

# Legal Responsibility Of Hospital For Refusal To Provide To Provide Emergency Medical Services In Case Of Meternal And Neonatal Death In Papua Province

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Manuscripts received : 08/05/2026. Revision and Review : 16/06/2026. Approved 28/06/2026

## Abstract

*This study is motivated by the case of Irene Sokoy, a pregnant woman, and her unborn child, who died after allegedly being refused medical services by four hospitals in Papua Province. This incident constitutes a legal event that reflects a serious failure in the healthcare service system. This study aims to analyze the construction of hospital legal liability in cases involving the sequential refusal of emergency patients and to examine how the law can play a more active role in addressing refusals of medical services that may endanger patients' lives. It also seeks to identify the forms of legal responsibility that may be imposed on hospitals when the refusal of emergency services results in harm to patients. This research uses a normative juridical method with statutory, conceptual, and comparative law approaches. The findings indicate that the refusal of services by four hospitals cannot be viewed as isolated violations, but rather as a series of cumulative unlawful acts. This study emphasizes the need to strengthen the principle of a zero-refusal policy and to reform the national referral system. Furthermore, the findings show that the refusal of emergency medical services by hospitals constitutes a violation of their legal obligations as stipulated in Law Number 44 of 2009 on Hospitals and Law Number 17 of 2023 on Health. Hospitals may be held legally accountable in the form of civil, criminal, and administrative liability if they are proven to have refused services resulting in patient death.*

**Keywords:** *Legal Liability, Hospitals, Emergency Services, Sequential Refusal, Papua.*

## A. Introduction

One of the many human rights is the right to health, which is guaranteed under Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. The state is obliged to provide healthcare services that are adequate, equitable, and non-discriminatory. As healthcare service providers, hospitals bear a legal obligation to deliver medical services that are high-quality, safe, and patient-centered, with patient safety as a primary focus.<sup>1</sup>

One form of service that must be provided promptly and without delay is emergency

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<sup>1</sup> I Gusti Ayu Nyoman Karina Utama and Ghansam Anand, "The Nature and Prosedure for Providing Informed Consent to Emergency Patients," *PalArch's Journal of Archaeology of Egypt/Egyptology* 17, no. 2 (2020): 1963-71.

care. Law Number 44 of 2009 on Hospitals expressly prohibits hospitals from refusing patients who are in urgent need of medical treatment. This provision is consistent with international standards, which affirm that emergency care forms part of the right to health.<sup>2</sup>

However, in practice, cases of refusal of healthcare services are still found. One case that drew public attention was the death of Irene Sokoy and her unborn child in Papua Province after allegedly failing to receive immediate medical services from four hospitals.

The death of Irene Sokoy and her unborn child, allegedly caused by the refusal of medical services by four hospitals in Jayapura City and Jayapura Regency, Papua Province, is a tragic fact that reveals the inability of the emergency healthcare system to handle urgent cases. Irene, who was pregnant with her third child, began experiencing contractions while in Hobong Village, Sentani District. She and her family were allegedly refused by four hospitals that should have provided immediate medical assistance. Each time the family sought treatment, they were forced to move to another hospital, yet each attempt ended in disappointment, even as Irene's condition became increasingly critical.<sup>3</sup>

The first refusal occurred at Yowari Regional General Hospital, where the referral letter was prepared slowly and the ambulance intended to transport Irene arrived several hours later. Subsequently, other hospitals, namely Dian Harapan Hospital, Abepura Hospital, and Bhayangkara Hospital, also allegedly refused Irene on the grounds of administrative issues, limited room availability, and payment problems. Ultimately, when Irene returned to Bhayangkara Hospital, both her life and that of her unborn child could no longer be saved. The deaths of Irene Sokoy and her unborn child as a result of the alleged refusal of services by four hospitals in Papua constitute a legal event that demonstrates a serious failure in the healthcare service system.<sup>4</sup>

These facts are consistent with various studies indicating that the refusal of emergency services by hospitals, particularly in regions with limited medical facilities such as Papua, has long been a matter of concern. Previous research shows that the refusal of medical services in hospitals often occurs due to several factors, including weak coordination among hospital institutions, the unavailability of medical resources, and the dominance of administrative considerations that override urgent medical needs. Several studies also reveal that, in many cases, hospitals tend to prioritize administrative or financial issues over efforts to save patients' lives.

