

Legal Protection for Doctors Facing Challenges in Medical Referrals for Inmates at Lubuk Pakam Class II B Correctional Institution

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ABSTRACT

This research addresses urgent bureaucratic hurdles and the gap between regulations (Law 22/2022, GR 32/1999) and practical inmate healthcare at Lubuk Pakam Class II B Correctional Institution. These issues impede timely medical services and create significant legal risks for doctors. Using empirical methods (interviews, observation), the study found that complex bureaucracy, inadequate facilities, and doctor hesitation regarding urgent referrals due to approval delays are major obstacles. Recommendations include bureaucratic reform for medical referrals, training for correctional staff, strengthened legal protection for doctors, national health system integration, and enhanced oversight. Implementing these is crucial for improving inmate healthcare quality and doctor safety within the correctional system

INTRODUCTION

In Indonesia, the rights of inmates to receive adequate healthcare services are regulated in various laws and regulations. Law No. 22 of 2022 concerning Corrections stipulates that every inmate has the right to receive care, both physical and spiritual, including adequate healthcare services and proper food according to nutritional needs (Article 7). This law emphasizes that inmates must not only be treated humanely but also must have access to necessary health facilities to maintain their health (Law No. 22/2022, Article 7). The specific provision cited is: "Inmates are entitled to: (d) receive healthcare services and proper food according to nutritional needs."

Furthermore, Government Regulation No. 32 of 1999 concerning the Requirements and Procedures for the Implementation of the Rights of Correctional Facility Inmates (Warga Binaan Pemasyarakatan) further regulates the right of inmates to receive adequate healthcare. Article 14 of this regulation stipulates that every correctional institution must have a polyclinic with adequate facilities, as well as provide at least one doctor and one other healthcare professional (Government Regulation No. 32/1999, Article 14).

Article 14:

- 1) Every Inmate and Correctional Facility Child Detainee is entitled to receive adequate healthcare services;
- 2) In each Correctional Institution, a polyclinic with its facilities shall be provided, and at least one doctor and one other healthcare professional shall be available.

In cases where the healthcare facilities within the correctional institution are unable to handle certain medical conditions, Article 17 stipulates that the correctional institution doctor may provide a recommendation to refer the inmate to a government general hospital outside the institution, with written approval from the Head of the Correctional Institution (Government Regulation No. 32/1999, Article 17).

Article 17:

- (1) In the event that the patient as referred to in Article 16 paragraph (3) requires further treatment, the Correctional Institution doctor shall provide a recommendation to the Head of the Correctional Institution for healthcare services to be provided at a government general hospital outside the Correctional Institution;
- (2) Healthcare services for the patient at the hospital as referred to in paragraph (1) must obtain written permission from the Head of the Correctional Institution;
- (3) The patient as referred to in paragraph (2) who is taken and treated at the hospital must be escorted by Correctional Institution officers and, if necessary, may request assistance from police officers;
- (4) The cost of healthcare treatment at the hospital for the patient shall be borne by the state;
- (5) In the event that an Inmate or Correctional Facility Child Detainee is ill, the Head of the Correctional Institution must immediately notify their family.

These regulations and rules of procedure demonstrate Indonesia's legal commitment to ensuring that inmates receive adequate healthcare services. However, the implementation of these regulations in practice often faces various complex obstacles, both bureaucratic and infrastructural, which can negatively impact the health of inmates.

