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Analysis of Hospital Legal Responsibility in Cases of Refusal of Emergency Patients Based On Law No. 17 of 2023 Concerning Health

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Abstract: Emergency services are stipulated in Law No. 17 of 2023 concerning Health, which stipulates that hospitals may not reject emergency patients for any reason. However, there are still cases of rejection of emergency patients that result in legal consequences for hospitals and health workers. This study aims to analyze the responsibility of hospitals in handling emergency patients based on applicable regulations reviewed from civil, criminal, and administrative law for cases of patient rejection. This study uses a normative juridical method with a statutory approach and relevant concrete cases. The analysis was carried out by referring to the provisions of Law No. 17 of 2023 concerning Health, the Regulation of the Minister of Health, and the Supreme Court Decision Number 68/G/TF/2019/PTUN-SRG and the case of patient rejection at Hermina Hospital Malang on March 11, 2024. The results of the study indicate that patient rejection by hospitals can result in serious legal consequences, including civil lawsuits, criminal sanctions, and administrative sanctions for the responsible parties. Based on these findings, it is necessary to strengthen the monitoring system, increase awareness of health workers, and comply with standard operating procedures to ensure that emergency services run optimally and in accordance with legal provisions.

Keywords: Hospital, Emergency Patient, Law No. 17 of 2023

1. Introduction

Hospitals are healthcare institutions obligated to provide comprehensive personal health services, including inpatient, outpatient, and emergency care, as mandated by regulations such as Minister of Health Regulation No. 4 of 2018 and No. 3 of 2020. Emergency care services (Emergency Medical Services – EMS) play a critical role in saving lives. Law No. 17 of 2023 on Health strictly regulates the obligation of hospitals to provide emergency treatment and prohibits any form of delay due to administrative or upfront payment requirements (Maharani, 2023).

However, cases of hospitals failing to provide emergency care have resulted in fatal outcomes. One such case involved a patient named Ribun Ong at Pluit Hospital, and another involved a pregnant woman and her baby at a hospital in Banda Aceh both highlighting the consequences of delayed or denied emergency care. These cases reflect the inadequate implementation of existing regulations, despite the presence of legal sanctions including criminal, civil, and administrative penalties (Winata, 2020).

Although Law No. 36 of 2009 on Health previously outlined legal consequences for refusing emergency patients, such issues persist. To strengthen these provisions, Law No. 17 of 2023 and Government Regulation No. 28 of 2024 were enacted, further emphasizing the legal obligations of hospitals to provide immediate and proper emergency care without discrimination or delay (Mufrizal et al., 2024).

From a theoretical perspective, emergency medical care is not only a statutory obligation but also a fundamental component of the right to health a core element of international human rights law. The right to life, non-discrimination, and equal access to healthcare are enshrined in instruments such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Indonesia is a party. These rights place a

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moral and legal duty on the state to ensure that no one is denied lifesaving treatment due to procedural, financial, or institutional barriers.

Numerous reports in both print and digital media have highlighted cases of critically ill patients being denied emergency treatment by hospitals in Indonesia. One of the most recent incidents occurred on March 11, 2024, involving Hermina Hospital in Malang. According to *Malangpost.com*, Wahyu Widodo, a resident of Bareng Tenes Street, Klojen District, Malang City, tragically died after being denied admission to Hermina Hospital due to full bed occupancy around 6:30 PM. Similarly, in Purwakarta, a public hospital (RSUD) was reported to have refused treatment for a premature newborn, also citing a lack of available rooms. These cases reflect ongoing systemic challenges in fulfilling the legal obligation to provide emergency healthcare, as mandated under Indonesian law.

This research aims to analyze the legal responsibility of hospitals in cases of emergency patient rejection and assess how these legal provisions are implemented in practice. The findings are expected to contribute to improving the emergency healthcare system in Indonesia and serve as a foundation for policymakers to develop more effective strategies to ensure equitable, timely, and non-discriminatory access to emergency medical services for all.

