

## ETHICAL DILEMMAS AND DOCTORS' DISCRETION IN MEDICAL DECISION MAKING IN EMERGENCY DEPARTMENT

**Gunawan Widjaja**

Fakultas Hukum Universitas 17 Agustus 1945 Jakarta, Indonesia  
[widjaja\\_gunawan@yahoo.com](mailto:widjaja_gunawan@yahoo.com)

**Dyah Ersita Yustanti**

Fakultas Hukum Universitas 17 Agustus 1945 Jakarta, Indonesia  
[dyustanti@yahoo.com](mailto:dyustanti@yahoo.com)

### **Abstract**

Medical decision-making in the Emergency Department (ED) is often coloured by ethical dilemmas and the need for doctor discretion due to the pressure of critical situations, time constraints, and the condition of patients who are often unable to give consent to medical action. Biomedical ethical principles such as beneficence, non-maleficence, autonomy, and justice must be carried out in a balanced manner, while doctors are also required to comply with legal standards and operational procedures. In an emergency, doctors have a moral and legal obligation to provide immediate help to save lives or prevent disability, even without informed consent, as long as the action is professionally accountable and in accordance with medical standards. However, the application of this discretion still has the potential to cause ethicomedicolegal problems, especially if communication and documentation are not carried out optimally. Therefore, strengthening the understanding of ethics, crisis communication training, and the preparation of clear ethical protocols are needed so that doctors can make decisions that are professional, accountable, and orientated towards patient safety in the emergency room.

**Keywords:** Ethical Dilemma, Doctor's Discretion, Medical Decision, Emergency Department, Informed Consent.

### **Abstrak**

Pengambilan keputusan medis di Instalasi Gawat Darurat (IGD) kerap diwarnai dilema etika dan kebutuhan diskresi dokter akibat tekanan situasi kritis, keterbatasan waktu, serta kondisi pasien yang sering kali tidak mampu memberikan persetujuan tindakan medis. Prinsip-prinsip etika biomedis seperti beneficence, non-maleficence, otonomi, dan keadilan harus dijalankan secara seimbang, sementara dokter juga dituntut untuk mematuhi standar hukum dan prosedur operasional. Dalam kondisi gawat darurat, dokter memiliki kewajiban moral dan hukum untuk segera memberikan pertolongan demi menyelamatkan nyawa atau mencegah kecacatan, meskipun tanpa informed consent, selama tindakan tersebut dapat dipertanggungjawabkan secara profesional dan sesuai standar kedokteran. Namun, penerapan diskresi ini tetap berpotensi menimbulkan permasalahan etikomedikolegal, terutama jika komunikasi dan dokumentasi tidak dilakukan secara optimal. Oleh karena itu, penguatan pemahaman

etika, pelatihan komunikasi krisis, serta penyusunan protokol etik yang jelas sangat diperlukan agar dokter dapat mengambil keputusan yang profesional, akuntabel, dan berorientasi pada keselamatan pasien di IGD.

**Kata kunci:** Dilema Etika, Diskresi Dokter, Keputusan Medis, Instalasi Gawat Darurat, Informed Consent

## Introduction

The Emergency Department (ED) is one of the vital units in hospital services that acts as the frontline in dealing with patients with acute and critical conditions. The emergency department serves patients for 24 hours without stopping, facing challenges in the form of an unpredictable number of patients, varying severity of cases, and demands to provide help quickly and precisely (Evans, 2023).

Emergency care demands immediate medical action to prevent disability and death. In many cases, the success of treatment is greatly influenced by the speed of response of health workers, so that the philosophy of "Time Saving is Life Saving" becomes the main principle in every intervention in the emergency room. Every second is precious because the slightest delay can have a fatal impact on patient safety (Gupta, 2021).

The triage process is a crucial first step in the emergency room. Through the triage system, patients are sorted based on the severity of the condition so that priority treatment can be given to those most in need. This system aims to maximise the use of limited resources and prevent delays in treatment of critical patients (Turner, 2022). However, the high number of patient visits to the emergency department is often not proportional to the availability of medical personnel and facilities. This imbalance increases the workload of doctors and nurses, results in reduced rest hours, and potentially reduces the quality of service. This condition also increases the risk of physical and emotional exhaustion (burnout) among health workers (Choi, 2022).

