

ORIGINAL ARTICLE

Doctor's Liability in Providing Vaccination for COVID-19

Maradona, Hilda Yunita Sabrie, Rizky Amalia, Katherine Abidea Salim, Kadek Anda Gangga Putri

Faculty of Law, Universitas Airlangga, Jalan Airlangga No. 4-6 60115, Surabaya, Indonesia

ABSTRACT

Introduction: This article focuses on doctors' responsibility for the Indonesian vaccination program as the Indonesian Government program in the health sector. Since the WHO declared Covid-19 a pandemic, Indonesian citizens must get a vaccine for antibodies. However, the Covid-19 vaccine as an emergency use vaccine has a Post-Immunisation Adverse Event. The problem of this research is to what extent the doctor's responsibility both in civil law and criminal law for detriment due to covid-19 vaccine especially in the Indonesian legal system. **Methods:** This study uses normative legal research with a statutory and conceptual approach. Sources of legal materials are obtained from primary legal materials, such as statutory regulations and secondary legal materials, namely books and scientific journals. **Results:** Doctors in Covid-19 vaccination program must comply with professional standard operating procedures and ethics in. Violation of this standard will be subject to legal and ethical sanctions. A legal sanction includes civil and criminal punishment after being analysed by the disciplinary and ethics committee. Doctors are also responsible for nurses' and midwives' errors in vaccine injection as a form of delegation authority. **Conclusions:** Based on Indonesian regulations, vaccine practitioner is doctors, nurses and midwives. Both nurses and midwives must be under a doctor's supervision. In practice, improving antibodies through the vaccine has adverse. Consequently, governments and vaccine practitioners are potentially responsible in front of the law, both civil and criminal law when certain criteria are meet.

Keywords: COVID-19, Vaccination, Responsibility, Doctor, Healthcare

Corresponding Author:

Katherine Abidea Salim, S.H

Email: Katherine.abidea.salim-2018@fh.unair.ac.id

Tel:+62-851-5770-5938

INTRODUCTION

The Sars-Cov-2 virus causes coronavirus disease 2019 (COVID-19), first reported in Wuhan, China, on December 31, 2019. World Health Organization (WHO), on March 11, 2020, declared the spread of COVID-19 as a pandemic after the number of COVID-19 cases outside China increased 13 (thirteen) times, and the number of affected countries increased three times (1). The spread of Covid-19 in early 2020 reached more than 118,000 cases in 114 countries and claimed 4,291 lives (1). Common symptoms that arise from the virus transmission are fever of 38 degrees Celsius, dry cough and shortness of breath and transmission, which can be spread through tiny droplets from the nose or mouth

when coughing or sneezing (2). Cases of COVID-19 around the world are still increasing to this day. Based on world meters, as of June 2021, the number of infected people has reached 174,432,378 cases, with 3,753,869 cases dying.

As a form of protection for state security, Indonesia immediately stipulates Presidential Decree No. 11 of 2020 on the Determination of Public Health Emergency Coronavirus Disease 2019 (Covid-19) and Presidential Decree Number 12 of 2020 on Determination of Non-Natural Disasters Spreading Coronavirus Disease 2019 (Covid-19) as a National Disaster (3). Various policies have emerged to regulate people's lives, one of which is the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/382/2020 on Health Protocols for the Community in Public Places and Facilities in the Framework of Prevention and Control. Coronavirus Disease 2019 (Covid-19) requires the public to use personal protective equipment in the

form of masks, wash their hands and use hand sanitiser, and do social distancing such as maintaining a minimum distance of one meter from other people or avoiding crowds.

