

## Quality Of Visum Et Repertum Injury Of Living People At The Dairi Regency Health Center And Hospital From January 2022 To 2023

Yosua Cristian SIbarani<sup>1</sup>, Agustinus Sitepu<sup>2</sup>, Doaris Ingrid Marbun<sup>3</sup>, Muhammad Akbar Hasibuan<sup>4</sup>, Al Aqsha<sup>5</sup>

<sup>1,2,3,4,5</sup>Universitas Sumatera Utara

Email: [yosuasibarani90@gmail.com](mailto:yosuasibarani90@gmail.com)<sup>1</sup>, [dr.agustinussitepu@gmail.com](mailto:dr.agustinussitepu@gmail.com)<sup>2</sup>, [ingrid.posmen@gmail.com](mailto:ingrid.posmen@gmail.com)<sup>3</sup>, [dr.akbarhasibuan@gmail.com](mailto:dr.akbarhasibuan@gmail.com)<sup>4</sup>, [garasiforensik@gmail.com](mailto:garasiforensik@gmail.com)<sup>5</sup>

### ABSTRAK

Latar belakang: Dalam melaksanakan pekerjaannya dibidang kesehatan, dokter melakukan pemeriksaan medis, pengobatan dan perawatan. Selain itu, dokter juga melakukan pemeriksaan medis dalam melakukan penilaian medikolegal kesehatan pasien yang digunakan untuk kepentingan penegakan hukum, baik itu terhadap orang hidup maupun orang yang mati. Dalam hal ini pekerjaan dokter untuk kepentingan hukum hasilnya dituangkan dalam bentuk laporan yaitu Visum et Repertum. VeR memiliki peran dalam membuktikan suatu perkara pidana terhadap kesehatan fisik maupun jiwa manusia, sehingga diharapkan VeR memberikan cukup informasi bagi penegak hukum dalam mengambil keputusan sidang pengadilan. Metode Penelitian: Penelitian ini dilakukan dengan mengumpulkan data sekunder yaitu Visum et Repertum terhadap korban hidup yang dilakukan pada Puskesmas dan Rumah Sakit Umum Daerah Kabupaten Dairi pada periode Januari 2022 sampai dengan Desember 2023. Visum et Repertum dikumpulkan dan dilakukan pencatatan serta tabulasi dengan jenis variabel yang akan diteliti berdasarkan kerangka penulisan visum, serta profil dokter yang melakukan pemeriksaan terhadap korban yang melakukan pembuatan VeR tersebut. Hasil: Kualitas VeR perlukaan bagian pendahuluan (Projustitia) sebesar 100% (baik). Kualitas VeR perlukaan bagian pendahuluan (tempat pemeriksaan, waktu pemeriksaan, data subjek yang diperiksa, data peminta pemeriksaan, data dokter pemeriksa) sebesar 41% (kurang baik). Kualitas VeR perlukaan pada bagian pemberitaan sebesar 50 % (sedang). Kualitas VeR perlukaan bagian kesimpulan sebesar 50% (sedang). Kualitas VeR perlukaan bagian penutup sebesar 0% (kurang baik). Sehingga dapat disimpulkan kualitas VeR perlukaan korban hidup di Puskesmas dan RSUD Kabupaten Dairi sebesar 49,4% (kurang baik).

**Kata Kunci:** Visum Et Repertum, Gambaran Perlukaan, Kualitas Visum, Korban Hidup, Profil Dokter.

### ABSTRACT

*Background: In carrying out his work in the health sector, doctors conduct medical examinations, treatment and treatment. In addition, doctors also conduct medical examinations in conducting medical assessments of patients' health that are used for law enforcement purposes, both for the living and the dead. In this case, the doctor's work for legal purposes is stated in the form of a report, namely Visum et Repertum. VeR has a role in proving a criminal case against human physical and mental health, so it is hoped that VeR will provide enough information for law enforcement in making court decisions. Research ethod: This study was conducted by collecting secondary data, namely Visum et Repertum on live*

victims conducted at the Dairi Regency Health Center and Regional General Hospital in the period January 2022 to December 2023. *Visum et Repertum* is collected and recorded and tabulated with the type of variable to be researched based on the framework of writing the *visum*, as well as the profile of the doctor who examined the victim who made the *VeR*. Results: The quality of the *VeR* of the preliminary wound (*Projustitia*) was 100% (good). The quality of the preliminary *VeR* (examination place, examination time, data of the subject examined, data of the examination requester, data of the examining doctor) was 41% (not good). The quality of *VeR* injuries in the news section was 50% (moderate). The quality of *VeR* injury in the conclusion part was 50% (moderate). The quality of *VeR* of the covering wound is 0% (not good). So it can be concluded that the quality of *VeR* injuries of live victims at the Dairi Regency Health Center and Hospital is 49.4% (not good).

