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DEVIATION OF COMMUNICATION ETHICS IN HOSPITALS DURING THE COVID-19 PANDEMIC PERIOD MARCH 2020 TO JANUARY 2021 (CASE STUDY AT MENTENG MITRA AFIA HOSPITAL)

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Abstract:

This study analyzes the Deviation of Communication Ethics from Medical Action Management Response and Communication Contravention. In this study, data was collected through an interview method with ten health workers at Menteng Mitra Afia Hospital and one external resource person. The problem in this research is "Ethical Deviation and crisis communication at Menteng Mitra Afia Hospital in Central Jakarta in handling the crisis due to the Covid-19 outbreak, which requires speed of action but is highly dependent on the government so that it can become a guide in the future". In this study, data were collected through an interview method with ten health workers at Menteng Mitra Afia Hospital and one external resource person using the Research Paradigm to discover various medical actions in crises, forms, or types of ethical deviations, examine management responses and formulate policy models. Then analyze, the data obtained in the form of Inductive Analysis; this analysis uses qualitative research methods, induction, and case studies where one research begins with specific observations and measurements. By starting to detect patterns and regularities, formulate tentative hypotheses that we can explore, and finally develop conclusions or general theories and concepts. The results of this study are that there are problems with the availability of facilities and infrastructure that have the potential to affect deviations in communication ethics, communication problems originating from human resources, doctors, and health workers, and problems with deviations from the service system that have the potential to affect communication ethics.

Keywords: Medical Action, Management Response, Communication Contravention, and Deviation from Communication Ethics

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INTRODUCTION

The Coronavirus disease pandemic is an infectious disease caused by the SARS-CoV-2 virus. The cooperation on January 27 included the installation of 195 thermal scanners at 135 entrances nationwide, preparing 100 hospitals to handle patients identified or infected with the coronavirus, and providing standardized Personal Protective Equipment for medical personnel. This attitude

contrasts with the statements of several state officials who took the threat seriously. The statements of these officials contradict the attitude of the DKI Jakarta Provincial Government, which on February 28 released Governor Instruction Number 16 of 2020 aimed at all levels of the DKI Provincial Government to begin taking steps to prevent the transmission of Coronavirus infection, which has been officially named Coronavirus Disease 2019.

The government's unanimous stance, which finally announced that COVID-19 was officially declared contagious in Indonesia on March 2, 2020, was not followed by medical readiness. As a doctor, the author became part of the panic when in the March 2020 period, there was no adequate medicine, vaccine, or therapy for people with COVID-19. At that time, all services in the health organization, namely the Hospital, became chaotic and confused because there was no proper direction when there was a spike in the disease that was increasing daily. Throughout May 2020, from May 1 to 31, 3,134 patients tested positive for Covid-19.

Panic conditions do not only occur in patient care, in terms of handling dead patients due to the absence of valid identification guidelines causing the number of bodies buried with the Covid-19 patient funeral procedure to be very large, thus burdening the Funeral Installation. From the beginning of March to May 31, 2020, 2,487 bodies were buried with the Covid-19 patient procedure. In April 2020, as many as 1,241 bodies were buried with the procedure. This figure is the highest compared to data in May and March 2020.

Researchers see that this condition occurs because, since the beginning of the Covid-19 case, the central government has asked the public to calm down but, on the other hand, does not guarantee that the government has made efforts to prevent the entry of COVID-19 into Indonesia. In the case of DKI Province, the DKI Provincial Health Office based on DKI Jakarta Provincial Governor Regulation Number 57 of 2022 concerning Organization and Work Procedures of Regional Apparatus is an implementing element domiciled under and responsible to the Governor through the Regional Secretary with the task of organizing government affairs in the health sector. Clarity only occurred after the government issued Presidential Decree No. 7 of 2020 concerning the Task Force for the Acceleration of Handling C.

Until the central government issued the two regulations, Covid 19 infections increased. President Joko Widodo even said he would not carry out regional quarantine or lockdown according to Law No.6 of 2018 concerning Health Quarantine even though the number of infections due to Covid 19 continues to increase. The regulation also states that restrictions on activities carried out at least include school and workplace holidays, restrictions on religious activities, and restrictions on activities in public places or facilities.

