

The Authority and Responsibilities of Anesthetists in Carrying Out Anesthesia Practices Based on Permenkes No 18 Of 2016 Concerning Licenses and Operation of Anesthetist Practices

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Abstract

In Indonesia, anesthetists are among the medical professionals who may legally provide anesthesia. Due to the existence of laws or health policies governing the competence standards for anesthetists' professional activities, they are currently not considered part of the nursing profession. In the provision of anesthetic management care, anesthesiologists and anesthetists work together. When it comes to doing the job, anesthesiologists typically give the go-ahead to anesthetists. Many healthcare institutions solely employ anesthetists due to the shortage of anesthesiologists and their unequal distribution. As a result, the government, namely the local municipal or district health service, delegate power to anesthetists. Accordingly, the purpose of this study is to investigate, in light of Minister of Health Regulation 18 of 2016, what powers and duties anesthetists are vested with. This study seeks solutions to issues by identifying legal rules, principles, and doctrines by applying normative juridical research methodologies. Given the present state of the law, this study should be able to shed light on the specific legal issues at hand and provide comprehensive solutions to those concerns. According to the findings, anesthetists are authorized to provide care throughout the pre-, intra-, and post-anesthesia phases of anesthesia management. Attributive authority, mandate-based authority, and government-assigned authority are the three main sources of power for anesthetists when it comes to administering anesthesia in cases when there are no physicians nor anesthesiologist in the field. The administrative, criminal, and civil liabilities of anesthetists are affected by this power.

Keywords: Anesthetist, authority, responsibility

1. INTRODUCTION

Anesthesiology services are an important part of the health sector which is experiencing rapid development along with advances in science and technology. However, the increasing need for anesthesiology services has not been fully met by an adequate number of anesthesiology specialist doctors. Therefore, there is a need for quality, ethical and professional national guidelines that are based on developments in science and technology in the field of medicine, especially anesthesiology. These guidelines will provide clear and consistent direction to anesthesiology practitioners, maintain consistent and safe quality of care, and uphold high standards of ethics and professionalism. These guidelines must be continuously updated according to the latest developments in the field of anesthesiology and must involve various interested parties and ensure strong accountability. With the development and implementation of good national guidelines in anesthesiology, it is hoped that it can improve the quality of anesthesiology services widely and reduce the gap between the need and availability of anesthesiology specialist doctors, while providing clear guidance for anesthesiology practitioners in carrying out their duties with high ethics and professionalism. Law Number 18 of 2016 issued and the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia aim to standardize anesthesia services in Indonesia. This rule makes Ministerial Regulation Number 31 of 2013 null and void. In accordance with Minister of Health Regulation Number 18 of 2016, the term "Anesthesia Nurse" should be used instead of "Anesthesia Nurse" in

Minister of Health Regulation Number 519/Menkes/Per/III/2011 concerning Guidelines for Providing Anesthesiology Services and Intensive Therapy in Hospitals. In accordance with Ministerial Regulation Number 18 of 2016, Anesthesia Management has the authority to provide anesthesia management services before, during and after surgery. There are three perspectives regarding the authority of the anesthesiologist to carry out their duties: attribution authority, mandate from the anesthesiologist, and official government assignment. Anesthesia providers provide intra-anesthesia services under their own authority. The service consists of three main parts: first, diligent monitoring of the patient's general condition; second, document all actions accurately; and third, monitoring equipment and drugs according to the anesthesia technique plan. Additionally, subject to stated requirements, an anesthesiologist or other physician may supervise the anesthetist when they provide intra-anesthesia services. The scope of this authority includes: carrying out anesthesia in accordance with the orders of a specialist anesthesiologist; establishing and maintaining an airway; implementation of mechanical ventilation and nebulization systems; ending the anesthesia procedure; document findings in the medical record; and administration of anesthetic drugs. When a specialist anesthesiologist is needed but not easily accessible, or when certain circumstances require his expertise, the government can delegate his authority depending on his assignment. anesthesia treatment, monitoring during anesthesia, and care after anesthesia are all part of this. Therefore, to ensure that patients in Indonesia have access to safe and high-quality anesthesia care, it is vital to clarify the function of anesthesia practitioners, increase awareness and respect for this profession, and strengthen relevant legislation.

