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Submission date: 07-Dec-2023 03:49PM (UTC+0700)
Submission ID: 2251154438
File name: Aspect_of_Improving_Hospital_Health_Services_-_Hesti_Lestari.pdf (268.24K)
Word count: 5536
Character count: 29766

International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018): 0.28 | SJIF (2018): 7.426

Juridicic Aspect of Improving Hospital Health Services and Dispute Resolution between Hospitals and Patients

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Abstract: ***This article explains how the medical dispute resolution is managed in the hospital and how to best settle it if there is a dispute between the hospital and the patient in terms of health services. The procedure for revamping health services in reducing the emergence of disputes and resolving medical disputes in hospitals is to reform the concept of paradigms from various aspects of health care, provide legal protection for patients and the community and provide satisfaction with health care services received by patients. Revamping the concept or paradigm of health services from health providers, namely a comprehensive and comprehensive service paradigm, the health service paradigm meets the patient's human rights and the partnership health service paradigm. The best solution in the event of a dispute between the hospital and the patient in terms of health care is a solution that involves the parties directly so as to allow open dialogue, so a joint decision is most likely to be reached. In addition, because the meetings of the parties are closed it will provide a feeling of comfort, security to the parties involved so that the fear of disclosure of secrets and good names that are needed by doctors and health care facilities can be avoided.***

Keywords: Health Services, Medical Disputes

1. Introduction

Health is one of the basic human needs besides clothing, food and shelter, in the sense of living in a healthy condition that can no longer be negotiated as a basic need. Not only physical, but also spiritual health, even the criteria for human health have become socially and economically. Health care and health services are two aspects of health efforts, the term health care is used for public health efforts and the term health services is used for individual health.

Patients and doctors are subjects of personal law and hospitals are legal subjects of legal entities. The legal relationship that is formed is given the name of the agreement (verbintenis), and the law through Article 1233 of the Civil Code determines that there are two kinds of engagement that is formed, an agreement that is born both because of the agreement and the Law.

The legal relationship between doctors, patients and hospitals takes the form of an engagement to do something, known as health services. Patients are the recipients of health services and doctors and hospitals are the parties providing health services, which is to cure patients. The legal relationship only determines three types of achievement, does not provide about the form of achievement given, but there is a doctrine of law that says there are two types of engagement seen from the achievements given, which is known as the results and engagement engagement. An outcome agreement places an obligation on one party to produce certain results & the other party receives certain results. Whereas the engagement endeavors to place the obligation of one party to make endeavor (as much as possible) and the other party accepts the endeavor.

Poor service at a hospital can result in a dispute. Medical disputes occur because there is a problem that is felt to cause dissatisfaction from one party that is considered detrimental to the other party and often is the dissatisfaction of a patient who receives services, treatment, or treatment from a doctor or hospital.

Before a medical dispute arises, it is usually preceded by a pre-conflict and expected (fact) dissatisfaction with a patient or his family, which then causes a problem that blocks the heart, both internally or externally. come out in the form of a complaint (complaint), this is what is called a conflict which ultimately leads to a dispute.

Basically mistakes or negligence committed by hospitals that result in patient losses, the government must pay attention to deal with this problem more seriously so that there will be no more severe losses for the community. The number of hospital cases that cause harm to patients is an example of poor service hospital against patients. One example of the recent poor health services at Ciamis Hospital, West Java, a two-day-old baby died after the hospital refused to handle it despite his critical condition. The hospital reasoned that the room was full so it could not serve a baby named Muhamad Askar Hidayat.

The second case was the death of 2 patients at Siloam Hospital Tangerang due to an error in injecting anesthetic drugs caused by the drug label and the contents were not appropriate. Both patients experienced itching followed by seizures and ended in death. Siloam Karawaci Hospital, Tangerang, received a reprimand for sanctions related to the death of two patients after being given drugs. The warning was given because the hospital did not directly report the incident to the Ministry of Health or the local health office.

The cause of disputes between doctors / hospitals and patients is if a patient's dissatisfaction arises with the doctor in carrying out medical treatment or carrying out the medical profession, the dissatisfaction is due to the alleged error / negligence in carrying out the profession that causes harm on the part of the patient, this occurs if there is the assumption that the contents of the therapeutic agreement are not fulfilled or violated by the doctor.

