# Responsibility and Authority of a Pharmacist in Running a Digital Pharmaceutical at Pharmacies

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**Abstract.** Digitization of the pharmaceutical field or often referred to as E Pharmacy is currently starting to develop in the community. The existence of digital pharmacy allows patients to know the prescription given by the doctor and even know the type of medicine they are taking, including the instructions for consumption. It is also hoped that digital pharmacy will minimize bias and errors in reading prescriptions by pharmacists even though it is still under doctor's confirmation so that the right drug is achieved, on target, on time, and with the right users. This study aimed to identify and analyze the responsibilities and authorities of pharmacists in running digital pharmacies in pharmacies. This research is a normative juridical type, with secondary data as the main data source through the statutory approach, conceptual approach and case approach. The results showed that if there was an error made by pharmacists in carrying out digital pharmaceutical services at pharmacies to the detriment of patients, the pharmacist must be responsible as a business actor dealing with consumers as regulated in the Consumer Protection Law and Permenkes Number 9 of 2017 concerning Pharmacies. Pharmacists in general must be responsible criminally, administratively and civilly, which is based on breaking promises/defaults (Article 1239 of the Civil Code) and unlawful acts (Article 1365 of the Civil Code) namely liability due to mistakes.

**Keywords:** responsibility · authority · pharmacist · digital pharmacy

## 1 Introduction

The rapid development of technology in a digital direction has changed human life. In this digital era, humans in general have a new lifestyle that cannot be separated from all-electronic devices. Technology has become a tool that can help most of the human needs. Technology can be used by humans to make it easier when doing any task and job. This important role of technology has brought human civilization into the digital era. Digitalization has also entered into various fields such as politics, economy, socio-culture, defence, security, and information technology itself. Don Tapscott [1] mentions the character of the change towards digitalization, marked by the world economy which has shifted from an industrial society based on steel, vehicles, and roads, towards a new economic society formed by silicon, computers, and networks (networking).


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This digitalization phenomenon occurs in almost all sectors of human life, from the business sector, social politics, education, and even health services. Digitization of health and pharmacy is expected to increase the accessibility of services and affordable prices. Moreover, seeing the health market in Indonesia which is very large, there are still many who do not have access to health services. The purpose of digitizing the health and pharmacy sector is to maintain the accessibility of services and affordable costs by various groups. Several efforts have been made in commodities, resources, pharmaceutical services, supervision, and community empowerment to create independence in health management and information. However, digitalization in the business world has become an enabler and driver that affects the development of digitalization in other sectors. This is reasonable, considering that digitalization is "three-way money" with commercialism. This can be seen from the many main online buying and selling platforms such as Tokopedia, Bukalapak, Shopee, etc. This is certainly progress of human civilization. However, if its development is not supported by adequate arrangements, it will cause new problems.

The law is essentially a set of instruments handled by an institution of power that will function to control the behaviour of citizens in their daily lives [2]. Law as a tool of social control must be able to adapt to the times. In this description, the legal aspects are very necessary to protect the interests of the parties in buying and selling online, especially the rights of consumers. The field of health services, especially services for administering drugs by doctors, cannot be avoided by buying and selling online, which must be served by pharmaceutical personnel, in this case, pharmacists. Pharmacists who work in the pharmaceutical field are one part of the health workers who master drugs. Before drugs are circulated in the community, pharmacists play an important role in testing the feasibility of these drugs, so that the drugs sold, or even manufactured, are guaranteed quality and safety. A pharmacist will certainly provide pharmaceutical health services to patients in a good way by interacting with patients. In addition, the use of technology by pharmacists can be used in the pharmaceutical industry and business.