Although these regulations have stipulated the rights of inmates to receive healthcare services, the reality on the ground is often different. Doctors working in correctional institutions (lapas) face various challenges that are not only medical but also administrative and legal (Sahlepi, 2018). Lengthy and complicated bureaucratic processes often become the main obstacle in providing fast and timely healthcare. For instance, although the doctor at the correctional institution can recommend a medical referral to a hospital outside the institution, its execution must obtain written approval from the Head of the Correctional Institution. This process often takes a long time, which can ultimately be fatal for inmates needing immediate treatment, or even when urgent situations arise, such as at night when the head of the institution is not present and the inmate needs to be referred to the nearest hospital; it is not uncommon for the permission granted by the Head of the Institution to be in the form of approval by phone. Furthermore, healthcare facilities in correctional institutions are often inadequate to handle complex medical conditions, especially for inmates with pre-existing conditions such as heart disease, diabetes, or asthma. In these situations, the doctor at the correctional institution is in a very difficult position. They must immediately take necessary medical actions while waiting for administrative approval that may not come quickly. This situation not only endangers the health of the inmate but also places the doctor at serious legal risk if medical handling involves errors or delays. Government Regulation No. 58 of 1999 concerning the Requirements and Procedures for the Implementation of Authority, Duties, and Responsibilities for the Care of Detainees also mentions that in the event that a detainee who is ill requires further treatment, the doctor or healthcare professional at the Detention Center (RUTAN)/Correctional Institution (LAPAS) shall provide a recommendation for healthcare services to be provided at a hospital outside the RUTAN/LAPAS. However, the authority, duties, and responsibility for the care of detainees rest with the head of the relevant RUTAN or LAPAS (Government Regulation No. 58/1999, Article 24).

Article 24:

- (1) In the event that a detainee who is ill requires further treatment, the doctor or healthcare professional at the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch shall provide a recommendation to the Head of the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch for healthcare services to be provided at a hospital outside the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch;
- (2) Healthcare services at the hospital as referred to in paragraph (1) must obtain permission from the detaining authority and the head of the RUTAN/RUTAN Branch or LAPAS/LAPAS Branch.

In practice, this medical referral system does not always run smoothly. Lengthy bureaucratic processes can cause delays in obtaining the necessary treatment. Moreover, there is often a discrepancy between the medical needs of inmates and the policies implemented by the correctional institution, which may prioritize security aspects over health (Director General of Corrections Decree No. PAS-32.PK.01.07.01/2016). This can have a detrimental impact on the health of inmates and create ethical dilemmas for doctors who feel hindered in carrying out their professional duties.

This research is highly important because it touches upon fundamental human rights, namely the right to health, which must continue to be guaranteed even if a person is in the status of an inmate. Furthermore, this research is also important because it highlights legal protection for doctors, which may not have received sufficient attention within the Indonesian legal framework thus far. First, from the perspective of inmate rights, delay or failure in providing timely medical treatment can be considered a violation of human rights (Sahlepi, 2009). Inmates, although they have lost their freedom, still have the right to adequate healthcare, as stipulated in the International Covenant on Economic, Social and Cultural Rights, which has been ratified by Indonesia (ICESCR, ratified by Law No. 11/2005). In this context, this research is important for evaluating the extent to which existing regulations in Indonesia are capable of meeting these international standards.

Second, from the perspective of legal protection for doctors, this research is important because it highlights the legal risks faced by doctors in performing their duties in a highly regulated and challenging environment. Without adequate legal protection, doctors could become targets of lawsuits from both inmates and their families if medical handling involves errors or negligence. This can lower the morale and motivation of doctors to work in correctional institutions, which will ultimately have a negative impact on the quality of healthcare services in correctional facilities. Third, this research is also important for identifying gaps in the healthcare system in correctional institutions and providing recommendations for improvement. For example, are new, more flexible policies needed in the medical referral process? Is special training needed for heads of correctional institutions to better understand the urgency of medical recommendations? Is regulatory revision needed to provide stronger legal protection for doctors? All these questions require in-depth and data-driven answers, which are expected to be found through this research.

Fourth, from a public policy perspective, this research is important for ensuring that the healthcare system in correctional institutions not only meets national legal standards but also aligns with international best practices. The experiences of other countries that may face similar challenges can provide valuable lessons in formulating more effective and humane policies in Indonesia. In this context, this research can also contribute to the development of national health policy, particularly regarding the integration of healthcare services between correctional institutions and the general health system. Currently, there is an urgent need to build stronger bridges between these two systems so that inmates receive healthcare services equivalent to the general public. This research

is expected to be one of the initial steps in this effort, with a focus on improving the medical referral system and legal protection for doctors in correctional institutions.



Figure 1. Correctional Services Standard (Director General of Corrections Decree No. PAS-36.OT.02.02/2020)

From the healthcare service flow diagram at correctional institutions displayed, it is clear that a system is designed to guarantee inmate health from initial examination to referral to external healthcare facilities if needed. However, in practice, these processes often face obstacles leading to delays in critical medical services. Procedural rigidity and inadequate infrastructure frequently put doctors at correctional institutions in ethical and legal dilemmas, especially when they have to wait for prolonged administrative approval.

