



Judicial Review of Hospitals' Legal Responsibility of Patients' Rights After the Covid-19 Pandemic

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Abstract

Normatively, the legal responsibilities of hospitals in fulfilling patient rights are stipulated in the Health Act, the Hospital Act, and the Medical Practice Act. During the Covid-19 pandemic, which was declared a health emergency, various statutory provisions were also enacted, such as Infectious Disease Outbreak Law, Health Quarantine Law, Presidential Decree Number 11 of 2020 concerning the Determination of the National Public Health Emergency of Corona Virus Disease 2019 (Covid-19) and Minister of Health Regulation Number 4 of 2018 concerning Hospital Obligations and Patient Obligations. In practice, the increasing number of Covid-19 cases in Indonesia has resulted in hospitals being unable to accommodate patients who need treatment, especially patients with severe and critical conditions who require ICU treatment rooms. This study aims to find out hospital's legal responsibility after the Covid-19 pandemic, especially for the protection of patient's medical record security under the scheme of telemedicine services. In terms of facilities and infrastructure, the government needs to provide support by increasing the number of emergency hospitals to accommodate patients. This study uses normative juridical research methods supported by empirical studies. The results show that despite limitations in providing excellent health services to patients, hospitals must still maintain the rights of patient's medical record security and safety while undergoing hospitalization. Legal umbrella is needed to guarantee the rights of health workers and hospitals in providing services to patients during this pandemic, especially the protection of Occupational Health and labor social security norms.

Keywords: Legal Responsibility; Hospital; Patient Rights

A. Introduction

Proclaimed as "The State of Law in Constitution 1945", Indonesia upholds the value of justice for the sake of its societies. Based on the Article 28H of the 1945 Indonesian Constitution, it is defined that everyone has the right to live in physical and spiritual prosperity, to have a home, and to enjoy a good and healthy living environment. Moreover, everyone also have the right to obtain medical care without discrimination. In this respect, health care is one

of the human rights that must be fulfilled by the state for all Indonesian people. In relation to health services, the community also has a human right to obtain adequate health services, or what is known as patient rights. Among others, the patient's right to keep his confidentiality of his personal health condition is regulated in Law Number 36 Year 2009 concerning Health (Health Law). As stipulated in Article 57 paragraph (1) of the Health Law that everyone has the right to the confidentiality of his private health condition that has been disclosed to the health service. However, Article 57 paragraph (2) further explains that the right of every person to the confidentiality of his personal health condition as referred to in paragraph (1) does not apply in certain cases, such as a) statutory requirements; b) court order; c) the relevant permit; d) public interest; or e) the interests of the person.¹

It should be admitted that the Covid-19 outbreak brought deep sorrow to the world. Safe and quality health services are certainly the main goal of the government and must be carried out by prioritizing the safety of patients, health workers and all employees as well and visitors of medical care facilities. Health services during the adaptation period for new normal will be very different from the situation before the Covid-19 pandemic. Health care providers need to prepare stricter security and safety procedures by implementing the Infection Prevention and Control (PPI) protocol, in accordance with the Hospitals need to plan and implement safe ways of treating Covid-19 patients, to continue to provide services to general patients with the risk of transmission. minimum. This step taken by the hospital is known as the balancing act. Several procedures at the hospital that have undergone changes include: patient admission procedures, universal use of masks, stricter screening procedures, scheduling visits, restrictions on visitors/patient companions and even separation of health services for Covid-19 and non-Covid-19 patients.

Since the positive cases of Covid-19 have increased drastically, many hospitals have been overwhelmed by the surge of infected patients. This was not only happening in Indonesia, but is also experienced in all over the world. Most hospital have difficulty both in management and infrastructure in providing services due to patients soared. Covid-19 is an infectious disease that is at risk of death if not handled properly. Consequently, it require special facilities and infrastructure such as the ICU, special isolation rooms, oxygen, and ventilators in hospital. This