The government's unpreparedness is directly proportional to the condition of the Hospital, which is very unprepared in the face of an atmosphere like this. As a result of this panic, all doctors on duty, nurses, and supporters, such as laboratories, radiology, and others, one by one, began to contract Covid 19 and had to undergo a quarantine protocol for about 14 days. At the same time, senior specialists in the Hospital could not continue practicing in the clinic because they were vulnerable to infection, while general patients who were not infected with Covid 19 were also forced to endure pain so as not to go to the Hospital because of fears of contracting this disease.

Management in the Hospital was affected in this case; the board of directors, managers, and executors also had to immediately change strategies to save the condition of the Hospital and especially patients. The communication made by the government at that time could have been more conducive; the Minister of Health, Terawan Agus Putranto, told the press that masks were only worn by the sick. As a result, there was a surge in Covid 19 patients coming to the Hospital, which resulted in demands for operational changes for hospitals, such as creating a room with negative

pressure to prevent contamination in the area outside the operating room to level 3 personal protective equipment. At the same time, the Hospital is experiencing economic constraints because there are no payment rules by the Social Security Administration for patients infected with Covid-19.

In general, all hospitals need more time to be ready to handle Covid 19 patients. Patients who continue to arrive make the capacity of the treatment room insufficient. At that time, the intensive care units of all DKI hospitals were complete. In this condition, all eyes are on the hospital mandate holder, in this case, the President and Director of the Hospital. At that time, the author, since April 2019, served as President Director at Menteng Mitra Afia Hospital in Central Jakarta and had to take action in coordination with the Provincial Health Office and the Central Jakarta Provincial Health Office.

The object of this research is Menteng Mitra Afia Hospital, located on Kali Pasir Street No.9, RT.14 / RW.10, Kebon Sirih, Menteng District, Central Jakarta City. Moreover, has quite complete supporting services. In the Covid 19 condition that caused the panic, the author made several policies that violated several ethics and regulations, such as the use of doctors without a license to practice which was taken when all doctors at the Emergency Department of Menteng Mitra Afia Hospital were infected with Covid and had to rest.

At that time, the doctor's SIP obligation was abolished, so the doctor on duty only used a certificate from the Provincial Health Office and the Central Jakarta Provincial Health Office. The SIP obligation is regulated in Article 36 of Law Number 29 of 2004 concerning Medical Practice: "Every doctor and dentist who practices medicine in Indonesia must have a practice license." Then there is Article 37. As referred to in Article 36, the practice license is issued by authorized health officials in the district/city where the practice of medicine or dentistry is carried out.

The exclusion of SIP obligations is only one of the ethics and regulations violated in health crisis conditions. From here, the author, as the person in charge of the Hospital, through communication with the Provincial Health Office and the Central Jakarta Provincial Health Office in emergency conditions, made decisions that violated existing regulations. Similarly, the author allowed telemedicine practices by senior doctors in their homes. The practice of telemedicine differs from the methods in Article 35, paragraph 1 of Law No. 29 of 2004 concerning Medical Practice. In terms of care services, the management of Menteng Mitra Afia Hospital, with all its limitations, carries out Governor Decree Number 987 of 2020 concerning the Second Amendment to Governor Decree Number 378 of 2020 concerning the Determination of Referral Hospitals for Coronavirus Disease (covid-19).

In the decision dated September 28, 2020, RS Menteng Mitra Afia became one of 90 hospitals in DKI as an exceptional referral hospital for Covid-19, so it had to change the allocation of services from a total of 70 beds which were all for general patients to 40 unique beds for Covid-19 patients and 30 beds for general patients. Changing the allocation of unique beds for Covid-19 patients is a challenge because the management of Menteng Mitra Afia Hospital must change the air conditioning system from a cheerful pressure room to a negative pressure room. Unfavorable pressure rooms are made to prevent contamination of the outdoor area. In this room, the pressure is set lower than the pressure outside the room so that when the door is open, air from inside the negative pressure room cannot escape spreading viruses or bacteria. There was only one month to accomplish this, making it a technical challenge for management.

