



THE QUALITY OF VISUM ET REPERTUM OF WOUNDED LIVING VICTIMS IN TOBA SAMOSIR DISTRICT FROM 2017 TO 2018

Panusunan Simatupang*, Asan Petrus & Nasib M. Situmorang

Department of Forensic and Medicolegal of Faculty of Medicine Universitas Sumatera Utara

DOI: 10.5281/zenodo.3612103

Abstract

In order to improve their patient's health status, doctors generally carry out medical examinations, give treatments and determine prognosis for their patient. In addition to this, they can also carry out medical examinations in order to give medicolegal assessments of their patient, especially used for law enforcement purposes, both for the living and dead victims. The results of the medical examination for legal purposes as above are stated in the form of reports, namely in the form of Visum et Repertum.

Visum et Repertum has a role in proving a criminal case against someone's conditions, both physically and mentally. As written in the article 184 KUHAP, the VeR can function as a legitimate evidence in the judicial process, therefore, the VeR is expected to provide enough information for law enforcers, especially judges, in making court decisions. For this purpose a good quality VeR is needed.

A research on the Visum et Repertum quality of wounded living victims in Toba Samosir district had been conducted. The research used all VeR done during the period of January 01, 2017 to December 31, 2018 in 19 UPT Puskesmas and Porsea Hospital. It was conducted with the analytical descriptive research method, with total sampling, using Herkutanto's scoring tool on 13 variables. The total number of cases examined by doctors and supported with VeR was 60 cases. The quality of VeR in the introduction parts is 84,5 % (good quality). The quality of VeR in the body section is 53,5 % (medium quality). The quality of VeR in the conclusion is 48 % (poor quality). Therefore, the VeR quality of the wounded living victims in Toba Samosir districts is 52,57 % (medium quality).

Keywords: Visum et Repertum, quality, wound, alive victims.

Introduction

Lately we have heard and seen many incidents of crime that not only inflicted a financial loss but also took someone's life. This can be seen by the high crime rate in Indonesia nationally and regionally based on the statistical data taken from the Directorate of Detective Police Headquarters of the Republic of Indonesia. The national total crime number in 2012 was 341,159 cases. In 2013, there were 342,084 cases. In 2014, 325,317 cases happened. The number of people at risk of crime or the crime rate for every 100,000 population nationally in 2012 was 134 people, in 2013 140 people, and in 2014 131 people. Moreover, the time period of occurrence of a crime, known as the crime clock, showed that in 2012 nationally crime occurred every 1 minute 32 seconds, in 2013 every 1 minute 32 seconds and in 2014 every 1 minutes 36 seconds.¹

Regionally in North Sumatra Province, according to the data from the Directorate of Police Headquarters of the Republic of Indonesia, the total number of crime in 2012 was 33,250, in 2013 40,709, and in 2014 35,728 cases. Out of this total number of crime, 6,377 criminal cases were physical criminal acts. This number was the largest number nationally. Meanwhile, the number of violation against property rights was 1,207 cases.¹ Along with the high number of criminal acts, both nationally and regionally in North Sumatra Province, the role of Visum et Repertum is very crucial as a legitimate evidence in court. In carrying out his job, a doctor generally conducts medical examinations, treatments, cares and determines the prognosis for patients in order to improve the patient's health status. In addition to this job, a doctor can also perform medicolegal examinations, which are used for law enforcement purposes, both for the alive and the deceased.² The results of this examinations, which are done for the legal purposes, are stated in a report in the form of Visum et Repertum. A VeR must be able to give valid and sufficient forensic evidence for proof of criminal cases against human health and life.



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

Herkutanto's research in Jakarta in 2004 showed that the VeR made by doctors in the IGD of 19 General Hospitals in DKI Jakarta was 36.92% of good quality. Then, after going through some trainings, the good quality VeR increased by 75.08%. While the results of Dedi's research Afandi in Riau Province, to be more precisely in Indrasari General Hospital in Indragiri Hulu Regency, in 2015 the VeR was 46.82%, which meant poor quality.^{3,4}

Based on the description above, this paper would like to examine if the visum et repertum made by the general doctors in 19 UPT Puskesmas and 1 General Hospital in Toba Samosir District had not shown good quality. Therefore, the research in this paper was about the quality of visum et repertum based on the examinations of alive criminal victims in the district Toba Samosir in 2017-2018.