Although Indonesian law regulates patients' rights to receive emergency medical care, in reality many hospitals do not fully comply with these regulations. Some studies even state that the refusal of emergency services mostly occurs in areas with low levels of medical accessibility, such as Papua, reflecting a gap between legal norms and practice.<sup>5</sup>

Although previous studies have examined hospital liability for the refusal of emergency

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<sup>2</sup> Gladdays Naurah et al., "Analysis of Hospital Legal Responsibility in Cases of Refusal of Emergency Patients Based on Law No. 17 of 2023 Concerning Health," *Legal Brief* 14, no. 3 (2025): 495–505.

<sup>3</sup> DetikSulsel. "Fakta-fakta Irene Sokoy dan Bayinya Meninggal Usai Ditolak 4 RS di Papua." 26 November 2025.

<sup>4</sup> Hanifah Romadhoni and Arief Suryono, "Pertanggungjawaban Perdata Rumah Sakit Dalam Hal Penolakan Pasien Miskin Pada Keadaan Gawat Darurat," *Jurnal Privat Law* 6, no. 2 (2018): 226–30.

<sup>5</sup> Nora Lelyana and Aris Sarjito, "Effectiveness of Mobile Health Services in Remote Papua under Indonesia's Minister of Health Regulation No. 90 of 2015," *Society* 12, no. 2 (2024): 894–911.

patients, most of them focus on isolated refusals committed by a single healthcare facility or merely analyze the normative aspects of statutory regulations governing emergency medical services. Limited attention has been given to cases involving serial refusal by multiple hospitals that collectively contribute to patient death.

The novelty of this study lies in the development of a legal analysis based on the concepts of serial refusal and cumulative causation in emergency healthcare services. While previous studies generally examine hospital liability arising from isolated refusals by a single healthcare facility, this research investigates the legal implications of repeated refusals by multiple hospitals that collectively contribute to patient death. Furthermore, this study incorporates a comparative perspective on emergency healthcare obligations and institutional liability, thereby offering a broader framework for understanding hospital responsibility in cases of systemic failure within emergency referral systems.

This case demonstrates the gap between legal norms and their implementation, while also raising questions regarding the legal responsibility of hospitals. The importance of this study is based on the fact that although various legal regulations protecting patients' rights already exist, many hospitals are still unable to properly fulfill their legal responsibilities, especially in regions with limited medical resources and facilities.

This study aims to examine and analyze the construction of hospital legal liability in the context of sequential refusal by four hospitals in providing services to emergency patients. It also examines how the law can play a more active role in addressing the refusal of medical services that may potentially cost patients their lives, as well as the forms of legal responsibility that may be imposed on hospitals when the refusal of emergency services causes harm to patients. By focusing on the case that occurred in Papua, this study is expected to provide new insights into the urgency of improving healthcare services, both in terms of policy and implementation.

## B. Research Method

The method applied in this study is normative juridical research using statutory, conceptual, and comparative law approaches. This study applies a library research method with a qualitative approach. The data used consist of both primary and secondary data. Primary data are derived from literature relevant to the phenomenon under study, particularly materials related to cases of emergency service refusal, hospital law, and medical obligations in providing healthcare services. In addition, the secondary data used include books, journals, scientific articles, and previous studies discussing hospital governance, health law, and emergency healthcare practices in Indonesia, particularly in Papua. These two types of data are selected to provide a strong basis for discussing legal issues related to the refusal of medical services by hospitals.<sup>6</sup>

The research process is carried out through the data collection stage, which involves reading literature and other written sources. This technique is used to collect various information relevant to cases of emergency service refusal in hospitals. The sources used include books, papers, journal articles, and previous research discussing policies, health law,

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<sup>6</sup> Jonaedi Efendi, Jhonny Ibrahim, and Prasetijo Rijadi, "Metode Penelitian Hukum: Normatif Dan Empiris," 2016.

and hospital service practices in Indonesia and specifically in Papua. In addition, reports on healthcare services in Papua are also used to obtain a clearer picture of the challenges faced by hospitals in providing emergency medical services, as well as how the legal system can play a role in preventing the refusal of medical services.<sup>7</sup>