Before the Covid-19 pandemic hit, the pharmaceutical industry faced challenges in the form of system resilience that was tested through the community's ability to access services. However, Indonesia already has digital health regulations through Government Regulation Number 46 of 2014, Minister of Health Regulation number 2052/Menkes/Per/X/2011, Minister of Health Regulation number 20 of 2019, Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES /650/2017, Circular Letter of the Minister of Health of the Republic of Indonesia Number HK.01.02/MENKES/303/2020 and Circular Letter of the Minister of Health Number HK.01.07/MENKES/4829/2021. The development of digital pharmacy is marked by three things, namely the change to digital with an online buying and selling platform that has been widely used to buy pharmaceutical products,

Several legal elements related to buying and selling drugs online such as Law Number 11 of 2008 as amended by Law Number 19 of 2016 concerning Information and Electronic Transactions (hereinafter referred to as UU ITE), Law Number 8 of 1999 concerning Consumer Protection (hereinafter referred to as UUPK) and Law Number 36 Year 2009 concerning Health (hereinafter referred to as the Health Law).

In this study, the author emphasizes review from the aspect of pharmacists' responsibility in drug service at pharmacies. Pharmacists are required to improve their knowledge, skills and behaviour to be able to carry out direct interactions with patients [3]. In addition, pharmacists must also cooperate with doctors because the relationship between doctors and pharmacists is complementary to all drugs used by patients so that they can ensure that all therapies used are effective, efficient, rational, and safe. Hypothetically, it can be said that this collaboration can have a positive effect on patient outcomes [4]. Pharmacists must meet pharmaceutical standards when carrying out pharmaceutical practices at pharmaceutical service facilities at pharmacies, including clinical pharmacy service standards which include a review of prescriptions, dispensing, drug information services, counselling, monitoring drug therapy, and monitoring drug side effects [5]. The pharmaceutical standard is a reference used to avoid medication errors in drug delivery services by pharmacists. Although a pharmacist already has a predetermined standard of competence, every health effort does not always provide satisfaction to patients because health workers are human beings who are not free from mistakes. In this regard, in the implementation of pharmaceutical services, errors or omissions may arise which result in losses for patients.

The relationship between pharmacists and patients when viewed from a legal point of view can be said to be a special legal relationship, because pharmacists are required to improve the quality of life of patients, whether it is promotive, preventive, curative, or rehabilitative [6]. Starting from the existence of transactions in drug services, it is not surprising that there are patient lawsuits against pharmacists. This lawsuit is made to hold a pharmacist accountable, where it can be based on two legal grounds, first based on contractual liability that occurs due to an agreement between the pharmacist and the patient as regulated in Article 1239 of the Civil Code and, secondly based on an action against the law (onrechmatigedaad) in accordance with the provisions of Article 1365 of the Civil Code [7]. In services at pharmacies, unlawful acts occur if there has been an error or omission that has caused harm to the patient, for example, an error in administering drugs on a doctor's prescription due to delegation to pharmacist assistants.

## 2 Research Method

The approach method used in this study is a normative juridical approach. Normative legal research is carried out by researching library materials which are secondary data and is also called library law research [8]. Where specifically the approach method used is a statutory approach, namely by reviewing laws and regulations related to the legal responsibility of pharmacists in pharmaceutical services in administering drugs to patients. Data collection techniques are carried out by product observation, searching from internet sources in terms of products sold online and legal documentation that will be classified and analyzed by linking one to another or linking it with applicable laws and regulations. In terms of answering problems, then the author will use a qualitative method. While the legislation used in this study is the Health Law.

## 3 Findings and Discussion

A. Position, Rights, and Authorities of Pharmacists in Running a Digital Pharmacy.

Indonesia is a modern legal state (welfare state/social rechtsstaat), as a modern legal state, every government action must be based on the law or at least it must not conflict with the law, both written law and unwritten law, while at the same time to the government. Also assigned roles, duties and responsibilities that are increasingly broad and heavy. [9] The basis for the validity of a given authority must be legal to carry out that authority because authority is a formal power obtained from legislative power or from executive/administrative power [10].