The need to revamp the hospital related to criticism and sharp scrutiny from the public who complained about the complexity of the current home service system. In fact, many hospitals in lndonesia are 'reluctant' with problems that have to do with regulations / laws because regulations / laws are considered to impede the running of hospital institutions especially hospitals that are related to health care issues. This fact is actually inseparable from law enforcement in Indonesia so far which often does not reflect a fair attitude in making, examining or deciding cases, let alone coupled with regulations that open the gap for uncertainty. So that in the future it needs to be thought about for the sake of improvement and demands of a need.

Based on the descriptions above, it will be investigated about 1) how is the medical dispute resolution procedure in the hospital, 2) how to best settle if a dispute occurs between the hospital and the patient in terms of health services.

Definition and Legal Basis of Health Services

Health services are the rights of everyone guaranteed in the 1945 Constitution to make efforts to improve the health status of individuals, as well as groups or the community as a whole.[1] Based on Article 52 paragraph (1) of the Health Law, health services generally consist of two forms of health services, namely: (a) Medical health services, (b) Public health services.

Plenary health service activities are regulated in Article 52 paragraph (2) of the Health Act as referred to in paragraph (1), namely: (a) Promotive health services, (b) Preventive health services, (c) Curative health services, (d) Services rehabilitative health.

The legal basis for the provision of health services in general is regulated in Article 53 of the Health Act and Article 54 of the Health Act also regulates the provision of health services. Regulations or legal basis in every action of health services in hospitals must be carried out in accordance with the provisions of Article 53 and Article 54 of the Health Act as a basis and general provisions and the provisions of Article 29 paragraph (1) letter (b) of the Hospital Law in performing health services. In the management of health in hospitals includes all aspects related to health care.[2]

Hospital

The hospital is one of the health service subsystems organizing two types of services for the community, namely health services and administration. Health services include medical services, medical support services, medical rehabilitation and care services, these services are carried out through emergency departments, outpatient units and inpatient units.[3]

The duties of a hospital in its legal formulation can be seen in the provisions of article 1 point 1 of the Hospital Law. This provision in addition to containing an understanding of the hospital, also includes the formulation of hospital duties and the scope of its services, namely "Hospital is a health care institution whose main task is to conduct individual health services in a comprehensive manner that provides inpatient, outpatient and emergency services".[4] Article 4 of Law No. 44 of 2009 concerning Hospitals explains that Hospitals have the duty to provide individual health services in a complete manner.[5]

The organization of duties and functions of a hospital which is related to the many requirements that must be met in establishing a hospital is one form of preventive supervision of the hospital. In addition, the imposition of very severe sanctions is a form of repressive supervision. The regulation is actually motivated by the aspect of health care as a matter of the necessities of life is very important for the community.[6]

Medical Disputes

According to the Big Indonesian Dictionary, disputes are anything that causes differences of opinion, dissension, and dispute. While conflicts are disputes or disputes.Medical disputes contain the definition of disputes whose object is medical services. In this regard, both hospitals and doctors practicing in hospitals can become health providers, while understanding health receivers in general are patients. Medical disputes are not explicitly stated in Law No. 36 of 2009 concerning

[1] Komalawati V, Peranan Informed Consent Dalam Transaksi Terapeutik (Persetujuan Dalam Hubungan Doter dan Pasien); Suatu Tinjauan Yuridis (Bandung: Citra Aditya Bhakti, 2009). 77

[2] Cecep Triwibowo, *Etika dan Hukum Kesehatan*, Ethics and Health Law (Jogyakarta: PT Medika, 2014), hlm.

[3] A.A. Gde Muninjaya, *Manajemen Kesehatan*. Management of Health (Jakarta: Penerbit Buku Kedokteran EGC, 2004), hlm.220-234.

[4] Endang Wahyati Yustina, *Mengenal Hukum Rumah Sakit*, Introduction to Hospital Law (Bandung: Keni Media, 2012), hlm 17

[5] Article 4 of Law No. 44 of 2009 concerning Hospitals

[6] Endang Wahyati Yustina, *Op.cit*, hlm 18

Health, but the Law regulates compensation due to mistakes or negligence by health workers.

Medical disputes in law are also known as malpractice. Actually, from the origin of the word malpractice is not only aimed at the health profession but also the profession in general, but after generally starting to be used abroad, the term is now associated or directed at the health profession.

With malpractice not yet regulated in the current legislation, the handling and resolution of malpractice problems is also uncertain. The problem is compounded by the lack of standardization of health professional service standards.

