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Juridical Analysis of Patients' Rights to Information Disease and Action Medical by Doctor in Hospital

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ABSTRACT

This study analyzed juridical analysis of patients' rights to disease information and medical action by doctors in hospitals. The method used is a legal research method that aims to find solutions to legal issues and problems that arise from them. The results of the study show that the legal implications of regulating the right to information on diseases and medical actions given to patients by doctors in hospitals have an impact on the patient's right to receive disease information openly and transparently from doctors related to diseases experienced by patients and patients have the right to be served maximally in obtaining medical treatment (Health services) by doctors at the hospital so that patients have the right to file claims if these rights are not fulfilled. Then, the presence of new health law, namely Law Number 36 of 2009, gives patients the right to refuse actions taken against themselves and to end treatment and care for their own responsibilities after obtaining clear information about their disease. In conclusion, the emergence of the Prita Mulyasari case was based on the non-fulfilment of the patient's right to medical information. It was due to the absence of adequate and accurate communication between the doctor and the patient. Conflicts can be avoided if all parties, in this case, the doctor, patient and hospital, negotiate through deliberation and consensus by considering their respective rights and obligations.

Keywords: Patient Rights; Disease Information; Medical treatment; Hospital

I. Introduction

The preamble to the 1945 Constitution clearly stated the goals of the Indonesian nation. The national objective is to protect the entire Indonesian country and homeland of Indonesia and promote public welfare, educate the nation's life and participate in carrying out a world order based on freedom, eternal peace and social justice. Achieve the national goals needs a sustainable development effort, which is a series of development that are comprehensively directed and integrated, including health development (see Law No. 36 of 2009 concerning Health).

One of the elements of national development in all fields is development in the health sector. The health sector has a great degree in human resources development because

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everyone has the right to obtain medical services. The doctors in their profession are obliged to provide information and medical services for everyone, namely to provide medical services, such as said by Imam Al-Ghazali that providing services for patients is “Fardhu Kifayah” (Fuady, 2005).

The role of information in the health service relationship means that the importance of the role and communication must concern the obligations of patients as individuals who need help to overcome complaints about their health, as well as regarding the obligations of doctors as professionals in the health sector (see Faria & Cordeiro, 2014; Liang et al., 2017; Syafruddin, Rohman, & Ilyas, 2020). Furthermore, they should provide medical services optimally, and correct information is needed from the patient to make it easier for doctors to diagnose, perform therapy, and perform other stages required by the patient. In other words, the delivery of information from patients about their illnesses can affect patient care and the quality of health services.

The success rate of the quality of health services can be seen from three subjects: user, organizer and provider of health service funds. For users of health services, the quality of service is more related to the dimensions of the responsiveness of officers to meet patient needs and smooth communication between officers and patients. For health service organizers, the quality of health services is more related to the dimensions of the suitability of services provided with the latest developments in science and technology or professional autonomy in delivering health services. Meanwhile, for those with health service funds, it is more related to the dimensions of efficiency in the use of funding sources, the fairness of health financing, and the ability of health services to reduce losses for those with health service funds (Busro, 2018; Tutik & Febriana, 2010).

Along with the development of health services and medical services, the role of law in health services and medical services is increasing, according to Article 52 of Law No. 36 of 2009 concerning Health, which states that health services consist of individual health services and public health services. According to this law, health services include promotive, preventive, curative and rehabilitative activities.

Health services are divided into two types: public health services and Medical Health Services. Medical services can be held to their primary purpose, namely to treat (Curative) disease and recover (Rehabilitative) health, and the main target is individuals. Meanwhile, public health services are generally held together in an organization and even have to involve the potential of the community and prevent disease. The main target is the community as a whole. In addition to health services, there are also medical services where these services include all efforts and activities in the form of prevention (preventive), treatment (curative), improvement (promotive), and recovery (rehabilitative) based on individual relationships between experts in the field of medicine with individuals who need it.

Based on rights, every patient has the right to know how the treatment procedure will be experienced, including the risks that must bear due to specific treatments. The patient also has the right to know whether other alternatives exist, including the risks. There is also the opinion that patients have the right to know things outside the scope of health but are related, such as social factors. That is what is commonly called “informed consent”. It means that consent is given after obtaining complete information (Soekanto, 1989).

