

## The Field Hospital's Responsibility For Patient Autonomy When A Medical Dispute Occurs

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**Abstract.** Public institutions that have a focus on managing and providing patient services to the community are hospitals. Field hospitals (field hospitals) are service units created to assist the function of referral health services (outpatient, inpatient, emergency unit, operating room, laboratory, etc.) which is carried out in emergency conditions. The aim of this research is to find out how to protect patients in field hospitals in the event of a medical dispute, and who is responsible if a medical dispute occurs in the field hospital. This research method uses a qualitative phenomenological method aimed at describing or explaining a person's personal experience, including the experience of relationships with other people, using literature study as a data collection procedure. The results of the research are that the Field Hospital has not yet regulated or there are no regulations in the event of a medical dispute. in field hospitals, resulting in harm to patients, and in Law Number 17 of 2023, there are no regulations regarding Field Hospitals, which means it creates a legal vacuum, so far there has been no legal review regulating responsibility for medical disputes in hospitals field because the author conducted this literature study research.

**Keywords:** Public Institutions, Field Hospitals

### Introduction

Disasters are a humanitarian problem in the world and Indonesia. Various types of disasters cause various impacts on individuals, families, communities, nations and countries. This disaster changes a person's life regardless of their profession, no matter how high their position or how much wealth they have. Changes can happen in a matter of minutes. Changing or even eliminating something we had before. These disasters claim lives, health, daily activities, friends, relatives, homes, residences, work, communications, schools, infrastructure and other life matters. Not just one but tens, thousands, even tens of thousands of people became victims of the impact of this disaster. After a disaster occurs, people must rebuild their lives (Wishanto, 2011). The activity may or may not be successful. It might take a month, a year, or maybe decades. Many of our relatives, years after the disaster, do not live in their original homes like before the disaster (Maulana, 2019). Tsunami disaster in Aceh, earthquake in Jogjakarta, floods in Jakarta, Merapi in Jogjakarta, Padang earthquake disaster, Bengkulu earthquake, Nabire earthquake, liquefaction in Palu, Lombok earthquake, Semeru lava and finally the corona pandemic. All of this brings deep sorrow and concern for all of us. Disasters cause many difficulties for the people directly affected and at the same time give rise to sympathy and concern for all of us Indonesian citizens. This axiom states that humans cannot do

anything. predict the exact time a disaster will occur. However, does that mean we don't care about disasters? What if a disaster befalls our family? Disasters may not be completely avoidable, but we can reduce them. Our concern for disasters should be channeled through disaster management activities.

## Methods

The type of research used in this research is normative research, namely research that emphasizes legal science, carrying out a positive legal inventory related to the effectiveness of legislation in the legal field. The analytical method used is qualitative analysis which uses a literature study approach in looking at the development of a number of sources. law (reference books, statutory regulations and others) regarding a legal phenomenon. This type of normative juridical research uses a research approach carried out by reviewing library materials. Literature sources regarding hospitals are the main sources used as reference in this research.

## Result and Discussion

### Hospital Responsibilities

Carrying out the responsibilities of doctors or hospitals in providing clear and accurate medical information to patients is an obligation as regulated in Article 29 paragraph (1) point a of Law Number 44 of 2009 concerning Hospitals which reads "Every hospital has the obligation to provide correct information about hospital services to the community.

Furthermore, the doctor's obligation to provide good and correct information is also regulated in the implementation of the 2012 Indonesian Medical Code of Ethics, regarding the obligation of doctors to respect the rights of patients that "A doctor is obliged to provide clear and adequate information and respect the patient's opinion or response to the doctor's explanation. Apart from that, it is determined also that "A doctor should not hide information that a patient needs, unless the doctor believes it is in the patient's interests, in which case the doctor can convey this information to the patient's family or guardian."

Furthermore, the Hospital Code of Ethics (Kodersi) regulates the hospital's obligation to provide information to patients regarding their illness as stated in Article 10 of the Hospital Code of Ethics which reads: "Hospitals must provide an explanation of what the patient is suffering from, and what actions they intend to take.

### Field Hospital

A field hospital (field hospital) is a service unit created to assist the function of referral health services (outpatient, inpatient, ER, operating room, laboratory, etc.) which are carried out in emergency conditions. In organization, the service unit consists of sections that work together to provide basic and specialist medical services to both individuals and groups of disaster victims. To be able to carry out functions well, of course, organization is needed which is described in an organizational form with clear duties and functions of each part. Likewise, the coordination mechanism between

departments is also clearly described so that it does not give the impression of overlap in its operationalization. Apart from that, the mobilization of energy working in each section is also regulated in such a way that it can carry out its functions well.