2. Materials and Methods

This research employs a normative juridical approach by examining the legal norms and regulations governing the responsibilities of hospitals in handling emergency patients in Indonesia. The study focuses on the analysis of statutory provisions, legal principles, and case law to understand the scope of hospital obligations, especially as outlined in Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, and other relevant legal instruments, including Minister of Health Regulations. Data Collection was conducted through literature review and document analysis, which include statutory laws, government regulations, ministerial decrees, journal articles, legal commentaries, and reported court decisions related to hospital liability and emergency healthcare. To support the legal analysis, the research also includes two case studies: the Supreme Court Decision No. 68/G/TF/2019/PTUN-SRG, and the case of Hermina Hospital Malang involving the alleged refusal to treat a critically ill patient in March 2024. The case of Decision No. 68/G/TF/2019/PTUN-SRG was selected due to its legal significance as a precedent that examines administrative liability and state responsibility in the context of emergency health services. Meanwhile, the Hermina Hospital Malang case serves as a recent, real-world incident that illustrates persistent operational and normative challenges in the enforcement of emergency care regulations. Although these two cases do not statistically represent all hospitals in Indonesia, they were purposively selected for their illustrative and jurisprudential value. The Hermina case reflects recurring problems such as delay in treatment, procedural rigidity, and misalignment between legal norms and hospital protocols. To address the limitations of generalization, both cases are used analytically in combination with statutory interpretation, doctrinal analysis, and cross-referenced literature to uncover broader patterns and normative gaps in Indonesia's emergency healthcare governance.

Legal materials used in this research are classified into: (a) Primary legal materials: statutory laws and regulations, such as the 1945 Constitution, Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, and Minister of Health Regulation No. 47 of 2018 on Emergency Services. (b) Secondary legal materials: scholarly writings, legal journals, and expert opinions relevant to health law and hospital obligations. (c) Tertiary legal materials: legal dictionaries and encyclopedias used for supporting interpretations and definitions.

The method of analysis used is qualitative descriptive analysis, where legal materials are interpreted systematically to assess the adequacy, consistency, and effectiveness of existing legal frameworks in preventing emergency patient rejection. This method ena-

bles the researcher to construct legal arguments and provide recommendations for enhancing the enforcement and application of health laws in emergency service contexts..

3. Results and Discussion

3.1. The Concept of Emergency Care According to Law No. 17 of 2023 on Health

Emergency refers to life-threatening conditions that require immediate medical intervention. According to Minister of Health Regulation No. 47 of 2018, EMS is a rapid, precise, and coordinated health service to prevent death or permanent disability. Law No. 17 of 2023 reinforces this in Article 174, mandating all healthcare facilities to provide emergency care without discrimination or administrative delay (Risdawati & Zarzani, 2023).

EMS aims to: (1) provide life-saving measures before hospitalization (pre-hospital phase), (2) stabilize patients and provide definitive treatment in healthcare facilities (in-hospital), and (3) offer psychological and physical recovery post-treatment (post-hospital). This includes Basic Life Support (BLS), Advanced Life Support (ALS), hemodynamic stabilization, rehabilitation, health education, and implementation of informed consent even in emergency contexts where implied consent is applied (Rambe et al., 2023).

Patients are categorized by urgency using color codes (Mufrizal et al., 2024): (a) Red: immediate, life-threatening conditions, (b) Yellow: urgent but not immediately life-threatening, (c) Green: minor injuries,(d) Black: deceased or non-survivable injuries.

Articles 4, 276, and 277 outline extensive patient rights, including access to quality care, informed consent, medical records, second opinions, and the right to refuse treatment. Patients also have duties to provide accurate health information, comply with medical advice, and respect healthcare facility regulations. Compared to previous regulations (e.g., Law No. 44/2009), this law introduces more comprehensive protections and emphasizes patient autonomy and participation.

Law No. 17/2023 obliges all hospitals government and private to deliver emergency care without demanding upfront payment or delaying treatment for administrative reasons (Article 174). Hospitals must ensure service quality, maintain health information systems, and are legally accountable for negligence (Articles 189, 190, 193). Article 275 further mandates all health personnel to provide first aid in emergencies. These provisions mark a shift toward a patient-centered, accountable, and integrated emergency care system, replacing prior fragmented and less enforceable frameworks.