¹ *Law Number 36 Year 2009 concerning Health.*

situation has a negative impact on patient safety, especially if the hospital does not strictly enforce the Hospital Disaster Plan (HDP). HDP is a mechanism and procedure for dealing with a pandemic in hospital services. In fact, the Covid-19 disaster has had a serious impact on the quality and safety of the services provided by hospitals to patients. Errors or delays in disease diagnosis contribute to in-hospital mortality. In addition, failure to communicate among health workers in providing care contributes to incidents that cause patients to die or cause patients to experience disabilities. In this pandemic, these impacts are likely to be even more serious. In essence, the security of services in hospitals is strongly influenced by the compliance of health workers and patients with procedures, the availability of standard personal protective equipment (PPE), standardized training, and the understanding of health workers on the Covid-19 handling protocol. Meanwhile, the effectiveness of services is badly influenced by the availability of infrastructure, the accuracy of handling and treatment for Covid-19 cases, which are very close to time. Data from the Task Force for the Acceleration of Handling Covid-19 shows that the average number of ventilators available in each hospital is generally very insufficient to be able to meet the surge in patients.²In addition, the shortage of beds is also felt by almost all hospitals.

B. Discussion

B. 1. Scope of Hospital Legal Responsibilities

Hospital facilities play a very important role in supporting services to the safety of patients. It is necessary to ensure that while in hospital treatment, the patient is safe from things that endanger himself, such as the risk of falling and the danger of fire. Another thing that needs to get the full attention of the hospital is ensuring patient safety while in the hospital environment. Various provisions related to safety standards for equipment, building facilities and Standard Operating Procedures (SOP) need to be defined properly by hospitals. All of this needs to be carried out by hospital management for patient satisfaction. However, in practice, how does the hospital's legal responsibility for the fulfillment of patient rights during the Covid-19 pandemic was a serious matter. From the perspective of health laws and regulations,

² Inge Dhamanti, "Mengapa Rumah Sakit Kewalahan Hadapi Pandemi COVID-19 dan Apa Dampaknya Bagi Keselamatan Pasien," accessed May 11, 2023, <https://fkm.unair.ac.id/mengapa-rumah-sakit-kewalahan-hadapi-pandemi-covid-19-dan-apa-dampaknya-bagi-keselamatan-pasien/>.

it is necessary to get a balanced understanding, both from the hospital's point of view as well as patients. Legally, the rights of patients, have been regulated in Article 32 of Law Number 44 of 2009 concerning Hospitals (Hospital Law) which clearly defined that every patient including Covid-19 Patients has the rights to obtain information regarding the rules and regulations applied in the Hospital; and obtain information about the rights and obligations of patients; obtain services that are humane, fair, honest, and without discrimination. In addition, the patient has the rights to obtain quality of the health services in accordance with professional standards and standard operating procedures; obtain effective and efficient services so that patients can avoid physical and material losses; as well as file a complaint on the quality of service obtained. Furthermore, patients can choose a doctor and treatment class in accordance with his wishes and the applicable regulations in the Hospital. Patients also have the rights for asking second opinion about the illness from the other doctor. Other important right is to have privacy and confidentiality of the disease suffered including medical data: Patient also has right to obtain information which includes diagnosis and procedures for medical treatment, purpose of medical action, alternative actions, risks and complications that may occur, and prognosis of the actions taken and estimates cost of treatment; and giving approval or refusing the treatment by the Medical Team regarding to the illness.

It is worth to be noted that the scope of hospital conducts that may give rise to civil liability are as follows:³

1. Non-performance as stipulated in Article 1239 Indonesian Civil Code
2. Tort as defined under 1365 Indonesian Civil Code
3. Negligence resulting in loss as determined by Article 1366 Indonesian Civil Code

Criminal responsibility in health services by hospitals that occur must begin with evidence of professional errors committed by health workers while providing health service efforts in hospitals so that criminal responsibility is imposed on health care workers who make mistakes when carrying out their duties. Criminal acts must be proven by professional error. In this context, the legal responsibilities of a hospital within the scope of administrative law can be assessed from the requirements of establishment to the activities of its operation. These requirements include among others, provisions for establishment, human resources, facilities,

³ *Indonesian Civil Code.*

and infrastructure. Violation of administrative legal responsibilities regarding the operation of the hospital will result in administrative liability.⁴

It should be acknowledged that the responsibility for health development is not only borne by the Government but also all citizen. Everyone must make health efforts to realize, maintain, and improve the degree of public health in live with social functions, religious values and norms, socio-cultural, moral and professional ethics.

