

## Juridical Review of Medical Services at The Bhayangkara Hospital Sabara Education Center Porong

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### ABSTRACT

This study discusses the Juridical Review of Medical Services at the Bangil Regional General Hospital. The formulations in this study are (1) What is the legal relationship between doctors and patients in the action of medical services at the Bangil regional general hospital. (2) Is every doctor responsible for the patient in the efforts of medical services in the hospital. (3) what factors affect the implementation of medical services in hospitals. This study aims to determine: (1) how the legal relationship between doctors and patients in the act of medical services at the Bangil area general hospital. (2) Is every doctor responsible for the patient in the efforts of medical services in the hospital. (3) what factors influence the implementation of medical services at the Bangil Regional General Hospital. Based on the results of this study indicate that 1) The legal relationship that occurs between doctors and patients in medical service actions at the Bangil Regional General Hospital is when the patient states his complaint and is then responded to by the doctor and when the patient is examined by the doctor, where the doctor has stated willingness which is expressed verbally or implicitly in showing an attitude or action that concludes the doctor's willingness. 2) A doctor is always responsible for every action given to his patient.

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### INTRODUCTION

In this global era, the medical profession is one of the professions that has received public attention. Many people highlight the medical profession, both highlights that are conveyed directly to the Indonesian Medical Association as the parent organization of doctors, as well as those broadcast through print and electronic media. The Indonesian Medical Association considers these highlights as a good criticism of the medical profession, so that doctors can improve their medical profession services to the community. The Indonesian Medical Association realizes that the criticism that arises is the "tip of the iceberg", meaning that there are still many criticisms that do not surface because of the reluctance of patients or their families to consider what they experience to be something natural. For the Indonesian Medical Association, the many public spotlights on the medical

profession illustrate that people are not satisfied with the health services provided by doctors. Public attention to the medical profession is a sign that currently some people are not satisfied with medical services and service of the medical profession in the community.

In general, the dissatisfaction of patients and families of patients with the doctor's services is because of expectations that cannot be met by doctors. Initially, the profession of doctor was considered a profession that was highly praised because of its ability to know things that were not visible from the outside. Even a doctor is considered a cleric who can heal patients with prayers. Nowadays doctors are more seen as scientists whose knowledge is needed to cure various diseases. The position and role of doctors are still respected, but no longer accompanied by elements of worship. From doctors are required a scientific skill without forgetting the artistic and artistic aspects. Hospitals as one of the health service institutions that are part of health resources that are indispensable in supporting the implementation of health efforts. Hospitals as one of the health service institutions that are part of health resources that are indispensable in supporting the implementation of health efforts. The implementation of health services in hospitals has very complex characteristics and organizations. Different types of health workers with their own scientific devices interact with each other. Science and technology are developing very rapidly that must be followed by health workers in order to provide quality services.

In essence, the hospital functions as a place for healing diseases and restoring health and the function in question has the meaning of the government's responsibility in improving the level of public welfare. Efforts to improve the highest degree of health were initially in the form of efforts to cure diseases, then gradually developed towards the integration of health efforts for the entire community by involving the community at large which includes promotive, preventive, curative, and rehabilitative efforts that are comprehensive, integrated and sustainable. Every development effort must be based on health insights in the sense that national development must pay attention to public health and is the responsibility of all parties, both government and society.

In addition, the development of health technology that goes hand in hand with the emergence of the phenomenon of globalization has caused many changes whose nature and existence are very different from the text contained in Law Number 23 of 1992 concerning Health. The rapid advancement of health technology and information technology in this global era has not been well accommodated by Law Number 23 of 1992 concerning Health. Based on this, Law Number 23 of 1992 concerning Health is no longer in accordance with the developments, demands, and legal needs in society so it needs to be repealed and replaced with a new Law on Health. Therefore, the government formed a new Law on Health, namely Law Number 36 of 2009 concerning Health. Article 4 of the Law on Health states that "everyone has the right to health". The right to health referred to in article 4 of Law No. 36 of 2009 concerning Health is the right to obtain health services from health care facilities in order to realize the highest possible degree of health. This means that anyone to get a healthy life, has the right to access proper health services which include getting safe, quality, and affordable health services. Obtaining health services is a human right of every human being.

