

ANALYSIS OF THE LIMITS OF AUTHORITY OF GENERAL PRACTITIONERS IN COMMUNITY HEALTH CENTERS IN ISSUING *VISUM ET REPERTUM* BASED ON LAW NO. 17 OF 2023 ON HEALTH

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ABSTRACT

Visum et Repertum (Visum et Repertum) plays a crucial role in the criminal evidence process, but the authority of general practitioners in community health centers (Puskesmas) to issue them still creates legal uncertainty, especially after the enactment of Law Number 17 of 2023 concerning Health. This study aims to analyze the limitations of general practitioners' authority in preparing visums based on provisions of health law and state administrative law. The research method used is normative juridical, with a statutory, conceptual, and doctrinal approach, accompanied by an analysis of forensic medicine literature and medical professional regulations. The results indicate that Law 17 of 2023 does not explicitly regulate the authority of general practitioners in forensic procedures. Therefore, visums can only be issued if they comply with competency, professional standards, and the medical code of ethics. The study also found a gap between the needs of law enforcement in the regions and the limited forensic personnel, resulting in general practitioners still being required to issue visums despite inadequate normative basis. The study's conclusions emphasize the need for more comprehensive derivative regulations to provide legal certainty, improve the quality of visums, and protect doctors from legal risks.

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INTRODUCTION

Health services constitute a fundamental constitutional right guaranteed by the State. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia provides: "Every person has the right to live in physical and spiritual prosperity, to have a place to live, to enjoy a good and healthy environment, and to obtain health services."

Furthermore, Article 28I paragraph (4) affirms: "The protection, promotion, enforcement, and fulfillment of human rights are the responsibility of the state, especially the government." These constitutional mandates establish

that access to health services is inseparable from the broader framework of human rights protection. The enactment of Law No. 17/2023 on Health reflects the government's commitment to strengthening the national health system and ensuring comprehensive health protection. Article 6 paragraph (1) of Law No. 17/2023 on Health states: "The Central Government and Regional Governments are responsible for planning, regulating, administering, fostering, and supervising the implementation of quality, safe, efficient, equitable, and affordable Health Efforts for the community."

Although this law reorganizes the structure of health services and medical authority, it does not explicitly regulate the scope of general practitioners' authority in performing medicolegal actions, including the issuance of *Visum et Repertum* (VeR). VeR plays a crucial role in criminal proceedings as documentary evidence derived from expert medical examination. In the Indonesian criminal justice system, Article 184 paragraph (1) of the Criminal Procedure Code (KUHAP) recognizes documentary evidence and expert testimony as valid means of proof. Article 133 paragraph (1) KUHAP further provides: "In the event that an investigator for the purpose of justice handles a victim who is injured, poisoned, or deceased suspected due to a criminal act, he is authorized to request expert testimony from a forensic doctor or a doctor."

This provision establishes that VeR is issued upon written request of an investigator and functions as expert evidence within the judicial process. However, the provision does not differentiate between forensic specialists and general practitioners, creating interpretative ambiguity in practice.

In many regions of Indonesia, particularly areas lacking forensic specialists, Community Health Centers (Puskesmas) often become the first medical facility to examine victims of violence. Consequently, general practitioners are frequently requested to issue VeR. This practice raises legal and professional concerns, especially when considering the limits of competence and authority. Lubis (2024) emphasizes that VeR holds significant evidentiary value in criminal trials, and its preparation must meet both medical and legal standards. Similarly, Kinandani and Layang (2023) demonstrate that inconsistencies in VeR quality at primary healthcare facilities may weaken its probative force.

From the perspective of administrative law, authority constitutes the legal basis of every public official's action. According to Hadjon (2010), authority is a legal competence granted by statutory regulation to public officials to act within a defined scope. Authority must derive from legislation and be exercised in accordance with the principle of legality. Ridwan HR (2020) further explains that any administrative action lacking proper authority may be considered legally defective.

In the context of VeR issuance, general practitioners in Puskesmas act as public service providers within the national health system. Their authority must therefore be assessed within three interrelated legal frameworks: criminal procedure law, health law, and administrative law. The principle of *rechtmatigheid* (legality) requires that medical actions correspond to statutory authority, while the principle of *doelmatigheid* (proper purpose) ensures that authority is exercised appropriately.