Covid-19 cases have been popping up since being declared a pandemic by the WHO. Until May 2022, data on the number of Covid-19 cases in Indonesia, based on the official website of Covid-19 Indonesia in collaboration with Covid-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, reached approximately 6.05 million cases with the number of cases recovering approximately 5.89 million cases and cases of death reaching approximately 157,000 cases (4). The number of cases in Indonesia in April 2022 continued to decline, according to the Spokesperson for Covid-19 Vaccination of the Indonesian Ministry of Health at a virtual press conference April 2022. She stated that confirmed cases of Covid-19 had decreased significantly compared to the previous week, namely the weekly positive number at four point six percent and the daily positive number at three percent, which is already below the WHO standardised figure of five percent (5) (Table I).

Table I: 10 Countries With the Highest Percentage of the Spread of COVID-19

No.	Country	Number of cases	Die	Healed
1	USA	34.275.783	613.920	28.278.394
2	India	29.273.338	363.097	27.778.894
3	Brazil	17.215.159	482.135	15.670.754
4	Perancis	5.728.967	110.270	5.471.149
5	Turki	5.313.098	48.524	5.186.728
6	Russia	5.167.949	125.278	4.771.995
7	UK	4.542.986	127.867	4.283.263
8	Italia	4.239.868	126.855	3.943.704
9	Argentina	4.066.156	83.941	3.639.402
10	Spanyol	3.729.458	80.465	3.505.243

Source: *worldometers.info*, June 11 2021

Efforts made in dealing with the spread of Covid-19, in addition to complying with health protocols, cannot be separated from vaccinations by the government. As of May 14, 2021, WHO has recorded 100 vaccines in the clinical development stage and 184 vaccines in pre-clinical development (6). WHO in Covid-19 and mandatory vaccination: Ethical considerations

and caveats, a summary of the policy dated April 13, 2021, does not require or oppose Covid-19 vaccination but considers the government on the importance of vaccination in tackling Covid-19 because it effectively protects people from Covid-19 (7). Indonesia is one country requiring Covid-19 vaccination through Presidential Regulation of the Republic of Indonesia Number 14 of 2021 concerning Amendments to Presidential Regulation Number 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Framework of Pandemic Management Coronavirus Disease 2019 (Covid-19). Ten types of vaccines have been granted permission by The Indonesian Food and Drug Supervisory Agency (BPOM) Sinovac, AstraZeneca, Sinopharm, Moderna, Pfizer, Novavax, Sputnik- V, Janssen, Convidencia, and Zifivax (8).

Vaccination of Covid-19 services is further regulated in the Minister of Health of the Republic of Indonesia Number 10 of 2021 in the Implementation of Vaccination in the Framework of Pandemic Management Coronavirus Disease 2019 (Covid-19). Based on Article 29, paragraph one of the regulation, the parties mandated to administer the Covid-19 vaccine are doctors, midwives, or nurses who have the competence and authority to follow the provisions of the legislation. Doctors, based on Article 1 paragraph two of the Law of the Republic of Indonesia Number 29 of 2004 on Medical Practice, are doctors and specialist doctors who have graduated from medical education both at home and abroad and are recognised by the Government of the Republic of Indonesia following statutory regulations. Meanwhile, midwives and nurses are health workers whose provisions are regulated separately from doctors, which is regulated in the Law of the Republic of Indonesia Number 36 of 2014 on Health Workers.

The Covid-19 vaccination, in its implementation, sometimes causes a reaction or what is called a Post-Immunisation Adverse Event (AEFI) that is mild and temporary, such as pain in the arm at the injection site headache, muscle aches, nausea, fever, flu-like symptoms and chills. For one to two days (9). Based on official information from the Covid-19 Handling Task Force, on its official website, it states that not everyone experiences a reaction or AEFI, and if it does, it is a natural thing because the reaction that occurs is milder than being exposed to Covid-19 (9).

As one of the parties mandated to administer the Covid-19 vaccination, doctors have a great responsibility because they act directly in administering the vaccine through injection. In addition, doctors are also responsible for determining whether a patient can receive vaccination, given that specific criteria have been determined. Several cases emerged after the implementation of vaccination. Apart from experiencing reactions or AEFIs, fatalities were suspected to be that impact. So it becomes a question of whether the doctor can be held accountable

in this case.

