

## Hospital Responsibility to The Patients In Implementation Of Health Care

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**Abstract:** The purpose of this study explains the responsibilities of hospitals on the implementation of patient rights in health services in hospitals, explaining the application of legal sanctions for health services in hospitals that are inconsistent with standard operating procedure (SOP) and finding the ideal hospital responsibility setting to patients in health care. The study was conducted at three hospitals in Makassar City: Labuang Baji Regional General Hospital, Bhayangkara Police Hospital, National Armed Forces Hospital of Pelamonia Army and Regional Hospital of Lakipadada, Tanatoraja Regency. The design of this research used descriptive qualitative method with using in-depth interview method on four physician informants and four patient informants. The result of qualitative analysis is supported by quantitative data by using questionnaires on 40 physician respondents and 120 patient respondents ie 10 doctors and 30 patients in each hospital. The results of the study found that the responsibility of the hospital for the implementation of the rights of the patient, among others, the right to medical information, the right to the approval of medical action, the right to choose a doctor and the right to the contents of medical record has not run well in accordance with the provisions and regulations of applicable legislation in the field of health, the application of criminal, civil and administrative sanctions for doctors who perform medical actions that are not in accordance with the SOP, has not run effectively and It forms the ideal hospital responsibility of the implementation of Professional Standards, Medical Service Standards, SOP and Ethics Profession, which has not run optimally. In this study found a theory of hospital responsibility is "The Theory Of Three Philars Legal Responsibility Of Hospital In Health Care

**Keyword:** Responsibility, Implementation, Health Care

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### I. Introduction

The problem of hospital legal responsibility for patients in health services is interesting to be studied in depth so as to lay the philosophical foundations that are good and true in the implementation of health efforts in patients. The philosophical foundation of the implementation of health efforts by the hospital towards the patient is based on the implementation of the hospital's obligation to fulfill the rights of the patient, to provide health efforts in accordance with the standard of the health professional, the standard operating procedure and the standard of medical service and the application of legal sanction for the mistake or negligence done by the doctor or the hospital to the patient.

Implementation of hospital responsibilities to patients in health care is an obligation that must be met so that every action, treatment and care received by patients to be more qualified and effective to heal and save the patient's life. Patient safety is paramount in any delivery of health services performed by the physician to the patient (aegroti salus lex suprema).

Hospitals in providing health services to patients is strongly influenced by three components, namely: the quality of services provided, who provide services and consumers (patients) who receive and assess the service received (Point Triwundari Tutik, 2010). If the hospital is able to provide quality health services provided by professional health workers who work in accordance with the standards of hospital services and patients as beneficiaries of health services are satisfied in accordance with the wishes and expectations, it can be said that the health service has quality. Implementation of hospital responsibilities in providing quality health services provided for in Article 29 paragraph (1) letter b. Law Number 44 Year 2009 About Hospital which reads: "Each hospital has the obligation to provide safe, quality, anti-discrimination and effective health services by giving priority to the patient's interest in accordance with hospital service standard. Furthermore, in Article 49 paragraph (1) of Law Number 29 Year 2009 on Medical Practice reads as follows: "Any doctor or dentist in performing medical or dental practice shall be obligated to conduct quality control and cost control".

The implementation of the hospital's responsibility to provide quality health services to the patient is reflected in the implementation of the hospital's obligation to fulfill the patient's rights performed by doctors, nurses, midwives and other health workers based on their competence and competence in accordance with professional standards, and the standard of medical service applicable at the hospital. In addition to the implementation of the rights of patients is also reflected in the implementation of health services provided in accordance with hospital service standards as set forth in Article 29 paragraph (1) letter b of Law Number 44 Year 2009 About the Hospital. Hospital service standards referred to as mentioned in the explanation of that article are all applicable hospital service standards, including Standard Operating Procedures, Medical Service Standards, Nursing Care Standards. The responsibility for the implementation of health services in accordance with the standards of service to patients is also regulated in Article 44 of Law Number 29 concerning Medical Practice which reads as follows. Doctor or dentist in conducting medical practice must follow standard of medical or dental service "Furthermore, in the explanation of Article 44 of Law Number 29 Year 2009, the definition of Service Standard is a guideline that must be followed by doctor or dentist in conducting medical practice.