Professional competence also becomes a determining factor. Saukko and Knight (2016) emphasize that forensic interpretation requires specialized expertise to avoid misclassification of injuries. Research by Setiawan (2021) indicates that many general practitioners at primary healthcare facilities have not received adequate medicolegal training. Inadequate documentation and misinterpretation may significantly affect criminal adjudication. Sutomo and Widodo (2018) further identify infrastructural limitations in primary healthcare facilities as contributing factors to incomplete VeR documentation.

The issue becomes more complex when viewed through the theory of legal liability. Triwibowo (2016) categorizes medical liability into criminal, civil, and administrative responsibility. A VeR containing inaccurate or negligent findings may expose a doctor to criminal liability if it affects judicial outcomes. From an administrative perspective, acting beyond statutory authority may constitute *detournement de pouvoir*, which may trigger administrative sanctions (Hadjon, 2005).

The effectiveness of legal regulation must also be considered. Soekanto's theory of legal effectiveness highlights that the implementation of law depends not only on normative clarity but also on supporting factors such as institutional capacity and professional competence. Where forensic expertise and facilities are limited, regulatory

norms may fail to operate effectively in practice. This situation is particularly evident in sexual violence cases, where evidentiary challenges frequently arise and VeR becomes a central component of proof (Tiara Juniar et al., 2025).

Therefore, the central legal problem addressed in this study concerns the boundaries of authority of general practitioners in Puskesmas in issuing VeR under Law No. 17/2023 on Health. The absence of explicit regulatory guidance creates legal uncertainty, potentially affecting both the integrity of criminal proceedings and the legal protection of medical practitioners.

This research aims to analyze the normative limits of such authority by integrating statutory interpretation, authority theory, liability theory, and legal effectiveness theory. By clarifying these boundaries, the study seeks to contribute to the development of health law, strengthen medicolegal practice at the primary healthcare level, and ensure legal certainty for both medical professionals and the justice system.

METHOD

This study employs a normative legal research design (doctrinal legal research), as the primary focus of analysis is directed toward legal norms governing the authority of general practitioners in Community Health Centers (Puskesmas) in issuing *Visum et Repertum* (VeR). Normative legal research examines positive law, legal principles, and doctrinal interpretations in order to construct legal arguments concerning the limits of authority within the framework of criminal procedure law, health law, and administrative law.

The statutory approach is applied through systematic examination of relevant legislation, including Law No. 17/2023 on Health, Law No. 29/2004 on Medical Practice, and Law No. 8/1981 on the Criminal Procedure Code (KUHAP). These regulations are analyzed to identify the normative basis of medical authority and the procedural requirements for issuing VeR. Particular attention is given to provisions concerning professional competence, delegation of authority, and procedural validity of expert evidence.

A conceptual approach is utilized to analyze theoretical frameworks concerning authority, legal responsibility, and administrative legality. The theory of authority as articulated by Hadjon (2010) is used to assess whether general practitioners possess attribution, delegation, or mandate-based authority in issuing VeR. In addition, the theory of legal liability as discussed by Triwibowo (2016) provides a framework for evaluating potential criminal, civil, and administrative consequences arising from actions beyond professional competence. The theory of legal effectiveness, inspired by Soekanto, is also considered in assessing the practical implementation of regulatory norms.

A case-based perspective is employed by examining judicial reasoning and academic commentary related to the evidentiary value of VeR in criminal proceedings. Although this research does not focus on empirical field data, it incorporates doctrinal analysis of court considerations and scholarly interpretations concerning the probative strength of VeR issued by non-forensic practitioners.

Primary legal materials consist of statutory regulations, including Law No. 17/2023 on Health, Law No. 29/2004 on Medical Practice, and KUHAP. These materials form the normative foundation of the analysis. Secondary legal materials include scholarly books, peer-reviewed journal articles, and academic commentaries addressing authority theory, medical liability, administrative law principles, and forensic medical practice. Works by Hadjon (2005; 2010), Ridwan HR (2020), and Triwibowo (2016), among others, are used to construct doctrinal interpretation. Tertiary legal materials include legal dictionaries, encyclopedias, and bibliographic references that assist in clarifying legal terminology and conceptual distinctions. Legal materials were collected through document study and literature review. Statutory texts were examined directly from official government publications. Academic sources were identified through national and international databases such as Garuda, Sinta, and Google Scholar.