MATERIALS AND METHODS

Research type: The type of research used in writing this research is normative juridical (legal research), namely research that aims to find the truth of coherence, are there legal rules according to legal norms and are there norms in the form of orders or prohibitions under legal principles, and whether actions (act) a person according to legal norms or legal principles.

Approach: This study uses a legal approach (Statute approach) which is done by reviewing the laws and regulations related to legal issues, and the Conceptual Approach (conceptual approach), which departs from the views and doctrines that develop in the science of law.

RESULTS

The Guidelines to Preventing Infection during COVID-19

WHO has enacted guidelines related to preventing infection and control during the pandemic, including the guideline on procedures for distribution of vaccines. Those guidelines become the basis for countries to determine their regulations (10). Based on the guidelines, several steps must be taken by doctors or health workers, namely: screening, the injection phase, and the phase after vaccine injection. In stage screening, clinicians must determine the eligibility of vaccine recipients who must not have comorbidities. In the injection stage, the materials used for vaccination, including the needles and vaccines used, must be new and undamaged. Furthermore, in the post-injection stage, the doctor will be considered responsible for the injury through criminal law or civil law when a loss or injury is caused by the doctor's negligence in the first and second stages.

The distribution of the Covid-19 vaccine in Indonesia is regulated through the Minister of Health Regulation Number 10 of 2021 on the Implementation of Vaccination in the Framework of Pandemic Corona Virus Disease 2019 (Covid-19). Not much different from the WHO's determination of infection prevention and control (Infection Prevention and Control), Article 28 of the Regulation of the Minister of Health stipulates the steps in administering the Covid-19 vaccine: registration/verification; screening (anamnesis), physical examination and providing education, as well as approval of action; preparation and administration of the Covid-19 Vaccine; conduct post-Covid-19 Vaccination observations, give signs of completion of Covid-19 Vaccinations, and issue Covid-19 Vaccination certificates; recording and inputting data on the results of the Covid-19 Vaccination; perform medical waste management, and regulate the smooth flow of Covid-19 Vaccination services.

After the Covid-19 vaccination, it is not uncommon for a reaction to the Covid-19 vaccination to appear, known as Post-Immunisation Adverse Events (KIPI). The steps taken by the Government of Indonesia in tackling Adverse Events After Immunisation (KIPI), immediately formed the National Committee for the Study and Management of Adverse Events after Immunisation (Komnas PP-KIPI) through the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/4719/2021. Komnas PP-KIPI is tasked with evaluating every report and data on Post-Immunisation Adverse Events (KIPI) that are received or come to the public's attention and making analyses and recommendations for follow-up on these reports (11). During the Covid-19 pandemic, much information emerged regarding the number of fatalities after the Covid-19 vaccination. Like the case of the death of a student from Purbaratu, Tasikmalaya (12), two students in Jombang and one student in Magetan (13), as well as two older people in Banyumas Regency, Central Java (14). There are still many similar cases that have sprung up, especially on social media. Then, several questions emerge among the public regarding the effectiveness and safety of the Covid-19 vaccination for their health. In order to restore public confidence in vaccination, the government immediately followed up on the alleged death through Komnas PP-KIPI.

In January 2022, the Head of Komnas PP-KIPI, Prof. Hindra Irwan Satari, confirmed that there had been no cases of death due to the Covid-19 vaccination (15). Regarding the alleged death after the Covid-19 vaccination, Komnas PP-KIPI immediately conducted an investigation. The investigation showed that the deaths were not related to the Covid-19 vaccination but congenital diseases such as heart disease (15), vascular disease, sudden impaired kidney function, diabetes mellitus, and uncontrolled hypertension (16). Regarding this, the government and the public need to think critically in carrying out Covid-19 vaccinations by paying attention to the conditions for receiving the vaccine.