The provision of Article 57 of the Health Law states that everyone has the right to the confidentiality of his personal health condition that has been disclosed to the health service provider. This right does not apply in the case of:⁵ a) statutory requirements; b) court order; c) the relevant permit; d) public interest; or e) the interests of the person. In essence, the hospital is a health service institution that provides complete individual health services (covering promotive, preventive, curative and rehabilitative efforts) that provides inpatient, outpatient, and emergency services. To ensure patient safety, the implementation of health services in hospitals must meet the requirements of patient safety standards. This patient safety standard is implemented through incident reporting, analyzing, and determining problem solving in order to reduce the number of unexpected events. Furthermore, patient safety is carried out by identifying, assessing, managing, reporting and analyzing accidents and follow-up actions that can reduce or even prevent the occurrence of risks.

The Indonesian Hospital Association (PERSI) stipulates 7 (seven) Hospital Patient Safety Standards known as the Seven (7) Steps Towards Patient Safety as outlined in KPP-RS Number 001-VIII-2005. Those steps are building awareness of the value of patient safety, leading and support staff, integrate risk management activities, develop reporting systems, involve and communicate with patients in services, learn and share experiences about patient safety, prevent injury through a patient safety system. The head of the health service facility is responsible for periodically evaluating the patient safety activities carried out by such unit of facility. In short, the hospital is legally responsible for all losses caused by negligence committed by health workers at the hospital.⁶

⁴ Panji Maulana, "Pertanggungjawaban Pidana Rumah Sakit Akibat Kelalaian Pelayanan Medis (Studi di Rumah Sakit Ibu dan Anak)," *Syah Kuala Law Journal* 3, no. 3 (2019): 418. <https://doi.org/10.24815/sklj.v3i3.12557>.

⁵ *Law Number 36 Year 2009 concerning Health*.

⁶ "About Us," accessed May 11, 2023, <https://www.hospitalmanagementasia.com/about-us/>.

As indicated by Article 2 of the Hospital Law that hospitals are organized based on Pancasila and other values as well as principles. There are includes human values, ethics and professionalism, benefits, justice, equal rights and anti-discrimination, equity, patient protection and safety, and social functions. Furthermore, Article 13 of the Hospital Law define that every health worker who works in a hospital must work in accordance with professional standards, hospital service standards, applicable standard operating procedures, professional ethics, respecting patient rights and prioritizing patient safety.⁷

Normatively, the hospital's legal responsibility in fulfilling the patient's rights cannot be separated from the hospital's obligations to the patient. Various laws and regulations in the health sector, such as: the Medical Practice Act, Health Act and Hospital Law have been adequately addressed that paradigm. Especially during the Covid-19 pandemic, which was declared a health emergency, various statutory provisions were also established, such as the Infectious Disease Outbreak Law, the Health Quarantine Law, Presidential Decree concerning the Determination of the Corona Virus Disease 2019 as a Public Health Emergency and Minister of Health Regulation concerning Hospital Obligations and Patient Obligations.

In addition, there is also a Regulation of the Minister of Health Number 1501/MENKES/PER/X/2010 related to infectious diseases that cause outbreaks. Article 1 point 1 and 2 define that an infectious disease outbreak (epidemic) is an outbreak of an infectious disease in the community whose number of sufferers has significantly increased beyond the normal situation at a certain time and area and can cause havoc and extraordinary events (KLB). Meanwhile, Minister of Health Number HK.01.07/MENKES/104/2020 concerning the Determination of Novel Coronavirus Infection (2019-nCoV Infection) as a Disease That Can Cause Outbreaks and its Control Efforts stipulates that novel coronavirus infection (2019-nCoV infection) as a disease which can cause outbreaks. It should be acknowledged that the Presidential Decree Number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster

⁷ Law Number 44 Year 2009 concerning Hospital.

declares non-natural disasters caused by the spread of Corona Virus Disease 2019 (Covid-19) as national disaster.⁸

During the Covid-19 pandemic, each hospital formed a Covid-19 handling team and carried out medical services according to the health protocols. Various efforts were made to maintain the quality and safety of patients in the midst of the limitations of hospitals regarding the facilities and infrastructure as needed. As a reference, The World Health Organization (2018) defines the quality of health services are effective, safe, people-centred, timely, fair, integrated and efficient.⁹ To respond the said problems, Indonesia started to introduce telemedicine services.