3.2. Legal Protection For Emergency Patients Based On Law Number 17 Of 2023 On Health

Law Number 17 of 2023 on Health is the main regulation governing the implementation of health services in Indonesia, including hospital obligations in providing healthcare services. This law mandates that healthcare services must be provided equitably to all citizens, ensuring the protection of their rights as patients. It also outlines the duties and responsibilities of the government to regulate, develop, and supervise health administration (Risdawati, 2024).

Prior to the enactment of Law Number 17 of 2023, the legal principles regulating public healthcare were mostly referred to in Law Number 25 of 2009 on Public Services. This law served as a normative foundation for public services, including in the health sector. It emphasizes service delivery based on principles of fairness, non-discrimination, participation, transparency, accountability, and orientation to the needs and satisfaction of the public.

The principles derived from Law Number 25 of 2009, such as legal certainty, accountability, conduciveness, non-discrimination, and protection of public rights, must be thoroughly integrated into the health sector. The following analysis details the application of these principles (Mingkid, 2020):

a. Legal Certainty

Legal certainty in healthcare services entails that all procedures and policies must be clear, transparent, and consistent with existing laws. This includes administrative procedures, patient rights and obligations, and medical standards to be followed by healthcare professionals. Legal certainty forms the basis to guarantee fair and standardized healthcare for every citizen.

b. Accountability

Accountability in the health sector refers to the responsibility of healthcare providers towards patients. It includes proper medical handling, compliance with professional ethics, and adherence to applicable regulations. Transparency and effective complaint-handling mechanisms are essential components of accountability.

c. Conduciveness

A conducive healthcare environment supports safe and quality services. This includes the availability of adequate equipment and facilities, a hygienic setting, and competent healthcare professionals who uphold ethical standards.

d. Non-Discrimination,

This principle ensures healthcare access for all members of society, regardless of socioeconomic status, geographic location, or background. It demands policies that facilitate equitable healthcare access, especially for vulnerable and marginalized groups.

e. Protection of Public Rights

Healthcare services must protect the public's rights, including the right to quality services, access to accurate health information, and medical privacy. These rights must be upheld by both service providers and reinforced through government policies.

Building upon the foundation of Law Number 25 of 2009, Law Number 17 of 2023 offers a more specific and comprehensive legal framework, including the handling of emergency cases. The fundamental legal principles of health embedded in this law include (Harmoni et al., 2022):

a. Humanitarian Principle.

The humanitarian principle serves as the primary foundation of all health service processes, particularly in emergency care. Article 2 letter a emphasizes that health development is based on humanity, benefit, protection, justice, human rights, and non-discrimination. Article 3 reiterates that the goal of health development is to improve the quality of life of the Indonesian people equitably. Hospitals are required to provide immediate medical assistance to emergency patients without administrative prerequisites such as identity verification, insurance, or advance payment. This is regulated in Articles 86(2) and 98(1)–(3) of Law Number 17 of 2023. This principle aligns with universal human rights and Article 28H(1) of the 1945 Constitution, which guarantees the right to health services. Failure to provide emergency care constitutes a violation of human rights and medical ethics. Article 447(1)(b) of Law 17/2023 stipulates that hospitals refusing emergency patients are subject to administrative sanctions ranging from warnings to license revocation. Article 448 even allows for criminal sanctions if refusal results in harm or death. Thus, the humanitarian principle serves not only as a normative standard but also as an ethical guide, legal mandate, and mechanism for legal protection for the public.

b. Non-Discriminatory Principle

This principle ensures equal healthcare access for all, regardless of social, economic, religious, racial, or other background differences. Hospitals are obliged, as per Article 29(1)(a) and Article 86 of the law, to provide non-discriminatory, safe, and quality health services.

c. Social Justice Principle

Social justice emphasizes that all citizens have the right to equal and fair access to healthcare, consistent with Article 28H(1) of the 1945 Constitution. Articles 4(1) and

4(1)(e) of Law 17/2023 assert the right to affordable, high-quality healthcare and access to health resources.