The requirements for recipients of the Covid-19 vaccine are regulated in the Decree of the Director General of Disease Prevention and Control of the Ministry of Health of the Republic of Indonesia Number 10 Year 2021. These conditions are: Do not have the disease in the format screening. The disease is having suffered from Covid-19; and the presence of congenital disease (comorbid) such as experiencing symptoms of upper respiratory tract infection in the last seven days; being on long-term active therapy against blood disorders; heart disease; systemic autoimmune; Kidney illness; autoimmune rheumatism; chronic gastrointestinal diseases; hyperthyroid disease; and cancer, blood disorders and recipients of blood transfusions; Not pregnant or breastfeeding; There are no family members

at home who are being treated for Covid-19; Not having a fever with a temperature equal to or above 37.5 degrees Celsius; Blood pressure should not be above or equal to 140/90; Patients with controlled type 2 Diabetes Mellitus (DM) and HbA1C below 58 mmol/mol or 7.5% can be vaccinated; For people with HIV, if the CD4 count is <200 or unknown, no vaccination will be given; If you have lung disease, the vaccination is postponed until the patient's condition is well controlled. For TB patients under treatment, vaccination can be given at least two weeks after receiving anti-tuberculosis drugs; For other diseases that are not mentioned in these conditions, one can consult with a treating expert, and it is advisable to bring medical records from the treating doctor so far.

The doctor administering the Covid-19 vaccination is obliged to examine the vaccine recipient to determine whether the recipient has met the requirements as regulated in existing regulations considering that not everyone can receive the vaccine. The examination phase in the form of a screening phase is carried out simultaneously with the provision of education and approval of action from the vaccine recipient. If a doctor does not carry out the examination, the doctor has made negligence in providing health services (malpractice). So if there are consequences that threaten the legal interests of the vaccine recipient or the patient due to the doctor's actions, it is necessary to examine whether the doctor can be held accountable for this.

Doctors carrying out their duties must comply with the code of medical ethics. The code of medical ethics that the World Medical Association has codified is the International Code of Medical Ethics, in which the primary ethical practice is to do one's best to preserve human life (18). Violation of this set of rules can be declared an act of malpractice. Although there are no specific regulations governing malpractice in administering the COVID-19 vaccine, the state has regulations regarding health and health protection that regulate the duties and obligations of doctors.

DISCUSSION

In Indonesia, medical practice has been specifically regulated in Law No. 29 of 2004 on Medical Practice which also provides regulations regarding the rights and obligations of a doctor. If violated, the consequence can be sanctioned by revocation of practice license. The relationship between doctors and patients is generally based on an agreement, where there are rights and obligations that each party must fulfil. This agreement is known as a therapeutic agreement, where the doctor must make every effort to heal the patient (19, 14). Juridically, a therapeutic agreement is defined as a legal relationship between a doctor and a patient in a professional medical service based on competence under certain expertise and skills in the health sector (20, 4).

A therapeutic agreement is an innominate agreement that is not classifiable under a specific name in Burgerlijk Wetboek (BW). Based on the provisions of Article 1319 BW, the provisions of Book III BW on Law of Obligations apply to nominate and innominate agreements, including the therapeutic agreement. Article 1320 BW stipulates the requirements for a valid agreement, namely:

1. There is a consent between the parties.

The agreement in question is that the subject who agrees must agree on the main things of the agreement that is entered into (21,1). It means that the parties want something reciprocally;

2. Capacity to make agreements;

Article 1330 BW stipulates about people incapable of making agreements, namely (21,1) minor people, the person who was put under custody, women who have been married in matters stipulated by law, and all people with whom the law has forbidden to make specific agreements. The category of minor people is regulated in Article 330 BW, namely people who are under 21 years old and have not married before, however, this provision is no longer valid since there are new provisions applicable. Article 47 in conjunction with Article 50 of the Marriage Law stipulate 18 years old as the age of majority. The second category can be found in Article 433 BW that defines people placed under custody as adults who are in a continuous state of simple-mindedness, insanity or rage. The third category regarding married women who are declared incompetent to enter into agreements, apart from being contained in Article 1330 BW, can also be seen in the provisions of Article 108 BW. However, with the Circular Letter of the Supreme Court (SEMA) Number 3 of 1963 and based on Article 31 paragraph (1) and paragraph (2) of the Marriage Law, this rule is considered no longer valid, so that a married woman still has capacity juridical acts without requiring assistance from her husband.