As stated by Article 1, Article 2 and Article 3 of the Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities that Telemedicine is the provision of remote health services by health professionals using information and communication technology, including the exchange of information on diagnosis, treatment, disease and injury prevention, research and evaluation, and continuing education of health care providers for the benefit of improving individual and community health. Telemedicine services between health service are carried out between one health service facility and another in the form of consultation to establish diagnosis, therapy, and/or disease prevention. This particular services can only be carried out by health workers who have a license to practice at the health facilities. It consist of a) teleradiology services; b) teleelectrocardiography; c) teleultrasonography; d) clinical teleconsultation; and e) other Telemedicine consulting services in accordance with the development of science and technology.¹⁰

⁸Harrison Kwame Golo, "Respect For Patients' Rights In Health Facilities: Experiences Of Patients During The Early Period Of Covid-19 Pandemic In Ghana," *International Journal of Human Rights In Healthcare*, July 11, (2022): *in press*, <https://doi.org/10.1108/IJHRH-12-2021-0207>.

⁹ "Pedoman Penanganan Cepat Medis dan Kesehatan Masyarakat," accessed May 10, 2023, <https://infeksiemerging.kemkes.go.id/protokol-covid-19/pedoman-penanganan-cepat-medis-dan-kesehatan-masyarakat-covid-19-di-indonesia>.

¹⁰ *Minister of Health Regulations Number 20 of 2019 concerning Implementation of Telemedicine Services Between Health Service Facilities*.

Development of health facilities providing consultations and telemedicine services must meet the requirements covering human resources, facilities, infrastructure, equipment and applications.¹¹

B. 2. Patient Rights on Privacy and Confidentiality

Article 32 of the Hospital Law Number 44 of 2009 stipulate that every patient has the right to privacy and confidentiality of the illness he is suffering from. In this sense, every person has the right to the secrecy of his personal health condition that has been disclosed to health service providers and every public body can open access for every applicant for public information to obtain public information, except, among them, regarding history, condition and treatment, health treatment a person's physical, and psychological, because when opened and given to the applicant public information can reveal personal secrets.

Furthermore, in Article 48 paragraph (1) of Law Number 29 of 2004 concerning Medical Practice, it is stated that every doctor or dentist in carrying out medical practice is obliged to keep medical secrets as well as everything that is confidential.¹² In this case the hospital may refuse to disclose any information to the public relating to confidential medical record. So, the medical record file is a medical secret that contains the identity of patient, including a positive patient for Covid-19 which must be kept confidential by the hospital.¹³

The following are some matters relating to legal protection of the identity of Covid-19 patients:¹⁴

1. Patients of Covid-19, have the right to privacy and confidentiality of their illness, including their medical records. The identity of the Covid-19 patient is the patient's privacy that must be kept confidential.¹⁵

¹¹ Billy Immanuel Mingkid, "Implikasi Yuridis Pasal 46 UU No. 44 Thn 2009 Tentang Rumah Sakit Terhadap Kelalaian yang Dilakukan Tenaga Kesehatan dalam Hal Ini Tenaga Medis," *Journal Lex Et Societatis* 8, no. 1 (2020): 51, <https://doi.org/10.35796/les.v8i1.28471>.

¹² *Law Number 29 Year 2004 concerning Medical Practice.*

¹³ *Law Number 29 Year 2004.*

¹⁴ *Law Number 14 Year 2008 concerning Public Information Disclosure.*

¹⁵ *Article 32 of Law Number 44 Year 2009 concerning Hospital*

2. The doctor is obliged to keep everything he knows about the patient confidentiality. This means that doctors are not allowed to share the identity of the patient and the patient's illness, including Covid-19 patients¹⁶
3. Hospitals must respect and protect the rights of patients. If there is a hospital that leaks patient data including Covid-19 patients, the hospital can be subject to sanctions in the form of a warning, written warning, fine, and even revocation of hospital permit.¹⁷ Not just anyone can access patient data and identity, anyone who knowingly accesses a person's history, condition and treatment, physical and psychological treatment will be subject to sanctions.