**Keywords:** *Visum Et Repertum, Injury Description, Quality Of Visum, Survivors, Doctor Profile.*

## A. INTRODUCTION

A doctor in carrying out his work in individual health efforts, generally conducting medical examinations, treatments, treatments and determining prognosis to patients in order to improve and improve the degree of health, can also conduct medical examinations in order to carry out medical assessments of patients' health, which are used for the purpose of law enforcement, both for the living and the dead [1].

Crimes today are increasingly encountered in every region and take many victims who are not only material but also human lives. We can see from the increasing crime rate in Indonesia nationally and regionally based on statistical data taken from the Directorate of Investigation of the National Police Headquarters of the Republic of Indonesia. Based on crime statistics data in 2021, the number of crimes for the police/provincial level during 2020 the North Sumatra Police recorded the highest number of crimes (32,990 incidents), followed by the Metro Jaya Police (DKI Jakarta and its surroundings) (26,585 incidents), and the East Java Police (17,642 incidents). Meanwhile, the crime rate in Indonesia is 90 per 100,000 population in 2021. That means 90 out of 100,000 residents were victims of crime over the past year. Therefore, *visum et repertum* is very necessary as a valid evidence in the judiciary, judging from the number of crime incidents that are increasingly occurring both nationally and regionally and especially those that are occurring in the province of North Sumatra [2].

## B. RESEARCH METHODS

This study is an observational research using a descriptive analytical method with a retrospective approach to *Visum et Repertum* data on injuries of live victims in Dairi Regency from 2022 to 2023.

The population in this study is *Visum et Repertum*, a wound of a living victim that has been made by doctors in 18 Dairi Regency Health Centers and Dairi Regency Hospital. The sample is a part of the population selected by the total sampling method.

In this study, the inclusion criteria are *Visum et Repertum*, injuries of live victims found in 18 Dairi Regency Health Centers and at Dairi Regency Hospital from January 1, 2022 to December 31, 2023.

The variable in this study is Visum et Repertum of injuries to live victims made by doctors in 18 Health Centers and Hospitals in Dairi Regency.

#### Aspects of measurement of the Visum et Repertum variable of injuries in live victims

The assessment was carried out on 15 variables as follows:

1. 1 (one) variable of the opening part, namely: projustitia
2. 5 (five) variables in the introduction, namely: the place of examination, the time of the examination, the data of the subject being examined, the data of the investigator who requested the examination, and the data of the doctor who conducted the examination.
3. 6 (six) variables of the news section, namely: anamnesis, vital signs, location on the body, wound characteristics, wound size, and treatment / treatment actions given.
4. 2 (two) variables of the conclusion part, namely: the type of wound, and the qualification of the wound.
5. 1 (one) variable of the closing part, namely: information that contains the doctor's statement that the VeR was made as well as possible and actually remembered the oath or promise when accepting the position and affixed with the signature of the doctor who made the VeR.

Scoring is carried out on the 15 elements of the variable using three measurement scales, namely: 0, 1, and 2. The better the quality of the description of the elements of a variable, the higher the score obtained (in this case, the highest value is 2). To clarify what is meant by the elements measured in a variable, an operational definition is used.

##### a. Variable 1. Projustitia

The inclusion of projustitia on the VeR is a statement that must be written where the projustitia is a substitute for stamp duty or legally valid.

Score 0 = is not listed at all in the VeR section

Score 2 = Listed in the top left of the VeR

##### b. Variable 2. Checkpoints

The inclusion of the place of examination in the introduction of the VeR is a formal statement of the place / locus, where the victim is examined which includes elements of the name of the hospital, the address of the hospital.