Content analysis is used in this study to analyze the data obtained. This technique is useful for examining and processing data from various written sources in order to identify patterns, relationships, and important information contained therein. In this context, content analysis is used to evaluate how legal mechanisms and hospital policies play a role in the refusal of emergency services. The collected data are analyzed to obtain a deeper understanding of the influence of hospital governance structures, the implementation of law, and the obstacles that prevent patients from accessing the emergency medical services they need. This study is expected to identify the gap between theory and practice in the implementation of hospital legal responsibility concerning emergency medical services.<sup>8,9,10,11</sup>

## C. Results and Discussion

### 1. Construction of the Legal Facts in the Irene Sokoy Case

The case involving the death of Irene Sokoy and her unborn child represents a serious sequence of legal facts within the framework of emergency healthcare services. Irene Sokoy was reportedly in an obstetric emergency condition, namely childbirth, and required immediate medical intervention. However, she allegedly did not receive timely and adequate medical treatment because she was refused or inadequately handled by four hospitals in Papua Province. This series of refusals and delays ultimately resulted in the death of both the mother and her unborn child.

From a juridical perspective, this incident cannot be understood merely as a medical tragedy or an unfortunate clinical outcome. Rather, it constitutes a legal event because it gives rise to potential legal consequences, including civil, criminal, administrative, institutional, and state responsibility. The death of a patient in an emergency condition following repeated refusals of hospital services raises fundamental questions regarding the fulfillment of legal obligations by healthcare institutions.

The central legal fact in this case lies in the existence of an emergency condition that should have triggered the hospital's duty to provide immediate treatment. In emergency medical law, the patient's critical condition creates a direct obligation for healthcare facilities to prioritize life-saving measures over administrative, financial, or procedural considerations. Therefore, the refusal or delay of emergency care must be examined not only as a failure of medical response but also as a possible violation of binding legal norms.

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<sup>7</sup> S H I Jonaedi Efendi, *Rekonstruksi Dasar Pertimbangan Hukum Hakim* (Prenada Media, 2018).

<sup>8</sup> Mike McConville, *Research Methods for Law* (Edinburgh University Press, 2017).

<sup>9</sup> Terry Hutchinson and Nigel Duncan, "Defining and Describing What We Do: Doctrinal Legal Research.," *Deakin Law Review* 17, no. 1 (2012): 83-119.

<sup>10</sup> Edward L Rubin, "Law and the Methodology of Law," *Wis. L. Rev.*, 1997, 521.

<sup>11</sup> Vicki C Jackson, "Law: Methodologies," *The Oxford Handbook of Comparative Constitutional Law*, 2012, 54.

The legal construction of this case is also important because the refusal did not allegedly occur in only one hospital, but sequentially across several hospitals. This indicates the possibility of a broader systemic failure in the emergency referral and response system. Each hospital involved must therefore be assessed based on its own legal obligation to provide emergency care, while the entire sequence must also be examined as a cumulative failure that contributed to the fatal outcome.

Thus, the legal facts in the Irene Sokoy case provide a foundation for evaluating whether the conduct of the hospitals constituted a violation of statutory obligations, professional duties, and human rights principles. These facts also serve as the basis for analyzing the forms of legal responsibility that may arise from the refusal or delay of emergency medical services.<sup>12</sup>

## 2. Analysis Based on the Theory of Legal Responsibility

Legal responsibility arises when a legal subject violates a legal norm and such violation produces legal consequences. According to Hans Kelsen's theory of legal responsibility, a legal norm is meaningful because it is accompanied by a sanction. In this context, every breach of a legal obligation must be followed by the possibility of legal accountability. The refusal of emergency medical services, therefore, must be examined in relation to the legal norms that impose duties on hospitals and healthcare personnel.

In the Irene Sokoy case, the responsibility for emergency medical services cannot be limited only to individual healthcare workers. Hospitals, as legal entities and healthcare service providers, bear institutional responsibility for the entire service system under their authority. This includes the availability of medical personnel, emergency response procedures, referral mechanisms, administrative policies, and patient safety standards.