Informed consent is an agreement regarding a doctor’s medical action for his patient. This consent can be in oral or written form. In essence, informed consent is a communication process between doctors and patients regarding the agreement on medical actions that doctors will carry out on patients. The signing of informed consent in writing is only a confirmation of what has been previously agreed. The purpose is for the patient to make his own decisions. Therefore, the patient also has the right to refuse the recommended medical treatment. Patients also have the right to seek the opinion of other doctors and the doctors who treat them.

The person in charge of care for the patient is obligated to provide explanations or information to patients, for example, a doctor. In certain circumstances, the doctor can delegate his authority to other health workers, but the legal responsibility remains with him. Juridically, a nurse is not authorized to carry out the informed consent process. It is the duty of the doctor. If there is a delegation of authority, the doctor must be sure that the nurse assigned understands the problem and can provide an explanation that the patient understands. Therefore, from a legal point of view, the responsibility for informed consent remains with the doctor (Soekanto, 1989). For example, the poor quality of services provided by doctors or hospitals, so the patient, Prita Mulyasari, claimed compensation for the bad service on her rights is not given by the doctor or hospital. Prita Mulyasari’s right is to receive the results of the medical record, but the hospital, International Omni Alam Sutera Tangerang, does not provide the results of the medical record (see Dickerson, 2022; Guzik-Makaruk, Pływaczewski, & Mroczko, 2018; Kluge, 2020; Petersson & Backman, 2022). Whereas the patient’s the right to receive information about the disease she suffers from so that before the doctor takes further action, there is an agreement between the patient and the doctor. It is in accordance with the provisions of Permenkes No. 290/ MENKES/PER/III/2008 concerning Approval for Medical Action Article 1 Letter ‘a’ states that informed consent is an approval given by the patient or his immediate family after receiving a complete explanation regarding the medical or dental action to be performed against a patient.

Actually, the patient’s right to disease information has been regulated in the law (see Carstens, 2020; Faria & Cordeiro, 2014; Nicolás, 2009; Petersson & Backman, 2022). However, in practice, doctors always do not obey or ignore these rules, so the victim is the patient himself. Therefore, this study aims to examine the legal implications of regulating the right to disease information and medical actions given to patients by the doctor and analyze the legal consequences of not fulfilling patients’ rights to disease information and medical actions by the doctor.

II. Method and Legal Material

The method used is a normative legal that aims to find a solution to legal issues and problems that arise in them so that the results are achieved, then are given prescriptions on what should be on the issues raised. According to Marzuki (2017), legal research is a process of finding the rule of law, legal principles, and legal doctrines to answer the legal issues faced.

The approach used is statutory, conceptual approach and case approach. A statutory approach is essential to examine the legal basis for regulating patients' rights to disease information and medical treatment. Theoretically, the legal arrangement provides a legal basis for acting and making certain decisions based on the law given or attached to it based on statutory regulation (Hadjon, 1997). Therefore, it is necessary to analyze the legislation through a statutory approach which is the legal basis. Thus, the statutory approach is intended to conduct a study and analyze the statutory regulations relating to the regulation of patients' rights to information on diseases and medical actions. The conceptual approach is used to examine and analyze the framework of thought as well as the theoretical basis in accordance with the purpose of this study, namely to discuss the normative basis of regulation of the patient's right to information on the disease and medical action. Therefore, it is necessary to put forward basic concepts regarding patient rights, health principles, and so on. Finally, the case approach is used to find and provide examples and explanations of cases that have occurred in accordance with this research.

Research material in the form of primary legal materials and secondary legal materials. Primary legal material is legal materials that are authoritative, meaning they are made by those who have authority. Primary legal material consists of statutory regulations, official records or minutes in making laws and rules and judges' decisions. This is included as a source of primary legal material used in this research: Law Number 36 of 2009 concerning Health and Law Number 29 of 2004 concerning Medical Practice and other implementing regulations regarding health and regulations. Minister of Health of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Approval of Medical Actions. Secondary legal materials are legal materials in the form of all publications on the law that are not official documents. Publications on law include textbooks, legal dictionaries, legal journals, and commentary on the court decision.