The government realizes that a healthy people is an asset and the main goal in achieving a just and prosperous society. Therefore, the government is obligated to: 1. Organize health efforts that are equitable and affordable to the community. 2. Financing health services that are public goods, such as immunization and eradication of infectious diseases. 3. Obligation to finance health services for the poor and elderly. Obtaining health services is a human right of every human being and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as mandated in Article 28 H paragraph (1) of the Constitution of the Republic of Indonesia Year 1945 has affirmed that everyone has the right to get health services then, in Article 34 paragraph (3) it is stated that the State is responsible for the provision of health service facilities and public service facilities that proper.

Therefore, every activity and effort to improve the highest degree of public health is carried out based on the principles of non-discriminatory, participatory, protection, and sustainability in the context of the formation of Indonesian human resources, increasing the resilience and competitiveness of the nation, and national development. The government realizes that a healthy people is an asset and the main goal in achieving a prosperous just society. The implementation of health efforts is carried out in a harmonious and balanced manner by the government and the community, including the private sector. In order for the implementation of health efforts to be effective and effective, the government needs to regulate, foster and supervise both its efforts and its resources.

## METHOD

The research method used is an empirical type of research and is descriptive research. The data collection technique uses library *research methods and field research methods*. Data collected from the results of field research and literature research, the author classifies in primary data and secondary data. The population taken is doctors / health workers and patients at Bhayangkara Pusdik Sabara Porong Hospital. The sample in this study was 22 people consisting of 7 doctors and nurses / health workers and 15 patients. The data management method used in this discussion is a *qualitative method*.

## FINDING AND DISCUSSION

**Table 1. Doctor's knowledge of the legal relationship between doctors and patients in medical actions to patients as recipients of medical services**

Answer Categories	Frequency (f)	Presented
Know	6 persons	86%
Don't know	-	-
Lack of Know	1 person	14%
Sum	7 persons	100%

Source : Results of Primary Data Processing Research

Based on the table above, according to the questionnaire that the author distributed to doctors on duty at Bhayangkara Pusdik Sabhara Porong Hospital, most doctors already know about the legal relationship between doctors and patients in medical service actions at hospitals, especially Bhayangkara Pusdik Sabhara Porong Hospital, namely 6 doctors whose answers are "Know" with the number (86%) and only 1 doctor whose answer is "Less Know" with the number (14%).

**Table 2. The level of patient satisfaction with medical services at Bhayangkara Pusdik Sabara Porong Hospital**

Answer Categories	Frequency ( <i>f</i> )	Presented
Satisfied	6 persons	40%
Quite Satisfied	8 persons	53%
Not Satisfied	1 person	7%
Sum	15 persons	100%

*Source: Results of Primary Data Processing*

Based on the table above, it shows the high number of patient answers to the "Quite Satisfied" answer category, namely 8 patients with a percentage of 53% obtained with the answer category quite satisfied, only 6 patients who chose the answer category "Satisfied" with a percentage of 40% and only 1 patient who chose the answer "Not Satisfied" with a percentage of 7%. This is due to the lack of information provided by doctors to patients as recipients of medical services and the lack of facilities and infrastructure provided by the hospital.

### **Legal Relationship between Doctor and Patient in Medical Service Actions at Bhayangkara Hospital Pusdik Sabara Porong**

The legal relationship between doctors and patients that is carried out is with a sense of trust from patients to doctors called *teranwitness teraupetik*. In therapeutic transactions the object is the attempt at healing. It is misinterpreted by ordinary people that the recovery of patients is the object of therapeutic transactions. The object of therapeutic transactions is the doctor's effort, not the patient's recovery, because if the patient's recovery is objected, it will corner the doctor more. The relationship between doctors and patients begins with a pattern of vertical paternalistic relationships such as between father and son which departs from the principle of "*Father know best*" which gives birth to paternalistic relationships.

According to the author that in this relationship, the position of doctors and patients is not equal, that is, the position of doctors is higher than patients because doctors are considered to know about everything related to disease and healing. While the patient does not know anything about the disease so the patient leaves his fate completely in the hands of the doctor. This relationship gives birth to aspects of contractual horizontal law that are "*Obligation to perform to the best of one's ability*" which is a legal relationship between 2 (two) legal subjects (patients and doctors) who are equal in giving birth to rights and

obligations for the parties concerned. This legal relationship does not promise anything (healing or death), because the object of the legal relationship is the efforts of doctors based on science, the experience of doctors about diseases carefully, carefully and thoroughly or professionally to cure patients (Marniati, 2022).

