ETHICS AND LAW IN CLINICAL PRACTICE: PRINCIPALS OF HOW TO UNDERSTAND AN ETHICAL DILEMMA

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PAPER INFO

Received: December 2021
Revised: January 2022
Approved: January 2022

ABSTRACT

Background: In the current global era, the medical profession is one of the professions that gets the spotlight. The spotlight on the medical profession is a sign that currently some people are not satisfied with health services and the service of the medical profession in the community. Patient dissatisfaction occurs because of unbalanced communication between doctors and patients, there is no relationship of trust between doctors and patients in the relationship that occurs.

Aim: Based on the above background, the purpose of this study is to discuss clinical ethics, health law and their implementation in clinical practice.

Method: The type of research that was be used in this journal research is normative legal research. Normative legal research examines law from an internal perspective with the object of research being legal norms.

Findings: One of the simple things in the implementation of clinical ethics is the application of informed consent in clinical practice. Informed consent has a dual role in upholding the rights of patients and on the other hand protecting doctors in the face of lawsuits.

KEYWORDS

Ethics, Health Law, Informed Consent, Clinical Practice, Bioethics

INTRODUCTION

The change in people's views on health, from the sick paradigm to the healthy paradigm, has made some people say health is the most valuable asset and think that health is an investment. People are willing to pay dearly for the satisfaction they get in services, especially health services. Services include what the health care profession does, how to do it, the equipment used, and no less important is the results achieved from the service. The medical profession is required to do the best in providing health services (Afandi, 2017; Suryadi & Bioetika, 2009).

In the current global era, the medical profession is one of the professions that gets the spotlight. The spotlight on the medical profession is a sign that currently some people are not satisfied with health services and the service of the medical profession in the community. Patient dissatisfaction occurs because of unbalanced communication between doctors and patients, there is no relationship of trust between doctors and patients in the relationship that occurs. According to Suryawati (2006) the cause of patient dissatisfaction is the delay of doctors in serving patients, doctors are difficult to find, doctors are less communicative and informative. Likewise, according to Wahyuni et al. (2013) which said that some patients complained of dissatisfaction with the doctor's services not because the doctor's ability was lacking but because the patient felt less cared for. All of the above causes are included in the aspect of the doctor-patient relationship. The doctor-patient relationship is the foundation of medical practice as well as medical ethics (Afandi, 2017; Darwin, 2015; A. Suryadi, 1995).
Medical ethics is ethics for the medical profession that deals with moral issues that arise in the practice of medicine. Ethics has been an important part of medical practice since at least the time of Hippocrates, a Greek physician who is considered a pioneer of medical ethics in the 5th century BC. Medical ethics is now considered a key fundamental component of the essential knowledge and skills required for clinical practice. Medical ethics in Indonesia is regulated by the Medical Ethics Honorary Council in the form of the Indonesian Medical Ethics Code. The Indonesian Medical Code of Ethics is a reference and ethical standard for doctors in carrying out daily medical practice. Medical services based on ethics are needed to get quality services. Therefore, understanding and application of ethics is very important. The application of ethics emphasizes the importance of values that are considered and respected by anyone, especially by a doctor, as a form of providing good service to their patients. Understanding of medical ethics can improve doctors’ attitudes, awareness, trust, knowledge, satisfaction, ethical analysis skills, and decision-making abilities. The practice of the doctor's oath, the Indonesian Medical Code of Ethics, and professional standards can minimize or even eliminate problems between doctors and patients, as well as with their families (Darwin, 2015; Mappaware, 2016; Pelafu, 2015; Suryadi & Bioetika, 2009).

Based on the above background, the purpose of this study is to discuss clinical ethics, health law and their implementation in clinical practice.

**METHOD**

This research is a multidisciplinary research, which elaborates on the health sector with the main focus of discussion in the field of law. The type of research that was be used in this journal research is normative legal research. Normative legal research examines law from an internal perspective with the object of research being legal norms. The approach method used is descriptive-analytical-explanatory which uses a type of juridical-normative legal research with a Statute Approach which is aimed at studying the suitability and consistency between one law and another, or between laws, with the basic law, or between regulations and laws and regulations. Then the Case Approach, which is an approach that is carried out by examining cases related to the issues at hand which have become court decisions that have permanent legal force. The data used in this study is secondary data with legal materials used in this study consisting of primary legal materials covering all regulations and regulations in Indonesia, secondary legal materials in the form of books and journals, and tertiary legal materials in the form of dictionaries and encyclopedias. The technique of collecting data from all literature is in the form of library research, carried out by reviewing library materials in the form of statutory books and other written sources, which are related or related to this research. Overall data obtained from this study, secondary data processed and analyzed qualitatively for further description in order to provide understanding by describing, describing and explaining the results of this study. The method of thinking used in analyzing the collected data is to use the deductive method, which is a way of thinking that starts from general things and then draws specific conclusions (Ishaq, 2017; Johnny, 2006; Rideng, 2013; Soekanto & Mamudji, 2006).
RESULTS AND DISCUSSION
Bioethics in Clinical Practice (Definition, Types and Principles)

