

Legal Protection and Multi-Layered Accountability in the Delegation of Medical Authority from Physicians to Nurses at the Cigalontang Community Health Center, Tasikmalaya Regency

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Abstract

The delegation of medical authority from physicians to nurses has become an essential mechanism for maintaining the continuity of healthcare services, particularly in primary healthcare facilities facing limitations in medical personnel. However, the implementation of delegated medical authority frequently raises legal issues concerning the allocation of authority, legal protection, and professional responsibility among healthcare personnel. This study aims to analyze the juridical position of delegated medical authority and examine the legal protection available to nurses receiving delegated medical authority from physicians at the Cigalontang Community Health Center, Tasikmalaya Regency, following the enactment of Law Number 17 of 2023 concerning Health. This research employs a normative legal research method supported by a socio-legal approach. Data were collected through library research, document analysis, field observations, and semi-structured interviews with healthcare personnel involved in delegated medical practices. The findings reveal that delegated medical authority at the Cigalontang Community Health Center is predominantly implemented through verbal mandates rather than formal delegation mechanisms. Although healthcare services continue effectively through collaborative practices, inadequate documentation, incomplete clinical assignment systems, and the absence of standardized written delegation procedures create legal uncertainty and weaken legal protection for nurses. The study further demonstrates that responsibility arising from delegated medical practices should not be imposed solely upon nurses as direct performers of medical actions. Accordingly, this research develops a Multi-Layered Legal Accountability Framework, which distributes accountability among physicians, nurses, healthcare institutions, and governmental authorities according to their respective legal functions and obligations. This framework contributes to strengthening legal certainty, healthcare governance, and patient safety within primary healthcare services.

Keywords: Delegated medical authority; legal protection; nurses; primary healthcare services; legal accountability.

A. Introduction

Health is a fundamental human right and an essential element in realizing social welfare. The Constitution of the Republic of Indonesia guarantees every citizen's right to obtain healthcare services and to live in physical and mental well-being. The fulfillment of this right requires the state to ensure the availability of healthcare services that are accessible, equitable, safe, and of good quality. Within the Indonesian healthcare system, Community Health Centers (Pusat Kesehatan Masyarakat/Puskesmas) function as primary healthcare facilities responsible for delivering promotive, preventive, curative, and

rehabilitative services to the community.¹²

The provision of primary healthcare services, however, continues to face significant challenges, particularly regarding shortages and unequal distribution of healthcare personnel. The World Health Organization (WHO) has consistently identified health workforce shortages as one of the principal barriers to achieving Universal Health Coverage (UHC). In many countries, including Indonesia, the limited availability of physicians at primary healthcare facilities has compelled health systems to adopt innovative workforce strategies aimed at maintaining service continuity and improving access to care.³⁴

One of the most widely adopted strategies is task shifting and task sharing, namely the redistribution of healthcare tasks from professionals with higher qualifications to other healthcare personnel who possess appropriate competencies. WHO defines task shifting as a rational redistribution of healthcare duties intended to optimize the use of available human resources. International studies indicate that task shifting contributes significantly to expanding healthcare access, reducing workforce shortages, and improving service efficiency, particularly within primary healthcare settings. Nevertheless, successful implementation depends upon clear regulatory frameworks, competency standards, supervision mechanisms, and accountability arrangements among healthcare professionals.⁵⁶

Within the context of nursing practice, the delegation of medical authority from physicians to nurses constitutes a practical manifestation of task shifting. Nurses frequently perform medical actions based on instructions, mandates, or delegated authority from physicians, particularly in healthcare facilities where physician availability is limited. Such practices are often necessary to ensure uninterrupted healthcare services and timely patient treatment. However, the delegation of medical authority simultaneously creates legal and professional challenges, particularly concerning the allocation of authority, responsibility, and legal protection when adverse events, medical errors, or patient harm occur.⁷⁸

The enactment of Law Number 17 of 2023 concerning Health has introduced a new legal framework governing healthcare services and healthcare professions in Indonesia. Article 273 of the Health Law recognizes two forms of authority transfer, namely mandate and delegation. Under a mandate arrangement, legal responsibility remains attached to the delegating physician, whereas under delegation, responsibility may be transferred to the recipient of the delegated authority. This distinction has substantial legal implications because it determines the allocation of liability among healthcare professionals involved in delegated medical actions. Consequently, legal certainty regarding the implementation of delegated authority has become increasingly important within contemporary healthcare

¹ Undang-Undang Dasar Negara Republik Indonesia Tahun 1945, Pasal 28H ayat (1).

² World Health Organization and United Nations Children's Fund, *Operational Framework for Primary Health Care: Transforming Vision into Action* (Geneva: WHO, 2020).

³ World Health Organization, *Primary Health Care Fact Sheet* (Geneva: WHO, 2023).