This research is highly important in this context because it not only attempts to identify existing problems but also urges reform in the correctional healthcare system. Through the research, it is hoped that recommendations can be produced that not only improve the speed and effectiveness of healthcare services for inmates but also provide stronger legal protection for doctors working in these challenging conditions. This will indirectly raise the standards of health and justice in medical handling within correctional institutions, in line with human rights principles and globally applicable healthcare service standards.

LITERATURE REVIEW

Legal Protection

Legal protection is also a humanitarian issue that constitutes a social reality with mental, physical, and social aspects, thus its handling requires an interdisciplinary and interdepartmental approach; furthermore, legal protection is the result of interaction between certain parties due to the interrelation between existing phenomena and their mutual influence (Rahmayanti, Marbun, R. J., & Oktaviona, P. 2024, February). Legal protection will be a right for citizens and an obligation for the state; Satjipto Raharjo stated that the law protects a person's interests by placing a power that is carried out in a measured manner to act in the context of these interests. Salmond also stated that legal protection aims to integrate and coordinate various interests in society, because in the traffic of interests, protection of certain interests can be done by limiting the interests of other parties (Saragih, S. N., Sahlepi, M. A., & Siregar, A. R. M. 2024).

Legal Certainty

Based on the view of Peter Mahmud Marzuki, legal certainty encompasses two essential meanings: firstly, the existence of general rules enabling every individual to understand which actions are permitted or prohibited; and secondly, the guarantee of legal security for individuals against arbitrary governmental actions, made possible by individual comprehension of the state's limitations on authority through these general rules. Legal certainty is not confined solely to statutory provisions but also includes the consistency of judicial decisions in similar cases. In line with this, Bachsan Mustafa, as quoted by I Nyoman Putu Budiarta, outlines three meanings of legal certainty: certainty related to abstract legal regulations governing specific governmental matters; certainty concerning the legal standing of subjects and objects of law in the implementation of state administrative legal regulations; and the prevention of the potential emergence of arbitrary actions (*eigenrechting*) by any party, including the government (Meliala, N. M., Ismaidar & Sahlepi, M. A. 2024).

METHODOLOGY

This research employs an empirical legal approach to examine the legal protection for doctors in the medical referral process for inmates at Lubuk Pakam Class II B Correctional Institution. Through this approach, the research not only analyzes relevant regulations and legal documents but also integrates this with empirical data obtained directly from the field. Primary data were collected through in-depth interviews with healthcare professionals, correctional institution staff, and inmates who have undergone medical referrals, as well as observations of the conditions of health facilities within the institution. Secondary data sources include various relevant laws, regulations, and legal documents, enabling the analysis to identify gaps between regulation and practice.

The collected data were analyzed qualitatively to understand the practical challenges and obstacles faced by doctors in providing healthcare services within correctional institutions. Case studies were also utilized to illustrate specific situations requiring rapid response from doctors, particularly in medical emergencies. Using these case examples, the research identifies factors

influencing the implementation of medical referrals within correctional institutions, and examines how existing procedures can impede or protect healthcare professionals in critical situations. Through this empirical legal analysis, the research is expected to generate recommendations focused on improving legal protection for doctors and healthcare professionals within correctional institutions. Recommendations include proposals for regulatory improvements and enhanced coordination between correctional institutions and external healthcare providers to create a more effective and safe medical referral system.

RESULTS AND DISCUSSION

Bureaucratic Obstacles to the Effectiveness of the Medical Referral System for Inmates

Bureaucratic obstacles within the medical referral system in correctional institutions (lapas) represent a significant challenge affecting the quality and speed of healthcare services for inmates, especially for those with pre-existing conditions requiring special handling. This process is often slow because it must pass through several administrative layers before an inmate can be referred to a more complete healthcare facility. These obstacles can include long waiting times for approval, coordination problems between institutions, and limited access to the intended hospitals. As a consequence, the health condition of inmates can worsen before they receive the necessary treatment. This situation indicates an inefficiency in the bureaucratic process that should be designed to protect the basic rights of inmates, including the right to adequate healthcare (Soekanto, 2008).