In these stressful situations, doctors in the emergency room are often faced with ethical dilemmas in medical decision making. These dilemmas arise when having to choose between the principles of beneficence, non-maleficence, justice, and patient autonomy, especially when resources are very limited or when there is a conflict between the wishes of the family and the patient's medical prognosis. Physician discretion is an important aspect of practice in the ED (Alomedical Team, 2022). Discretion is needed when the situation in the field is not fully regulated by protocols or standard operating procedures, so doctors must use professional judgement and ethical considerations in making the most appropriate decision for the patient. However, the use of this discretion also carries risks, both ethically and legally, if the decision taken is deemed not in accordance with professional standards or violates patient rights (Noor, 2021).

In addition to clinical factors, decision making in the emergency room is also influenced by social and institutional aspects. Pressure from the patient's family, limited facilities, and hospital policies are often external factors that complicate the decision-making process. In some cases, doctors have to make difficult decisions in a short time, without the opportunity to have a long discussion with the patient or his family (Lee, 2022).

Unexpected emergencies, such as mass disasters or patient surges due to outbreaks, further magnify ethical challenges and the need for physician discretion. In such situations, treatment priority often has to be given to the patient with the greatest chance of survival, even though this decision may pose moral and psychological conflicts for healthcare workers (Kim, 2021).

The application of medical ethics principles in the ED is also not always easy, especially when it comes to balancing the interests of individual patients and the interests of the collective. For example, in the case of limited equipment or medicine, doctors must decide who deserves treatment first, a decision that is ethically and socially charged. In addition, legal aspects also affect the space for doctors to make decisions in the emergency room (Author Team, 2023). Legislation and professional standards become a reference, but in practice there is often an overlap between ethical, legal, and clinical needs in the field. This requires doctors to always update their knowledge and skills in dealing with ethical dilemmas and the wise use of discretion (Galih Endradita., 2024)

A literature review on ethical dilemmas and doctor discretion in the emergency room is important to explore various perspectives and experiences that have been documented in the literature. Through this review, factors that influence decision making, challenges faced, and strategies that can be applied to strengthen ethical integrity and quality of service in the emergency room can be identified. By understanding the complexity of ethical dilemmas and doctors' discretion in medical decision-making in the emergency room, it is hoped that more comprehensive and applicable solutions can be found, both in policy development, professional training, and improving clinical decision support systems in the hospital environment.

## **Research Methods**

This research uses the literature review method by examining various relevant literature sources, such as scientific journals, books, health policy documents, and laws and regulations related to ethical dilemmas and doctor discretion in medical decision making in the Emergency Room. Data were collected through systematic searches using specific keywords on national and international databases, then analysed qualitatively with a thematic approach to identify patterns, challenges, and solutions that have been proposed or implemented in emergency medical practice (Ferrari, 2020); (Green et al., 2006).

## **Results and Discussion**

### **Principles of Biomedical Ethics**

Biomedical ethical principles are the moral framework used by health workers in clinical decision-making and patient care. They were developed by Tom Beauchamp and James Childress, who asserted that there is no absolute hierarchy among the four main principles: autonomy, beneficence, non-maleficence and justice. Each principle has equal standing and should be considered in proportion to the context of the case at hand (Smith, 2022).

The principle of autonomy emphasises respect for the patient's right to self-determination and decisions regarding their own care. In practice, doctors are obliged to provide clear, honest and comprehensive information to enable patients to make reflective and informed decisions. Autonomy also demands that there is no intervention or coercion from other parties, either from medical personnel or family, except in emergency situations that endanger the patient's life. The application of the principle of autonomy is reflected in the informed consent process, where the patient has the right to receive an explanation of the diagnosis, treatment options, risks, and benefits before agreeing to medical treatment. This principle also demands respect for the privacy and confidentiality of patient information, as well as the patient's right to refuse or accept medical intervention in accordance with their values and beliefs (Rahman, 2023).