In the 20th century, bioethics has developed as a new academic and applied discipline due to technological advances in the biomedical field. Bioethics began to develop when Van Rensselaer Potter wrote a book Bioethics: Bridge to the Future in 1971. In the same year, The Kennedy Institute of Bioethics was founded at Georgetown University, Washington DC. It is here that the principles of biomedical ethics, popular in medicine, were formulated by Beauchamp and Childress (Henky, 2018).

The principles consist of four basic rules and four derived rules. The four basic rules in question are: (1) Beneficence (Doing good deeds or providing benefits to others) (2) Non-maleficence (Not doing harm or hurting others); (3) Respect for Autonomy (Respect for the freedom or wishes of others), and (4) Justice (Be fair to everyone based on the principles of distributive justice and social justice).

While the four derived rules consist of 1) Veracity (honest, providing accurate, timely, reliable, and comprehensive information) (2) Privacy (respect for a person's right to control access to himself) (3) Confidentiality (maintaining confidentiality) (4) Fidelity (faithful, keep promises / contracts, and put the patient's interests first) (Henky, 2018).

In simple terms, ethics is the study of morality — a systematic and careful reflection on morals and the analysis of past, present or future moral decisions and behavior. Morality is the value dimension of human decisions and actions. The language of morality includes words such as 'rights', 'responsibility', and 'good' and traits such as 'good' and 'bad' (or 'evil'), 'right' and 'wrong', 'appropriate' and 'it is not in accordance with'. According to this dimension, ethics is primarily how to know (Knowing), while morality is how to do it (Doing). The relationship between the two is that ethics tries to provide rational criteria for people to make decisions or act in one way among other choices (Williams, 2005).

In Indonesia, bioethics has only developed in the last 20 years, initiated by the ethics development center of Atma Jaya Catholic University, Jakarta. Bioethics became increasingly popular in Indonesia after Gadjah Mada University, Yogyakarta held the first Bioethics meeting in 2000 and also established the Center for Bioethics and Medical Humanities Studies. Two years later, in their second meeting, they formed the Indonesian Health Bioethics and Humanities Network (JHKI). In 2007, a non-degree program in Bioethics, Medical Law, and Human Rights was held for clinical educators to educate medical students to meet the 2006 Indonesian Doctor Competency Standards, particularly in the field of Bioethics. This program is organized by the Directorate General of Higher Education in collaboration with the Faculty of Medicine, University of Indonesia, Jakarta (Henky, 2018).

Ethics is a branch of philosophy. In simple terms it can be said that ethics is a discipline that studies the good and bad attitudes of human actions. Ethics is a philosophical part that is closely related to human values in appreciating an action, whether it is right or wrong, and whether the solution is good or not.

According to the language, comes from the Greek, namely Ethos, which means habit or behavior. Ethic (English), which means good human behavior / behavior or actions that humans must carry out in accordance with morals in general.

Whereas in other contexts it is widely stated that: Ethics is the application of moral philosophical processes and theories to actual reality. It relates to the basic principles and
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concepts that guide living things in thinking and acting and emphasizes their values (Soesetijo, 2015).

Ethics is concerned with humans personally with their "humanity", namely humans who have been and are able to realize themselves in thinking, acting, speaking, behaving towards other humans and (in) society, towards God the Creator and towards the environment in which they live and all of their contents. Ethics, like philosophical methods, contains deliberation and explicit arguments to justify certain actions (practical ethics). It also discusses the principles that govern the ideal human character or a certain professional code of ethics (Normative ethics) (Afandi, 2017).

