpahan Wewenang & Perlindungan Hukum Tindakan Kedokteran Kepada Tenaga Kesehatan [Delegation of Authority & Legal Protection of Medical Actions to Healthcare Personnel]*, PT Refika Aditama, Bandung, 2020, p. 2.

- a. Medical Personnel;
- b. Health Personnel; and
- c. Supporting or auxiliary health personnel.

Medical personnel are categorized into: doctors and dentists. The types of medical personnel for doctors consist of: general practitioners, specialists, and sub-specialists. The types of medical personnel for dentists consist of: dentists, dental specialists, and dental sub-specialists.

Medical personnel are individuals who are authorized to perform medical actions. In carrying out medical procedures, medical personnel collaborate with other health personnel and supporting or auxiliary health workers. Due to the limited number of medical personnel, delegation of authority for medical procedures is often granted to health personnel to provide healthcare services.

The types of health personnel included in the nursing group as referred to in Article 199 paragraph (1) letter b of Law Number 17 of 2023 concerning Health consist of: vocational nurses, registered nurses, and specialist nurses.

Medical procedures are the authority of medical personnels, which are doctors and dentists. Medical practice refers to a series of activities carried out by doctors and dentists on patients in providing healthcare efforts.<sup>5</sup>

The main task of doctors is to cure, which includes diagnosing and treating diseases, while nurses complement the doctor's activities with care. This distinction is reflected in the differences between medical ethics and nursing ethics. These two professions significantly complement each other. Nurses have the authority to perform nursing care practices according to nursing professional standards. In their daily practice, due to the large number of patients that must be handled, doctors are not always able to perform medical procedures fully, especially in healthcare facilities with a shortage of doctors. If at any time a doctor must leave the healthcare facility, all actions must be carried out by nursing personnel. In such situations, delegation of

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<sup>5</sup> Suryanti, Reny. 2021. *Hukum Kesehatan Pelimpahan Wewenang Perawat dalam Tindakan Medis [Health Law on the Delegation of Authority to Nurses in Medical Actions]*. CV. Pena Persada. Central Java. p. 54.

authority from doctors to nurses is necessary.<sup>6</sup>

Besides the authority and competence in providing services to the community, a nurse must also work according to their functions (a set of duties, responsibilities, and activities expected to be performed by someone according to their role or position). These functions consist of three main roles: the independent function, where nursing actions do not require a doctor's order, and are carried out independently based on nursing knowledge and skills. Therefore, nurses are responsible for the consequences arising from the actions taken. The second is the interdependent function, where nursing actions are based on collaboration with the care or health team. The third function is the dependent function, where nurses assist doctors in providing medical services. Nurses help doctors administer treatment and special procedures that fall under the doctor's authority, such as inserting an IV, administering medication, or performing injections. Therefore, any

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<sup>6</sup> Jaya Yahya Makmur, *Pelimpahan Wewenang & Perlindungan Hukum Tindakan Kedokteran Kepada Tenaga Kesehatan [Delegation of Authority & Legal Protection of Medical Actions to Healthcare Workers]*, PT Refika Aditama, Bandung, 2020, p. 48

failure in medical procedures remains the responsibility of the doctor. Any nursing actions taken based on a doctor's orders, while respecting the patient's rights, are not considered the nurse's responsibility. Looking at the three functions of nurses independent, interdependent, and dependent—it can be observed that most tasks are performed by nurses and are highly dominant, as though nurses work under the doctor's orders within institutions and even outside of institutions. Nurses often prefer to carry out dependent tasks, whereas the independent and interdependent functions, which are the primary responsibilities of a nurse, that is nursing care should be emphasized more.<sup>7</sup>

Nurses are healthcare personnel who have two types of authority: the authority to perform nursing actions and medical actions. The medical actions carried out by nurses are delegated authority, in the form of a delegation of authority or mandate, which must be done in writing.

