RESEARCH ARTICLE

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Medical Disputes on the Concept of *Inspanningsverbintenis* vs *Resultaatsverbintenis*: A Critical Review

Sulistini Sulistini, Iffatin Nur, and Akhyak Akhyak

ABSTRACT

The relationship between patients and doctors in health services is a therapeutic contract-based relationship. The therapeutic contract begins with an (unwritten) agreement where both parties are assumed to be accommodated when the agreement is reached. Agreement that can be reached include agreeing to medical action or rejecting a medical action plan. Doctors as health workers who work in the health care sector are involved in a working relationship with the hospital as a place to carry out their profession. A doctor working in a hospital also has an administrative relationship that affects rights and obligations between the two parties and responsibilities to third parties. In the relationship between patients and the hospital, patients are the recipient of health services and the hospital is the provider of such services. Hospitals are obliged to provide health services in accordance with health care standards. Doctors, patients and hospitals are in a relationship based on trust, under an assumption that doctors can cure patients' illnesses and will do the best for patients. However, this mindset has changed along with the times, science, and technology that affect the human mind. Their social-moral-oriented relationship has turned into a material-oriented one because doctors face various demands to improve their professionalism. The change in orientation above is one of the causes of medical conflicts and disputes. Conflicts arise between doctors as health service provider and patients as health service receivers. Conflicts can turn into disputes if the party who feels aggrieved has expressed dissatisfaction with the party considered to be the cause. Medical disputes have risen sharply along with the disruption of services amid the turbulence of the Covid-19 pandemic throughout 2020 and 2021. The high rate of disputes also begs question of quality control of health services. This qualitative research-based article attempted to describe and analyze the phenomenon of medical disputes at the Dr. Iskak General Hospital of Tulungagung using the conception of *inspanningsverbintenis* vs *resultaatsverbintenis*. The findings show that, in the provision of health services, there may arise four violation categories, namely: ethical violations, disciplinary violations, administrative violations, and legal (both civil and criminal) violations.

Keywords: Health Services, *Inspanningsverbintenis*, Medical Disputes, Quality Control, *Resultaatsverbintenis*, Trust-Based Relationship.

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I. Introduction

From a medical perspective, health is a basic need and a right of every citizen (Ardinata, 2020; Shadmi, *et al*., 2020; Ananda, 2021) as set forth in article 4 of the Indonesian Act No. 36 of 2009 on Health (Government of Indonesia (GoI), 2009) which states that everyone has the right to health, in article 5 paragraph (1) which says that everyone has the same right to gain access to resources in the health sector, and in article 6 which reads that everyone has the right to obtain safe, quality and affordable health services. The World Health Organization (WHO) mandates that health is one of the world priorities, namely achieving the health agenda of the Millennium Development Goals (MDGs) (Nhamo *et al*., 2020; Jailobaeva *et al*., 2021; Mahendradhata *et al*., 2021).

Having said so, from the perspective and context of modern life, the state is therefore obliged to fully guarantee the fundamental rights that are given, including the rights to individual and community's freedom (civil society), and the safety and security of one's property, body and soul. The state is responsible for the safety and security of all citizens. Therefore, in various phenomena of medical disputes that occur in health services, settlement and legal protection of patients and medical personnel must be ensured.

One of the health centres that bears the responsibility to realize the six WHO priorities is hospitals. The Indonesian Agency of Statistics Centre (Badan Pusat Statistik, BPS) recorded that there were 3,112 hospital units in Indonesia in 2021, up 5.17% from the previous year's 2,959 units, consisting of general and specialized hospitals. The Dr. Iskak General Hospital of Tulungagung is one of the 445 hospital units in East Java (Mahdi, 2022).

The monumental achievements of the Dr. Iskak General Hospital of Tulungagung are the most important reason for choosing it as the research locus. Among the achievements it has gained are: in 2005, it became a class B non-education hospital (GoI – Ministry of Health, 2005; GoI – Regent of Tulungagung, 2005); in 31 December 2008, it was designated as the Model Financial Management of the Regional Public Service Agency with full status (GoI – Regent of Tulungagung, 2008) and since May 2015, it was designated as a Regional Reference Hospital in charge of referrals from Blitar City, Trenggalek, Blitar and Pacitan Regencies (GoI – Governor of East Java, 2015); in 25 May 2016, it was designated as a teaching hospital (GoI – Ministry of Health, 2016); in 2020, it was designated as a Referral Hosptal for Certain Emerging Diseases (GoI – Ministry of Health, 2020a); in 24 November 2020, it was designated as a Cardiovascular Referral Network Hospital (GoI – Ministry of Health, 2020b). In addition to being designated as a referral hospital for Covid-19, according to the information provided by the hospital staff, the hospital was also ordained as a Gawang Pandemi (pandemic gate keeper) with a very low Covid-related mortality rate (Case Fatality Rate/CFR); in 2021, it was designated as a network of hospitals expected to perform heart surgery services, open andrology services and cardiovascular thoracic surgery and awarded with the Top BUMD (Top Regency-Owned Business Unit) award; it received the outstanding achievement award in public service innovation; it was designated as a corruption free area; and, in 2022, it opened a drug rehabilitation service centre (narcotics, psychotropics and other addictive substances, both natural and synthetic substances).