III. Results and Discussion

Legal Implication for Regulation of the Right to Information on Diseases and Medical Actions Given to Patients by Doctor in Hospital

The efforts to improve the quality of human life in the health sector are an extensive and comprehensive endeavour. These efforts include improving public health, both physical and non-physical. The national health system states that health concerns all aspects of life, whose scope is vast and complex. It is under the definition of health given by the international community, namely a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Koeswadji, 1984; Nasution, 2013).

Health Law, as formulated by Leenen (1981) that all legal provisions that are directly related to health care and the application of provisions of criminal law, civil law and administrative law; in this connection also international guidelines, customary law and jurisprudence relating to health care; also autonomous law, science and literature, is a source of health law (see Ameln, 1991; Guwandi, 2004; Kansil, 1992; Wiradharma, 1996). According to Van der Mijn (1999), health law can be formulated as a collection of regulations relating to the provision of care and its application to civil, criminal, and administrative law. Medical law, which studies juridical relationships in which the doctor is a party, is part of the health law. If viewed, health law includes Medical Law, Nursing Law, Hospital Law, Environmental Pollution Law (Environmental Law), Waste Law (industrial, household waste, and so on), Pollution laws (noise, smoke, dust, odours, toxic gases), laws on equipment using X-rays (cobalt, nuclear), Work safety law, law and other regulation that have a direct connection that can affect human health (Is, 2017).

Formulating definitions above are comprehensive and imply that all parties play a crucial role in realizing good health services, especially the Government, which the people have chosen to hold the mandate to run the government activities.

The phrase "health is not everything without health is nothing" emphasizes the importance of health, that in principle, health is everyone's dream because health is the foundation of everything (Iskandarsyah, 2010). Health is a fundamental and inherent right of human existence throughout their lives. Health is a human right, in this case, the right to optimal health, with the consequence that every human being has the right to an optimal health degree and the state is obliged to fulfil that right; of course, it is not something without basis (Kurnia, 2015). Health is a crucial issue that every country must face because it is directly correlated with the development of the personal integrity of each individual to live with dignity.

The right to optimal health status will include the right to health care and the right to health protection; or refers to the idea, the right to access to health services and the right to the social order, which includes obligations of the state to take specific measures to safeguard public health. The right to optimal health is a fundamental concept that covers two sub-concepts; the right to health services and the right to health protection/public safeguarding (Suhartini, Roestamy, & Yumarni, 2019).

The right to health services in health law is also an individual right or the right to self-determination. Therefore, it is due to individual human rights and social rights. That is, the two categories of human rights reveal the individual and social dimensions of the existence or existence of something. For example, the personal rights of legal subjects, namely patients, include: a) the right to life, b) the right to die a natural death, c) the right to respect for bodily and spiritual integrity, and d) the right to one's own body (Rias, 2007).

Human right is a set of principles that arise from values. It can be distinguished between positive human rights and negative human rights. Positive human rights contain elemental powers that must fully guarantee. At the beginning of the nineteenth century, there was a trend towards the emergence of several rights, namely: a) the right to work for an adequate income, b) the right to health care, c) the right to housing, d) the right to security against financial risks, accidents at work, pensions, financial conditions, etc. illness, old age and so on (Rias, 2007).

Based on the above systematics, it is clear that the right to health services is a positive human right. However, it should be emphasized that the right to health care is not a right to health. That is, what becomes a human right is the authority to guarantee that the process of maintaining health exists. With these two fundamental rights, the doctor and patient together find the most appropriate therapy to be used. Because, in a doctor-patient relationship, the patient's position is equal to that of a doctor. Even the status of a human (patient) in medical science is no longer an object but a subject on the same level as a doctor. Before healing efforts, the patient's consent is required, known as informed consent. The patient's consent is based on the doctor's information regarding the disease, alternative treatment efforts and all consequences arising from the treatment effort (Komalawati, 1990).

Informed consent is the patient's consent to medical efforts based on information from the doctor regarding the disease, alternative medical remedies and all the risks that were previously given, and the data obtained by the patient can be in the form of the right to choose a doctor and hospital, the right to refuse treatment, the right to stop, the right of a second opinion, and the right to examine medical records (see Ciliberti et al., 2018; Liang et al., 2017; Petersson & Backman, 2022; Syafruddin et al., 2020; Elvandari, 2015).