Visum et Repertum functions as a valid evidence for proving a criminal act against human health and soul. As written in Article 184 of the KUHAP, a good visum et repertum has 5 basic frameworks which consist of *Pro-Justitia*, introduction, examination, conclusion and closing.

1. Pro-Justitia

The word 'opening' itself does not exist. The report begins with the word '*Pro-Justitia*'. A doctor must be aware that the reports are valid in court only if they are written on a stamped paper, which actually causes some difficulty for doctors if every report must use a stamped paper. In accordance to the postal regulations, whenever there is a written '*Pro-Justitia*' at the top of a report, then the paper used is considered as a stamped paper. The writing of the word '*Pro-Justitia*' on the upper left part of the report is meant to make the one who makes and uses the visum et repertum aware that the report is made for to uphold justice (*Pro-Justitia*).

2. Introduction

The preface to this section does not exist. This section contains 3 main components, namely the examining doctor, the investigator who asks to be examined and the victim / suspect examined. This section shows the name of the examiner, the places/institutions where the examinations are carried out, the time, the date and the hour of the examinations, the reasons, and the name of the authorities that make the request, the name of the investigator, the institution, the number of the report, and the date of the request to do the examinations.

3. Examination

This section shows the results of the examination, and not the results of external examinations as often written by medical students. The most important part of the report is actually in this section, because every finding is recorded and considered as a substitute for evidence in the form of a report called Visum et Repertum. In this section, the doctor writes the type of injury/wound, the area where the wound is found, the size of the wound, the distance of the wound from the midline of the body and/or from certain anatomical parts.

4. Conclusion

This section is titled as "conclusion". For the visum et repertum users, this is the most important part because it is expected that doctors can deduce abnormalities that occur in victims according to their expertise. The injured person needs an explanation of the type of injury, the type of violence, the causal relationship of the abnormality, the degree of the qualification of the wound, how long the victim has been treated, and what is the expected rate of remedy.

5. Closing

This section has no title and contains standard sentences. The closing section is marked with the sentence "Thus I made the visum et repertum based on my expertise and under the oath according to the Criminal Procedure Code". This section reminds the doctors that the report is made with honesty, not added or reduced and without being influenced by any party. This report is also made based on the best knowledge and reports on the results of the investigation related to the case, while those irrelevant to the case will remain a medical secret. This report is also made according to the procedures of the criminal procedural code for judicial purposes.



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

Research methodology

This study was an observational study with an analytical descriptive approach to the data of Visum et Repertum of the wounded alive victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018. The study was conducted in 19 UPT Puskesmas and Porsea General Hospital, Toba Samosir District, which began on the 24th of June to 28th of June 2019.

The population in this study was the Visum et Repertum of injured alive victims that was made by doctors in 19 UPT Puskesmas and Emergency Room Unit of the Porsea Regional General Hospital from January 1, 2017 to December 31, 2018. The samples used in this research are the total sampling.

Data collected for the variable VeR elements are obtained from secondary data, namely the VeR documents for the period of January 1, 2017 to December 31, 2018. The results of the study are presented in the form of a table. Data analysis of the report element variables was carried out using Herkutanto's scoring method for the 13 elements of the report. The parts that were assessed were given a score of 0, 1, and 2 with the highest score of 2, while the descriptive analysis was carried out on the data of the injured victims, types of violence, degree of injury and quality of VeR.

Analysis and result

Based on the results of the study, the number of forensic medical services on cases of injuries with surviving victims proved by the visum et repertum during the period of January 1, 2017 to December 31, 2018 were 60 cases.

1. The VeR Quality of the Introduction

The quality of the introduction of the VeR of the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018 is presented in **table 1**.