Thus the most appropriate to determine the denial of service standards for health professionals is the Medical Committee at the hospital concerned. The current situation, the sentiment of the health corps that protect each other among fellow professionals will complicate the objective investigation efforts, so that the malpractice cases only enter the "ice box" and are not handled anymore. The determination must must be carried out proportionally with medicine or health and legal science. In this case the profession becomes too very careful and arises called negative defensive professional practice, which reduces creativity and professional dynamics.

Patient

Article I Paragraph (10) of Law Number 29 Year 2004 Concerning Medical Practices states: "A patient is any person who consults his health problems to obtain the necessary health services either directly or indirectly to a doctor or dentist".Article 1 paragraph (3) of Law No. 44 of 2009 concerning Hospitals states: "Patients are all people who consult their health problems to obtain the necessary health services, both directly and indirectly at the Hospital".

Patients are subjects who have a great influence on the outcome of services not just objects. Patient's rights must be fulfilled since patient satisfaction is one of the barometers of service quality while patient's satisfaction can be a source of lawsuits.[7]
The patient has the rights as stated in Article 32 of Law No. 44 of 2009 concerning Hospitals. Then Article 52 of Law No. 29 of 2009 concerning Medical Practice also mentions the rights of patients. Obligations of patients according to Law No. 29 of 2004 Medical Practice in Article 53.

Based on the information above, the hospital must be responsible for carrying out its obligations aimed at providing good health and protecting good services to patients. In service, hospitals must have hospital service standards, namely all service standards that apply in hospitals, including operational standard procedures, medical service standards and nursing care standards. Law No. 44 of 2009 concerning hospitals is considered sufficient to regulate hospital obligations as a health service provider.

Meanwhile, according to Kotler, consumers are all individuals and households that buy or obtain goods or services for personal consumption. From some of the above understanding can be concluded that patients are consumers of health service users.

2. Research Methods

This type of research is normative legal research that examines law as the norm, the rules that are in the US Law, and various statutory regulations. This normative legal research is a study conducted by studying literature. In this normative research it is also called doctrinal research which uses the laws and regulations and opinions of experts. While the approach used is the problem approach used in this study is the normative juridical approach. For this reason research is needed which is a basic plan in the development of science. Normative jurisdiction is carried out by studying and studying books, literature about legal methods, legal doctrines, legal principles and the legal system contained in the problem, namely the legal aspects of improving health services and resolving medical disputes between hospitals and patients.

Departing from this literature study, the source of this research data is based on library research. Likewise, to produce valid conclusions, the collected data is analyzed using descriptive analytical methods. This descriptive analytic method is to provide data as thoroughly as possible and describe the attitude of a situation and cause of a particular phenomenon to be analyzed by conceptual examination of an opinion, so that a clear meaning can be obtained as contained in the opinion.

3. Results and Discussion

Inequality in health care is a public secret. The first party that is often questioned is the doctor figure due to the doctor crisis experienced by Indonesia. Many primary health services do not have doctors and many areas have no health services or are far from health services.

According to the author, it would be inappropriate if the doctor was the only party responsible for the problem. In fact doctors are limited individuals whose performance is very dependent on the facilities of other parties. Like accommodation and infrastructure. Indonesia is an archipelago which stretches out to 1,905 million square km. With a vast landscape, Indonesia is still faced with problems of remote areas, borders, and islands (DTPK). Unfriendly terrain also justifies the difficulty of accessing the area.

In addition, the procurement of medical devices is also a problem because not all health institutions in Indonesia have adequate equipment. On the other hand, data released by the Republic of Indonesia Ministry of Health in 2014 stated that 95.13% of medical devices in Indonesia were imported. This shows that Indonesia is still

[7]Indra Bastian Suryono, *Penyelesaian Sengketa Kesehatan*, Resolution of Health Disputes (Jakarta: Salemba Medika, 2011), hlm. 80

lagging behind in the research and medical device industry.[8]

In addition, the most important factor causing inequality in health services is financial problems. If this problem can be well described, other problems such as uneven distribution of doctors, difficulties in medical infrastructure and accommodation in remote areas, so that the development of medical devices can certainly be resolved.

Not only that, as the main holder of control, the role of government is very important in this issue. Without covering up the fact that the government has made many efforts to reduce the disparity in health services received by the public, Indonesia still has a lot to clean up to improve its health system.