Administrators have an important role in providing anesthesia services, especially in district areas in Indonesia. They have been proven to make significant contributions to health services, especially in the field of anesthesia. However, awareness of the major contribution made by anesthesia practitioners to health services is still limited. The number of records that record the history of anesthesia staff education in Indonesia, the practices carried out, and legal regulations regarding anesthesia staff in Indonesia is also very small. There is a need to increase understanding and recognition of the role and contribution of anesthetists in anesthesia services. It is important to record the history of the education of anesthetists in Indonesia and clarify their practices. Apart from that, appropriate legal regulations also need to be regulated to provide clear guidelines and protect the rights and responsibilities of anesthesia practitioners in Indonesia. In facing this challenge, collaborative efforts between the government, educational institutions, the anesthesia care profession, and health service institutions are needed to increase understanding, clarify roles, and strengthen regulations related to anesthesia care providers in Indonesia. This will help better recognize their contributions and ensure safe and quality anesthesia services for patients across the country. When there is a mismatch between the demand for anesthesia services and the availability of anesthesiology specialists, hospitals sometimes rely on anesthesiologists to provide the necessary anesthesia procedures. However, it is unclear who is responsible for what related to these services, which is particularly problematic for institutions that do not have a specialist anesthesiologist. An investigation into the authority and duties of anesthetists in accordance with Ministerial Regulation Number 18 of 2016 is necessary considering the issues raised above.

2. METHODOLOGY

This research uses a normative legal approach in its investigation. Finding relevant laws, concepts, and doctrines to resolve a legal dispute is the goal of this approach. By using statutory methods, the author collects original legal facts. As part of this procedure, we will look at the 2016 document entitled "Permits and Implementation of Anesthesia Practices" which was issued through a Minister of Health Regulation. Legislative methods seek to understand the legal framework that applies to the research topic. Apart from that, library research is also used to collect secondary legal sources. Books, scientific journals, papers and other literature related to the topic are consulted in the library collection. These materials are used as explanations or supports for the primary legal data that has been collected. The legal review will be carried out by referring to various legal materials and data collection methods that have been used. The analysis will be based on relevant laws to provide detailed conclusions and answer the problems being studied in this research. By using normative juridical research methods and referring to relevant primary and secondary legal materials, this research is expected to be able to provide in-depth understanding and detailed answers to the legal problems that are the focus of the research.

3. RESULTS AND DISCUSSION

According to the Big Indonesian Dictionary quoted by Kamal Hijaz, the root of the word "authority" is "the right and power to act", which includes the ability to make decisions, issue orders, and assign tasks to other people. Attribution authority refers to power granted directly through laws or regulations; for example, the

president has the authority to make laws-Perppu, Government Regulations. The following are several definitions of authority put forward by legal experts

1. The ability to organize, manage and supervise a particular topic is what Ferrazi means when he says that someone has authority
2. According to Ateng Syarifudin, there are two different meanings of authority. Authority includes the legal power granted by law and the scope of that power
3. The concept of authority according to Bagir Manan includes rights and responsibilities. The difference between rights and responsibilities is that rights give people the freedom to do or not do certain things, whereas rights place conditions on them. The processes of attribution, delegation, and mandate outlined in the law are the means used by state administrative law to establish its powers. In conclusion, each legal professional can have a unique perspective regarding the definition of authority. Authority, on the other hand, is often defined as the legal right or power to carry out managerial tasks in a particular context
4. According to Pilipus M. Hadjon, legal power is the same as authority (brvogdheid). Thus, power is associated with authority based on the idea of public law
5. SF Marbun, it is necessary to distinguish between authority and authority. The term authority can mean formal control over a person or an entire sphere of government. However, when it comes to other fields, competence and authority are specific to that field. Therefore, different sets of authority (rechtsbevoegdheden) can be seen as authority. The capacity to engage in legal interactions as permitted by law is what is meant by authority in this context
6. FPCL Tonner as quoted by Ridwan HR, the ability to establish legal relations between the government and its people is the government's power. According to both schools of thought, authority is the legal right to do certain things or make certain contracts. The magnitude of this power is what differentiates the two. Authority can have a broad scope, both over individual groups and the field of government in general, while authority is more limited to certain fields.

Each authority has limitations regulated by content, territory and time. If there is a defect in one of these aspects, the authority may be deemed invalid. The concept of public law emphasizes that the use of authority is always related to legal responsibility. The principle of "no authority without accountability" emphasizes that a person who has authority also has a responsibility to act competently. Duties and authority in a position or profession are always accompanied by responsibility. In exercising his authority, a person must act in accordance with his competence and the limits of his authority. For those who abuse their position of power, there must be repercussions in the form of legal and administrative action. So, there is a close link between power and responsibility, and both must be used fairly and proportionally. There are three main types of legitimate authority: attributive, delegative, and mandate authority, which are classified according to the source of the authority.

