

Legal Aspects of Implementation of Approval for Medical Actions in Social Health Service Activities at Ungaran Regional Hospitals

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Abstract. The importance of law in health and medical services is increasing as other industries develop. Health services include individual and community health services as stated in Article 52 of Law Number 36 of 2009 concerning Health. This exploration is remembered for humanistic juridical examination which alludes to the Guideline of the Pastor of Strength of the Republic of Indonesia Number 290/MENKES/PER/III/2008 concerning the Endorsement of Clinical Activities. As stated in Article 52 of Law Number 36 of 2009 concerning Health implementation of informed consent in social health service activities at the Ungaran Regional Hospital, it can be concluded that there are no regulations for implementing medical procedures in the social health services at Ungaran Hospital. Standardization has prevented all doctors providing social health services from agreeing to certain medical procedures. Of the nine respondents, only six people gave their consent to carry out medical procedures, one respondent occasionally gave their consent, and three respondents did not give their consent before carrying out medical procedures. To successfully adopt informed consent, doctors must be able to further strengthen good communication between their patients and social health service patients. In addition, effective communication will further reduce the possibility of medical negligence.

Keywords: Medical Consent, Legal Aspects, Health

1 Background

The degree of outcome of the nature of wellbeing administrations should be visible from three subjects, specifically 1) clients, 2) suppliers, and 3) funders of wellbeing administrations. For individuals who use wellbeing administrations, the nature of administration is all the more firmly connected with how well staff individuals answer patient demands and how well they speak with patients. The reasonableness of the administrations gave the most recent advances in science and innovation as well as expert independence in wellbeing administrations is a more significant component of administration quality for wellbeing specialist co-ops. Conversely, for the people who finance wellbeing administrations, this is more connected with issues of reasonableness in wellbeing funding, effective utilization of monetary assets, or potentially the limit of wellbeing administrations to diminish misfortunes for the people who finance wellbeing administrations.[1]

The importance of law in health and medical services is increasing as other industries develop. Health services include individual and community health services as stated in Article 52 of Law Number 36 of 2009 concerning Health.[2] This law defines health services as services that use promotive, preventive, curative, and rehabilitative approaches.

General wellbeing administrations and clinical wellbeing administrations are two classes of wellbeing administrations. Clinical benefits can be furnished independently with the fundamental point of treating illness (Remedial) and reestablishing wellbeing (Rehabilitative), and people are the principal objective. Conversely, general wellbeing administrations are normally offered cooperatively inside an association, which should think about the capability of the local area, forestall sickness, and have society overall as its essential objective. Notwithstanding wellbeing administrations, there are additionally clinical benefits where these administrations remembering all endeavors and exercises for the type of avoidance (Preventive), therapy (Corrective), improvement (Promotive), and recuperation (Rehabilitative) of wellbeing which depend on individual connections between specialists in the clinical field. with people who need it.

Every patient has the legal right to receive information about the medical process they will undergo, as well as the dangers associated with certain treatment options. Patients also have the right to be informed about the dangers involved and whether there are other options. Others argue that patients have the right to know about things that are not related to health but have an impact on health, such as social problems. That is what is meant by "informed consent", namely consent given after receiving all available information.[3]

In medical law, there are two interconnected legal subjects: doctors and patients, both of whom carry out legal and medical interactions.[4] Health care in general and health care in particular is the goal of medical and legal interaction between doctors and patients. The implementation of interactions between doctors and patients is always regulated by special regulations to ensure harmony in its implementation. Associations without norms, as is generally known, will give rise to disputes and confusion.[5]

The patient acquiescence unlimited oversight of the patient and its clinical consideration to the doctor on the opposite side as the party requiring the clinical benefits. There has been a commitment connection between the two gatherings when a patient visits a specialist who has an issue and the specialist is available to paying attention to the patient's concern. The section of a patient into a clinical practice, emergency clinic, or other wellbeing office should be visible as a work to furnish a specialist's help with managing the protests they are encountering. In contrast, doctors will also provide medical services through a series of procedures that include medical diagnosis and treatment. This legitimate relationship is known as an exchange, which in common regulation is called an understanding, and in wellbeing administrations is known as a "remedial understanding"[6]

Because doctors cannot promise healing to their patients, all they do is provide health services to cure their patients. Inspanningverbintenis or effort agreements include therapeutic agreements or therapeutic transactions.. Doctors must take this effort very seriously, using all their skills and abilities while adhering to professional standards.