The analysis technique applied is qualitative normative analysis. Interpretation is conducted through three methods. Grammatical interpretation is used to understand the literal meaning of statutory provisions. Systematic interpretation is applied to harmonize provisions across different legal instruments, particularly between health law and criminal procedure law. Teleological interpretation is used to assess the legislative purpose underlying the regulation of medical authority and public health governance. Through this methodological framework, the study aims

to construct a coherent normative argument regarding the legal boundaries of general practitioners' authority in issuing *Visum et Repertum* within the Indonesian legal system.

RESULTS AND DISCUSSION

The Legal Position of General Practitioners in Community Health Centers within the National Health System

General practitioners assigned to Community Health Centers (*Puskesmas*) occupy a strategic position within Indonesia's National Health System. As primary healthcare providers, they function as the first point of contact for the community in accessing medical services. The *Puskesmas*, as a first-level healthcare facility, is mandated to deliver promotive, preventive, curative, and rehabilitative services in an integrated manner. Within the framework of Law No. 17/2023 on Health, medical personnel are required to perform their duties in accordance with professional standards, service standards, and patient safety principles. This positioning indicates that general practitioners in *Puskesmas* operate not merely as clinical service providers but as part of the broader public service structure administered by the state.

From an administrative law perspective, the actions of general practitioners in public health facilities cannot be separated from the concept of public authority. Health services delivered in *Puskesmas* constitute part of state responsibility in fulfilling constitutional obligations concerning the right to health. Therefore, every medical action undertaken by a general practitioner in this institutional context carries both professional and public administrative dimensions. Dwiyanto (2018) explains that public service institutions must operate under clear regulatory structures to ensure accountability and effectiveness. In this regard, the *Puskesmas* is not only a healthcare facility but also an administrative unit executing governmental functions in the health sector.

The strategic position of general practitioners in primary healthcare has also been emphasized in academic literature. Kurniati and Effendi (2012) argue that general practitioners in primary healthcare settings play a crucial role in early detection, case management, and referral coordination, thereby directly influencing public health outcomes. Their function as coordinators of medical activities within their service area reinforces their institutional importance in the national health governance structure.

However, this broad functional role does not automatically imply unlimited authority. In administrative law, authority is attached to office rather than to the individual. Ridwan HR (2020) asserts that every public official must act strictly within the scope of authority granted by legislation. Consequently, the authority of general practitioners in *Puskesmas* must be assessed within the legal boundaries defined by health law and related regulations.

The issue becomes particularly complex when general practitioners are involved in medicolegal functions such as issuing *Visum et Repertum* (VeR). While *Puskesmas* are not forensic institutions, they frequently serve as the first facility to examine victims of violence, especially in regions lacking forensic specialists. Yuliana (2021) highlights that although *Puskesmas* are not specialized forensic facilities, general practitioners may be requested to provide medicolegal assistance under certain circumstances. Nevertheless, such involvement must remain within professional and legal limits.

From a professional liability perspective, doctors working in public health facilities bear dual responsibility. Guwandi (2013) explains that medical professionals within the public healthcare system are accountable not only ethically and professionally to patients but also legally to the state as public service providers. This dual accountability underscores the need for clarity regarding the scope of authority exercised by general practitioners in *Puskesmas*.

In addition, the integration of health services within the National Health System implies that general practitioners function under hierarchical supervision and regulatory oversight. Effendi (2017) notes that the regulatory framework governing medical practice in Indonesia places doctors within a structured system combining professional autonomy with statutory limitations. Thus, the authority of general practitioners is neither absolute nor discretionary; it is normatively defined and institutionally controlled.

When viewed systematically, the legal position of general practitioners in *Puskesmas* can be summarized in three dimensions. First, they act as primary healthcare providers forming the foundation of the national health service structure. Second, they operate as public officials performing governmental functions in delivering health services.

Third, they are professionals bound by ethical codes, statutory regulations, and administrative accountability mechanisms.

The Concept of Authority in Administrative Law and Its Application to Medical Practice

Authority constitutes a foundational concept in administrative law because it determines the legality of every action performed by public officials. In the context of public health services, authority becomes particularly significant since medical actions conducted in state healthcare facilities are not merely professional acts but also administrative acts executed within a governmental framework.

According to Hadjon (2010), authority is a legal competence granted by statutory regulation to a public organ or official to act within a defined scope. Authority is not inherent in the individual; rather, it is attached to the office and derived from positive law. This principle reflects the doctrine of legality, which requires that every governmental action must have a clear normative basis. Without lawful authority, an administrative act may be considered invalid or defective.