- a. Attributive authority
 1. The separation of powers outlined in the law is a source of attribution of authority.
 2. Second, the authority or body authorized to carry out the exercise of attributive powers in accordance with the provisions of the basic rules
 3. It is the duty and responsibility of the authorities mentioned in the basic rules to handle matters relating to this attribution power.
- b. Delegative authority
 1. One way to obtain delegation of authority is for one government organ to transfer its power to another organ in accordance with the limits of statutory regulations
 2. The person who receives authority or receives power assumes all duties and responsibilities in a situation of delegated authority
- c. Mandatory authority
 1. The term "mandate authority" refers to power transferred from a higher ranking official or body to a lower ranking official or body
 2. Unless otherwise stated, the mandated authority system is a hierarchical relationship between superiors and subordinates.

In the idea of legal responsibility, the focus is on the idea that those who carry out illegal or criminal activities should be held financially and punitively responsible for the consequences of their actions. The concepts of responsibility and fault are fundamental to the legal profession. In law, "obligation" refers to the overarching notion of risk or responsibility, encompassing rights and responsibilities related to existing or future losses, harms, crimes, expenses, or circumstances requiring state intervention. Responsibility covers several

aspects of a person's legal obligations. In contrast, accountability addresses the observable aspects of a task, including choice, competence, and capacity. One aspect of responsibility is ensuring that the law is obeyed. Practically, in everyday use, the term liability refers more to legal responsibility, especially regarding claims for compensation resulting from errors committed by legal subjects. Meanwhile, the term responsibility emphasizes the political and moral aspects of responsibility, which involve ethical values and obligations that go beyond the realm of law. Thus, the difference between liability and responsibility can be seen in the complementary scope of responsibility. Liability focuses more on the legal side and the obligation to compensate for losses, while responsibility highlights broader moral and political responsibilities. According to Hans Kelsen, legal responsibility refers to a person's obligation to be responsible for actions that are contrary to the law. Kelsen also introduced the concept of negligence, which refers to a person's failure to act with due care as required by law. Mistakes are often considered a form of error (*culpa*), although they are not as serious as errors committed with malicious intent, they can still cause harm. The following are four categories of legal obligations proposed by Hans Kelsen:

1. Personal responsibility, in the sense that someone must be responsible for their own violations
2. Collective accountability, namely someone is responsible for other people's mistakes
3. Liability based on fault, when a person is held responsible for an offense committed intentionally and with the aim of causing injury
4. Absolute liability, which makes a person responsible for unintentional and unexpected violations.

Responsibility, from its etymological root, is an obligation towards anything or anyone. This requires taking responsibility for whatever the individual or other person does. The following is an explanation of anesthesia practitioners who are prepared in accordance with Ministerial Regulation (PMK) Number 18 of 2016. A person is eligible to practice anesthesia if they have fulfilled the educational requirements set by the relevant agency in the field of anesthesia nursing or anesthesia care. A number of criteria must be met for an anesthesiologist to carry out his duties:

1. The government issues STRPA or Anesthesia Registration Certificate to anesthesiologists who have demonstrated competency in their field by obtaining a competency letter in accordance with statutory regulations. This STRPA functions as formal documentation of compliance with government-recognized standards by anesthesiologists
2. SIPPA or Anesthesia Practitioner License is a legal document required by an anesthesiologist to legally carry out his expertise in a health service institution. Anesthesiologists can demonstrate that they have the proper license to practice by presenting a SIPPA
3. Anesthesia Trainer Professional Standards: The anesthesia artist professional standards set out the minimum things an anesthesiologist must know and be able to do in order to practice independently in a particular community. The governing bodies of the anesthesiology profession set these benchmarks
4. An anesthesiologist is a licensed medical expert who has demonstrated the competency and authority to provide safe and effective anesthesia in a healthcare environment by meeting the criteria listed above

The authority of anesthesia practitioners in carrying out anesthesia practice is contained in article 10 and article 11 of Minister of Health Regulation No. 18 of 2016 concerning Licensing and Implementation of Anesthesia Practice. Article 10: Anesthesia administrators in carrying out their professional practice are authorized to provide anesthesia management care services to: a. preanesthesia, b. intraanesthesia, c. postanesthesia