The principle of beneficence or doing good requires health workers to always prioritise the interests and good of the patient. All medical actions must be directed at restoring, maintaining, or improving the patient's health. Doctors not only act as implementers of procedures, but also as companions and advisors who help patients understand the best choices for their health. In applying the principle of beneficence, doctors must balance the benefits and risks of each medical action taken (Kumar, 2021). The proposed action must provide tangible benefits that outweigh any potential harms or risks that may arise. This demands careful clinical judgement and ethical considerations, especially in complex situations or when dealing with patients with emergency conditions (Linu., 2025)

The principle of non-maleficence, often summarised in the phrase "primum non nocere" or "first, do no harm", affirms the obligation of health workers not to take actions that could harm or worsen the patient's condition. This principle is the moral basis for rejecting high-risk interventions without clear benefits, as well as in avoiding actions that can cause physical, psychological, or social harm to patients (FK-KMK UGM, 2021). In practice, the principle of non-maleficence is often faced with a dilemma when a medical action has a double effect, namely benefits and risks that cannot be completely avoided. In cases like this, doctors must consider the principle of double

effect, where action can only be justified if the expected benefits significantly outweigh the possible risks (Eny Nurmaida ., 2021)

The principle of justice demands fair and equal treatment for every patient, without discrimination based on social, economic, religious, or other status backgrounds. In the context of health care, justice means equitable distribution of medical resources, equal access to health services, and decision-making that does not favour or disadvantage certain groups (Rivai ., 2021)

The application of the principle of justice becomes very important in crisis situations or limited resources, such as when there is a surge of patients in the emergency room or a scarcity of medical equipment. Doctors must ensure that every patient gets an equal opportunity to obtain the care they need, and triage decisions are made objectively based on severity and medical prognosis (Sari, 2024) .

These four principles of biomedical ethics are *prima facie*, meaning that each principle is morally valid unless there are compelling reasons to override it in a particular case. In practice, there are often conflicts between these principles, for example between patient autonomy and physician beneficence, or between non-maleficence and justice in the allocation of limited resources (Garcia, 2021) . Therefore, ethical decision-making in medicine cannot be done mechanically, but rather requires contextual considerations, negotiations, and the search for the best solution that takes into account all relevant moral aspects. Each case must be analysed individually, taking into account the patient's values, the clinical situation, and the prevailing legal and social norms.

The application of biomedical ethical principles must also be accompanied by effective communication between doctors, patients and families. Openness, empathy, and respect for the patient's values are key in building trust and ensuring that decisions made truly reflect the best interests of the patient (Schaefer, 2025) .

Thus, the principle of biomedical ethics is not only a moral guideline for health workers, but also a foundation for building a health care system that is dignified, fair, and oriented towards the welfare of patients and the wider community.

### **Legal Basis of Medical Discretion**

The legal basis of medical discretion in Indonesia is the result of the development of a legal system that seeks to balance the protection of patient rights, the interests of society, and the professional authority of doctors. Medical discretion itself can be defined as the freedom of action given to doctors to make decisions in certain situations, especially when the laws and regulations have not specifically regulated or when there is an emergency that demands immediate resolution. In this context, discretion becomes an important instrument to ensure that health services continue to run optimally despite facing unexpected situations or have not been regulated in detail in regulations (Miller, 2022) .

Juridically, discretion is regulated in Law Number 30 of 2014 concerning Government Administration, which states that discretion is a decision or action taken by government officials to overcome concrete problems in governance, including when existing regulations are incomplete, unclear, or government stagnation occurs. In medical practice, doctors as part of public service officials have the right to use discretion to ensure that patients' interests are protected, especially in emergency conditions that require a quick and precise response (Silva, 2021).

Discretion in the medical world must also fulfil certain elements, such as aiming for public service, being active, taken on its own initiative, based on law, and can be morally and legally accountable. The use of discretion should not be done carelessly, but must go through clear procedures as stipulated in Article 26 of Law No. 30 of 2014, namely officials who use discretion must describe the purpose, objectives, substance, and administrative and financial impacts, and seek written approval from superiors (Bell, 2021).

In medical practice, discretion is also regulated in Law Number 29 of 2004 concerning Medical Practice. Article 50 of this law affirms that doctors are entitled to legal protection as long as they carry out their duties in accordance with professional standards and standard operating procedures. This legal protection is very important, especially when doctors have to make quick decisions in emergency situations that do not allow consultation or written consent from patients or families (Johnson, 2021). In addition, Article 57 of Law No. 36/2014 on Health Workers also gives health workers the right to obtain legal protection while practising according to professional standards, professional service standards, and standardised operational procedures. This reinforces the position of doctors in using discretion, provided that the actions taken remain in accordance with legal norms and professional ethics (Linu., 2025)

Discretion is also recognised in the principles of state administrative law as part of the principle of legality which states that every action of state officials must be based on law. However, in certain circumstances, the law opens space for officials to take discretionary action as an exception to the principle of legality, provided that the action remains within the corridors of the law and can be accounted for (Lin, 2021).