Although there are exceptions to providing informed consent prior to medical procedures in certain circumstances, the existence of informed consent in medicine has recently become increasingly complete, requiring doctors to do so before carrying out planned procedures. However, it is believed that not all doctors carry it out in accordance with the existing regulations. This could be because they don't take the time to make informed consent forms or there aren't any informed consent forms that are tailored to the requirements of specific medical fields. The two primary points in informed assent, specifically data and assent, have wide

varieties and are very mind boggling. , including different components, in particular: doctor-patient-family.[7]

Each operation that conveys a high gamble should require composed assent endorsed by the individual qualified for give assent. In addition, doctors are responsible for implementing the provisions regarding the approval of medical procedures.

A kind of justice in which the subject, the patient, is given the choice to receive medical treatment, informed consent involves doing good by weighing the risks and benefits of a medical procedure. Besides taking many time to explain, there are so many dangers and benefits associated with medical procedures that it is difficult to explain them without confusing the patient and their family. Only risks and benefits that the patient can understand should be listed because, in general, the dangers listed are those that the patient can understand when choosing among alternative medical procedures.

2 Methodology

The research method is sociological juridical, meaning that the research is carried out using a technical legal research design that follows the structure of social science and ends with a conclusion. This study was carried out on consequence variables that developed as a result of various forces in the social process as steps.

Juridical factors are all regulations relating to the approval of medical procedures, namely those contained in the Guideline of the Priest of Strength of the Republic of Indonesia Number 290/MENKES/PER/III/2008 concerning Endorsement of Operations. As stated in Article 52 of Health Law Number 36 of 2009

The sociological factor is the implementation of informed consent in health social services at the Ungaran Regional Hospital.

The specifications used in this research are analytical and descriptive. What is meant by descriptive is that the results of this research will attempt to provide a comprehensive, systematic, and in-depth picture of a situation or symptom being studied.[8] Regarding the implementation of informed consent in health social service activities at the Ungaran Regional Hospital. Analytical means analyzing the problems in the research, so that descriptive analytical conclusions are drawn which aim to systematically describe and analyze the implementation of informed consent in health social service activities at the Ungaran Regional Hospital and the obstacles.

Qualitative data analysis methods were used in this research. In qualitative research, all stakeholders are considered equal when the researcher tries to understand the reality of a particular organization and the phenomena that occur. In this study, we try to understand this both “from the inside out” and “from the outside in.” Researchers base their work on open-ended questions throughout the qualitative research stages.

3 Results and Discussion

3.1 Therapeutic Agreement as a Form of Agreement

A helpful understanding is an arrangement between a specialist and a patient that gives the specialist the power to complete exercises to give wellbeing administrations to patients in light of the specialist's mastery and abilities. In the Preface to the Indonesian Clinical Set of rules which is joined to the Announcement of the Pastor of Strength of the Republic of Indonesia Number 434/Men. Kes/patients and victims are completed in an air of common trust (private), and are constantly loaded up with every one of the feelings, expectations and stresses of people."

The freedoms and commitments of each party in a remedial still up in the air by the legitimate relationship that applies to both patient and specialist. According to Civil Code Article 1321, "An agreement is invalid if the agreement was given by mistake or was obtained by force or fraud," an agreement is said to be valid if it meets the requirements."

In light of the text above, it tends to be reasoned that the legitimate legitimacy of a not entirely settled by the arrangement of the gatherings restricting it, liberated from mistake, pressure, or extortion. As part of the therapeutic transaction, both the patient and the doctor agree to be treated in accordance with the terms of the agreement. For this consent to have restricting lawful power, there should be no compulsion from the two players, there should be no extortion, and the gatherings should know about the understanding being made (should have no mix-ups). Thus, Educated Assent, or what is otherwise called "Clinical Activity Assent" is required.

Articles 1329 and 1330 of the Civil Code outline the requirements for being competent to enter into an agreement as follows: Article 1329: Each individual is skillful to go with arrangements on the off chance that he isn't pronounced awkward by regulation. Section 1330: Clumsy to concur is:

- a. People who are not yet grown-ups;
- b. Those put abating;
- c. Women, in cases specified by regulation, and overall all people with whom the law has restricted pursuing specific arrangements.