Article 11

1. Services related to pre-anesthesia management, as intended in Article 10(a), include but are not limited to:
 - a. prepare patients for administration of anesthesia;
 - b. Take vital readings
 - c. Inspection, palpation and auscultation are further examinations that may be needed based on the patient's condition
 - d. Check the patient's vital signs and evaluate his health
 - e. Infer patient problems from evaluation findings
 - f. Independent and group assessment of pre-anesthesia services management initiatives
 - g. Write down the findings from the evaluation and history
 - h. Always make sure the anesthesia machine and monitor are in good condition and ready to use before use

- i. Maintain daily inventory of fluids and medications to ensure availability of all medications, including anesthetic and emergency medications, in accordance with hospital protocols
- j. Plan and carry out anesthesia procedures according to time, date and type of surgery.
2. Treatment services related to the provision of intra-anesthesia as intended in Article 10 letter b include:
 - a. Monitoring equipment and drugs according to anesthesia technique planning
 - b. Monitoring the patient's overall condition properly and correctly
 - c. Documentation of all actions taken so that all actions are recorded properly and correctly
3. Post-anesthesia management services as referred to in Article 10 letter c include documentation of all actions carried out appropriately and accurately.
 - a. Create a plan for post-anesthesia management activities
 - b. Pain treatment as directed by the anesthesiologist
 - c. Monitor the patient's vital signs after installing an epidural catheter
 - d. After administering regional anesthesia, monitor the patient's vital signs
 - e. Monitor patients after they have been given general anesthesia
 - f. Assess the patient's status after epidural catheter placement
 - g. Assess how well regional and epidural anesthesia catheter placement performs
 - h. Assess the efficacy of general anesthesia and epidural catheter placement
 - i. Respond to urgent situations by taking appropriate action
 - j. Records of medications and medical equipment used
 - k. Ensure the machine is in good condition for the next hive activity

Juridically, Article 10 and Article 11 of the Republic of Indonesia Minister of Health Regulation No. 18 of 2016 provides a legal basis for anesthesia practitioners to carry out their professional practice in anesthesia management services. These articles give authority to the Anesthesia Manager to carry out certain duties and responsibilities in the pre-anesthesia, intra-anesthesia and post-anesthesia stages. Article 10 states that Anesthesia Management has the authority to provide anesthesia management services at the pre-anesthesia, intra-anesthesia and post-anesthesia stages. This confirms that anesthesia practitioners have an important role in providing comprehensive anesthesia care before, during and after anesthesia procedures. Article 11 explains in detail the tasks that must be carried out by anesthesia administrators at each stage of anesthesia management services. In the pre-anesthesia stage, the Anesthesia Specialist carries out assessments, administration preparations, physical examinations, evaluations, and preparation of anesthesia machines and drug supplies. In the intra-anesthesia stage, the Anesthesia Manager is responsible for monitoring anesthesia equipment and drugs, monitoring the patient's condition, and documenting procedures. In the post-anesthesia stage, the anesthetist plans management procedures, manages pain, monitors the patient's condition, provides information to the patient and family, and provides care and management of post-anesthesia complications. In the juridical context, Regulation of the Minister of Health of the Republic of Indonesia no. 18 of 2016 provides a legal basis that regulates the responsibilities and scope of duties of Anesthetists in carrying out their professional practices. Anesthesia practitioners are required to fulfill the duties stated in these regulations in accordance with hospital standards and applicable procedures. Violations of these regulations may be subject to sanctions in accordance with applicable legal provisions. Apart from the above authority which is attributive, the anesthetist can also carry out anesthesia actions which are a mandate delegation of authority.

Article 12

In addition to the authority as intended in Article 10 and Article 11, anesthesia practitioners can carry out services:

- a. Under the supervision of a mandated delegation of authority from a specialist anesthesiologist or other doctor; and/or
- b. Based on government assignments as needed

Article 13

Delegation of authority by mandate from anesthesiology specialist doctors or other doctors as intended in Article 12 letter a, in order to assist anesthesia services which include:

- a. Carry out anesthesia according to the instructions of an anesthesiology specialist
- b. Installation of non-invasive monitoring equipment
- c. Installation of invasive monitoring devices
- d. Administration of anesthesia
- e. Overcoming difficulties that arise

- f. Airway maintenance
- g. Installation of mechanical ventilation devices
- h. Installation of nebulization device
- i. Termination of anesthesia
- j. Documentation in medical records