The concept of **corporate liability** is relevant in this context. This concept explains that legal responsibility may attach not only to individual actors but also to institutions when harm occurs as a result of institutional policies, organizational failures, inadequate supervision, or systemic negligence. A hospital cannot avoid liability merely by claiming that the refusal or delay was caused by individual staff members if the underlying problem originates from weak management, poor coordination, inadequate facilities, or deficient emergency procedures.<sup>13</sup>

Therefore, if the refusal of services in the Irene Sokoy case resulted from administrative barriers, lack of coordination, absence of medical personnel, or failure of the referral system, the hospital may be held institutionally responsible. Such responsibility is not merely moral or ethical, but legal in nature, because hospitals are legally required to provide emergency services to patients in critical conditions.

This analysis shows that the refusal of emergency services may be classified as a violation of legal norms that gives rise to institutional responsibility. The legal responsibility of the hospital must therefore be examined in a comprehensive manner,

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<sup>12</sup> Naurah et al., "Analysis of Hospital Legal Responsibility in Cases of Refusal of Emergency Patients Based on Law No. 17 of 2023 Concerning Health."

<sup>13</sup> Diah Arimbi, Indah Dwiprigitaningtias, and Zulfika Ikrardini, "Pertanggung Jawaban Hukum Rumah Sakit Atas Bayi Tertukar Karena Kelalaian Petugas Kesehatan: Penelitian," *Jurnal Pengabdian Masyarakat Dan Riset Pendidikan* 3, no. 4 (2025): 1271-77.

covering civil liability, criminal liability, administrative liability, and broader institutional accountability.<sup>14</sup>

### 3. Analysis of Unlawful Acts

Under Article 1365 of the Indonesian Civil Code, every unlawful act that causes harm to another person obliges the person or legal subject responsible for the act to compensate the injured party. In the context of hospital services, an unlawful act may occur when a hospital violates its legal obligation to provide medical services, particularly emergency care, resulting in harm to the patient.

According to Rudolf von Jhering, the law exists to protect legally recognized interests within society. Therefore, when a healthcare institution fails to protect a patient's fundamental interest in life, safety, and access to emergency medical care, such failure may be legally characterized as an unlawful act. The refusal or delay of emergency care is not merely an administrative defect but may constitute a violation of the patient's legally protected rights.

In the Irene Sokoy case, the elements of an unlawful act can be identified clearly. First, there was an act or omission, namely the refusal, delay, or failure to provide emergency medical care. Second, the act was unlawful because hospitals are legally required to provide emergency services to patients in critical conditions. Third, harm occurred in the most serious form, namely the death of Irene Sokoy and her unborn child. Fourth, there was a causal relationship between the refusal or delay of treatment and the deterioration of the patient's condition. Fifth, there was fault, either in the form of negligence by healthcare personnel or institutional failure by the hospital.

The element of causality is particularly important in this case. The death of the patient cannot be separated from the delay in obtaining adequate medical care. In emergency obstetric cases, time is a decisive factor. Any delay in treatment may significantly increase the risk of maternal and fetal mortality. Therefore, the repeated refusal or delayed response by hospitals may be legally viewed as contributing to the fatal outcome.

Based on the fulfillment of these elements, the hospitals involved in the refusal of emergency services may potentially be held liable under civil law. The family of the victim may seek compensation for both material and immaterial losses, including the loss of life, emotional suffering, and other consequences arising from the alleged unlawful acts.<sup>15</sup>

### 4. Analysis of Negligence Based on Negligence Theory

Negligence is a central concept in medical and hospital liability. The principle of negligence, as developed in *Donoghue v Stevenson*, emphasizes the existence of a **duty of care** owed by one party to another. In healthcare services, hospitals and healthcare personnel owe a duty of care to patients, especially those in emergency conditions.<sup>16</sup>

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<sup>14</sup> Dian Indriani Hidayat, Prastopo Prastopo, and Ahmad Fadila, "Legal Analysis of Hospital Liabilities For Medical Negligence (A Review According To Civil Law)," *Ranah Research: Journal of Multidisciplinary Research and Development* 7, no. 5 (2025): 3815–24.

<sup>15</sup> Moh Lu'ay Khoironi and Febrianti Putri Ainun Nazidah, "Hospital Liability for Negligence of Medical Personnel Found in Hospitals Following the Issuance of the Constitutional Court Decision Number 82/PUU-XIII/2015," *Arena Hukum* 17, no. 3 (2024): 639–66.

<sup>16</sup> Silvi Sakinatunnisa and Nayla Alawiya, "Legal Responsibility of Healthcare Facilities in the Management of Medical Emergencies," *Jurnal Hukum In Concreto* 4, no. 2 (2025): 257–70.