According to Article 1329 of the Civil Code mentioned above, because it is not against the law, the ability to agree with the law refers to a person's power to bind themselves. Patients of all ages and types, both capable of acting and incapable of acting, can be recipients of medical services in therapeutic transactions. So that problems do not occur in the future, doctors must be aware of this as one of the parties binding themselves in the therapeutic transaction.

Those receiving medical services who are not competent to act (may not make an agreement or the agreement made may be considered invalid) include:[9]

- a. For adults who are not competent to act (for example: crazy, drunk, or unconscious), then the approval of their caretaker is required (the person who can agree with a doctor is the steward).
- b. Minors require approval from their guardian or parents.

According to paragraph (2) of Minister of Health Regulation Number 585/Men, "mature" means either 21 or married. Kes/Per/IX/1989 Article 8 concerning Endorsement of Clinical Activities. In this way, helpful exchanges should be endorsed by the individual's parent or watchman, who is the party approved to give assent, if under 21 years old and unmarried. Article 1320 of the Common Code expresses that the motivation behind an understanding should be "a thing" and should be for "a legitimate

explanation or might be settled upon". Efforts to illegally treat untreated diseases are some of the things that are agreed upon or become the goal of therapeutic interactions.

Meanwhile, the patient must exert all reasonable efforts to achieve the cure he is promised as the other party receiving medical treatment. The doctor's efforts will not be successful without the patient's help. The patient's unwillingness to cooperate is a type of negligence for which the doctor cannot be held responsible. All obligations that arise are binding on the parties, including doctors and patients, if the therapeutic transaction meets the legal requirements of the agreement.

3.2 Medical/Informed Medical Consent

Assent implies endorsement or, all the more obviously, "consent." Therefore, the patient's or the patient's family's consent to the doctor performing medical procedures on the patient, such as a physical examination and other examinations to confirm the diagnosis, the administration of medication, the administration of injections, the assistance with childbirth, the administration of anesthesia, the performance of surgery, and the administration of medication, is known as informed consent. If problems arise, etc., follow up. The word data additionally has something to do with clarification or data. Informed agree alludes to the patient's (or the patient's lawful relative's) assent for the specialist to complete operations on him after the specialist has been educated or completely made sense of about the activity.

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a. Implied Consent (considered given)

For the most part, suggested assent is given in ordinary conditions, implying that the specialist can catch endorsement for the clinical activity from the signs given/completed by the patient. Similarly, in crisis situations where the specialist requires quick activity while the patient can't give assent and his family isn't there, the specialist can make the best clinical move as per the specialist.

b. Expressed Consent (stated)

Can be expressed verbally or recorded as a hard copy. For operations that are obtrusive and contain chances, specialists ought to get composed endorsement, or what is by and large referred to in medical clinics as a working grant letter.

The function of Informed Consent is:[11]

- a. Promotion of individual independence privileges;
- b. Protection of patients and subjects;
- c. Prevent extortion or intimidation;
- d. Providing feeling for the clinical calling to lead self-contemplation;

- e. Encouraging rational decision-making;
- f. Community contribution (in propelling the standard of independence as a social worth and giving oversight in biomedical examination).

Informed Agree itself as indicated by the kind of activity/design is partitioned into three, in particular:[12]

- a. Which goes for the gold (are approached to become research subjects).
- b. Which means to track down a conclusion.
- c. That aims to treat.

Even though it is common knowledge that informed consent receives the least amount of attention, it is still crucial in an emergency. The most important thing is to do something to save lives. Informed assent ought not be a snag or impediment in giving crisis administrations, despite the fact that it is as yet pivotal in light of the fact that, throughout everyday life and-demise circumstances, specialists need more opportunity to make sense of completely until the patient is cognizant and needs and has taken a choice. Furthermore, specialists are in a hurry trusting that the patient's family will show up. Regardless of whether the patient's family is available and afterward disagrees with the specialist's activities, in light of the teaching of need, the specialist should in any case do clinical activity. This is made sense of in Priest of Wellbeing Guideline Number 585/Men.kes/Per/IX/1989 concerning Endorsement of Operations, that in crises no educated assent is required.

Absence of informed assent can bring about clinical carelessness, particularly when a patient's body is harmed or changed. Under customary regulation in numerous nations, the outcomes of an absence of informed agree are commensurate to wildness. In any case, in certain circumstances, the shortfall of informed agree likens to purposeful lead, subsequently expanding the pace of doctor blunder in carrying out techniques. Clinical misbehavior activities that are viewed as comparable to deliberate are as per the following:

- a. The patient recently expressed that he disagreed with the specialist's activities, however the specialist actually acted.
- b. If a specialist purposely completes deluding activities about the dangers and results of the clinical moves he makes.
- c. If the specialist purposely conceals the dangers and results of the clinical move he initiates. d. Informed assent is given for operations that contrast significantly from those performed by a specialist.