Legally, the delegation of authority is regulated in Article 290 of Law Number 17 of 2023

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<sup>7</sup> Ibid, p. 3

concerning Health, which explains that;

1. Medical personnel and health personnel may receive delegated authority to provide healthcare services.
2. The delegation of authority as referred to in paragraph (1) consists of delegation through a mandate and delegation through a delegation of authority.
3. The delegation of authority as referred to in paragraph (1) is carried out from medical personnel to health personnel, between medical personnel, and between health personnel.

Based on the aforementioned provisions, medical personnel, and health personnel receive delegated authority to provide healthcare services. This delegation of authority consists of delegation through a mandate and delegation through a delegation of authority. The delegation of authority is carried out from medical personnel to health personnel, between medical personnel, and between health personnels.

The delegation of clinical authority to nursing personnel, which is included in the group of health

personnel, refers to the Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019 concerning the Implementation Regulation of Law Number 38 of 2014 on Nursing, which is still in effect. This is outlined in Article 28, which states that;

Paragraph (7):

Types of medical actions in the delegation of authority through a mandate include the following actions:

- a. administering parenteral therapy;
- b. suturing wounds; and
- c. other medical actions under the nurse's competence

Paragraph (8):

Types of medical actions in the delegation of authority through delegation include the following actions:

- a. inserting an IV,
- b. administering injections,
- c. basic immunizations, and
- d. other medical actions carried out under the nurse's competence.

Paragraph (9):

Other types of medical actions in the delegation of authority through a mandate or delegation, as referred to in paragraph (7) letter c and paragraph (8) letter d, are determined by:

- a. The hospital management for the delegation of authority carried out by medical personnel in the hospital upon the recommendation of the medical committee and nursing committee; and
- b. The head of the regional health office at the district/city level

for the delegation of authority carried out by medical personnel at community health centers and/or clinics, upon the recommendation of the head of the community health center and/or clinic management.

The other medical actions mentioned above are medical procedures commonly performed in specialized care rooms, including intensive care units and invasive procedures, which are regulated by hospital management based on the availability of facilities and the number of healthcare resources.

The limited number of medical personnel (doctors) creates a situation where nurses are required to perform medical treatments or procedures outside their authority. These actions may be carried out with or without the delegation of authority from other healthcare personnel, including doctors, potentially leading to legal issues related to unilateral responsibility that could harm the nurse.<sup>8</sup>

Based on the background description above, it illustrates that

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<sup>8</sup> Khusnul Huda, *Perlindungan Hukum Perawat Atas Pelimpahan Wewenang dari Dokter dalam Melakukan Tindakan Medis Jahit Luka di IGD Rumah Sakit [Legal Protection for Nurses on the Delegation of Authority from Doctors in Performing Medical Actions of Wound Suturing in the Emergency Department of a Hospital]*, Jurnal Hukum dan Etika Kesehatan, March - September Year 2021, p. 100

the delegation of authority for medical actions to nursing personnel lacks clear boundaries and procedures, even though regulations have been established. Therefore, the author is interested in conducting research entitled: *Implementation of the Delegation of Medical Authority to Nursing Personnel in Specialized Care Units at RSUD dr. M Yunus Bengkulu.*

## 2. Identification of Problem

Based on the problem background outlined above, the research problem can be formulated as follows:

1. How is the procedure for the delegation of medical authority to nursing personnel in the Specialized Care Units at RSUD dr. M. Yunus Bengkulu?
2. How is the legal accountability of the delegation of medical authority to nursing personnel in the Specialized Care Units at RSUD dr. M. Yunus Bengkulu?

## B. RESEARCH METHODOLOGY

### 1. Type of Research

The type of research in this legal study was classified as empirical legal research. This empirical research fell under the category of legal effectiveness research, which aimed to examine the effectiveness

of a particular regulation or legislation<sup>9</sup>.

## **2. Research Setting**

This research was conducted at RSUD dr. M. Yunus Bengkulu, specifically in the specialized care units.