Score 0 = no inspection place is listed at all

Score 1 = Only one of the names of the hospital / examining agency or the part / installation where the examination is carried out is only listed

Score 2 = Include the complete name of the hospital / examining institution and the complete part / installation.

Operational definition of the inspection site's part/installation e.g. Emergency Installation.

##### c. Variable 3. Inspection time

The inclusion of the examination time in the introduction of the VeR is a formal statement of the time/temp when the victim is examined which includes the elements of the hour, date, month,

and year.

Score 0 = does not list the inspection time at all

Score 1 = only list the date, month and year of the inspection without listing the inspection hours.

Score 2 = Lists the date, month, and year of the inspection and the time of the inspection.

d. Variable 4. Subject data examined

The inclusion of the data of the examined subjects in the introduction of the VeR is in accordance with the VeR request letter from the investigator which includes elements of name, gender, age and address.

Score 0 = does not list the data of the subject being examined at all.

Score 1 = only include one element (name, gender, age, address).

Score 2 = list two elements (name, gender, age, and address)

e. Variable 5. Inquiry requester data

The inclusion of the data of the investigator requesting an examination in the introduction of the VeR is in accordance with the VeR request letter from the investigator which includes elements of the investigator's name, rank or NRP, the requesting investigator's unit/work unit. The assumption used is that the VeR request letter does not include investigator data. If the data is not included in the VeR request letter, then the VeR request letter should be returned to the investigator to be completed, and if the VeR is also made without this completeness, the VeR is not eligible to be assessed.

Score 0 = did not include the data of the investigator who requested the examination at all.

Score 1 = only include one element (name of the investigator, or unit / work unit of the investigator)

Score 2 = Include two elements (the name of the investigator, and the unit/work unit of the investigator).

Operational Definition of an investigator work unit, for example, is a research unit, or a traffic unit.

f. Variable 6. Examining doctor data

The inclusion of data on doctors who conduct examinations in the introduction of VeR is in accordance with their expertise which includes elements of the doctor's name, and their specialty.

Score 0 = did not include the data of the doctor who performed the examination at all.

Score 1 = only include the doctor's name.

Score 2 = list two elements (the name of the doctor and his specialty).

g. Variable 7. Anamnesis

In the news section, anamnesis or allo-anamnesis was found for the victim which included elements of complaints, and a history of diseases that he had suffered or was suffering from (pre-existing disease). In the event that the patient is unconscious and the usher does not know the history of the disease, this can be asked after the patient is conscious.

Score 0 = does not list anamnesis/allo-anamnesis

Score 1 = only list one element (the victim's complaint, or the disease that has been or is being suffered).

Score 2 = lists two elements (subjective complaints, objective complaints, diseases that have been or are being suffered).

The operational definition of victim complaints, for example, is that the victim feels dizzy, nauseous, sick, vomiting, and so on. Diseases that the victim has suffered or is currently suffering from are physiological or anatomical conditions of the victim that can affect the examiner's assessment of the trauma that is currently occurring.

#### Variable 8. Vital signs

Examinations were carried out on the victim's vital signs including elements of consciousness, blood pressure, respiration and temperature.

Score 0 = does not list vital signs at all.

Score 1 = only one element of vital signs (consciousness, blood pressure, respiration, temperature) is listed.

Score 2 = lists more than one element of vital signs (consciousness, blood pressure, respiration, temperature).

#### h. Variable 9. Location of the wound

Examination was carried out on elements of the wound region and wound side.

Score 0 = does not list wounds at all

Score 1 = only list the wound region

Score 2 = Lists wound region and wound side

The operational definition of the wound region, for example, is the forehead, neck, lower jaw area (without mentioning the left or right side) and the wound side, for example, is the left forehead, right lower jaw (by mentioning the left or right side).

#### i. Variable 10. Wound characteristics

Examination of wound characteristics is carried out on the elements of wound type, wound shape, and wound wall.

Score 0 = does not list the characteristics of the wound at all.

Score 1 = List the type of wound only.

Score 2 = List the type of wound and the shape of the wound or wound wall.

Operational definition: types of wounds for example are abrasions, bruises, open wounds. The shape of the wound e.g. round, oval, shape lines, and so on. The surrounding tissue is e.g. swollen, red/bluish, and so on.