⁴ Siew Li Leong et al., "Task Shifting in Primary Care to Tackle Healthcare Worker Shortages: An Umbrella Review," *European Journal of General Practice* 27, no. 1 (2021): 198–210.

⁵ World Health Organization, *Task Shifting: Global Recommendations and Guidelines* (Geneva: WHO, 2008).

⁶ Brigit Tsofa et al., *Task Sharing and Task Shifting: Implications for Health Workforce Governance* (Geneva: WHO, 2024).

⁷ Ferry Efendi et al., "Stakeholders' Perspectives on Mental Health Task-Shifting in Indonesia's Primary Health Care," *BMC Nursing* 21, no. 1 (2022): 180.

⁸ Siew Li Leong et al., "Task Shifting in Primary Care to Tackle Healthcare Worker Shortages: An Umbrella Review."

governance.⁹¹⁰

Despite the existence of such regulatory provisions, the implementation of delegated medical authority at the operational level frequently differs from the normative framework established by legislation. Based on preliminary observations conducted at the Cigalontang Community Health Center in Tasikmalaya Regency, medical authority is often delegated through verbal instructions delivered via telephone calls, instant messaging applications, or other informal communication channels. In many situations, delegated medical actions are not accompanied by written assignment letters, formal delegation documents, or adequate administrative records. While such practices may be intended to facilitate efficient healthcare delivery, they simultaneously create legal uncertainty regarding the status of nursing actions and the scope of responsibility borne by healthcare professionals involved in patient care.

The legal implications of this situation extend beyond the physician-nurse relationship. The absence of proper documentation and formal delegation mechanisms may affect institutional accountability and weaken legal protection available to nurses who perform delegated medical actions in good faith. Nurses often occupy a vulnerable position because they are required to provide immediate healthcare services while simultaneously ensuring compliance with professional standards, statutory regulations, and institutional policies. Consequently, any discrepancy between legal norms and healthcare practices may expose nurses to legal risks despite acting within the interests of patient care and service continuity.

Previous studies have examined the delegation of medical authority from various perspectives. Several scholars have focused on ethical considerations, professional responsibility, and nursing competence in delegated medical practices. Other studies have analyzed criminal liability, civil liability, and legal consequences arising from the transfer of medical authority between physicians and nurses. Research has also highlighted the importance of written delegation procedures, professional supervision, and compliance with healthcare regulations as mechanisms for ensuring patient safety and reducing legal disputes. Nevertheless, most existing studies remain concentrated on hospital settings, emergency departments, or general normative analyses of delegation mechanisms. Limited attention has been devoted to the implementation of delegated medical authority within primary healthcare facilities following the enactment of Law Number 17 of 2023 concerning Health.

Furthermore, previous scholarship generally examines physicians and nurses as separate subjects of legal responsibility. Existing studies tend to focus either on physicians' authority to delegate medical actions or on the legal protection available to nurses receiving delegated authority. As a result, insufficient attention has been given to the broader institutional dimensions of delegated medical practices, particularly regarding the interaction between healthcare professionals, healthcare facilities, and governmental authorities responsible for healthcare governance. This issue is particularly relevant within community health centers, where healthcare delivery relies heavily upon collaborative professional relationships and practical responses to workforce limitations.¹¹

Based on the foregoing discussion, a significant research gap remains concerning the legal implications of delegated medical authority in primary healthcare facilities under the new regulatory framework established by Law Number 17 of 2023 concerning Health.

⁹ Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.

¹⁰ Peraturan Menteri Kesehatan Nomor 26 Tahun 2019 tentang Peraturan Pelaksanaan Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan.

¹¹ Ferry Efendi et al., "Stakeholders' Perspectives on Mental Health Task-Shifting in Indonesia's Primary Health Care."

Existing studies have not comprehensively analyzed the relationship between delegated authority, legal protection, and institutional accountability within a unified analytical framework. Moreover, limited attention has been given to the practical consequences of verbal instructions, undocumented delegation practices, and administrative deficiencies for nurses operating within primary healthcare services.¹²

The novelty of this study lies not merely in its examination of legal protection for nurses receiving delegated medical authority from physicians. More importantly, this research develops a multi-layered legal accountability framework that explains the allocation of responsibility among physicians, nurses, community health centers, and health authorities in delegated medical practices under Law Number 17 of 2023 concerning Health. Unlike previous studies that focus primarily on the legality of delegation or the liability of individual healthcare professionals, this study demonstrates that legal responsibility arising from delegated medical actions should be understood as a shared and interconnected relationship involving professional accountability, institutional governance, and administrative supervision. Through this approach, the study offers a broader legal construction for strengthening legal certainty, patient safety, and healthcare governance within primary healthcare facilities.¹³

Based on these considerations, this study aims to analyze the juridical position of delegated medical authority and to examine the legal protection available to nurses who receive delegated authority from physicians at the Cigalontang Community Health Center following the enactment of Law Number 17 of 2023 concerning Health. In addition, the study seeks to formulate a legal framework capable of strengthening accountability mechanisms and minimizing legal risks arising from delegated medical practices within primary healthcare services.¹⁴