These bureaucratic obstacles have a direct impact on the speed and effectiveness of healthcare handling for inmates. In cases of pre-existing conditions requiring immediate medical intervention, such as heart disease or diabetes, any delay in medical referral can be fatal. According to Law of the Republic of Indonesia No. 22 of 2022 concerning Corrections, inmates are entitled to receive adequate healthcare services according to their nutritional needs (Law No. 22/2022, Article 7). However, in practice, the implementation of this right is hindered by inefficient bureaucracy.

One example of the impact of slow bureaucracy is when an inmate requiring an urgent referral to a hospital must wait until permission is issued. Although Article 24 paragraph (3) of Government Regulation No. 58 of 1999 concerning the Requirements and Procedures for the Implementation of Authority, Duties, and Responsibilities for the Care of Detainees states that in case of emergency, the head of the correctional institution may send a sick detainee to the hospital without prior permission from the detaining authority, in many cases, concerns about disciplinary action or strict policies cause correctional officials to still wait for official permission before taking action, even in urgent situations (Government Regulation No. 58/1999). This clearly shows that although mechanisms exist to handle emergencies, their implementation is often not optimal in practice.

In this context, this research is very important because it demonstrates that there is a gap between the rules set in regulations and the practice on the ground. Policies that should accelerate the referral process actually become a hindrance when not implemented with the necessary flexibility to handle urgent medical cases.

Legally, these bureaucratic obstacles also raise questions about the extent of the responsibility of the head of the correctional institution and healthcare professionals in ensuring that inmates receive timely healthcare services. The provisions in Government Regulation No. 32 of 1999 concerning the Requirements and Procedures for the Implementation of the Rights of Correctional Facility Inmates should be interpreted and applied with greater emphasis on human rights, where the right to health is a fundamental right that must not be neglected (Government Regulation No. 32/1999, Article 14).

Therefore, reform in bureaucratic procedures and an increase in legal awareness among correctional officials are needed to ensure that existing regulations are genuinely implemented with the spirit of protecting the basic rights of inmates. This research will examine how these bureaucratic obstacles can be overcome through a more humanist legal approach, as well as how oversight and law enforcement can be strengthened to prevent violations of inmate health rights. Bureaucratic obstacles in the medical referral system at correctional institutions not only disrupt the effectiveness of healthcare services but also pose serious health risks for inmates with pre-existing conditions (Sahlepi, 2018). Existing regulations, although they have established procedures that should guarantee inmate rights, are often not implemented effectively due to administrative obstacles and concerns about disciplinary action. Therefore, this research highlights the necessity of reform in the bureaucratic system and an increase in awareness regarding the importance of applying laws that uphold human rights, particularly in the context of inmate health.

In the context of the medical referral system in correctional institutions, I gained some insights through direct interviews with healthcare professionals in the field, symbolized by initials to maintain confidentiality. Doctors with the initials D.R. and nurses with the initials N.S. stated that the medical referral process is often hindered by excessive bureaucracy.

From Doctor D.R.: "In many cases, the urgent need for medical referral cannot be met quickly because we have to wait for approval from the head of the correctional institution who is sometimes not immediately available. This results in delays that can seriously impact the patient's condition. And also, if there is an inmate needing immediate referral at night, sometimes the Head of the Institution gives referral approval only via WhatsApp or by phone."

From Nurse N.S.: "We often feel trapped between the urgent medical needs of inmates and strict administrative demands. Even in emergency cases, we still have to follow lengthy protocols which can hinder us from providing timely care." From these interviews and the basic healthcare service standards as stipulated in the Decree of the Director General of Corrections, Ministry of Law and Human Rights of the Republic of Indonesia, Number PAS-32.PK.01.07.01 Year 2016, it is clear that there is a misalignment between regulation and practice on the ground

(Director General of Corrections Decree No. PAS-32.PK.01.07.01/2016). While these regulations are designed to ensure the right to healthcare for inmates, in practice, complicated procedures often slow down the process of providing effective medical services.