Table 1. The quality of the introduction of the VeR on the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018

VeR Structure	Examined Parts	Average Score
Introduction	Place	1.26
	Time	1.98
	Data of Victims	2.0
	Data of Investigator	1.61
	Data of examiner	1.60
Average of Total Score		1.69

The quality score of the introduction = $(1.69 \times \frac{1}{2}) \times 100\% = 84.5\%$

Based on the results of this study conducted on the VeR of the wounded surviving victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018, the quality of the introduction section was 84.5%, which means that the quality is good.

2. The VeR Quality of the Examination

The quality of the examination of the VeR of the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018 is presented in **table 2**.



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

Table 2. The quality of the examination of the VeR on the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018

VeR Structure	Examined Parts	Average Score
Examination	Anamnesis/History	0.0
	Vital Signs	1.3
	Wound Areas	2.0
	Wound Characteristics	1.33
	Wound Size	1.76
	Medication, Cures	0.03
Average of Total Score		1.07

The quality score of the examination = $(1.07 \times 5/10) \times 100\% = 53.50\%$

Based on the results of this study conducted on the VeR of the wounded surviving victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018, the quality of the examination was 53.50 %, which means that the quality is moderate.

3. The VeR Quality of the Conclusion

The quality of the conclusion of the VeR of the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018 is presented in **table 3**.

Table 3. The quality of the conclusion of the VeR on the wounded victims in Toba Samosir Regency during the period of January 1, 2017 to December 31, 2018

VeR Structure	Examined Parts	Average Score
Conclusion	Types of wounds and violence	1.90
	Wound Qualification	0.03
Average of Total Score		0.96

The quality score of the conclusion = $(0.96 \times 8/16) \times 100\% = 48.0\%$

Based on the results of this study conducted on the VeR of the wounded surviving victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018, the quality of the conclusion was 48.0 %, which means of poor quality.

4. The Quality of the Visum et Repertum of the Wounded

The quality of the VeR of the wounded victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018 is presented in table 4.

Table 4. The quality of the VeR of the wounded victims in Toba Samosir, in the period of Januari 1, 2017 to Desember 31, 2018

VeR Structure	Average Score	Value	Total Score
Introduction	1.69	1	1.69
Examination	1.07	5	5.35
Conclusion	0.96	8	7.68
Total Score			14.72

The quality score of the VeR on the wounded victims = $(14.72/28) \times 100\% = 52.57\%$



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

Based on the results of the study conducted on the visum et repertum on the wounded surviving victims in Toba Samosir Regency from January 1, 2017 to December 31, 2018, the quality of the VeR was 52.57%, which means that the visum of injury is of moderate quality.

The results of this study shows that the writing of Visum et Repertum of the wounded alive victims in Toba Samosir Regency is of moderate quality. This result is relatively the same as what was studied in other regions such as in Jakarta and in the Riau Province where the quality of the VeR on the surviving victims is also not of good quality.

The quality of the VeRs of the criminal survivors in Toba Samosir Regency is still of moderate quality. It is still unable to be used as valid evidence for proof of crimes in the Regency, which can cause delays in running of the judicial process. As a result, community assessment on the performance of doctors, health facilities at the puskesmas or hospital as well as the district government shows unsatisfactory. The condition of the VeR quality in Toba Samosir Regency is obviously only a small part of the actual conditions of the entire territory of Indonesia, which definitely requires further similar study.

Conclusion

Based on the results of the research obtained from the data on the visum et repertum for wounded survivors in Toba Samosir Regency on January 1, 2017 to December 31, 2018, it can be concluded as the following,

- the number of injury cases with surviving victims examined by doctors, proved by the visum et repertum on wounds in Toba Samosir Regency on January 1, 2017 to December 31, 2018 is as many as 60 cases.
- The quality of the Visum et Repertum of wounded surviving victims in Toba Samosir Regency on January 1, 2017 to December 31, 2018 in the introductory section is 84.5%, which means of good quality.
- The quality of the VeR of the wounded alive victims in Toba Samosir Regency on January 1, 2017 to December 31, 2018 on the coverage is 53.50%, which means that the quality is moderate.
- The quality of the VeR of the wounded alive victims in Toba Samosir Regency on January 1, 2017 to December 31, 2018 in the conclusion section is 48.0%, which means that the quality is not good.
- The quality of the Visum et Repertum of wounded surviving victims in Toba Samosir Regency on January 1, 2017 to December 31, 2018 is 52.57% which means moderate.