As we know, holistic health is not only physically healthy but also spiritually and socially in society. To create such health conditions, we need harmony in maintaining a healthy body. Hendrik L. Blum (in Elvandari, 2015) explained that there are at least 4 main factors that affect the degree of public health, namely behavioural factors/lifestyle, environmental factors (economic, political, social and cultural), health service factors (type of coverage and quality), and genetic factors. These four factors interact with each other that affect individual health and the degree of public health. Among these 4 factors, human behaviour is the biggest and most challenging to handle, followed by environmental factors. It is because the behavioural factor is more dominant than the environmental factor. After all, community behaviour also strongly influences the human environment (Elvandari, 2015).

Basically, the perspective on health services today is changing. If in the past the sick paradigm was used, namely health was only seen as an effort to heal the sick where there was a relationship between the patient and the doctor, now the concept used is the healthy paradigm, where health efforts are seen as an action to maintain and improve the health status of individuals or communities.

A healthy society is not seen from the point of view of curing the disease but from a continuous effort to maintain and improve the health status of the community. Enhancing the degree of public health requires the work of all parties, both individually and in society and, of course, the government. In addition, healthy living culture must emerge from within the community, so a program is needed to mobilize the community to understand the importance of health and increase the availability of facilities that support the implementation of health services.

Furthermore, in the field of health services, it has characteristics that are different from other services or products, namely consumer ignorance, the influence of consumer or patient health service providers not having bargaining power of choice (supply induced demand), health service products are not homogeneous concepts, restrictions on competition, uncertainty about illness, and nutritional health as human rights. In this case, the patient is a liveware factor. Patients must be viewed as subjects who significantly influence the final service outcome, which is not just an object. Patients' rights must be fulfilled, considering that patient satisfaction is one of the barometers of service quality, while patient dissatisfaction can be the basis of lawsuits (Tutik & Febriana, 2010).

What are patients' expectations of these health service providers? Based on the dimensions of the quality of health services, the expectations of patients as consumers of medical services include:

1. Provision of promised services promptly and satisfactorily;
2. Assist and provide responsive services without distinguishing elements (ethnicity, religion, race and between groups);
3. Guarantee of security, safety and comfort;
4. Good communication and understanding of patient needs (Tutik & Febriana, 2010).

In addition to these expectations, there are several rights owned by a patient that a doctor must carry out. There are consequences for a doctor in carrying out his profession to realize the rights held by a patient by communicating each therapeutic action to his patient. Of course, the doctor can choose what to share and how to express it. The right to information from the doctor is very much needed by a patient so that the patient can choose or determine the request of his own destiny, the patient's right to receive attention from the doctor in the transaction, and then what kind of treatment is given to the patient. In making a patient's decision, of course, there must also be an agreement from the doctor.

Patients, as health consumers, have self-protection from possible irresponsible healthcare efforts such as neglect. Patients also have the right to safety, security and comfort for their health services. With these rights, consumers will be protected from professional practices that threaten safety or health.

Another patient's right as a consumer is the right to be heard and get compensation if the service provided is not as it should be. The public, as consumers, can submit their complaints to the hospital to improve the hospital in its services. In addition, consumers have the right to choose the doctor they want and have the right to get a second opinion. They are also entitled to a medical record containing a history of their illness.

Patient rights are also explained in Law No. 36 of 2009 on Health. Article 14 of Law Number 36 of 2009 concerning Health reveals that everyone has the right to obtain optimal health. Article 53 states that every patient has the right to information, medical secrets and the right to a second opinion. Article 55 states that every patient is entitled to compensation due to errors and negligence of health workers. If formulated, the rights of patients as consumers of medical services as stipulated in Law Number 36 of 2009 concerning Health are as follows.

1. Obtain correct and complete information about their condition;
2. Give approval or rejection of the therapy performed on him;
3. Keep medical secrets related to other medical conditions and services;

4. Second opinion.

The Indonesian Doctors Association (IDI), at the end of October 2000, also pledged the rights and obligations of patients and doctors, which all doctors in Indonesia must know and obey. One of the main patient rights in the pledge is the right to self-determination, which is part of human rights, as well as the right to medical secrets regarding the history of the disease he is suffering.

