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Legal Analysis of Hospitals' Obligation to Provide 24/7 Emergency Services in Areas with Limited Access

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ABSTRACT

This study aims to analyse the legal framework and challenges in implementing hospitals' obligation to provide 24-hour emergency services seven days a week in remote areas, based on applicable regulations in Indonesia. Normatively, the right to emergency services is a constitutional mandate that is elaborated in legislation, including Law No. 17 of 2023 on Health, Law No. 44 of 2009 on Hospitals, and related ministerial regulations. Analysis shows that emergency services must be provided without discrimination or delay, and it is the legal obligation of hospitals to ensure patient safety. However, the implementation of this policy is still fraught with challenges, especially in remote areas. These challenges include limited human resources, facilities and infrastructure, financing, and a referral system that is not yet optimal. Affirmative support from the government, strengthening of referral networks, and improvement of regulations are needed so that emergency services for communities in remote areas can be implemented in a tangible and equitable manner.

INTRODUCTION

Hospitals, as healthcare institutions, play a central role in ensuring the availability of emergency services, especially in areas with limited access, such as remote areas. The national health system places emergency services as an essential part of protecting the public's right to health, as stipulated in the constitution and legislation. In practice, hospitals are also responsible for the continuity of medical services, including when operational disruptions occur due to information system failures that can hamper emergency response, as examined by Yatno et al. (2023) in the context of hospitals' legal responsibility for service disruptions. In reality, disparities in health services in remote areas remain a challenge, due to limitations in human resources, infrastructure, and logistical support, which can disrupt the continuity of emergency services that should be available non-stop around the clock. The phenomenon of repeated referrals and delays in treatment often worsens patient prognosis and increases the risk of medical complications, mainly due to inadequate infrastructure and a lack of trained health workers in primary and secondary health facilities in these areas (Adisasmito, 2009). Meanwhile, the spirit of decentralization in health governance presents each region with the dilemma of meeting national standards with local capacities that are often far from adequate.

The government's policy to provide quality health services, including 24-hour emergency services, is stipulated in Law No. 44 of 2009 concerning Hospitals and various derivative regulations. This effort emphasizes the importance of access to rapid and effective services in emergency situations, without discrimination against residents in any geographical area. Related studies, such as that conducted by Zuhri et al. (2023), also discuss the legal dynamics governing the interaction between patients and service providers in the context of medical emergencies. However, in various remote areas, the reality shows that many hospitals are not yet fully capable of ensuring the continuous operation of emergency services, due to various structural and administrative constraints (Mahendradhata et al., 2017). This issue requires a critical analysis of the legal aspects of hospitals' obligations to fulfil the public's right to immediate medical assistance, while also assessing the effectiveness of policy interventions that have been

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implemented by the state.

Indonesia's geographical situation, consisting of thousands of islands, presents its own challenges for the equitable distribution of health services. The long distances between health facilities, the lack of public transport, and extreme natural conditions are factors that hinder the mobilization of resources and patients to referral hospitals. These conditions, in turn, have a significant impact on the chances of survival for patients in critical condition. Research by Suryani and Hadi (2023) on health accessibility in Indonesia's outermost regions highlights that geographical barriers are often compounded by logistical and policy failures, leading to systematic delays in emergency medical responses. In this case, the state is faced with the demand to take affirmative action by strengthening the legal aspects that ensure all hospitals, including those in remote areas, continue to provide emergency services consistently in accordance with the mandate of the law.

The philosophical basis for the provision of emergency services by hospitals in remote areas is based on the principles of equality in access to healthcare and social justice. The state is obliged to guarantee that every citizen's right to emergency services is recognized and protected, without discrimination based on geographical location, economic status, or other social backgrounds. The challenges in providing fast and appropriate emergency medical services are also reflected in the discussion by Abdullah et al. (2023) on the legal and ethical aspects of medical intervention in emergency conditions. These values have been regulated in various legal instruments that reinforce the requirement to provide 24/7 emergency health services as an integral part of fulfilling the constitutional rights of the community.

