



Legal protection meeting the rights of students program specialist doctors on the covid-19 pandemic in indonesia

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Abstract

This study aims to analyze legal protection in Indonesia in fulfilling the rights of residents during the pandemic period. Resident must carry out teaching and learning tasks and the increase in positive cases of COVID-19 is not directly proportional to the availability of personal protective equipment. Resident is prone to contracting COVID-19 and the violation of several rights as consumers of educational programs. The research method used is normative, with a statutory approach. The nature of research is prescriptive and applied. It can be concluded that the current condition regarding the fulfillment of resident rights is not optimal. In terms of the ideals of legal protection, Indonesia, which is currently still university-based, universities as educational service providers must provide all forms of PPE and reserves for daily use during the education period. Determination of resident status as workers in teaching hospitals, can have implications for providing incentives and determining working hours.

Keywords: legal protection, student rights, specialist doctors

Introduction

Observing the spread of Corona Virus Disease-19 (COVID-19) does not change the position of specialist doctor education participants (residents) who must carry out teaching and learning tasks from lecturers who are also specialist doctors and staff at Advanced Level Health Service Facilities as well as a Teaching Hospital. Currently, Teaching Hospitals are dominated by government-owned hospitals, so that the government has interference with the hospital's policies. In field conditions, the increase in positive cases of COVID-19 is not directly proportional to the availability of Personal Protective Equipment (PPE). On the other hand, these students are prone to contracting COVID-19 and the violation of some of the students' rights as consumers of educational programs who want to study as well as possible and with the minimum possible risk. The rights as consumers of education from educational institutions (universities) are also violated because it creates a high risk of death.

Research Methods

This type of research is legal research or normative legal research (doctrinal research). The approach used is the statute approach (statue approach) on the basis that it examines legal issues to find solutions to legal issues raised in the writing of this law. The nature of the research that is in writing this law is prescriptive and applied. Existing research sources are divided into research sources in the form of primary legal materials, secondary legal materials, and non-legal materials. The technique of analyzing legal materials in legal writing is carried out by the syllogistic method through a deductive mindset.

Discussion

Review the current conditions regarding the fulfillment of the rights of specialist doctor education program participants.

On August 14, 2020, the Indonesian Doctors Association (IDI) held a webinar with the theme "Initiating the Realization of Pandemic Incentives and Salaries for Resident / PPDS".

- a. "The Rationality of Providing Pandemic Incentives and Salaries for Resident / PPDS "by Prof. Dr. Abdul Kadir, Sp.THT-KL, Ph.D., MARS. (Head of BPSDM Ministry of Health)

Based on SIRS Online, the number of hospitals that reported COVID-19 patients was 1,276 hospitals. Therefore, many hospital health workers are at risk of exposure to COVID-19, namely specialist doctors, general practitioners including Internship and NSI (Nusantara Sehat Indonesia) participants, residents / PPDS from 18 medical faculties (3,368 participants), and other health workers. There are several reasons for the risk of high exposure to residents, namely:

1. The level of attendance at the hospital is high because it has to meet the standard days and competencies that have been determined.
2. There are several rooms in the hospital that have not implemented health protocols properly, as well as limited specialist doctors in the hospital.
3. The patient's dishonesty regarding the disease and the history of the course of the disease when health services are carried out.
4. Poor implementation of standard operating procedures (SOP) for PPI (Prevention of Infection Control), such as compliance with hand washing, how to use facilities such as masks, handsocons, gowns, etc..

The government gives appreciation, one of which is in the form of providing incentives and compensation for death through 2 schemes, namely the central (through the Ministry of Health) and the regions (through the Ministry of Finance and the Ministry of Home Affairs). The assistance is provided for those on duty in the ICU / HCU / ICCU room, isolation room for COVID-19 patients, and emergency room / triage, worth IDR 15 million for specialist doctors, IDR 10 million for general practitioners / dentists, IDR 7.5 million for midwives or nurses, and Rp. 5 million for other medical personnel. So the revision of the Minister of Health Decree Number HK.01.07 / MENKES / 392/2020 concerning the Providing of Incentives and Death Compensation for Health Workers Who Deal with Corona Virus Disease 2019 (COVID-19) is an effort to accelerate the realization of incentives..