The right to self-determination means choosing doctors, nurses and health facilities, and the right to accept, refuse or stop treatment or care for him, of course, after receiving complete information about his health condition or illness. Meanwhile, the patient is obliged to provide correct information to the doctor in good faith, to comply with the doctor's or nurse's recommendations for diagnosis, treatment and care and to provide appropriate compensation for services. The patient is also obliged not to force his will to be carried out by a doctor if it is contrary to the validity and nobility of the doctor's profession.

The process to determine what actions will be taken on our bodies as patients after getting enough information in the medical world is known as an explicit agreement (Informed Consent). The statement of IDI regarding informed consent, namely:

1. Adults who are physically and mentally healthy have the right to fully determine what they want to do with their bodies. Doctors have no right to take medical actions against the will of the patient, even for the benefit of the patient himself.
2. All medical require informed consent procedures oral and written,
3. Every medical action that has a large enough risk, requires written consent signed by the patient after the patient has previously obtained sufficient information about the need for the relevant medical action and the risks
4. For actions that are not included in point 3, only verbal consent or silence is required.
5. Information about medical treatment must be provided to the patient, whether requested or not requested by the patient.

The content of the information includes the advantages and disadvantages of the planned medical action. Information is usually given orally and in writing (Tutik & Febriana, 2010). Based on this formulation, it is clear that patients have full rights to obtain information that is as clear and has the right to participate in determining the actions to be taken in curing diseases and has the right to get proper services for our health. In addition to the rights of patients, they also have obligations, which is an obligation so that patients, as consumers themselves, can obtain optimum results for protection or legal certainty for themselves

Legal Responsibilities of Doctor and Hospital as a Result of Not Fulfilling Patients' Rights to Information on Diseases and Medical Actions

Therapeutic transactions usually involve three parties: the patient, the doctor and the hospital. The parties' legal position will determine the level of liability that must be carried out when there is a suspicion of malpractice. Legal problems arising from health services provided by doctors or hospitals begin with a failure to provide medical services to patients, so failure is considered an error that must be accounted for.

In carrying out its function as a health service provider, the hospital has a legal relationship with both doctor and patient. It is possible because, in some instances, the patient does not agree with the doctor but with the hospital. If the hospital participates in providing patient care and treatment, there are two agreements regulating the relationship between the hospital and the patient:

1. System All in Contract means the hospital and patient agreement, the position of the hospital is only obliged to carry out treatment.
2. System Arts Out means an agreement between the Hospital and the patient, the position of the Hospital in addition to being obligated to carry out treatment is also to take other actions, for example laboratory examinations, and treatment carried out by doctor (Komalawati, 1990).

Therefore, the hospital's responsibility to the patient in medical services is closely related to the doctor's responsibility as an element of implementing the hospital's main duties. The hospital's position as a legal entity with rights and obligations then applies the provisions of Article 1367 of the Civil Code, which states that a person is not only responsible for losses caused by his own actions but also for losses caused by people under his supervision. Therefore, the hospital can be sued for acts committed by its representative as an organization; in the context of health law, this is known as the Respondent Superior Doctrine. Hospital responsibilities include three things, they are:

1. Responsibility related to personal;
2. Responsibility relating to facilities and equipment;
3. Responsibility relating to good care obligations;

Hospital responsibilities, as mentioned above, can be applied if the doctor performs professional duties for and on behalf of the hospital concerned and carries out his duties by the work regulations in the hospital. Thus, if a doctor makes a mistake outside the professional framework of the hospital, then the responsibility lies with the doctor concerned.

Suppose this is related to the case of Prita Mulyasari and the doctor. In that case, Prita Mulyasari should be able to ask the Omni International Hospital to be accountable for fulfilling all of their rights as stated in Article 52 of Law Number 29 of 2004 concerning Medical Practice regarding the Rights of Patients in Receiving Services as follows:

1. Obtain a complete explanation of medical actions as referred to in Article 45 paragraph (3) of Law Number 29 of 2004 concerning Medical Practice;
2. Seek the opinion of another doctor or dentist;
3. Get services according to medical needs;
4. Refuse medical treatment;
5. Obtain the contents of the medical record;

The provisions of the new health law, namely Law Number 36 of 2009 concerning Health, also regulate the right of everyone to claim compensation due to errors or omissions in health services. As for Article 58, paragraph (1) of Law Number 36 of 2009 concerning Health as follows:

> “Everyone has the right to claim compensation against a person, health worker, or health provider who causes losses due to errors or omissions in the health services he receives.”