Authority consists of powers, where the authority gives power to a person to act in the realm of public law. The authority also contains rights and obligations that must be carried out. Right is the authority given by objective law to legal subjects, while what is meant by obligation is a burden given by law to legal subjects, for example, one's obligation to the state is obliged to pay taxes [11].

Legality is the basis of the validity of an authority granted by the legislature to state administration in the administration of government or from state administration to other state administrations [12]. Authority is formal power obtained from legislative power or from executive/administrative power [10]. Authority consists of powers, where authority gives a person the power to act in the realm of public law [10]. The authority also contains rights and obligations that must be carried out [10]. In pharmaceutical practice, it must be carried out by health workers who have the expertise and authority in accordance with the provisions of laws and regulations [13].

Therefore, with regard to the service of drugs and drug ingredients in pharmacies, they must be served by health workers who have the authority and expertise in accordance with applicable laws and regulations.

Article 108 paragraph (1) of the Health Law explains that the Government gives authority to pharmacists, namely pharmacists. The authority of the pharmacy staff is to carry out pharmaceutical work including in planning, procurement, production, distribution and service of pharmaceutical preparations.

Likewise, if you look at Government Regulation no. 51 of 2009 concerning Pharmaceutical Work, Pharmacy Staff consists of Pharmacists and Pharmaceutical Technical Personnel. What is meant by a pharmacist is a pharmacy graduate who has graduated as a pharmacist and has taken the oath of office of a pharmacist, which means that a pharmacist is a person who, based on the prevailing laws and regulations, has the right to do pharmaceutical work in Indonesia. While energy pharmacy Technicians (TTK) are personnel who assist pharmacists in carrying out pharmaceutical work, consisting of Pharmacy bachelor, Pharmacy Associate Experts, Pharmacy Analysts, and Pharmacy Intermediate/Assistant Pharmacists. This is as regulated in Article 1 point 3 of the Minister of Health Regulation Number 9 of 2017 concerning Pharmacies which stipulates that, Pharmacy Staff are personnel who carry out pharmaceutical work in pharmacies consisting of Pharmacists and Pharmaceutical Technical Personnel. The head of a pharmacy is a Pharmacist / Pharmacist Managing Pharmacist (APA) who has responsibility for all activities in the pharmacy because pharmacies are required to serve prescriptions from doctors, dentists and veterinarians whose all services are accountable to pharmacists to manage pharmacies (Pratiwiningsih, 2008).

a) Organizing pharmaceutical services in pharmacies in accordance with their functions and complying with all needs in accordance with applicable laws in the pharmacy sector.
b) Leading all managerial activities in the pharmacy including coordinating other staff and supervising and managing work schedules, dividing the tasks performed by each employee (job description) and the responsibilities assigned to each employee.
c) Supervise and manage sales results at the pharmacy every day
d) Strive to increase sales turnover in pharmacies and develop business results in accordance with their field of duty.
e) Participate in monitoring drug use
f) Providing Drug Information Services (PIO) to patients in order to support rational use of drugs in terms of providing clear and easily understood drug information for patients.
g) Considering the proposals given by other employees to improve progress and services in pharmacies (Suronoto, 2014).

The above is as referred to in PP No. 51 of 2009, that what is meant by pharmaceutical work is the manufacture including quality control of pharmaceutical preparations, security, procurement, storage and distribution or distribution of drugs, drug management, drug services based on doctor's prescriptions, drug information services., as well as the development of drugs, medicinal ingredients and traditional medicines. One of the places where pharmacy work and drug services are prescribed by doctors to the public is a pharmacy.

Based on the two definitions above, it is clear that pharmacists are health workers who professionally have high dignity and oath of office and code of ethics. That is why the implementation of the pharmacist profession as regulated in the legislation must be oriented towards community service.