In Article 57 paragraph (2) of the Health Law, it is clarified that exceptions to data protection can be carried out, one of which is for the public good. However, it must comply with the principles of necessity and proportionality which must be carried out in a strict and limited manner. Obligation for all health service providers to maintain the confidentiality of patient medical records are regulated in the Minister of Health Regulation Number 269/MenKes/Per/III/2008 concerning Medical Records. Article 10 paragraph (2) states the exception that opening a medical history is possible for health purposes, fulfilling the request of the apparatus law enforcement, at the patient's own request, and for research or educational purposes as long as the patient's personal data is not identified.¹⁸ In addition, as defined in Article 57 of the Health Law, everyone has the right to the confidentiality of their personal health conditions that have been presented to the health service provider except in the case of: a) statutory orders; b) court order; c) the permit in question; d) public interest; or e) the interest of the person.¹⁹

Provision of Article 21 and Article 22 of Government Regulation Number 40 of 1991 concerning Control of Outbreaks of Infectious Diseases also states such exception. In line with this exception, the Government encourage everyone to participate in the implementation of epidemic control efforts. Participation includes among others a) Providing information on the existence of sufferers or suspects with epidemic diseases; b) Assisting in the smooth

¹⁶ Article 51 letter c of Law Number 29 of 2014 concerning Medical Practice.

¹⁷ Article 29 paragraph (2) of Law Number 44 of 2009 concerning Hospital.

¹⁸ Minister of Health Regulations Number 269 of 2008 concerning Medical Records.

¹⁹ Law Number 36 Year 2009 concerning Health.

implementation of epidemic prevention efforts; c) Motivating the community's motivation in efforts to control the epidemic; and d) Other activities such as assistance in personnel, expertise, and funds.²⁰

In handling Covid-19, every practice of collecting a person's personal data, including tracking location data, must be carried out in accordance with the principles and laws of protecting personal data. Potential violations are very likely to occur with the implication of discrimination and exclusion against the parties concerned, including increasing the situation of excessive fear for the public. As happened in the first two positive cases of Covid-19 in Indonesia, whose personal data was widely disseminated, experienced discrimination and intimidation, which then had a bad impact on the mental state of the two patients.²¹

The negative stigma against those who suffer from Covid-19 has an impact on efforts to handle the pandemic, especially in testing, tracing and follow-up efforts (testing, tracing, and treatment/3T). The entire impact of the negative stigma occurred due to the lack of information received by the public quite the opposite of large number of fake news or hoaxes. The public is expected to empathize with Covid-19 patients who must be isolated while undergoing treatment and exiled when they have recovered. In this moment, patients need support to recover by keeping in touch with those closest to them. The reason having this support is very influential on the patient's recovery.²²

There are pros and cons concerning the disclosure of information on positive Covid-19. The information was initially considered to disturb the patient's privacy and potentially cause discrimination to the patient. However, as the number of positive patients increases, this information is deemed necessary as an effort to break the chain of virus transmission. Disclosure of information on positive Covid-19 patients can be useful to **promote** awareness.²³

²⁰ *Government Regulation Number 40 of 1991 concerning Control of Infectious Disease Outbreaks.*

²¹ Syahidah Izzata Sabiila, "Kasus Corona Pertama di Indonesia, Ini Kilas Balik Usai 2 Tahun Berlalu," Detiknews, March 02, 2022, <https://news.detik.com/berita/d-5964691/kasus-corona-pertama-di-indonesia-ini-kilas-balik-usai-2-tahun-berlalu#:~:text=2%20Maret%202020%3A%20Kasus%20Corona%20%20Pertama%20di%20%20Indonesia%20Diumumkan&text=Pemerintah%20%20mengkonfirmasi%20kasus%201%20dan,ke%20Indonesia%20pada%20Februari%202020>.

²² "Social Stigma Associated with the Coronavirus Disease (COVID-19)," accessed May 11, 2023, <https://www.unicef.org/documents/%0Asocial-stigma-associated-coronavirusdisease-%0Acovid-19>.