#### j. Variable 11. Size of the wound

Wound measurement can be expressed qualitatively or quantitatively, where the way of measuring quantitatively is considered better because it can describe the dimensions of the wound more accurately.

Score 0 = did not list the size of the wound at all.

Score 1 = list the size of the wound qualitatively.

Score 2 = list the wounds quantitatively.

Operational definition: qualitative measurements, for example, are the width of the palm of a hand, the size of a marble, and so on. Quantitative measurements, for example, give measurements on a centimeter scale (three centimeters by four centimeters).

k. Variable 12. Treatment/care provided

The inclusion of treatment and/or treatment provided to the victim describes the consequences caused by the violence/trauma he or she has experienced. In the event that the victim who is taken to the hospital has been treated by another health facility, it is necessary to include a description of the apparent treatment.

Score 0 = does not list any treatment/treatment at all.

Score 1 = only briefly mention that treatment and or treatment have been carried out.

Score 2 = Listing the full type of treatment/treatment given.

Operational definition: A complete description of treatment and treatment, for example, is the type of surgical procedure, the length of treatment, and so on. Descriptions of the treatment that has been carried out by the health facility, for example, the wound has been stitched, has been given iodine, and so on.

l. Variable 13. Conclusion of the type of wound and violence.

The conclusion of the type of injury and violence in the conclusion of the VeR is the subjective opinion of the doctor which is important for the reconstruction of the case and the evidence obtained. This is also one of the keys to the formulation of persecution offenses.

Score 0 = it does not list conclusions about the type of injury and violence.

Score 1 = only list one, the type of injury or violence.

Score 2 = lists the type of injury and violence

Operational definition: Types of wounds are open wounds, bruises, abrasions, burns, and so on. The types of violence are mechanical trauma (blunt, sharp), physical trauma (high temperature, electricity), and chemical trauma (acidic, alkaline).

m. Variable 14. Wound qualification

The formulation of the wound qualification in the conclusion of the VeR is the subjective opinion of the doctor about the degree of injury of the victim which describes the intensity of the physical loss he suffered. This is important for the judge to determine the severity or lightness of the criminal sanction on the perpetrator.

Score 0 = does not list the qualification of the wound at all.

Score 1 = list the qualifications of injuries, but do not use the formulation in articles 351, 352 and 90 of the Criminal Code.

Score 2 = list the qualifications of injuries using the formulation in articles 351, 352, and 90 of the Criminal Code.

Operational definition: The inclusion of wound qualifications without using the formulation of articles 351, 352, and 90 of the Criminal Code, for example, is by writing down medical diagnoses, such as commotion cerebri (concussion), and so on. The inclusion of injury qualifications using the formulation of articles 351, 352, and 90

### C. RESULTS AND DISCUSSION

Based on the results of field research carried out on May 14-16, 2024 at 18 Dairi Regency Health Centers and Dairi Regency Hospital, the number of forensic medicine services in cases of injuries with live victims as evidenced by Visum et Repertum letter documents during the period from January 1, 2022 to December 31, 2023 there were 189 cases, of which out of 18 UPT Puskesmas in Dairi Regency, only 4 UPT Puskesmas had forensic medicine services injuries with live victims with a total of 21 cases, namely the Sumbul Health Center UPT as many as 16 cases, the Pegagan Julu II Tanjung Beringin Health Center UPT as many as 2 cases, the Sigalingging Health Center UPT as many as 1 case and the UPT. The Tiga Lingga Health Center has 2 cases and the rest of the data from the Dairi Regency Hospital is 168 cases.

#### The quality of VeR for live casualties in Dairi Regency based on the framework for making VeR

**Table 4.1.** VeR quality of preliminary injuries in Dairi Regency from January 01, 2022 to December 31, 2023

VeR Structure	Assessed elements	Average Score
Introduction	Projustitia	2
Average total score		2

Table 4.1 of the results of the research conducted on the VeR structure of live casualties in the projustitia section, all VeRs have included projustitia, which means that they have an average score of 2.

