

LEGAL REVIEW OF COMBAT MEDIC SERVICES IN HANDLING GUNSHOT WOUNDS OF BRIMOB PERSONNEL IN OPERATIONAL DUTIES IN PAPUA

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Abstract

This study aims to analyze combat medic services in handling gunshot wounds sustained by Brimob personnel during operations in Papua, with a focus on the legal basis, operational effectiveness, and challenges encountered. The research employs a normative juridical method with a document study approach and analysis of legislation, including Law No. 17 of 2023, Government Regulation No. 28 of 2024, Police Chief Regulations (Perkap), Police Regulations (Perpol), as well as the Standard Operating Procedures (SOP) and Tactical Combat Casualty Care (TCCC) protocols implemented in Brimob units. The results indicate that combat medic services have a strong legal foundation and clear technical standards; however, their effectiveness is influenced by multidimensional obstacles such as geographical conditions, logistical limitations, personnel competency, and the absence of comprehensive regulations regarding tactical medical authority. This study recommends improving internal regulations, enhancing tactical-medical training capacity, strengthening logistics, and conducting regular legal evaluations to ensure patient rights are fulfilled, service effectiveness is increased, and legal risks for personnel are minimized.

Keywords: combat medic, gunshot wounds, Brimob, Papua, health law

INTRODUCTION

The handling of gunshot wounds in security operations by the authorities, including the National Police Brimob Corps in Papua, is an issue that is not only related to health aspects, but also concerns the fulfillment of human rights and state responsibilities. In a medical context, the management of gunshot wounds requires rapid interventions, including bleeding control, airway stabilization, and medical evacuation to reduce mortality in the pre-hospital phase (1). Practice application **Combat Medic** in the police environment is important considering that Brimob operations often take place in remote areas with the risk of firearm clashes. However, medical decisions in this situation cannot be separated from the legal framework that governs health service obligations, accountability for the actions of the authorities, and the protection of victims' rights.

Law Number 17 of 2023 concerning Health emphasizes that the state is obliged to provide safe, quality, and equitable health services (Article 174 paragraph (2)). This law also regulates the government's responsibility in ensuring the emergency service system (Article 275) and regulates sanctions for violations of health obligations (Article 438)(2). This provision is relevant when the actions of law enforcement officers result in gunshot wounds, so an immediate medical assistance mechanism, reporting, and evaluation of actions in accordance with legal standards are required(3). Government Regulation Number 28 of 2024 then clarifies the implementation of Law 17/2023, including the implementation of emergency services, the competence of health workers, and the provision of field health facilities under special conditions(4). On the technical side, Permenkes Number 47 of 2018 concerning Emergency Services regulates emergency service standards and referral systems, but does not specifically accommodate emergency conditions in security operations in conflict areas(5).

In addition to health regulations, there are internal police regulations (Perkap/Perpol) that regulate the use of force and the obligation to provide medical attention after the use of firearms. Perkap Number 8 of 2009 emphasizes the obligation of the police to provide medical assistance to victims and compile complete documentation as a form of institutional accountability(6). However, research shows that the implementation of health policies within the Brimob has not been optimal, especially related to operational standards for trauma handling, post-shooting documentation, and referral system coordination(7). The urgency of this research lies in the need to evaluate the implementation of the health legal framework in armed police operations, particularly in the context of Papua

which has high security risks and geographical barriers. In addition, the lack of empirical research examining the relationship between national health regulations, internal police regulations, and tactical medical practice suggests a knowledge gap. Previous studies have addressed the use of force by the authorities or medical challenges in general in conflict areas, but have not specifically examined the role and position of the **Combat medic Brimob** within the framework of health law in Indonesia(7).

Thus, the main problem that arises is the extent to which the implementation of health legal obligations as stipulated in Law 17/2023 and PP 28/2024 has been applied in the handling of gunshot wounds by officers in the field, whether the internal regulations of the National Police provide an adequate operational basis for the implementation of tactical medical handling duties, and what obstacles hinder the fulfillment of victims' rights to health services. This research aims to formulate evidence-based policy recommendations that can strengthen the coordination, accountability, and quality of medical services in security operations, as well as ensure that state obligations for the fulfillment of the right to health continue even in emergency situations.