From the various monumental achievements of the Dr. Iskak General Hospital, it would be interesting to trace medical disputes along with their resolution and legal protection guarantees for both patients, medical personnel and the management staff of this hospital. This article attempted to analyze the phenomenon of medical disputes at the Dr. Iskak General Hospital of Tulungagung.

II. Literature Review

In principle, medical disputes arise as a result of the relationship between medical personnel/doctors and patients in the context of achieving recovery. Patient dissatisfaction is caused by alleged negligence, errors made by doctors which mostly occur due to a lack of Communication, Education and Information (CEI). In practice, cases related to performance/actions of medical personnel/doctors often cause complaints and medical disputes (Alawiya *et al*., 2016).

Some medical issues/disputes are ethico-legal (breach of ethics and law) and medico-legal in nature (GoI, 2014). In the health sector, ethics violations include violating moral principles, values and obligations, namely substandard service (malpractice), issuing fake certificates, disclosing confidential occupational information, and sexual harassment. The consequence of these violations is action taken in the form of a warning or suspension.

The ethico-legal paradigm is a way of thinking that considers that in medical and hospital services, law is a crystallization of ethics, and ethics is still a continuous process in law. Every violation of law is always violations of ethics; however, violations of ethics require scrutiny to reveal the truth materially so that it can be claimed as a violation of law. Here, we need professional examination for every complaint of medical disputes for ethical areas which professionally must be resolved through the Honorary Council of Medical Ethics (Majelis Kehormatan Etika Kedokteran, MKEK). In addition to MKEK, a Medical Council is also needed, which among other things assumes the task of supervising, processing and administering medical dispute courts to protect patients and doctors (Priyadi, 2020; GoI, 2009).

Regarding malpractice, there are 4 things that need to be assessed in medical malpractice lawsuits, namely misconduct, unlawful acts, default, and negligence. According to Leenen as quoted by Sukmawan and Khisni (2019) and mentioned in the Act No. 29 of 2004 on Medical Practices (GoI, 2004), doctors who do not meet the standard elements of the medical profession commit professional errors (malpractice).

Medical malpractices are negligence of doctors to use skills and knowledge commonly used in treating patients. Negligence is an act of carelessness, not doing what a conscientious person does with caution, or vice versa, doing what a conscientious person would not do under the circumstances (Soetrisno, 2010; Muntaha, 2019). Put simply, performing medical procedures below the standards of medical services. Committing a dereliction of obligation means not doing something that is supposed to be done or doing something that is not supposed to be done.

Negligence is not a violation of law or a crime *(idea minimis non curat lex)* if the (unintentional) negligence does not result in loss or injury and the patient can accept it.

It is in contrast to *culpa lata*, which is negligence that leads to loss, injury, or death (medical accident or untoward results). *Culpa lata* can be classified as a gross and serious negligence (Riyadi, 2018; Pratama & Ngadino, 2022).

Criminal malpractices occur when a doctor with a predetermined intent does something that is not necessary or should not be done. Medical malpractices are a medico-legal issue about harm or damage to a patient caused by or related to the health care system in which they are receiving clinical care (Agustin *et al*., 2023).

The criteria of malpractice (when the provisions of positive law are met) are: a) duty of care: Self-statement of the obligation to provide professional services or care to clients, b) dereliction (breach) of duty: error of omission or error of commission as it should be in accordance with the specified service and care standards, and c) there is harm or damage to the patient/client; there is a direct causal relationship between breach of duty and loss or injury (Sumeru & Tanawijaya, 2022; Sumeru & Tanawijaya, 2023).

Malpractices are against the principles of doctors. *First*, the principle of 'Do good' in which all their actions follow applicable Health Service Standards. Doctors should always update or refine their theory and skills so that the treatment given is according to medical service standards. *Second*, 'Do no harm' *(primum non nocere)* compels doctors to always remember that all treatment measures are the best choice. This should reduce the incidence of medical accidents. *Third*, 'Veracity' which is providing true and wise information; miscommunication between doctors and patients that often leads to litigation with allegations of malpractice can be reduced by medical audits and ethics audits (Koswara, 2020; Jamaluddin & Karmila, 2022).

Medical Audits and Ethical Audits encourage all doctors to improve the quality of their profession. Clinical professionals need to apply the principles of Good Clinical Governance with the aim of producing care with high quality standards as an application of the principles of beneficence (Rahmat *et al.*, 2021). In the event of malpractice, patients can file their complaints to the Indonesian Honorary Council for Medical Discipline (Majelis Kehormatan Disiplin Kedokteran Indonesia, MKDKI) as set forth in the Indonesian Acts No. 44 of 2009 on Hospitals (GoI, 2009) and No. 29 of 2004 on Medical Practice in which Article 66 Paragraph (1) says that *"Anyone who knows or has their interests harmed by the actions of a doctor or dentist in carrying out medical practice can complain in writing to the Chairman of the Indonesian Honorary Council for Medical Discipline"* (Junita & Sugama, 2020; Putra, 2020; Trisnawijayanti & Sugama, 2020).