This provision indicates that anyone can claim compensation if they suffer a loss due to an error or negligence in the health service. In comparison, legal subjects which can be asked for compensation for losses are every person, health workers and health providers.

The patient is a human being, and the rights possessed by the patient are also part of or a basis for their human rights as human beings, as stated in Article 4 of Law no. 23 of 1992 concerning Health. For example, the right to self-determination. With this right, a patient can be involved in any decisions that affect them being free to choose to accept or reject the action or treatment imposed on them, obtain all information regarding their Health, and is free to choose the doctor, nurse, or health facility they want.

With the right to information, the patient deserves to obtain information that is accurate and easy for the patient to understand. This information relates to the patient’s health plan and available health care providers, including the diagnosis, medical procedure, disease prognosis, therapy or medication the patient is receiving, and other patient conditions. Sometimes doctors do not provide clear information about the disease because they are worried about causing an emotional reaction in the patient’s family or thinking that the patient will not be able to understand what is being explained. Doctors can avoid any unpleasant confrontation by avoiding, distorting reality, or stopping the conversation. With the right to information, it means that we also have the right to access medical records and the right to obtain a second opinion. In addition to getting a second opinion, we also have the right to choose a doctor or health service provider.

Participation in making decisions related to their health is also a right for every patient. For example, doctors and patients can jointly discuss various alternatives for continuing treatment or the actions imposed on them. The doctor can provide input on each of the advantages and disadvantages. Then the patient has the full right to consider and be involved in making decisions.

In the case of Prita Mulyasari, she did not fulfil her rights as a patient to obtain optimal health status, as already mentioned; of them. Article 52 of Law Number 29 of 2004 concerning Medical Practice states that patients have the right to obtain medical records. However, in this case, the hospital did not provide the contents of the patient’s medical record, contrary to Article 52 of Law Number 29 of 2004 concerning Medical Practice. Furthermore, in Article 47, paragraph (1) of Law Number 29 of 2004 concerning Medical Practices, Medical Record documents are owned by doctors or health services, in this case, the Omni International Hospital, while patients own the contents of medical records. Such formulation is indeed standard in the medical world, but in daily application, it is not easy because it will be very difficult for the patient, even if he wants to know his own medical record. Therefore, it is contrary to the patient’s right to information, which should be part of their rights. Moreover, this medical record has a strategic role for the patient because it can be used as evidence of a letter in the event of malpractice. Therefore, if physical medical records become the property of doctors, dentists and healthcare facilities, it will be difficult for patients to access these medical records.

Especially in the case of "medical malpractice", there is no explicit regulation of terms or definitions in Indonesian laws and regulations, so if there are demands or accusations of alleged medical malpractice, the settlement that can use is criminal law, civil law, administrative law, the Disciplinary Council or other regulations.

Civil compensation and imprisonment must be proven based on examination before a court. Therefore, the judge in court has the authority to decide whether a person is guilty or not. Responsibilities in terms of administrative law, health workers can be subject to sanctions in the form of revocation of practice licenses if they take medical actions without the consent of the patient or his family (see Detik.com, 2012). Administrative actions can also be imposed if a health worker:

1. Neglects the obligation
2. Do something that should not be done by a health worker, either by remembering his oath of office or remembering his oath as a health worker;
3. Ignoring something that should be done by health workers;
4. Violate a provision under or under the law.

In addition to the law, the health profession is regulated by a professional code of ethics. However, according to Dr. Siswanto Papanjang, ethical and legal issues sometimes need to be clarified, so the meaning is blurred. For example, someone who violates ethics can violate the law; of course, someone who violates the law will also violate ethics. Therefore, according to Davis & Smith (in Samil, 2000) that there is a relationship between medical ethics and medical law, namely:

1. According to ethics and law;
2. Contrary to ethics and against the law;
3. According to with ethics but against the law;
4. Contrary to ethics but in accordance with the law.