3.3 Implementation of Approval of Medical Actions for Health Social Service Activities at the Ungaran Regional Hospital

Health social service activities are basic health activities whose aim is to help heal and improve the quality of life of the community, especially the less fortunate. The health social service activities held at the Ungaran Regional Hospital consist of three activities, namely:

- a. Mass cataract surgery health social service activities
- b. Mass circumcision health social service activities
- c. Mass medical health social service activities.

Providing informed consent for each of the above actions differentiates them from each other. Written consent was given for cataract surgery. Patients and witnesses were gathered in a room that had been prepared to listen to the doctor's explanation as soon as they arrived. The event was introduced by one of the doctors who then explained the medical operation that would be carried out, description of the benefits and negative impacts of the action. After this explanation, a nurse who takes part in health social service activities on behalf of the hospital signs an informed consent agreement form on behalf of the hospital. The signing begins with the patient followed by witnesses from the nurse and doctor. The time required for the explanation process is approximately 5-10 minutes.

Written approval was given for the mass circumcision initiative. To take part in the mass circumcision, the patient took part in a social service event at Ungaran Hospital. Because the patient's age is under 15 years, the reason for mass circumcision is given by the patient's parents or guardians. To listen to the doctor's explanation, the patient and all of the patient's parents or guardians are gathered first in the room that has been prepared. The event was introduced by one of the doctors who then explained the medical operation that would be carried out. The benefits and negative impacts of the action are usually discussed in the explanation. After the explanation is complete, it is continued with the signing of an informed consent agreement form from the hospital, represented by a nurse who takes part in health social service activities. The signing begins with the patient followed by witnesses from the nurse and doctor. The time required for the explanation process is approximately 5-10 minutes.

In actions involving mass treatment, implied consent is used to implement informed consent. Patients seek solutions to their problems at health social service centers. The patient sees a doctor and explains his concerns, and the doctor immediately begins treating him. Only diagnosis, prescription of the patient's illness, and sometimes injections can be considered treatment. The patient is then instructed to take the medication at another location nearby according to the doctor's diagnosis.

There are no rules for carrying out standard medical procedures as stated in the SOP (Standard Operational Procedure) for the provision of social health services at Ungaran Hospital. Based on research, all respondents who claimed to organize and carry out the social health services mentioned above were doctors who carried out mass cataract operations, mass circumcisions, and mass medical procedures. There were six respondents (65.5%) who consented to medical procedures, this was by article 2 of the Minister of Health Regulation of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Approval of Medical Procedures.

All medical procedures to be carried out on patients must obtain approval, but what is very unfortunate is that there is still one (11.1%) respondent who sometimes explains medical procedures and two (24.4%) respondents do not provide approval for medical procedures, whether consenting to medical procedures in verbal or written form.

It turns out that there is only one written approval form for medical treatment in health social service activities at the Ungaran Regional Hospital, according to statements from seven (77.6%) respondents that there is a form available for approval of medical treatment.

However, various types of informed consent must be provided for actions that involve high risks, including:

- a. Letter of approval for medical treatment
- b. Statement letter refusing medical treatment

- c. Statement letter for anesthesia
- d. Statement letter given antibiotics

In Article 16 of the Guideline of the Priest of Strength of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Endorsement of Operations, it is explained that

- a. After receiving an explanation of the medical action that needs to be taken, the patient or a member of the patient's immediate family can decide not to take any further action.
- b. In accordance with the intent of paragraph (1), a written refusal of medical treatment is required..

The form for implementing health social services at the Ungaran Regional Hospital does not differentiate between medical procedures, anaesthesia, and administration of antibiotics even though the explanations are carried out separately even though this is a series of high-risk medical procedures. Two (24.4%) respondents who provided free mass treatment and often provided injections such as Vitamin B12 injections for patients with complaints of aches and pains stated that there was no standard informed consent form available from the hospital for social health service activities for mass treatment which resulted in it not being carried out. informed consent before medical procedures are carried out.