B. Research Method

This study employed a normative legal research method supported by a socio-legal approach. Normative legal research was selected because the primary focus of the study is the analysis of legal norms governing the delegation of medical authority and legal protection for nurses within the Indonesian healthcare system. Normative legal research conceptualizes law as a system of norms consisting of legal principles, doctrines, and statutory regulations that govern social relations.¹⁵ However, to obtain a comprehensive understanding of the implementation of these norms in healthcare practice, the study was complemented by a socio-legal approach. This approach enables the researcher to examine the relationship between legal norms (*das sollen*) and their implementation in social reality (*das sein*), particularly regarding the delegation of medical authority from physicians to nurses at the Cigalontang Community Health Center.¹⁶

The study applied three approaches: the statute approach, the conceptual approach, and an empirical case study approach. The statute approach was used to examine legal provisions relevant to the delegation of medical authority and legal protection for healthcare personnel, particularly the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, Law Number 38 of 2014 concerning Nursing, and Minister of Health Regulation Number 26 of 2019 concerning the Implementation Regulation of Law

¹² Brigit Tsofa et al., *Task Sharing and Task Shifting: Implications for Health Workforce Governance*.

¹³ Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat di Indonesia* (Surabaya: Bina Ilmu, 1987).

¹⁴ Indroharto, *Usaha Memahami Undang-Undang tentang Peradilan Tata Usaha Negara* (Jakarta: Pustaka Sinar Harapan, 1993).

¹⁵ Peter Mahmud Marzuki, *Penelitian Hukum*, Edisi Revisi (Jakarta: Kencana, 2021), hlm. 55–60.

¹⁶ Soerjono Soekanto, *Pengantar Penelitian Hukum* (Jakarta: UI Press, 2019), hlm. 51–54.

Number 38 of 2014 concerning Nursing. The conceptual approach was employed to analyze legal doctrines and theories relevant to the research problem, including legal protection theory, authority theory, and the doctrine of vicarious liability. Meanwhile, the empirical case study approach was utilized to examine the implementation of delegated medical authority practices at the Cigalontang Community Health Center and to identify potential discrepancies between legal norms and healthcare practices.¹⁷

The sources of data in this study consisted of primary legal materials, secondary legal materials, tertiary legal materials, and supporting field data. Primary legal materials included statutory regulations governing healthcare services, nursing practice, and delegated medical authority. Secondary legal materials comprised books, scientific journal articles, research reports, and legal opinions relevant to healthcare law and nursing practice. Tertiary legal materials included legal dictionaries, encyclopedias, and other reference materials used to clarify legal concepts and terminology. To enrich the analysis, supporting field data were obtained through interviews with healthcare personnel directly involved in the implementation of delegated medical authority at the Cigalontang Community Health Center.¹⁸

Informants were selected purposively based on their direct involvement and experience in delegated medical practices. The criteria for selecting informants included physicians and nurses who had participated in the delegation of medical authority, possessed adequate knowledge regarding applicable healthcare regulations, and had practical experience related to the implementation of delegated medical actions. The use of purposive informants was intended to obtain accurate and in-depth information relevant to the research objectives.

Data collection was conducted through library research and semi-structured interviews. Library research involved examining statutory regulations, legal literature, scientific publications, and other relevant documents related to the delegation of medical authority and legal protection for nurses. To obtain supporting empirical data, semi-structured interviews were conducted with physicians and nurses at the Cigalontang Community Health Center. The interviews focused on the implementation of delegated medical authority, documentation procedures, forms of supervision, and legal issues arising in healthcare practice.

The collected data were analyzed qualitatively using a descriptive-analytical method. The analysis was conducted through three stages: data reduction, data presentation, and conclusion drawing. Data reduction involved selecting and classifying information relevant to the research objectives. Data presentation was carried out systematically to identify legal issues concerning the implementation of delegated medical authority. Subsequently, conclusions were drawn through legal interpretation and legal reasoning by comparing empirical findings with applicable legal norms and analyzing them through the perspectives of legal protection theory, authority theory, and vicarious liability doctrine.¹⁹ The results of the analysis were then presented descriptively to formulate a legal construction regarding the protection of nurses receiving delegated medical authority from physicians and the allocation of legal responsibility among physicians, nurses, and healthcare institutions

¹⁷ Johnny Ibrahim, *Teori dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia Publishing, 2019), hlm. 300–305.

¹⁸ Soerjono Soekanto dan Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat* (Jakarta: RajaGrafindo Persada, 2018), hlm. 12–15.