In panic and limited conditions, Menteng Mitra Afia Hospital, at the beginning of the Covid-19 pandemic, often experienced errors in selecting patient criteria. The lack of communication and guidance, as well as knowledge, often leads to the passing of Covid-19 patient cases which

contributes to increasing exposure of employees and health workers to Covid-19 which, in the worst conditions, ends in death. One of the fatalities exposed to Covid-19 was the Manager of Medical Services, Dr. Kunto Rahardjo, SpAn, KIC, who died on January 15, 2021.

As the leader of Menteng Mitra Afia Hospital, the author has maximally socialized and informed so that this incident does not happen again because it can impact the service and availability of resources in the Hospital. The management of Menteng Mitra Afia Hospital also formed a Covid-19 Task Force team to minimize the surge in patients and change the arrangement and order of the treatment room according to existing needs. In dealing with the situation, hospital management communicates internally and must communicate with external parties between referral hospitals and government agencies. Not only related to technical patient referrals, treatment methods, to PPE donations needed at that time.

METHODS

Thomas Kuhn in Liliweri How the results of scientific investigations should be interpreted. According to Kuhn, science only develops gradually toward the truth. Science has a paradigm that remains constant before experiencing a paradigm shift when current theories cannot explain a phenomenon and someone proposes a new theory. A scientific revolution occurs when: the new paradigm explains observations better and offers a model closer to objective and external reality, and the new paradigm is not comparable to the old paradigm.

There are several research paradigms, including positivism, interpretivism; constructivism; pragmatism; and critical theory paradigm. This research uses the critical paradigm. Robert M. Seiler, in the book; 'Human Communication in the Critical Theory Tradition' defines 'critique' as the application of principles or values that make 'radical' judgments aimed at bringing about positive change. Understandably, criticism comes in many forms, for example, rhetorical criticism, which carefully examines and assesses the quality of discourse. The subject of critique is a critical social science; what is criticized are basic social structures.

The following features can inform all varieties of critical social science. The critical social theory believes we must understand lived experiences manifesting in context. Critical theory also shares ideas and methodologies with interpretive theory.

What makes critical theory different from interpretive thinking is that critical thinking interprets all the actions and symbols of society to understand how various social groups are oppressed.

Critical theory examines social conditions to uncover hidden structures. Naturally, critical theory borrows ideas from structuralism. Critical theory teaches that knowledge is power. This means that understanding how one is oppressed enables one to take action to change the oppressive forces.

Social critique makes a conscious effort to integrate theory and action. Critical theories are thus normative; they serve by bringing about change in conditions in such a way that they can affect our lives.

That said, analysts working within this critical theory tradition align themselves with the interests of critical theorists who challenge the dominant order of society. They ask questions about how competing interests clash and how conflict resolution favors certain groups.

Critical paradigm research attempts to liberate people by changing their social, political, and cultural settings. It is concerned "with questions of power, control, and epistemology as social constructions with benefits for some, not others." Research in this paradigm advocates changing the structure of society, aiming to achieve practicality.

Inductive research is a research methodology carried out by applying approaches or reasoning with thinking steps that move from specific observations to broader generalizations and theories so that, informally, the approach in this research is referred to as a bottom-up approach, namely from the bottom-up. This research uses qualitative research methods, induction, and case studies.

Informants are the main component that has an essential position in research because it is from these informants that there are aspects that become studies to be studied. Informants in qualitative research use the purposive sampling technique to determine informants intentionally based on specific criteria or considerations.

Primary Data According to Hasan, Data about informants. Data obtained or collected by people conducting research from existing sources.

According to Hasan (2002; 98), qualitative analysis is an analysis that does not use models, mathematics, statistical models, and specific other models. Triangulation is a data-checking technique to check or compare the data that has been obtained. In this study, to match the research objectives regarding library users' perceptions of librarian performance, the collection and testing of data obtained are carried out in the library as the object of research consisting of students, students, employees, and civil servants.