However, a pharmacist in carrying out his profession connecting as a drug manufacturer or as a supplier of drugs produced by a particular factory. According to van der Mijn, this causes differentiation in this profession, so pharmacists can be divided into three categories, namely: [14] Pharmacists in General Pharmacies, Pharmacists in Hospitals, and Pharmacists in Industry. However, those who are directly related to the community are the Pharmacists at the Pharmacy.

The function of the pharmacist at the pharmacy is to provide advice on drugs to doctors and provide counselling about drugs to the public. While pharmacists in hospitals function in the field of pharmacotherapeutics, and pharmacists in industry function as researchers and drug supervisors and also play a role in production.

Based on the provisions of Article 39 PP No. 51 of 2009, every pharmacist who does pharmaceutical work is required to have a Pharmacist Registration Certificate (STRA), as well as TTK are required to have a Pharmaceutical Technical Personnel Registration Certificate (STRTTK). To obtain STRA, pharmacists must submit an application to the National Pharmacy Committee (KFN) by attaching the required requirements.

Every pharmacist who will carry out pharmaceutical work is required to have a permit according to the place where the pharmacist works. The permit is issued in accordance with the duties and functions of the pharmacist in his workplace. As stipulatedArticle 17

Permenkes No. 889 of 2011 concerning Registration, Practice Permits, and Pharmacy Work Permits, the pharmacist's licenses are in the form of:

a. Pharmacist Practice License (SIPA) for pharmacists in charge of pharmaceutical service facilities;
b. Pharmacist Practice License (SIPA) for accompanying pharmacists in pharmaceutical service facilities;
c. Pharmacist Work Permit (SIKA) for Pharmacists who carry out pharmaceutical work in production facilities or distribution/distribution facilities.

A pharmacist who works in a pharmacy, either as a person in charge or as a companion, must have a SIPA. If the pharmacist has the duties and functions as the person in charge of the pharmacy, then the person concerned can only have 1 (one) SIPA, which means that he may only be in charge of one pharmacy. However, if the duties and functions are as assistant pharmacists, then the person concerned is given a maximum of 3 (three) SIPA as assistants. The pharmacist in charge can work as an assistant pharmacist outside of his working hours as the pharmacist in charge. However, in fact, it was found that the rules for carrying out the duties of pharmacists in pharmacies have not been implemented in accordance with the rules, because there are still no pharmacists standing by at the pharmacy, only the name of the pharmacist in charge is listed on the pharmacy nameplate, while drug or pharmaceutical services are available. Only carried out by pharmaceutical technical personnel without the supervision of a pharmacist.

In carrying out pharmaceutical work in pharmacies, one of the health workers who are most closely related to pharmacists is a doctor. This is because pharmacists are exponents of the field of medicine or pharmacy, while the use of drugs is one of the most frequent actions taken by doctors in providing medical services, so there is an interrelation and interaction between the two professions. The communication media used in carrying out the professional service of doctors and pharmacists is a doctor's prescription.

The definition of a prescription according to Article 1 number 10 of the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2017 concerning Pharmacies, is a written request from a doctor, dentist, or veterinarian to a pharmacist, either in paper or electronic form to provide and deliver pharmaceutical preparations and/or equipment. Health for patients. Prescription writing is a therapeutic decision that is outlined in the form of a request from a doctor to a pharmacist to give medicine to a patient in accordance with the dosage, method and duration of use based on medical considerations [15]. In fact, if you look closely, prescriptions have a greater meaning than those mentioned above, because they are the final embodiment of the competence, knowledge and expertise of doctors in applying their knowledge in the fields of pharmacology and therapy. This is because when a doctor writes a prescription, basically the doctor must know about the absorption and reaction of drugs in the body, drug excretion, toxicology, as well as the application of a rational dose regimen for individual patients, so that in the prescription there is an embodiment of the professional relationship between doctors and pharmacist.