The contractual legal relationship that exists between the doctor and the patient does not begin from the moment the patient enters the doctor's office as many people suspect, but when the patient registers, the patient is examined by the doctor when the patient expresses his complaint and the doctor expresses his willingness to treat the patient.

Based on the results of the study, it shows that the relationship between doctors and patients that occurs between doctors and patients in the action of medical services at Bhayangkara Pusdik Sabhara Porong Hospital is based on the table can be seen, according to the questionnaire that the author distributed to doctors on duty at Bhayangkara Pusdik Sabhara Porong Hospital Most doctors already know about the legal relationship between doctors and patients in the action of medical services In hospitals, especially Bhayangkara Pusdik Sabhara Porong Hospital, there are 6 doctors whose answers are "Know" with the number (86%) and only 1 doctor whose answers are "Less Know" with the number (14%).

Based on the table above, it shows the high number of patient answers to the "Quite Satisfied" answer category, namely 8 patients with a percentage of 53% obtained with the answer category quite satisfied, only 6 patients who chose the answer category "Satisfied" with a percentage of 40% and only 1 patient who chose the answer "Not Satisfied" with a percentage of 7%. This is due to the lack of information provided by doctors to patients as recipients of medical services and the lack of facilities and infrastructure provided by the hospital.

Regarding the legal requirements for a therapeutic transaction based on Article 1320 of the Civil Code, which states that the conditions for the validity of an agreement require 4 (four) conditions, including:

a. Their ties (*Toestemming Van Degenediezich Verbinden*)

Juridically, what is meant by agreement is the absence of errors or coercion or fraud (Article 1321 of the Civil Code). When an agreement occurs when it is associated with Article 1320 of the Civil Code, which is when an agreement occurs between the doctor and the patient, namely when the patient expresses his complaint and is responded to by the doctor. Here between the patient and the doctor bind each other to a therapeutic agreement whose object is the effort to heal. If the main focus is to achieve a cure, doctors will face difficulties because the severity of the disease and the body's response to medication are not uniform for each patient. Although the same medication is used, the results are not always the same for every individual who suffers.

b. Ability to make alliances (*Berkwaamheid Om Eene Verbintenis Aan Te Gaa*)

In legal terms, the ability to make an engagement refers to a person's ability to be bound, as long as the act is not prohibited by law. This concept is based on Articles 1329 and 1330 of the Civil Code.

According to Article 1329 of the Civil Code, every individual is considered capable of making an engagement unless the law states otherwise. Meanwhile, Article 1330 of the

Civil Code mentions several categories of individuals who are considered incompetent, such as those who are minors, individuals under guardianship, women in cases stipulated by the Law, and in general all persons prohibited by the Law from making certain agreements.

In a patient's witnesses, the receiving party of medical care consists of an adult who is capable of acting, an adult who is incompetent to act, who requires the consent of his or her guardian, a minor who requires the consent of his or her parents or guardians (Nuraeni et al., 2020).

In Indonesia there are various regulations that mention the age limit of adulthood including:

- 1) According to Article 330 of the Civil Code, it is said that minors are those who have not reached the age of 21 years and are not married. Meaning to be an adult means to reach the age of 21 years or get married, even if it has not reached the age of 21 years. If his marriage ends before reaching the age of 21, then he will not return to being a minor.
- 2) Law Number 1 of 1977 concerning Marriage, Article 47 paragraph (1) states that children who have not reached the age of 18 years or have never been married, are under the power of their parents as long as they are not deprived of their power. The second paragraph states that the parent acts as the child's representative in all legal matters in and out of court. Then Article 50 paragraph (1) states that children who have not reached the age of 18 years or have never entered into marriage, who are not under the power of parents or are under the power of guardians. The second verse also states that this guardianship includes the personal interests of the child as well as his property.
- 3) In the Compilation of Islamic Law Chapter XIV disseminated based on presidential instruction Number 1 of 1991 dated June 10, 1991 concerning Child Maintenance Article 98 is listed:
  - a) The age limit for children who are able to stand alone/adults is 21 years, as long as the child is not recorded physically or mentally or has never been married (paragraph (1)).
  - b) Parents representing the child regarding all legal actions in and out of court (paragraph (2)).
  - c) The religious court may appoint one close relative who is able to fulfill this obligation if both parents are incapacitated (paragraph (3)).
  - d) *a particular topic*