RESULT AND DISCUSSION

Pandemics are mostly disease outbreaks that spread widely as a result of human-to-human spread of infection. Many significant disease outbreaks and pandemics have been recorded, including the Spanish Flu, Hong Kong Flu, SARS, H7N9, Ebola, and Zika. The term "pandemic" has not been defined by many medical texts. However, there are some critical features of pandemics, including vast geographic expansion, movement of disease, novelty, severity, high and explosive attack rates, minimal population immunity, infection, and contagion, which help us to understand this concept better, if we examine the similarities and differences between them. Pandemic-related crises have enormous negative impacts on national and global communities' health, economy, society, and security. Moreover, these crises have also caused significant political and social disruption.

It must be recognized that the covid-19 pandemic, as a crisis, not only nationally but internationally, is considered relatively "new" for all health workers. What is interesting is the initial situation of the covid-19 pandemic in Indonesia, including that experienced by RSU Menteng Mitra Africa. Most doctors, NAKES, and medical workers need clarification about the covid-19 virus that they did not know before. However, all "health facilities," including doctors, medical personnel, and NAKES, should have been mobilized to take medical action.

During the pandemic, it was challenging for doctors on the front line. Katharine Lang Alexandra Sanfins said, "The pressure is intense for medical professionals. Not only do they face constant exposure to SARS-CoV-2, but they also have to deal with the demands of their changing roles during the pandemic, which inevitably impacts their mental health. A meta-analysis of studies on the mental health effects of the pandemic on healthcare workers found that anxiety, depression, and stress were most common among this group. Many healthcare workers also reported fatigue, insomnia, fear of infection, and suicidal thoughts. It is not just those dealing with COVID-19 patients in hospitals that have been affected. A global review of research published in the British Journal of General Practice found high levels of work-related stress, anxiety, and burnout among primary care physicians in many countries.

Lee Chambers' follow-up report suggests another problem among medical professionals: "There is a real sense of... I suppose the term for it is 'moral injury,' a real sense that you are putting

yourself at risk of illness. You are on the front line of capitalizing on the crisis, and then you have certain people in positions of influence just doing what they want, having parties. [...] That is one of the things that troubles a lot of medical professionals." The worrying impact of this is that many doctors are leaving the profession. The British Medical Association found in a recent survey that 21% of respondents are considering leaving the NHS, and 25% are considering taking a career break due to the stress of working during the pandemic. In the survey, one GP expressed what may be the view of many, noting that "[i]f things do not change in the next few weeks, I fear many colleagues will leave the profession."

The situation experienced is by the research of Agyei et al. 1. Entitled "Surviving to Thrive": a meta-ethnography of the experiences of healthcare staff caring for persons with COVID-19." The research took the theme that the emergence of Coronavirus disease has increased the experience of emotional burden among health staff. According to Agryei, after collecting and synthesizing qualitative studies to build a comparative understanding of healthcare staff experiences of caring for Covid19 patients. A meta-ethnographic approach was used to collect and synthesize primary qualitative studies. Database searches were conducted from January to November 2020. Standardized tools were used to extract data from identified primary studies. Studies were translated into each other to formulate overarching concepts/metaphors that formed the basis of conducting a narrative synthesis.

The study concluded that healthcare staff caring for people infected with Coronavirus disease are at risk of physical exhaustion and empathy fatigue and require ongoing mental health support commensurate with their needs. Staff who come into contact with illness may require additional support to cope with illness and recovery. Policy and integrated efforts are needed to strengthen support systems and build resilience among healthcare staff.

The researcher concluded that, to some extent, in the national and international turmoil over the uncertainty of the covid-19 virus, doctors, medical personnel, and entire "health facilities" were mobilized to save millions of citizens.

