

Legal Guarantee of Health Services in a Positive Legal Perspective in Indonesia

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Abstract. The emergence of cases of patients who were neglected or not properly cared for by Health Workers at the Puskesmas is an indication that the legal awareness of the community is increasing. The more individuals know about law and order, the more they are familiar their privileges and commitments, and the more extensive the voices requesting that the law assume its part in the wellbeing area. This additionally makes general society or patients never again acknowledge the method of therapy completed by the clinical side. Patients need to know how clinical activity is done so later they won't endure misfortunes because of mistakes and carelessness of the clinical party. This cannot be separated from the Medical Service Standards that have been stipulated in Article 58 of Law Number 36 of 2014 concerning Health Workers, which regulates health service procedures for patients. However, the health services at several Puskesmas are not by the above rules, due to the low level of health services by health workers, who are not disciplined in carrying out their duties as mandated by law. Health workers who are given trust by patients, and who are employed at the Puskesmas must pay attention to the pros and cons of actions and always be careful in carrying out medical actions, with the aim that patient protection can be realized.

Keywords: Guarantee; Legal protection; Patient; Public health center

1. Introduction

There have been a few cases and claims from patients including a local area wellbeing focus because of being disappointed or even hindered with the wellbeing administrations given by that local area wellbeing focus which means that the local area's lawful mindfulness is expanding. The more individuals know about law and order, the more they are familiar their privileges and commitments and the more extensive the voices requesting that the law assume its part in the wellbeing area. This additionally makes the general population or patients never again acknowledge the method of therapy completed by the clinical side. Patients need to know how clinical activity is done so later they won't endure misfortunes because of mistakes and carelessness of the clinical side.[1]

An issue emerged that medical services at the Puskesmas were not by medical service standards. In Article 58 of Law Number 36 of 2014 concerning Health Workers, it reads:

- 1) Health laborers in doing rehearse are obliged to:

- a) Providing wellbeing administrations by proficient principles, proficient help norms, standard working techniques, and expert morals as the need might arise of beneficiaries of wellbeing administrations.
 - b) Obtain endorsement from the Beneficiary of Wellbeing Administrations or their family for the activity to be given;
 - c) Maintaining the privacy of the Wellbeing Administration Beneficiary's wellbeing;
 - d) Refer Beneficiaries of Wellbeing Administrations to other Wellbeing Laborers who have the proper capability and authority.
- 2) The commitments alluded to in passage (1) letters b and c just apply to wellbeing laborers who perform individual wellbeing administrations.

However, in reality, the health services at the Puskesmas are not by the above rules because the health workers are not disciplined in carrying out their duties as mandated by law. Service that is not fast is a complaint of the patient's family, which results in the patient's family going berserk due to negligence and delay in handling.

Wellbeing laborers who are given full trust by patients, and who are utilized at the Puskesmas should focus on the upsides and downsides of activities and forever be cautious in completing clinical activities, with the point that patient security can be acknowledged so blunder doesn't happen from the clinical activity and carelessness. Mistakes or carelessness committed by wellbeing laborers in doing their expert obligations can be deadly to both the body and soul of the patient and are extremely unfavorable to the patient.

As far as sociology, the connection among specialists and patients shows that specialists have a predominant position, while patients just have a detached demeanor. This position has generally gone on for a long time, wherein the specialist assumes a significant part, both in light of the unique information and abilities he has, as well as in view of the power he conveys since he is a little piece of society which since numerous years has been the party that has the power. experts in the wellbeing area give clinical help in light of the full trust of the patient.[2]

The patient, as the recipient of health services, will feel happy if he is written on a piece of paper. From the prescription, it has implicitly shown that there is recognition of the authority in the field of science owned by the doctor concerned. The authority in the field of science that arises and the complete trust of the patient is caused by the patient's ignorance of what the patient is suffering from, and what medicine is needed, and here only the doctor knows, coupled with the closed and secret atmosphere covering the position of the doctor guaranteed by the code medical ethics. This position is getting stronger because the number of health workers/doctors is still scarce so their position is a monopoly in providing health care services so that patient protection is guaranteed. What's more, because the nature of the health service is psychological, the parties are bound to each other and not on the same level.

From the description stated above, the problem of legal protection for patients contains very complex and interesting issues to study and encourages the author to study more deeply about legal protection for patients who grow and develop in the medical world, especially in the context of health services at the Puskesmas.