In its implementation, medical discretion must pay attention to the principles of prudence, objectivity, and not cause conflicts of interest. The conditions for the use of discretion are regulated in Article 24 of Law No. 30 of 2014, which among others states that discretion must be in accordance with the objectives, not contrary to statutory regulations, in accordance with general principles of good governance, based on objective reasons, does not cause conflicts of interest, and is carried out in good faith (White, 2022).

Discretion in the medical world can also be distinguished between free discretion and bound discretion. In free discretion, officials or doctors have full freedom in determining the actions they deem most appropriate, as long as they do not violate the

limits set by the law. While in bound discretion, the law provides several alternative decisions and the doctor is free to choose the one that best suits the patient's condition (Iserson, 2021).

The benefits of discretion for health care institutions are enormous, among others, to fill legal gaps, provide legal certainty, and overcome service stagnation in certain circumstances such as disasters, outbreaks, or medical emergency situations. With discretion, doctors can make quick and appropriate decisions for patient safety, without having to wait for instructions or regulations that may not yet be available (Brown, 2023). However, the use of discretion also carries legal consequences. If discretion is exercised beyond the limits of authority, not in accordance with procedures, or contrary to the provisions of laws and regulations, then the action can be declared invalid and the official concerned can be held legally responsible. Therefore, every discretionary action must be well documented and accompanied by strong reasons (McDougall, 2020).

In the context of legal protection, doctors who use discretion correctly and according to procedures will get protection from lawsuits, as stipulated in Article 50 of the Medical Practice Law and Article 57 of the Health Workers Law. This protection is important so that doctors do not hesitate to make quick decisions in critical situations, as long as they adhere to professional standards and operational procedures. In addition to legal protection, discretion must also pay attention to the rights of patients stipulated in Article 52 of the Medical Practice Act, such as the right to obtain an explanation, the right to refuse medical treatment, and the right to confidentiality of medical records. Thus, the use of discretion should not ignore the principles of patients' human rights and must continue to uphold professional ethics (Green et al., 2006).

In practice, medical discretion is often used in situations where doctors have to make quick decisions without having time to do informed consent, for example in emergency cases or when the patient is unconscious. Under these conditions, the doctor's actions aimed at saving the patient's life are considered legally and ethically valid, as long as they remain in accordance with professional standards and operational procedures (O'Connor, 2021).

Discretion also has an important role in medical decision-making in disaster or outbreak situations, where doctors must choose the priority of patient treatment based on the level of care and availability of resources. In these situations, discretion becomes an important tool to ensure health services continue to run effectively and efficiently, while protecting patient rights and safety (Mustariani., 2020)

Overall, the legal basis of medical discretion in Indonesia has provided a clear framework for doctors to act in critical situations, while taking into account legal, ethical, and patient rights principles. With proper understanding and application of discretion, it is expected that health services in Indonesia can run more responsively, professionally, and accountably in facing various challenges in the field.

## **Determinants of Ethical Dilemmas**

The determinants of ethical dilemmas in medical practice are very diverse and interact with each other, forming complexities in decision-making by doctors. One of the main factors is the conflict between the principles of beneficence and autonomy. Doctors have a moral obligation to do good for the patient (beneficence), but on the other hand, patients have the right to make medical decisions for themselves (autonomy). When the doctor's preference to provide the best intervention conflicts with the patient's wishes or refusal, an ethical dilemma arises (Wang, 2021). In addition, the level of competence and experience of the doctor also affects how to deal with ethical dilemmas. More experienced doctors tend to have a more mature reflection of the code of ethics and are able to weigh the risks and benefits proportionally. Knowledge and understanding of the medical code of ethics is very important, because doctors' attitudes and behaviour in dealing with ethical dilemmas are often influenced by how deeply they understand these ethical principles (Galih Endradita ., 2024)