III. Research Method

This study used a qualitative approach utilizing case study. The study was conducted at the Dr. Iskak General Hospital of Tulungagung for 12 months (from January 2019 to December 2019). Primary data in this study were obtained from key informants, informants, sources, and patient complaint data. Secondary data came from the results of observation and primary references. Tertiary data were sourced from reputable journal articles and hospital websites. Key informants in this study were the director and deputy director of the Dr. Iskak General Hospital; the Person in Charge of Complaint Handling, the Patient Service Management Coordinator (Manajemen Pelayanan Pasien, MPP); and the Chief Executive of Daily Complaint Handling and Patient Care Provider (Pemberi Asuhan Pasien, PPA). Informants in this study were patients, legal analysts of the Dr. Iskak General Hospital of Tulungagung, the Social Security Administrator (Badan Penyelenggara Jaminan Sosial, BPJS) of Tulungagung, the Chairman of MKEK, and the Chairman of MKDKI. Furthermore, sources in this study were health legal consultants/health mediators of the Dr. Iskak General Hospital of Tulungagung and lawyers from "Srikam Lawyer Group". The data were analyzed using the spiral data analysis technique that started with organizing and managing data; understanding and analyzing databases; and describing, classifying and interpreting data. The case study analysis step was complemented by Atkinson's version of data analysis by creating a data repository using basic relational database theory; coding to identify 'chunks' of data; and analyzing case study data to construct new theoretical propositions. The validity of the data was ensured by the means of triangulation techniques, group discussion forums (FGD), and assessment by members and discussions with colleagues (Kothari, 2004; Yin, 2009; Creswell, 2013).

IV. Results

In describing the medical dispute data of the Dr. Iskak General Hospital of Tulungagung, we referred to grading standards which are green, blue, yellow, and red. Green and blue denote to complaints that can be resolved directly when they are made. Both types of complaints cannot be categorized as medical disputes. The yellow and red grading categories are medical disputes. Medical disputes at the hospital in 2019 are presented in Table II *(see Appendix)*.

V. Discussion

A. Therapeutic contract at the Dr. Iskak general hospital of Tulungagung

In principle, the relationship between doctors and patients are a therapeutic contract and a mandate of Indonesian regulations. The therapeutic contract begins with an unwritten agreement that the will of both parties is understood when an agreement is reached with the willingness of the doctor to serve and the patient to accept. Obligations imposed on doctors relating to their profession do not always wait for patient approval.

In further description, the director of the Dr. Iskak General Hospital underlined that from this therapeutic contract, legal, professional responsibility, ethics, and discipline of doctors and medical personnel are born. If the responsibility is defied, violators will be clarified and classified as general violations, professional violations, ethical violations or disciplinary violations. If it is an ethical violation, the resolution shall be carried out by the MKEK. If it is a disciplinary violation, the resolution shall be carried out by the MKDKI. If it is still not resolved, then it can continue in litigation process, both in the civil and criminal domains.

The legal relationship between doctors and patients is a therapeutic contractual relationship or willingness between the patient and the doctor. The legal relationship is established due to the mandate of the state regulations. The doctor's obligation is to provide the best service to patients. A good doctor must satisfy the following criteria: believing in God Almighty, has morals, is ethical and disciplined, understands, is aware of and obeys the law, has a socio-cultural perspective, and behaves professionally.

It needs to be understood that, through the therapeutic contract, doctors as medical professionals simply make efforts, but it is the will of God Almighty that determines the recovery. One of the ethical standards and attitudes is that doctors must understand medical laws. In communicating and interacting with patients, doctors are required to be culturally minded. Being professional in the work is a non-negotiable criterion. Doctors and patients should understand their respective positions according to their rights and obligations.

In the event of conflicts or disputes, the best way out is settling them through negotiations or mediation. It can also be achieved through institutions such as IDI and MKDKI. Resolution by law or litigation will drain the mind, energy, and time and often the end result will be disappointing for both doctors and patients. On the other hand, if a dispute is ignored, there will be an accumulation of patient disappointment which is likely to lead to a vote of no confidence from the community towards hospital management.

From the description of therapeutic contract and the overview of medical dispute resolution facilitated by MKDKI or MKEK, a critical question often arises from society, is this a cue that doctors or medical personnel are people who are above the law or cannot be subject to legal sanctions? Can doctors and medical personnel hide behind the words “Doctors and medical personnel only try and it is God who heals”? Will patients who are medical laymen always be given an alibi for medical risk for the failure of healing efforts even though it does not rule out that failure occurs due to malpractice?

To clarify, doctors or medical personnel can still be subject to legal sanctions but it must be based on research according to the mechanism and degree of violations committed. Clarification is needed regarding alleged violations by doctors on reports or demands from patients. If the violation is disciplinary in nature, it shall be resolved through MKDKI. If it is administrative in nature, it will be resolved in accordance with applicable regulations; if it is a red category serious violation, whether civil and criminal, then the hospital management is no longer able to stop the litigation path taken by the patient's family.