3. Regarding a certain subject matter;

An agreement must have a certain subject matter, meaning what was agreed upon from the rights and obligations of both parties if a dispute arises (21,17). This means that the object of the agreement must be transparent. This object can be in the form of objects that exist now or in the future.

4. A permissible cause

A permissible cause means that the agreement's contents must not conflict with the laws and regulations, morality and public policy. The agreement concluded with the prohibited cause has no binding force, as stated in Article 1335 BW. (21, 1)

The therapeutic agreement in its implementation covers the fields of diagnostic, preventive, rehabilitative, and promotive (21,17). Implementing the Covid-19 vaccination is a therapeutic agreement in the preventive field to prevent the transmission of the Covid-19 outbreak.

Doctors' responsibilities to patients are generally not

explicitly stated in regulations regarding health services. Most liability regulations are in general provisions regarding legal liability, both in civil and criminal law. In Indonesia, legal liability for medical malpractice in civil law can be found in *Burgerlijk Wetboek* (BW), while in criminal law, it can be found in the *Criminal Code* (KUHP). In the United States, claims for medical malpractice are generally processed as a tort, so they fall under the Tort Law. Furthermore, in Sweden, general provisions regarding liability are provided for in the *Tort Liability Act* or *skadestandslagen 1972*, which is further regulated in the *Patient Injury Act* or *patientskadelagen 1996*.

According to *Black's Law Dictionary*, "Malpractice is an instance of negligence or incompetence on the part of professional ". In free translation, it can be interpreted that malpractice is negligence which is part of the incompetence of a professional. In Indonesia alone, the boundaries regarding malpractice cannot be formulated, so the content of the definition and boundaries of medical malpractice is not uniform. Article 66 paragraph (1) of Law Number 29 of 2004 on Medical Practice contains the provisions, "Everyone who knows or whose interests have been harmed by the actions of a doctor or dentist in carrying out medical practice can make a written complaint to the chairman of the Indonesian Medical Discipline Honorary Council". This provision can implicitly mean that malpractice is an act of a doctor that harms the interests of his patient.

Based on civil law, two possibilities can be used as a juridical basis to file a lawsuit against medical malpractice. First, is a lawsuit based on a contract's default (breach of promise). The default lawsuit is based on the provisions of Article 1239 BW, which states, "Every obligation to do something or not to do something, when the debtor does not fulfill his obligations, gets a settlement in the obligation to provide compensation for costs, losses and interest." So, according to BW, a lawsuit for default that occurs in the case of a malpractice lawsuit can be filed because a therapeutic agreement has been violated, as long as the requirements of the valid agreement based on Article 1320 BW have been met.

The relationship between doctors and patients must be seen as a relationship between legal subjects, where both doctors and patients are obliged to do something or give something. This agreement appears when the patient has given consent for the doctor's actions and risks (22). To file a default suit, a patient must meet three prerequisites (23): doctors and patients bind themselves in a legal relationship based on a therapeutic agreement, the therapeutic agreement purpose is violated because of the doctor's actions, and patient suffers an injury or loss as a result of the doctor's actions. If the three prerequisites are met by the patient, then the Court may decide compensation for the patient in the form of financial compensation.