Articles 12 and 13 regulate the authority of anesthetists in carrying out services. The following is a further explanation regarding the contents of these articles:

Article 12

Article 12 explains that anesthetists have the authority to carry out anesthesia services in accordance with those regulated in Article 10 and Article 11. Apart from that, they can also carry out anesthesia services in two additional situations, namely:

- a. Under supervision by a delegation of authority from a specialist anesthesiologist or other doctor: Anesthetists can carry out anesthesia services independently with supervision from a specialist anesthesiologist or other doctor who has delegated authority to them. In this case, the Anesthetist acts in accordance with the instructions given by the doctor
- b. Based on government assignments according to needs: Anesthesia practitioners can also carry out anesthesia services based on assignments from the government according to needs. This suggests that the government can assign anesthesia practitioners to provide anesthesia services in certain circumstances that require their involvement

Article 13

Article 13 explains in more detail regarding the delegation of authority from a specialist anesthesiologist or other doctor to an anesthetist. This delegation of authority aims to assist anesthesia services and includes the following tasks:

- a. Carrying out anesthesia in accordance with the instructions of an anesthesiology specialist: Anesthesia practitioners can carry out anesthesia procedures in accordance with the instructions given by an anesthesiology specialist. This means that the Anesthetist is responsible for providing anesthesia to the patient according to the instructions and guidelines set by the doctor
- b. Installation of non-invasive monitoring devices: Anesthesia practitioners have the authority to install non-invasive monitoring devices such as electrocardiogram (ECG), pulse oximetry, or non-invasive blood pressure to monitor the patient's condition during anesthesia procedures
- c. Installation of invasive monitoring devices: Anesthetists can also install invasive monitoring devices, such as arterial catheters, central venous catheters, or urinary tract catheters, to monitor blood pressure, oxygen monitoring, and organ function during anesthesia procedures
- d. Administering anesthetic drugs: Anesthesia practitioners have the authority to administer anesthetic drugs to patients in accordance with the instructions of an anesthesiology specialist or a doctor who has delegated authority
- e. Overcoming complications that arise: Anesthesia practitioners must have the ability to overcome complications or complications that may arise during anesthesia procedures, such as respiratory problems, hypotension, or allergic reactions to anesthetic drugs
- f. Airway maintenance: Anesthetists are responsible for ensuring the patient's airway patency during anesthesia procedures, including performing airway resuscitation measures if necessary
- g. Installation of a mechanical ventilation device: If necessary, the Anesthetist can install a mechanical ventilation device to help the patient's air circulation and oxygenation during the anesthesia procedure
- h. Installation of a nebulization device: Anesthetists can install a nebulization device for administering medication through the patient's respiratory tract if necessary
- i. Termination of anesthesia: After completing the anesthesia, the Anesthetist is also responsible for safely terminating the anesthesia and monitoring the patient's recovery
- j. Documentation in the medical record: Anesthetists must accurately document all actions and observations related to anesthesia services in the patient's medical record.

Article 13 provides an overview of the authority and responsibilities of the Anesthesia Manager which involves administering anesthesia, monitoring patients, and handling complications that may occur. All these actions must be carried out by following the instructions and directions of the anesthesiologist or doctor who has delegated authority.

Article 14

- (1) Delegation of authority based on government assignment as intended in Article 12 letter b is carried out in the event that there is no specialist anesthesiologist in an area
- (2) Services in the context of delegation of authority as intended in paragraph (1) can only be carried out by anesthesiologists who have received training
- (3) Services in the context of delegation of authority as intended in paragraph (2) include anesthesia services in accordance with additional competencies obtained through training
- (6) Delegation of authority based on government assignments can only be carried out in health service facilities owned by the government and/or regional governments.

Apart from having attributional authority and receiving a mandate from a specialist anesthesiologist, an administrator also has the authority to perform anesthesia services based on government assignments. Article 14 regulates the delegation of authority in the field of anesthesia based on government assignments. The following is an explanation for each paragraph in Article 14:

- (1) Paragraph (1) states that delegation of authority can be carried out if there is no specialist anesthetist in an area. In this case, the authority to carry out anesthesia procedures can be given to other individuals who meet the specified requirements
- (2) Paragraph (2) emphasizes that services carried out in the context of delegation of authority may only be carried out by anesthesiologists who have received training. This training is necessary to ensure that individuals performing anesthesia procedures have adequate skills and knowledge
- (3) Paragraph (3) explains that services in the context of delegation of authority must be in accordance with additional competencies obtained through training. This means that individuals who carry out anesthesia based on delegation of authority must have an adequate understanding of anesthesia and the skills needed to carry it out
- (6) Paragraph (6) states that health service facilities operated by the federal or state government cannot be used for delegation of powers based on government assignments. This suggests that the government can only appoint and supervise facilities if delegation of responsibilities is permitted.