Hospitals play a vital role in implementing this principle, particularly for vulnerable communities, ensuring treatment without bias and regardless of financial capability. Legal protection for emergency patients is a manifestation of the state's guarantee of the right to healthcare. Article 82(1) of Law 17/2023 mandates that health facilities must provide emergency services to all individuals, irrespective of their status or ability to pay. This obligation reflects a human rights perspective and constitutional mandate under Article 28H(1). Refusing care in emergencies violates the law and subjects the institution to penalties. Further, Minister of Health Regulation Number 47 of 2018 outlines technical procedures for hospital emergency services, reinforcing legal norms with operational standards. Patients in emergency conditions are seen as legally vulnerable subjects requiring maximum protection. The law obliges both the government and health institutions to actively fulfill this obligation (Wahyuni, 2019).

Legal protection encompasses safeguarding human rights from infringement, realized through restitution, compensation, medical assistance, and legal aid.

a. Preventive Legal Protection

This form aims to prevent violations before they occur, through: Article 174(1) requires health facilities to provide life-saving emergency care. Article 174(2) prohibits rejection of emergency patients or administrative delays. Article 275(1) mandates healthcare workers to offer first aid during emergencies.

b. Repressive Legal Protection,

This involves actions after a rights violation has occurred, including: (a) Complaints to the health office or hospital supervisory body.(b) Civil lawsuits under Article 1365 of the Civil Code for damages. (c) Criminal proceedings under Articles 304 and 359–361 of the Penal Code for negligence causing injury or death.

Medical disputes can be resolved through professional and non-professional bodies:

c. Professional Bodies (e.g., MKEK and MKDKI)

MKEK handles ethical violations; MKDKI oversees disciplinary actions. Complaints must be submitted in writing and are processed through a structured hearing and investigation. Sanctions include license suspension (3 to 12 months) depending on severity. Decisions are final, but appeals can be made to MKDKI.

d. Non-Professional Resolution (Litigation and Non-Litigation)

Legal disputes may proceed through: Civil Court (breach of contract/tort – KUHPerdata Articles 1238, 1365, etc.), Criminal Court (malpractice – KUHP Articles 322, 344, 351, 359, etc.), Administrative complaints (violations of service standards)

Alternative Dispute Resolution (ADR) includes: Arbitration (Law 30/1999 on Arbitration and Alternative Dispute Resolution), Mediation, Negotiation, Conciliation, especially for restoring rights without court.

For example, in the SC vs RS Kramat 128 case, mediation failed, and the patient filed a civil lawsuit after the MKDKI found violations by two medical staff (Decision No. 43/P/MKDKI/VIII/2010).

3.3. Hospital Liability For The Rejection Of Emergency Patients Based On Law No. 17 Of 2023 On Health From The Perspectives Of Civil, Criminal, And Administrative Law

a. Civil Liability

The civil liability of hospitals in the rejection of emergency patients is closely tied to the legal relationship between hospitals and patients, which constitutes a form of contractual obligation. According to the theory of obligations as stipulated in Article 1233 of the Indonesian Civil Code (KUHPerdata), obligations may arise from agreements or from the law. As providers of health services, hospitals have legal obligations derived from

both statutory law and the principle of propriety, especially in providing medical care to patients in emergency conditions (Risdawati & Zarzani, 2023).

The rejection of emergency patients is not merely a violation of moral duty but constitutes both a breach of contract (wanprestasi) and an unlawful act (onrechtmatige daad), as it contradicts Law No. 17 of 2023 on Health, particularly Article 190 paragraph (1), which explicitly prohibits any health facility from refusing emergency patients under any circumstances.

From a civil law perspective, breach of contract occurs when one party in a legal agreement fails to fulfill its obligations properly. In this context, a hospital that refuses to treat an emergency patient has failed to perform its duty to provide medical care as part of its service agreement. As stated in Article 1243 of the Civil Code, the party committing the breach must compensate the injured party for any losses incurred. These losses may include additional medical costs, transportation expenses due to being forced to seek other medical facilities, or even more severe consequences such as the loss of life or permanent physical disability caused by delayed or denied care. Thus, the patient or their family has the right to file a civil lawsuit to claim both material and immaterial damages (Tanjung et al., 2024).