In the Irene Sokoy case, the duty of care arose when the patient arrived or sought assistance in a condition requiring immediate medical intervention. At that moment, the hospital had a legal and professional obligation to assess, stabilize, and provide necessary emergency treatment. The duty of care was not dependent on the patient's financial capacity, administrative completeness, or the availability of non-essential procedural documents.

A breach of duty may occur when a hospital fails to perform the minimum standard of emergency care. This includes failing to conduct an immediate examination, delaying treatment, prioritizing administrative requirements over life-saving measures, failing to provide stabilization, or failing to arrange a safe and timely referral. If these failures occurred in the Irene Sokoy case, they may constitute a breach of the hospital's duty of care.

The harm in this case is clear and severe: the death of the mother and her unborn child. The causal link may be established by examining whether the delay or refusal of emergency medical services contributed to the worsening of the patient's condition and the eventual death. In emergency obstetric conditions, delays in medical intervention can rapidly lead to irreversible consequences.

Therefore, the refusal or delay of emergency services may be classified as **gross negligence** or *culpa lata* if it reflects a serious disregard for the patient's safety. Gross negligence is more than ordinary carelessness; it reflects a substantial deviation from the standard of care that should be observed by healthcare institutions. In the context of emergency care, such negligence is particularly serious because it directly affects the patient's right to life and safety.

## 5. Analysis Based on the Theory of Legal Protection

The theory of legal protection emphasizes that law must serve as an instrument to protect individuals and communities, particularly those in vulnerable positions. According to Satjipto Rahardjo, the law should not merely function as a set of formal rules, but must actively provide protection to society.

In the context of healthcare services, patients are generally in a vulnerable position because they depend on medical professionals and healthcare institutions for treatment. This vulnerability becomes even greater in the case of pregnant women experiencing emergency conditions. A pregnant woman in labor requires immediate, safe, and adequate medical assistance. Therefore, the legal system must provide stronger protection to ensure that such patients are not abandoned, refused, or delayed by healthcare institutions.

The Irene Sokoy case demonstrates a failure of legal protection at both preventive and repressive levels. Preventive legal protection should have been reflected in the existence of clear emergency service procedures, effective referral systems, available medical personnel, and hospital readiness to handle critical patients. However, the alleged repeated refusal of services indicates that these preventive mechanisms did not function properly.

Repressive legal protection, on the other hand, concerns the legal response after a violation occurs. This includes investigation, accountability, sanctions, compensation, and

institutional reform. If hospitals are not held accountable for refusing emergency patients, the law fails to provide meaningful protection to victims and their families.

Thus, the case reflects weak implementation of legal protection within the healthcare system. It also shows the need for stronger enforcement of hospital obligations, clearer emergency service standards, and more effective supervision by the government and relevant authorities.<sup>17</sup>

## 6. Human Rights Analysis

The right to health is a fundamental human right recognized in both national and international legal frameworks. The United Nations Committee on Economic, Social and Cultural Rights, through General Comment No. 14, affirms that the right to health includes availability, accessibility, acceptability, and quality of healthcare services. Emergency medical services form an essential part of this right.

In the Irene Sokoy case, the refusal or delay of emergency medical services may be understood as a violation of the right to health. The patient was allegedly unable to access timely and adequate medical care despite being in a critical condition. Such a situation contradicts the principle that healthcare services, especially emergency services, must be accessible to all persons without discrimination.

The case may also implicate the right to life. When a patient in an emergency condition is denied timely medical assistance, the consequences may be fatal. The duty of hospitals and the state to protect life becomes especially important in emergency medical situations, where delay can directly result in death.

Administrative or financial barriers cannot justify the refusal of emergency medical services. From a human rights perspective, the patient's life and health must take precedence over payment issues, room availability, referral bureaucracy, or other administrative matters. Hospitals must at least provide initial treatment and stabilization before referring a patient to another facility.

Therefore, the refusal of emergency services in this case may be viewed not only as a violation of health law but also as a violation of human rights principles. This strengthens the argument that the case requires serious legal accountability and systemic reform.