METHOD

The research method is prepared to ensure that the data collection and analysis process is carried out systematically, objectively, and in accordance with the research objectives, so that the results obtained have scientific validity and strong legal relevance. (1) This research is a qualitative research with an empirical juridical approach and descriptive-analytical design to analyze the implementation of combat medic services in handling gunshot wounds of the Brimob Police Corps in Papua and its conformity with legal provisions, standard operating procedures, and Tactical Combat Casualty Care (TCCC) protocols; (2) the research will be carried out in the operational task area of the National Police Brimob Corps in Papua in 2024–2025 with consideration of the high intensity of operations and the need for emergency medical services; (3) research informants include Brimob personnel, combat medics, and those who understand the SOP and TCCC protocols, which were selected by purposive sampling based on their involvement and experience in handling gunshot wounds.

(4) Data collection is carried out through in-depth interviews and document studies, with primary data from informants and secondary data from laws and regulations, Perkap, Perpol, SOP, TCCC protocols, and related literature; (5) data are analyzed qualitative-descriptive by comparing empirical findings and normative provisions, focusing on the implementation of combat medic services and compliance with applicable standards; (6) the validity of the data is guaranteed through triangulation of sources and data, and (7) the research is carried out by paying attention to the ethical principles of research, including informant consent, identity confidentiality, and the use of data for academic purposes.

RESULTS AND DISCUSSION (TNR, 12 BOLD)

Implementation of the Provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024 on Medical Services for Victims of Gunshot Wounds in Brimob Operations in Papua

Based on the results of interviews and document studies, this study shows that the implementation of the provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024 in medical services for victims of gunshot wounds in Brimob operations in Papua has been understood as a general legal basis that guarantees the right to emergency health services. However, in field practice, the implementation of these provisions is greatly influenced by operational conditions, the level of security threats, limited medical facilities, and the geographical characteristics of the Papua region. The informant emphasized that emergency medical services are more focused on life-saving actions quickly and adaptively, so formal medical service standards cannot always be applied in their entirety. The implementation of the provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024 in medical services for victims of gunshot wounds in Brimob operations in Papua can be seen in Table 1.

Table 1. Implementation of the Provisions of Law No. 17 of 2023 and Government Regulation No. 28 of 2024 in Combat Medic Services

Aspects	Normative Provisions	Empirical Findings in the Field
Right to health services	Emergency services must be fast, safe, and non-discriminatory	Services were provided as quickly as possible with life-saving priority despite limited facilities
Medical service standards	Adhering to quality standards and patient safety	Standards adapted to tactical conditions and operational safety
Medical decision-making	Based on clinical procedures and governance	Based on situational assessments, experience, and urgency
Medical evacuation	Done without delay	Often constrained by terrain, weather, and transportation access
Service principle	Compliance with hospital standards	Emphasis on life-saving measures and field adaptation

Source: Results of informant interviews and document studies, processed by the author, 2025–2026.

Based on Table 1, there is a difference between normative provisions and the reality of the implementation of medical services in the field. Regulations have established ideal standards for emergency medical services, but the Brimob's operating conditions in Papua require adjustments to medical procedures in order to remain effective. Security factors, logistical limitations, and evacuation difficulties cause combat medics to prioritize quick decisions and the most essential medical measures to preserve the lives of victims. In addition, these findings show that the effectiveness of combat medic services is not solely measured by formal adherence to hospital clinical standards, but rather by adaptability to complex emergency situations. Medical services oriented to life-saving measures reflect the substantive application of the principles of health law, namely ensuring the protection of the right to health and safety of the victim, even though it is carried out under limited operational conditions.

Operational, Legal, and Technical Barriers Affecting the Effectiveness of Combat Medic Services

The results of interviews and empirical analysis show that the effectiveness of combat medic services in Brimob operations in Papua is influenced by interrelated operational, technical, and legal obstacles. These obstacles not only have an impact on the speed and quality of medical care, but also affect the legal certainty and movement space of medical officers in the field. These findings show that the success of combat medic services cannot be separated from the support of the operating system, clarity of regulations, and the readiness of medical resources in the face of armed conflict conditions.

Table 2. Operational, Technical, and Legal Obstacles in the Implementation of Combat Medic Services

Types of Barriers	Barrier Formation	Impact on Combat Medic Services
Operational	Difficult geographical terrain, lack of infrastructure, high security threats	Delays in medical response and evacuation of victims
Operational	Risk of further attacks at the site of operations	Restriction of the movement of medical personnel
Logistics	Limitations of field medical equipment and medicines	Limited medical measures that can be taken
Technical	Differences in personnel competencies and training	Inconsistency in the quality of medical services
Technical	Limitations of advanced TCCC training	Increased risk of preventable death
Law	Unclear authority of tactical medical measures	Medical decision-making doubts
Law	Risk of legal liability	Potential conflict of duties for medical personnel

Source: Results of informant interviews and document studies, processed by the author, 2025–2026.