Institutional factors also play a major role. Hospital policies, availability of resources, and standard operating procedures (SOPs) can limit or expand doctors' discretionary space in making decisions. When there are limited medical equipment or health workers, doctors must adapt ethical decisions to the existing institutional realities, often having to choose patient treatment priorities based on the level of severity. Pressure from health financing systems, such as BPJS, is also a determining factor (Galih Endradita, 2021). In this system, doctors are often faced with a dual-loyalty dilemma, which is between the best interests of the patient and compliance with regulations or budget limitations from third parties. When the patient's medical needs are not in line with financing policies, doctors are in a difficult position to maintain their professionalism and ethical integrity (Nurmaida ., 2022)

The patient's family and social factors also influence decision-making. Family pressure, societal expectations, and cultural and religious values can complicate the ethical dilemmas faced by doctors. In some cases, families want maximum intervention even though the patient's prognosis is very poor, so doctors must balance between respect for family autonomy and the principle of non-maleficence (Ose, 2020).

Legal aspects and state regulations are also important external factors. Doctors must ensure that every action taken is not only in accordance with ethical principles, but also does not violate applicable laws. The use of physical restraints, for example, is strictly regulated to protect patients' rights and avoid violating the law. Conflicts of interest within the healthcare institution, such as pressure from pharmaceutical companies, insurance companies, or research sponsors, can also lead to ethical dilemmas. Doctors must ensure that their clinical decisions are truly in the best interest of the patient, not because of external influences that may harm the integrity of the profession (Tan, 2021).



Economic factors from both the patient and the institution also influence ethical decisions. The patient's inability to pay for treatment or the hospital's limited funds often force doctors to choose the most cost-efficient course of action, even though it is not necessarily the best option medically. A doctor's personal values, including moral, religious and cultural beliefs, can influence how a doctor views and resolves ethical dilemmas. In some cases, doctors must be able to separate personal values from professional obligations in order to keep their decisions objective and orientated towards the patient's interests (Patel, 2022).

Communication between doctors, patients, and families is a key factor in overcoming ethical dilemmas. Lack of communication or miscommunication can exacerbate conflicts and increase the risk of unethical decision-making. Therefore, effective communication skills are one of the key competencies that doctors must possess. The development of medical technology also brings new challenges in medical ethics. Increasingly sophisticated and complex intervention options often raise new ethical questions, such as in the case of the use of life support or experimental therapies, so doctors must constantly update their ethical knowledge and skills (Evans, 2023). Psychological factors, such as stress, fatigue and emotional distress, can affect the objectivity and acuity of judgement of doctors in situations of ethical dilemmas. A high workload in an emergency department setting, for example, may decrease a doctor's ability to optimally consider all ethical aspects. Education and ethical training are also crucial factors. Doctors who receive adequate ethical training since their education tend to be better prepared to face ethical dilemmas in daily practice. Continuous ethical education is essential to strengthen the integrity and professionalism of doctors (Gupta, 2021).

Finally, the dynamics of the relationship between medical personnel in the team can also be a determining factor. Differences of opinion between doctors, nurses, or other health workers regarding clinical decisions can create their own ethical dilemmas. Multidisciplinary collaboration and ethical discussions are important solutions to reach the fairest and most dignified decisions for patients (Turner, 2022).

Thus, ethical dilemmas in medical practice are influenced by complex interactions between individual, institutional, social, economic, legal, and cultural factors. A deep understanding of all these factors is essential for doctors to make wise, fair decisions that uphold the dignity of patients and the integrity of the profession.

## **Conclusion**

Ethical dilemmas and physician discretion in medical decision-making in the Emergency Department (ED) reflect the complex dynamics between biomedical ethical principles, resource limitations, and systemic pressures. First, conflicts between the principles of patient autonomy, beneficence, and distributive justice often arise in crisis situations, such as limited oxygen allocation during the Delta variant of the COVID-19

pandemic. Doctors are forced to prioritise patients with better prognosis, despite potentially ignoring family preferences or social justice principles. On the other hand, medical discretion regulated by Permenkes No.47/2018 and BPJS Health Regulations is a crucial instrument to overcome the misalignment between clinical needs and regulations, despite the risk of dualism in legal interpretation.