In Chapter 2, the researcher has outlined what communication ethics means. Communication is the act or process of using words, sounds, signs, or behaviors to express or exchange information or to express ideas, thoughts, feelings, etc., to another person. Communication also entails using verbal and non-verbal cues; in the process, much information is often conveyed, and misunderstandings can occur. Sadri-Flammia summarizes communication as a symbolic process in which people create shared meaning. So what is verbal communication? Verbal communication is about language, both written and spoken. Verbal communication is about spoken and written language. In other words, humans interact through words or messages in the form of language. While non-verbal communication is communication using body language and other sign language.

Since this entire communication process occurs in the Hospital, there is more to modern healthcare than providing well-meaning and technically professional healthcare and patient care. Communication is a significant segment of team management - in addition to ability, reasoning, and problem-solving, doctors and nurses must have communication skills with other healthcare team members. Due to the peculiarities of doctors' communication, both among fellow doctors of a consultative nature, there is also personal communication between doctors and patients. Thus, communication between fellow doctors and between doctors and patients remains patient-based because it is "about the patient" that doctors communicate with each other. This is what is called therapeutic communication; Hippocrates also introduced this principle.

The concept of "therapeutic communication" refers to the process by which a doctor or nurse consciously influences a client or helps a client to gain a better understanding through verbal or

nonverbal communication. Therapeutic communication involves encouraging patients to express feelings and ideas and convey acceptance and respect. This concept has, however, been further defined by different experts who analyze the terms separately in terms of their word structure and meaning, i.e., therapy and communication. Therapy and communication are two complex words that each carry a different meaning. However, the terms have different meanings when referring to medical terminology and when considered compound nouns.

During this pandemic, doctors' and paramedics' communication response to covid services has changed from the initial face-to-face verbal-nonverbal communication in therapeutic communication to interpersonal communication with media.

Deviation of communication ethics, which is based on therapeutic communication, switches to media communication. This situation has illustrated the deviation in communication ethics. Like Harry's research titled The COVID-19 Pandemic: Healthcare Crisis Leadership as Ethics Communication, he explained that the government's reaction to crises such as the COVID-19 pandemic can be seen as ethics communication. Governments can cope with the disease and thus reduce the adverse public health impact, albeit with deviations as described by Walter Benjamin and supported by Fiedler's opinion due to situational leadership.

Hayry explained that observations in Sweden and Finland showed differences in the feasible ways to communicate the chosen policy to citizens. Sweden uses a herd immunity strategy with utilitarian health arguments easily communicated to Swedes. At the same time, Finland chose the PSBB strategy. Sweden and Finland find it challenging to communicate this because it goes against the basic principles of liberal democracy. Hayry's opinion is supported by Kristian Bjørkdahl and Benedicte Carlsen's research. In "Uncertainty and Immunity in Public Communications on Pandemics in Pandemics, Publics, and Politics: Staging Responses to Public Health Crises," Kristian describes what happened in Australia and Scotland regarding public engagement with the 2009 influenza pandemic and discusses the implications for communications on more recent infectious disease outbreaks, including Ebola and Zika. Kristian's conclusions show that public health messages aim to achieve a workable balance of warning and reassurance and deflect trust issues in experts and science to realize an ideal society.

This is true of Nelissen et al. in their research on The Swine Flu Emergency Department: The Relationship Between Media Attention for the Swine Flu and Registrations in an Emergency Medicine Unit. Where Nelissen examines the conditions when the world faces a potential pandemic outbreak, the media often reports on it. The media is an essential disseminator of health threat information. This study examined the potential effects of the media during the 2009 A/H1N1 influenza outbreak. He found media reporting was extensive when a new infectious disease broke out and increased when feared pandemic levels were reached. This was also the case with the swine flu outbreak in Flanders.