- b. "Explanation of the Results of the Doctor's Perception Survey on the Indonesian Specialist Education Program "by Dr. Isra Firmansyah, Sp.A., Ph.D. (Chairman of IDI Banda Aceh Branch)

A survey of Doctors' Perceptions of the Specialist Doctor Education Program was conducted with 1,151 respondents from June to August 2020. The following are the results of the survey:

1. Respondents are divided into several professions, namely general practitioners, residents, specialist doctors, and subspecialists, with the most respondents being general practitioners (50.6%).
2. A total of 535 residents as respondents came from various medical faculties in Indonesia.
3. Most of the resident respondents agreed that accreditation from the medical faculty of the applicant was made a requirement for admission of participants in specialist medical education programs (32.8%).
4. Most of the respondent residents disagreed if financial ability and economic background were taken into consideration for admission of specialist doctor education program participants (37.4%).
5. 74% of residents do not have permission to practice as general practitioners.
6. Of the 647 respondents who have been residents and are currently residents, they have never received incentives (85%).
7. Most respondents (51%) knew that residents had the right to receive incentives for providing health services at the hospital and agreed (86.7%) if residents received such incentives.
8. Most of the respondents (30.5%) expected the amount of the incentive to be Rp. 5,000,000, - to Rp. 7,000,000, - for residents.
9. Most of the respondents (63.8%) were aware of the limitation of working hours for residents and agreed (60.1%) that if the resident had a maximum working hour limit, it was 40 hours a week (42.7%).
10. Most respondents (57%) know that residents have the right to health insurance and life insurance and agree (71.7%) if residents receive scholarships from educational institutions.

From the survey results, several points were found that were not in accordance with the applicable laws and regulations.

1. Resident does not get a license to practice as a general practitioner, this violates Law Number 29 of 2004 concerning Medical Practice Article 1 paragraph (7), Minister of Health Regulation Number 2052 of 2011 concerning Practice License and Practice Implementation of Article 2 paragraph (1).
2. Resident does not get incentives, this violates Law Number 29 of 2004 concerning Medical Practice Article 50d, Law Number 20 of 2013 concerning Medical Education Article 31 letter (b), Government Regulation of the Republic of Indonesia Number 93 of 2015 concerning Home Sick Education Article 25 letter (g).
3. Limitation of time and hours of work for residents, this could violate Law Number 13 of 2003 concerning Manpower Articles 77 and 79, Law Number 20 of 2013 concerning Medical Education Article 31 letter (c).
4. Regarding scholarships and sources of funds as rights for residents, it is stipulated through Law Number 20 of 2013 concerning Medical Education Article 33 paragraph (6), Government Regulation of the Republic of Indonesia Number 93 of 2015 concerning Teaching Hospitals Article 19 paragraph (2) and 31.
- c. "Observing the Status of Resident / PPDS in the Relationship between Educational Institutions and Educational Hospitals "by Prof. Dr. Budu, Sp.M (K), M.Med.Ed., Ph.D. (Chairman of AIPKI)

There are views and considerations in providing incentives for residents. Initially there were groupings of specialist knife, non-knife and non-clinical study programs. This grouping is a consideration in providing incentives, because there are several study programs that deal directly with COVID-19 patients, but if they are differentiated, there can be injustice in the fulfillment of rights. In the Specialist Doctor Professional Education Standards by the Indonesian Medical Council (KKI), points on Structure, Composition and Length of Education 2.4.3. Education is held in 3 stages of competency achievement consisting of an enrichment stage, an apprenticeship stage, and an independent stage. So it can be considered whether the amount of incentives at that stage is the same or not.

Analysis of the ideals of legal protection in Indonesia in fulfilling the rights of students participating in specialist doctor education programs during the pandemic period.

In other countries, there are several forms of adapting teaching and learning activities for residents to reduce the risk of contracting the increasingly widespread COVID-19.

a. United State,s of America

1) Surgical Education for Resident (Hands on Training)

The closure of elective surgeries led to a dramatic reduction in case volume and operating room exposure time that simple academic conferences and telehealth could not replace. Many residency programs have implemented alternative surgical teaching methods during COVID-19.

2) Resident Didactic Learning (Lectures)

The virtual didactic in question is virtual lectures, journal clubs, virtual classroom exchanges, and teleconferencing. The University of California uses a new method from the Facebook-based social media platform group entitled

"ABSITE Daily". The platform not only allows daily exposure to practice questions, it also provides an avenue for discussion of surgical topics without the need for in-person meetings.

3) Resident Research Activities

Research activities have been limited in many institutions during the pandemic. To overcome these factors, some residency programs use alternative ways to continue residency research programs.

4) Accreditation Process

This pandemic is affecting the accreditation process for now and will have an undue effect on obtaining the minimum case records or minimum volume of activity required to take national examinations. The American Council for Orthopedic Surgery (ABOS) suspended all current accreditation processes but stated that graduation decisions must be made by the program director. As of March 9, ACGME (Accreditation Council for Graduate Medical Education) has also postponed indefinitely all scheduled and requested accreditation site visits. The American Board of Radiology has postponed board certification testing until September 1, 2020. Delayed graduation and credentials may affect the next orientation time for incoming residents. The

Radiology and Otolaryngology residency program in the US suggests minimum requirements for graduation, uses additional didactic sessions to meet requirements and works closely with accreditation bodies and their local clinical competency committees to solve problems.