Based on this, the doctor's prescription drug service is carried out by a pharmaceutical technical personnel, it must be carried out under the supervision of a pharmacist. In

addition, because a doctor's prescription is a professional communication medium used in the relationship between a doctor and a pharmacist, there is an obligation from the doctor, among others, to write a clear and complete prescription so that it can be read by the pharmacist. This is important both for the benefit of the patient and to facilitate the implementation of pharmaceutical service work at the pharmacy. However, it is often found that doctor's prescription services are provided by pharmaceutical technical personnel, as well as pharmacists who work for private pharmacy owners so pharmacies appear more as a business activity than a pharmacist's place of activity.

Prescriptions can be said to be legal or official and served by pharmacies if they meet certain conditions determined by applicable legislation. Based on Article 2 of the Regulation of the Minister of Health Number 280/Men.Kes/SK/V/1981, the things that must be included in the prescription are:

a. Name, address, license number to practice doctor, dentist, veterinarian; and can also be completed with telephone numbers, hours and days of practice.
b. The date the prescription was written by the doctor.
c. The name of each drug or drug composition (each type or ingredient and amount, method) manufacture or desired dosage form), and the rules for using the drug by the patient.
d. The R/sign as an abbreviation for Recipe (which means it can be taken) must be written on the left side of each recipe.
e. The signature or initials of the prescribing doctor, in accordance with the applicable laws and regulations, because this is what makes the recipe authentic. For injection drug prescriptions from the narcotics class, it must be affixed with a complete signature from the doctor, and it is not enough to just initialize.
f. The name of the patient behind the word pro (is an identification of the patient, and should be accompanied by an address to make it easier to trace if something happens to the drug given to the patient, as well as age, especially if the sufferer is a child so that the dose can be checked).
g. If the sufferer is an animal, the veterinarian's prescription must include the type of animal and the name and address of the owner.
h. Exclamation marks and initials of doctors for prescriptions containing drugs in excess doses.

NextA pharmacist as a pharmacy manager has the following obligations:

a) In carrying out prescription services, it must be in accordance with the expertise and responsibility for the interests of the community. (Article 21 paragraph 1 Permenkes No. 9 of 2017)
b) A pharmacist is not allowed to take generic drugs in prescriptions with patented drugs. If the patient is unable to redeem the prescribed medication, the pharmacist must consult a doctor to replace it with a more appropriate drug.
c) Pharmacists are required to provide drug information in accordance with the use of drugs given to patients, which includes how to use, side effects and how to store drugs at the request of the public.

d) If the pharmacist believes that there is an error in the prescription prescribed by the doctor or there is an incorrect writing of the name of the drug, the pharmacist is obliged to contact the doctor who prescribes the drug again. If the doctor who prescribes the drug remains with his stance, the doctor is required to make a written statement or signature on the prescription (Article 21 paragraph 2 of the Minister of Health Regulation No. 9 of 2017) and then the pharmacist is obliged to: (1) sign a copy of the recipe made; and (2) Recipes must be kept confidential and properly stored for three years. The prescription may only be shown to the doctor who wrote the prescription, family or person who treats the patient, health worker or other authorized officer in accordance with the applicable laws and regulations.

Pharmacists are obliged to provide information on drug use to patients,this obligation as part of their professional activities. Therefore, communication between pharmacists and patients or prescription carriers regarding the contents of the prescription is very important so that prescription services, namely at the time of drug delivery, pharmacists or pharmaceutical technical personnel can provide clear information regarding drug use so that patient compliance with drug use instructions arises. The method of storing drugs will be carried out properly so as to prevent patients from the danger of drug damage.

In carrying out its obligations, a pharmacist is required to be responsible for drug therapy in order to achieve optimal results to improve the quality of life of patients, this is the concept of pharmaceutical services. However, in reality the obligations as described above cannot always be implemented or are not fully fulfilled, because there are various obstacles in their implementation, namely those originating from the professional group itself or those originating from within the community as consumers.