IV. Conclusion

Based on the finding above, researchers concluded that the legal implications of regulating the right to disease information and medical actions given to patients by a doctor in a hospital have an impact on the patient's right to receive disease information openly and transparently from doctor related to the disease experienced by patients and patients have the right to be served optimally in acceptance of medical actions (health services) by doctors in hospitals so that patients have the right to file claims if their rights are not fulfilled. Then, the regulation of the right to disease information and medical actions given to patients by doctors in hospitals is regulated in Law Number 29 of 2004 concerning Medical Practices; Law Number 36 of 2009 concerning Health and other implementing regulations concerning Health and regulation of the Minister of Health of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Approval of

Medical Actions, Regulation of the Minister of Health No.269/MENKES/PER/III/2008 substitute for the Regulation of the Minister of Health of the Republic of Indonesia Number 749/Menkes/Per/XII/1989 concerning Medical Records. In Law No. 29 of 2004 concerning Medical Practice, patients receiving services in medical practice have the right to get a complete explanation of medical actions, ask for a doctor's opinion, get services according to medical needs, refuse medical action and get the contents of the record. Patients are also obligated to doctors to provide complete and honest information about their health problems, comply with applicable regulations in health care facilities and doctor's advice/instructions and provide compensation for services received. However, in its implementation, Law No. 29 of 2004 concerning Medical Practice still cannot be used optimally to protect patient rights. There are still weaknesses in its application, so cases or lawsuits or claims for compensation by patients are often caused by the lack of maximum service in Health, especially in medical action.

Furthermore, the legal consequence of not fulfilling the patient's rights to information on illness and medical action by doctors at the hospital is that the patient can file a claim for compensation for negligence in implementing health services by doctors at the hospital. Then, the doctor must be fully responsible for the consequences of providing services that are not optimal for the patient so that the patient has the right to file a claim for compensation for the losses suffered. The emergence of the Prita Mulyasari case was based on the non-fulfilment of the patient's right to medical information. It was due to the absence of adequate and accurate communication between the doctor and the patient. Conflicts can be avoided if all parties, in this case, the doctor, patient and hospital, negotiate through deliberation and consensus by considering their respective rights and obligations. So, neither the doctor nor the patient feels harmed by the medical actions taken by the doctor and the lawsuit filed by the patient Prita Mulysari who feels that her rights to health services provided by the hospital or doctor have been harmed.

References

Ameln, F. (1991). *Kapita Selekta Hukum Kedokteran*. Jakarta: Grafikatama Jaya.

Busro, A. (2018). Aspek Hukum Persetujuan Tindakan Medis (Inform Consent) Dalam pelayanan Kesehatan. *Law, Development and Justice Review, 1*(1), 1–18. https://doi.org/10.14710/ldjr.v1i1.3570

Carstens, P. A. (2020). Commentary on an essay by Konnoth CJ. Medicalization and the new civil rights. *Ethics, Medicine and Public Health, 12*(January), 1–4. https://doi.org/10.1016/j.jemep.2019.100445

Detik.com. (2012). Ini Dia Kronologi Prita Mencari Keadilan. Accessed in 17 November 2020.

Dickerson, J. E. (2022). Privacy, Confidentiality, and Security of Healthcare Information. *Anaesthesia & Intensive Care Medicine,* (October). https://doi.org/10.1016/j.mpaic.2022.08.014

Elvandari, S. (2015). *Hukum Penyelesaian Sengketa Medis*. Yogyakarta: Thafa Media.

Faria, P. L. De, & Cordeiro, J. V. (2014). Health data privacy and confidentiality rights: Crisis or redemption? *Revista Portuguesa de Saude Publica*, *32*(2), 123–133. https://doi.org/10.1016/j.rpsp.2014.10.001

Fuady, M. (2005). *Aspek Hukum Malpraktek Dokter*. Bandung: Citra Aditya Bakti.

Guwandi, J. (2004). *Hukum Medik*. Jakarta: Fakultas Kedokteran Universitas Indonesia.

Guzik-Makaruk, E. M., Pływaczewski, E. W., & Mroczko, P. (2018). P3-512: Medical Doctors' Awareness Concerning Legal Problems Related To Dealing With Patients With Alzheimer'S Disease. *Alzheimer's & Dementia*, *14*(7S_Part_24), 2018. https://doi.org/10.1016/j.jalz.2018.06.1877

Hadjon, P. M. (1997). Tentang Wewenang. *Majalah Yuidika, Fakultas Hukum Unair*, *6*(Desember), 3–5.