¹⁹ Matthew B. Miles, A. Michael Huberman, dan Johnny Saldaña, *Qualitative Data Analysis: A Methods Sourcebook*, 4th ed. (California: SAGE Publications, 2020), hlm. 7–15.

within primary healthcare services..^{20,21,22,23}

C. Results and Discussion

1. Juridical Construction of Delegated Medical Authority in Primary Healthcare Services

Authority constitutes a fundamental concept in administrative law because every governmental action and professional activity must be based upon lawful authority. In legal theory, authority refers to the legal power granted by legislation to a person or institution to perform specific actions and produce legal consequences. According to Indroharto, authority is obtained through attribution, delegation, and mandate. Attribution refers to original authority directly conferred by legislation, delegation involves the transfer of authority from one authorized party to another accompanied by the transfer of responsibility, while mandate allows the recipient to perform actions on behalf of the authority holder without transferring ultimate responsibility.²⁴ These distinctions are particularly important in the healthcare sector because healthcare services involve various professional actors whose authority and responsibilities are regulated by law.²⁵

Within the Indonesian healthcare system, physicians and nurses possess different forms of professional authority. Physicians obtain authority to perform medical actions based on professional competence, registration, licensing requirements, and statutory provisions governing medical practice. Nurses, on the other hand, exercise authority within the scope of nursing practice as regulated by nursing legislation and professional standards.²⁶ Nevertheless, the increasing complexity of healthcare services and limitations in healthcare workforce availability have encouraged the development of collaborative practices, including the delegation of certain medical actions from physicians to nurses. Such delegation is intended to ensure service continuity and improve access to healthcare, particularly within primary healthcare facilities where human resources are often limited.²⁷

The legal basis for delegated medical authority is currently regulated under Law Number 17 of 2023 concerning Health. Article 273 recognizes two mechanisms through which healthcare authority may be transferred, namely mandate and delegation. Under a mandate arrangement, responsibility remains attached to the physician granting authority, whereas under delegation, responsibility may be transferred to the healthcare professional receiving the delegated authority.²⁸ This distinction demonstrates that delegated medical authority is not merely a technical matter of healthcare service delivery but also a legal mechanism that determines the allocation of rights, obligations, and responsibilities among healthcare professionals.

²⁰ Mike McConville, *Research Methods for Law* (Edinburgh University Press, 2017).

²¹ Terry Hutchinson and Nigel Duncan, "Defining and Describing What We Do: Doctrinal Legal Research.," *Deakin Law Review* 17, no. 1 (2012): 83–119.

²² Edward L Rubin, "Law and the Methodology of Law," *Wis. L. Rev.*, 1997, 521.

²³ Vicki C Jackson, "Law: Methodologies," *The Oxford Handbook of Comparative Constitutional Law*, 2012, 54.

²⁴ Indroharto, *Usaha Memahami Undang-Undang tentang Peradilan Tata Usaha Negara*, Buku I (Jakarta: Pustaka Sinar Harapan, 1993), hlm. 90–96.

²⁵ Ridwan HR, *Hukum Administrasi Negara* (Jakarta: RajaGrafindo Persada, 2022), hlm. 101–107.

²⁶ Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan.

²⁷ World Health Organization, *Task Shifting: Global Recommendations and Guidelines* (Geneva: WHO, 2008), hlm. 7–10.

²⁸ Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Pasal 273.

From the perspective of healthcare governance, delegated medical authority must be implemented in accordance with several legal requirements. First, the delegated action must fall within the competence of the receiving healthcare professional. Second, delegation must be supported by adequate supervision and accountability mechanisms. Third, the delegated action must be performed in the interest of patient safety and healthcare quality. Consequently, delegated authority cannot be interpreted as a complete transfer of professional responsibility, particularly when the delegating physician remains responsible for clinical decision-making and overall patient management.

In practice, the distinction between mandate and delegation frequently creates legal uncertainty, especially when delegated medical actions are performed without adequate documentation. Informal instructions delivered through telephone calls, instant messaging applications, or verbal communication may blur the boundaries of authority and responsibility between physicians and nurses. Such circumstances create difficulties in determining legal liability when adverse events occur. Therefore, the legal construction of delegated medical authority must not only focus on the transfer of authority itself but also on the mechanisms that ensure accountability, supervision, and legal certainty for all parties involved.

Based on the foregoing analysis, delegated medical authority in primary healthcare services should be understood as a legally regulated collaborative mechanism aimed at ensuring the continuity and effectiveness of healthcare delivery. However, its implementation must remain consistent with statutory regulations, professional competence standards, and patient safety principles. Accordingly, the distinction between mandate and delegation becomes essential in determining the legal position of healthcare professionals and serves as the foundation for assessing legal protection and legal responsibility within delegated medical practices.