Suggestions

Based on the results of the research, the writer suggests several inputs as contributions to the hospital leaders so that the future quality of the issued visum et repertum will show improvement. The suggestions are as follows,

1. The head of the Toba Samosir District Health Office and the head of the Porsea Regional General Hospital should acknowledge and be fully understand that Visum et Repertum is a valid document of evidence in lieu of evidence, which must provide information explaining an event (the process of proving a criminal case) that helps investigators and court judges in making court decisions. The role of Visum et Repertum can only be performed if the Visum et Repertum is with good quality.
2. To be able to make a good Visum et Repertum, the writer suggests that training or workshops be provided for doctors in the area of the Toba Samosir District Health Office and doctors in the Emergency Unit of Porsea General Hospital, regarding the making of Visum et Repertum and, and especially regarding the VeR injury for alive victims.
3. In order to carry out the training or workshops for doctors in the area of the Toba Samosir District Health Office and doctors in Porsea General Hospital regarding the making of Visum et Repertum for the wounded alive victims, as suggested above, the writer is available to give assistance and facilitate for the improvement of VeR quality in the Toba Samosir Regency



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

References

- [1] Badan Pusat Statistik : Statistik Kriminal 2015 [cited 2019 Mar 28]. Available from: <https://www.bps.go.id/publication/2015/12/15/43655fff07d2351f22255371/statistik-kriminal-2015.html>
- [2] Budiyanto A, Widiatmaka W, Atmaja DS, dkk. Ilmu kedokteran forensik bagian kedokteran FK-UI. Edisi pertama. cetakan pertama. Jakarta, 1997.
- [3] Herkutanto. Peningkatan kualitas pembuatan Visum et Repertum (VeR) kecederaan di Rumah Sakit melalui pelatihan dokter Unit Gawat Darurat (UGD). JMPK. September 2005;8(3):163-69.
- [4] Afandi D, Restuastuti T, Kristanti W. Kualitas Visum et Repertum perlukaan di RSUD Indrasari Kabupaten Indragiri Hulu Periode 1 Januari 2009-Desember 2013. JIK. Maret 2015;9(1):11-16.
- [5] Profil Kesehatan Kabupaten Toba Samosir Tahun 2017. Dinas Kesehatan Kabupaten Toba Samosir, 2018.
- [6] Syahrizal D, Senja N. Undang-undang praktek kedokteran dan aplikasinya. Dunia Cerdas. Jakarta, 2013.
- [7] Idries MA, Tjitomartono AL. Penerapan ilmu kedokteran forensik dalam proses penyidikan. Cetakan ke-4. Sagung Seto. Jakarta, 2017.
- [8] Petrus A. Visum et Repertum dalam praktek kedokteran. USU Press. Medan, 2018.
- [9] Amir A. Rangkaian ilmu kedokteran forensik. Bagian ilmu kedokteran forensik dan medikolegal FK-USU. Edisi Kedua. Cetakan pertama. Ramadhan. Medan, 2005.
- [10] Kitab Undang-Undang Hukum Pidana (KUHP) dan Kitab Undang-Undang Hukum Acara Pidana (KUHP) beserta penjelasannya. Cetakan IV. Citra Umbara. Bandung, 2009.
- [11] Petrus A. Bahan Ajar Magister Kedokteran Klinis (MKK) forensik 2. USU Press. Medan, 2019.
- [12] Hamdani N. Ilmu kedokteran kehakiman. Edisi Kedua. Gramedia Pustaka Utama. Jakarta, 1992.