Article 14 concludes by outlining procedures for delegating authority in the anesthesia profession without a local anesthetist. Only anesthesiologists who have completed training can be assigned the responsibility, and their services will reflect the increased competency they have acquired. Government health service agencies and regional governments are the only places where authority can be delegated. The function of professional standards in health services is very important in ensuring that patients receive safe, effective and quality treatment from professional medical personnel. To reduce or eliminate health service inconsistencies, this standard is established as an indicator of the typical competency of health service providers. Practices that do not comply with professional standards, operational processes, or regulatory requirements are referred to as deviance in health care. The degree of carelessness can vary from mild negligence to outright malpractice, which is defined as a violation of regulations. Based on Article 310 of Law Number 17 of 2023 concerning Health, any dispute including claims that medical personnel or other health service providers caused injury to patients must first be resolved through non-judicial dispute resolution (such as mediation or arbitration) before legal action is taken. Because administrative law, civil law and criminal law all have an applicable role in the health sector, it does not rule out the possibility of a resolution process through litigation if necessary. There is a greater potential for error in anesthesia practice settings, especially for those working in the field of anesthesiology. One of the main causes is the heavy workload and the small number of staff available.

According to Minister of Health Regulation no. 18 of 2016 concerning Licensing and Implementation of Anesthesia Practices, an anesthesiologist or other appointed doctor must be present every time an anesthesia practitioner provides services to ensure patient safety and quality. As intended in Law no. 30 of 2014 concerning Government Administration, mandate in this context is the transfer of power from a higher authority to an anesthesiologist, with the original author still carrying the final duties and responsibility. However, it should be remembered that anesthesiologists have direct power over some autonomous activities, as determined by relevant laws and regulations. Compliance with professional standards, operational processes, statutory requirements, and medical ethics is critical for anesthesiologists and anesthesia practitioners while providing the best healthcare services and avoiding potential anomalies. The idea of individual responsibility is relevant in criminal law. If the anesthesiologist deviates from standard practice to the detriment of the patient, it is the fault of the anesthesiologist or director of anesthesia, but ultimately the anesthesiologist is responsible. The article's prohibition on the involvement of anesthesiologists in criminal activities remains in effect even if the patient's injury is caused by malfeasance committed by the anesthesiologist himself. Meanwhile, respondeat superior is known in civil law (Article 1367 of the Civil Code). This principle is applied when the specialist anesthesiologist

delegates tasks to the general anesthetist, and the delegation of care by the general anesthetist causes deviations in services or harms the patient. Responsibility for the consequences of the anesthesiologist's decisions and procedures rests with them in these cases.

4. CONCLUSION

According to their competence, anesthesia practitioners have the authority to provide health services, including pre-anesthesia, intra-anesthesia and post-anesthesia care. Specialist anesthetists can provide pre-anesthesia, intra-anesthesia and post-anesthesia services independently based on their authority obtained through statutory regulations, authority granted by specialist anesthesiology doctors, or delegation of authority from government assignments, as explained in Minister of Health Regulation Number 18 2016 which regulates licensing and implementation of anesthesia practice. Actions carried out with attribution authority are legal and can be implemented because they are based on the direct grant of power from the legislative institution. Meanwhile, someone may be given the power to act on behalf of another, but ultimately, the decision maker still bears the brunt of the responsibility once the mandate is in place. The responsibility of the anesthetist is adjusted to his/her authority, if the attribute of authority means the authority attached to him/her in accordance with statutory regulations then the responsibility for all actions he/she performs lies with the anesthetist. However, the responsibility for the delegation of authority given by a specialist in anesthesiology is in the form of a mandate. The legal responsibility lies with the giver of the mandate as long as the action taken is based on standard operational procedures, then the giver of the mandate is expected to have a specialist in anesthesiology as the giver of the mandate in accordance with the competence of the anesthesiologist. As the recipient of the mandate so as to avoid any potential irregularities in health services that could occur.

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