## 7. Analysis Based on the Theory of Justice

Justice in healthcare requires that every individual obtain fair access to necessary medical services, especially in life-threatening situations. According to John Rawls, justice must give special attention to the most disadvantaged and vulnerable members of society. In the context of healthcare, this means that patients in critical conditions must receive priority protection.

Irene Sokoy, as a pregnant woman in an emergency condition, was in a highly vulnerable position. She required immediate medical assistance, yet allegedly faced repeated refusals from several hospitals. This condition reflects a failure to prioritize the needs of the most vulnerable patient.

The case also illustrates inequality in the distribution of healthcare services. Patients in regions with limited facilities, such as Papua, often face greater obstacles in accessing

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<sup>17</sup>utama and Anand, "The Nature and Prosedure for Providing Informed Consent to Emergency Patients."

emergency medical care. This raises questions of distributive justice, because access to life-saving medical services should not depend on geographical location, economic status, or administrative readiness.

From the perspective of justice, hospitals must ensure that emergency patients receive equal and immediate access to treatment. Any policy or practice that places administrative or financial considerations above the patient's life contradicts the principle of fairness in healthcare.

Thus, the Irene Sokoy case reveals not only a legal failure but also a justice failure. It shows that the healthcare system has not fully realized the principle of equal protection for vulnerable patients, especially in regions with limited medical infrastructure.

## 8. Analysis Based on the Welfare State Theory

The welfare state theory places the state as the primary actor responsible for ensuring the welfare of its citizens, including access to healthcare services. In a welfare state, the government is not merely a regulator but also an active guarantor of public welfare. This includes ensuring that hospitals and healthcare facilities provide services that are adequate, accessible, and non-discriminatory.

In the healthcare sector, the state has a responsibility to provide regulations, allocate resources, supervise healthcare institutions, ensure the availability of medical personnel, and build an effective referral system. The right to health cannot be fulfilled solely through legal norms; it requires concrete implementation through institutional capacity and state supervision.

The Irene Sokoy case indicates weaknesses in the state's role in ensuring emergency healthcare services. The alleged refusal by four hospitals suggests not only individual or institutional failure but also possible failure in supervision, referral coordination, and distribution of healthcare resources. In regions such as Papua, where geographical and infrastructural challenges are significant, the state's responsibility becomes even greater.

Weak referral systems, delayed ambulance services, lack of medical personnel, and ineffective hospital coordination demonstrate that the state must improve its role in ensuring emergency medical readiness. The state must not allow hospitals to operate without adequate emergency response capacity, especially when the consequences involve the loss of life.

Based on the welfare state perspective, the case demonstrates the need for stronger government intervention, stricter supervision, and systemic reform in emergency healthcare services. The state must ensure that the right to health is not only formally recognized in law but also effectively realized in practice.

Based on the above theoretical analysis, the Irene Sokoy case demonstrates several important findings. First, there was an alleged violation of legal obligations in emergency healthcare services. Second, there was an indication of systemic negligence involving hospital management and referral mechanisms. Third, the case reflects a potential violation of human rights, particularly the right to health and the right to life. Fourth, the case reveals injustice in access to healthcare services. Fifth, the case shows the need for stronger state

responsibility in supervising and reforming emergency healthcare systems.<sup>18</sup>

This study focuses on the case of emergency medical service refusal involving Irene Sokoy and her unborn child in Papua Province, which resulted in death. The case illustrates a serious problem in Indonesia's healthcare system, particularly in remote areas such as Papua, where limited facilities, lack of medical personnel, weak referral coordination, and administrative barriers often hinder emergency medical services. Irene's family reportedly faced refusals from several hospitals for different reasons, including unavailable doctors, inadequate facilities, administrative issues, limited rooms, and payment problems. These refusals show that hospitals were not fully prepared to provide prompt and adequate emergency care.<sup>19</sup>

The first refusal occurred at Yowari Regional General Hospital, where the referral process and ambulance response were delayed. Subsequent refusals occurred at Dian Harapan Hospital, Abepura Hospital, and Bhayangkara Hospital. In several instances, Irene did not receive immediate stabilization or proper medical intervention despite being in critical condition. This indicates poor coordination among hospitals and an ineffective emergency referral system. Administrative and financial considerations appeared to take priority over patient safety, contradicting the fundamental principle that emergency patients must receive immediate care regardless of economic status or administrative completeness.<sup>20</sup>

The Irene Sokoy case demonstrates the phenomenon of **serial refusal**, namely repeated refusal by more than one hospital. This situation cannot be understood merely as an individual error, but rather as a systemic failure in emergency healthcare services. Each hospital had an independent legal obligation to receive, examine, stabilize, and provide emergency assistance to the patient. Therefore, each refusal may constitute a separate unlawful act. Under Indonesian law, a previous refusal by one hospital does not release the next hospital from its legal obligation. Responsibility in this case is therefore parallel and may also be cumulative.