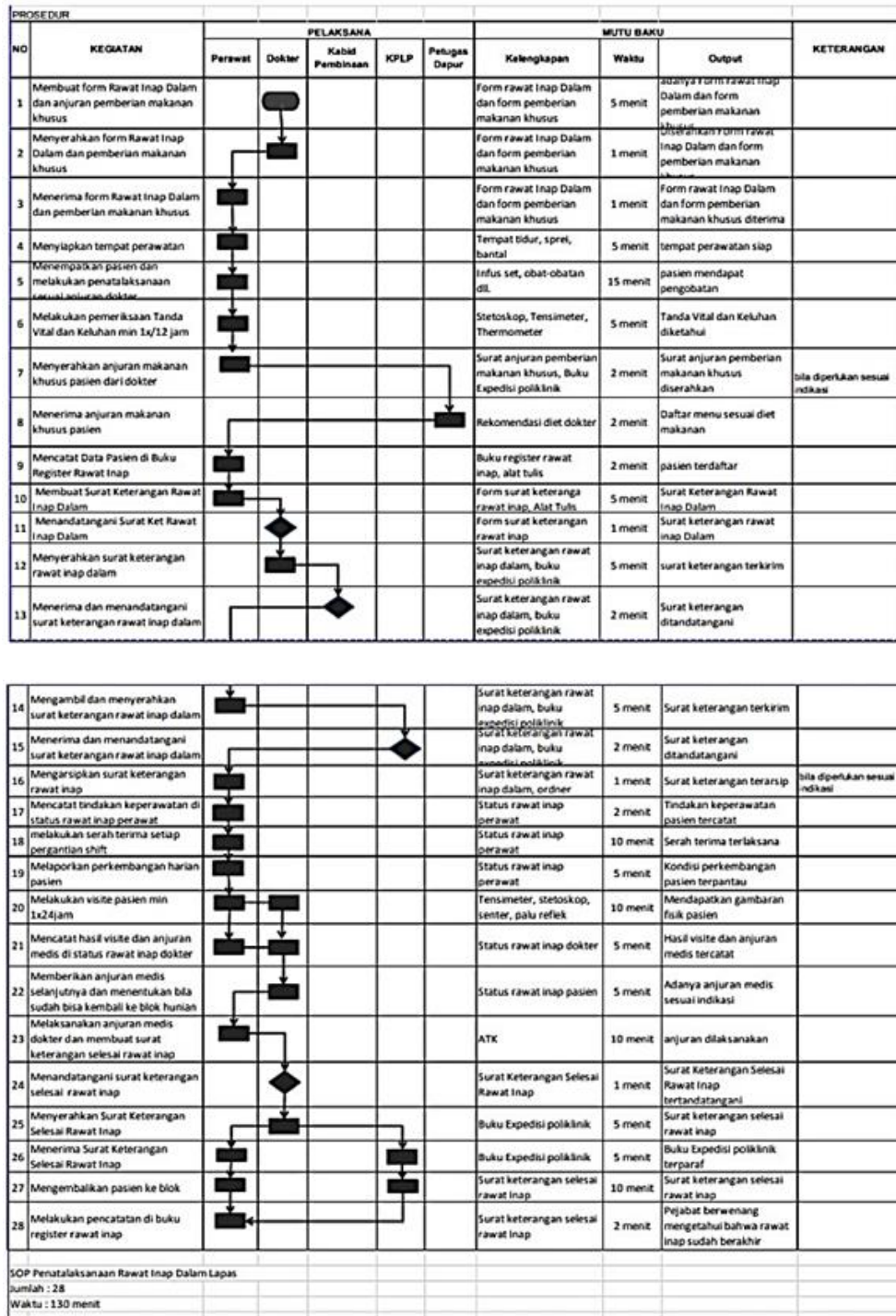


Figure 2. Flowchart of Basic Healthcare Services for Inmates, Detainees, and Children in Correctional Institutions, Detention Centers, Probation Centers, Juvenile Correctional Institutions, and Juvenile Special Institutions (Source based on SOP Inpatient Care in Correctional Institutions, Director General of Corrections Decree No. PAS-32.PK.01.07.01/2016).