2. Implementation of Delegated Medical Authority at the Cigalontang Community Health Center: Between Mandate and Delegation

The implementation of delegated medical authority at the Cigalontang Community Health Center demonstrates the practical realities faced by primary healthcare facilities in maintaining healthcare service continuity amid limited medical personnel. Although Law Number 17 of 2023 concerning Health has clearly distinguished between mandate and delegation as forms of authority transfer, empirical findings indicate that healthcare services at the Community Health Center continue to rely predominantly on informal communication and professional trust rather than formal legal documentation. This condition reflects the tension between legal requirements and operational healthcare needs, particularly in primary healthcare settings where physicians are not always physically present during service delivery.²⁹

To identify the forms of authority transfer implemented at the Cigalontang Community Health Center, the research findings are summarized in the following table:

Table 2. Forms of Delegated Medical Authority at the Cigalontang Community Health Center

No	Form Authority Transfer	of Frequency	Legal Basis	Legal Responsibility
1	Mandate (Verbal Instruction)	Very Frequent	Article 273 Law No. 17 of 2023	Remains with Delegating Physician

²⁹ Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Pasal 273.

2	Mandate (Written Instruction)	Rare	Article 273 Law No. 17 of 2023; Minister of Health Regulation No. 26 of 2019	Remains Delegating Physician	with
3	Delegation	Not Implemented Optimally	Article 273 paragraph (4) Law No. 17 of 2023	Transferred Receiving Nurse	to

Source: Primary Data Processed, 2026.

Based on Table 2, the dominant form of authority transfer at the Cigalontang Community Health Center is mandate through verbal instructions. The findings indicate that physicians frequently provide instructions to nurses through telephone calls or direct communication without issuing specific written delegation documents. This pattern demonstrates that healthcare services continue to depend on informal professional relationships despite statutory requirements emphasizing accountability and documentation in delegated medical practices.

This finding is reinforced by interviews conducted with nursing personnel. One nurse stated:

"Kami sering menerima instruksi dari dokter melalui telepon, misalnya untuk memberikan suntikan atau memberikan terapi nebulizer pada pasien. Dokternya sedang tidak berada di Puskesmas atau di ruang rawat inap. Biasanya kami tanyakan dosisnya dan langsung kami tulis di rekam medis." (Interview with Nurse E, 15 April 2026).

The statement confirms that nurses regularly perform medical actions based on instructions from physicians who are not physically present at the healthcare facility. Such actions commonly include nebulizer therapy, medication administration, wound suturing, and other medical procedures that require physician authorization. From a juridical perspective, these practices fall within the concept of mandate because nurses act on behalf of physicians and do not independently exercise transferred medical authority. According to Indroharto, mandate occurs when authority remains attached to the original holder while its implementation is carried out by another person acting on behalf of the authority holder.³ Consequently, legal responsibility remains attached to the physician as long as the nurse performs the action in accordance with the instructions received.

The study further revealed that supervision of delegated medical actions is often conducted remotely. One physician explained:

"Kalau saya tidak berada di tempat, saya percaya dengan kemampuan perawat. Mereka sudah berpengalaman. Tapi memang secara formal, surat penugasan tertulis itu jarang saya buat. Saya lebih mengandalkan komunikasi langsung dan kepercayaan." (Interview with Physician in Charge of Services, 16 April 2026).

This finding highlights the central role of professional trust in healthcare collaboration at the Community Health Center. While trust and professional competence are essential elements of healthcare teamwork, they cannot substitute formal legal requirements governing authority transfer. Minister of Health Regulation Number 26 of 2019 explicitly requires delegated authority to be documented and implemented according to professional competence and established procedures. Therefore, reliance solely on verbal instructions may create legal uncertainty regarding the allocation of authority and responsibility when medical disputes arise.

Another important finding concerns the distinction between mandate and delegation. Although Article 273 paragraph (4) of Law Number 17 of 2023 permits delegation under certain circumstances, the research found that formal delegation mechanisms have not yet been implemented optimally at the Cigalontang Community

Health Center. Nurses occasionally perform medical actions that resemble delegated authority, particularly in situations involving physician shortages or urgent healthcare needs. However, such actions are generally not supported by formal delegation documents, written competency assessments, or updated clinical assignment letters. As a result, the legal status of these actions remains ambiguous and may expose healthcare personnel to administrative and legal risks.³⁰

The findings demonstrate a significant gap between legal norms (*das sollen*) and healthcare practice (*das sein*). Normatively, the Health Law and implementing regulations require authority transfer to be carried out through clear procedures, documentation mechanisms, and accountability arrangements. Empirically, however, healthcare services continue to rely on informal practices justified by service continuity and workforce limitations. Similar findings have been reported in previous studies indicating that healthcare personnel often prioritize patient care and service accessibility over administrative compliance, particularly in primary healthcare facilities facing shortages of medical personnel.³¹