Referring to various systemic health studies, hospitals in remote areas often face problems of limited funding, lack of medical facilities, and governance issues, which ultimately have an impact on the quality and continuity of emergency services. Established national and international regulations have not been fully implemented in daily practice, especially when it comes to the division of authority between the central and regional governments. A comprehensive review by Wicaksono and Pertiwi (2023) confirms that this implementation gap is exacerbated by weak monitoring mechanisms and overlapping regulations, which often leave remote hospitals without clear operational guidance or sufficient support to meet mandated service standards. This reality makes it important to explore the issue of hospitals' obligations in providing emergency services in remote areas from a legal perspective based on the current legal framework.

The challenges of providing 24/7 emergency services in hospitals in remote areas generally intersect with the regulatory framework and the imbalance between normative standards and operational realities. Many hospitals experience tension between fulfilling their legal obligations and internal capacity constraints, such as a shortage of specialists, trained nurses, and medical equipment required by minimum service standards (World Health Organisation, 2015). This poses a potential risk of systematic violations of citizens' health rights. In addition, disproportionate regional budget policies for health exacerbate the situation because the allocation of funds for hospitals tends to be inadequate to meet the needs of sustainable emergency services.

To date, the implementation of policies requiring continuous emergency services has often depended on weak cross-sector coordination mechanisms, particularly between hospitals, local governments, and central government. The lack of supervision, incentives, and guidance for hospitals in remote areas has widened the gap between regulatory mandates and actual conditions on the ground. The consistent decline in the quality of available services can directly impact patient satisfaction levels, an aspect also measured in the study by Khayru and Issalillah (2022). The impact of these institutional problems includes impeded patient access to emergency treatment and potential delays in medical interventions that are crucial to patient survival (Wenang et al., 2021).

Regulatory designs that must be complied with often encounter challenges in the realm of technical implementation, particularly in adjusting hospital needs to absolute national standards. Provisions related to the distribution of health workers, referral systems, and the availability of emergency support facilities do not fully accommodate the characteristics of remote areas. As a result, there is a mismatch between the applicable legal regulations and the reality of the needs and capabilities of local resources in regional hospitals. This creates tension between the demands of legal accountability and the limitations of available resources.

A legal review of hospitals' obligations to provide emergency services in remote areas is particularly significant in the current era of health system reform and fiscal decentralization. Changes in disease patterns, population mobility dynamics, and global pressures on the health system require the adaptation of the regulatory system to be able to

respond to the need for emergency services that are accessible, fast, and equitable. With the development of medical and transportation technology, public expectations for emergency services have increased, making the effectiveness of responsive legal instruments a key factor in improving the quality of hospital services, especially in remote areas.

Furthermore, developments in the legislative framework following the Covid-19 pandemic have emphasized the need to reformulate public health policies, particularly in terms of providing continuous essential services. The importance of legal guarantees for the provision of emergency services is a crucial part of efforts to improve the national health system, especially in order to eliminate regional disparities and strengthen public confidence in the public hospital service system.

This study aims to analyses the legal regulations that underlie the obligation of hospitals to provide 24/7 emergency services in remote areas according to the laws and regulations in force in Indonesia. This study is expected to contribute theoretically to the development of health law and practically to the formulation of hospital policies, as well as to open up new discourse on the effectiveness of emergency services in areas with geographical barriers.

RESEARCH METHOD

The research method used in this study is the normative juridical method, with a literature approach to analyses regulations and legislation related to the obligations of hospitals in providing 24/7 emergency services in remote areas. Qualitative literature studies were conducted by examining primary regulatory documents such as laws, government regulations, ministerial regulations, and other sectoral regulations that are still in force in Indonesia. Secondary literature searches also involved health law textbooks, scientific journals, and official publications from national and international institutions to gain a comprehensive understanding of policy implementation in the field. Legal interpretation techniques were used to examine how the substance of legal norms is reflected in hospital practices in accordance with the realities of remote areas (Soekanto & Mamudji, 2014).