Then, Article 21 paragraph 4 of the Minister of Health Regulation Number 9 of 2017 stipulates that if the pharmacist considers that the prescription contains an error or there is incorrect writing, it must be notified to the doctor who wrote the prescription. If the prescribing doctor for some reason feels that there is no such error, the pharmacist is obliged to provide a note on the prescription that the doctor remains in his position. This means that all consequences that occur are the responsibility of the doctor concerned. In practice, even this is difficult to implement, due to various factors, including not all doctor's practices can be contacted and doctors do not only practice in one place. Therefore, in the event that the prescribing doctor cannot be contacted, usually, the delivery of the drug can be delayed.

Article 22 of the Minister of Health Regulation Number 9 of 2017, also regulates copies of prescriptions. Copies of the prescription can be made and must be certified by the pharmacist. Then Article 23 of the Minister of Health Regulation Number 9 of 2017 stipulates that prescriptions must be stored properly in pharmacies for a minimum of 5 (five) years. A copy of this prescription may only be shown to the prescribing doctor, the patient in question or who treats the patient, health workers or other authorized officers in accordance with the provisions of laws and regulations. A pharmacist must also pay attention to several things, namely: [16] that pharmacists should prioritize prescriptions marked "immediately", "cito", "staten", and "urgent" at the top right, because these prescriptions indicate that the patient requires immediate treatment. A pharmacist may not repeat the delivery of drugs on the basis of the same prescription, if the original

prescription is marked "ni", "neiteratur", or "not to be repeated". This also applies to prescriptions containing narcotics or other drugs as determined by the Minister through the Director General.

If the pharmacist who holds a pharmacy license (SIA) dies, the heirs of the pharmacist must report it to the district/city government, and then the district/city government must appoint another pharmacist for a maximum period of 3 (three) months. The substitute pharmacist is obliged to report in writing the occurrence of the transfer of responsibility to the Regency/Municipal Government within a period of 3 x 24 (three times twenty-four) hours. The transfer of responsibility is accompanied by the submission of Pharmacy Prescription documents, narcotics, psychotropics, hard drugs, and keys for storing narcotics and psychotropics, because pharmacies managed by pharmacists managing pharmacies, assistant pharmacists or substitute pharmacists are allowed to sell hard drugs including in pharmacies' mandatory drugs without a prescription.

B. Responsibilities of Pharmacists in Prescription Services

A pharmacy is a place where pharmacists serve as professional health workers in the field of drug or pharmaceutical services. This means that in the service activities carried out by pharmacists, the minimum characteristics of the profession can be found, namely: [17].

a. Profession is a high-ranking job consisting of skilled experts to implement a special role in society.
b. A profession has competence exclusively on certain knowledge and skills that are very important for society and clients.
c. Based on intensive education and certain disciplines, it develops a certain level of solidarity and exclusivity.
d. Based on mastery of knowledge and skills as well as responsibilities to maintain honour and development, the profession is able to develop its own ethics and assess the quality of work.
e. The profession tends to ignore the control of society or its clients.
f. The profession is influenced by the community, certain interest groups and other professional organizations, especially in terms of recognition of its independence.

Pharmacists as professional bearers are known by the public through their unique abilities and skills, namely dispensing drugs into finished drugs that are ready for use by the patient. Medicine is not an ordinary commodity, but has a social function. Moreover, rational use of drugs is one of the most important factors in determining the success of health care efforts. Therefore, drugs including finished drugs and medicinal raw materials must be strictly controlled so that they are not misused, or used incorrectly. For this reason, the procurement, regulation and supervision of drugs are one of the main efforts in the health sector.

However, in reality, the activities of the pharmaceutical profession, especially in pharmacies, are also business activities. This arises along with the development of drug manufacturing or compounding technology, so that the drug is already in the form of a finished drug produced by the pharmaceutical industry. In fact, there is a difference

between professional activities in the health sector and business activities. Professional orientation is more directed to the community, while business orientation is directed at a maximum material profit. In the profession, public trust is focused on service providers, while in business, public trust is focused on the object that becomes the benchmark. In addition, professional ethics is different from business ethics.

