IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 23, Issue 5, Ver. 2 (May. 2018) PP 71-78
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Comparison of Legal Responsibility To Medical Practices And Nursing Practices In Healthy Community Services

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Abstract: The purpose of this study is to know and analyze the comparability of legal responsibility of medical practice and nursing practice in health services, and to know and analyze the factors that influence the legal responsibility of medical practice and nursing practice in health services. In analyzing the data in this study, the authors used qualitative and quantitative data analysis techniques. Qualitative is intended to analyze data that can not be quantified, that is still interpretative.

Keyword: *Comparison, Legal, Responsibility*

Date of Submission: 21-04-2018 Date of acceptance: 08-05-2018

I. INTRODUCTION

World Health is very urgent in encouraging the development of a country both developed and developing countries so that the health sector needed a policy that supports the achievement of the optimal health degree. Health is one of the basic needs of human beings in addition to food and board clothing, without a healthy life, human life becomes meaningless, because in a state of sick humans may not be able to perform daily activities well. Besides the sick (patient) who can not cure his own illness, there is no other choice but to seek help from health workers who can cure his illness and health workers will do what is known as health efforts by providing health services.

In Indonesia, the low level of public health is not solely a factor of poverty. But the weak state. This is illustrated by a health system characterized by the corrupt, collective and nepotistic state health (center and region) behavior of the cunning, capitalists that cause expensive drugs, industrial actors who are not responsible for the impact of waste, licensing agencies corrupt business, consumptive community life pattern, low knowledge and public awareness of health and low quality and quality of health personnel and infrastructure facilities. As a result, countries often conceded in the distribution of health funds in the field, the high cost of hospital care and treatment, there are those who are indifferent in the free health card services and often appear victims of medical malpractice. This can be prevented and easily handled if the state through its regulation is in favor of health prosperity.

Law No. 9 of 1960 which has been revised by Law No. 23 of 1992 and then revised again with Law Number 36 Year 2009 on Health, affirms that people's health is one of the main capital in the framework of growth and life of the nation, and has an important role in the preparation of a just, prosperous and prosperous society. And because of the general welfare including health, it must be endeavored to implement the ideals of the nation listed in the fourth paragraph of the preamble of the 1945 Constitution, which is to create a just and prosperous, material, and spiritual society order based on Pancasila.

Sri Siswati stated that every activity in the effort to maintain and improve the highest degree of public health is implemented based on the principle of non-discrimination, participatory, and sustainable in the framework of the establishment of human resources of Indonesia, as well as increasing the nation's resilience and competitiveness for national development.

In this case for the implementation of health services performed quality government should arrange the planning, procurement, utilization, guidance and supervision on the quality of health personnel. Health personnel in carrying out health services should be conducted in accordance with the areas of expertise owned, and must have permission from the government for certain health workers. Health workers can be grouped according to their expertise and qualifications including among others medical personnel, pharmaceutical personnel, nursing staff, public and environmental health workers, nutrition workers, physical exertion personnel, medical technicians, and other health workers.

Health workers who become central in the process of health services in an effort to improve the degree of public health that can not be denied existence in realizing the highest degree of health that is Medical

(Doctor) and Nursing (Nurse). In the perspective of Law Number 36 Year 2009 on Health, health workers are regulated in Article 21 s.d. Article 29 in the elucidation of Article 21 which includes health workers are medical personnel (doctors) and nursing personnel (Nurses). Another article which affirms the role of medical personnel and nursing personnel is in the fifth section of Healing Disease and Health Recovery Article 63 paragraph 3 says Control, treatment and / or treatment may be performed on the basis of medical science and nursing or other means of accountability for its usefulness and safety .

Doctors, nurses, and hospitals are the three legal subjects involved in the field of health care. The three form a legal relationship. the legal relationship between the three is the relationship that the object of health care in general and health services in particular. Doctors, nurses and hospitals as health care providers. Implementation of the relationship between the three is always regulated with certain rules to happen harmony.