What the public needs to understand is that the doctor-patient relationship is principally not a form of agreement on the outcome of healing, but a process or effort to heal. To the question “what is the guideline and basis for meeting the target expected by the patient?”, the answer is Clinical Practice Guidelines and Standard Operating Procedures as well as Laws and Regulations which technically regulate rights, obligations, mechanisms and everything related to health services needed by patients.

Referring to the Act No. 29 of 2004 on Medical Practice (GoI, 2004), medical dispute is implicitly defined as “a dispute that occurs because the patient's interests are harmed by the actions of a doctor or dentist who practices medicine”. Then, referring to article 66 paragraph (1), “anyone who knows or thinks that their interests have been harmed by the actions of a doctor or dentist in carrying out medical practice can complain in writing to the Chairman of MKDKI”. Therefore, medical dispute is a dispute that occurs between medical service users with medical service actors (patients and doctors or medical personnel).

Medical disputes can be understood as disputes that occur between a patient or a patient's family and a doctor or with a hospital or health care facility. Normally, what is being disputed is results or outcomes of health services without overlooking or setting aside the process (Mulyadi, 2020). Or, it can also be understood that medical disputes are disputes arising from the legal relationship between doctors and patients in an effort to heal. The relationship between doctor and patient in medicine generally takes place as an active-passive biomedical relationship. Where the patient is passive and the doctor is active.

Before the enactment of the Act No. 29 of 2004, the relationship between doctor and patient is purely social. Doctors, even though they are not paid, still carry out the task of helping and treating patients. However, after the enactment, coupled with the Act No. 44 of 2009 on Hospitals (GoI, 2009b), there are

rules regarding the rights and obligations of doctors and patients, plus the development of government policies with the presence of BPJS which further clarifies the concept of business in health services; thus, medical disputes have significantly evolved beyond patient dissatisfaction with the health services provided by doctors to include dissatisfaction with the costs charged to patients.

In article 66 (1) of the Act No. 29 of 2004, it is mentioned that the dispute resolution institution is MKDKI; thus, medical disputes are categorized as not pure violations of civil or criminal law but are predicted to be disciplinary violations that can be resolved by the MKDKI, or perhaps ethical violations which must then be resolved by the MKEK.

Complaint implementation team and Patient Service Manager (PSM) lay out several complaint facilities provided at the Dr. Iskak General Hospital of Tulungagung, including direct and indirect methods through phone calls, social media and suggestion box, detailed as follows:

1) Direct Complaint Procedure

a) The public (complainants) files complaints in the form of criticism, complaints, subpoenas, lawsuits directly to the Caregiving Profession (Profesi Pemberi Asuhan, PPA) or related units.
b) Caregiving Professions or related units then record clearly and completely the identity of the complainant and the identity of the officer to whom the complaint is directed, the problem being complained of, the time and location of the incident, by filling out the form provided.
c) Caregiving Professions or related units sort out the complaints.
d) If the complaint can be resolved immediately, the Caregiving Professions will resolve it directly. If not, contact the Supervisor or the Patient Service Manager as the Case Manager to obtain a solution and resolve the problem.
e) Supervisors or Patient Service Managers should immediately resolve problems and provide answers or solutions to the Complainant with a response time since the complaint was received. If, the problem is still not resolved or a solution still cannot be achieved, immediately contact the Acting Chief.

2) Indirect Complaint Procedure

a) By phone. Complaints can also be made by telephone using the following procedure; The public (Complainants) make complaints (complaints or criticism and claims) via a provided telephone number to the Public Relations Officer who will receive telephone calls and record all data on the complainant and the contents of the complaint (name, address and telephone). They then sort out and classify the complaints. If the complaints can immediately be addressed, then they will address directly by phone and report the resolution to their superiors. If no answer can be given, they will contact the Supervisor or Patient Service Manager; the Supervisor or Patient Service Manager will try to resolve the problem and provide an answer or a solution to the Complainant with a response time since the complaint was received. If a solution still cannot be given, they will contact the Acting Chief immediately.
b) Through social media. The public (complainants) filed their complaints (criticism, complaints, subpoena) through social media (WhatsApp, Instagram, email, or message) on a provided telephone number. Complaints filed through social media shall be directly addressed by the Social Media Team of the Dr. Iskak General Hospital of Tulungagung. If the team cannot resolve the problem or find a solution, they will contact the Acting Chief immediately.
c) Through the suggestion box. The complainants filed their complaints through the suggestion box by filling out a form and put it into the provided suggestion box; The secretary of the complaint implementation team checks and collects the complaint forms in the suggestion box every evening after the service concludes. They together with the daily chief respond immediately by providing a written answer to the Complainant if the problem can be resolved directly. If the secretary still cannot resolve the problems, they will contact the Supervisor or Patient Service Manager to immediately resolve the problem and provide answers or solutions to the complainants a response time since the complaint was received. If the problems still cannot be resolved, the Acting Chief will be contacted.