Revamping the Paradigm of Health Services

Implementation of health efforts carried out by health providers have a great opportunity for the occurrence of various conflicts of interest with patients. To anticipate the problems experienced by the health provider, improvements must be made from various aspects of health services that aim to improve the quality of health services, provide legal protection for patients and the community and provide satisfaction with health care services received by patients.

The first thing that must be addressed in the delivery of health services is the improvement of the concept or paradigm of health services from health providers should be directed towards more in accordance with the dynamics of social development and applicable law.

Changes, health service paradigms that must be developed, namely:

1. A comprehensive and comprehensive service paradigm
   Health services that used to be segmented and compartmentalized are comprehensive and comprehensive health efforts, not only focusing on curative and rehabilitative health services but also providing promotive and preventive health services.
2. The health care paradigm meets the patient's rights
   The health care paradigm which only emphasizes medical relations is now beginning to shift towards the fulfillment of the patient's human rights in the health sector.
   Fulfillment of the patient's human rights in health efforts refers to Article 28 H paragraph (1) of the 1945 Constitution which states that everyone has the right to receive health services. Two types of human rights in the health sector are the right to health care (the right to health care) and the right to self-determination.
3. The partnership health care paradigm

The partnership health care paradigm is a health service that places health providers and health receivers in a partnership pattern, placing each party in equality in making decisions about a medical action or treatment and care. For example the implementation of informed consent which is an appreciation of the patient's human rights.

The main causes of medical conflicts in health care are the dissatisfaction experienced by patients over health services due to the low quality of hospital health services which tend to neglect patients, not provide clear medical information, act arrogantly with no respect for patient rights, high costs of medical treatment and care that borne by the patient and the length of treatment days that must be passed by the patient in a time of treatment.

To minimize this medical conflict, it must be realized that health services provided by health providers have experienced a new chapter, namely health services that are not only in the form of a moral relationship and medical relationship, but have shifted towards legal relations that can have legal consequences. The change in health care paradigm as a first step to prevent doctor-patient conflicts.

Poor health services often result in medical disputes. In an effort to avoid or reduce medical disputes that occur, it is necessary to understand the construction of legal relationships between health providers and health receivers

Legal Relations between Health Services and Dispute Resolution

The hospital is an organ that has the independence to conduct legal relations with full responsibility. In carrying out health service efforts, the hospital as a legal subject made several achievements towards the legal subject (patient), by involving other legal subjects under his responsibility (HR at the Hospital).

Legal relationships that occur in hospitals are generally very complex as well as their scope. That is due to the legal relationship that occurs in health services in hospitals, related to several legal subjects in their respective legal positions, with various forms of legal actions.[9]

Actually, juridical qualifications regarding medical action have meaning not only for criminal law, but also for civil and administrative law. Disputes that occur between doctors and patients are usually caused by a lack of information from the doctor, even though information about everything related to medical actions carried out by doctors is the patient's right, it occurs because of the paternalistic pattern that is still inherent in the relationship.

Efforts to resolve disputes through the general court that have been taken so far cannot satisfy the patient, because the judge's decision is deemed not to fulfill the patient's sense of justice. This is due to the difficulty of the patient

[8] Itsfats (201907 Apri)l,Pelayanan Kesehatan, Bukan Hanya Tugas Dokter, Health Services is nont only doctors' task ITS Nea https://www.its.ac.id/news/2019/04/07/pelayanan-kesehatan-bukan-hanya-tugas-dokter/

[9] Endang Wahyati Yustina, *Loc.cit,* hlm 75-76

or the Public Prosecutor or Judge to prove the doctor's error. The difficulty of proof is due to their lack of knowledge regarding technical issues surrounding medical services.

Basically the actions carried out by the health service providers are legal actions that result in legal relations. In this case the legal relationship that occurs between health care providers in it there are doctors and other competent health workers, so that the creation of a legal relationship that will be mutually beneficial or detrimental. Public health services in Law No. 36 of 2009 concerning Health has arranged two important things, namely individual health services and public health services.

Health services are activities that take a promotive, preventive, curative and rehabilitative approach. In personal health services in accordance with Article 30 paragraph (1) is intended to cure illnesses and restore the health of individuals and families. Whereas public health services are intended to maintain and improve health and prevent diseases of a group and the community.