Government Regulation No.32 of 1996 on Health Personnel mentions nursing staff in this case nurses and as one type of 7 (seven) types of health workers in addition to medical personnel ie doctors and dentists. However, in Law no. 36 Year 2014 puts nursing staff as an independent health worker. Doctors in running the medical practice will not be able to implement it alone let alone provide quality health services without the help of other health care special nurses. Neither in the Health Act no. 36 Year 2009 and the Law of Health Personnel No.36 Year 2014 means that doctors and nurses are the most health personnel in contact with patients. Nurses who are in the hospital for 24 hours are required to care for their patients as long as the doctor is not on duty. Law No.36 of 2014 has set limits on authority between physicians and nurses, but nurses even though indirectly may take medication unless previously obtained written permission from a doctor and in an emergency medical condition as stipulated in the Minister of Health Regulation no. 1239 of 2001 on registration and Practice of Nursing which was replaced by Minister of Health Decree no. 148 of 2010 concerning registration and Practice of Nursing Jo Minister of Health Regulation No.17 of 2013 on Amendment of Minister of Health Regulation.

In other words that the role of nurses not only perform nursing actions only, but also perform some medical action as an extended role. However, the medical action performed by the nurse is based on the delegation given by the doctor, because the authority of the medical action is on the doctor. Enforcement of diagnosis, administration or determination of therapy and the determination of medical indications, should be decided by the physician himself. There should be medical guidance or supervision on the implementation.

The supervision depends on the action being taken. Whether the doctor should be there or he can be summoned and in a short space of time. This indicates that the authorized independent nursing act (without doctor's supervision) is the nurse stipulated in the standard of nursing care, but for medical treatment there should be a delegate from the doctor first (Indar.2017: 236: 237).

Doctor-nurse relationships are a form of interaction that has long been recognized when providing services to patients. Different perspectives in view of patients, in practice, lead to the emergence of technical barriers in doing a correlation in health care.

Therefore, the practice of medicine and nursing practice is basically the responsibility of the fulfillment of human rights guaranteed in the Constitution and international convention. The basic right is the right to health care which is an individual human rights. The right is guaranteed by the International Document of The Universal Declaration of Human Right in 1948, and The United Nations International Covenant on Civil and Political Rights in 1966.

II. RUMUSAN MASALAH

Berdasarkan latar belakang penelitian diatas yang menjadi rumusan masalah adalah

1. Bagaimana perbandingan tanggung jawab hukum praktik kedokteran dan praktik keperawatan dalam pelayanan kesehatan?
2. Faktor-Faktor yang mempengaruhi tanggung jawab praktik kedokteran dan praktik keperawatan dalam pelayanan kesehatan?

III. THEORETICAL FRAMEWORK

1. Theory of Legal Responsibility

The theory of legal responsibility, which in English is called the theory of legal liability, its Dutch language, is called de theorie van wettelijke aansprakelijkheid, whereas in German it is called die theorie der haftung a theory that analyzes the responsibilities of legal subjects or perpetrators has committed an act against the law or a criminal offense so as to cause loss or disability, or the death of another person. There are three elements contained in the theory of legal responsibility, which include: theory, responsibility and law (Salim HS, Erlies Septiana Nurbani.2015: 207)

According to Abdulkadir Muhammad theory of responsibility in tort liability is divided into several theories, namely:

1) Responsibility due to an unlawful act of intercessional liability, the defendant must have committed such acts to the detriment of the plaintiff or to know that what the defendant committed will result in a loss.

2) Responsibility due to negligence tort lilability is based on the concept of fault related to morals and laws that have been intermingled (interminglend)
3) Absolute liability due to unlawful conduct without questioning stirck liability, based on his actions intentionally or unintentionally, that is, if not his fault, is still responsible for the harm caused by his actions (Abdulkadir, 2010: 503).

Accountability to the law in the world of health, especially in the implementation of a medical service, can be divided into 3, namely:

1) Legal Civil Accountability, The civil law referred to in an account of medical action is the existence of an element of compensation if in a medical act there is an omission or mistake made by medical personnel. This civil law is also associated with the contents of the Law of the Republic of Indonesia No 36 Year 2009 article 29 stating that "In the case of health workers suspected of negligence in carrying out their profession, the negligence must be solved first through mediation." Where is meant in this mediation is a series of processes that each case must pass before entering the court. This mediation is an attempt by the parties to seek peace for the sake of the parties themselves. Regarding how much the cost incurred due to a mediation process is the responsibility of the party who has the case. In civil law there are several types of acts that are considered to be unlawful, namely Wanprestasi, where there is a failure in a medical act that has been done informed concent to patient or patient's family, which is regulated in article 1243-1289 Civil Code. Then negligence in medical action, set forth in article 1365-1366 of the Civil Code, if such medical action leads to death, it is regulated in article 1370 of the Civil Code and if there is any disability set forth in article 1371 of the Code Civil Code law.