From the perspective of causality, the death of Irene Sokoy and her unborn child was not caused by a single act, but by a series of refusals and delays in medical treatment. Each hospital's failure to provide immediate assistance contributed to the worsening of the patient's condition. This can be understood through the concept of **cumulative causation**, in which several acts or omissions collectively produce a harmful result.<sup>21</sup>

The principle of **zero refusal policy** requires hospitals and healthcare facilities not to refuse emergency patients for any reason, including administrative problems, lack of payment, limited rooms, BPJS registration issues, or unclear referral status. Under Law Number 44 of 2009 on Hospitals and Law Number 17 of 2023 on Health, hospitals are

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<sup>18</sup> Sutama and Anand.

<sup>19</sup> DetikSulsel. "Fakta-fakta Irene Sokoy dan Bayinya Meninggal Usai Ditolak 4 RS di Papua." 26 November 2025.

<sup>20</sup> Naurah, G., Simarmata, M., Risdawati, I., Sumarno, & Zarzani, T. R. "Analysis of Hospital Legal Responsibility in Cases of Refusal of Emergency Patients Based on Law No. 17 of 2023 Concerning Health." *Legal Brief* 14, no. 3 (2025): 495-505

<sup>21</sup> Lelyana, N., & Sarjito, A. "Effectiveness of Mobile Health Services in Remote Papua under Indonesia's Minister of Health Regulation No. 90 of 2015." *Society* 12, no. 2 (2024): 894-911.

obliged to provide emergency services without refusal and without discrimination. Article 174 of Law Number 17 of 2023 expressly prohibits healthcare facilities from refusing emergency patients, requesting advance payment, or prioritizing administrative matters that delay healthcare services. Article 275 also requires medical personnel and healthcare workers to provide first aid in emergency conditions.<sup>22</sup>

Based on civil law, the refusal of emergency medical services may be classified as an unlawful act under Article 1365 of the Indonesian Civil Code if the elements of act, unlawfulness, harm, fault, and causality are fulfilled. In this case, the refusal or delay of treatment caused fatal harm, namely the death of the mother and her unborn child. Therefore, the hospitals involved may potentially be held civilly liable and may be sued for compensation by the victim's family.

From a criminal law perspective, the case may also be analyzed under Article 359 of the Indonesian Criminal Code concerning negligence causing death. The absence of immediate medical action, delay in treatment, and prioritization of administrative or payment issues may indicate serious negligence or *culpa lata*. If the refusal resulted from hospital policy, system failure, or management negligence, criminal liability may also extend to hospital management through the concept of **corporate criminal liability**.

In addition, the refusal of emergency services may give rise to administrative liability. Hospitals are public service institutions subject to state regulation, licensing requirements, and minimum service standards. Failure to provide emergency care may constitute an administrative violation and may result in sanctions such as written warnings, administrative fines, suspension, evaluation of hospital systems, or revocation of operating licenses.<sup>23</sup>

This case also reflects broader **state responsibility**. The repeated refusal by four hospitals indicates weak supervision, poor referral mechanisms, and inadequate healthcare governance. From a bioethical perspective, the refusals violated the principles of **beneficence** and **non-maleficence**, because hospitals failed to help the patient and contributed to harm. From a comparative perspective, many countries strictly prohibit refusal of emergency patients and impose firm sanctions. Indonesia already has similar rules, but weak implementation creates a gap between **law in books** and **law in action**.

Therefore, the Irene Sokoy case should be understood through a **multi-layered legal responsibility model**, consisting of individual liability, joint liability, and state or systemic liability. This model is relevant because the case reflects not only the failure of individual hospitals, but also a broader failure of emergency healthcare governance. Strengthening legal enforcement, hospital supervision, referral systems, emergency service policies, and patient-centered healthcare is necessary to ensure that similar cases do not recur.<sup>24</sup>

#### Serial Refusal and Cumulative Causation in Hospital Liability

The concepts of serial refusal and cumulative causation provide an important

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<sup>22</sup> Republik Indonesia, "Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *Lembaran Negara Republik Indonesia Tahun, 2023*.