This finding shows that the increase in media reports follows the increase in cases, not vice versa. The question is whether, during the covid pandemic, there has been a deviation in communication ethics. Suppose researchers turn to the principles of communication ethics, which scholars broadly understand. In that case, ethics concerns creating and evaluating goodness, or "goodness," by answering general questions: How do we live? What makes certain decisions excellent or right or wrong? Is it ethically sound for governments to persuade poor people to fight and possibly die in wars that disproportionately benefit the rich? Is it an ethical good for society to provide access to free, quality education for all children? Are politicians obligated to tell the truth to their constituents regardless of the consequences? By grappling with the age-old human question of what is good, ethicists reveal the inherently social and political nature of communicative phenomena

- whether they are related to laws, morals, values, and customs and whether they differ from region to region or culture to culture. In communication ethics, scholars use various ethical theories to answer questions about the good involving all manifestations of communicative interaction.

As described above, all interviews with doctors and NAKES show a deviation in communication ethics during the pandemic. All communication in hospitals between doctors and fellow doctors and between doctors and patients can be said to "lack" or even "not" illustrates the originality of therapeutic communication. This means these five therapeutic communication levels are not working during the pandemic.

First, for example, less or even no interpersonal communication - face-to-face interaction between fellow doctors, doctors and nurses, doctors and patients who should receive therapeutic communication services. Secondly, transpersonal communication - interactions within a person's spiritual territory, also do not occur to the fullest extent. Listening is essential. Third, small group communication - interactions that occur when a small number of people meet and share a common goal.

This also did not happen. Fourth, intrapersonal communication - where in pandemic conditions, doctors, NAKES, and patients have lost or psychological deficiencies, so they do not communicate powerfully with themselves. Fifth, public communication between organizational parties and hospitals reduces interaction with audiences.

This view convinced the researcher that, based on theory, previous research, and expert support, there had been a deviation in communication ethics in hospitals during the pandemic.

The regulations are applied to many sectors, such as health, transportation, handling corpses, and marriage affairs during the pandemic. Some of the regulations issued afterward are also derivatives of central government regulations. This is what is called "public policy." There are various definitions of public policy analysis given by public analysts. Thomas Dye defines Public Policy as "Whatever the government chooses to do or not do."

Public policy can generally be defined as a system of laws, regulatory actions, actions, and funding priorities regarding a particular topic announced by a government entity or its representatives. The origin of the discipline of public policy, which is one of the most prominent means by which a government maintains order and meets the needs of its citizens according to the constitution, is from realizing that running a country requires a good need and direction of action.

All the policies above contain the Nature of Public Policy. Public policy may cover a large part of government activities and may be narrow, focused on specific, or broad, focused on more general activities. Each level of government may have both specific and general policies. While each policy contains definite goals or objectives, they may or may not produce anticipated outcomes. Policy-making is closely related to decision-making but different from the latter. Generally, decisions are made by administrators within an existing policy framework. Anderson states, "Policy decisions are made by public officials who authorize or provide direction and content for public policy action."

It appears that all DKI Jakarta Regional Government regulations, if sorted, focus more on regulative policies, meaning policies related to trade regulations and business, especially regarding "safety measures" as many as 25 regulations, for example, health facility services and isolation, body recovery. Then, redistributive policies - relating to reorganizing policies aimed at making socio-economic changes such as PSBB, WFH and administration, financial administration, etc. There is only one capitalization policy, namely Bansos, with three regulations. Attention to the public interest can be seen in as many as 19 PSBB rules, the corpse is only one regulation, but all covid matters boil down to health facilities regulated by only 12 regulations. This makes the Hospital also unable to meet public demands.

The description above shows that despite the "confusion" of national policies and policies of the DKI Jakarta Regional Government, it has not dampened the determination of the MMA Hospital, especially doctors and paramedics, to carry out the task of saving citizens from the covid pandemic crisis.

As outlined earlier, most of these studies on regulatory effectiveness focus on implementation issues stemming from various enforcement mechanisms. The existing literature on regulatory policy effectiveness has found that government forces need to be behind a policy for it to work. For example, highway speed limits are more effective if there are police to enforce them. Much research on regulatory effectiveness focuses on the relationship between implementation, enforcement, and policy success.