If viewed from the characteristics of the profession stated above, starting from the authority and responsibility to maintain honour and development as a professional, the pharmacist profession must have its own code of ethics that supports the implementation of the profession according to professional standards. The code of ethics is a guide to the attitudes and behaviour of professional personnel carrying out their profession, as the rules of norms that become the moral bond of the profession. The pharmacist's code of ethics is one of the guidelines for limiting, regulating, and as a guide for pharmacists in carrying out their profession properly and correctly and not committing disgraceful acts.

UU no. 36 of 2009 article 24 paragraph 2, provisions regarding the code of ethics are regulated by professional organizations. The code of ethics is made by professional organizations and is used as a guide for someone in carrying out their profession, so all forms of code of ethics violations that occur are the responsibility and role of professional organizations in imposing sanctions. The latest Code of Ethics for Pharmacists number 006/2009 was ratified on December 8, 2009, which was the result of the decision of the XVIII ISFI National Congress in 2009. The code of ethics for pharmacists is divided into three parts, namely the obligations of pharmacists to the community, colleagues, and other health professional colleagues.

The Pharmacist Code of Ethics Chapter V paragraph 15 stipulates that a pharmacist must live up to and practice the Indonesian Pharmacist Code of Ethics when carrying out his pharmaceutical duties. A pharmacist who intentionally or unintentionally violates and does not comply with the Indonesian Pharmacists Code of Ethics will be subject to sanctions from the government, the pharmaceutical professional association/organization that handles it (Indonesian Pharmacist Association). This is as regulated in Article 24 paragraph 1 of Law no. 36 of 2009 concerning Health, that health workers in carrying out their duties are obliged to comply with the provisions of the code of ethics, professional standards, the rights of health service users, service standards, and standard operating procedures.

In addition, Article 58 paragraph 1 of Law no. 36 of 2009 also stipulates that if the error or omission causes a loss, the health worker is obliged to pay compensation. The implementation of the compensation is based on the provisions of the applicable legislation. The basis for the claim for compensation due to such errors or omissions is Article 1365–1367 of the Civil Code.

The reason for the error administering drugs that are not in accordance with a doctor's prescription, professional standards are a benchmark for assessing the occurrence of errors in prescription services that violate the professional ethics of pharmacists. The professional work of pharmacists in pharmacies is a series of activities based on science, responsibility, and professional ethics, which include: [16].

a. Prepare drug/pharmaceutical preparations according to the request of doctors, dentists, veterinarians, or other professions that have the authority;

b. Prepare drug/pharmaceutical preparations at the request of the patient, in accordance with the provisions of drug/pharmaceutical legislation and regulations;
c. To determine the validity of drugs/pharmaceutical materials as finished preparations or raw materials needed in the manufacture or compounding of drugs for a patient, based on their pharmaceutical knowledge;
d. Establish drug safety and a mixture of drugs/pharmaceuticals to be given to patients based on the validity of pharmaceutical science;
e. provide explanations to patients regarding everything about drugs/drug concoctions based on prescriptions from doctors, dentists, veterinarians and pharmaceutical ingredients so as to ensure optimal pharmacological effects;
f. provide drugs/pharmaceutical materials needed to carry out their professional work based on pharmaceutical quality;
g. prepare itself as a source of information for colleagues from other health professions, as well as the public about drugs/pharmaceutical materials based on their knowledge with full responsibility.

In practice, errors in drug administration in pharmacies in this digitalization era occur due to irregularities in the work of pharmacists. The possibility of errors can occur which begins when the doctor diagnoses the patient's disease, selects and writes the name of the drug and determines the high and low dose of the drug for the patient concerned. In addition, the number of workers in pharmacies, namely pharmacists, can also be the cause of drug-administration errors. If during working hours the pharmacy receives a lot of prescriptions, while the pharmacy staff is not sufficient to provide services, it is likely that the pharmacist is in a hurry because they want to immediately fulfil the services needed.