The head of the field hospital supervises three coordinators who lead each of the following sections:

1. Medical and nursing services department
2. Medical support services department
3. General services section.

The duties of the head of the field hospital and the coordinator and person in charge of the units in the field hospital can be seen in the following explanation.

**Criteria for Head of Field Hospital include:**

1. At least a general practitioner.
2. Have experience in disaster management.
3. Physically and spiritually healthy.

**The duties of the head of the field hospital include:**

1. Lead and manage the field hospital team and local human resources to achieve the field hospital goals during the term of service.
2. Coordinate field hospital operations internally and externally (with local health institutions and other institutions).
3. Monitor and evaluate the operationalization of field hospitals according to medical service standards on a regular basis.
4. Responsible for financial management of the field hospital.
5. Report all field hospital activities to the local health department and PPK periodically (daily, weekly, monthly reports, final report) which includes health statistical data based on the health monitoring system.
6. Plan and prepare the handover of responsibilities to the replacement team which includes technical and administrative elements.

**Legal Basis for Regulations for the Establishment of Field Hospitals**

1. Law of the Republic of Indonesia Number 23 of 1992 concerning Health.
2. Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice.
3. Law of the Republic of Indonesia Number 24 of 2007 concerning Disaster Management.
4. Republic of Indonesia Government Regulation Number 21 of 2008 concerning Implementation of Disaster Management.
5. Republic of Indonesia Government Regulation Number 22 of 2008 concerning Funding and Management of Disaster Assistance.
6. Republic of Indonesia Government Regulation Number 23 of 2008 concerning the Participation of International Institutions and Non-Governmental Institutions in Disaster Management.
7. Regulation of the Minister of Health of the Republic of Indonesia Number 1575/MENKES/PER/XI/2005 concerning the Organization and Work Procedures of the Department of Health.



8. Regulation of the Minister of Health of the Republic of Indonesia Number 1045/MENKES/PER/XI/2006 concerning Guidelines for Hospital Organization within the Ministry of Health.
9. Regulation of the Minister of Health of the Republic of Indonesia Number 512/MENKES/PER/IV/2007 concerning Practice Permits and Implementation of Medical Practice. Regulation of the Minister of Health of the Republic of Indonesia Number 269/MENKES/PER/III/2008 concerning Medical Records.
10. Decree of the Minister of Health of the Republic of Indonesia Number 876/MENKES/SK/XI/2006 concerning National Policy and Strategy for Handling Crisis and Other Health Problems.
11. Decree of the Minister of Health of the Republic of Indonesia Number 145/MENKES/SK/I/2007 concerning Guidelines for Disaster Management in the Health Sector.
12. Decree of the Minister of Health of the Republic of Indonesia Number 1227/MENKES/SK/XI/2007 concerning Amendments to the Decree of the Minister of Health of the Republic of Indonesia Number 679/MENKES/SK/VI/2007 concerning the Organization of Regional Crisis Management Centers.
13. Decree of the Minister of Health of the Republic of Indonesia Number 1228/MENKES/SK/XI/2007 concerning Amendments to the Decree of the Minister of Health of the Republic of Indonesia Number 783/MENKES/SK/X/2006 concerning Regionalization of Assistance Centers for Handling Health Crisis Due to Disasters

### **Patient Autonomy**

Patient autonomy is the patient's ability to decide on medical treatment programs, such as choosing a particular doctor and so on. Patient autonomy must be related to the abilities of an individual patient. By ability we mean the ability to make medical decisions. Patient autonomy is not only aimed at criticizing a patient's initial motivation, but also changing their motivation if they wish to change that initial motivation.

According to The New International Webster's Comprehensive Dictionary The English Language, autonomy is:

"The Condition or quality of being autonomous, especially the power or right of self-government, or self-determination, as of welfare."

The meaning of autonomy is always used in a broader way, sometimes autonomy is equated with freedom, sometimes it is equated with self rule or sovereignty, sometimes it is identified with freedom of will, the term autonomy comes from Greek, namely Autos which means self and nomos which means means "rule, governance, or law" according to Black's Law Dictianory, autonomy is:

"an individual capacity for self-determination."

Meanwhile, in the Indonesian dictionary, the term Autonomy is replaced by the term autonomy which means "Self-Government" in Indonesian, the adjective for Autonomy is Autonomy, meaning:

"an independent or social group that has the rights and power to determine its own direction and actions"

According to Immanuel Kant, moral autonomy is a combination of freedom and responsibility:

"it is submission to law that one's mode is for oneself" Kant established the principle of autonomy in the concept of will and placed will as a universal (moral) law. This can be seen from his opinion that:

"There is therefore only a single categorical imperative, and it is this: act only according to that maxim through which you can at the same time will that it become a universal law"

Meanwhile, Peters argues that an autonomous human being is not actually the subject of someone else's will.