The conventional wisdom is that if a policymaker uses its discretion and decides to implement and enforce regulations properly, it will be more successful. Ideally, policymakers should use less intrusive means or methods to encourage voluntary vaccination against COVID-19 before considering mandatory vaccination. In other words, mandates should be considered only after people have been allowed to be vaccinated voluntarily and after there is sufficient reason to believe that more is needed to achieve meaningful social or institutional goals. Several ethical considerations should be explicitly discussed and addressed through ethical analysis when evaluating whether mandatory COVID-19 vaccination is an ethically justifiable policy option. As with any public health policy, decisions on mandatory vaccination must be supported by the best available evidence, legitimately conducted by decision-makers in a transparent, fair, equitable, and non-discriminatory manner, and involve input from affected parties. This is where leaders and leadership who think and act outside the box are needed. A crisis is a low-probability, high-impact event that causes significant disruption. From an organizational point of view, a crisis is "an unforeseen abnormal situation that presents extraordinary and high business risks and that will develop into a disaster if not carefully managed."

As described above, at least three main factors triggered the deviation of communication ethics in the medical actions of doctors during the pandemic at the MMA Hospital. There is only one fact: more and more people, citizens, are not or are limited to leaving their homes, either to the workplace or the MMA Hospital. This restriction also limits and even cancels direct interpersonal contact and communication with all friends and acquaintances. However, at the same time, it increases direct interpersonal contact and communication with the help of the media. Cellphone or Zoom communication services become very important during a pandemic when all parties must communicate interpersonally or in groups.

The research revealed that three categories of problem sources could potentially affect the deviation of communication ethics in medical actions, such as traumatic communication ethics.

CONCLUSION

This research has successfully described and analyzed various medical actions during a pandemic crisis at Menteng Mitra Avia Hospital during the Covid-19 pandemic from March 2020 to January 2021.

That, in the three months from March 3, 2020, to May 31, 2020, the cumulative number of Covid-19 cases in Jakarta was 7,272 patients. Throughout May 2020, from May 1 to 31, 3,134 patients tested positive for Covid-19. In the three months until May 31, 2020, the cumulative number of Covid-19 cases in Jakarta was 7,272 patients. Throughout May 2020, from May 1 to 31, 3,134 patients tested positive for Covid-19. Of this number, the chart of patients who died from Covid-19 reported

in Jakarta until May 31, 2020, reached 520 patients consisting of 84 patients in March 2020, 297 patients in April 2020, and 139 patients in May 2020.

Panic conditions do not only occur in patient care; in terms of handling dead patients due to the absence of valid identification guidelines, the number of bodies buried with the funeral procedures for Covid-19 patients has become so large that it has burdened the Funeral Installation. Data as of May 2020 shows that although the number of Covid-19-positive patients in Jakarta who died until that date only amounted to 520 people, the bodies buried with Covid-19 patient funeral procedures were almost five times more. From the beginning of March to May 31, 2020, 2,487 bodies were buried with the Covid-19 patient procedure. Throughout May 2020, from May 1 to 31, there were 890 bodies buried with the Covid-19 patient burial procedure. Meanwhile, in April 2020, 1,241 bodies were buried with the procedure. This figure is the highest compared to data in May and March 2020. In March 2020, 356 bodies were buried with the Covid-19 patient burial procedure.

The government's unpreparedness is directly proportional to the condition of the Hospital, which is very unprepared in the face of such an atmosphere. Some of the problems faced by the Hospital include the following: First, it still needs to have rules regarding managing patients with Covid 19, even though the drugs used and the method is in the clinical trial stage, which was issued for emergency use. Second, the existence of several Covid 19 variants has further exacerbated decision-making efforts from policymakers, both central and regional governments, to the management of the Hospital where the author works. As a result of this panic, all doctors on duty, nurses, and supporters, such as laboratories, radiology, and others, one by one, began to contract Covid 19 and had to undergo a quarantine protocol for about 14 days. At the same time, senior specialists in the Hospital could not continue practicing in the clinic because they were vulnerable to infection, while general patients who were not infected with Covid 19 were also forced to endure pain so as not to go to the Hospital because of fears of contracting this disease.