2) **Criminal Legal Accountability**, In a healthcare practice, criminal responsibility arises when it is proven that an action in a health service has an element of offense in accordance with the Criminal Code and other laws. Examples of criminal acts in health practice such as having an abortion in the absence of medical indication, set forth in Article 194 of Law RI No. 36 of 2009 on health, where it is mentioned that "Any person who intentionally performs an abortion is not in accordance with the provisions referred to in Article 75 paragraph (2) shall be punished with imprisonment of no more than 10 (ten) years and a maximum fine of Rp.1.000.000.000,00 (one billion rupiah)".
3) Legal Administrative Accountability, Violation of administrative law is a violation of the law governing the legal relationship between the positions within the state. In the health environment, administrative law is closely related to the existence of a Practice License owned by health personnel, both doctors and nurses. The basis of the existence of this administrative law, namely Law RI No 36 Year 2009 on Health, namely article 23 paragraph (3) and Article 24 paragraph (1). For doctors it is regulated in Permenkes RI 512/2007 article 2 paragraph (1) stating that "Every doctor and dentist who will perform medical practice must have a SIP" As for nursing staff is regulated in Permenkes No.HK.02.02 / MENKES / 148 / I / 2010 article 3 paragraph (1) stating that "Every nurse practicing mandatory has a SIPP". An example is to practice health without having a license of practice, which is regulated in Law No. 29 of 2004 on Medical Practice article 76 states that "Any doctor or dentist who intentionally conducts medical practice without having a license of practice as referred to in article 36 shall be liable to a maximum imprisonment of 3 (three) years or a maximum fine of Rp. 100,000,000.00 (serratus million rupiah) ". In addition, sanctions in violation of administrative law may be reprimands (oral or written), mutations, postponement of promotion, demotion, suspension and even dismissal.

IV. DISCUSSION

1. Medical Practice

According to article 1 point 11 of Law No. 29 of 2004 on Medical Practice explains: "The medical or dental profession is a medical or dental work performed on a scientific basis, the competence gained through tiered education and ethical codes of service to the community. "In Article 1 paragraph (1) explains:" Medical practice is a series performed by doctors and dentists on patients in carrying out health efforts. "

As in Article 1 paragraph (2) explains the doctor's understanding that is: "Doctors and dentists are doctors, dentists, and dentists specializing in medical or dental education graduates both within and outside the country recognized by the Government of the Republic of Indonesia in accordance with the laws and regulations."

The basic principle of the purpose of medical law is mainly regulated in Law No. 29 of 2004 on Medical Practice in Article 2 explains: "Medical practice is based on Pancasila and is based on scientific value, benefit, fairness, humanity, equilibrium, and patient protection and safety."

The purpose of this medical practice is to provide protection to patients, maintain and improve the quality of medical services provided by doctors and dentists, and provide legal certainty to the public, doctors and dentists. Medical practice is not a work anyone can do, but can only be done by a group of medical

professionals who are competent and meet certain standards. Theoretically there is a social contract between the professional community and the general public. With this contract gives the right to the professional community to regulate professional autonomy, agreed professional standard. On the contrary the general public (patient) is entitled to service in accordance with the standards created by the professional community earlier.

Thus the doctor has responsibility for his profession in terms of medical services to his patients. Doctors as a profession have a duty to cure the illness of his patients. Sometimes there are differences of opinion because different angles of view, this can arise because many factors that affect it, such as a negligence to the doctor, or the patient's disease is so heavy that less likely to heal, or there is a mistake on the part of the patient. In addition, the community or patients more see from the point of the results, while doctors can only try, but does not guarantee the results as long as the doctor has worked in accordance with applicable medical profession standards.

Medical law as part of the most important health law covers legal provisions relating to medical services. Medical law is also called health law in the narrow sense. If the object of health law is the health service, then the object of medical law is medical service. Because the definition of health law is broader than medical law and also includes legal provisions relating to health care, there are other areas of law such as hospital law, nursing law, pharmacy law, environmental health law and safety law. Medical law is considered the most important part because almost always there is an intersection or gray areas between medical law and other fields of law, which is not the case between the other legal areas (Nasution Bahder Johan, 2005: 61: 62).

Doctors as professionals are responsible for any medical action taken against the patient. In carrying out its professional duties, it is based on good intentions that is sincerely pursued on the basis of knowledge based on doctor's oath, medical code of ethics, and professional standards to heal patients / help patients.