As a form of Public Service Agency, hospitals are required to have and meet the Minimum Service Standards (SPM). To guarantee minimum service standards in the health sector, Kepmenkes No. 129 of 2008 concerning guidelines for setting minimum service standards.

Thus it is very clear that in the implementation of health services the government is very concerned with the provisions that apply according to Law No. 36 of 2009 concerning Health, the rights of patients as recipients of health services can be protected.

Hospital patients are consumers, so in general patients are protected by Law No. 8 of 1999 concerning Consumer Protection (Law No. 8/1999). Law No. 29 of 2004 concerning Medical Practice is also a law that aims to provide protection for patients. Furthermore, if their rights are violated, the legal remedies available to patients are:

1. Filing a lawsuit against business actors, both the general justice institution and the institution specifically authorized to settle disputes between consumers and business actors (Article 45 UUPK)
2. Report to the police or other investigators. This is because in each of the laws mentioned above, there are civil provisions or criminal sanctions for violating the rights of patients.

Health disputes cannot be resolved if the cause is unknown. It cannot be denied that the medical profession is currently the center of attention and much criticized by the public and the mass media. Some things that are often the cause of health disputes, among others, are because patients and the public have an incorrect perception of health services.

1. Medical Negligence

Medical negligence is an attitude or action taken by a doctor / dentist or other health workers that is detrimental to the patient, interpreted as doing something that should not be done or not doing something that should be done. In fact, in the handling of patients, there are often different points of view between patients and doctors. This difference in perspective can continue to be a dispute between a patient and a doctor with a lawsuit or the doctor's demand for medical negligence.

The legal system in Indonesia which places cases of alleged medical negligence as violations of professional ethics, professional discipline or law in general both civil and criminal.

Professional responsibilities of doctors are governed internally by the Indonesian Doctors Association (IDI) as a medical professional organization, as outlined in the Indonesian Medical Ethics Code (KODEKI) as well as other regulations made by the Indonesian Medical Council (KKI). While the doctor's legal responsibility lies in the relationship between the doctor and the patient he cared for.

In the case of medical services that apply in hospitals certainly cannot be separated from the standard procedures that apply in each hospital so that doctors or health workers are required in providing health services to patients must not be separated from the standards set.

2. Medical Broadcasting

Medical omission in general is not yet widely known in the community both the legal profession, medical omission is one of the medical measures which in providing health services is not in accordance with applicable procedures.Medical negligence often occurs in hospitals, especially for the community or poor patients on the grounds that they must meet several administrative requirements.

The above explanation has more or less reviewed health services in hospitals that cause many incidents that conflict with standard health service procedures that have an impact on prosecution or lawsuits.

Settlement of medical disputes in the case of medical negligence carried out by health workers in a hospital can be resolved with several prosecutions, both criminal and civil or medical mediation, or if it has to be resolved at the court level, it is very much needed a general court whose judges understand specifically about health or have been specifically trained for medical dispute resolution.

If there is a medical dispute, the solution is at this time, there are two pathways namely the Litigation and Non-Litigation paths. Of the two paths there are five settlement institutions. The five medical dispute resolution institutions are the Civil Law Judicial Institution, the Criminal Law Judicial Institution, the Indonesian Medical Ethics Honorary Council (MKEK), the Medical Ethics

Advisory and Coaching Committee (P3EK), and through the Indonesian Medical Disciplinary Honorary Council (MKDKI).

Conflict is a situation where two or more parties are faced with different interests. A conflict changes or develops into a dispute if the party that feels aggrieved has expressed a direct dissatisfaction. So conflicts can change or continue to become disputes, which also means that an unresolved conflict will turn into a dispute.

In health services, according to Hermein Hadiati Koeswadji, there are three aspects of law that arise, namely covering the fields of civil law, administrative law and criminal law.10 Cases of medical negligence that have an impact on disability or death to patients cause a huge legal impact, however, because of the ignorance of patients in the health care system becomes a matter of course. In the Indonesian legal system, medical omission in general has not been clearly stated, but in this case it can be assumed in several laws and regulations.

Dispute resolution which is considered ideal is a settlement that involves the parties directly so as to allow open dialogue, thus a joint decision is most likely to be reached. In addition, because the meetings of the parties are closed, it will provide a comfortable, safe feeling to the parties involved so that the fear of disclosure of secrets and good names that are needed by doctors and health care facilities can be avoided.