For Immanuel Kant, the concept of autonomy is positioned as a moral value that is the ultimate goal of each individual. For Kant, autonomy is related to:

"the will's ability to determine itself in accordance with the form of universality, uncaught by nature or inclination."

Meanwhile, John Stuart Mill defines autonomy as liberty, namely individual sovereignty over his body and mind. Joseph Raz uses autonomy with the term personal autonomy. For Raz:

"The autonomous person is (part) author of his own life

Raz further emphasized that autonomous rights can only be possessed if the interests of the autonomous rights holder are justified by society and the social environment requires the existence of these rights. Patient autonomy as a right is closely related to the patient's interests which should be protected.

The reason why patient interests are the basis for the birth of patient autonomy rights can be seen from Josep Raz's opinion when describing the relationship between interests and rights: "since right are, generally speaking, to benefits, to what is in the interest of or is valuable for the right holder, it is plausible to suppose that interest is the basis of the right, i.e that the rationale for the right, its justification, is the fact it serves the right holder's interest.

Furthermore, Josep Raz also provides limitations regarding what is meant by interests. Interests are always understood to mean something that is good for the rights holder, such as creating a better life in terms of human values.

Ronald Dworkin, John Rawls, Thomas Scanlon, and Robert P. Wolf argue that autonomy is part of the characteristics of justice. The correlation between freedom and justice was once touched on by John Rawls who used the element of freedom as part of the element of justice. Freedom as the basis for the birth of autonomy is part of human existence.

## Medical Disputes

Medical; meaningful adjective; those related to treatment; medical. Medical disputes only arise when there is a claim to the hospital, a complaint to the police, or a lawsuit to court. Medical disputes<sup>11</sup> start from a feeling of dissatisfaction on the part of the patient because the doctor does not fulfill the performance as promised, so that the patient or his family looks for the cause of this dissatisfaction. The cause of disputes between doctors and patients is if the patient arises dissatisfaction with the doctor in carrying out treatment efforts or carrying out medical procedures.



The occurrence of patient dissatisfaction with the services of doctors or hospitals and other health workers as a result of: (1) the higher the average education of the community, which makes them more aware of their rights and more assertive; (2) increasing public expectations for medical services as a result of the wide flow of information; (3) commercialization and high costs of medical services, so that society is increasingly intolerant of imperfect services, and (4) provocation by legal experts and by health workers themselves. This dissatisfaction is due to violations that contain the nature of unlawful acts in carrying out the medical profession which causes harm to the patient, where this occurs if there is an opinion that the contents of the therapeutic agreement (therapeutic contract) are not fulfilled or violated by the doctor.

Violations committed by doctors in carrying out the medical profession can be in the form of ethical violations, disciplinary violations, administrative violations, legal violations (criminal and civil). The causes of medical practice violations can be grouped into (1) system factors and (2) doctor and community factors. System factors, in general, are the existence of a system that is weak in supervision (social control), closed, monopolistic/oligopolistic, elements of the state that are too strong compared to society and liberalism, especially in health services. Meanwhile, the factors of doctors and society that foster violations are hedonistic, hypocritical, and full of KKN, as well as justifying any means, not as a civil society.

Medical disputes between patients or their families and health workers or patients and hospitals/health facilities are usually at issue the outcome or end result of health services without paying attention to or ignoring the process. In fact, in health law it is recognized that health workers or those implementing health services when providing services are only responsible for the process or efforts made (*inspaning verbintenis*) and do not guarantee/guarantee the final results (*resultalte verbintenis*). Therefore, before there is a decision from the professional court or a discrepancy in medical logic between the patient and the doctor/hospital, the correct term is medical dispute, not medical malpractice. This is related to whether or not there is a decision and considerations of medical logic and legal logic to determine whether the medical act/action carried out by the doctor falls into the category of medical malpractice.

Medical disputes in practice are often an intertwined issue of professional ethics, professional discipline and law in general. Coincidentally, whether patients/society, doctors/hospitals are aware or not, often confuse the three. This may be due to practical ignorance itself or because their way of working wants to be completely practical, and moreover it is not their job to sort out academically whether the case is a violation of pure ethics, professional discipline, administrative law, civil law or criminal law.

## Discussion Results

Regarding this matter, we can draw from the discussion above, firstly, there are no regulations regarding field hospitals regarding when a medical dispute occurs, who is responsible, in field hospitals, resulting in harm to patients, and in Law Number 17 of 2023, there are no There are regulations regarding field hospitals, which means that this creates a legal vacuum



## Conclusion

The legal relationship between a patient and a doctor which is carried out on behalf of a field hospital is a relationship in the realm of private law, while the legal relationship between a health worker and a patient where the health worker works on behalf of the field hospital is a government/government-owned health unit is a relationship in the realm of public law. So the person responsible for medical disputes is the Ministry of Health.

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