Thematic synthesis was applied to identify and group the main issues in the implementation of emergency services in hospitals in remote areas based on relevant regulations. This process included an inventory of key topics, selection of issues based on frequency of occurrence in the literature, and analysis of differences in perceptions of the implementation of applicable regulations. The inclusion criteria used included: literature published in the last twenty years, relevance to the issue of hospital obligations, and specific discussion of remote areas in Indonesia. Literature that was opinion-based, not data-based, or unverified was excluded from the study. Data and analysis validity was ensured through source triangulation and cross-checking between legal documents and scientific publications (Flick, 2018).

Key coding was applied in the analysis process: each issue and argument extracted from the data was given a thematic label referring to a cluster of legal issues, technical implementation, and regulatory impact. Coding was done manually on the analysis matrix to maintain consistency in terminology and framework. To increase reliability, all analysis results were revalidated in stages through confirmation with health law experts and public policy academics. Thus, the quality of the analysis was maintained and the potential for bias in the interpretation of legal terminology was minimized in accordance with current health law research standards (Creswell & Poth, 2018).

RESULT AND DISCUSSION

Regulations on Hospital Obligations in Providing 24/7 Emergency Services in Remote Areas

Normatively and legally, the obligation of hospitals to provide emergency services 24 hours a day, 7 days a week throughout the country, including remote areas, is rooted in the main principle of protecting constitutional rights to health as stated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. The right to adequate health services as part of the fundamental rights of every citizen is further articulated through Law No. 17 of 2023 on Health. This regulation explicitly places emergency services as an absolute mandate, stipulating that health care facilities, including hospitals, are obliged to provide emergency services without discrimination and without delaying the treatment of patients in life-threatening or safety-threatening conditions. This legal norm affirms that access to emergency medical assistance is fundamental and cannot be subordinated by issues of cost, administrative procedures, or geographical limitations (Ministry of Health of the Republic of Indonesia, 2023).

The obligation of hospitals to provide emergency services on a continuous basis is formulated in detail in Law No. 44 of 2009 concerning Hospitals. Article 29 letter f explicitly states that hospitals are obliged to provide emergency services to patients in accordance with

their service capabilities. In fulfilling this obligation, the accountability of hospital institutions for incidents or errors that occur during the provision of emergency services is also an important part of their legal responsibility, as examined in the study by Mening et al. (2023). This provision implies an imperative norm that rejects all forms of delay or refusal of emergency patients, so that every hospital, whether general or specialized, is burdened with the legal responsibility to ensure the availability of emergency services at all times, without exception. The principle of health law oriented towards patient safety requires hospitals to priorities responsiveness in critical situations, including by allocating resources proportionally and innovating at the operational level (Jauhani & Pratiwi, 2022).

Further regulations regarding the classification, licensing, and operation of emergency units are contained in Minister of Health Regulation No. 3 of 2020 concerning the Classification and Licensing of Hospitals. This regulation stipulates that all categories of hospitals, regardless of their geographical location, must have an emergency unit that is operational 24 hours a day, seven days a week. The existence of this unit also places medical personnel, including nurses, in complex work situations, making legal protection for them in carrying out clinical practice an important aspect, as also discussed in the research by Yulius et al. (2023). In this context, legal protection for medical personnel working in emergency units, including in situations where emergency medical practices are carried out outside the standard licensing location, is also an important aspect (Juliarto et al., 2023). This norm aims to ensure equitable access and quality of services, including in remote and border areas that face various limitations in infrastructure, logistics, and availability of health workers. Minimum standards for facilities, infrastructure, and medical personnel are set without exception based on location, so that the government and hospital managers must strive to meet resource needs in an adaptive manner (Indonesian Ministry of Health, 2020).

