



THE LEVEL OF UNDERSTANDING OF GENERAL DOCTORS AND SPECIALIST DOCTORS IN THE MAKING OF VISUM ET REPERTUM IN SEMARANG CITY

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ABSTRACT

Background: Visum et repertum is a form of report addressing the condition of human bodies, both living and dead. The reality is that in the field there are still mistakes in making VeR that can influence court decisions, this is also reinforced by the findings of research data that had been done before. **Aim:** To determine the level of understanding of general doctors and specialists (Obstetrics and Gynecology and Surgery) in making VeR in Semarang City. **Methods:** Descriptive study of 34 doctors consisting of 16 general doctors, 10 surgeons and 8 obstetricians and gynecologists. The procedure of the research involved collecting data using a questionnaire consisting of the VeR section. The data are sorted according to the group of respondents and description is done. **Results:** Descriptive analysis showed that the level of understanding of 16 general doctors was categorized as medium with a value of 71.43 % with: 8 doctors (50 %) good questionnaire value, 6 doctors (37.5 %) medium questionnaire value, and 2 doctors (12.5 %) bad questionnaire value. The level of understanding of 10 surgeons is categorized as good with a value of 76.43 % with: 4 doctors (40 %) good questionnaire value, 6 doctors (60 %) medium questionnaire value, and no bad value. The level of understanding of 8 obstetrics and gynecology specialists was categorized as good with a value of 76.17 % with: 4 doctors (50 %) good questionnaire value, 4 doctors (50 %) medium questionnaire value, and no bad scores. **Conclusion:** The level of understanding of general doctors was medium with a value of 71.43%, the surgeon specialist was categorized good with a value of 76.43% and obstetricians and gynecology specialists were categorized good with a value of 76.17%.

Keywords: level of understanding, visum et repertum

PRELIMINARY

Visum et repertum is a form of report on what is seen and found in the examination of living, corpse or physical evidence or other evidence based on existing facts.¹ VeR is one aspect of expert information that is used as legal evidence in the process Justice. In making mistakes

that occur will be able to influence judicial decisions.²

In reality in the field, there are still quite a lot of VeR manufacture which still have poor quality, this is confirmed by several research data findings that have been conducted. Based on the results of research conducted at public hospitals,



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private hospitals and state-owned hospitals in Jakarta, it shows that the average quality of injured VeR is still low.³ Other studies conducted in Pekanbaru show that VeR quality generally shows poor criteria with presentations. 37.75% .⁴ While research conducted at PKU Muhammadiyah Hospital Yogyakarta with the subject of VeR results made by specialist doctors has an assessment of wise quality that is 27.4% which means poor quality.⁵

Based on the Indonesian Doctors Competency Standards (SKDI) 2012, the competency in making VeR is categorized in 4A which means that making VeR must be able to be done independently by graduates of medical education programs.⁶ Basically, making VeR should have a high quality value if observed in terms of competency a doctor either a general doctors or a specialist. The poor quality of VeR manufacturing indicates that there are factors that influence both physician and other inhibiting factors.

The selection of general doctors and obstetricians and gynecologists and surgeons as samples because all three have competence in making VeRs also often get requests to make VeRs which if in an area there are no forensic specialists or due to distant locations making it difficult to

make requests to specialist doctors forensics. Later it is expected that the results of the research can provide input and an overview of the quality of the manufacturing of VeR of general doctors with specialists, especially obstetrics and gynecology and surgery specialists.

RESEARCH METHODS

The study is a descriptive observational test with a cross sectional approach to describe how the level of understanding of general doctors and specialists in making VeR. The study was conducted from September to November 2019 at the Government Hospital (Tugurejo District Hospital, Roemani Muhammadiyah Hospital, RSND, and the K.R.M.T Wongsonegoro Regional Hospital) and health centers (Sronдол and Ngesrep) in Semarang City.

Sampling in research using non-probability sampling method by purposive sampling. The research sample includes general doctors and obstetricians and surgeons with inclusion criteria willing to take part in research and work as permanent or temporary employees in hospitals or health centers. Samples were excluded if they were on duty outside the



area or were dealing with emergency patients at the time of sampling.