1) Ethical Responsibility

The rules governing the ethical responsibility of a physician are the Indonesian Medical Code of Ethics. Indonesian Medical Code of Ethics issued by Decree of the Minister of Health No. 434 / Menkes / Sk / X / 1983. The Indonesian Medical Code of Ethics is prepared in conjunction with the International Code of Medical Ethics with the ideal foundation of Pancasila and the structural foundation of the 1945 Constitution. This Indonesian Medical Code of Ethics regulates human relationships that include the general obligations of a physician, the physician's relationship with his patient, the physician's duty to his colleague, against yourself.

Violation of ethics does not necessarily mean a violation of the law; on the contrary violation of the law is not necessarily a violation of medical ethics. Here are some examples:

a) Pure Violation of Ethics:

(1) Withdraw unreasonable rewards or withdraw fees from family and dentist.
(2) Take over the patient without his peer agreement.
(3) Praise yourself in the presence of the patient.
(4) Never follow continuing medical education.
(5) The doctor neglects his / her own health.

b) Ethicolegal Violations:

(1) Medical services below standard.
(2) Regulating false statements.
(3) Unlock the secrets of a doctor's office or occupation.
(4) Abortion provokatus.

2) Profession Responsibility

The responsibilities of the physician profession are closely related to the professionalism of a doctor. This is related to:

(1) Education, Experience, and other qualifications, In carrying out the duties of his profession a doctor must have a degree of education in accordance with the field of expertise that ditekuninya. With the basic knowledge gained during his education in the Faculty of Medicine any specialization and experience to help patients.
(2) Degree of treatment risk, The degree of risk of care should be minimized, so the side effects of treatment should be minimal. In addition, the degree of risk of care should be informed of the patient and his family, so that the patient may choose an alternative treatment that is notified by the doctor.
(3) Maintenance equipment, The need for examination using the equipment maintenance, if the results of outside examination less accurate results obtained so that the necessary inspection using the aid tool.

4) Legal Responsibility, The doctor's legal responsibility is a doctor's attachment to the legal provisions of his profession. Responsibility of a person in the field of law is divided into three parts, namely the legal responsibility of doctors in the field of civil, criminal, and administrative law.

The criminal liability here arises when it can first be proved to be a professional error, such as a mistake in diagnosis or error in the ways of treatment or treatment. From a legal point of view, mistakes / omissions will always be related to the unlawful nature of an act committed by a responsible person if it can

realize the real meaning of his actions, and realize that his actions are not considered appropriate in the community and are able to determine his intention / such deeds.

In relation to this responsible ability, in determining that a person is guilty or not an act done is an act that is prohibited by law and the existence of an inner connection between the perpetrator and the deed done in the form of dolus (deliberate) or culpa (negligence / forgetfulness) and the absence of a forgiving excuse. Regarding negligence includes two things: doing something that should not be done or not doing something that should be done. Errors or omissions of medical personnel may occur in the field of criminal law, provided in Article 346, 347, 359, 360 and 386 of the Criminal Code.

There is a difference of interest between ordinary crime and medical crime. In the criminal offense especially noticed is the "consequence", while the medical crime is "the cause". Although fatal, but if there is no element of negligence or error then the doctor can not be blamed. Some examples of deliberate criminal malpractice include having an abortion without medical indication, leaking medical secrets, not helping someone who is in an emergency, doing euthanasia, issuing an incorrect medical certificate, making an improper visum er repertum and giving a description not right in court siding in capacity as an expert. For example in analyzing whether the doctor's actions contain any criminal responsibility, ie in the case of surgery. The main issue that needs to be addressed is surgery with medical indication. Whether it is done by a doctor to the patient, then the doctor's actions are justified. As for if the surgery is done without going through medical indications, then the action is criminalized.

2. Nursing Practice

Nursing has made impressive steps in conveying the right knowledge to provide improved care in health care. To be healthy, it needs a health effort that includes every activity to maintain and improve health. One of the things that have enough important role in health effort is health service. In principle, health care is therefore required by every human child, being sick or not. Those who do not get sick because they want to stay healthy, physically and spiritually, yearn for higher health also require health services. Therefore, health services should be done fairly safely, quality, and affordable by all levels of society, protecting the community against any possibility of events that can cause disruption of funds or health hazards, providing convenience in order to support the improvement of health efforts. According to Article 1 paragraph (4) explains;

"Nursing Practice is a service organized by nurses in the form of nursing care."