Administrative law doctrine generally distinguishes three sources of authority: attribution, delegation, and mandate. Attribution refers to original authority granted directly by statute to a governmental organ. Delegation involves the transfer of authority from a higher authority to a lower authority, including the transfer of responsibility. Mandate, on the other hand, involves the delegation of the execution of authority without transferring ultimate responsibility. This classification is crucial when examining whether general practitioners possess independent authority to issue *Visum et Repertum* or merely act within delegated or procedural authority frameworks.

In addition to the source of authority, administrative law also emphasizes the importance of proper exercise of authority. Ridwan HR (2020) explains that the validity of administrative action depends on three essential elements: authority, procedure, and substance. An action may be deemed unlawful not only when performed without authority but also when conducted in violation of procedural requirements or beyond the substantive limits defined by regulation. This principle is closely related to the prohibition of *detournement de pouvoir*, namely the misuse or exceeding of authority for purposes not intended by law.

The application of authority theory to medical practice reveals that doctors working in public facilities occupy a hybrid position. On one hand, they are professionals exercising clinical judgment based on scientific competence. On the other hand, they function as public service providers operating within a governmental administrative structure. Therefore, their actions must simultaneously comply with professional standards and administrative legality.

This dual nature becomes particularly relevant in medicolegal contexts. The issuance of *Visum et Repertum* is not merely a clinical act but a legal act with evidentiary consequences in criminal proceedings. Consequently, the authority to issue VeR must be examined from both professional competence and administrative legality perspectives. Even if a doctor possesses medical knowledge sufficient to conduct an examination, the issuance of a formal medicolegal document requires procedural compliance and statutory basis.

The principle of *rechtmatigheid* (legality) requires that the issuance of VeR must be grounded in explicit legal authorization. Meanwhile, the principle of *doelmatigheid* (proper purpose) demands that the authority be exercised in accordance with its intended objective. In the case of VeR, the objective is to support criminal justice proceedings through objective and scientifically valid medical findings. If a general practitioner performs forensic interpretation beyond professional competence or without adequate legal basis, the act may contravene both principles.

Furthermore, authority in administrative law is closely related to accountability. When authority is exercised improperly, legal consequences may arise. The theory of legal responsibility underscores that exceeding competence or acting without lawful basis may result in administrative, civil, or even criminal liability. In this respect, authority theory does not merely define power; it establishes boundaries designed to protect both public interest and the official exercising such power.

In the context of general practitioners in Community Health Centers, the critical question is whether the issuance of *Visum et Repertum* constitutes attributed authority under health legislation, delegated authority under procedural criminal law, or merely incidental professional assistance. The absence of explicit regulation in Law No. 17/2023 on Health regarding medicolegal functions creates normative ambiguity. As a result, interpretation must rely on systematic harmonization between health law, criminal procedure law, and administrative principles.

Understanding the theoretical construction of authority is therefore essential before determining the legal validity of VeR issued by general practitioners. The next section will conduct a normative analysis of statutory provisions governing the issuance of VeR, focusing on the interaction between KUHAP and Law No. 17/2023 on Health.

Normative Analysis of the Authority to Issue *Visum et Repertum*

The authority to issue *Visum et Repertum* (VeR) must be examined through a systematic interpretation of criminal procedure law, health law, and administrative law principles. VeR occupies a unique position as both a medical document and a legal instrument. Therefore, its issuance cannot be assessed solely from a clinical perspective but must be evaluated within the framework of statutory authorization and procedural legitimacy.

Authority under the Criminal Procedure Code (KUHAP)

The primary statutory basis for issuing VeR is found in Article 133 paragraph (1) of the Criminal Procedure Code (KUHAP), which provides:

“In the event that an investigator for the purpose of justice handles a victim who is injured, poisoned, or deceased suspected due to a criminal act, he is authorized to request expert testimony from a forensic doctor or a doctor.”

This provision establishes several essential elements. First, the authority to initiate VeR does not lie with the doctor but with the investigator. The issuance of VeR is therefore reactive and procedural in nature. Second, the provision refers generally to “a forensic doctor or a doctor,” without explicitly differentiating between medical specializations. Third, the function of VeR is linked directly to evidentiary needs in criminal proceedings.