B. Percentage of medical disputes in the Dr. Iskak general hospital

From the data on medical disputes, the following can be classified; types of complaints, origins of complaints, origins of complaint units, response time:

First, by type of complaint. Complaints received by the Dr. Iskak General Hospital of Tulungagung are as follows: a) outpatient service complaints of 29%, b) inpatient service complaints of 30%, c) infrastructure complaints of 29%, d) administrative service complaints of 6%, and e) pharmaceutical service complaints of 6%. For easier understanding, the comparison is presented in Fig. 1.

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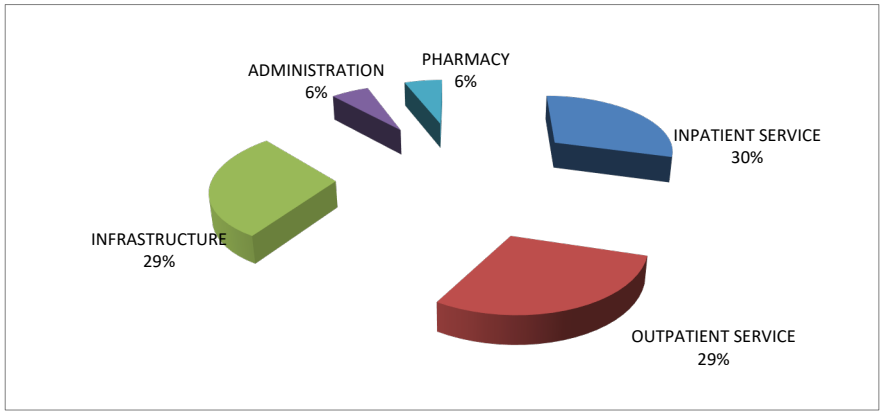

Fig. 1. Types of Complaint.

Second, by methods/media of complaint. 18% of complaints were filed using the suggestion box provided in several points highly visible and reachable by patients, patient families, employees and medical personnel. Then, 82% of complaints were filed directly by patients, patient's family right after experiencing dissatisfaction in pretreatment, treatment and post-treatment, whether related to infrastructure, medical personnel service and others. A complaint diagram is shown in Fig. 2.

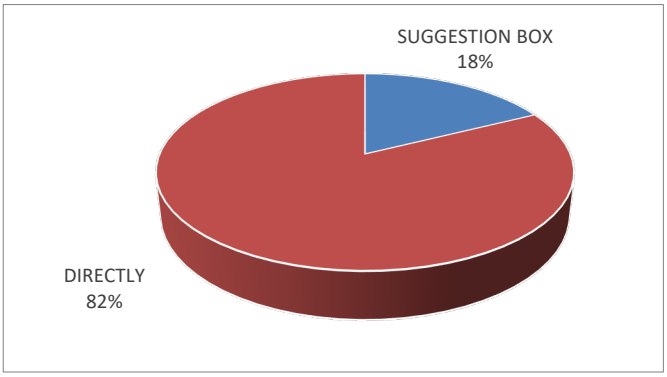

Fig. 2. Methods of Complaint.

Third, by origins of complainant units. 20% of complaints were from the VK Delivery Room, 7% were from ICU 1, 6% were from Irna Flamboyan, 7% were from the Children's Polyclinic, 7% were from the Nerve Polyclinic, 6% were from OK Central, 13% were from the Pharmacy, 7% were from the Laboratory Unit, 7% were from Payment Counters, and 7% were from the Cardiac Polyclinic. A complaint diagram is shown in Fig. 3.

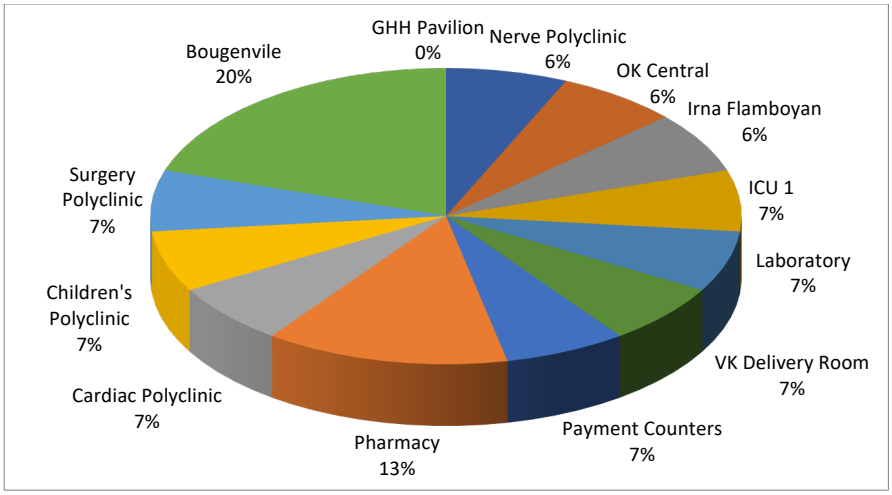

Fig. 3. Origins of Complainant Unit.

Fourth, by response time. 100% of complaints were in the green category, meaning that the hospital has been responsive in addressing complaints from the public.

It is shown in Fig. 4.