The Covid hospital criteria are determined separately from proper isolation room facilities in the Hospital by the Covid-19 patient criteria. This causes ethical deviations in the treatment room. Management and health workers experience crisis communication because the inadequate treatment room is still forced to treat covid -19 patients, which results in the risk of covid -19 transmission to patients and health workers.

The condition of Covid-19, which was not yet understood by medical science at that time, also made several emergency permits, one of which was the use of vaccines and the provision of treatment, which often resulted in changes in protocol. This condition directly faces the many hoaxes circulating through social media, such as anti-vaccines and drugs that are not halal, and so on. To overcome this, the Management of Menteng Mitra Afia Hospital seeks education about drug administration and several protocols that continue to change from the government. It is hoped that the health workers on duty will be responsive and able to make decisions by Government and Hospital Management policies. The use of drugs that are not yet suitable for covid treatment is still under research, causing ethical deviations to occur. The availability of new drugs that have yet to be proven for covid-19 treatment is still challenging to provide, which causes crisis communication between management, pharmacy, and other health workers.

The results of this study have successfully examined and explained various forms or types of communication ethics deviations in M Hospital during the Covid-19 pandemic from March 2020 to January 2021. The research results revealed in this dissertation show that there are three categories of problems that have the potential to affect the deviation of communication ethics in medical actions;

This research has successfully examined the contravention of public policy from the government towards various medical actions at Menteng Mitra Avira Hospital during the Covid-19 pandemic from March 2020 to January 2021. This study also found that two sources of public policies affect the performance of doctors during the Covid-19 pandemic; first, public policies that are seen as controversial by the central government;

Thus, seven national policies, and 53 public policies from the DKI Jakarta Regional Government, contain general elements of public policy analysis because policies are made on behalf of the "public," which are generally made or initiated by the government, which must be interpreted or implemented by the public and private sectors, as what the government wants to do, as a form of policy that the government chooses not to do.

Likewise, it can also be said that all of these regulations meet the nature and type of public policy regulation, which is substantive - policies that pay attention to society's general welfare and development, regulations relating to the regulation of trade, business, safety measures, etc. Distributive policies - focus on specific sectors of society; redistributive policies - relate to policy rearrangements aimed at making socio-economic changes; and capitalization policies where the government provides subsidies to various lower levels of government and other business ventures.

In the researcher's opinion, the distribution of 53 DKI Jakarta Regional Government policies generally or mainly involves the role of health services, either from hospitals or other health facilities that involve the communication actions of doctors. Of course, the opportunity for doctors to deviate from medical communication ethics is huge because doctors or other medics are "obliged" to serve the public in general and Covid-19 sufferers. The public indeed expects that doctors act based on virtue ethics. However, the pandemic conditions make doctors choose to act deontologically by thinking about the consequentialist impact.

Where the relationship between leaders and members is POOR, the task is UNSTRUCTURED, and the leader's position is STRONG. And POOR leader and member relationships, UNSTRUCTURED tasks, WEAK leader positions.

At the public policy level, the best public policy in times of crisis, such as the Covid-19 pandemic or KLB, is CAPITALIZATION POLICY, where the government provides subsidies to various lower levels of government to give them independence and participate in solving the problems they face. However, it still pays attention to input from various factors underlying substantive policies, then elaborates on distributive and redistributive policies.

PROPOSITION 2. At the leadership level, in times of crisis, the basis of leadership pays attention to the empowerment of members in the spirit of LOVE and care. The two types of leadership start from adaptive leadership, which is adaptive to communication and openness that has resilience and courage, consultation, and cooperation.

PROPOSITION 3. The ideal expectation of the public or society towards communication actions or behavior in crisis is virtue-based communication ethics with the condition that the leader appears with compassion and care.

PROPOSITION 4. Ideal deontological-based communication ethics can only be implemented by leaders who can empower members.

PROPOSITION 5. At the level of communication ethics, in times of crisis, the ideal communication action is CONSEQUENTIALIST-BASED COMMUNICATION ETHICS with the condition that these communication actions can only be directly supported by openness in communication to enable leaders to act and work to implement capitalization policies.

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