The problem in this paper is how is the legal guarantee of health services for inpatients at the health center.

2. Methods and Approaches

2.1 Method

The technique utilized recorded as a hard copy this applied paper is the expressive logical strategy, to be specific by utilizing information that obviously portrays the issues straightforwardly, then the examination is completed and to be finished up to unwind a worry. Strategies for information assortment through perception and writing study to acquire critical thinking in the readiness of this paper. In line with the research objectives to be achieved, the realm of this research is included in the realm of qualitative research, thus a qualitative approach method will be used. According to Petrus Soerjowinoto et al., a qualitative method is a method that emphasizes the process of understanding researchers on the formulation of problems to construct a complex and holistic legal phenomenon.[3]

2.2 Approach

Regulating juridical methodology, to be specific the juridical methodology technique used to look at issues from a legitimate and legal point of view, in particular standards that can be utilized as a reason for concentrating on issues and their lawful outcomes, for this situation, to be specific Regulation Number 36 of 2014 concerning Wellbeing Laborers.

The normative juridical approach is carried out against specific or written laws and regulations relating to the Legal Guarantee of Health Services from a Legal Perspective in Indonesia.[4] This study describes the condition of the object under study, namely focusing on regulation and legal guarantees for health services from the perspective of law in Indonesia in practice.

3. Discussion

3.1 Requirements of Health Services

Medical services are different from public health services[5], to be called a good service, both must have various basic requirements. The requirements for health services are:[6]

- a. Available and continuous.
The principal essential necessity for wellbeing administrations is that they should be accessible locally and are constant, implying that a wide range of wellbeing administrations required by the local area are easy to find, and the present locally at whatever point required.
- b. Acceptable and appropriate.
These wellbeing administrations don't struggle with the convictions and convictions of the local area. Health services that conflict with customs, culture, and public trust are unnatural and are not good.
- c. Easily accessible.
The definition of achievement is from the point of location. Arrangements for the distribution of health facilities are important to realize good health services. Health services are considered not good if they are too concentrated in urban areas and not found in rural areas.

- d. Easy to reach (affordable).
The definition of affordability is mainly from a cost standpoint. The cost of health services must be by the economic capacity of the community.
- e. Quality.
Quality shows the degree of flawlessness of wellbeing administrations that are completed, from one viewpoint, can fulfill administration clients, and then again, the methods for carrying out them are by the implicit set of rules and guidelines that have been set.[7]

A crucial part of a health service is the availability and compliance with standards because a quality health service is when the service is carried out by existing standards. In general, officers encounter many variations in the implementation of health services. In the quality assurance of health services standards are used to minimize the variations that exist.

Guidelines are specialized particulars or something normalized including strategies and techniques that are arranged in light of the agreement of all gatherings engaged with due recognition of the necessities for wellbeing, security, wellbeing, the climate, improvements in science and innovation, experience, and current and future turns of events. will come to get the most extreme advantage. To figure out the norm of wellbeing administrations, one should take a gander at the wellbeing administration guidelines that should be claimed by wellbeing specialist co-ops, wellbeing specialist co-ops, for example, wellbeing focuses or medical clinics, and from the wellbeing laborers themselves like specialists, medical attendants, drug specialists, and others.

Health services, whether in health centers, hospitals, or other healthcare institutions, are a system consisting of various components that are interrelated, interdependent, and mutually influencing one another. Good health service standards consist of 3 (namely) components that must be possessed, namely input (input, also called structure), process, and outcome (outcome).[9]

1. Input (Input).
The input referred to here is physical facilities, equipment and tools, organization and financial management, as well as human resources and other resources at the health center and hospital. Several important aspects that must receive attention in this regard are honesty, effectiveness, as well as the quantity and quality of existing input.
Good health services require quality input support, namely existing resources need to be organized and managed by applicable laws and work procedures, in this case, having good health workers who work professionally.
2. The process carried out.
The process is activities or activities of all employees and professional staff in their interactions with customers. Whether the process carried out at the health center or hospital is good or not can be measured by:
 - 1) Relevant or not the process received by the customer in this case the patient;
 - 2) Whether the process is effective or not;
 - 3) And the quality of the process carried out. A process variable is a direct approach to health services. The more obedient the officers or health workers are to the health service standards they have.
3. Results achieved.