Through the figure shown concerning the SOP for Inpatient Equipment in Correctional Institutions, it can be seen that there are systematic efforts to regulate healthcare services within correctional institutions, but the complexity of the procedures and documentation requirements shown reflect potential obstacles in implementation. The steps illustrated in the flowchart provide a detailed picture of the procedures but also highlight how many points where delays can occur. The importance of bureaucratic reform in the inmate medical referral system is crucial. Increasing flexibility and efficiency in administrative procedures, as well as improving the training and awareness of heads of correctional institutions about medical urgency, can strengthen the implementation of inmate health rights. This research indicates an urgent need for policy revisions that place greater emphasis on human rights protection and are responsive to urgent health needs, with the hope of reducing health risks and improving the quality of healthcare services in correctional institutions.

Legal Risk and Protection for Doctors Facing Challenges in Medical Referrals for Inmates at Lubuk Pakam Class II B Correctional Institution

Doctors working in correctional institutions (lapas) face unique and complex challenges. One of the most critical tasks is referring inmates who require advanced medical treatment outside the institution's facilities. This referral process involves not only medical expertise but also complex legal aspects. The legal risk that doctors may face in this context is very high, especially since medical decisions often have to align with strict administrative procedures within the correctional institution. This journal will examine the legal risks faced by doctors in the inmate medical referral process and the extent to which the existing legal framework, particularly Law No. 17 of 2023 concerning Health, provides protection against these risks.

One of the main legal risks faced by doctors is the potential for medical malpractice lawsuits. Malpractice occurs when a doctor fails to provide care in accordance with professional standards, resulting in harm to the patient. In the context of correctional institutions, this risk is increased due to limited facilities and lengthy administrative procedures. Law No. 17 of 2023 concerning Health stipulates that every healthcare professional, including doctors, must provide services in accordance with professional standards and applicable laws and regulations. Article 52 of Law No. 17 of 2023 states that healthcare professionals must provide healthcare services based on service standards, standard operating procedures, and professional standards (Law No. 17/2023, Article 52).

Article 52:

- (1) Healthcare efforts for the elderly are aimed at maintaining them to remain healthy, have quality lives, and be productive in accordance with human dignity;
- (2) Healthcare efforts for the elderly are carried out from the age of 60 (sixty) years or other age determined according to the provisions of laws and regulations;
- (3) Every elderly person is entitled to obtain access to Healthcare Facilities and Healthcare Services that are in accordance with standards, safe, quality, and affordable.

In situations within correctional institutions, for instance, an inmate suffering from a chronic disease like diabetes or heart disease might require treatment at a more comprehensive hospital. If the correctional institution doctor delays referring the patient because they have to wait for administrative approval or due to bureaucratic obstacles, and the patient's condition worsens or even leads to death, the doctor could face a malpractice lawsuit. In this case, the doctor is considered negligent for not taking the necessary action in accordance with applicable professional standards.

Another significant risk is the conflict between a doctor's professional obligations and the administrative procedures applicable in correctional institutions. Law No. 17 of 2023 concerning Health also regulates administrative obligations that healthcare professionals must fulfill, however, in emergency situations, there are provisions that allow doctors to act quickly in providing necessary treatment (Law No. 17/2023). Nevertheless, in practice, many doctors in correctional institutions hesitate to immediately refer inmates to external hospitals without the approval of the head of the correctional institution, even when the patient's condition requires immediate attention.

Government Regulation No. 58 of 1999 concerning the Requirements and Procedures for the Implementation of Authority, Duties, and Responsibilities for the Care of Detainees does provide that doctors must obtain written approval from the head of the correctional institution before referring an inmate to an external hospital, except in emergency situations (Government Regulation No. 58/1999). This provision often places doctors in a dilemma, given the administrative risks if this procedure is not followed. This can cause delays in necessary medical handling, which in turn can increase the risk to the health of inmates – which in this context includes all individuals detained, including detainees who are not necessarily proven guilty – as well as increase the potential for legal action against the doctor.

Law No. 17 of 2023 concerning Health provides a more comprehensive legal framework to protect healthcare professionals from legal claims, provided they act in accordance with professional standards and applicable regulations. Article 273 of Law No. 17 of 2023 concerning Health explicitly states that healthcare professionals who perform their duties in accordance with professional standards and applicable laws and regulations are entitled to legal protection from potential legal claims (Law No. 17/2023, Article 273).