**Table 4.2.** VER quality of preliminary injuries in Dairi Regency from January 01, 2022 to December 31, 2023

VeR Structure	Assessed elements	Average Score
Introduction	Checkpoints	2
	Inspection time	2
	Subject data examined	2
	Inquiry requester data	2
	Examining doctor data	2
Average total score		2

Table 4.2, the results of the research conducted on the structure of the VeR of live casualties were obtained, all VeR has included the elements of the introduction, which means it has an average score of 2.

**Table 4.3.** The quality of VeR injuries of live victims in the news section in the district Dairi on January 01, 2022 to December 31, 2023

VeR Structure	Assessed elements	Average Score
News Section	Anamnesis	0
	Vital signs	2
	Location of the wound	1
	Wound characteristics	0,69
	Size of the wound	2
	Treatment/care	0
Average total score		0,984

Table 4.3, the results of the research conducted on the VeR of injuries of live victims were obtained in the news section that not all elements assessed were listed, so that the news section had an average score of 0.984

**Table 4.4.** The quality of VeR injuries of live victims is part of the conclusion in the district Dairi on January 01, 2022 to December 31, 2023

VeR Structure	Assessed elements	Average Score
Conclusion Section	Types of wounds and violence	1
	Wound qualification	0
Average total score		0,5

Table 4.4, the results of the research conducted on the VeR of injuries of live victims were obtained in the conclusion section was not listed completely, so that the conclusion part had an average score of 0.5.

**Table 4.5.** The quality of VeR injuries of live victims is part of the conclusion in the district Dairi on January 01, 2022 to December 31, 2023

VeR Structure	Assessed elements	Average Score
Closing Section	Listed	0
Average total score		0

Table 4.5 of the results of the research conducted on the VeR of the injuries of the victims, it was found that the covering part was not there, so that the part had an average score of 0.

### The quality of VeR for live casualties in Dairi Regency in general

The quality of VeR for live casualties in Dairi Regency from January 1, 2022 to December 31, 2023 is presented in the following table:



**Table 4.6.** The quality of VeR injuries of live victims in Dairi Regency on 01 January 2022 to 31 December 2023

VeR Structure	Average Score	Weight	Score
Introduction (Projustitia)	2	1	2
Introduction	2	1	2
News section	0,984	5	4,92
Conclusion section	0,5	8	4
Closing Section	0	1	0
<b>Total</b>	<b>5,484</b>		<b>12,92</b>

Table 4.6 of the results of research conducted on the VeR of injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, the quality of VeR injuries of live victims was obtained as  $(12.92/32) \times 100 \% = 40.375\%$ , which means that the quality is not good.

#### Overview of the Case of Victims of Injuries to Living People

This study includes gender, age, and type of wound. In detail, it can be seen as follows:

**Table 4.7.** By gender

Gender	Number (n)	Percent (%)
Man	106	56.1
Woman	83	43.9
Total	189	100

Table 4.7, it can be seen that 106 respondents (56.1%) are male and 83 (43.9%) are female.

**Table 4.8.** By age

Age	Number (n)	Percent (%)
Toddlers (0-5 Years)	4	2.1
Child (6-11 Years old)	3	1.6
Early Teens (12-16 Years)	15	7.9
Late Teens (17-25 years)	26	13.8
Early Adulthood (26-35 Years Old)	59	31.2
Late Adulthood (36-45 years)	49	25.9
Early Elderly (46-55 Years Old)	21	11.1
Late Elderly (56-65 Years Old)	9	4.8
Seniors (> 65 years)	3	1.6
Total	189	100.0

table 4.8, it can be seen that there are 4 respondents aged 0-5 years (2.1%), 3 people aged 6-11 years (1.6%), 15 people aged 12-16 years (7.9%), 26 people aged 17-25 years (13.8%), 59 people aged 26-35 years (31.2%), 49 people aged 36-45 years old (25.9%), 21 people aged 46-55 years (11.1%), 9 people (4.8%) aged 56-65 years and 3 people (1.6%) aged >65 years.

**Table 4.9.** By wound type

Types of Wounds	Number (n)	Percent (%)
Abrasions	135	71.4
Bruises	12	6.3
Open Wound	15	7.9
No abnormalities found	27	14.3
Total	189	100.0

Table 4.9, it can be seen that the types of injuries experienced by the respondents were 135 people (71.4%), bruises 12 people (6.3%), open wounds as many as 15 people (7.9%) and no abnormalities were found as many as 27 people (14.3%).