From the perspective of legal protection, this situation creates vulnerabilities for nurses. Although nurses act in good faith and within the interests of patient care, the absence of formal delegation documents may complicate the determination of legal responsibility when adverse events occur. Without adequate documentation, nurses may face difficulties proving that medical actions were performed pursuant to physician instructions. Consequently, the implementation of delegated medical authority at the Cigalontang Community Health Center demonstrates that legal protection cannot be assessed solely from the perspective of individual professional conduct but must also consider institutional governance, supervision mechanisms, and administrative compliance. This finding provides an important foundation for developing a broader framework of legal accountability in delegated medical practices within primary healthcare services.³²

3. Legal Protection for Nurses Receiving Delegated Medical Authority

Legal protection constitutes one of the fundamental principles of a state governed by the rule of law. According to Philipus M. Hadjon, legal protection may be classified into preventive legal protection and repressive legal protection. Preventive legal protection aims to prevent disputes before they occur through clear regulations, administrative procedures, and legal certainty, whereas repressive legal protection functions to resolve disputes and provide remedies after legal violations or losses have occurred.³³ Within healthcare services, legal protection is particularly important because healthcare professionals frequently perform actions that involve significant risks to patient safety and may result in legal consequences when adverse events occur.

In the context of delegated medical authority, nurses occupy a unique legal position. On the one hand, nurses are obligated to comply with lawful instructions given by physicians as part of collaborative healthcare services. On the other hand,

³⁰ R.A. Lutfiah Maharaja, S. Nurhayati, dan Dahlan, "Formulation of the Concept of Nurse Liability for Delegation of Authority in Health Services Based on Law Number 17 of 2023 on Health," *Asian Journal of Multidisciplinary Research and Analysis* 2, no. 1 (2024): 44–57.

³¹ Maya Santika, Rokhmat, Efrila, dan Sutrisno, "Juridical Analysis of the Delegation of Authority of Doctors to Nurses in Health Services at Health Centers," *Jurnal Hukum Sehasen* 10, no. 2 (2024): 211–225.

³² George D. Pozgar, *Legal and Ethical Issues for Health Professionals*, 5th ed. (Burlington: Jones & Bartlett Learning, 2019), hlm. 215–223.

³³ Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat di Indonesia* (Surabaya: Bina Ilmu, 1987), hlm. 2–5.

nurses remain professionally accountable for ensuring that delegated medical actions are performed in accordance with their competence, professional standards, and applicable legal provisions. Consequently, legal protection for nurses must be assessed not only from the perspective of professional obedience but also from the perspective of legal certainty concerning the scope of delegated authority and the allocation of responsibility among healthcare personnel.³⁴

Based on field findings, legal protection for nurses at the Cigalontang Community Health Center may be evaluated through several indicators of preventive legal protection as presented in Table 3.

Table 3. Indicators of Legal Protection for Nurses Receiving Delegated Medical

No	Indicator	Condition
1	Clinical Assignment Letter (Surat Penugasan Klinis)	Available but not regularly updated
2	Standard Operating Procedures (SOP)	Available
3	Written Delegation Documentation	Not consistently implemented
4	Medical Record Documentation	Available but not always complete
5	Professional Supervision by Physicians	Implemented
6	Legal Awareness of Healthcare Personnel	Moderate

Authority

Source: Primary Data Processed, 2026.

Based on Table 3, several preventive legal protection mechanisms have been implemented at the Cigalontang Community Health Center, including the availability of Standard Operating Procedures (SOPs), clinical assignment letters, medical record systems, and professional supervision by physicians. These mechanisms demonstrate institutional efforts to ensure that healthcare services are delivered within an established legal and professional framework. Such measures are consistent with the preventive protection model proposed by Hadjon, which emphasizes the importance of legal certainty and administrative safeguards in preventing disputes.

Nevertheless, the findings also reveal several weaknesses in the implementation of preventive legal protection. Most notably, written documentation of delegated medical authority is not consistently maintained, and clinical assignment letters are not always updated to reflect current healthcare practices. Furthermore, some medical actions performed pursuant to physician instructions continue to rely upon verbal communication without adequate supporting documentation. These circumstances create legal uncertainty regarding the legal basis of nursing actions and may complicate the determination of responsibility when adverse events occur.³⁵

The absence of comprehensive delegation documentation is particularly problematic because written records serve as crucial evidence in establishing whether a medical action was performed independently by a nurse or pursuant to physician instructions. In situations involving medical disputes, malpractice allegations, or administrative investigations, documentation becomes an essential element in determining the allocation of legal responsibility. Previous studies have emphasized that healthcare personnel are significantly more vulnerable to legal claims when healthcare decisions and delegated instructions are not adequately documented.⁵

From the perspective of professional protection, nurses interviewed during the

³⁴ Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan; Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.