Based on Table 2, it can be seen that operational obstacles are the dominant factor affecting the effectiveness of combat medic services in Papua. Extreme geographical conditions, limited access to transportation, and high security threats lead to delays in evacuation and medical interventions, which directly increase the risk of deaths that could actually be prevented. In this situation, the effectiveness of medical services is determined not only by the

ability of individual combat medics, but also by the readiness of the operating system in supporting the movement and safety of medical personnel. In addition, technical and legal obstacles reinforce the complexity of the implementation of tactical medical services. The limitation of advanced competencies, differences in training levels, and the lack of clarity of legal protection put medical workers in a dilemma between the need to save lives and the risk of violating the law. These findings confirm that increasing the effectiveness of combat medic services requires a holistic approach that includes strengthening adaptive regulations, increasing the technical capacity of personnel, and providing adequate logistical support and legal protection so that medical services can be carried out quickly, safely, and accountably in conflict zones.

DISCUSSION

Implementation of the Provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024 on Medical Services for Victims of Gunshot Wounds in Brimob Operations in Papua

The protection of victims of gunshot wounds who are in an emergency is expressly regulated in Article 5 paragraph (1) of Law Number 17 of 2023 concerning Health, which affirms that every individual has the right to receive safe, quality, and effective health services without discrimination. This provision not only emphasizes the rights of patients, but also affirms the state's responsibility to provide health services that meet safety and quality standards. Furthermore, Article 64 paragraph (3) of Law No. 17/2023 emphasizes the obligation of the government and health service providers to ensure the availability of emergency services quickly and without delay, especially in life-threatening clinical conditions(2). This norm confirms that the state not only has a formal obligation to provide health services, but must also ensure the functioning of responsive and effective systems, including in the context of security operations carried out in areas with potential conflict. Thus, legal protection for victims of gunshot wounds is not only a normative principle, but also a foundation for the implementation of strategic, safety-oriented, and adapted medical mechanisms to field conditions.

These provisions are strengthened through implementing regulations, especially Government Regulation Number 28 of 2024 Article 23 paragraph (1), which requires all health service facilities to implement quality standards, patient safety, and clinical governance in handling emergency conditions. These standards are binding on all healthcare institutions, including state entities involved in armed security operations, such as the Brimob. In practice, this emphasizes that medical actions carried out by officials or health workers in the field cannot be separated from the principles of safety, clinical competence, and the protection of patient rights. Furthermore, these regulations provide a clear legal framework for assessing the reasonableness of medical measures, as well as being the basis for legal accountability for officers involved in emergency situations, so that any clinical decision must consider the balance between medical risks, field conditions, and the legitimate rights of patients.

The results of interviews with several informants also show that the authorities' understanding of the provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024 is positioned more as a general normative framework than a technical guideline that must be applied rigidly in the field. The informant said that in high-threat operating conditions, medical decisions often had to be made based on situational assessments and field experience. Limited time, medical equipment, and the need to maintain personnel safety cause combat medics to make adjustments to applicable medical service standards. Nevertheless, the informants emphasized that the main principle that is always maintained is the safety of the victim's life, so that the medical measures carried out remain within the corridor of the purpose of protecting the right to health as mandated by laws and regulations.

In addition, the results of the interviews revealed that geographical and logistical challenges in Papua greatly affect the effectiveness of the implementation of emergency medical services. The informant explained that the evacuation process of gunshot victims often takes a long time due to limited transportation facilities and difficult terrain conditions. In such situations, combat medics are required to maintain the victim's condition for as long as possible with emergency medical measures available in the field. The informant also assessed that national regulations have not fully accommodated the specific characteristics of operating areas such as Papua, so derivative policies or more contextual technical guidelines are needed. These empirical findings reinforce the view that the implementation of legal norms in Brimob operational medical services must be adaptive and contextual so that the main goal of saving lives can be optimally achieved.

From the perspective of health service theory, the mechanism of medical assistance in crisis situations is an integral part of fulfilling the basic human right to life safety. The World Health Organization affirms that emergency services must guarantee prompt, consistent, and accessible interventions to victims wherever they are, including in armed conflict zones(8). Emergency medical services should emphasize the speed of response, accessibility, and effectiveness of interventions, as they can significantly reduce mortality from serious trauma, including gunshot

wounds. (9). In this context, health service theory places the principles of timeliness and clinical appropriateness as the main indicators of the effectiveness of medical interventions, while the fulfillment of patients' rights to safety and health is a normative benchmark that must be maintained even if field conditions are not ideal.