The selection of research samples was selected according to established criteria. After assessing the number of general doctors and specialists in the study area, a minimum sample of 33 people was determined. The independent variable of the study was the level of understanding of general doctors and obstetricians and surgeons. The dependent variable of the study is the quality of VeR.

Data analysis was performed by means of data disaggregated according to groups of respondents then a description of the level of understanding of general doctors and specialists was carried out

RESULTS

The total sample of the study were 34 respondents consisting of 16 general doctors, 10 surgeons, and 8 obstetrics and gynecology specialists. In this study an assessment of the level of understanding of respondents in making a VeR using a questionnaire consisting of parts of a VeR report.

Table 1. Quality of Visum Et Repertum Variables Preliminary General Doctors

Variabel Ver	Assesed Elements	Average
Preliminary	The language used	0,875
	Need an abbreviation	0,9375
	Writing format	0,9375
	Writing pro Justitia	0,4375
	Number and date	1
	Preliminary inclusion	0,6875
	Place of inspection	1
	Examination time	0,874
	The identity of the person being examined	0,9375
	Requester's identity	0,6875
	Doctor's identity	0,875
	Average total score	

The quality value of the preliminary variable: $0,8409 \times 100 \% = 84,09 \%$

Table 2. Quality of Visum et Repertum Variable Coverage of General Doctors

Variabel Ver	Assesed Elements	Average
Coverage	Chronology of life report	0,875
	Chronology of post mortem	0,375
	Ananmesis in life report	0,6875
	Examination of vital signs of life	0,8125



Anamnesis in dead report	0,125
Examination of vital signs die	0,75
Location of the wound	0,75
Wound characteristics	0,8125
Size of the wound	0,75
Treatment and care	0,1875
Average total score	0,6125

The quality value of the coverage variable:

$$0,6125 \times 100 \% = 61,25 \%$$

Table 3. Quality of the Visum et Repertum Variable Conclusions of General Doctors

Variabel Ver	Assessed Elements	Average
Conclusions	Conclusion post mortem report	0,6875
	Conclusion life report	0,4375
	Inclusion of diagnosis	0,875
	Closing	1
Average total score		0,75

The quality value of the conclusions variable: $0,75 \times 100 \% = 75 \%$

Tabel 4. Quality of the Visum et Repertum of General Doctors

Variabel Ver	Average	Multiplier	Value
Preliminary	0,8409	1	0,8409
Coverage	0,6125	3	1,8375
Conclusions	0,75	5	3,75
Total			6,4284

The Quality of the Visum et Repertum of

General Doctors : $6,4284 \times \frac{1}{9} \times 100 \% =$

71,43 %

Obtained the average value of the understanding of general doctors ractitioners in making visum et repertum 71.43% which means the level of understanding of general doctors is classified in the medium category.

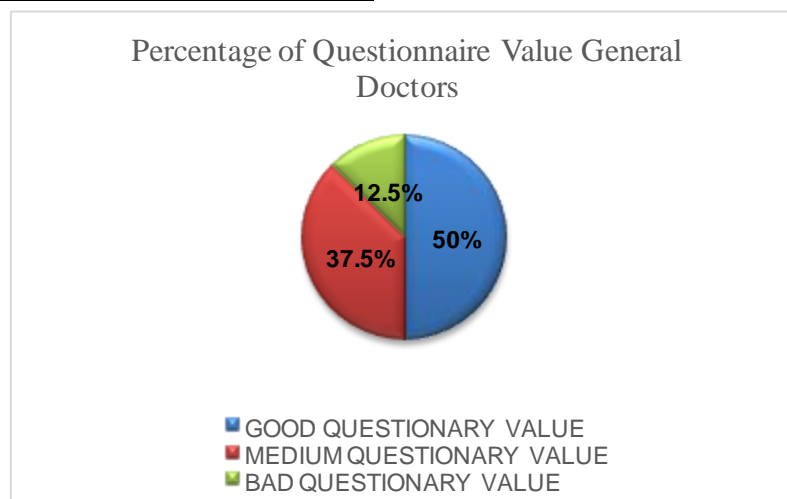


Figure 1. Presentation Value of General Doctors Questionnaire

The number of respondents was 16 general practitioners with 8 doctors having a good questionnaire, 6 doctors

with a medium questionnaire, and 2 doctors with a bad questionnaire.