Second, institutional factors such as human resource availability, triage protocols, and financial pressures from the JKN system significantly influence the ethical integrity of medical decisions. The study at Pelita Anugerah Hospital showed that 78% of discretion was exercised to accommodate BPJS patients by adding a secondary diagnosis, despite contradicting clinical guidelines. This indicates that ethical decisions are not only based on purely medical considerations, but are also influenced by infrastructure limitations and non-comprehensive hospital policies.

Finally, sustainable solutions require the integration of three pillars: strengthening evidence-based ethical protocols, crisis communication training through case simulations, and policy reforms that ensure alignment between professional standards and field realities. It is also important to develop clinical decision support systems that integrate legal principles, ethics, and social considerations, so that doctors are no longer caught in the dichotomy between professional obligations and systemic pressures. Multidisciplinary collaboration between clinicians, bioethicists and regulators is key to creating a responsive and equitable ED environment.

## References

- Bell, D. (2021). Ethical issues in withholding and withdrawing treatment in the emergency department. *Resuscitation*, .168
- Brown, H. (2023). Ethical decision-making frameworks in emergency departments. *Clinical Ethics*, 18(1).
- Choi, J. (2022). Shared decision-making in the emergency department: Ethical perspectives. *Emergency Medicine Clinics*, 40(2).
- Eny Nurmaida. (2021). *Oxygen Limitations and Ethical Challenges in Emergency Departments at the Peak of the Delta Variant Pandemic*. <https://fkkmk.ugm.ac.id/keterbatasan-oksigen-dan-tantangan-etik-di-igd-pada-puncak-pandemi-varian-delta/>
- Evans, K. (2023). The role of physician judgement in emergency care: Ethical analysis. *American Journal of Bioethics*, 23(3).
- Ferrari, R. (2020). Writing narrative style literature reviews. *Medical Writing*, 24 (4), 230-235. <https://doi.org/10.1179/2047480615Z.000000000329>
- FK-KMK UGM. (2021). *Oxygen Limitations and Ethical Challenges in the Emergency Room at the Peak of the Delta Variant Pandemic*. <https://fkkmk.ugm.ac.id/keterbatasan-oksigen-dan-tantangan-etik-di-igd-pada-puncak-pandemi-varian-delta/>

- Galih Endradita. (2021). *Ethical Decision Making in Difficult Cases and Ethical Dilemmas in Health Services*. <https://galihendradita.wordpress.com/2021/03/21/kewenangan-klinis-dokter-spesialis-forensik-medikolegal-dalam-pembuatan-keputusan-etik/>
- Galih Endradita. (2024). *Ethical Dilemmas of Hospital Directors in Indonesia*. <https://galihendradita.wordpress.com/2024/07/19/dilema-etik-direktur-rumah-sakit-di-indonesia/>
- Garcia, D. (2021). Informed consent and the emergency exception: Ethical and legal perspectives. *Journal of Law, Medicine & Ethics*, 49(2).
- Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing Narrative Literature Reviews for Peer-Reviewed Journals. *Chiropractic & Manual Therapies*, 52–57.
- Gupta, N. (2021). The ethics of rapid decision-making in emergency medicine. *Journal of Medical Ethics*, 47(6).
- Iseron, K. V. (2021). Ethical dilemmas in emergency medicine: A systematic review. *BMC Medical Ethics*, 22(1). <https://bmcomedethics.biomedcentral.com/articles/10.1186/s12910-021-00636-3>
- Johnson, P. (2021). Ethical dilemmas in triage and resource allocation in emergency departments. *BMC Emergency Medicine*, 21(1).
- Kim, S. (2021). Physician discretion and ethical challenges in paediatric emergency care. *Pediatrics*, 147(5).
- Kumar, S. (2021). Legal and ethical issues in emergency medical decision-making. *Ethics, Medicine and Public Health*, .17
- Lee, M. T. (2022). Physician discretion and patient autonomy in emergency care. *Bioethics*, 36(4).
- Lin, H. (2021). Ethical dilemmas in the management of acute trauma in the emergency department. *Trauma Surgery & Acute Care Open*, 6(1).
- Linu, N. B. S. (2025). The Authority of the Indonesian Medical Disciplinary Honour Council in Handling Medical Disputes between Doctors and Patients. *Lex Privatum*, 15(2). <https://ejournal.unsrat.ac.id/index.php/lexprivatum/article/download/60840/48863>
- McDougall, C. W. (2020). Ethical considerations of the duty to care and physician safety in the COVID-19 pandemic. *Canadian Journal of Emergency Medicine*. <https://www.cambridge.org/core/journals/canadian-journal-of-emergency-medicine/article/ethical-considerations-of-the-duty-to-care-and-physician-safety-in-the-covid19-pandemic/54027F8895DC73BCAE6B236A0601ECFE>
- Miller, A. (2022). Ethics consultation in the emergency department: Challenges and opportunities. *Journal of Clinical Ethics*, 33(1).
- Mustariani, P. (2020). *Discretion of Emergency Physicians in Determining the Status of Patient Conditions Integrated with Health Insurance Services in the Emergency Room of Pelita Anugerah Mranggen Hospital [Soegijapranata Catholic University]*.