- [13] Sampurna B, Gani MH. Ilmu kedokteran forensik, Visum et Repertum dan perundang-undangan serta pembahasan. Kedokteran Forensik FK Universitas Andalas. Padang, 2003.
- [14] Lamintang PAF, Theo. Delik-delik khusus kejahatan terhadap nyawa, tubuh dan kesehatan. Edisi kedua. Cetakan pertama. Sinar Grafika. Jakarta, 2010.
- [15] Herkutanto. Pemberlakuan pedoman pembuatan Visum et Repertum (VeR) korban hidup dan Trauma-Related Injury Severity Score (TRISS) untuk meningkatkan kualitas VeR. Disertasi. Universitas Indonesia. Jakarta, 2005.
- [16] Atmadja DS. Aspek medikolegal pemeriksaan korban perlukaan dan keracunan di Rumah Sakit. Prosiding Ilmiah Simposium Tatalaksana Visum et Repertum Korban Hidup Pada Kasus Perlukaan dan Keracunan di Rumah Sakit. Jakarta: RS Mitra Keluarga Kelapa Gading, 2004.
- [17] Herkutanto. Kualitas Visum et Repertum (VeR) perlukaan di Jakarta dan faktor yang mempengaruhinya. Jakarta: Majelis Kedokteran Indonesia; September 2004;54(9):355-60.
- [18] Satyo AC. Aspek medikolegal luka pada forensik klinis. Majalah Kedokteran Indonesia. Desember 2006;39(4):430-32.
- [19] Syamsudin R. Peranan Visum et Repertum di pengadilan. Al Sisalah. Mei 2011;11(1):187-00.
- [20] Kiswara R, Afandi D, Mursali LB. Kualitas Visum et Repertum perlukaan di RSUD Arifin Achmad Pekanbaru periode 1 Januari 2009-31 Desember 2013. JOM FK. Februari 2015;2(1):1-13.
- [21] Fatriah SH, Sampurna B, Firmansyah A. Analisis medikolegal terhadap kriteria derajat luka menurut KUHP. J Indon Med Assoc. November 2017;67(11):514-21.
- [22] Afandi D. Visum et Repertum perlukaan : aspek medikolegal dan penentuan derajat luka. Majalah Kedokteran Indonesia. April 2010;60(4):188-95.
- [23] Afandi D. Total luas luka sebagai indikator penentuan derajat luka pada kasus medikolegal. J Indon Med Assoc. Maret 2014;64(3):129-33.
- [24] Saptadirja FA, Syukriani YF, Mayasari W. Harapan polisi di kota Bandung terhadap pembuatan visum klinik. JSK. September 2017;3(1):18-24.
- [25] Hengky. Penggunaan metode TRISS untuk meningkatkan kualitas Visum et Repertum korban hidup pada korban trauma. Indonesian journal of legal and forensic Sciences. 2016;6:11-15.
- [26] Maulana R, Afandi D, Chandra F. Kualitas Visum et Repertum perlukaan di Rumah Sakit Umum Daerah Dumai periode 1 Januari 2008-31 Desember 2012. JOM FK. Oktober 2014;1(2):1-13.
- [27] Pratiwi WS, Afandi D, Masdar H. Gambaran Visum et Repertum perlukaan di Rumah Sakit Umum Daerah Kuantan Singingi Periode 1 Januari 2009-31 Desember 2013. JOM FK. Februari 2015;2(1):1-11.



INTERNATIONAL JOURNAL OF RESEARCH SCIENCE & MANAGEMENT

- [28] Ghifari A, Afandi D, Chandra F. Kualitas Visum et Repertum perlukaan di RSUD Bangkinang periode 1 Januari 2009-31 Desember 2013. JOM FK. Oktober 2015;2(2):1-8.
- [29] Jefryanto, Afandi D, Riswandi. Kualitas Visum et Repertum perlukaan di Rumah Sakit Umum Daerah Mandau Periode 1 Juni 2011-30 Juni 2013. JOM FK. Oktober 2015;1(2):1-12.
- [30] Simangunsong IR, Afandi D, Burhanuddin L. Kualitas Visum et Repertum perlukaan di Rumah Sakit Umum Daerah Siak Periode 1 Januari 2009-30 Desember 2013. JOM FK. Oktober 2015;2(2):1-12.