Article 1 Paragraph (5) explains

"Nursing Care is a series of interactions Nurse with Client and its environment to achieve goals of Client needs and independence in taking care of himself."

Health efforts undertaken by the government and / or the community through health services by using health facilities and health care services, especially nursing staff. It is on this basis that the health services organized through nursing practice require the rule of law as the basis of legal justification in every activity undertaken. Furthermore every health effort is bound to submit to and obey all laws that underlie health service activities.

In general the legal basis of nursing services as follows;

1. . Article 25 Declaration of Human Rights 1984.
2. Preamble to the 1945 Constitution, Article 27 (2), article 28H, Article 33 (2) of the 1945 Constitution.
3. Law No.8 Year 1999 "Consumer Protection"
4. Law No.36 of 2009 "Health"
5. Law No.36 of 2014 "Health Manpower"
6. Law No.38 of 2014 "Nursing Practice"
7. Permenkes RI Number 17 of 2013 on the Amendment of the Minister of Health of the Republic of Indonesia Number hk.02.02 / menkes / 148 / i / 2010 concerning License and Conduct of Nurse Practice
8. Article 304 of the Criminal Code, Article 531 of the Criminal Code, Article 170 of the Criminal Code

Thus substantially nursing duties have normative international and national law regulated in various forms of regulation. In the perspective of Indonesia's positive law, health care is a basic necessity in casu nursing practice. He is one of the elements of general welfare that is the ideals of the Indonesian nation. That is why, since the early opening of the 1945 Constitution has laid the ideal foundation of the realization of health efforts through health services that lead to prosperity. The fourth paragraph of the preamble of the 1945 Constitution states: "..... to establish an Indonesian state government that protects the whole nation and the entire blood of Indonesia and to promote the common prosperity and intellectual life of the nation, and to carry out the world order based on freedom, eternal peace and social justice .... "

Furthermore, in the body of the 1945 Constitution particularly Article 27 paragraph 2 stated that " every citizen is entitled to decent work and livelihood for humanity '.

Health service nuances decent living for humanity, even Article 28 H of the 1945 Constitution shows access to health services is a basic human rights in addition it is a necessity of life of the people then it should be

if the health service is a manifestation of Article 33 paragraph (2) of the 1945 Constitution which is controlled by the state.

Institutions of health services, public health centers (Puskesmas) and hospitals as a means of health care for the community is very dependent on the quantity and quality of human resources who manage it. The available health personnel must be in sufficient quantities and ratios so that operational activities, especially hospitals, can be done well. In health services other than doctors, nurses are included as their main perpetrators because, doctors are not the only health workers who practice in health services. In the Law of the Year 364 of 2014 on Health Workers put nursing personnel in one type of independent health workers apart from other health workers.

Doctors in running medical practice will not be able to implement it alone let alone provide quality health services without the help of other health workers, especially nurses. Neither in the Health Act no. 36 of 2009 as well as Health Manpower Act no. 36 Year 2014 means that doctors and nurses are the most health workers in touch with patients. Nurses who are in the hospital for 24 hours are required to care for their patients as long as the doctor is not on duty.

Law no. 36 of 2014 has set limits on authority between physicians and nurses, but nurses although indirectly may take medication unless previously obtained written consent from the physician and in an emergency medical condition as stipulated in the Minister of Health Regulation no. 1239 of 2001 on Registration and Practice of Nursing which was replaced by Minister of Health Decree No. 148 Year 2010 Calm Registration and Practice Nursing Jo. Minister of Health Regulation No.17 of 2013 on Amendment of Minister of Health Regulation no. 148 Year 2010 challenge the permit of Nurse Practice.

In other words that the role of nurses not only perform nursing actions only, but also perform some medical action as an extended role. However, the medical action performed by the nurse is based on the delegation given by the doctor, because the authority of the medical action is on the doctor. Enforcement of diagnosis, administration or determination of therapy and the determination of medical indications, should be decided by the physician himself. There should be medical guidance or supervision on the implementation.

The supervision depends on the action taken. Whether the doctor should be there or whether he can be summoned and in a short time in place. (The Decision of the Dutch Supreme Court (Arrest Hoge Raad) dated November 4, 1952. This provision is known as the "Prolonged arm doctrine." This indicates that the authorized independent nursing act (without doctor's supervision) is the nurse stipulated in the standard of nursing care , but for medical action there must be a delegate from the doctor first in the new era mentioned above should there not be conflict with other professions as he performs his duties.The international literature shows the appeals of the 1985 New York Court Court acknowledged the modern view that nurses are no longer the officer a passive health, but a desistive and assertive health care provider.