In addition to breach of contract, the act of rejecting an emergency patient may also be classified as an unlawful act, as regulated in Article 1365 of the Civil Code, which states that any act that causes harm to another and violates the law, public order, or the principles of propriety and morality, shall result in liability. Refusing emergency care clearly violates the patient's right to health services as guaranteed under Law No. 17/2023. Furthermore, such rejection contradicts public norms and social decency, as hospitals as public institutions are duty-bound to protect human life regardless of a patient's financial capacity or social status (Romadhoni & Suryono, 2018).

The principle of employer liability for the acts of employees is set out in Article 1367 of the Civil Code, which holds hospitals responsible for any negligence or wrongdoing by medical personnel under their authority. Therefore, if a medical worker, hospital management, or administrative staff member refuses to treat an emergency patient, the hospital as an institution remains civilly liable under the doctrine of vicarious liability, which stipulates that an employer is liable for the actions of its employees performed within the scope of their duties (Damanik et al., 2023).

Civil law also recognizes the doctrine of restitutio in integrum, or the restoration of a victim's condition to what it would have been had the unlawful act not occurred. In cases of emergency patient rejection, financial compensation may not always restore the patient's condition, especially in cases of death or permanent disability. Therefore, the victim's family may also seek immaterial compensation for psychological and emotional suffering (Kitung, 2022).

In the development of health law in Indonesia, several court decisions have reinforced the civil liability of hospitals in similar cases. The Supreme Court of Indonesia, through various cassation decisions, has emphasized that hospitals are civilly liable for patient losses caused by medical negligence, including the refusal of emergency care. These rulings reflect the judiciary's commitment not only to written legal norms but also to the principles of justice and the protection of fundamental human rights, particularly the right to health (Romadhoni & Suryono, 2018).

One notable case is the Hermina Hospital Malang incident on March 11, 2024, where a patient in critical condition was reportedly denied emergency treatment due to administrative issues. The refusal to provide care led to the patient's death. This incident gained widespread attention and criticism, with legal experts pointing out that the hospital's actions potentially violated Article 190 of Law No. 17 of 2023. The patient's family has since initiated legal proceedings, citing both breach of legal obligations and unlawful acts committed by the hospital.

Thus, the rejection of emergency patients by hospitals results in comprehensive civil liability, including breach of the healthcare service agreement, commission of an unlawful act, institutional responsibility for employee misconduct, and the obligation to

provide both material and immaterial compensation. These responsibilities are strengthened by the explicit prohibition in Law No. 17 of 2023 on Health, and supported by civil law principles that prioritize the protection of individuals' basic rights.

b. Criminal Liability

The criminal liability of hospitals in cases involving the rejection of emergency patients reflects the enforcement of criminal law provisions protecting the right to life and personal safety. Refusal to provide services to patients in emergency conditions is not merely a violation of ethical and administrative norms, but also constitutes a criminal offense as it endangers lives. Law No. 17 of 2023 concerning Health expressly imposes criminal sanctions on hospitals or healthcare workers who refuse such services, emphasizing the state's commitment to upholding the constitutional right to healthcare (Ampera, 2018).

Article 190 paragraph (2) of Law No. 17 of 2023 provides that healthcare facilities or professionals who *intentionally* fail to provide emergency care as mandated in paragraph (1) are subject to up to two years of imprisonment and a fine of up to IDR 200,000,000. The term "intentionally" indicates that any deliberate refusal without lawful justification fulfills the element of intent under criminal law. This aligns with Article 55 of the Indonesian Criminal Code (KUHP), which extends criminal liability to individuals who order or direct the commission of a crime (Azwar et al., 2023).

Moreover, the refusal of emergency medical treatment may result in severe injury or death, falling under general criminal provisions. Article 359 of the Criminal Code states that anyone whose negligence causes another person's death shall be punished with up to five years of imprisonment or one year of confinement. If intent is proven, more serious charges such as murder under Article 338 or premeditated murder under Article 340 may apply, depending on the case's circumstances (Harmoni et al., 2022).