5) Resident clinical education (Case presentations, bedside teaching, watch reports, seminars (management sessions), club journals)

Some residency programs suspend resident clinical teaching, while many residency training programs design alternative innovative technologies to sustain resident clinical education during the COVID-19 pandemic. Interactive virtual professor field visitation session webinars, virtual academic conferences, case-based conferences and morning session webinars, journal club webinars, email-based clinical sketches with related clinical questions and images, live conferences or virtual recordings are used for clinical education in various residency programs. In the variety of virtual teaching used in different residency programs, many recommend using mechanisms with the use of tools that encourage audience interaction and participation.

b. Italy

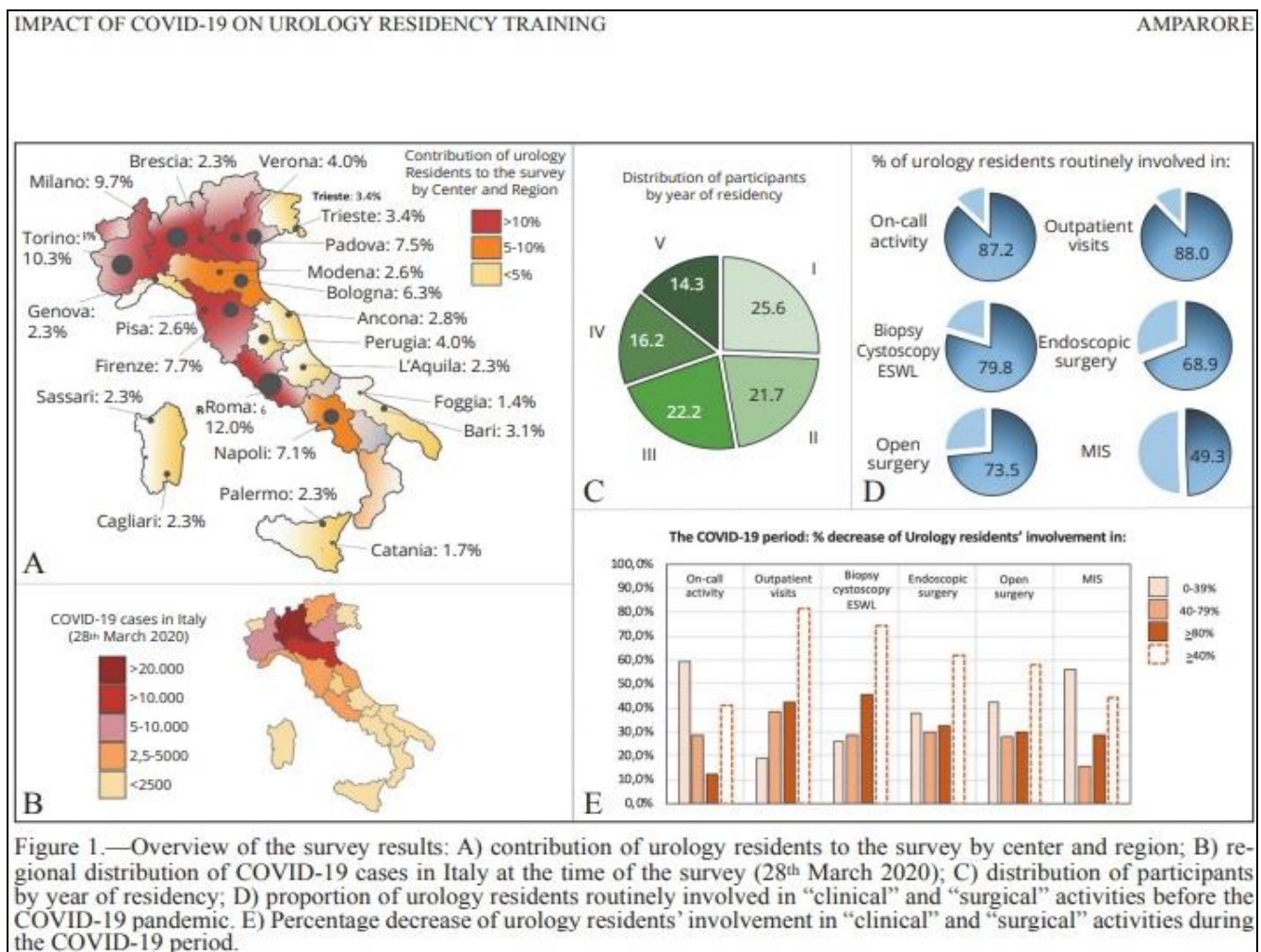


Fig 1: Survey of resident contributions in Italy by Amparore D., *et al.*

The chart above is the first national survey to provide insight into how the COVID-19 pandemic is impacting urology resident education. There was an overall decrease in

the daily resident's exposure to all training activities from a clinical and surgical perspective.