In addition to the provisions of the implementation of health services in accordance with the standards of service as set forth in the two laws mentioned above, also regulated in Article 58 paragraph (1) Law Number 36 Year 2014 About Health Workers which read as follows: "Power Health in carrying out the mandatory practice of providing health services in accordance with the Professional Standards, Professional Service Standards, Standard Operational Procedures, and professional ethics and health needs of Health Service Recipients.

Based on the above legislation, it is clear that it becomes an obligation for doctors or hospitals to provide health services to work based on guidelines or provisions that are in accordance with the standards of hospital stewards, among others, professional standards, standard operational procedures, standards medical care and applicable nursing care standards. The negligence or error of a physician in performing his medical practice that is inconsistent with hospital service standards will be fatal to the patient's safety.

#### **Research methods**

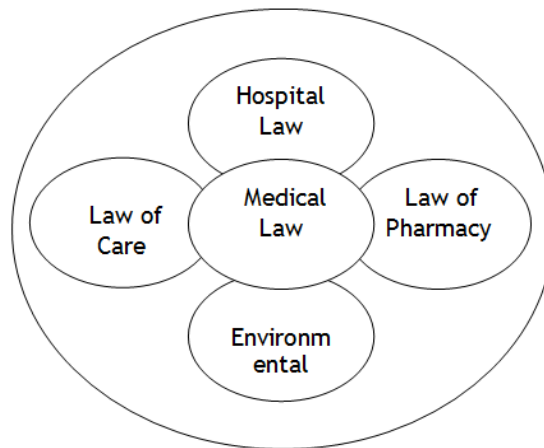
This research is a research that is juridical sociology that is juridical research contained in law and its implementation in society. This research was conducted based on normative approach, legal theory and legal philosophy. The research method used is descriptive qualitative by observation, in-depth interview and data collecting with questionnaire and assessing data in relation to legal aspects of hospital responsibility in health service to patient.

## **II. Discussion**

The development of health law is relatively young compared to other legal areas. The development of new health law began in 1967, after the holding of the World Congress Medical Law in Belgium in 1967. In Indonesia, the development of health law began since the formation of Medical Law Study Group at the Faculty of Medicine, University of Indonesia and Ciptomangunkusumo Hospital in Jakarta in 1982. This means, that almost 15 years after the convening of the World Medical Law Congress in Belgium, then the development began in Indonesia. The study group of Medical Law then developed and transformed into Indonesian Medical Law Association in 1983, which then on April 14, 1987. Health Law continues to move forward in line with the dynamics and development of a vibrant society. The more advanced and developed a society or nation, the more developed the legal system, including the Health Law. The dynamics of the development of the society follow the development of science and technology so rapidly, including in the field of medicine and health.

In the framework of the development and development of health in such a complex and broad, it is necessary better and more comprehensive legislation that can answer various problems and challenges in the field of health services, specifically concerning health services related to physician rights and duties, hospitals and patients. Structuring a better system of national health law will increase the responsibilities of the parties involved in health services is increasing so as to produce better quality health services which in turn will improve the health status of the community.

**The following relates the relationship between Medical Law and Other Health Law as follows:**



In the picture It appears that Medical Law is the center of the healing of other health laws such as Hospital Law, Nursing Law, Pharmaceutical Law and Environmental Health Law all of which are part of health law. Based on the results of in-depth interviews on physician and patient informants at Bhayangkara Hospital, Labuang Baji Hospital, Pelamonia Hospital and Lakipada Hospital, it was found that the implementation of the doctor's or hospital's responsibility for the right medical information for actually has been done well, the physician examining the patient always informs the patient about the diagnosis of the illness, the treatment and treatment to be administered, the medical action to be performed, the prognosis of the disease course and also the amount of costs to be borne by the patient during " Based on the results of these in-depth interviews it is clear that physicians are obliged to fulfill the patient's rights to clear and accurate medical information in relation to his illness from diagonosis of the disease, treatment and care to be provided, medical treatment to be performed. the prognosis of the course of the illness experienced by the patient includes the amount of costs to be borne by the patient during the course of treatment and medical care including the cost of medical or surgical treatment to be performed on the patient.