3. Community health services

Health care is a health care service is one effort that can be done to improve the health status of both individuals and groups or society as a whole. Azwar (1992: 196) quotes Lavey and Loomba as saying that what is meant by health services is any effort either jointly or jointly organized within an organization to improve and maintain health, prevent disease, treat disease and restore health directed against individuals, groups or communities. Health services in another sense is a concept used in providing health services to the public. Health services are any efforts that are conducted jointly or jointly within an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals (MOH RI, 2009). In accordance with these limits, the form and type of health services found many kinds. Because all of this is determined by:

1) Organizing Services, whether dilakasanakan individually or collectively in an organization.

2) The scope of the Activity, whether covering only health maintenance activities, disease prevention, disease cure, health recovery or a combination thereof (Indar, 2017: 10: 11).

The health service system is an arrangement that collects various efforts of the Indonesian nation in an integrated and mutually supportive manner to ensure the highest degree of health as the embodiment of general welfare as referred to in the 1945 Constitution. In health services also recognize the place of health services as well as hospitals and also puskesmas. Hospitals are as an organization through an organized medical professional as well as a permanent medical means of providing medical services, continuous nursing care, diagnosis and treatment of illness suffered by the patient.

While the function of the Hospital is to provide and organize: medical services, medical support services, rehabilitative services, prevention and improvement of health and as a place of education and training of medical personnel.

Other health services are Puskesmas or Community Health Centers. Puskesmas is a technical implementation unit of the district / municipality health service responsible for organizing health development in a particular work area. The purpose of puskesmas is to increase awareness, willingness and ability to live healthy for every person who live in the working area of puskesmas, in order to realize the highest degree of health.

So health care is a sub system of health services whose primary objectives are promotive, preventive, curative (curative), and rehabilitation (health) of individuals, family groups or communities, the environment.
Sub system in health service is input, process, output, impact, feedback. Input is a sub-element of the elements needed as input for the functioning of the system. Process is an activity that serves to change the input so that it produces something (output) is planned. Outputs are things generated by the process. Impact is the result produced by the output after some time. Feedback is the result of the process as well as input for the system. Environment is the world outside the system that affect the system.
As an illustration, in the health services of puskesmas, inputs are doctors, nurses, medicines. The process: the puskesmas service activity, the output is the patient recovered / not recovered, the impact is the improvement of the public health status, the feedback is the patient's complaints on the service, the environment, the community and the institution outside the puskesmas (Indar, 2017: 12: 14).

V. CONCLUSION

1. Comparison of legal responsibility of medical practice and nursing practice in health service is based on Article 63 paragraph (3) of Law No.36 Year 2009 on Health explains "Control, treatment, and / or treatment can be done based on medical science and nursing science or other means of accountability for its usefulness and security ". Further Article 63 paragraph (4) explains "Implementation of treatment and / or treatment based on medical science or nursing science can only be done by health workers who have the expertise and authority for it". In this case the field of medical science and nursing science have legal responsibility to health service.
2. Theory of legal responsibility is the basis of this study by using comparative law method to know the difference and equality of responsibility of medical practice and practice of nursing in health service based on the legislation that is Law No.36 Year 2009 About Health, Law -Undonesia No.29 Year 2004 About Medical Practice, Law No.38 of 2014 About Nursing and Labor Law No.36 Year 2014 Health Manpower.
3. Medical practice run by doctors and dentists with scientific equipment possesses unique characteristics. This distinction is seen from the justification given by the law that is allowed to perform medical actions against the human body in an effort to maintain and improve the degree of health. Medical action against the human body performed not by a doctor or dentist can be classified as a crime. Nursing Practice run by nurses in the form of nursing care is a series of interaction Nurse with Client and the environment to achieve the purpose of meeting the needs and independence of the Client in taking care of himself. Article 3 letter (D) of the Nursing Law states that nursing arrangements aim at improving public health status.

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Ahmad Efendi Kasim. Comparison of Legal Responsibility To Medical Practices And Nursing Practices In Healthy Community Services .” IOSR Journal Of Humanities And Social Science (IOSR-JHSS). vol. 23 no. 05, 2018, pp. 71-78.