This particular thing that can be connected with the object of the covenant / therapeutic witness is the effort of affixation. Then the results obtained from the achievement of these efforts cannot or should not be guaranteed by the doctor. Moreover, the implementation of healing efforts does not only depend on the sincerity and expertise of the doctor in carrying out his professional duties, but many other factors that come into play such as the patient's resistance to certain drugs, the severity of the disease and also the role of the patient in carrying out

the doctor's instructions for the benefit of the patient himself (PAF Lamintang & Theo Lamintang, 2023).

c. A valid cause (*geoorloofde oorzaak*)

Article 1337 of the Civil Code states that a cause is prohibited, if prohibited by law or if it is contrary to good decency or public order. Thus, what is meant by a valid cause is a cause that is not prohibited by law, decency or public order.

d. Informed *Consent*

Informed consent involves providing information and consent, where consent is given after the individual has obtained information first. It can also be referred to as informed consent. Based on Permenkes 585/1989 it is said that *Informed Consent* is consent given by a patient or his family on the basis of an explanation of the medical action to be taken on the patient.

In essence, the relationship between humans cannot occur without communication including the relationship between doctors and patients in medical services. Therefore, the relationship between doctor and patient is an interpersonal relationship. So the existence of communication or better known as a treatment interview is very important. The results proved that the essence of the relationship between doctor and patient lies in the treatment interview. In the interview, doctors are expected to fully provide information to patients about the form of action to be carried out and also the risks (Christian, 2021).

The language of medicine uses many foreign terms that are incomprehensible to cloud people in the field of medicine. Providing information using medical language will not bring any results, instead it will confuse patients. Therefore, the information provided by doctors to their patients is conveyed in simple language and easily understood by patients.

After the information is provided, it is expected that there is consent from the patient in the sense of permission from the patient to carry out medical action. The patient has the full right to accept or refuse treatment for himself. It is a patient's human right that includes the right to control his own destiny and the right to obtain information. Therefore, before the patient gives his consent, some things to consider are as follows: 1) a detailed description of the procedure to be used in the specific medical procedure (which is still in the experimental stage) proposed by the doctor as well as the goals to be achieved, 2) an explanation of the side effects and undesirable consequences that may arise, 3) an explanation of the benefits that can be obtained by the patient, 4) an explanation of the estimated duration of the procedure, 5) an explanation of the patient's right to withdraw consent in the absence of negative prejudice to relations with doctors and medical institutions, 6) prognosis regarding the patient's medical condition if he refuses certain medical measures.

Regarding the form of consent of information can be carried out in a clear way or tacitly. Clear forms can be conveyed through direct words, either orally or in writing, while tacit forms can be implied through head nods or actions that show approval. Informed consent is made orally if the medical action is not at risk, such as the

administration of drug therapy and medical examination. However, for risky medical measures, such as surgery, informed consent is made in writing and signed by the patient. For doctors, the written form of consent is the safest because the document can be used as evidence in case of future disputes. Although this method is not practical, most doctors only use it if the medical action to be carried out has a high risk or can cause unpleasant consequences (Dali et al., 2019).

In developed countries, various forms of written consent forms are intentionally provided in every hospital. It turns out that the experience of suing and being sued makes them more cautious. In principle, the prepared form contains an acknowledgment that the individual has been informed and fully understands and agrees with the medical treatment recommended by the doctor.

So, in essence *informed consent* is to protect the patient from all possible medical actions that are not approved by the patient, while protecting the doctor legally against the possibility of unexpected and negative consequences.

Some doctors argue that informed consent is a way to absolve them of legal responsibility in case malpractice occurs. Malpractice is another problem that is closely related to the implementation of medical services that are not in accordance with standards, so doctors must still be responsible for losses incurred.

From the point of criminal law, *informed consent* must be fulfilled, this is related to the existence of Article 351 of the Criminal Code on Persecution. Performing surgery without the permission of the patient can be considered an act of maltreatment and therefore violates Article 351 of the Criminal Code.