The implementation of legal norms and health service principles in Brimob operations in Papua is realized through the concept of Tactical Emergency Medical Support (TEMS), which emphasizes the integration of medical intervention with operational tactics in conflict terrain. This concept aims to minimize preventable deaths due to gunshot wounds or severe trauma by optimizing response speed, patient safety, and personnel safety. Research published in *Prehospital Emergency Care* shows that tactical medical support in armed operations can increase victim survival rates by up to 18–25% when done in accordance with standard protocols (10). This confirms that legal norms that require rapid response have significant and immediate clinical implications for victim safety, while also demonstrating that legal arrangements are not formalistic, but have real operational relevance on the ground.

However, although legal norms and medical protocols are clear, there is a significant gap between normative provisions and operational realities on the ground. Brimob operations in Papua are conducted in a highly risky environment, with various threats such as follow-up attacks, limited medical equipment, and limited access to formal health facilities. Extreme geographical conditions, including mountainous terrain and dense forests, add to the complexity of evacuation of victims and logistics distribution. This makes it difficult to fully implement the standards of medical services regulated in laws and regulations. Research in the *Annals of Surgery* shows that logistical limitations, slow evacuation, and geographical barriers are the main determinants of the increase in trauma deaths in conflict zones (11). Therefore, healthcare systems on the battlefield must be designed to be flexible, adaptive, and responsive to structural constraints, rather than simply adherent to clinical standards typically designed for hospitals. The practical implication is that the implementation of medical protocols by combat medics should often be based on the priority of victim safety and urgency of action, rather than mere procedural compliance.

Furthermore, the principles of international law governing medical services in war situations also emphasize that medical measures must take into account field conditions and operational limitations. Medical services in armed conflict must follow the principle of feasibility, which is that medical intervention is carried out to the extent possible according to operational capabilities, not based on the ideal standards of hospitals (12). This concept emphasizes that the fulfillment of the right to health in the context of conflict is not measured by perfect adherence to procedures, but rather by the principle of reasonable efforts, which considers patient safety, the capabilities of the medical team, and environmental risks. Thus, adaptation to tactical situations is an important element in realistically and meaningfully enforcing patient rights.

Referring to the special characteristics of the Brimob's operating environment in Papua, the implementation of Law No. 17 of 2023 and Government Regulation No. 28 of 2024 emphasizes the principle of life-saving measures rather than rigid adherence to hospital clinical standards. Findings in the journal *Military Medicine* show that the success of tactical medical systems in conflict terrain relies heavily on adaptability, improvisation, and integration of medical measures with surgical tactics, rather than just formal adherence to procedures (13). Therefore, an assessment of the effectiveness of medical services in this context must take into account structural limitations, security threats, and urgency of action, which are inherently different from the civilian medical service environment. This concept confirms that combat medics' effectiveness on the battlefield cannot be measured only by procedural standards, but also by their ability to make critical decisions, dynamically assess risks, and balance patient safety with team safety.

Operational, Legal, and Technical Barriers Affecting the Effectiveness of Combat Medic Services

The results of interviews with informants show that the effectiveness of combat medic services in the field is still faced with various operational, legal, and technical obstacles. Operationally, the informant revealed that Papua's difficult geographical conditions, limited medical evacuation facilities, and the intensity of security threats often hinder the implementation of medical assistance optimally and on time. From the legal aspect, the informant considers that there is still an unclear limit on the authority of certain medical actions in tactical situations, especially when having to carry out emergency interventions outside health facilities, which has the potential to raise doubts and legal risks for medical personnel. Meanwhile, technical obstacles also arise due to limited field medical equipment, uneven availability of logistics, and differences in competency and training levels between personnel. This condition requires high adaptability from combat medics to balance the safety of the team, the medical needs of the victims, and compliance with applicable regulations. These empirical findings show that although a regulatory framework is in place, the effectiveness of combat medic services is highly dependent on operational support, clarity of legal protection, and adequate technical readiness in the field.