³⁵ Y. Hertanto, "Reconstructing Legal Liability in Medical Disputes Arising from the Delegation of Medical Authority to Nurses: Post-Health Law No. 17/2023," *Jurnal Hukum Awal Bros* 6, no. 2 (2025): 115–128.

study generally expressed confidence in performing delegated medical actions because such actions are routinely conducted within healthcare services and are often supported by physician supervision. However, several respondents acknowledged concerns regarding legal consequences if complications arise from actions performed pursuant to verbal instructions. One respondent stated:

"Kami menjalankan instruksi dokter karena itu bagian dari pelayanan pasien. Tetapi kalau terjadi masalah, kami sering khawatir apakah instruksi tersebut dapat dibuktikan secara hukum karena tidak selalu ada surat atau dokumen tertulis." (Interview with Nurse, April 2026).

This statement reflects the existence of a protection gap between professional practice and legal certainty. Although nurses perform delegated medical actions in good faith and within the interests of patient care, inadequate documentation may expose them to legal risks beyond their actual scope of authority. Such conditions demonstrate that legal protection cannot rely solely upon professional trust and informal communication but requires institutional mechanisms capable of providing objective evidence of delegated authority and supervision.

In addition to preventive protection, nurses are also entitled to repressive legal protection when legal disputes arise. Repressive legal protection may take the form of legal assistance, professional advocacy, disciplinary review mechanisms, and judicial remedies available under Indonesian law. Law Number 17 of 2023 concerning Health and Law Number 38 of 2014 concerning Nursing recognize the rights of healthcare personnel to obtain legal protection when carrying out professional duties in accordance with professional standards, service standards, and operational procedures. Accordingly, nurses who perform delegated medical actions within the limits of their competence and pursuant to lawful physician instructions should not bear disproportionate legal burdens arising from systemic deficiencies in healthcare governance.

The findings of this study indicate that legal protection for nurses at the Cigalontang Community Health Center has not yet been fully optimized. While several preventive mechanisms have been established, weaknesses in documentation, administrative procedures, and delegation governance continue to create legal vulnerabilities. Therefore, strengthening legal protection requires not only individual compliance with professional standards but also improvements in institutional governance, documentation systems, and accountability mechanisms. These findings further suggest that responsibility for delegated medical actions should not be viewed solely as an individual obligation of nurses but as part of a broader system of legal accountability involving physicians, healthcare institutions, and supervisory authorities.

4. Multi-Layered Legal Accountability in Delegated Medical Practices

The findings of this study demonstrate that legal responsibility arising from delegated medical authority cannot be attributed exclusively to nurses as the direct performers of medical actions. The complexity of healthcare services and the collaborative nature of delegated medical practices require a broader understanding of accountability that extends beyond individual professional responsibility. Consequently, legal responsibility in delegated medical practices should be understood as a multi-layered legal accountability framework involving physicians, nurses, healthcare institutions, and governmental authorities. Such an approach reflects the reality that healthcare services are delivered through interconnected professional and

institutional relationships rather than isolated individual actions.³⁶

Based on the findings presented in the previous sections, physicians remain the primary holders of medical authority within the healthcare system. Article 273 of Law Number 17 of 2023 concerning Health distinguishes between mandate and delegation, each carrying different legal consequences regarding the allocation of responsibility. The empirical findings at the Cigalontang Community Health Center indicate that most medical actions performed by nurses are based on verbal instructions issued by physicians. Accordingly, these practices are more appropriately categorized as mandates rather than formal delegations because the authority itself remains attached to the physician. Consequently, legal responsibility for clinical decision-making and patient management continues to rest primarily with the physician who provides the instruction.

At the same time, nurses cannot be entirely separated from legal responsibility. Although nurses frequently act pursuant to physician instructions, they remain bound by professional standards, ethical obligations, and competency requirements established by law. The Nursing Law recognizes nurses as professional healthcare personnel who possess autonomous professional responsibilities within the limits of their competence. Therefore, nurses must ensure that delegated actions are compatible with their qualifications and do not endanger patient safety. In situations where delegated instructions clearly exceed professional competence, nurses possess both the right and obligation to refuse such instructions.³⁷

However, the findings reveal that nurses frequently occupy the most vulnerable legal position within delegated medical practices. The absence of written delegation documents, incomplete clinical assignment letters, and reliance on verbal communication create difficulties in establishing the legal basis of medical actions when disputes occur. As a result, nurses may face legal risks despite acting in good faith and pursuant to physician instructions. This finding indicates that legal responsibility should not be assessed solely from the perspective of individual conduct but must also consider the institutional environment in which healthcare services are delivered.

The study further demonstrates that accountability extends beyond individual healthcare professionals and encompasses the Community Health Center as a healthcare institution. Several weaknesses identified during the research—including incomplete documentation, inconsistent implementation of written delegation mechanisms, and administrative deficiencies—are institutional issues rather than merely individual failures. Consequently, the Community Health Center bears responsibility for establishing governance systems capable of ensuring that delegated medical authority is implemented in accordance with legal and professional standards. In this regard, the doctrine of *vicarious liability* becomes relevant because healthcare institutions may be held responsible for actions performed by healthcare personnel acting within the scope of their professional duties and employment relationships.