<sup>23</sup> Azis. "Pertanggungjawaban Hukum atas Penolakan Pasien di Instalasi Gawat Darurat: Analisis Berdasarkan UU Kesehatan, UU Praktik Kedokteran, dan Peraturan Rumah Sakit." *Lex Jurnalica* (2025).

<sup>24</sup> mir, H., Hardyansah, R., & Darmawan, D. "Legal Liability of Hospitals for Negligent Health Services as a Tort." 2024

theoretical framework for understanding hospital liability in cases involving repeated refusals of emergency medical services. Serial refusal refers to a situation in which an emergency patient is consecutively refused, delayed, or inadequately treated by more than one healthcare institution. Unlike a single refusal, serial refusal creates a chain of institutional failures that collectively increases the risk of serious injury or death.

From a legal perspective, serial refusal cannot be assessed solely through the actions of an individual hospital. Each healthcare institution has an independent legal duty to provide emergency stabilization and treatment. Consequently, a prior refusal by one hospital does not eliminate the legal obligation of subsequent hospitals. Every refusal constitutes a separate legal event while simultaneously forming part of a broader pattern of systemic failure.

The concept of cumulative causation explains how multiple acts or omissions may jointly produce a harmful outcome. In tort law and medical liability theory, a harmful result may arise not from a single wrongful act but from a sequence of interconnected failures. Each act contributes incrementally to the final injury. Therefore, legal responsibility may extend to all actors whose conduct substantially contributed to the occurrence of the damage.

Comparative legal developments support this approach. In the United States, the Emergency Medical Treatment and Labor Act (EMTALA) imposes strict obligations on hospitals receiving emergency patients and prohibits refusal based on financial or administrative considerations. Courts have increasingly recognized institutional responsibility when multiple healthcare providers contribute to delayed treatment resulting in patient harm. Similarly, several European jurisdictions apply shared liability principles where the cumulative conduct of healthcare institutions contributes to preventable patient deaths.

In the Irene Sokoy case, the concepts of serial refusal and cumulative causation are particularly relevant because the patient allegedly experienced repeated refusals from four hospitals. The fatal outcome cannot be attributed solely to one institution, but rather to a sequence of refusals and delays that collectively reduced the opportunity for timely medical intervention. Therefore, the legal analysis of this case requires a broader framework that recognizes parallel, cumulative, and systemic forms of hospital liability.

#### D. Conclusion and Recommendations

The Irene Sokoy case demonstrates that the refusal of emergency medical services by several hospitals cannot be viewed merely as an isolated medical incident, but must be understood as a legal event that reflects a serious failure in hospital governance, referral coordination, and the implementation of emergency healthcare obligations. The sequential refusal by four hospitals indicates the occurrence of serial refusal and cumulative causation, in which each delay or refusal contributed to the worsening of the patient's condition and ultimately to the death of the mother and her unborn child. From a juridical perspective, hospitals have an imperative duty to provide emergency care without discrimination, without advance payment, and without prioritizing administrative matters over patient safety, as affirmed in Law Number 44 of 2009 on Hospitals and Law Number 17 of 2023 on

Health. Therefore, hospitals involved in such refusal may potentially bear civil, criminal, and administrative liability, while the state may also bear responsibility for weak supervision, poor referral systems, and inadequate healthcare governance in remote areas.

It is recommended that the government, local health authorities, and hospital management strengthen the implementation of a strict zero refusal policy in all healthcare facilities, especially in remote regions such as Papua. Hospitals must be required to provide immediate stabilization and emergency treatment before any referral is made, regardless of the patient's administrative status, financial capacity, BPJS registration, or room availability. The government should also improve referral coordination, ambulance readiness, distribution of medical personnel, emergency infrastructure, and hospital supervision through clear standard operating procedures and enforceable sanctions. In addition, legal enforcement against hospitals that refuse emergency patients must be strengthened to create a deterrent effect, while broader policy reform should ensure that patient safety, the right to health, and the right to life remain the highest priorities in emergency medical services.

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