Table 5. Quality of Visum Et Repertum Variables

Preliminary Surgeons		
Variabel Ver	Assessed Elements	Average
Preliminary	The language used	0,3
	Need an abbreviation	0,7
	Writing format	0,9
	Writing pro Justitia	0,2
	Number and date	1
	Preliminary inclusion	0,7
	Place of inspection	0,9
	Examination time	0,9
	The identity of the person being examined	0,8
	Requester's identity	0,6
	Doctor's identity	0,8
Average total score		0,709

The quality value of the preliminary variable: $0,709 \times 100 \% = 70,9 \%$

Table 6. Quality of Visum et Repertum Variable

Coverage of Surgeons

Variabel Ver	Assessed Elements	Average
Coverage	Chronology of life report	1
	Chronology of post mortem	0,3
	Ananmesis in life report	0,6
	Examination of vital signs of life	0,9
	Anamnesis in dead report	0,2
	Examination of vital signs die	0,6
	Location of the wound	0,1

Wound characteristics 0,9

Size of the wound 0,7

Treatment and care 0,2

Average total score 0,64

The quality value of the coverage variable: $0,64 \times 100 \% = 64 \%$

Table 7. Quality of the Visum et Repertum

Variable Conclusions of Surgeons

Variabel Ver	Assessed Elements	Average
Conclusions	Conclusion post mortem report	1
	Conclusion life report	0,5
	Inclusion of diagnosis	0,9
	Closing	1
	Average total score	

The quality value of the conclusions variable: $0,85 \times 100 \% = 85 \%$

Tabel 8. Quality of the Visum et Repertum of

Surgeons

Variabel Ver	Average	Multiplier	Value
Preliminary	0,709	1	0,709
Coverage	0,64	3	1,92
Conclusions	0,85	5	4,25
Total			6,879

Quality of the Visum et Repertum of Surgeons: $6,879 \times \frac{1}{9} \times 100 \% = 76,43 \%$

Obtained the average value of the level of understanding of surgeons in making visum et repertum 76.43% which means the level of understanding of surgeons is classified in good category.

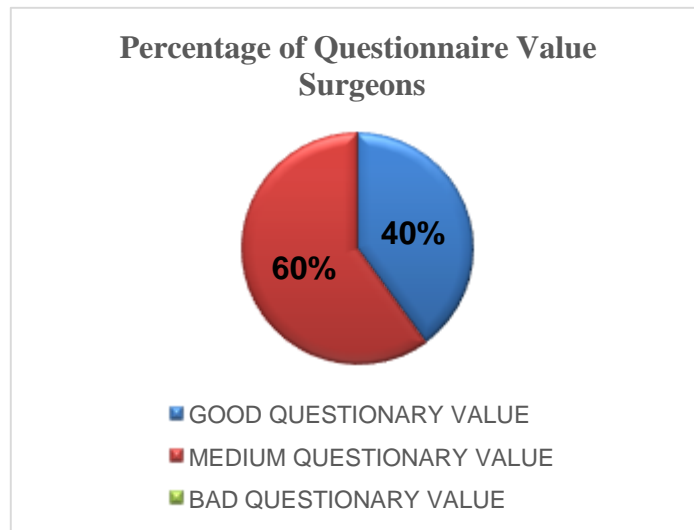


Figure 2. Percentage Value of Surgical Specialist Questionnaire

The number of respondents was 10 surgeons specializing in details with 4 doctors having good questionnaires, 6 doctors with medium questionnaires, and no doctors with bad questionnaire scores.