3. The ideal of legal protection to fulfill the rights of students participating in medical education programs

The ideal of legal protection in Indonesia in fulfilling the rights of students participating in specialist doctor education programs during the pandemic period must protect the rights of residents as consumers of educational service providers, namely educational institutions / universities, where as consumers, residents receive protection for losses that may arise from service transactions. In Article 3 of the Consumer Protection Law, points can be emphasized for residents on the objectives of Consumer Protection, so that if it is not fulfilled then a criminal act can be committed.

The ideal form of implementing teaching and learning activities in fulfilling resident rights, according to Law Number 20 of 2013 Article 31 paragraph (1) "a. obtaining legal protection in participating in the teaching and learning process, both at the Faculty of Medicine or the Faculty of Dentistry as well as in the Teaching Hospital and Medical Education Forum; In a room with high risk and in direct contact with patients who are suspected or have confirmed COVID-19 during work; the room where the patient first arrived and had not been examined at all, such as ICU / HCU / ICCU, isolation room for COVID-19 patients, and IGD / triage, namely N95 masks or equivalent, coveralls / gowns, boots / rubber boots with shoe protectors, eye protection / google, face shield, sterile disposable rubber surgical gloves, head cap and apron. Then in a public practice room where the activities do not pose a high risk, do not cause aerosols, with patients who are confirmed as negative for COVID-19, such as in polyclinics, in patient care rooms, non-respiratory sampling or in the laboratory as well. The PPE used consists of surgical masks, gowns, face shields, head caps, and disposable rubber gloves. Indonesia, which is currently still university-based, educational institutions / universities as educational service providers must provide all forms of PPE and reserves for daily use during the education period.

In fulfilling the rights in Law Number 20 of 2013 Article 31 paragraph (1) "b. get incentives at the Teaching Hospital and Medical Education Forum for students of primary care doctors, subspecialists, and subspecialty dentists; " and c. get a rest period in accordance with the predetermined time. " can be considered to change the system from university-based to hospital-based so that the teaching hospital can consider financing and budgeting, and the teaching hospital can assess the need for specialization services through the admission of incoming residents and the determination of resident status as workers in the teaching hospital, for a longer term long. The current situation is considered impossible in providing incentives from the teaching hospital because the teaching hospital cannot implement the budget, and the resident currently pays tuition fees to educational institutions / universities. Determination of resident status as workers in teaching hospitals, can also have implications for the determination of working hours for residents. It is hoped that the limitation of working hours and rest periods can minimize human error in providing health services. Limitation of working hours can refer to The New Deal (The European Working Time Directive) from the UK, which is a maximum working hours of 56 working hours / week, which can be divided into 40 hours on weekdays and 16 hours during night watch activities which are divided into 2 watch period. If a simulation program is carried out like in other countries, given the state

of Indonesia which still needs a lot of doctors and other health workers to deal with a pandemic, there will be a shortage of human resources. On the other hand, the resident's ability in practice may decrease, and they cannot fight for incentives and the right to rest because they are not involved in health services..

Conclusion

Based on the discussion that has been described above, the authors provide the following conclusions:

1. The current condition regarding the fulfillment of the rights of specialist doctor education program participants is not yet optimal. In the IDI webinar, the survey results stated that the rights of participants in the specialist doctor education program as a whole have not been fulfilled; as well as awareness of the law and these rights is still not fully known by participants of specialist medical education programs and educational institutions / universities.
2. The ideal of legal protection in Indonesia in fulfilling the rights of students participating in specialist doctor education programs during the pandemic period is that at first it can be determined how the danger level of a room in the hospital is. Indonesia, which is currently still university-based, educational institutions / universities as educational service providers must provide all forms of PPE and reserves for daily use during the education period. It can be considered even more if the tuition fee paid each semester to educational institutions / universities can be used as collateral when carrying out risky field practices, this guarantee can be in the form of insurance. In the long term, it can be considered to change the system from university-based to hospital-based. Determination of resident status as workers in teaching hospitals, can have implications for providing incentives and determining working hours for residents. It takes a mature and large-scale discussion to change it to hospital-based. The state of the pandemic in Indonesia makes it impossible to carry out a simulation program for residents.

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