- [https://repository.unika.ac.id/21378/1/17.C2.0021%20PUTU%20MUSTARIANI\\_COVER\\_a.pdf](https://repository.unika.ac.id/21378/1/17.C2.0021%20PUTU%20MUSTARIANI_COVER_a.pdf)
- Noor, F. (2021). Physician discretion and the law in emergency medicine. *Medical Law Review*, 29(3).
- Nurmaida, E. (2022). *Ethical Dilemmas in Clinical Decision Making for Covid-19 Patients When Oxygen Limitations Occur during the Delta Variant Pandemic: An Emergency Room Physician's Perspective* [Universitas Gadjah Mada]. <https://etd.repository.ugm.ac.id/penelitian/detail/229205>
- O'Connor, S. (2021). Emergency medicine and the limits of patient autonomy. *Hastings Centre Report*, 51(4).
- Ose, M. I. (2020). Ethical Dilemmas in Caring for Endangered Patients in the Emergency Department. *Indonesian Journal of Nursing Education*, 6 (2). <https://ejournal.upi.edu/index.php/JPKI/article/download/9420/5797>
- Patel, R. (2022). Balancing patient rights and physician discretion in emergencies. *Emergency Medicine Journal*, 39(2).
- Rahman, A. (2023). Legal protection for doctors in emergency medical decisions. *Indonesian Journal of Health Law*, 8(1).
- Rivai, A. F. (2021). *Ethical Decisions in Nursing Care for Patients with COVID-19 in Hospitals in NTT*. <http://repository.poltekkeskupang.ac.id/6805/1/Buku%20Digital%20-%20MONOGRAF%20KEPUTUSAN%20ETIK%20DALAM%20ASUHAN%20PERAWATAN%20PADA%20PENDERITA%20COVID-19%20DI%20RS%20DI%20NTT.pdf>
- Sari, R. (2024). Informed Consent in Emergency Cases in the Hospital. *Review of Law, Ethics, and Governance*, 7(1), 253.
- Schaefer, G. O. (2025). Ethics of the fiduciary relationship between patient and physician. *Journal of Medical Ethics*, 51(1), 59.
- Silva, M. (2021). Ethical principles in emergency care: Balancing beneficence and autonomy. *Ethics & Medicine*, 37(1).
- Smith, J. A. (2022). Medical decision-making in emergency situations: Ethical challenges and solutions. *Journal of Emergency Medicine*, 59(3).
- Tan, Y. (2021). Decision-making capacity and consent in emergency medicine. *Emergency Medicine Australasia*, 33(4).
- Alomedical Team. (2022). Principles of Shared Decision Making between Doctors and Patients in Clinical Practice. *Alomedika*. <https://www.alomedika.com/prinsip-pengambilan-keputusan-bersama-antara-dokter-dan-pasien-pada-praktik-klinis>
- Writing Team. (2023). Ethical Dilemmas for Health Workers in Determining the Choice of Medical Actions. *Ukrida Medical Journal*, 7 (1). <https://ejournal.ukrida.ac.id/index.php/ms/article/download/3212/2748/16279>
- Turner, L. (2022). The ethics of presumed consent in emergency care. *Bioethical Inquiry*, 19(2).

- Wang, L. (2021). The dilemma of informed consent in emergency medicine. *International Journal of Emergency Medicine*, 14(1).
- White, N. (2022). Ethical dilemmas in end-of-life care in the emergency department. *Annals of Emergency Medicine*, 79(2).