Table 9. Quality of Visum Et Repertum Variables Preliminary Obstetricians and gynecologists

Variabel Ver	Assessed Elements	Average
Preliminary	The language used	0,625
	Need an abbreviation	0,375
	Writing format	1
	Writing pro Justitia	0,375
	Number and date	1
	Preliminary inclusion	0,625
	Place of inspection	1
	Examination time	0,625
	The identity of the person being examined	0,75
	Requester's identity	0,625
	Doctor's identity	0,625
	Average total score	0,693

The quality value of the preliminary variable: $0,693 \times 100 \% = 69,3 \%$

Table 10. Quality of Visum et Repertum Variable Coverage of Obstetricians and gynecologists

Variabel Ver	Assessed Elements	Average
Coverage	Chronology of life report	1
	Chronology of post mortem	0,5
	Ananmesis in life report	0,625
	Examination of vital signs of life	0,75
	Anamnesis in dead report	0,25
	Examination of vital signs die	0,75
	Location of the wound	1
	Wound characteristics	1
	Size of the wound	1
	Treatment and care	0,125
	Average total score	0,7



The quality value of the coverage variable:

$$0,7 \times 100 \% = 70 \%$$

Table 11. Quality of the Visum et Repertum
Variable Conclusions of Obstetricians and
gynecologists

Variabel Ver	Assessed Elements	Average
Conclusions	Conclusion post mortem report	1
	Conclusion life report	0,375
	Inclusion of diagnosis	0,875
	Closing	1
Average total score		0,8125

The quality value of the conclusions variable: $0,8125 \times 100 \% = 81,25 \%$

Table 12. Quality of the Visum et Repertum of
Obstetricians and gynecologists

Variabel Ver	Average	Multiplier	Value
Preliminary	0,709	1	0,693
Coverage	0,64	3	2,1
Conclusions	0,85	5	4,0625
Total			6,855

Quality of the Visum et Repertum of
Obstetricians and gynecologists: $6,855 \times \frac{1}{9} \times 100 \% = 76,17 \%$

Obtained the average value of the understanding of obstetricians and gynecologists in making visum et repertum 76.17% which means the level of understanding of obstetricians and gynecologists is classified in good category.

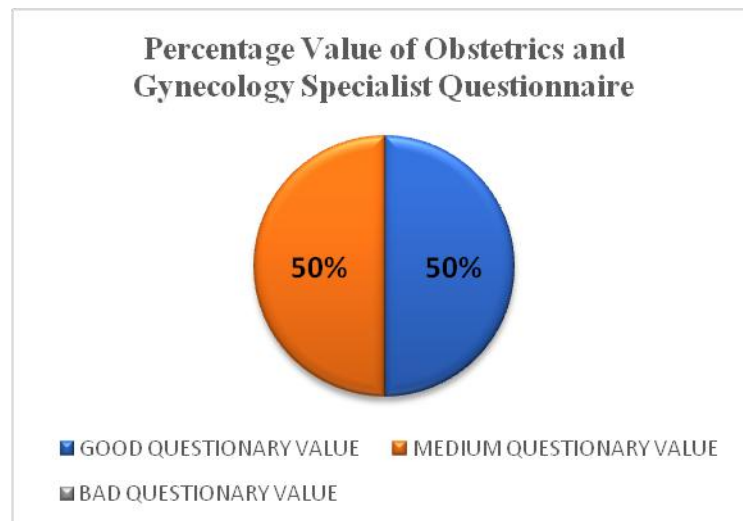


Figure 3. Percentage Value of Obstetrics and Gynecology Specialist Questionnaire

The number of respondents were 8 obstetrics and gynecology specialists with details of 4 doctors having good questionnaires, 4 doctors with medium

questionnaires, and no doctors with bad questionnaire scores.