Article 273:

1. Medical Professionals and Healthcare Professionals in conducting practice are entitled to:

- A. obtain legal protection as long as they perform their duties in accordance with professional standards, professional service standards, standard operational procedures, and professional ethics, as well as the Patient's Health needs;

In the context of correctional institutions, this means that as long as doctors can prove they have made medical decisions based on professional standards and within the existing legal framework, they should be protected from legal claims. This includes situations where doctors must refer inmates to external hospitals in

emergency situations, even if the action is taken before obtaining formal permission. This protection is important to ensure that doctors can perform their duties without fear of unfair legal consequences.

Law No. 17 of 2023 also introduces clearer mechanisms for the protection of healthcare professionals in emergency situations. Article 275 of Law No. 17 of 2023 grants doctors the authority to take immediate action in providing necessary medical treatment in emergency situations, without having to wait for permission or approval from administrative authorities first. This is a step forward in providing legal protection for doctors in correctional institutions, who are often faced with situations where delays in providing care can be fatal for inmates.

Article 275:

2. Medical Professionals and Healthcare Professionals who practice in Healthcare Facilities are obliged to provide first aid to Patients in Emergency Conditions and/or during disasters.

Furthermore, this law also stipulates that in emergency situations, actions taken by healthcare professionals may not be legally questioned as long as these actions are taken to save the patient's life and are in accordance with professional standards. This provides a legal guarantee for doctors that they can act quickly and decisively in critical situations without having to fear legal claims later. Although Law No. 17 of 2023 has provided better protection for doctors, challenges in its implementation on the ground still exist (Nugroho, 2023). One major issue is how to ensure that the head of the correctional institution and other administrative authorities understand and support the legal protection granted to doctors, especially in emergency situations. In many cases, uncertainty or fear of administrative sanctions can make doctors hesitate to take quick action, even though the law actually supports such actions.

To address this, there needs to be a more systematic effort to educate all parties involved in the correctional system about the legal rights and obligations of healthcare professionals, as well as the urgent need for rapid medical action and the importance of administrative support in the performance of medical duties. Furthermore, there needs to be a clearer affirmation in implementing regulations that the safety of inmates and the performance of medical duties must be the primary priority, and that medical actions taken in emergency situations must receive full support from administrative authorities. In addition, stronger oversight mechanisms are also needed to ensure that the legal protection provided by Law No. 17 of 2023 is truly implemented on the ground. This includes monitoring how administrative procedures are carried out in correctional institutions, as well as how doctors in correctional institutions are given the space to perform their medical duties in accordance with professional standards without excessive bureaucratic hindrance.

The legal risks faced by doctors in referring inmates for medical treatment are very complex, especially as they must navigate between professional obligations and strict administrative requirements. Law No. 17 of 2023 concerning Health has provided stronger legal protection for doctors, particularly in emergency situations, but challenges in its implementation on the ground still remain. Clearer legal protection and support from administrative authorities are

essential to ensure that doctors can perform their duties safely and effectively, without fear of undue legal claims. Therefore, continuous efforts are needed to educate all parties involved and ensure that existing regulations are genuinely implemented to protect the rights of inmates and healthcare professionals in correctional institutions.

In addition, Law No. 22 of 2022 concerning Corrections also strengthens the right of inmates to receive adequate and timely healthcare services. Article 25 paragraph (1) states that every inmate is entitled to access adequate healthcare services as part of their human rights, which must be guaranteed by the state. This confirms that the medical decision to refer an inmate to an external healthcare facility is not only a medical action but also the implementation of an inmate's human right protected by law (Law No. 22/2022, Article 25(1)).

Law No. 17 of 2023 concerning Health provides certainty and legal protection for doctors. This law affirms the rights and obligations of doctors as well as inmates in obtaining healthcare services. Article 273 of Law No. 17 of 2023 concerning Health (1) Medical Professionals and Healthcare Professionals in conducting practice are entitled to: a. obtain legal protection as long as they perform their duties in accordance with professional standards, professional service standards, standard operational procedures, and professional ethics, as well as the Patient's Health needs.