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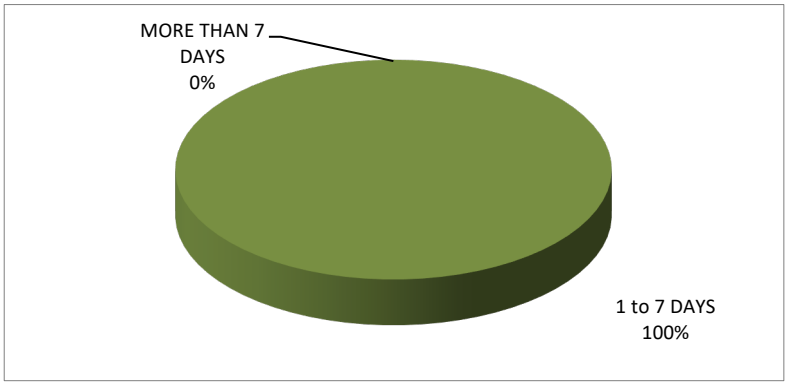

Fig. 4. Response Time to Handle Complains.

C. Analysis of medical disputes at the Dr. Iskak general hospital

Complaints/medical disputes often happen because of unexpected risks. Medical risks are incidents of injury/risk that occur as a result of medical action which is due to something that cannot be predicted beforehand and is not the result of the incompetence or ignorance of a doctor. An unexpected result that occurs in medical practice can actually have several causes, namely: a) the result of a course of disease or disease complications that have nothing to do with medical procedures performed by doctors, and b) the result of an unavoidable risk, namely: 1) *unforeseeable risks*, this kind of risk is possible in medical science because of the empirical nature of the science and the nature of the human body which is highly variable and susceptible to external influences, and 2) *foreseeable risks*, but deemed acceptable, and has been informed to the patient and agreed by the patient, risks that are relatively small in degree of probability and severity, can be anticipated, calculated, or can be controlled, for example drug side effects, bleeding, infection during surgery, and others; a risk that has a high degree of probability and severity in certain circumstances which is when a risky medical action must be taken because it is the only way to go, especially during an emergency. The classification of medical risk causes is shown in Table I.

TABLE I: CLASSIFICATION OF MEDICAL RISK CAUSES AT THE DR. ISKAK GENERAL HOSPITAL IN 2019

Malpractice	Medical Negligence	Medical Accident
Doctor's actions that intentionally violate the law, for example abortion, euthanasia (fulfilling a request for suicide), giving a fake certificate or certificate with content that does not match the actual situation. Performed consciously. The perpetrator does not care about the consequences even though their actions violate the law.	Unintentional acts, such as accidental swap of medical records, mistakenly dissecting and forgetting to provide information to patients. From the motives, doctors or health workers did not suspect that the consequences of their actions would arise.	Unexpected events, unintentional actions, doctors work according to medical professional standards and professional ethics, have been very cautious and consulted with other specialists in case a situation out of their expertise arises. Yet, it still happens, such as paralysis, malformation, even death.

Medical actions are classified as medical risks if they meet the following requirements: (1) Medical actions performed by the doctor in accordance with medical service standards (medical service standards/SPM and service operational standards/SOP); (2) The doctor has taken anticipatory or predictive actions or precautions in carrying out medical actions on patients; (3) The violation was committed not because of medical error or negligence; (4) There are countermeasures against possible consequences arising from the medical action; (5) The patient has a contribution/role/share in the consequences that arise/occur; and (6) There are reasons to justify and/or forgive as stipulated in Article 50 and Article 51 paragraph (1) of the Criminal Code.

An incident is classified as a medical malpractice when the action meets the following criteria: (1) the medical action taken is not in accordance with the SPM and SOP; (2) the doctor did not take anticipatory or predictive actions or precautions; (3) the doctor's actions were carried out by negligence or on purpose; (4) the doctor does not make efforts to deal with the consequences arising from the medical action taken; (5) consequences that occur/arise are not influenced by the role/contribution of the patient; and (6) there are no reasons for forgiveness and justification.

The Dr. Iskak General Hospital of Tulungagung in handling complaints or claims or medical disputes has categorized them based on their types by dividing the grading of medical and non-medical complaints. Complaint grading is divided into three types, namely green, yellow and red. Green grade includes complaints which can be followed up immediately, yellow grade includes complaints that require coordination with sectors or across departments in the hospital, and lastly, red grade is for complaints whose core problems have the possibility of leading to customer disputes up to court and even life threatening.

VI. Conclusion

From the data, findings and discussion, it can be concluded that *inspanningsverbintenis* is the civil relationship that occur between doctors and patients in the provision of health services in which doctors are the service provider and patients are the service recipient. The main objective is the maximum effort done by a doctor in treating and caring for patients but not promising total recovery as the outcome *(resultaatsverbintenis)*. Medical disputes are disputes arising from allegations that the patient's interests are harmed by the doctor's actions in carrying out medical practices. In providing health services, there are four violation categories that may arise, namely: ethical violations, disciplinary violations, administrative violations, and legal (both civil and criminal) violations.