DISCUSSION

An assessment of the level of understanding of general practitioners, surgeons, and obstetricians and gynecologists in the making of visum et repertum was carried out by giving a questionnaire based on Herkutanto's scoring with some adjustments regarding the quality of visum et repertum. The assessment is carried out on the variables contained in the post mortem repertum including preliminary, coverage, and conclusions.^{7,8}

From the result data, the preliminary variable quality value of general doctors has a value of 84.09%, which is good quality. These results have in common with Ridho Maulana's research on the quality of the introduction of the VeR injury in Dumai District Hospital in the period of 1 January 2008-31 December 2012, which is 90% good quality and there is a difference with the results of Herkutanto's research which shows the quality of the introduction VeR in the preliminary variable in DKI Jakarta which is valued 65.5% which means medium quality. This could happen because of the difference in the number of hospitals taken as research sites, where Ridho Maulana's research involved 1 hospital while in

Herkutanto's research involved 34 hospitals. If observed, the more number of research sites will reduce the quality value of the introduction variable. In this study involved 4 hospitals and 2 health centers. In the surgeon and obsgin specialist, the preliminary quality value was categorized as medium, with the quality value of the preliminary surgeon (70.9%) and obsgin specialist (69.3%). These findings have different results with an explanation of the number of research sites because this could be due to differences in the subjects assessed, in previous studies the research subjects were general doctors.^{3,9}

The variable quality values of general doctors, surgeons, and obsgin specialists are categorized in the medium category, with general doctors (61.25%), surgeons (64%) and obsgin specialists (70%), this is different from Ridho's research Maulana, where the quality of news coverage for the injured VeR in Dumai Regional Hospital was 44.15% and herkutanto research showed that the quality of the injured news coverage in DKI Jakarta was 36.9%, which means bad quality. In line with Ridho Maulana's research, the most errors occurred in the history taking and treatment and treatment where in the study there were no doctors



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who listed the anamnesis elements and most of the doctors did not include treatment and treatment, namely 160 of 166 VeR (96.4%). This might be due to the assumption that the history, treatment and care are not important written in the VeR, or it could also be caused by the doctor making the VeR not knowing that the elements need to be included in VeR.^{3,9}

The value of the conclusion variable quality of general practitioners, surgeons, and obsgin specialists is categorized in good category, with general doctors (75%), surgeons (85%) being obsgin specialists (81.25%) where these results are different from research Ridho Maulana with the quality of the conclusions VeR level of injury in Dumai District Hospital was 26.65% and Dedi Afandi's research on the quality of VeR in Indrasari Hospital where the result of the conclusion variable quality was 49.45% which means it was categorized as poor. Even though the difference in quality values is quite significant, the most common errors have similarities, namely in the qualification section of the wound, where in the Dedi Afandi study of 137 VeR, 124 VeR did not reflect the qualification of the wound while in this study from 34 doctors only 15 doctors

correctly answered the need to be concluded qualifications anyway.^{9,10}

The most common mistakes made by the general doctors in the writing section of the pro justitia and the introduction of preliminary may be due to the format in making a post mortem on the hospital is different, while the inclusion of the name of the investigator and the work unit is very important as proof that there are people who are authorized and responsible request for visum.^{7,11} Error in the language used is most of obsgin specialist doctors where in making VeR only use Indonesian because VeR is used only for legal purposes which will be used by parties other than doctors, so the reading must be understood by other parties as well.¹¹

Errors in the history taking in the post mortem, almost most occur in all respondents because the history can only be done on victims who are still alive or other people (alloanamnesis) one of them in the context of making a report of violence / sexual crime on children, where the child is still unable to provide information to the doctor or if the child is able to provide information, the doctor wants to dig up information to assess the discrepancies that arise from the



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introduction of introduction / parents with children.¹¹ Errors in the conclusions section is very influential on the judge's decision, even every decision to be taken by the judge referring to the conclusions stated in the post mortem, therefore writing the conclusion must explain the entire examination results in detail and can be understood by the judge.

The general doctors respondents obtained the level of understanding that was classified as medium, there was an indication because it was rarely or even never at all to make a visum et repertum due to requests for making a post mortem often done by forensic specialists because in Semarang the distribution of forensic specialists was already available in several homes sick, so it is probable that requests for making a post mortem will be requested from forensic specialists, this is reinforced by previous studies, on research on the level of general practitioner knowledge in areas where there are forensic doctors and no forensic doctors, explained that the level of doctor knowledge general information regarding visum et repertum in cities where there are no forensic specialists is higher than the level of general practitioner knowledge

about visum et repertum in cities where there are forensic specialists.¹²

The respondents of surgeons and obstetricians and gynecologists obtained a good level of understanding, one of the indications of why they got a good category because in the research conducted the selection of respondents, especially specialists was determined by the hospital and some selected were doctors who had made visum et repertum, it can be said that respondents chosen have more experience in making visum et repertum. In connection with the conditions of the selection of respondents conducted by the hospital can be a weakness of research in which indications of bias in research are higher.