### Profile of the Doctor Who Makes Visum et Repertum

**Table 4.10.** VeR Maker doctor profile

Age	Sum	%
25 - 35	8	57,14
36 - 45	4	28,57
> 45	2	14,29
<b>Total</b>	<b>14</b>	<b>100</b>
Gender	Sum	%
Man	6	42,86
Woman	8	57,14
<b>Total</b>	<b>14</b>	<b>100</b>
Length of Work	Sum	%
0 - 5	6	42,86
6 - 10	4	28,57
11 - 15	2	14,29
16 - 20	2	14,29
<b>Total</b>	<b>14</b>	<b>100</b>
Origin of FK	Sum	%
UMI	13	92,86
UNDIP	1	7,14

<b>Total</b>	<b>14</b>	<b>100</b>
--------------	-----------	------------

Table 4.10, it is known that the majority of doctors who make Visum et Repertum at the Dairi Regency Health Center and Hospital are 25-35 years old as many as 8 people (57.14%), based on the gender of the majority of women as many as 8 people (57.14%), based on the length of work the majority of people work between 0 - 5 years as many as 6 people (42.86%), and based on the origin of FK is the majority of Methodist as many as 13 people (92.86%).

## Discussion

From the results of this study, Visum et Repertum injuries of victims living at the Dairi Regency Health Center and Hospital from January 2022 to December 2023 as many as 189 cases are as follows:

### Introduction (Projustitia)

From the results of research conducted on VeR injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, it was found that all VeR has included projustitia, which means that it is for the benefit of the judiciary as part of the VeR structure based on the agreement of experts by referring to international standards. The international standard used in the examination of clinical forensic cases and their reporting is the Istanbul protocol [14].

### Introduction

Based on the results of research conducted on VeR injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, it was found that all VeR had listed the elements of the preliminary section. The introduction contains the identity of the applicant, the identity of the examiner, the identity of the person being examined, and the identity of the event. This section contains administrative data sourced from investigator request letter documents and legality documents for examining doctors' practices [14].

### News Section

The results of the research conducted on the VeR of injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023 were obtained in the news section that vital signs and wound sizes were complete in all visum examined. However, no anamnesis and treatment/treatment were obtained. Meanwhile, the location of the wound and the characteristics of the wound are incomplete so that the score on that part is lacking. The location of the wound only lists the affected part of the body without describing its location in more detail by projecting it against the mid-body line (on the wound found in the torso) and the nearest point opposite it which is necessary especially for large body surfaces such as chest, abdomen, and back. The wound characteristics only show a wound color that is less supportive for determining the type of wound and the type of hardness in open wounds. As we know, the news section must contain the results of the examination in its entirety, followed by explanations as needed to make it easier for the judge to understand the entire VeR.

The Visum et Repertum news section contains objective data/facts found on the victim.

This section is very important because it is a substitute for evidence in court. At the time of the trial, the existing injuries can have healed and without sequelae so that the only thing that can describe the condition of the wound suffered by the victim is from the description of the wound given by the doctor [14].

1) Anamnesis

Contains things told by patients that are relevant to the incident process including 5W+1H such as when it happened, where it happened, who was the perpetrator (who), the type of violence received (hit/punched/strangled) (what), why it happened (why) and how it happened (how), whether there are weapons used by the perpetrator, the body parts affected by the violence, the complaints that are currently felt due to the violence.

2) Physical Examination

Contains all the results of the examination starting from the general physical examination and the results of the examination of the local status of the injured. Keep in mind to record all findings from the examination, both positive and negative results that have been carried out on the basis of the alleged diagnosis you have. Describe the wound well so that when the other person reads the description, he can imagine the image of the wound according to what we saw at the time of the examination.

3) Description of Wounds

The injuries found must be described clearly, completely and well, this is important to know the type of violence that has been experienced by the victim. If necessary, use the image and include it in the medical record file. Describe the wound systematically in the following order: regio, coordinates, type of wound, wound shape, wound edge, wound base, wound circumference, wound size, tissue bridge, foreign body and so on.