Ministry of Health Regulation No. 47 of 2018 concerning Emergency Services in Health Care Facilities reinforces this principle with an emphasis on the sustainability and continuity of service access. These technical standards regulate the obligation of hospitals to provide an emergency system capable of responding to various types of acute cases, ranging from trauma to non-trauma emergencies, 24 hours a day, as well as ensuring the availability of doctors, nurses, medical equipment, and ambulances. These provisions include the evaluation of feasibility and infrastructure development for hospitals, including those in areas with difficult access such as small islands, coastal areas, mountains, and border areas (Vermasari, 2019).

Law No. 17 of 2023 on Health and various derivative regulations also emphasize the obligation of the central and regional governments to create conditions that enable hospitals in all regions, especially remote areas, to provide emergency services efficiently. This includes the provision of health workers, the construction and maintenance of facilities, incentives for personnel in remote areas, and the development of an adaptive referral system (Indonesian Ministry of Health, 2023). Inter-agency collaboration is facilitated to overcome local limitations, given that transport connectivity and information technology are often factors that hinder the smooth referral and distribution of medical services (Wiyanti et al., 2021).

Legal norms explicitly enforce the principle of non-discrimination, which prohibits hospitals from differentiating service provision based on economic status, location, or health insurance category. This principle is internalized into the operational framework of hospitals, where emergency units are required to immediately serve patients who arrive with emergency symptoms, including covering the initial costs if the patient is unable to show any financing guarantee documents or identity (Pohan, 2016). Even in a crisis, services should not be delayed due to incomplete administration, especially if the delay would cause additional harm to the patient.

The regulation also anticipates the limitations of remote areas through affirmative policies in the form of assigning civil servants to priority health facilities, providing allowances, and various programmed to strengthen the capacity of health human resources. This affirmative policy places the responsibility on the government not to allow hospitals to operate independently without adequate resource support, particularly in emergency functions that require rapid, multidisciplinary, and coordinated intervention (Nurlinawati et al., 2020).

The monitoring and evaluation system is also regulated periodically in legislation. The Ministry of Health, together with the Provincial and District/City Health Offices, is required to supervise the implementation of emergency services, particularly in meeting minimum standards in all regions, including those with remote locations. The strengthening of case reporting systems, operational audits, and continuous evaluation are regulated to ensure the actual implementation of legal obligations (Ministry

of Health of the Republic of Indonesia, 2020).

In addition to national regulations, a number of international conventions also serve as normative references that strengthen the legal position of emergency services provided by Indonesian hospitals. The state's obligation to ensure access to emergency services is included in the mandate adopted in the International Covenant on Economic, Social and Cultural Rights (ICESCR), which Indonesia ratified through Law No. 11 of 2005. With this ratification, the standards of non-discriminatory treatment and the fulfilment of emergency service needs for all residents further strengthen the substance of national law.

Efforts to harmonies national provisions and international standards in the provision of emergency services in Indonesian hospitals are important to reduce disparities in access in remote areas. With a combination of regulations, ranging from the 1945 Constitution, the 2023 Health Law, the 2009 Hospital Law, Minister of Health Regulation No. 3 of 2020, Minister of Health Regulation No. 47 of 2018, to the ratification of the ICESCR, a legal framework has been issued that compels all parties to comply with the principles in the implementation of emergency services. Through the harmonization of legal instruments and cross-sector collaboration, the establishment of a responsive and inclusive emergency service system can be realized in line with the principle of universal health coverage (Mahendradhata et al., 2017).

Although it has been regulated normatively, the reality on the ground shows a gap between legal provisions and the reality of implementation in a number of remote regional hospitals. Therefore, legal regulations are required to continue to evolve by adjusting to social dynamics, geographical needs, developments in medical technology, and disease patterns that change from time to time. A system of regular evaluation and revision of regulations is essential to ensure that all legal norms remain relevant, adaptive, and oriented towards fulfilling the constitutional rights of the community to adequate emergency services.