Then, a lawsuit is based on an unlawful act (PMH). PMH's lawsuit is based on the provisions of Article 1365 BW, which states, "Every unlawful act which brings damage to another person, obliges the person whose fault causes the loss to compensate the damage". PMH or *onrechtmatige daad* means that one of the parties has committed an unlawful act because his actions are contrary to the principles of propriety, thoroughness and prudence, especially in this case, an agreement or agreement between a patient and a doctor (25, 120). In this case, the provisions of Article 58 of the Health Law on compensation for errors or omissions in health services are applied. If it is related to the provisions of 1365 BW that in order to be called an unlawful act, 4 (four) elements must be met, namely: there must be an act and the act is against the law, there must be loss suffered, there is an error or omission, there is a causal relationship between loss and error.

Liability for mistakes (fault liability) is a general form of civil liability based on three principles. The rules for these three principles are contained in articles 1365, 1366, and 1367 of the Civil Code, namely (25, 38):

1. Every act that violates the law, an act that causes harm to another person, obliges the person who made the loss, due to his/her fault, to compensate for the loss.
2. Everyone is responsible not only for his willful actions but also for the consequences of his negligence and carelessness.
3. A person is responsible not for his actions but also for the actions of those who are his responsibility or under his authority or orders or supervision.

In a country with a system of common law like the United States, liability arising from malpractice is generally regulated using Liability Tort. The main prerequisite for this obligation is negligence, which in turn must have a causal relationship with the injury suffered by the patient (26, p 84). In the case of *Donoghue vs. Stevenson*, the first evidence that shows negligence is the existence of an obligation to treat, where the doctor must be careful to avoid acts or omissions that can be suspected of injuring someone. This step should begin with determining the standard of care that must be met by balancing injury with avoiding it and the benefits lost when the obligation is neglected (27, p 580). Furthermore, the injury or loss suffered must be predictable, not too far from negligence, and be met in accordance with the law of negligence (28).

Multiple countries Organization for Economic Cooperation and Development (OECD) has adopted another Tort Liability system branch, the No Error System. With the enactment of the Patient Insurance Act Sweden has used this liability system based on an agreement between the Public Health Agency and the insurance company. This liability focuses more on unforeseen injuries compared to negligence. The patient can claim compensation for the fact that an injury has occurred, and the insurance company will compensate

without needing to find fault.

In criminal law, determining whether a person can be legally held accountable includes 2 (two) elements, namely the ability to take responsibility and the existence of errors. In Article 44 of the Criminal Code (KUHP), some provisions define the inability to be responsible, namely if the person who commits a criminal act has a mental disability in growth or is disturbed due to disease. By interpreting *Argumentum A Contrario*, then capable of being responsible is anyone whose soul is not disturbed so that he can be held criminally responsible. A doctor, as defined in the provisions of Article 1 paragraph (2) of the Medical Practice Act, is an individual carrying out his profession who must go through medical education according to predetermined standards. To follow and go through medical education, a person must have a healthy body and mind. Thus, the first element, the ability to be responsible, has been fulfilled.

There are 2 (two) forms of error, which are intent or negligence. Intent can be categorized in three forms or patterns of intent, namely:

1. Deliberation as an intention, i.e. if the perpetrator of a crime does have the primary goal of committing a crime, and based on that purpose the perpetrator carries out his action;
2. Deliberation is a certainty, namely if the perpetrator commits an act and is aware that because of his action, there will be other unavoidable consequences. Other consequences arising from his actions are not the desired consequences (29, p 81),
3. Deliberation is possible; namely, the perpetrator is aware that there may be other consequences of the unwanted action, but the perpetrator does not cancel the intention to do so. He still has the will to do this and doesn't care who the victim is.

In addition to intent, errors can also be in the form of negligence. Regarding omission or culpa Wirjono stated that the meaning of the word culpa is a "general error". In legal science, it has a technical meaning, namely a kind of wrongdoing by the perpetrator which is not as severe as intentional, but unintentional consequences occur due to lack of caution (30). There are two elements of negligence or culpa, namely (31, 74):

1. Not being careful

The meaning of inadvertence is that the perpetrator does not carry out research, skills or genuine prevention efforts in certain circumstances or in how he acts.