Article 133 paragraph (2) KUHAP further stipulates that the request for expert testimony must be made in writing. This written request constitutes an absolute formal requirement. Without a written request from an authorized investigator, a VeR lacks procedural legitimacy and may be considered defective as evidence. Harahap (2012) emphasizes that documentary evidence in criminal procedure must fulfill formal requirements to maintain evidentiary validity.

Article 179 paragraph (1) KUHAP states:

“Every person who is requested to give an opinion as a forensic expert or doctor is obliged to provide expert testimony for the sake of justice.”

This provision is often interpreted as imposing an obligation upon doctors to comply with investigative requests. However, doctrinally, this obligation does not eliminate professional limitations. The duty to provide expert testimony must be understood as limited to the scope of one’s competence. An obligation to testify cannot be interpreted as an unlimited authorization to perform actions beyond professional capacity.

Furthermore, Article 184 paragraph (1) KUHAP recognizes expert testimony and documentary evidence as valid means of proof. VeR therefore functions simultaneously as a written document and as a form of written expert testimony. Its evidentiary strength depends on both procedural compliance and substantive credibility. Any procedural defect or substantive inadequacy may weaken its probative value before the court.

Thus, from the perspective of KUHAP, the authority to issue VeR is conditional and procedural. It arises only upon written request and must be exercised within the limits of professional competence.

Authority under Law No. 17/2023 on Health While KUHAP regulates procedural aspects, Law No. 17/2023 on Health regulates the broader framework of medical authority and professional competence. The law emphasizes that medical personnel must perform their duties according to competence, professional standards, and ethical obligations.

Although Law No. 17/2023 on Health does not explicitly regulate medicolegal actions such as VeR issuance, its provisions concerning professional standards are directly relevant. Medical practice must align with educational background, certified competence, and established professional standards. Therefore, even if KUHAP allows “a doctor” to provide expert testimony, such authority cannot be interpreted in isolation from health law requirements.

The absence of explicit medicolegal regulation in Law No. 17/2023 creates a normative gap. This regulatory silence generates ambiguity regarding the scope of general practitioners' authority in forensic matters. In administrative law, silence in legislation does not automatically imply unlimited discretion. Instead, authority must still be interpreted restrictively based on competence and statutory purpose.

Thus, under health law, the authority of general practitioners is inherently bounded by professional competence. The issuance of VeR involving complex forensic interpretation, cause-of-death determination, or advanced injury analysis may fall outside the professional scope of general practitioners, particularly in the absence of specialized training.

Professional Competence and Forensic Limitations Forensic medicine requires specific expertise that differs from general clinical practice. Saukko and Knight (2016) stress that accurate interpretation of injuries demands specialized forensic training to avoid misclassification and legal misjudgment. Similarly, empirical findings by Setiawan (2021) indicate that many general practitioners in primary healthcare facilities have not received sufficient medicolegal training.

The distinction between general practitioners and forensic specialists becomes critical when assessing substantive authority. While KUHAP uses general terminology ("doctor"), professional doctrine requires interpretation consistent with competence. Authority cannot be separated from expertise.

Additionally, infrastructural limitations in Puskesmas must be considered. Facilities such as forensic laboratories, autopsy rooms, and advanced documentation equipment are generally unavailable in primary healthcare settings. Performing forensic examinations without adequate facilities may compromise accuracy and procedural integrity. This limitation reinforces the need for a cautious and competence-based interpretation of authority.

From an administrative law perspective, exceeding competence may constitute misuse of authority. Even when acting upon a lawful request, a doctor must refuse or refer cases that surpass professional or institutional capability. The principle of prudence (*zorgvuldigheid*) requires that administrative actions be performed carefully and within capacity limits.

Systematic Interpretation and Normative Harmonization

The interaction between KUHAP and Law No. 17/2023 on Health requires systematic harmonization. KUHAP provides procedural authorization, while health law provides substantive competence limitations. These two frameworks must be read together rather than separately.

A purely literal interpretation of Article 133 KUHAP might suggest that any licensed doctor may issue VeR. However, a systematic interpretation incorporating health law and administrative principles reveals that such authority is conditional upon professional competence and institutional capacity.

Therefore, the normative analysis indicates that general practitioners in Community Health Centers possess limited and conditional authority to issue *Visum et Repertum*. Such authority arises only when:

1. A written request from an investigator exists.
2. The examination falls within the scope of professional competence.
3. Institutional facilities are adequate to support proper documentation.
4. The action complies with professional and ethical standards.