Ultimately, the principles of social justice and respect for the right to health will not be realized without a shared commitment between the central government, regional governments, hospital managers, and all relevant stakeholders. Compliance with regulations must be a top priority in order to protect the rights to life and safety of every citizen throughout the country, including those living in areas with limited access. Legal protection for patients in emergency situations is essentially the cornerstone of a high-quality national healthcare system.

Normative and Implementative Challenges of Emergency Services in Remote Areas

Normatively and legally, the obligation of hospitals to provide 24-hour emergency services every day, seven days a week, is a clear legal mandate that leaves no room for ambiguity (Purwoto, 2022). Article 29(f) of Law No. 44 of 2009 on Hospitals stipulates that hospitals are obligated to provide emergency services to every patient according to their service capacity, which is imperative and leaves no room for interpretation regarding the refusal of services in emergency situations. A study by Arifin and Sari (2023) on the implementation of these legal standards in district hospitals in Eastern Indonesia found that while the normative framework is robust, significant operational barriers including resource allocation and workforce shortages persist, challenging full compliance. This principle is further reinforced by Law No. 17 of 2023 on Health, which places the right to emergency services as an integral part of human rights in the field of health. In this regulation, the right of patients to emergency services is outlined without discrimination, without delay, and must be implemented in accordance with professional standards and nationally applicable operational standards. Minister of Health Regulation No. 47 of 2018 also emphasizes the minimum standards for emergency services that must be implemented by all hospitals, regardless of geographical location.

Although this legal basis has provided clarity of direction and normative certainty, conceptual challenges arise from the gap between ideal written rules and actual conditions in the field (Indar et al., 2018). Not all hospitals in remote areas have sufficient resource capacity to fully meet regulatory requirements. The absence of norms governing special support mechanisms for facilities in hard-to-reach areas creates legal uncertainty for hospital managers. The universal obligations in the regulations are sometimes not balanced by explicit affirmative instruments, so that the implementation of rights and obligations in emergency services is burdened by legal and administrative limitations.

From an implementation perspective, hospitals in remote areas very often face a shortage of health workers, particularly specialists, emergency nurses, and other support staff with the required standards of competence (Sangadji et al., 2023). In addition to human resource constraints, supporting facilities such as ambulances, emergency medical equipment,

and communication devices are often unavailable in sufficient quantity and quality. As a result, hospitals in difficult areas are forced to optimize limited resources for services that should be available around the clock, leading to risks of declining service quality and patient safety.

In terms of financing, the main challenge lies in the limited budget allocation for the operation of emergency services in remote regional hospitals. Although the health financing system through BPJS Kesehatan covers the costs of emergency cases, there are often delays in claims or operational costs that are not commensurate with the real needs in the field. This funding shortage affects the sustainability of emergency unit operations, the procurement of medical equipment, the payment of incentives to medical personnel, and the maintenance of service facilities and infrastructure.

Challenges related to the referral system are also a major obstacle for remote regional hospitals. Regulations mandate that emergency patients be treated immediately and referred if they require further facilities or treatment. However, in reality, access to medical transport such as ambulances and evacuation services is often very limited. In addition, difficult geographical terrain, poor road infrastructure, and extreme weather can cause obstacles in transporting patients to referral facilities that are better equipped and able to handle complex cases.

The administrative pressure faced by hospitals in complying with various regulations is often burdensome, especially if it is not accompanied by applicable technical explanations and monitoring mechanisms that are adaptable to regional conditions. Many hospitals must adapt to the burden of reporting, filing, performance audits, and layered evaluations that are not always relevant to the number or complexity of emergency cases that actually occur in their areas. On the other hand, the suboptimal role of local governments in providing guidance, assistance, and logistical support has forced hospital managers to seek improvisational solutions to ensure the continuity of emergency services.