The main obstacles in the implementation of combat medic medical services in Papua are multidimensional and require a holistic analytical approach. From an operational perspective, Papua's vast geographical terrain, difficult topography, and lack of transportation infrastructure significantly slow down the medical response. Cut off roads, mountainous terrain, and distances between health facilities add to the complexity of evacuating victims, so critical time for medical intervention is often missed. In addition, the threat of further attacks and armed conflict at the site of operations increases the risk for medical personnel, making movement and quick decision-making difficult. Delay in evacuation is a major determinant of battlefield trauma mortality, and any delay in response is directly correlated with an increase in preventable death(14). In this context, the effectiveness of medical services is determined not only by the competence of personnel, but also by the ability of the operating system to simultaneously overcome geographical barriers and security threats.

In addition to geographical factors, logistical barriers are significant obstacles that affect the quality of medical interventions in the field. Limited sterile equipment, critical medicines, and evacuation facilities limit the types of medical actions that combat medics can perform. Limitations in tools and drug supplies can force medical personnel to make suboptimal tactical decisions, even though clinical risk remains high, thus demanding considerations between mission priorities, team safety, and patient safety. These logistical barriers not only reduce the ability of personnel to perform advanced medical procedures, but also increase psychological stress on the field of operations, which can impact the quality of clinical decision-making (10). Thus, adequate logistical support is a crucial component in maintaining the effectiveness and safety of tactical medical services.

Technical obstacles also arise due to the limited clinical competence of personnel serving in the Brimob unit. Tactical Combat Casualty Care (TCCC) training provided by police institutions does not necessarily include advanced procedures such as thoracic intervention, advanced airway management, or tactical blood transfusions. In fact, this skill has been proven to reduce the death rate due to serious trauma in the field of conflict (15). Advanced capabilities in trauma care are key to reducing preventable deaths on the battlefield, so adequate and continuous training is an important factor for the effectiveness of medical services in Brimob units. This lack of clinical competence, combined with situational pressures and logistical barriers, confirms that the success of combat medic services relies heavily on the integration of individual skills, team coordination, and adaptation to dynamic field conditions (16).

From a legal perspective, obstacles arise due to the lack of comprehensive regulations that clearly govern tactical medical authority, legal protection for officers, injury reporting mechanisms, and accountability in aggressive rescue situations. Article 80 of Law No. 17 of 2023 requires health workers to comply with professional standards, but the application of this principle becomes difficult in an operating field with minimal facilities. Discrepancies between legal norms and operational realities can create a conflict of duties and increase the risk of litigation for medical personnel, especially when they have to make quick decisions in a conflict field (17). This emphasizes that the legal system and internal regulations of institutions need to balance normative compliance with operational flexibility, so that medical personnel can act in the principle of reasonable efforts without the risk of violating the law.

Procedural flexibility and improvisational ability are key determinants of the effectiveness of pre-hospital services in conflict zones (18). This principle emphasizes that medical personnel must be given space to adjust their actions according to field conditions, limited facilities, and existing threats, so that the medical measures provided remain legitimate and ethical. These operational, technical, and legal barriers interact with each other, creating a high complexity in the implementation of combat medic services. The combination of logistical, training, and regulatory limitations can increase mortality rates due to trauma that could actually be prevented (10). Thus, the effectiveness of medical services depends not only on individual competence, but also on logistical coordination, legal support, and operational standards that are adaptive and responsive to field conditions.

Taking into account all these obstacles, improved regulations that accommodate field conditions, more comprehensive integration of medical-tactical training, and improved logistics and evacuation facilities are absolute requirements to strengthen medical protection in security operations in Papua. Simultaneously strengthening operational, technical, and legal aspects can reduce the risk of preventable deaths, increase officer accountability, and ensure patients' rights to medical assistance are fulfilled even in situations of armed conflict. Thus, a holistic approach that integrates legal, operational, and technical aspects becomes a strategic foundation to ensure the effectiveness and safety of combat medic services in complex operational terrains.

CONCLUSION

It was concluded that combat medic services in handling Brimob gunshot wounds in Papua have a clear legal basis through Law Number 17 of 2023, Government Regulation Number 28 of 2024, as well as related Perkap and Perpol. The implementation of the Tactical Combat Casualty Care (TCCC) protocol is a technical guideline that allows medical personnel to assess, stabilize, and evacuate victims quickly and safely, even in a risky field of operations. However, the effectiveness of this service is still hampered by operational factors such as geographical terrain and logistical limitations, technical factors in the form of limited medical competence, and legal factors related to protection and internal regulations that are not yet comprehensive. These barriers affect the speed, accuracy, and accountability of medical services in the field

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