4) Supporting examinations

The supporting examinations that are planned and carried out include the type of examination and the impression of the results obtained. If the examination is performed by a colleague from another department, include the name of the examining doctor.

5) Treatment history

Briefly describe the sequence of significant events that occurred during the treatment (supporting examinations carried out, therapy given along with the results and records of the patient's progress until finally discharged from the hospital). The treatment history also supports the determination of the degree of injury.

### Conclusion Section

Based on the results of research conducted on VeR injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, it was found in the conclusion that the open wounds were not determined by the type of injury and the type of violence experienced by the victim. Open wounds that are described objectively in the news section must be translated by the examining doctor into the type of wound according to the characteristics listed in accordance with his opinion based on science. Determination of the type of wound and its severity is also very necessary to determine the degree of injury. And in these visums examined, all of them do not list the degree of

injury. The type of injury, the type of violence and the degree of injury in the conclusion are very necessary by law enforcers to shed light on a case because it provides an overview of what happened to the evidence in the form of injuries on the victim's body and its impact on the victim's quality of life.

The conclusion of the VeR contains a brief resume of the case accompanied by the interpretation of the wound based on the request submitted by the investigator. If the case faced is a case of persecution, then the conclusion of the visum made is in accordance with the articles in the law. In the case of injury/persecution, at least the type of injury or injury, the type of violence that caused the injury, the degree of the injury, and if the description of the wound is distinctive, an image of the object causing the injury can be given [14].

### Closing Section

Based on the results of this study conducted on VeR injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, it was found that the VeR cover was not listed. The conclusion of the VeR contains a statement that the VeR was actually made using the best science, considering the oath in accordance with the Criminal Procedure Code. Where the VeR cover as part of the VeR structure also refers to the international standard, namely the Istanbul protocol [14].

### Quality of Visum et Repertum Injury of Living People in General

Based on the results of research conducted on the VeR of injuries of live victims in Dairi Regency from January 1, 2022 to December 31, 2023, the quality of VeR injuries of live victims was obtained based on the scoring rate, which was **40.375%**, which means that the VeR studied was **of poor quality**.

This result is different from what was studied in other areas such as in Jakarta and in the Riau Province where the quality of the VeR of the resulting live casualties was of moderate quality. VeR as one of the valid evidence according to article 187 letter c of the Criminal Procedure Code that is needed to shed light on the case must be of good quality so that it can be used by law enforcers.

### Overview of the Injury Case of the Living Victim

#### By gender

It can be seen that 106 respondents (56.1%) are male and 83 (43.9%) are female.

#### By age

It can be seen that the highest respondents are 59 people (31.2%) aged 26-35 years, the second is 49 people (25.9%) aged 36-45 years, the third is 17-25 years old as many as 26 people (13.8%), the fourth is 46-55 years old as many as 21 people (11.1%), the fifth is 12-16 years old as many as 15 people (7.9%), the sixth is 56-65 years old as many as 9 people (4.8%), The seventh is 4 people (2.1%) who are 0-5 years old, the eighth is 6-11 years old as many as 3 people (1.6%) and those who are > 65 years old are 3 people (1.6%).

**Based on the type of wound**

The results showed that the types of injuries experienced by the respondents were abrasions for 135 people (71.4%), bruises for 12 people (6.3%), open wounds for 15 people (7.9%) and no abnormalities for 27 people (14.3%). We have obtained data on the type of injury based on the results of the examination we have done, it can be bruises, abrasions, open wounds, gunshot wounds and others.

From the types of wounds, we can deduce the types of violence that cause them [14]:

Bruise	Blunt hardness
Blisters	
Lacerations	
Slice	Sharp hardness
Bacok	
Stab	
Shot wound in	Gun violence
Shot wound out	
Burns	Wounds caused by chemicals: heat, acid, alkaline

**Profile of the Doctor Who Makes Visum et Repertum**

The results of the study showed that the majority of doctors who made Visum et Repertum at the Dairi Regency Health Center and Hospital were 25-35 years old as many as 8 people (57.14%), based on the gender of the majority of women as many as 8 people (57.14%), based on the length of work the majority worked between 0 - 5 years as many as 6 people (42.86%), and based on the origin of FK was the majority of Methodist as many as 13 people (92.86%).