This provision provides a clear basis for doctors in correctional institutions to obtain legal protection as long as they act in accordance with recognized medical standards. This is important in medical emergencies or when rapid action is needed to save an inmate's life. Administrative obligations, such as obtaining written approval from the head of the correctional institution before referring an inmate, while necessary, should not hinder proper and immediate medical action that can save lives or prevent serious health damage.

Although Law No. 17 of 2023 provides a strong legal framework, challenges in its implementation persist. For example, doctors often hesitate to immediately refer inmates to external facilities without the head of the correctional institution's approval due to fear of administrative consequences. This can be fatal in emergency medical cases. Article 273 paragraph (1) underscores that doctors must receive legal protection as long as their actions conform to professional standards, providing a guarantee to healthcare professionals that medical actions taken in emergency situations, even without administrative approval, must be considered legitimate and protected by law.

To ensure that doctors in correctional institutions can perform their duties without fear of undue legal claims, further efforts are needed to educate all parties involved in healthcare services in correctional institutions about legal provisions and the urgent need for rapid medical action. Stronger oversight and regular training must be integrated into the correctional system to ensure that all parties understand their rights and obligations in accordance with the Health Law. As long as a doctor, in providing healthcare services, has obtained approval from the leadership in any form, they are free from any claims. This is important to provide clear legal certainty so that doctors can perform their duties more effectively and

without fear of unfair legal consequences, thereby improving the quality of healthcare services for inmates.

CONCLUSIONS

This research reveals that doctors in correctional institutions face significant administrative and legal obstacles in the inmate medical referral process, which not only hinders the provision of effective healthcare but also places doctors at high legal risk. Existing regulations, including Law No. 17 of 2023 concerning Health, offer a comprehensive framework for protecting the rights of inmates and healthcare professionals; however, challenges in their practical implementation remain a major impediment.

RECOMMENDATIONS

1. **Bureaucratic Reform:** Simplification of administrative processes related to medical referrals in correctional institutions is necessary, including reducing the requirement for written approval which often delays urgent medical treatment. This streamlining will help reduce waiting times for referrals and ensure that inmates receive the care they need in a timely manner.
2. **Training and Awareness:** Conduct regular training sessions for heads of correctional institutions and administrative staff on the importance of medical referrals and the urgency involved in this process. This education can help improve their understanding of serious and urgent medical conditions, thereby facilitating faster and more appropriate decision-making processes.
3. **Strengthened Legal Protection:** Develop clearer policies that protect doctors from legal claims as long as they act within the bounds of professional standards, especially in emergency situations. This includes affirming that actions taken in medical emergencies must be fully supported, even if administrative approval has not yet been obtained.
4. **Healthcare System Integration:** Establish a bridge between healthcare services in correctional institutions and the national health system to ensure that inmates can access general healthcare facilities more easily when needed. This may include partnerships with local hospitals to expedite the referral process.
5. **Enhanced Oversight Mechanism:** Strengthen oversight of the implementation of laws and regulations in correctional institutions, including the speed and effectiveness of medical referrals. This oversight can be conducted by independent bodies to ensure accountability and compliance with the law.

By implementing these recommendations, it is expected that not only will the quality of healthcare services for inmates improve, but also better legal certainty and protection will be provided for doctors operating under challenging conditions. This will lead to a more humane and efficient correctional system, where the health and safety of both inmates and medical staff are prioritized.

FURTHER STUDY

Further in-depth research is necessary to examine the synchronization and harmonization between healthcare legislation and the internal regulations of the Ministry of Law and Human Rights concerning the authority, responsibilities, and legal protection mechanisms for physicians serving within Correctional Institutions when executing the medical referral process for inmates. The focus of such study should be directed towards a juridical analysis of the potential conflict of norms between the physician's professional obligation to provide optimal medical care based on clinical indications, and the procedural limitations, facility constraints, and bureaucratic hurdles inherent within the correctional system. Furthermore, the study should aim to formulate policy recommendations to strengthen the legal basis for physicians' medical actions and mitigate the legal risks that may arise from impediments in the implementation of referrals, including providing clarity on the allocation of legal liability in instances where delays or failures in the referral process adversely affect an inmate's health condition.

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