The author gives an example: if A stabs or slashes a knife into B resulting in injury, then the act can be referred to as molestation. However, if A is a doctor, the act is still considered persecution, except under some conditions: 1) the injured person (patient) has given consent. 2) Such medical procedures (such as surgeries involving the infliction, piercing, or dismemberment of the patient's body) are based on medical indications. 3) Such medical procedures are carried out in accordance with internationally recognized medical principles.

From civil law *informed consent* Required. This is related to the relationship between doctors and patients is an engagement for the validity of an engagement or agreement, namely Article 1320 of the Civil Code, including an agreement between doctors and patients. Patients can agree if they have been given information from the treating doctor about the therapy to be given and the side effects and risks. Related to element 2 (second) regarding the ability to make engagements. This is related to providing doctor information to patients who are not adults or who are placed under supervision to be given to their parents or guardians.

Basically, the requirement to obtain consent based on information in a particular medical action is no different from consent based on the information required in an experiment. However, in research experiments using both therapeutic and non-therapeutic methods involving patients as test subjects, informed consent



should be further clarified. This is because it involves the protection of human dignity and rights, the prevention of coercion and wrongdoing and the abuse of circumstances.

### **Forms of Doctor Responsibility to Patients in Medical Service Actions at the Hospital**

Doctors as professionals are responsible for every medical action taken on patients. From the results of interviews with respondents (doctors), the same answer was found, namely a doctor is always responsible for every action given to his patients (Deni Setiyawan et al., 2023). In carrying out his professional duties, it is based on good intentions, namely earnest efforts based on his knowledge based on the doctor's oath, code of ethics, and professional standards to cure or help patients from their diseases (Satria, 2022).

#### **1. Ethical Responsibility**

The regulations governing the ethical responsibilities of a doctor are the Indonesian Code of Medical Ethics and the recitation of the doctor's oath. A code of ethics is a code of conduct. The Indonesian Code of Medical Ethics was issued by the Decree of the Minister of Health Number 434/Menkes/SK/X/1983. The Indonesian Code of Medical Ethics was prepared by considering *International Code of Medical Ethics* with the ideological foundation of Pancasila and the structural foundation of the 1945 Constitution. The Indonesian Code of Medical Ethics regulates human relations which include the general obligations of a doctor, the relationship of doctors with their patients, the obligations of doctors to their colleagues, and the obligations of doctors to themselves (Keeping Up with Kardashians, 2020).

Violations of the items of the Indonesian Medical Code of Ethics are merely ethical violations and some are violations of ethics and at the same time violations of the law. A violation of ethics does not necessarily mean a violation of the law, on the contrary a violation of the law does not necessarily mean a violation of medical ethics, further examples are as follows:

##### **a. Pure Ethical Violations**

- 1) Attract unreasonable rewards or withdraw remuneration from the families of fellow doctors and dentists
- 2) Taking over the patient without his counterpart's consent
- 3) Praising yourself in front of patients
- 4) Never attended continuous medical education
- 5) The doctor neglected his own health.

##### **b. Etikolegal Violations**

- 1) Substandard doctor waiter
- 2) Issuing false certificates (Articles 263 and 267 of the Criminal Code)
- 3) Revealing the secret of the position or work of a doctor (Article 322 of the Criminal Code)
- 4) *Abortus Provocatus Criminalis* (Pasal 299, 348,349 KUHP)
- 5) Sexual harassment.

#### **2. Professional Responsibilities**

Responsibilities related to the medical profession that concern the ability and expertise of doctors in carrying out their professional duties.

### 3. Legal Responsibility

A doctor's legal responsibility is a doctor's attachment to legal provisions in carrying out his profession. The responsibilities of a doctor in the field of law are divided into three (3) parts as follows:

#### a. Legal responsibilities of doctors in the field of civil law

The doctor is considered responsible in the field of civil law if the doctor does not carry out his obligations (broken promises) namely not giving his achievements as agreed and because of unlawful acts. Default is a condition where a person does not fulfill his obligations based on an agreement or contract.

According to the author, the actions of a doctor who can be said to be in default are: 1) not doing what was agreed to do, 2) doing what was promised to be done but too late, 3) doing what was promised to be done but not as promised and 4) doing something that according to the agreement should not be done. Of the four (4) elements, the one most closely related to the mistakes made by doctors is the third element (3), namely doing what is promised to be done but not as promised. This happens because in the therapeutic agreement between doctors and patients that must be fulfilled is an effort to heal with sincerity. Thus, if the patient or the patient's family files a lawsuit based on default, the patient must prove that the health services received are not in accordance with the agreement as described in *informed consent* or the doctor used the drug incorrectly or did not carry out the obligation as it should (Siringoringo et al., 2017).