Is, M. S. (2017). *Etika dan Hukum Kesehatan: Teori dan Aplikasinya di Indonesia*. Jakarta: Prenada Media Group.

Iskandarsyah, M. (2010). *Tuntutan Pidana dan Perdata Malpraktik*. Bekasi: Hermata Aksara.

Kansil, C. S. T. (1992). *Pengantar Hukum Kesehatan Indonesia*. Jakarta: Rineka Cipta.

Kluge, E.-H. W. (2020). Chapter 2 - From ethical principles to information ethics. In E.-H. W. B. T.-T. E. H. R. Kluge (Ed.), *Ethical Considerations* (pp. 23–51). Academic Press. https://doi.org/10.1016/B978-0-12-822045-0.00002-2

Koeswadji. (1984). *Hukum dan Masalah Medik*. Surabaya: Universitas Airlangga Press.

Komalawati, V. (1990). *Hukum dan Etika dalam Praktik Dokter*. Jakarta: Pustaka Sinar Harapan.

Kurnia, T. S. (2015). *Hak atas Derajat Kesehatan Optimal sebagai HAM di Indonesia*. Bandung: Alumni.

Leenen, H. J. J. (1981). *Gezondheidszorg en recht, een gezondheidsrechtelijke studie, Samson uitgeverij.* alphen aan den rijn.

Liang, C., Gu, D., Tao, F., Jain, H. K., Zhao, Y., & Ding, B. (2017). Influence of mechanism of patient-accessible hospital information system implementation on doctor–patient relationships: A service fairness perspective. *Information and Management*, *54*(1), 1–16. https://doi.org/10.1016/j.im.2016.03.010

Marzuki, P. M. (2017). *Penelitian Hukum*. Jakarta: Kencana Prenada Media Group.

Nasution, B. J. (2013). *Hukum Kesehatan: Pertanggungjawaban Dokter*. Jakarta: Rineka Cipta.

Nicolás, P. (2009). Ethical and juridical issues of genetic testing: A review of the international regulation. *Critical Reviews in Oncology/Hematology*, *69*(2), 98–107. https://doi.org/10.1016/j.critrevonc.2008.10.003

Petersson, J., & Backman, C. (2022). Patient-accessible online health records: Reconfigurations of clinical rhythms and doctors' front- and backstage spaces. *Social Science and Medicine*, *292*(December), 1–8. https://doi.org/10.1016/j.socscimed.2021.114635

Rias, I. (2007). *Bahan Kuliah Hukum Kesehatan, Padang: Fakultas Hukum Universitas Andalas*.

Samil, R. (2000). *Etika Kedokteran Penerapan Masa Kini, Seminar Konflik Etikolegal dan Sengketa Medik di Rumah Sakit*. Jakarta.

Soekanto, S. (1989). *Aspek Hukum Kesehatan (Suatu Kumpulan Catatan)*. Jakarta: Penerbit IndHill-Co.

Suhartini, E., Roestamy, M., & Yumarni, A. (2019). *Hukum Kesehatan Bagi Tahanan dan Warga Binaan Pemasyarakatan di Indonesia*. Jakarta: Rajawali Pers.

Syafruddin, Rohman, A., & Ilyas, A. (2020). Informed Consent: Criminal Impact in Negligence of Medical Action. *Enfermeria Clinica*, *30*(S6), 258–263. https://doi.org/10.1016/j.enfcli.2020.06.059

Tutik, T. T., & Febriana, S. (2010). *Perlindungan Hukum Bagi Pasien*. Jakarta: Prestasi Pustaka Publisher.

Undang-Undang Negara Republik Indonesi Nomor 36 Tahun 2009 Tentang Kesehatan [State Law of the Republic of Indonesia Number 36 of 2009 concerning Health]

Van der Mijn, W. B. (1999). *Medical Liability (Issues of Health Law)*. Jakarta: Badan Hembinaan Hukum Nasional.

Wiradharma, D. (1996). *Hukum Kedokteran*. Jakarta: Binarupa Aksara.