2. Less guesswork, here there are two possibilities:
 - a. *Bewuste Culpa* (conscious omission), meaning that the perpetrator should be aware of the consequences of his actions.
 - b. *Onbewuste Culpa* (unconscious negligence), meaning that at first, the perpetrator did not realise that the effect would occur, but in its development, the effect has occurred.

Omission or culpa is also included as an error in criminal law. Ratio or the reason for negligence culpa prohibited by the Criminal Code because there are circumstances in such a way that endanger the security of people or goods, or cause harm to a person that is so great and irreparable that the law also acts against this careless, reckless attitude. For example, because his negligence causes the death of another person, that person is threatened with Article 359 of the Criminal Code (31). If the crime is committed within the sphere of profession, based on Article 361 Criminal Code, the sentence may be enhanced one third.

Practices regarding the responsibility of doctors in criminal law are generally based on the presence of an element of negligence (32). Negligence must be seen as something that: deviates or is negligent in making decisions, deviates or is negligent in implementation, and deviates or neglects duties (32). The system of liability arises when there is sufficient evidence to show that culpa lata, where the doctor does not want an injury but has estimated the risk of injury. For example, doctors do culpa lata when they are negligent, incompetent, indifferent, and careless towards the patient's health, all of which can be punished.

Associated with cases of suspected Covid-19 vaccination malpractice resulting in the patient's death, the doctor may be subject to criminal sanctions under Article 359 jo. Article 361 of the Criminal Code, namely because his negligence causes the death of another person, is threatened with imprisonment for a maximum of 6 years and 6 month.

However, doctors suspected of malpractice for Covid-19 vaccination cannot be directly processed through legal procedure. Based on the Circular Letter of the Supreme Court of the Republic of Indonesia in 1982, the Supreme Court gave directives that the handling of cases of doctors suspected of negligence or errors must first seek an opinion from the Honorary Council for the Medical Code of Ethics (MKEK) before being processed through legal channels. If the results of the examination conducted by the Honorary Council for the Medical Code of Ethics (MKEK) prove that the loss of the patient was indeed the negligence of the doctor, they will be immediately processed by law, and the results of the examination will be used as evidence in Court.

Legal responsibility of covid-19 vaccine has been on the Indonesian Government's hand since the issuance of Presidential Regulation Number 14 of 2021 regarding changes to Presidential Regulation Number 99 Year 2020 regarding vaccine procurement and vaccine implementation in the context of overcoming the coronavirus disease (Covid 19) pandemic. The government is responsible for the occurrence of unwanted events due to Covid-19 vaccine based on article 11. This arrangement is the difference between

legal liability for vaccination before and after the occurrence of covid-19. Government's has liability for compensation and hospitalisation for the patient.

CONCLUSION

The Covid-19 vaccine is an Indonesian government program. As a government project in health sector, vaccination program is a government responsibility, primarily when vaccines result in Post-Immunization Adverse Events. Indonesia has regulations on the implementation of vaccines. Furthermore, the covid-19 vaccine application is based on Presidential and Health Minister regulations. Both regulations show the government's liability for vaccine recipient when they get uncomfortable consequences (Post-Immunization Adverse Events). These regulate government's duty to give compensation and hospitalization support.

As one of the parties given the mandate in the Covid-19 vaccine, doctors have responsibilities in the screening phase, the vaccine injection phase, and the post-injection phase. A doctor's negligence that causes losses to the recipient can be held liable through a lawsuit on unlawful act (PMH) and additional criminal charge. These legal liabilities are based on losses from recipients, such as disability or death due to a violation of professional standards, operational procedures, and the code of conduct. In addition, doctors are responsible for faults made by nurses and midwives in carrying out the covid-19 vaccine.

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