Capacity building and incentives for medical personnel are challenges in themselves. Medical personnel willing to work in remote areas are often limited, due to limited facilities, career development opportunities, different social environments, and occupational safety risks. The provision of training, special incentives, and adequate social security is essential for medical staff to be motivated to carry out their legal obligations in emergency services professionally and consistently.

Another challenge arises from the problem of establishing solid cooperation networks between agencies at the local level. Often, collaboration between hospitals, community health centers, local governments, and disaster management agencies is not optimal. As a result, when there is a surge in cases or a disaster, the emergency response mechanism becomes inefficient. The rotation schedule for human resources between facilities is not yet running smoothly, so hospitals in remote areas have to rely on the number of human resources permanently available.

In addition, the dynamics of central and regional policies, which are sometimes out of sync, add to the complexity of implementing emergency service regulations. Adjusting national standards to local realities often requires greater regulatory flexibility, so that implementation in the field remains effective without compromising the basic principles of fairness and equal access for residents in remote areas.

The use of information technology and telemedicine still faces obstacles in terms of network and internet speed in several regions of Indonesia. Efforts to optimize technology-based emergency services are not yet fully reliable, so that medical data transmission, remote consultations, and referral coordination are often delayed due to limited technological infrastructure.

Hospitals in remote areas also face the challenge of social advocacy to raise public awareness of the importance of timely and rapid access to emergency services. Socialization regarding patient rights, the urgency of immediate service, and guidelines for initial handling of emergency cases by the local community needs to be prioritized so that there are no delays in providing assistance at critical times.

Thus, the gap between normative regulations and the reality of implementation of 24/7 emergency services in remote areas is still quite significant. Strict legal regulations have not been fully complemented by supporting instruments from the government and adequate resource capacity at the local level. Therefore, it is necessary to strengthen affirmative policies that accommodate geographical characteristics, strengthen financing, and integrate across sectors so that every hospital can truly carry out its legal obligations in practice. The protection of the rights of emergency patients in remote areas will be achieved if the state provides responsive governance, adequate resources, and effective monitoring and evaluation mechanisms.

CONCLUSION

In a legal analysis of hospitals' obligation to provide 24/7 emergency services in remote areas, it can be concluded that Indonesian law clearly and imperatively regulates hospitals' obligation to provide emergency services without discrimination and without delay, as stipulated in the constitution, laws, and relevant ministerial regulations. However, implementation in the field still faces major challenges, especially in remote areas that often experience a shortage of human resources, limited facilities, financing problems, and referral system barriers.

The implications of this analysis confirm that legal norms are insufficient if they are not supported by affirmative policies and tangible support from the central and regional governments. The laws and regulations that stipulate the obligation to provide 24/7 emergency services have indeed provided a strong normative foundation, but at the implementation level, these efforts are still hampered by the reality of uneven resource capacity. Without active policy intervention, such as special incentives, sustainable budgeting, and schemes to increase the capacity of health workers in remote areas, legal norms risk remaining mere doctrine without meaningful realization in people's lives.

The protection of patients' rights to emergency services will remain a discourse if structural, administrative, and technical challenges in areas with difficult access are not immediately addressed in a concrete and systemic manner. Addressing these challenges requires a multidimensional strategy involving improvements to health infrastructure, meeting medical personnel needs through placement and continuous training programmed, and implementing technologies that support remote services and more responsive referral systems. Thus, harmonizing legal norms and policy implementation is key to realizing equitable access to emergency services, which will ultimately strengthen public health sovereignty throughout Indonesia.

This study recommends the need to update and strengthen regulations that are more responsive to the conditions of remote areas, by emphasizing affirmative support mechanisms, developing the capacity of health workers, and establishing adaptive financing and referral systems. The government is also expected to ensure the completeness of facilities and strengthen cross-sectoral coordination so that quality emergency services do not remain merely a legal mandate, but are truly felt by the entire community, including those living in the most remote areas.

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