Appendix

TABLE II: Data of complaints/Medical Disputes at the Dr. Iskak General Hospital in 2019

No.	Date/ Site	Complainant's Identity	Type / Grading Category	Problems
1	12-1-2019 Hemodialysis Room	SMR TGL	Medical Negligence/Yellow	The patient filed a complaint to the Hemodialysis room due to the staff's inaccuracy in collecting patient data. Dispute chronology: 1. Excessive workload; 2. Unmatched blood between the history column and unfilled blood type; 3. Misconduct and ignoring procedure.
2	26-1-2019 ICU 1	ALF TA	Medical Negligence / Red	The patient's family filed a complaint to ICU 1 because of Post Op Hysterectomy Day 0, Hpp Cc Atonia Uteria P3 001 A B000 Pp Spont Infant Iufd, Anemia Hypodermic Shock.
3	3-2- 2019 ICU 1	NKN TA	Medical Risk / Red	The patient's family filed a complaint because of the incident of the patient having a shock and falling.
4	6-2-2019 Hemodialysis Room	SWT TA	Medical Risk / Yellow	The patient's family filed a complaint to the hemodialisys room because there has been a Vascular Access Infection (Brachialis S): 1. Anadequate Nutrition, Chronic Disease, Invasive Measures; 2. Prodded continuously 2x a week; 3. HD Invasive Action 2x/week; 4. Treatment while in hospital with ice cubes and unclean ice cubes.
5	7-2-2019 Hemodialysis Room	DND TA	General Violation (Infrastructure) / Yellow	The patient filed a complaint to the hemodialisys room because AED was not available during an emergency because the AED was under repair. The chronology: 1. The previously available AED was faulty and has not been replaced; 2. The faulty AED has been retrieved by the IPS.
6	8-2-2019 HCU	STK TA	Medical Risk / Red	The patient filed a complaint to the HCU because they experienced reddened right leg up to the right knee. The chronology: 1. An AED was not available during an emergency; 2. High Alert medications administered through a peripheral vein were High Alert (NE) drugs.
7	8-2-2019 ICU	STM TA	Medical Negligence / Red	The patient's family filed a complaint to the ICU 1 because of the patient's condition Post Sc, Hpp, Iufd, Abruptio Placenta, Atonia Uteri. The chronology: 1. The bleeding observed by officers was 400cc, but the patient was preshock; 2. No effective communication was established with the ED doctors, laboratory assistants, PK with VK Officers; 3. Sub-optimal consultation mechanism; 4. There was a miscommunication between VK officers and Redzone doctors on duty; 5. There was a discrepancy between the results of officer's observation and the patient's clinical condition; 6. Redzone doctors on duty did not understand the flow of emergency obstetric care; 7. There was a time difference of 110 minutes from the time the sample was delivered to the laboratory until it was reported to the room that the blood sample was lysed; 8. The consult doctor could not be contacted; 9. Delay in patient transfer from VK to Redzone.
8	10-2-2019 GHH	NN TA	Medical Negligence / Red	The patient's family filed a complaint to the GHH because the officer put the wrong medicine and blood into the patient. The chronology: 1. The officer did not identify the patient properly; 2. Inaccurate patient identification (should be matched with their bracelet but it was not).
9	11-2-2019 ICU 1	GBN BL	Medical Negligence / Red	The patient's family filed a complaint to the ICU 1 due to sputum culture and the limited number of medical