Any surgical treatment often requires filling out an informed consent form, according to J Guwandi. This is because there are always inherent dangers in surgery, which can also occur when administering anaesthesia. Because the body can respond and go into anaphylactic shock without warning, anesthesia is also considered an invasive surgery.[13]

As per the Guideline of the Priest of Soundness of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Endorsement of Operations. Each operation that conveys a high gamble should get composed assent endorsed by the individual qualified for give assent.

It was carried out by two (22.2%) respondents with explanations of signing by doctors, nurses, patients, and witnesses, the signing was carried out only by two people representing four (44.4%) respondents, and none of them signed at all, there were three (33.3%) respondents.

As many as two (24.4%) respondents considered that all medical procedures in health social services did not require medical approval. However, six respondents (66.7%) considered that all medical procedures in health social services required medical approval.

Nine respondents (100%) stated that they agreed that medical procedures for health social services were carried out before medical procedures.

From the respondents' knowledge about the purpose of holding informed consent in health social services, two respondents (22.2%) stated it was for patient knowledge, five respondents (55.5%) stated it was for patient consent, two respondents (22.2%) stated it was for knowledge and patient consent.

The reason for Informed Agree as per J. Guwandi is:

- a. Protecting patients against all operations did without the patient's information;

- b. Providing legal protection against unanticipated and negative outcomes, such as the risk of treatment, which cannot be avoided despite the doctor's best efforts and thoroughness.

Six respondents (66.3%) agreed that only invasive procedures require informed consent, and two respondents (22.2%) agreed that both invasive and non-invasive procedures require informed consent.

For its implementation, two respondents (22.2%) delegated approval of medical procedures to nurses, four respondents (44.4%) delegated approval to nurses when signing the consent form, and three respondents (33.3%) did not approve medical procedures at the patient before carrying out the procedure.

The two-way communication process between the patient and the doctor is informed consent. Doctors who carry out medical procedures must convey information directly. The nurse simply assists and supervises the administrative component, helping to determine whether approval has been given or not. Regulation of the Minister of Health of the Republic of Indonesia Article 17 Number 290/Menkes/Per/III/2008 concerning Approval of Medical Procedures explains that (1) Carrying out medical procedures that have received approval is the responsibility of the doctor or dentist who performs medical procedures. If the form has not been signed, the nurse must immediately notify the doctor. (2) Health service facilities are responsible for implementing approval for medical procedures.

A total of six (66.3%) respondents stated that the medical treatment consent form for health social services was made by the hospital and three respondents (33.3%) did not answer because they did not use the medical treatment consent form. Information given to patients who take part in health social services, three (33.3%) respondents stated what side effects and unwanted things could happen, and three (33.3%) respondents stated what benefits and side effects of the action will be done.

Six respondents (66.7%) stated that the patient had understood the respondent's explanation, while three (33.3%) respondents did not answer because they did not provide informed consent. Delivery of information must be adapted to the patient's situation and condition. It would be ideal if every doctor would spend a little time adapting to the situation and condition of the patient. Sometimes there is a difference in perception between the provider of health services and the recipient of health services, which according to the patient is crucial, according to the doctor it is not important, therefore providing information on medical procedures takes time. The time given to provide informed consent was approximately 5 minutes conveyed by two (22.2%) respondents, and approximately 10 minutes conveyed by four (44.4%) respondents.

4 Closing

Based on the description of research findings and the discussion above regarding the implementation of informed consent in social health service activities at the Ungaran Regional Hospital, it can be concluded that there are no regulations for implementing medical procedures in the social health sector. services at Ungaran Hospital. Standardization has prevented all doctors providing social health services from agreeing to certain medical procedures. Of the nine respondents, only six people gave their consent to carry out medical procedures, one

respondent occasionally gave their consent, and three respondents did not give their consent before carrying out medical procedures. Approval of Medical Procedures is regulated by various statutory regulations, namely Law No. 36 of 2009 concerning Health, Law No. 44 of 2009 concerning Hospitals, Law No. 29 of 2004 concerning Medical Practice, Civil Code (Civil Code), Minister of Health Regulation No. 290/Menkes/Per/III/2008 Concerning Approval of Medical Procedures. Each activity that will be done in executing the Clinical Activity Endorsement is directed by existing regulations and guidelines, in view of a standard clinical activity endorsement structure.

To successfully adopt informed consent, doctors must be able to further strengthen good communication between their patients and social health service patients. In addition, effective communication will further reduce the possibility of medical negligence.

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