Beyond these boundaries, the issuance of VeR risks violating both administrative legality and professional responsibility.

Legal Boundaries of Visum Issuance by General Practitioners

Based on the normative analysis conducted in the previous section, the issuance of *Visum et Repertum* (VeR) by general practitioners in Community Health Centers must be understood as a legally limited authority. The boundaries of this authority are not derived from a single regulation but emerge from the interaction between criminal

procedure law, health law, administrative law principles, and professional standards. These limits may be categorized into formal, substantive, institutional, and ethical boundaries.

The first and most fundamental boundary is procedural. Article 133 paragraph (2) KUHAP clearly requires that a request for expert testimony be made in writing. This written request constitutes an absolute formal prerequisite for the issuance of VeR.

Accordingly, a general practitioner has no authority to issue VeR on personal initiative, upon verbal request, or merely at the request of the victim or family. The authority arises only after a formal written request from an authorized investigator. Without such request, the document produced may not qualify as VeR *pro justitia* and may lose its evidentiary character as recognized under Article 184 KUHAP.

This procedural requirement reflects the principle of legality in administrative law. Authority must be exercised strictly within the procedural framework established by statute. Any deviation from the formal requirement renders the action legally vulnerable.

The second boundary concerns professional competence. Law No. 17/2023 on Health emphasizes that medical personnel must act according to their competence and professional standards. Although KUHAP refers broadly to “a doctor,” such terminology cannot be interpreted independently of competence-based regulation.

General practitioners are trained primarily in general clinical medicine. Complex forensic interpretation, such as determining the precise cause of death, advanced injury mechanism reconstruction, or toxicological analysis, typically requires specialized forensic expertise. Saukko and Knight (2016) underline that forensic evaluation demands specific interpretative skills beyond routine clinical diagnosis.

Therefore, a general practitioner may issue VeR only to the extent that the examination falls within the limits of his or her competence. In cases requiring advanced forensic assessment, referral to a forensic specialist becomes not only professionally advisable but legally prudent. Acting beyond competence may expose the practitioner to allegations of negligence or misuse of authority.

The third boundary relates to institutional capacity. Community Health Centers are primary healthcare facilities and are generally not equipped with forensic laboratories, autopsy rooms, or advanced evidentiary documentation tools. The absence of adequate facilities may directly affect the quality and completeness of VeR documentation.

Administrative law principles require that public officials act carefully and responsibly. The principle of prudence (*zorgvuldigheid*) obliges general practitioners to assess whether their institutional setting is adequate to conduct a proper forensic examination. If the available facilities are insufficient to ensure objective and accurate findings, referral to a more appropriate institution becomes legally justified.

Issuing VeR without adequate facilities may compromise evidentiary reliability and weaken its probative force in court. Thus, institutional limitation operates as a structural boundary of authority.

Beyond statutory and institutional limits, professional ethics constitute an additional boundary. The Indonesian Medical Code of Ethics (KODEKI) requires doctors to practice within the limits of their competence and to prioritize patient welfare, professional integrity, and scientific objectivity.

A VeR that contains speculative conclusions, incomplete documentation, or interpretations exceeding professional knowledge may not only violate statutory obligations but also breach ethical standards. Professional accountability mechanisms, including disciplinary proceedings before the Medical Disciplinary Honor Council, may arise if a doctor issues a VeR irresponsibly.

Thus, ethical norms function as internal regulatory mechanisms reinforcing legal boundaries. Authority in this context is inseparable from professional responsibility.

When these boundaries are examined collectively, it becomes clear that the authority of general practitioners in issuing VeR is conditional and limited. Such authority exists only when:

1. A formal written request from an investigator is present.

2. The examination remains within the scope of professional competence.
3. Institutional facilities are adequate to ensure objective documentation.
4. Ethical and professional standards are fully observed.

These boundaries serve a dual protective function. They protect the integrity of criminal proceedings by ensuring that VeR is produced through lawful and competent processes. Simultaneously, they protect general practitioners from potential legal liability resulting from actions beyond their authorized scope.

The absence of explicit technical regulation under Law No. 17/2023 on Health does not eliminate these boundaries. Instead, it reinforces the need for restrictive interpretation grounded in legality, competence, and accountability principles.