Various problems that can arise in health services conducted by doctors or the hospital started from poor communication established between doctors as health providers and patients as recipients of health services. Implementation of the responsibility of the doctor or the hospital in providing clear and accurate medical information to the patient is an obligation as regulated in Article 29 paragraph (1) point a of Law Number 44 Year 2009 on Hospital which reads "Every hospital has obligation provide correct information about hospital services to the community.

Then in Article 45 paragraph (3) of Law Number 29 Year 2004 on Medical Practice explained that every doctor in carrying out his medical practice shall provide an explanation of the diagnosis and procedure of medical action; the purpose of the medical action; alternatives to other actions and risks; possible risks and complications; and the prognosis of the action taken. Furthermore, the physician's obligation to provide good and correct information is also regulated in the implementation of the Indonesian Medical Code of Ethics of 2012, as set forth in the explanation of Article 10 coverage of the doctor's obligation to respect the rights of patients on coverage 4 and 5 which read as follows: Scope to 4. "A physician is required to provide clear and adequate information and respect the opinions or responses of patients to the doctor's explanation" 5th Coverage: "A doctor should not hide the information the patient needs, unless the doctor considers it for the patient's benefit, in which case the doctor may pass this information on to the family or the patient's guardian"

Furthermore, in the Code of Conduct Hospital (Kodersi) arranged the obligation of the hospital to provide information to the patient tertaiu with illness contained in Chapter III Article 10 Code of Ethics Hospitals that read: "The hospital should provide an explanation of what the patient suffered, and what action would want do. One example of a legal case related to the provision of medical information is the legal case of Prita Mulyasari versus Omni Hospital as described earlier in the background of this study, stems from a feeling of dissatisfaction with medical information provided by the Omni Hospital International Hospital so he sent electronic mail (e-mail) to his colleagues and friends about his dissatisfaction which in turn Prita Mulyasari must languish behind bars with allegations of criminal defamation on behalf of Omni Hospital International Hospital where Prita Mulyasari get treatment.

The Prita case demands its right to get information and clarity from the hospital and the doctor about a few things:

1. Laboratory results which indicate he was hospitalized in the hospital. Clarity about the illness.
2. Information on medicines and medical measures provided.

3. The purpose of drug delivery and the medical treatment it receives.

If we refer to the responsibility of the hospital to perform its obligations to provide clear and accurate medical information as set out in the applicable set of laws and regulations then there is no reason for doctors and hospitals not to provide honest and truthful information about the diagnosis disease which is the reason why Prita Mulyasari should be hospitalized, the drug and the kind of action that will be given to Prita Mulyasari during the treatment.

Regarding reading errors Laboratory results in the initial examination found 27,000 platelet counts which is an indication that he should be hospitalized and after 181,000 reexamination should be well communicated by doctors and hospitals should be well communicated. If there is a mistake reading the results of the initial examination then the doctor and the hospital must admit it and explain well to the patient and stop therapy due to diagnosis of the disease. But what happens is that doctors and hospitals are unwilling to admit the mistakes of preliminary examination and continue therapy on the basis of the wrong examination and do not explain clearly about the illness suffered by Prita Mulyasari. Distribution of respondents Respondents doctors on the implementation of responsibility Hospital for clear medical information rights for patients At Three Hospitals In Makassar City and One Hospital in Tanatoraja Regency 2015 as follows:

The right medical information is clear to the patient	Amount	Persentase
It's done	33	82,2
Sometimes it happens	6	14,3
Not done	1	3,5
<b>Amount</b>	<b>40</b>	<b>100%</b>

Source: Primary Data, 2015.