## **3. Data Sources**

There were two sources of data used in this research, which are primary data and secondary data.

## **4. Sampling Technique**

In determining the sample for this research, a "purposive sampling" method was used, where the sample was selected based on the informants' capabilities, considering their competence and position, which could represent the research population.

## **5. Data Collection Technique**

The data collection technique used in this research was interviews. Interviews are a form of data collection technique in survey methods through a set of questions asked verbally to respondents.

## **6. Data Analysis Technique**

Data analysis (analyzing) was the process of breaking down data

into coherent sentences that are clear and correct<sup>10</sup>. The analysis method used in this thesis research was the qualitative analysis method. Qualitative analysis was carried out using either an inductive-deductive or vice versa approach. The inductive method involved concluding specific data to general data, while the deductive method involved concluding general data to specific data.<sup>11</sup> After the data were analyzed individually, then they were organized systematically to answer the problems presented in the thesis.

## **C. RESULTS AND DISCUSSION**

### **1. Implementation of the Delegation of Medical Authority to Nursing Staff in Specialized Care Units at RSUD dr. M. Yunus Bengkulu**

The interview with the head of the Intensive Care Unit (ICU) explained that the medical procedure performed by nurses specifically in the ICU is the insertion of an Endotracheal Tube (ETT) intubation. ETT intubation is one of the procedures that can be done in airway management. ETT intubation can be performed on both conscious and unconscious patients. This medical procedure is typically

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<sup>9</sup> Ade Saptomo, *Pokok-Pokok Metodologi Penelitian Hukum Empiris Murni [Key Aspects of Pure Empirical Legal Research Methodology]*, Penerbit Universitas Trisakti, Jakarta. 2009, p. 42.

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<sup>10</sup> *Ibid*, p. 59.

<sup>11</sup> Soerjono Soekanto, *op.cit.*, p. 5.

performed by a doctor, specialist, or sub-specialist. However, due to the absence of an on-call doctor in the ICU, sometimes this ETT procedure is performed by the nurse on duty (during the afternoon or night shift). Some of the procedures that have been performed include:

1. The on-duty nurse reports the condition of a patient experiencing clotting to the Attending Physician Responsible for Services (Indonesian: *DPJP -Dokter Penanggung Jawab Pelayanan*] via phone or WhatsApp chat.
2. Subsequently, the Attending Physician Responsible for Services gives instructions via phone or WhatsApp chat.
3. After receiving instructions for extubation and intubation, the nurse on duty coordinates with the on-duty doctor in the unit, if available. If the on-duty doctor is performing procedures in another room, the nurse calls the patient's family to obtain informed consent regarding the extubation and intubation procedures.

4. After obtaining approval, the nurse on duty performs the medical procedures of extubation and intubation on the patient.
5. The nurse performing the procedure is one who has received ICU Advance training certification. If the nurse on duty is not certified in ICU Advance training, the procedure will await the on-duty doctor to perform it.
6. After performing the procedure, the nurse reports the patient's condition via WhatsApp group to the Attending Physician Responsible for Services, and then the nurse who carried out the procedure documents it in the integrated patient progress notes (CPPT).
7. Since the medical instructions are given via phone, the next day, when the Attending Physician Responsible for Services performs the patient visit, they will verify the actions taken based on the instructions given via phone or WhatsApp group

Based on the explanation from the interview above, it can be concluded



that medical actions such as intubation and extubation, which should be performed by medical professionals, are delegated to nursing staff during the evening and night shifts due to the doctor's working hours not being 24 hours. This delegation is done through electronic communication media, such as using the phone or WhatsApp chat. In other words, the clinical delegation of authority from the doctor is not carried out in writing. This is not under Article 28, paragraph (2) of the Minister of Health Regulation No. 26 of 2019 on the implementation of Law No. 38 of 2014 concerning nursing, which states:

“The delegation of authority to perform medical actions as referred to in paragraph (1) must be done in writing”.