Legal Implications of Exceeding Authority

When general practitioners in Community Health Centers issue *Visum et Repertum* (VeR) beyond the limits of their lawful authority, multiple layers of legal consequences may arise. These implications are not confined to a single legal domain but extend to criminal liability, civil responsibility, administrative sanctions, professional discipline, and evidentiary consequences in criminal proceedings. The multidimensional nature of these implications reflects the dual character of VeR as both a medical and legal instrument.

Criminal Liability

Criminal liability may arise when a VeR contains false statements, negligent misrepresentations, or intentionally misleading conclusions that affect the outcome of criminal proceedings. As recognized under Article 184 KUHAP, VeR functions as documentary evidence derived from expert opinion. Therefore, its content must adhere to principles of objectivity and scientific accuracy.

If a general practitioner deliberately includes inaccurate information or negligently misinterprets medical findings, such conduct may potentially fall within criminal provisions concerning false testimony or falsification of documents, depending on the severity and intent involved. Sudaryo (2015) explains that documentary evidence in criminal proceedings must satisfy both formal and substantive accuracy; failure to meet these standards may undermine judicial integrity.

Moreover, issuing a VeR without a lawful written request from an investigator, as required under Article 133 KUHAP, may not only invalidate the document but also raise questions regarding procedural misconduct. While not every procedural irregularity constitutes a criminal offense, intentional abuse or manipulation of forensic findings could attract criminal scrutiny.

Thus, criminal liability is closely linked to intentional wrongdoing or gross negligence in the preparation of VeR.

Civil Liability

Civil liability may arise when a VeR issued beyond competence causes harm to a party, whether victim or suspect. Under the doctrine of unlawful act (*perbuatan melawan hukum*), civil responsibility requires the presence of an unlawful act, fault, damage, and causal connection between the act and the harm.

Mertokusumo (2010) emphasizes that professional negligence leading to legal harm may form the basis for civil compensation claims. In the context of VeR, inaccurate injury classification, incorrect time estimation, or omission of critical findings may influence judicial decisions and cause material or immaterial damage.

If it can be demonstrated that the general practitioner acted beyond professional competence or failed to exercise due care, civil liability may arise. The existence of statutory authority under KUHAP does not eliminate the requirement of professional diligence.

Administrative Sanctions

From an administrative law perspective, exceeding authority may constitute misuse of power (*detournement de pouvoir*). Public officials, including doctors working in government health facilities, must act within legally defined limits.

Hadjon (2005) explains that administrative accountability arises when a public official acts without proper authority or violates statutory boundaries. In such cases, sanctions may include warnings, suspension, or other disciplinary measures imposed by supervisory authorities within the health administration system.

In this regard, administrative sanctions function as preventive control mechanisms designed to maintain institutional accountability and ensure compliance with legal norms.

Professional and Ethical Sanctions

Beyond statutory consequences, professional accountability mechanisms play a significant role. The Indonesian Medical Code of Ethics (KODEKI) requires doctors to practice according to competence and uphold professional integrity.

Issuing a VeR that exceeds competence or lacks adequate examination may constitute a breach of professional ethics. Disciplinary proceedings before the Medical Disciplinary Honor Council may result in sanctions ranging from warnings to suspension of practice rights.

Professional sanctions differ from criminal or civil liability because they focus primarily on maintaining professional standards and public trust. However, ethical violations may also reinforce or accompany other forms of liability.

Evidentiary Consequences in Criminal Proceedings

Apart from personal liability, exceeding authority may directly affect the evidentiary strength of VeR in court. A VeR issued without proper procedural basis or beyond competence may be challenged by defense counsel and deemed unreliable by judges.

If a court determines that the VeR lacks formal validity or substantive credibility, its probative value may be reduced or disregarded. This outcome may weaken the prosecution's case and potentially result in acquittal or lighter sentencing.

Therefore, the consequences of exceeding authority extend beyond individual accountability; they may influence the integrity and effectiveness of the criminal justice process itself.

Regulatory Gaps and the Need for Derivative Regulation

The preceding analysis demonstrates that the authority of general practitioners in issuing *Visum et Repertum* (VeR) is conditional and limited. However, despite the existence of general procedural authorization under the Criminal Procedure Code and competence-based limitations under Law No. 17/2023 on Health, there remains a significant regulatory gap. This gap arises from the absence of explicit technical provisions governing medicolegal functions at the primary healthcare level.