Based on the above table, the proportion of doctors who responded that the implementation of the hospital's responsibility to provide good and proper medical information to the patient was done well 82,2%, which said sometimes 14,3% and the rest did not happen 3 , 5%. This means that physicians or hospitals largely assume that they have carried out their responsibilities to provide information relating to treatment, medical treatment and care to patients during the handling of the hospital.

Distribution of Respondents' Response to Fulfillment of Hospital Liability on Clear Medical Information Rights for Patients At Three Hospitals In Makassar City and One Hospital in Tanatoraja Regency Year 2015 as follows:

The right medical information is clear to the patient	Amount	Persentase
It's done		
Less done	20	16,9
Not done	4	3,7
	95	79,4
<b>Amount</b>	<b>120</b>	<b>100%</b>

source: primary data, 2015.

Based on the above table, the proportion of patients' responses says that the responsibility of doctors or hospitals to provide clear and accurate medical information is not well implemented by 79.4%, then 16.9% and sometimes 3, 7%.

The results of this study prove that still need to build an effective and efficient communication bridge between doctors or the hospital with patients in health services so that what is delivered by the doctor to the patient can be easily digested and understood. The use of medical languages or medical terms may be communicated in simple language, even if necessary using a mother tongue or regional language that is very easily understood by the patient. Some communication problems in the field of medicine that often appear to the surface, more due to lack of understanding of communication by both parties, both doctors and patients. It is ironic that in the midst of technological and medical development today the Indonesian people are actually still very backward in terms of health. This is reflected in the behavior of patients who, because of their ignorance, surrender their full fate to doctors or hospitals so that they often become victims of malpractice, or even be unconcerned and seek shortcuts by curing themselves. The results of in-depth interviews to the physician informant obtained the picture that in general doctors in providing medical treatment to the patient first get the approval of the action in the form of a statement of consent that has been signed by the patient. This is in addition to its responsibility to exercise the patient's right to the consent of a medical action as well as the fear of lawsuits that may occur if their actions do not match what is expected.

Although doctors may take refuge behind the consent of the medical act signed by the patient and / or his family does not mean that his medical treatment is not legally mattered, since the requirement for the birth of a medical action agreement is after the patient has received complete and clear, truthful and correct information

from all the things that will be done on the patient about the reasons why the medical action tersebut must be done, whether the risk of action if done or not done, is there any alternative other than the action advised by the doctor and what are the possible risks that can occur and how much costs that may be borne by the patient if such action is exercised. If everything has been carefully explained then the choice is in the patient, whether he agrees or does not agree the action is done. If the patient agrees then it is permissible to make a letter of approval of the medical act in question. If the patient does not agree, then the action suggested by the doctor should not be forced to do, but it does not mean that the patient should be abandoned but the doctor may choose some alternative actions that are far more beneficial to the health and safety of the patient. Noting the statements of the physician's informant indicates that some of the medical consent obtained by the physician prior to the medical treatment of the patient is inconsistent with the terms of a good medical consent, which prior to the patient's consent, must first obtain clear information and detail (informed) about everything that will be done against him in connection with his illness.

Distribution of Patient Respondents' responses to hospital responsibility for the implementation of Right to Approval of Medical Measures for Patients At Three Hospitals In Makassar City and One Hospital in Tanatoraja Regency 2015:

Right of consent of medical action in the health service for the patient	Amount	Persentase
It's done		
Sometimes it happens	14	11,3
Not done	5	4,5
	101	84,2
Amount	120	100%

Source: primary data, 2015.

Based on the above table the proportion of patient respondents stating that the patients did not get the implementation of Right to the approval of a good, clear and accurate medical treatment of 84.2%, Approved the right to the approval of medical action well, clearly and accurately by 11.3% and the rest sometimes get the right of consent The medical act is 4.5%. In essence The right of informed consent is a process of communication between the doctor and the patient regarding the agreement of a medical action that the doctor will perform on the patient (there is a detailed explanation activity by the doctor). The signing of the Informed Consent form in writing is merely an affirmation of what has been agreed upon previously. This form is also a proof that will be stored in the patient's medical records file.