**D. CONCLUSION**

Based on the results of the research obtained from the data of Visum et Repertum injuries of living people, the description of injuries to living victims and the profile of the doctor who made Visum et Repertum at the Dairi Regency Health Center and Hospital from January 1, 2022 to December 31, 2023, it can be concluded:

1. The number of injury cases with live victims examined by doctors as evidenced by the injury VeR letter in Dairi Regency from January 1, 2022 to December 31, 2023 was 189 cases.
2. The quality of VeR for live casualties in Dairi Regency from January 1, 2022 to December 31, 2023 based on a scoring rate of 40.375% which means that the VeR studied is of poor quality.
3. The completeness of recording the visum et repertum of the injury in the introduction has been listed in full.
4. The completeness of recording visum et repertum injury in the news section is not listed completely.

5. The completeness of recording visum et repertum injury in the conclusion section is not listed in full.
6. The completeness of the recording of the visum et repertum of the injury on the cover is not listed.
7. The description of the cases of victims of injuries to living people based on gender was obtained by the majority of men as many as 106 people (56.1%) and women as many as 83 people (43.9%).
8. The picture of cases of injured victims of living people based on age was found to be the most at the age of 26-35 years as many as 59 people (31.2%) and the least at the age of >65 years as many as 3 people (1.6%).
9. The description of the case of victims of injuries to living people based on the type of wound found the most abrasions, which was 135 people (71.4%).
10. The profile of doctors who make Visum et Repertum at the Dairi Regency Health Center and Hospital based on the age of the majority is 25-35 years old as many as 8 people (57.14%) and the least over 45 years old, namely 2 people (14.2%).
11. The profile of doctors who make Visum et Repertum at the Dairi Regency Health Center and Hospital is based on the gender of 8 women (57.14%) and 6 men (42.86%).
12. The profile of doctors who make Visum et Repertum at the Dairi Regency Health Center and Hospital based on the length of work, the longest working period (16-20 years) is 2 people (14.29%) and the shortest working period (0-5 years) is 6 people (42.86%).
13. The profile of the doctor who made Visum et Repertum at the Dairi Regency Health Center and Hospital based on the origin of the Faculty of Medicine was 13 people (92.86%) from the Faculty of Medicine of Methodist University Indonesia

## REFERENCE

- Budiyanto A, Widiatmaka W, Atmaja DS, et al. Forensic medicine in the medical section of FK-UI. First edition. first print. Jakarta, 1997.
- Central Statistics Agency : Crime Statistics  
<https://komparatif.id/statistik-kriminal-sumut-dan-jakarta-daerah-paling-tak-aman-di-indonesia/>
- Herkutanto. Improving the quality of Visum et Repertum (VeR) for injuries in hospitals through the training of Emergency Department (ER) doctors. JMPK. September 2005; 8(3):163-69.
- Afandi D, Restuastuti T, Kristanti W. Quality of Visum et Repertum Injury at Indrasari Hospital, Indragiri Hulu Regency Period 1 January 2009 - December 2013. JIK. March 2015; 9(1):11-16.
- Dairi Regency Health Profile in 2019. Dairi Health Office, 2019.
- Syahrizal D, Senja N. Law on medical practice and its application. Smart World. Jakarta, 2013.
- Idries MA, Tjitomartono AL. Application of forensic medicine in the investigation process. 4th printing. Sagung Seto. Jakarta, 2017.
- Petrus A. Visum et Repertum in the practice of medicine. USU Press. Medan, 2018.

- Amir A. Forensic Medicine Series. Forensic and medicolegal medicine section of FK-USU. Second Edition. First printing. Ramadan. Medan, 2005.
- The Criminal Code (KUHP) and the Criminal Procedure Code (KUHAP) and their explanations. Print IV. Citra Umbara. Bandung, 2009.
- Hamdani N. Judicial Medicine. Second Edition. Gramedia Pustaka Utama. Jakarta, 1992.
- Petrus A. Teaching materials for the master of forensic Clinical Medicine (MKK) 2. USU Press. Medan, 2019.
- <https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2009.pdf>
- Yusuf D, Ahlam B, Arfianti I, et al. Supporting materials for forensic and medicolegal medicine. Volume two. First mold. Yogyakarta, 2021