CONCLUSIONS

The level of understanding of general doctors in the making of VeR is categorized as medium, while the level of understanding of specialist surgeons and obstetricians and gynecologists in the making of post mortem and repertum is good categorized. Most of the errors occur in the section on pro justitia discussion, post mortem history taking, treatment and care and conclusions on life report. The best value is obtained in the manufacturing



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number and date, place of inspection and closing.

REFERENCES

1. Herkutanto. Peningkatan Kualitas Pembuatan Visum et Repertum (VeR) Kecelakaan di Rumah Sakit Melalui Pelatihan Dokter Unit Gawat Darurat (UGD). *JPMK*. 2005;8(3):163-9.
2. Budiyanto A, Widiatmaka W, Sudiono S. Ilmu Kedokteran Forensik. Bagian Kedokteran Forensik Fakultas Kedokteran Universitas Indonesia. Jakarta. 1997.
3. Herkutanto. Kualitas Visum et Repertum (VeR) Perlukaan di Jakarta dan Faktor yang Mempengaruhinya. Jakarta: Majelis Kedokteran Indonesia; September 2004; 54(9):355-60
4. Kiswara R. Kualitas hasil Visum et Repertum Perlukaan di RSUD Arifin Achmad periode 1 Januari 2009-30 Desember 2013. Pekanbaru: Fakultas Kedokteran Universitas Riau; 2014.
5. *Dirwan Suryo Soularito, Eki Siwi Dwi Cahyanti. Analisis Kualitas Visum et Repertum Berberapa Dokter Spesialis di RSUD PKU Muhammadiyah Yogyakarta. Fakultas Kedokteran Universitas Muhammadiyah Yogyakarta*
6. Konsil Kedokteran Indonesia, Standar Kompetensi Dokter Indonesia, Jakarta, 2012.
7. *Azhari R, Susanti R, Hilbertina N. Hubungan Tingkat Pengetahuan Dokter dengan Kualitas Visum et Repertum Perlukaan di Rumah Sakit Wilayah Sumatera Barat Periode Januari 2011 sampai Desember 2012. Jurnal Kedokteran Andalas [Jurnal]. Padang. 2015. <http://jurnal.fk.unand.ac.id/index.php/jka/article/view/349>*
8. 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.
9. Maulana R, Afandi D, Chandra F. 2014. Kualitas Visum et Repertum Perlukaan Di Rumah Sakit Umum Daerah Dumai Periode 1 Januari 2008 - 31 Desember 2012. *Jom FK Volume 1 No. 2. <https://media.neliti.com/media/publications/184978-ID-kualitas-visum-et-repertum-perluakaan-di.pdf>*



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10. Afandi D, Reastuatuti T, Kristanti W. Kualitas Visum et Repertum Perlukaan di RSUD Indrasari Kabupaten Indragiri Hulu Periode 1 Januari 2009-31 Desember 2013. JIK, Jilid 9, Nomor 1, 2015, Hal. 11-16. https://www.researchgate.net/publication/323107601_Kualitas_Visum_et_Repertum_Perlukaan_di_RSUD_Indrasari_Kabupaten_Indragiri_Hulu_Periode_1_Januari_2009-31_Desember_2013
 11. Afandi D. Visum et Repertum Tata Laksana dan Pembuatan Edisi Kedua. Pekanbaru, Riau: Fakultas Kedokteran Universitas Riau. 2017.
 12. Amalia R. 2012. Perbedaan Tingkat Pengetahuan Dokter Umum Tentang *Visum et Repertum*. Jurnal Kedokteran Diponegoro [Jurnal]. Semarang. <http://eprints.undip.ac.id/37771/>