In addition, an inadequate supply of pharmacy equipment can also be the cause of drug service errors to patients. So the factors that cause errors in drug administration in pharmacies, in addition to being carried out by pharmacists or pharmaceutical technical personnel, are also doctors and patients. Doctors are one of the factors that cause errors in drug service because usually the prescriptions made by doctors are difficult for officers to read. While the patient can be one of the factors that cause errors in drug service, due to lack of attention to instructions for use, while pharmacy staff only provide cursory explanations, especially by using communication tools that are prone to unstable internet networks, so the use of drugs should be the other way around.

A result of giving drugs that are not in accordance with the doctor's prescription, basically harms the patient and or the patient's family, in the form of material and immaterial losses. Material losses can be in the form of costs that must be incurred for the treatment of patients, while immaterial losses cannot be assessed and measured by material, for example; loss of the enjoyment of healing that should be received by the patient, and the happiness felt by his family.

Article 58 of Law Number 36 of 2009 states that "Everyone has the right to claim compensation for a person, health worker, and/or health provider who causes losses due to errors or omissions in the health services he receives", then the pharmacist is responsible for errors or omissions. Negligence in carrying out his profession. This rule is an effort to provide protection for everyone from the consequences that arise, both physical and non-physical due to the error or negligence of health workers, including

pharmacists. Physical harm is the loss or non-functioning of all or part of the body's organs, while non-physical losses are related to a person's dignity, namely his honour and good name. As for legal responsibility in the event of an error in Book III of the Civil Code, it is regulated in Articles 1365, 1366, and 1367 of the Civil Code.

Legal liability for errors in the three articles is a classic form of civil liability based on three principles, namely:

1. For Every action that causes harm to another person, the person who causes the loss must pay compensation as a liability for the loss (Art. 1365 of the Civil Code).
2. A person must be responsible not only for losses due to mistakes from his intentional actions but also for his negligence or lack of care (Article 1366 of the Civil Code). This principle is based on the fact that pharmacists are not only responsible for losses arising from their actions or actions, but also for not acting or doing something due to negligence or lack of care.
3. A person must be responsible not only for losses due to mistakes from his own actions or actions but also for the actions or actions of others who are under his control. This means that pharmacists are also responsible for the actions of pharmaceutical technical personnel and other officers in pharmacies who are involved in drug services at pharmacies.

Proof of a pharmacist's fault in carrying out his work is based on Article 1865 of the Civil Code, namely that a person who demands a right or denies the rights of another person is obliged to prove it. This means that the party who feels aggrieved must prove the existence of a professional error in the form of deviations from the pharmacist's line of work. This is certainly difficult to do, especially if there is not enough information to prove it. Furthermore, the explanation of Article 51 Paragraph 3 PP No. 51 of 2009 stipulates that although a pharmacist is assisted by pharmaceutical technical personnel in the implementation of pharmaceutical services, the responsibility for the work remains with the pharmacist. Although not all actions of pharmaceutical technical personnel are the responsibility of pharmacists.

## 4 Conclusion

Based on the discussion above, it is concluded thatThe responsibility and authority of pharmacists in carrying out pharmaceutical work in the digital era is currently the same as before the digital era, which includes manufacturing including quality control of pharmaceutical preparations, security, procurement, storage and distribution or distribution of drugs, drug management, drug services based on doctor's prescriptions., drug information services, as well as drug development, and drug ingredients. Pharmacists are obliged to serve doctors' prescriptions by their responsibilities and professional expertise based on the interests of the community. The pharmacist's responsibility in drug service must prioritize the needs and safety of the patient. If errors and omissions occur in drug service at the pharmacy, compensation can be demanded based on unlawful acts as regulated in Articles 1365–1367 of the Civil Code.

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