²³ Prama Bhattacharya, Debanjan Banerjee., & Rao, T. S., "The "Untold" Side of COVID-19: Social Stigma and Its Consequences in India," *Indian Journal of Psychological Medicine* 42, no. 4 (2020): 382–386, <https://doi.org/10.1177/0253717620935578>

However, disclosing information on positive Covid-19 patients has its own consequences. There are still people who are in cases of monitoring or positive for Covid-19 who are treated badly and discriminated within their environment. Therefore, the dissemination of information on positive Covid-19 patients must be carried out properly and correctly so as not to cause other social problems. The results of the study recommend that information disclosure of Covid-19 positive patients needs to be carried out, but should be limited to the 14-day travel history of positive patients.²⁴

B. 3. Hospital Limitations in Fulfilling Patient Rights During the Covid-19 Pandemic

Regarding the rights of patients to hospitals, especially during the Covid-19 pandemic, it needs to be noted the capacity of hospitals that unable to fulfill them optimally, including limited number of beds. Health systems and services in Indonesia face major challenges when the handling of the Covid-19 pandemic cannot be carried out optimally. At the beginning of January 2021, CNBC Indonesia reported the average daily case in Indonesia was around seven thousand cases and more than 200 people die from Covid-19.²⁵ It's really very concerning.

It was reported that the number of testing in Indonesia was still far below the WHO standard which reaches 38,500 per day. The application of tracing was also very low. In every one positive person, only two people were tracked, while the WHO standard is at least 30 people. If the number of testing and tracing were increased, more Covid-19 cases will be revealed. According to Dewi Nur Aisyah, the increasing number of Covid-19 cases ultimately affects fatalities. As fatality will depend on the capacity of health services and will affect the infected people and patients.²⁶

It was good that a number of local governments took the initiative to create an Emergency Hospital, due to the surge in Covid-19 cases. However, the emergence of this Emergency Hospital can be an indicator of the increasingly widespread transmission of Covid-

²⁴ Asni Ovier, "Hak Atas Rahasia Kondisi Kesehatan Pasien Bisa Diabaikan," Berita Satu, November 29, 2020, <https://www.beritasatu.com/kesehatan/703957/hak-atas-rahasia-kondisi-kesehatan-pasien-bisa-diabaikan>.

²⁵ Abigail Ng, "Indonesia Reported the Highest New Covid Cases in the World Last Week, Says WHO," CNBC, July 22, 2021, <https://www.cnbc.com/2021/07/22/who-indonesia-reported-most-new-covid-cases-in-the-world-last-week.html>.

²⁶ Wilda Hayatun Nufus, "Satgas COVID-19 Beberkan Upaya Pemerintah Transisi Pandemi ke Endemi," Detiknews, October 31, 2021, <https://news.detik.com/berita/d-5790479/satgas-covid-19-beberkan-upaya-pemerintah-transisi-pandemi-ke-endemi>.

19 in the community. The Indonesia Ministry of Health stated that the Emergency Hospital was originally established to treat patients who were positive for Covid-19 with mild and moderate symptoms but towards mild. But over time, the Emergency Hospital was finally filled with asymptomatic Covid-19 patients who wanted to self-isolate. The presence of an Emergency Hospital was important in handling this pandemic, in order to avoid the accumulation of Covid-19 patients in referral hospitals. Due to its nature as a place of isolation, the Emergency Hospital was not equipped with an intensive care unit in its handling.

Changes in people's habits to obtain health services and to respond people's concerns to come to the hospital, the hospital provides services with telemedicine. Various innovations at the primary and referral health levels through social media and the use of technology such as telemedicine and Covid virtual hospitals will help set the priority scale for patient care. This development and innovation are supported by the Indonesian Medical Council (KKI) by issuing Regulation Number 74 of 2020 concerning Clinical Authority and Medical Practice. Telemedicine become a reference for medical personnel in the practice of such innovative services in health care facilities.²⁷