Furthermore, accountability in delegated medical practices also involves governmental authorities responsible for healthcare regulation and supervision. The

³⁶ George D. Pozgar, *Legal and Ethical Issues for Health Professionals*, 5th ed. (Burlington: Jones & Bartlett Learning, 2019), 215–223.

³⁷ Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan; R.A. Lutfiah Maharaja, S. Nurhayati, dan Dahlan, “Formulation of the Concept of Nurse Liability for Delegation of Authority in Health Services Based on Law Number 17 of 2023 on Health,” *Asian Journal of Multidisciplinary Research and Analysis* 2, no. 1 (2024): 44–57.

Ministry of Health and regional health authorities possess statutory obligations to formulate policies, establish professional standards, conduct supervision, and ensure compliance with healthcare regulations. The findings suggest that several legal uncertainties surrounding delegated medical authority arise not solely from professional or institutional shortcomings but also from the absence of detailed operational guidance concerning the implementation of Article 273 of Law Number 17 of 2023 concerning Health. Therefore, governmental authorities play an essential role in strengthening legal certainty through regulatory clarification, technical guidance, and effective supervision mechanisms.

The foregoing analysis demonstrates that legal responsibility in delegated medical practices should be understood as a layered system of accountability rather than a single line of liability. Physicians remain responsible for clinical decisions and supervision; nurses remain responsible for actions performed within their competence; healthcare institutions remain responsible for governance, documentation, and service management; while governmental authorities remain responsible for regulation and oversight. Accordingly, legal disputes arising from delegated medical actions should be assessed through a comprehensive evaluation of all actors involved rather than imposing responsibility solely upon nurses as the direct performers of medical procedures.

Based on these findings, this study proposes a Multi-Layered Legal Accountability Framework in which responsibility is distributed among physicians, nurses, healthcare institutions, and health authorities according to their respective legal functions and obligations. This framework constitutes the principal contribution of the present research because it demonstrates that delegated medical authority is not merely a professional relationship between physicians and nurses but a broader legal arrangement involving professional accountability, institutional governance, and regulatory supervision. Such an approach provides a more comprehensive foundation for strengthening legal protection, improving healthcare governance, and enhancing patient safety within primary healthcare services.

D. Conclusion and Recommendations

The study demonstrates that the delegation of medical authority in primary healthcare services constitutes a legally regulated mechanism designed to ensure the continuity and effectiveness of healthcare delivery. Under Law Number 17 of 2023 concerning Health, the transfer of authority may take the form of either mandate or delegation, each carrying different legal consequences regarding the allocation of responsibility. From a juridical perspective, the distinction between mandate and delegation is fundamental because it determines the legal position of healthcare professionals and the scope of accountability arising from delegated medical actions.

The findings at the Cigalontang Community Health Center reveal that the implementation of delegated medical authority is predominantly carried out through verbal instructions provided by physicians to nurses. Although such practices are intended to maintain service continuity and respond to limitations in healthcare personnel availability, they are not consistently supported by written documentation, updated clinical assignment letters, or formal delegation mechanisms. Consequently, a gap exists between the normative requirements established by healthcare regulations and the realities of healthcare practice, creating legal uncertainty regarding the allocation of authority and responsibility among healthcare personnel.

The study further finds that legal protection for nurses receiving delegated medical authority has not been fully optimized. While preventive protection mechanisms such as standard operating procedures, professional supervision, and clinical assignment systems are available, weaknesses in documentation and administrative governance continue to expose nurses to legal risks. In situations involving medical disputes or adverse events, the absence of adequate documentation may complicate the determination of whether medical actions were performed independently or pursuant to physician instructions. Therefore, strengthening legal protection requires not only compliance with professional standards but also improvements in institutional governance and documentation systems.

The principal contribution of this study lies in the development of a **Multi-Layered Legal Accountability Framework** for delegated medical practices in primary healthcare services. The study argues that legal responsibility should not be imposed solely upon nurses as the direct performers of medical actions. Rather, accountability must be distributed among physicians as holders of medical authority, nurses as recipients of delegated authority, Community Health Centers as healthcare institutions responsible for governance and supervision, and governmental authorities responsible for regulation and oversight. Through this framework, the study provides a broader normative construction for strengthening legal certainty, improving healthcare governance, and enhancing patient safety within primary healthcare services.

To strengthen legal protection and accountability in delegated medical practices, Community Health Centers should establish standardized written delegation procedures, regularly update Clinical Assignment Letters (*Surat Penugasan Klinis*), and improve medical documentation systems. Physicians should ensure that delegated medical actions are accompanied by adequate supervision and clear documentation, while governmental authorities should develop more detailed technical regulations concerning the implementation of Article 273 of Law Number 17 of 2023 concerning Health. Such measures are necessary to minimize legal uncertainty and to ensure that delegated medical authority is exercised within a transparent, accountable, and legally compliant healthcare system.

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