The Agreement on Informed Consent is essentially a legal relationship of engagement or agreement between the doctor or the hospital and the patient concerning health efforts to heal and restore health. This agreement is well known by the term therapeutic agreement. In the Civil Code BW Article 1320 contains four valid requirements of an agreement, namely:

1. The existence of agreement between parties, free from coercion, error and fraud.
2. The parties are competent to make the engagement.
3. The existence of a lawful cause, which is justified, and is not prohibited by the invitation-law rules and is a reasonable cause to be fulfilled.

There are several rules that must be considered in preparing and providing Informed Consent for the law of this engagement is not legally flawed, among them are: not tricking (Fraud); not trying to force (Force) and not create fear. The problem with the approval of a medical action is whether the patient's consent to the physician or the hospital for the patient's medical action has previously received sufficient explanation of the reason why the action should be taken (medical indication), the risk if the action not done, the potential risks that may occur if the action is taken, the prognosis of the action to be taken, other alternative actions that can be done with all the risks, gains and losses of the action and what range of costs will be charged to the patient due to the implementation of the action the. If this has been done by the doctor or the hospital to the patient and the patient declares his consent by signing the file of the informed consent form, it can be said that the physician or the hospital has performed its responsibility for the exercise of the right of consent of the medical action to the patient.

The results of this study prove the doctors or the hospital has not fully carry out its responsibility in providing explanations and information that is accurate and easy to understand by the patient, before the patient gives approval of medical action as a necessary condition for the conduct of a medical action to the patient In fact, many documents on the approval of medical action have been made and signed by the patient or his family even though they have not received clear and accurate information about the implementation of the medical treatment to be received. Patients should only be presented with a document of approval of a medical action to

be signed with a simple explanation and even the explanation received by the patient does not come from the physician who will take the action, but through other health workers such as nurses or midwives. In this case it is impressed that the doctor or the hospital only takes refuge behind the form of the consent of the medical act that the patient has acted upon in the event of unwanted occurrence of a medical action.

With regard to the Hospital's Responsibility for the Right to choose a doctor for the patient shows that the implementation of the responsibility of the hospital to realize the right of patients in choosing a doctor who will take care of it is certainly an obligation that must be met to improve the quality of service and the level of patient satisfaction as users and recipients of hospital services. From the results of interviews to physician informants it is known that the doctors or the hospitals realize that the implementation of the responsibility for the right to choose a doctor for the patient in the health service is an obligation, although the implementation of this right is not absolutely necessary to be met due to various factors that become obstacles in its fulfillment. Some of the constraints that often hinder the patient's right to choose a doctor in health care are the limited number of doctors and specialists in the hospital and also because of the patient's status when admitted to a hospital, whether as a patient using an insurance card or as a public patient pay some tariff set by the hospital. Based on the results of in-depth interviews with informants it is actually very difficult to realize the right to choose a doctor who will care for patients in the hospital because the system that regulates the pattern of provision of health services in hospitals impressed a significant difference between patients who come treated with the status of patients with patients which comes with BPJS insurance status. Especially with the shift replacement system of duty for the specialist, which although located in place if not the shift of his duties check is difficult to dikases by the patient on that day. Because in addition to not on duty that day, they usually practice in private hospitals that although still hours of service as the State Civil Apparatus (ASN) who served in the government hospital.

### III. Conclusion

1. The responsibilities of the hospital for the exercise of the rights of the patient include the right to medical information, the right to the consent of medical action, the right to choose a doctor and the right to the contents of the medical record has not gone well in accordance with the prevailing laws and regulations in the field of health.
2. Implementation of criminal, civil and administrative sanctions for doctors who perform medical actions not in accordance with the SOP has not run effectively. Forms of imposition of penal sanctions, civil sanctions for damages are not appropriate for doctors because of their negligence to cause harm, disability or death of a person, but on administrative sanctions in the form of reprimands, retraction of STR and SIP or reschooling.
3. The ideal form of hospital responsibility management in health services is the arrangement of the implementation of Professional Standard, Medical Service Standard, SOP and Professional Ethics, which has not run optimally so that the health service is not optimal and quality.

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