The principle of non-refoulement in public service also applies here, ensuring that no person is denied access to fundamental rights, including the right to life and medical protection. Therefore, criminal liability under Law No. 17 of 2023 is in harmony with Article 28H paragraph (1) of the 1945 Constitution, which guarantees the right to live in physical and spiritual well-being, including access to healthcare services. Fines under Article 190 of the Health Law function as additional sanctions to deter not only individual offenders but also healthcare institutions. Under corporate criminal liability, recognized in both legal doctrine and Supreme Court jurisprudence, a hospital may be held criminally liable for actions taken by its staff if the actions occurred within the scope of their duties and benefited the hospital. This aligns with the strict liability doctrine: the institution cannot evade responsibility by blaming individual staff members. If the hospital's policies allowed or encouraged the refusal of patients, it may be prosecuted as a legal entity (Salamor, 2021).

A relevant example is the decision of the Supreme Court of Indonesia, No. 68/G/TF/2019/PTUN-SRG, in which the court held a hospital liable for its failure to provide emergency care to a patient, resulting in the patient's death. The court emphasized that refusal of emergency services violates the patient's right to life and health, and confirmed the hospital's responsibility under both administrative and criminal law frameworks.

Another tragic incident occurred at Hermina Hospital, Malang, on March 11, 2024, where a patient in critical condition was reportedly refused immediate treatment in the emergency room. The patient was redirected to another hospital despite exhibiting life-threatening symptoms. Unfortunately, the delay in treatment contributed to the patient's death. The case drew national attention, prompting investigations by the Ministry of Health and the police. It was reported that the hospital's decision was not based on capacity issues but on procedural and administrative delays, leading to strong public criticism and potential criminal charges under Law No. 17 of 2023 and Article 359 of the Penal Code.

In addition to general and specific criminal provisions, refusal to treat emergency patients may also fall under criminal discrimination in public services, as outlined in Law No. 39 of 1999 concerning Human Rights. Articles 42 and 43 state that every person has the right to access healthcare services without discrimination. If the refusal is found to be based on economic status or other biased considerations, it may constitute a human rights crime.

In conclusion, the criminal liability of hospitals in emergency patient rejection cases is multifaceted. It includes imprisonment, financial penalties, and corporate criminal responsibility. This legal framework serves both preventive and punitive purposes, ensuring that no hospital or healthcare provider disregards a patient's right to emergency care and offering robust legal protection for individuals in life-threatening situations.

c. Administrative Liability

The administrative liability of hospitals in cases of rejecting emergency patients serves as a non-penal mechanism to ensure compliance with healthcare regulations. Law No. 17 of 2023 on Health outlines administrative responsibilities for healthcare facilities and medical personnel proven to have violated the obligation to provide emergency services. These sanctions function as supervisory and corrective instruments, ensuring hospital operations align with the government's health service standards (Triana et al., 2023).

As stipulated in Article 193 of Law No. 17/2023, healthcare facilities that fail to provide emergency care may be subjected to administrative sanctions, including written warnings, administrative fines, temporary suspension of partial or full operations, or even revocation of operational licenses. These sanctions are progressive and tiered, depending on the severity of the violation, the impact caused, and the hospital's willingness to correct its actions. A written warning serves as an initial preventive measure to prompt internal evaluation and improvement of service procedures (Cahyani et al., 2023).

If the hospital disregards the warning, the government is authorized to impose administrative fines. These fines are coercive and serve not only as financial penalties but also as a moral accountability tool. The fine amount depends on the level of the violation and is regulated further in implementing regulations such as Ministerial or Government Regulations (Irwanto & Razy, 2021).

A more severe administrative penalty includes temporary suspension of hospital services. This measure can be applied if the hospital fails to make improvements even after receiving financial penalties. Suspension may target specific units (e.g., emergency rooms) or the entire hospital for a certain period. The purpose is to apply substantial pressure on the hospital to avoid recurring violations and to improve healthcare management systems (Prayitno, 2021).

The harshest administrative sanction is the revocation of the hospital's operational license, as regulated in Article 193 paragraph (2). This may be enforced if violations systematically endanger patient safety and no meaningful improvements are made. License revocation has serious consequences not only disrupting the hospital's legal status but also sending a clear message that the government will not tolerate negligent healthcare services.