The results achieved here are a follow-up of the health services provided to patients, whether the health services provided are by existing health service standards or cannot be seen from the results of the treatment given to patients, and whether the patient is by looking at the patient's satisfaction with the service.

What standards are required of a professional in carrying out his work and who determines these measures is closely related to the circumstances and conditions in which the medical profession standards apply. As quoted from Endang Kusuma Astuti's book, if observed then from the opinion expressed by Leenan there are 5 (five) elements, namely;[10]

- a. Cautious, careful action.
- b. According to medical measures. The elements of this medical measure are determined by medical knowledge. The definition of medical measure can be formulated that a certain way of medical action in a concrete case according to a certain size. This measure is based on medical knowledge and experience in the medical field. It must be realized that it is very difficult to give an exact criterion to be used on the part of medical practice because of the circumstances and also because of the different patient reactions.
- c. Corresponds to doctors who have average abilities compared to doctors of the same medical expertise category. Ethical standards, according to the highest standards of doctors, are by Article 2 of the 1983 Indonesian Medical Ethics Code, which states that: "Doctors must always carry out their profession according to the highest standards".
- d. Under the same circumstances and conditions. This element is not found in the formulation of the Canadian Supreme Court yet is found in the formulation of Daniel K. Robert on Practicing in the same or similar locality. Under the same conditions, for example, the practice at the Puskesmas is different from the type A hospital.
- e. Employing efforts that meet a reasonable comparison compared to the concrete objectives of the medical action. This can be associated with diagnostic, therapeutic, and relief of sufferers, as well as with preventive measures. The doctor must maintain a balance between action and the goals to be achieved by that action. If there is a serious diagnostic action performed on a relatively mild disease, this does not fulfill the principle of balance. Doctors must always compare the goals of medical action with the risks of these actions and try to keep the risk small.

Standards in service of many kinds. If viewed from the main elements contained in health services, in general it can be divided into two types, namely:

1. Standard Minimum Requirements (Minimum Requirements Standard) which are divided into three types, namely:[11]
 - I. Standard of Input, namely the minimum requirements for input elements needed to be able to provide quality health services. In this standard, the most important elements are health workers (manpower), facilities, and funds (money). If this standard is not met, it means that the health services provided are not of high quality.
 - II. There are many kinds of environmental standards, but the most important are:

- i. Outline of policy (policy) used as a guideline by service facilities in carrying out their activities.
 - ii. Organizational structure and patterns applied by service facilities. Management system (Management) adopted by a service facility.
 - iii. This environmental standard is popularly known as the standard of organization and management. In general, it is stated that if environmental standards are not met, it is difficult to expect quality health service delivery.
 - III. The process standard referred to here is divided into two types, namely:
 - i. Medical procedures (medical procedures) carried out by service facilities.
 - ii. Non-medical procedures carried out by service facilities.
 - iii. The process standard is also known as the standard of conduct. Therefore, whether the quality of health services is good or not is largely determined by the conformity of the actions with process standards, and efforts must be made to develop these process standards. In general, it is stated that if process standards are not met, then it is difficult to expect the implementation of quality health services.
- 2. Minimum Performance Standards. That refers to the performance of health services that are still acceptable. Because this standard refers to output elements, the dimensions of this standard are very broad. However, because health services are essentially organized to meet the needs and demands of patients, which if fulfilled will satisfy the patient, then the dimensions adopted are prioritized from the patient's point of view, namely those that can lead to patient satisfaction. In this case, two aspects of appearance are recognized as follows:
 - 1) Appearance of medical aspects (medical performance) related to patient satisfaction with medical services.
 - 2) Appearance of non-medical aspects (non-medical performance), namely those concerning patient satisfaction with non-medical services.
 - 3) These two standards are interconnected and affect what is collectively known as the Standard of Medical Services.

3.2 Legal Guarantees for Health Services in a Legal Perspective in Indonesia.

Medical services are different from public health services[5], thus, the legal guarantees are also different. The following describes the legal guarantees for Health Services for Inpatients at the Health Center, including:

- 1. Article 28D paragraph (1) of the 1945 Constitution reads:
- 2. "Everyone has the right to recognition, guarantees, protection and fair legal certainty and equal treatment before the law."
- 3. TAP MPR Number XVII / MPR/1998.
- 4. Chapter X Protection and Progress. Articles 37-44.
- 5. Law Number 29 of 2004 concerning Medical Practice.