Law No. 17/2023 on Health reorganizes the structure of national health governance and strengthens professional accountability. Nevertheless, it does not specifically regulate forensic medical actions performed by general practitioners in Community Health Centers. The law emphasizes competence and professional standards but does not provide operational guidance concerning the scope of medicolegal authority, referral mechanisms, or procedural safeguards in forensic documentation.

Similarly, KUHAP authorizes investigators to request expert testimony from "a forensic doctor or a doctor," yet it does not clarify competence-based distinctions or institutional limitations. The use of general terminology, without interpretative guidance, creates room for divergent practice. In regions lacking forensic specialists, general practitioners are often compelled to assume forensic responsibilities without clear regulatory parameters.

From a systematic legal perspective, this situation reflects normative disharmony between criminal procedure law and health law. KUHAP regulates procedural initiation, while health law regulates professional competence. However, neither instrument explicitly integrates the two frameworks in the context of primary healthcare facilities.

Regulatory silence in such matters may lead to inconsistent practice across regions. Some Community Health Centers may adopt restrictive approaches, referring most cases to forensic specialists, while others may routinely issue VeR without standardized guidance. This disparity risks undermining legal certainty and equal protection before the law.

Administrative law theory emphasizes that clarity of authority is essential for legal certainty. Hadjon (2010) notes that vague or incomplete regulation may generate uncertainty, exposing both public officials and citizens to unpredictable legal consequences. In the context of VeR, uncertainty may jeopardize criminal justice integrity and professional protection for doctors.

Therefore, derivative regulation becomes necessary. The development of implementing regulations, such as a Government Regulation or Ministerial Regulation under Law No. 17/2023 on Health, could provide technical standards concerning:

The scope of medicolegal authority of general practitioners.

Mandatory referral conditions to forensic specialists.

Minimum facility standards for issuing VeR in primary healthcare settings.

Standardized documentation procedures.

Mandatory medicolegal training for general practitioners in underserved regions.

Such regulation would harmonize procedural authorization under KUHAP with competence requirements under health law. It would also ensure that VeR issued at the primary healthcare level maintains evidentiary reliability without overburdening practitioners.

In addition to regulatory reform, institutional capacity building is essential. Structured medicolegal training programs, collaboration between Puskesmas and regional forensic units, and standardized reporting templates could enhance uniformity and accountability. These measures would not expand authority indiscriminately but would strengthen competence within legally defined boundaries.

Ultimately, addressing regulatory gaps is not merely a matter of technical refinement. It is a constitutional necessity. The right to health and the right to fair trial are interconnected. Proper regulation of medicolegal authority safeguards both public health governance and criminal justice integrity.

The absence of explicit derivative regulation under Law No. 17/2023 on Health should therefore be viewed as a call for legislative and administrative refinement. Clearer normative guidance would ensure that general practitioners can fulfill their role responsibly while maintaining legal certainty and professional protection.

CONCLUSION

This study concludes that the authority of general practitioners in Community Health Centers to issue *Visum et Repertum* (VeR) is legally conditional and limited. Although Article 133 of the Criminal Procedure Code authorizes investigators to request expert testimony from “a forensic doctor or a doctor,” such provision cannot be interpreted independently from the competence-based framework established under Law No. 17/2023 on Health. Authority in administrative law must derive from statutory basis and must be exercised within the limits of professional competence, procedural requirements, and institutional capacity.

The issuance of VeR by general practitioners is legally valid only when several cumulative conditions are fulfilled: the existence of a formal written request from an investigator, compliance with professional competence standards, adequacy of institutional facilities, and adherence to ethical obligations. Beyond these boundaries, the act risks constituting misuse of authority and may give rise to criminal, civil, administrative, or professional liability.

The absence of explicit technical regulation under Law No. 17/2023 on Health concerning medicolegal authority at the primary healthcare level creates normative ambiguity. This regulatory gap generates potential inconsistency in practice and may affect both evidentiary reliability and legal protection for medical practitioners. Harmonization between criminal procedure law and health law is therefore necessary to ensure legal certainty.

In normative terms, general practitioners in Community Health Centers do not possess unlimited authority to issue VerR. Their authority is derivative, competence-based, and procedurally dependent. Strengthening derivative regulation and institutional guidance is essential to balance the demands of criminal justice with the principles of professional accountability and administrative legality.

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