Under administrative law, sanctions must follow the due process of law principle, ensuring a fair and transparent legal process. Law No. 30 of 2014 on Government Administration, particularly Article 53, guarantees that service providers including hospitals have the right to be heard and present a defense before penalties are imposed. Hospitals may also file administrative appeals if they consider the sanctions to be unjust or disproportionate (Ho, Brigitta Hemadhanita Rares, Caecilia J. J. Waha, 2024).

Administrative responsibility goes beyond punishment and includes mandatory system improvements. The Ministry of Health and regional health authorities are empowered to supervise and guide hospitals, including requiring them to revise or create standard operating procedures (SOPs) that comply with national regulations. This ensures hospitals have the infrastructure, human resources, and management systems to deliver adequate emergency services (Romadhoni & Suryono, 2018).

Hospitals are also obligated to conduct regular internal audits to identify service violations. These audits serve as compliance indicators and must be reported to the government to maintain administrative transparency and accountability. Administrative sanctions differ from civil or criminal penalties (Krisnawati, 2024). They emphasize preventive, corrective, and educational goals rather than punitive ones. Their effectiveness depends on both strong government oversight and the hospital's willingness to comply with regulations. This is aligned with the principle of good governance, which mandates that public services including healthcare must be transparent, accountable, and oriented toward protecting public rights (Tanjung et al., 2024).

In a widely publicized incident, Hermina Hospital in Malang reportedly refused to treat a critically ill patient in its emergency unit, redirecting the patient to another facility. The delay led to the patient's death, triggering public outrage and an official investigation by the Ministry of Health. Although initial findings did not indicate a lack of medical capacity, the rejection was due to procedural and administrative inefficiencies. The Ministry of Health issued a written warning and demanded immediate corrective action, including improvements in triage procedures and patient admission protocols. The hospital was also required to submit a compliance report within a stipulated timeframe to avoid further sanctions, such as the suspension of its emergency services license.

In this landmark ruling, the Supreme Court upheld administrative sanctions against a hospital that denied emergency services to a patient, resulting in the patient's death. The court stated that the hospital had violated both healthcare standards and patient rights. The hospital received a temporary suspension order, and its operational license was placed under review by the Ministry of Health. The court emphasized that healthcare institutions must prioritize patient safety over bureaucratic procedures and that failure to comply with emergency care obligations justifies administrative sanctions up to license revocation.

4. Conclusions

Based on the findings and discussion, it can be concluded that emergency medical services are a crucial part of the healthcare system, directly associated with life-saving efforts for critically ill patients. Law Number 17 of 2023 concerning Health affirms the state's obligation to ensure prompt, accurate, and non-discriminatory emergency treatment to all individuals, regardless of economic or social status. The refusal of hospitals to treat emergency patients constitutes a violation of legal norms and may lead to liability under civil, criminal, and administrative law. Article 190 of the Health Law stipulates criminal sanctions—including imprisonment and fines—especially if such refusal leads to a patient's death. Meanwhile, Article 193 outlines a tiered system of administrative sanctions, emphasizing preventive measures such as written warnings, operational suspension, and revocation of licenses.

To effectively prevent violations, this study recommends that administrative sanctions be prioritized as the main legal instrument, supported by a responsive hospital quality management system. Administrative enforcement should be integrated into hospital accreditation standards, real-time national electronic reporting systems (e.g., SIRS or Satu Sehat), and continuous internal audits. These mechanisms can detect and address early signs of service denial before escalating to litigation.

Furthermore, legal policy strategies should focus on: Establishing clear performance indicators for emergency services within accreditation assessments; Mandating the inclusion of emergency compliance metrics in electronic hospital dashboards monitored by the Ministry of Health; Providing regulatory incentives for hospitals that consistently meet emergency care obligations; Strengthening supervisory institutions to ensure administrative sanctions are enforced swiftly and proportionately. By reinforcing administrative pathways as a front-line deterrent, hospitals can be held accountable without over-reliance on criminal or civil litigation. These systemic integrations support not only legal compliance but also uphold the core principles of justice, humanity, and the right to health for all citizens..

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