Article 71

“The central government, the Indonesian Medical Council, local governments, and professional organizations guide and supervise medical practice by their respective functions and duties.

Article 72

Guidance and supervision as referred to in Article 71 are directed to:

- a. Improving the quality of health services provided by doctors and dentists;
- b. Protect the public from the actions of doctors and dentists;
- c. Providing legal certainty for the community, doctors, and dentists.

Article 73

- (1) Everyone is disallowed from involving character as a title or other structure which gives the impression to general society as though the individual concerned is a specialist or dental specialist who as of now has a testament of enlistment or potentially a permit to rehearse.
- (2) Everyone is disallowed from utilizing devices, techniques, or different strategies in offering types of assistance to the public that give the feeling that the individual concerned is a specialist or dental specialist who as of now has an enlistment testament or potentially a permit to rehearse.
- (3) The arrangements alluded to in section (1) and passage (2) don't matter to wellbeing laborers who are given authority by regulations and guidelines.

Article 74

"In the context of coaching and supervising doctors and dentists who carry out medical practices, a medical audit can be carried out."

4. Law Number 36 of 2009 concerning Wellbeing. Article 56 peruses:
 - (1) Everyone has the privilege to acknowledge or dismiss part or the proportions of help that will be all given to him in the wake of getting and understanding the total data with respect to said activities.
 - (2) The right to acknowledge or dismiss as alluded to in section (1) doesn't matter to:
 - a. sufferers of infections whose illness can immediately spread to the more extensive local area;
 - b. the condition of somebody oblivious; or
 - c. severe mental confusion.
 - (3) Provisions in regards to one side to acknowledge or dismiss as alluded to in section (1) are directed by the arrangements of regulations and guidelines.

Article 57

- (1) Everyone has the privilege to have the mystery of his ailment which has been submitted to the wellbeing specialist co-op.
- (2) Provisions in regards to one side to mystery of individual medical issue as alluded to in passage (1) don't matter in that frame of mind of:
 - a. Statutory orders;
 - b. Court order;
 - c. Permit concerned;
 - d. Community interests; or
 - e. The person's interests.

Article 58

- (1) Everyone has the option to guarantee remuneration against an individual, wellbeing laborer, or potentially medical care supplier who makes hurt due mistakes or carelessness in the wellbeing administrations they get.
- (2) The case for pay as alluded to in section (1) doesn't make a difference to wellbeing laborers who make a move to save an individual's life or forestall handicap in a crisis.
- (3) The arrangements in regards to the technique for documenting claims as alluded to in passage (1) are by the arrangements of the regulations and guidelines.

5. Law Number 36 of 2014 concerning Health Workers.

Article 34

- (1) To improve the quality of Health Worker Practice and to provide legal protection and certainty to Health Workers and the public, a Consul for the Health Workforce of Indonesia is formed.
 - (2) The Council of Indonesian Health Workers as referred to in paragraph (1) consists of a council of each Health Worker.
 - (3) The Council of each Health Worker as referred to in paragraph (2) includes the Medical Council and the Dentistry Council as regulated in the Law on Medical Practice.
 - (4) The Council of each Health Worker as referred to in paragraph (2) in carrying out their duties is independent.
 - (5) The Council of Indonesian Health Workers as meant in paragraph (1) is responsible to the President through the Minister.
6. Government Regulation Number 32 of 1996 concerning Health Workers.
 7. Permenkes Number 269/Menkes/PER/III/2008 Concerning Medical Records.
 8. Permenkes Number 290/Menkes/PER/III/2008 Concerning Approval of Medical Actions.

4. Conclusion

Regulation No. 36 of 2014 concerning Wellbeing gives specific constraints to wellbeing specialist co-ops so that while offering types of assistance they don't struggle with or disregard the arrangements of the said regulation. Apart from having to comply with laws and regulations, health workers as service providers Health workers must comply with the ethics of their profession as health workers. Proficient morals are standards, values, or examples of conduct of specific expert gatherings in offering types of assistance or "administrations" to society. Wellbeing proficient morals are standards or conduct for wellbeing officials or experts in serving general wellbeing.

The existence of responsibility for health services provided to patients by health workers gives rise to legal protection for patients as consumers of services in health services, this is

because everyone has the right and obligation to obtain health to an optimal degree in every patient who is given health services entitled and obliged to obtain optimal health services from health workers.

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