With telemedicine, patients and families do not have to come to the hospital to get health services so that they can avoid the potential for exposure to infectious diseases around the hospital. Hospitals can innovate by holding online public seminars about a disease and at the same time promoting what advanced medical facilities or equipment the hospital has. It is necessary to prevent transmission to doctors and health workers in hospitals, as well as patients who visit hospitals. These warnings include:²⁸

1. The hospital provides services to Covid-19 patients and completes all the requirements of handling Covid-19 cases and personal protective equipment (PPE). This applies to all health workers according to the criteria for each service room/service risk.
2. The hospital has postponed elective services, while still providing emergency services and requiring immediate treatment for diseases other than Covid-19.
3. Develop remote services (telemedicine) or other online applications in providing services to patients and their families in need.

²⁷ *Minister of Health Regulations Number 74 of 2020 concerning Clinical Authority and Medical Practice*

²⁸ Colbert, "Utility of Telemedicine in the COVID-19 Era," *Reviews in Cardiovascular Medicine* 21, no. 4 (2020): 583, <https://doi.org/10.31083/j.rcm.2020.04.188>.

4. Doctors, nurses and other health workers who are over 60 years old and have comorbidities are encouraged to work at home by utilizing information technology (telemedicine) facilities.
5. The Provincial/District/City Health Office monitors the implementation of hospital services so that they run according to their respective conditions.

Various changes have been made by hospitals to be able to meet and improve patient safety while providing health services to the community during the Covid-19 pandemic. Cooperation from the community and patients and their companions is also very much needed to comply with health protocols for the safety of all parties. Not only for patient safety, but also great care from the government and society is needed for the safety of health workers and other support personnel who have devoted themselves to working in hospitals. The Emergency Unit (IGD) at the hospital even had to be expanded to include tents outside the hospital. Isolation rooms in hospitals are also added to the Emergency Room. Hospitals are often faced with difficult conditions to be able to refer or refuse patients. Because in accordance with the nature of hospital services, hospitals are required to continue to accept patients and cannot refuse patients who need emergency assistance. For this reason, it is only natural that hospital management needs to take anticipatory steps in dealing with the Covid-19 pandemic, which is still unpredictable when it ends, including by making guidelines for handling Disaster Plans. The purpose of establishing a Disaster Plan in a hospital is to formulate regulations and support disaster management efforts in the area around the hospital. The state of non-natural disasters such as the Covid-19 pandemic has created a state of chaos that has disrupted services at hospitals. Therefore, a good Disaster Plan from the hospital is expected to be able to overcome the chaos as short as possible, so that services at the hospital can still be carried out according to the standards that have been set, because the hospital must try to reduce patient mortality and morbidity as much as possible. The hospital's Disaster Plan will describe in detail the Four Phases in handling emergencies, which include: 1) Mitigation; 2) Preparedness; 3) Disaster Response; and 4) Recovery.²⁹

²⁹ Savvas Vlachos. et.al., "Hospital Mortality and Resource Implications of Hospitalisation with COVID-19 in London, UK: A Prospective Cohort Study," *Critical Care Research and Practice*, (2021): 1–13, <https://doi.org/10.1155/2021/8832660>.

C. Conclusion

Hospital obligations have been adequately regulated in various laws and regulations in the health sector. However, in the context of the Covid-19 pandemic, hospitals were facing challenges in maintaining patient privacy and providing quality services due to limited resources. The surge in Covid-19 cases has caused almost all hospitals to be unable to accommodate patients who need treatment, forcing hospitals to prioritize treating patients with moderate, severe and critical conditions. Even so, hospitals still have the responsibility to maintain patient safety and safely, though hospital services are limited, hospitals must comply with applicable regulations and standard operating procedures. Government support is needed in providing adequate facilities and infrastructure especially for anticipating a spike in patients. It is recommended for the government to establish a legal umbrella that can guarantee the rights of health workers and hospitals in providing services to patients after the Covid-19 pandemic, in particular the protection of work norms, Occupational Health and Safety (K3) norms and labor social security norms. This is important so that health workers and hospitals as the front line in health services can have a sense of security in providing care and treatment services to patients. The hospital's legal responsibility for the fulfillment of patient rights needs to be supported by adequate laws and regulations, as well as guaranteeing the benefits and legal certainty.

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