No.	Date/ Site	Complainant's Identity	Type / Grading Category	Problems
				devices with the chronology of the use of unsterilized medical devices.
10	7-3-2019 HCU	NFL TA	Medical Negligence / Red	The patient's family filed a complaint to the HCU due to an adverse event and the unavailability of malaria medications. The chronology: 1. Department of Pharmacy of the Dr. Iskak General Hospital of Tulungagung has not yet coordinated with the Health Office (Malaria Program Operator) regarding the procurement of malaria medications outside working hours; 2. The unavailability of injectable drugs for malaria in the hospital.
11	25-3-2019 Anatomy Pathology Lab (AP)	WW TA	Medical Negligence / Red	The patient's family filed a complaint due to discrepancy between the messenger, where pro consul Ipd, eye and neuro were written, and the consul sheet where only psychiatric and ophthalmologist consults were written. The chronology: 1. Unclear recommendation letter from the Urology Centre to the IRD without being accompanied by a Transfer Sheet from the Nurse to the IRD Officer; 2. Lack of suitability of the recommendation letter from the Urology Centre against the results of the consult from the IRD, causing the main focus of patient care not to be achieved.
12	4-4-2019 GHH	SGM TA	Medical Negligence / Yellow	The patient's family filed a complaint to the GHH due to an error in Drug Administration Dosage. The chronology: 1. Identification was not performed before administering the drugs; 2. There was no identification of drug administration techniques according to the SOP.
13	8-4-2019 ED	AG W BL	Medical Negligence / Red	The patient filed a complaint to the ED because the patient was critical. The chronology: 1. There were delays in patient care due to a lack of coordination between service personnel; 2. Patient overload and limited number of personnel.
14	26-4-2019 Radiology Department	FCK TL	Medical Accident / Red	The patient's family filed a complaint to the Radiology because the patient died during the photo procedure. The chronology: 1. Tiered Supervision Officers have not carried out their duties properly; 2. The ED doctors on duty was unable to establish a diagnosis; 3. The SOP for patient transfer was not followed; 4. Poor patient condition, untransportable; 5. Incomplete vital sign examination (no documentation at the RM) by the ER officers; 6. The referral patient from an outside hospital has brought Thorax, 2-position BOF and a referral letter from the neurosurgeon yet 3-position BOF and thorax were still carried out without consulting the consulting doctor first; 7. The patient was in an unstable condition when being sent to the Radiology without being accompanied by a nurse; 8. The patient died on the on the radiology examination table.
15	29-4-2019 ICCU	BTR TA	Medical Negligence / Yellow	The patient filed a complaint to the ICCU room due to adverse events (Diradial Dextra Bulla, Haematoma in the arm and above the Cubiti Dextra). The chronology: 1. Officers have not received an outreach regarding the importance of clinical conditions written on the request form; 2. There was no effective communication between the PK lab assistant analysts and the ICCU officers; 3. The officers did not follow the transfer SOP; 4. The officers did not follow the SOP for complete CPPT filling; 5. There has never been a similar case before; thus no specialized team was formed; 6. Diradial Dextra Bulla, Haematoma in the patient's arm and above the Cubiti Dextra.
16	3-5-2019 Children's Centre Outpatient	AN KDR	Medical Negligence / Red	The patient filed a complaint to the Children's Centre because a child died the Children's Poly. The chronology: 1. The officers were not knowledgeable and skilled in effective communication; 2. The results of the physical examination and anamnesis showed no abnormalities; 3. Not available in the medical record form; 4. The duties and functions of Fast Track officers were not yet clear; 5. Ignorance of parents about the importance of providing important patient information to officers;

No.	Date/ Site	Complainant's Identity	Type / Grading Category	Problems
				6. The officer did not follow up on the recount that "the child fell, could not move the head and traditional medicine was sought"; 7. There is no current medical history column (Child Patient → description of the disease suffered need complete data); 8. Fast Track officers were hesitant in making clinical assessment.
17	15-5-2019 Wijaya Kusuma Inpatient	BTY TA	Medical Negligence / Red	The patient filed a complaint because a child died in the Wijaya Kusuma room. The chronology: 1. Staff knowledge and skills related to documentation were lacking; 2. No SOP available related to reporting to the Tulungagung Integrative Child Social Protection Integrated Services Unit team; 3. The officers were not accustomed to write on the nutrition monitoring and evaluation form; 4. Lack of understanding of officers in filling out integrated records (SOAP); 5. Not yet accustomed to write in accordance to SBAR; 6. Sub-optimal DPJP Leadership; 7. Lack of understanding of the importance of monitoring and evaluation of patient progress; 8. No SOP regarding Rescreening on changes in the patient's condition before 7 days; 9. There were no clear and good communications between PPA and between patients; 10. Communication between teams was not going well; 11.Hand washing culture has not been fully internalized; 12. Never had a discussion regarding patient care issues; 13. Poor coordination between officers.
18	2-8-2019 Delivery Room Inpatient (*Kaber*)	SYT TA	Medical Negligence / Yellow	The patient filed a complaint to the Delivery Room due to errors in giving identity bracelets and status books to patients. The chronology: Officers did not correctly identify the patient.
19	3-8-2019 ICU 1	VRS TA	Medical Risk / Red	The patient filed a complaint to ICU 1 because a cut in their left hand.
20	3-8-2019 ICU 1	SMT TA	Medical Risk / Yellow	The patient filed a complaint to ICU 1 because of a case with the following chronology: On 11/8/2019 at 16.00 the patient went to Dr. Iskak General Hospital (green zone). At 23.00 the patient went to Satiti Hospital and on 13/8/2019 entered Dr. Iskak General Hospital with dx appendicitis
21	19-10-2019 ICU 1	AZK TA	Medical Risk / Red	The patient's family filed a complaint to ICU 1 because the patient with dx g1p0000a000 16-18 weeks of gestation and hyperemesis gravidarum.
22	29-10-2019 ICU 1	SLT TA	Medical Risk / Yellow	The patient filed a complaint to ICU 1 because Post SC the wound has not closed and the seizures recurred.
23	18-11-2019 IBS	SYD TA	Medical Risk / Red	The patient's family filed a complaint to the IBS due to a maternity-related incident.
24	2-12-2019 ICU 1	SMT TA	Medical Risk / Red	The patient's family filed a complaint to ICU 1 because: 1. Post op TURP patient; 2. The consult was at night; 3. No EKG recording device available; 4. Sub-standard RR, according to the guidelines of the Ministry of Health, the number of TT RR must be 1.5 times the operating room; 5. Central venous access is difficult to obtain due to the patient's poor condition; 6. The patient received a high-alert/nabic drug; 7. Peripheral venous access; 8. Central venous access is difficult to obtain due to the patient's poor condition.

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CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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