Dispute resolution must be done in stages, considering that the profession of health workers and the institutions that shelter it (hospitals) are vulnerable to character assassination by the mass media or vulnerable to extortion by irresponsible persons.

In the first stage, the initial symptoms of dissatisfaction emerge marked by the patient sending a complaint in writing to the Hospital. At this stage the hospital should through the public relations department immediately respond to the complaint by providing clarification of the problem, so that the complainants feel satisfied and resolved the problem.

In the second stage, if the dispute has spread that can be suspected from the existence of a letter of dissatisfaction of the service addressed to the hospital, it is forwarded to the mass media, to NGOs or to the Ombudsman, and involves a third party, such as a legal representative. At this stage a mediator is deemed to be neutral to help resolve the dispute.
In the third stage, if a health dispute report is submitted to the authorities (the police, or the court) then if a closed dispute resolution is still desired by the doctor or hospital, then the presence of a certified mediator is very necessary. Although no court verdict has convicted him, the good name of the doctor or hospital has been impressed because it has been publicly published in the media. The impact is the level of public trust in doctors or hospitals will go down.

Settlement of health disputes through mediation, is considered the most ideal because the settlement process is closed and unpublished, so that it will provide a comfortable, safe feeling to the parties, and fears of disclosure of secrets and good name can be maintained. The parties to the dispute are brought together directly that allows open dialogue, so that a meeting point that benefits the parties is most likely to be reached.

4. Conclusion

The procedure for revamping health services in reducing the emergence of disputes and resolving medical disputes in hospitals is to reform the concept of paradigms from various aspects of health care, provide legal protection for patients and the community and provide satisfaction with health care services received by patients. Revamping the concept or paradigm of health services from health providers, namely a comprehensive and comprehensive service paradigm, the health service paradigm meets the patient's human rights and the partnership health service paradigm.

The best solution in the event of a dispute between the hospital and the patient in terms of health care is a solution that involves the parties directly so as to allow open dialogue, so a joint decision is most likely to be reached. In addition, because the meetings of the parties are closed it will provide a feeling of comfort, security to the parties involved so that the fear of disclosure of secrets and good names that are needed by doctors and health care facilities can be avoided.

To prevent medical disputes, it is better for health workers who work in health service facilities, especially in hospitals, to carry out their duties in accordance with the standard health care procedures set at the hospital. In addition, there is also a need to optimize the role of the government which aims to achieve a national health system in Indonesia that is carried out in an integrated and sustainable manner.

References

[1] A.A. Gde Muninjaya, *Manajemen Kesehatan*. (Jakarta: Penerbit Buku Kedokteran EGC, 2004)
[2] Cecep Triwibowo, *Etika dan Hukum Kesehatan*, Ethics and Health Law(Jogyakarta: PT Medika, 2014),
[3] Endang Wahyati Yustina, *Mengenal Hukum Rumah Sakit*, Introduction to Hospital Law (Bandung: Keni Media, 2012)
[4] Hermein Hadiati Koeswadji, *Hukum Untuk Perumahsakitan*, Law for Hospitals (Jakarta, Citra Aditya Bakti, 1993)
[5] Indra Bastian Suryono, *Penyelesaian Sengketa Kesehatan*, Resolution of Health Disputes (Jakarta: Salemba Medika, 2011)
[6] Isfats (201907 April),Pelayanan Kesehatan, Bukan Hanya Tugas Dokter Health Services is nont only

Hermein Hadiati Koeswadji, *Hukum Untuk Perumahsakitan*, Law for Hospital (Jakarta, Citra Aditya Bakti, 1993), hlm.53

doctors' task, ITS Nea https://www.its.ac.id/news/2019/04/07/pelayanan-kesehatan-bukan-hanya-tugas-dokter/

[7] Komalawati V, Peranan Informed Consent Dalam Transaksi Terapeutik (Persetujuan Dalam Hubungan Doter dan Pasien); Suatu Tinjauan Yuridis (Bandung: Citra Aditya Bhakti, 2009)

Law and legislation

[8] Republic of Indonesia Law 36/2009 concerning Health. Retrieve from http://extwprlegs1.fao.org/docs/pdf/ins160173.pdf

[9] Republic of Indonesia Law 44/2009 concerning Hospitals retrieved from https://www.jogloabang.com/pustaka/uu-44-tahun-2009-tentang-rumah-sakit

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