Based on the results of the interview by Mrs. Sri Fausyia, that in general there are two (2) forms of medical practice carried out by doctors, namely:

- 1) Medical practice in health service facilities carried out in hospitals.
- 2) Private private medical practice, where doctors conduct examinations until treatment of patients at the practice is carried out.

#### b. Legal Responsibilities of Doctors in the Field of Criminal Law

In terms of criminal law, errors or omissions are always closely related to the nature of unlawfulness. A person can be said to be able to be responsible if he can realize the actions he has done.

According to the author that an act can be categorized as *criminal malpractice* which if it meets the formulation of criminal offenses include: the act must be a reprehensible act and a wrong mental attitude is carried out in the form of intentionality (*Dolus*), carelessness or forgetfulness (*Culpa*) (Zubaidah & S ST, 2022).

Mistakes made by doctors while carrying out their duties, are mostly caused by negligence, while intentional cases are very rare. Because if a doctor deliberately makes a mistake, the punishment that will be given to him will be tighter. In criminal law, if a doctor is found guilty then the doctor can be punished according to the type of crime he committed.

#### c. Legal Responsibilities of Doctors in the Field of Administrative Law

It is said to be a violation *administrative malpractice* if the doctor violates the administrative law of the State. Examples of doctor actions categorized as

*administrative malpractice* is to practice without a license, perform medical actions that are not in accordance with the license they have, practice using an expired license and do not make medical records (Mudakir Iskandar Syah, 2019).

In Article 11 of Law Number 6 of 1963, administrative sanctions can be imposed on doctors who neglect their obligations, do something that should not be done by a doctor, either considering their oath of office as a doctor, ignore something that should be done by doctors and violate the provisions according to Law Number 6 of 1963 (Mannas, 2018).

### **Factors Affecting the Implementation of Medical Services in Hospitals**

Usually the complaints that are often felt by patients in the hospital are:

1. Patients really hope a lot for doctors for their recovery and the existence of medical services that hinder, both doctors and hospitals or clinics.

The large amount of public attention on the doctor's profession is a sign that currently, some people are not right for the service and service of the medical profession in general or patients in particular, as users of doctor services. In general, the dissatisfaction of specialists and patients' families with the services of doctors / health workers because of their expectations that cannot be met by doctors. In other words, there is a gap between the patient's expectations and the reality obtained by the patient. These include:

- a. Informative treatment
  - b. Humane care
  - c. Quality care, meeting professional standards
  - d. The final result of treatment is in accordance with what the patient expects.
  - e. Effective and efficient treatment.
2. The cost of treatment charged to patients in the hospital is too expensive, so there is a rejection of patients by the hospital because they are unable to pay the down payment.
  3. There is a tendency for hospitals or clinics to carry out examinations or actions that patients assess are not necessary (Sarasanti et al., 2018).

### **CONCLUSION**

The existence of a legal relationship between doctors and patients in the action of medical services at Bhayangkara Pusdik Sabhara Porong Hospital is when the patient expresses his complaint and is responded to by the doctor and when the patient is examined by the doctor. In this case, the doctor expresses his willingness expressed orally or impliedly by showing an attitude or action that concludes the willingness; Such as receiving registration, providing sequence numbers, providing and recording medical records. In other words, legal relations require the willingness of doctors to perform medical actions to patients as recipients of medical services.

A doctor is always responsible in every action given to his patients. In carrying out his professional duties, based on good intentions, namely earnest efforts based on his knowledge based on the doctor's oath, code of ethics, and professional standards to cure or help patients from their diseases.

Factors that affect the implementation of medical services in hospitals are: there is a gap between the expectations of patients or patients' families for the medical profession with existing reality, including:

- a. Informative treatment
- b. Humane care
- c. Quality care, meeting professional standards.

And there are other influencing factors that are the existence of slow medical services, both by doctors and hospitals or clinics, as for the cost of treatment that is too large or expensive so that patients are refused by hospitals because they cannot afford the down payment.

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