## **2. Legal Responsibility for the Delegation of Medical Authority to Nursing Staff in the Specialized Care Units at RSUD dr. M. Yunus Bengkulu**

A hospital, as an organizational body in the healthcare sector, plays a crucial role in achieving optimal public health. Therefore, hospitals are

required to manage their activities by prioritizing the responsibility of professionals in the healthcare field, particularly medical and nursing staff, in carrying out their duties and authority. Medical services provided by healthcare professionals in hospitals do not always yield the results expected by all parties. There are times when these services may involve negligence by healthcare workers, resulting in Adverse Events (AE), such as disabilities, paralysis, or even death. When this occurs, the patient or their family may seek compensation. This compensation request is due to the consequences that arise, both physical and non-physical. Physical (material) loss, for example, includes the loss or non-functioning of part or all of a bodily organ. Non-physical (immaterial) loss refers to damages related to an individual's psychological state.<sup>12</sup>

Concerning the responsibility of delegating medical authority, a doctor is held civilly

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<sup>12</sup> Budiarsih, *Hukum Kesehatan: Beberapa Kajian Isu Hukum [Health Law: Several Studies on Legal Issues]*, Lembaga Penelitian dan Pengabdian Kepada Masyarakat Universitas 17 Agustus 1945 Surabaya [Institute for Research and Community Service, University of 17 August 1945 Surabaya], Surabaya. 2021. p. 265

liable as stated in Article 1367 of the Indonesian Civil Code (KUHPerdata), which reads:

“A person is also responsible for damages caused by the negligence of those under their supervision”

Article 193 of Law No. 17 of 2023 on Health explains the hospital's responsibility regarding incidents that occur within healthcare services, stating that:

“The hospital is legally responsible for any losses caused by negligence committed by its healthcare human resources”

## **D. CLOSING**

### **1. Conclusion**

1. The implementation of the delegation of clinical authority for medical actions carried out by nursing staff at RSUD dr. M. Yunus has been done in writing through CPPT sheets and via electronic media such as WhatsApp chat and phone calls. The medical actions delegated to nursing staff by medical personnel have no specific regulations or guidelines on who these actions should be delegated to or who is

authorized to receive the delegation of authority for these specific actions; all of this is done based on routine practices. Furthermore, there is no list of medical actions that can be delegated or mandated from medical personnel to nursing staff, which sometimes causes nursing staff to be uncertain when facing legal claims. The limited number of nursing staff with specialized competencies in special care units has led to the practice where other nurses are only trained by nurses who have undergone training but without certification as proof. Particularly in the NICU, only two nurses have NICU certification, so if a medical action requiring specialized competence is needed and the certified nurse is not on shift, it will take time for them to arrive at the hospital. This reduces the effectiveness of healthcare services.

2. The legal responsibility for the delegation of medical actions performed by nursing staff, in the event of an incident, will be fully borne by the hospital, provided that the actions were

carried out under the Standard Operating Procedures (SPO) and there is evidence that the actions were mandated or delegated by medical personnel. For medical personnel, they are fully responsible for any incidents arising from actions taken by nurses under a mandate delegation. For actions carried out under a delegative delegation, the full responsibility lies with the nursing staff. For actions in specialized care units, although there is no specific list of actions that can be delegated either by mandate or delegation, the responsibility remains with the Attending Physician Responsible for Services. This is because actions in specialized care units are considered high-risk procedures, which require the approval of the Attending Physician Responsible for Services through informed consent.

## 2. Suggestion

1. The need for policies regarding the delegation of medical authority performed by nursing staff in the form of guidelines, protocols, or Standard Operating

Procedures (SOP), which should also include a list of medical actions that can be delegated or mandated. This would serve as legal protection for both medical and healthcare personnel when carrying out actions, as well as minimize incidents arising from medical actions performed by nursing staff.

2. There is a need for socialization regarding the implementation of the delegation of medical authority performed by nursing staff, along with legal accountability, within the environment of RSUD dr. M. Yunus Bengkulu.

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