Ethics is pluralistic. Everyone has a difference in the assessment of right or wrong even if there are similarities it may be different in the reason. In some societies, these differences are considered normal and there is great freedom for a person to do as he pleases, as long as it does not violate the rights of others. But in more traditional societies, there is equality and agreement on ethics and there is greater social pressure, sometimes even backed by law, to act on certain terms. In such societies, culture and religion often play a dominant role in determining ethical behavior (Williams, 2005).

As a branch of philosophy that deals with human behavior, ethics provides a standard or assessment of that behavior. Therefore, ethics is divided into four classifications, namely (Army, 2013) descriptive ethics (Only explain what is without giving an assessment of the object being observed), normative ethics (Ethics that put forward an assessment of what is good and bad, and what people should do), individual ethics (Ethics whose object is humans as individualists. Relating to the meaning and purpose of human life), social ethics (Ethics that discusses human behavior as social beings and their interactions with other humans). Both in the smallest scope, family, to the largest in the state.

Doctor status is different in each country even within one country. In general the current situation seems worse. Many doctors feel they are no longer respected as they used to be. In some countries, control of medical services has shifted steadily away from doctors to professional managers and bureaucrats, who some see doctors as complicates rather than partners in improving medical services. Patients who used to accept doctor's orders without hesitation sometimes ask for an explanation of the recommendations given by doctors because they are different from advice obtained from other health practitioners or from the internet. Some procedures that were once only performed by doctors can now be performed by technicians, nurses, or paramedics. Despite these changes affecting the status of physicians, medicine remains a profession that is highly valued by sick people who need services.

Medicine also continues to attract a large number of talented, hardworking, and dedicated students. To meet the expectations of patients and students, it is important for doctors to meet the expectations of patients and students, it is important for doctors to know and provide examples of the core values of medicine knowing and exemplifying the core values of medicine, especially compassion, competence, and autonomy (Williams, 2005).

Ethics in medicine is known as medical ethics. Medical ethics focuses primarily on problems that arise in the practice of medicine. In medical ethics the issues that arise are mainly related to the purpose of treatment, critical reflection on an action and developing autonomy in decision making within the scope of patients, doctors and other parties involved in the medical practice system. While clinical ethics is further narrowed down to the clinical scope, which is

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a branch of practice that provides a structured approach to identifying, analyzing and solving ethical issues in clinical practice (Afandi, 2017).

Doctors are often faced with situations of uncertainty in making decisions, including in making a diagnosis, determining treatment options or management to resolve clinical problems faced by patients. Decision making on ethico-medicolegal sensitive clinical issues is also faced with the same problem, namely uncertainty. Doctors must be skilled in making clinical decisions as well as ethically-medicolegal that can be accounted for without ultimately feeling guilty. Therefore, in addition to requiring good clinical reasoning skills, doctors also need adequate ethical and medicolegal reasoning skills in their daily practice (Romadhon, 2013).

In carrying out his professional duties, a doctor will always be related to bioethics and dental ethics, which will then be regulated in the dental code of ethics. However, nowadays, not a few dentists violate their bioethics or ethics as a dentist in dealing with patients, causing this to be in the public spotlight and creating a perception among the public that all dentists can do it. A few dentists who commit such violations will reduce public confidence in dentists, thus leveling this view towards all dentists. It seems that even though dentists have tried to carry out their professional duties in accordance with professional standards and the guidelines for their implementation are in accordance with the dental code of ethics, there are still some doctors who are in the public spotlight with various accusations (Soesetijo, 2015).

The application of medical science and technology cannot be separated from social and ethical aspects. Doctors who lack a deep understanding of ethics need systematic tools to be able to make medically correct and ethically correct clinical decisions (Romadhon, 2013).

The main purpose of the practice of the medical profession is to overcome suffering and restore the health of the sick. There are sick people (Patients, sufferers) and even in a simple society there are people who are considered capable of curing diseases (Shamans, healers, doctors) and medicine is expected to help the sick in any way. Basically, what is now called the doctor-patient relationship can be traced back to its origins in the medical relationship as in that simple society, of course coupled with the complexities brought about by social, economic, human relations, medical science, technology, ethics, social developments, law, business and others in this modern era. The deepest part of the doctor-patient relationship is mutual trust. Patients as those who need help believe that doctors can cure their illness. Meanwhile, the doctor also believes that the patient has given the correct information about his illness and he will obey all the doctor's instructions (Suryadi & Bioetika, 2009).

Good medical services are those that can meet the needs of the community, are of high quality and affordable. To be able to provide quality complete medical services (Preventive, promotive, curative and rehabilitative) is not only determined by knowledge and skills, but also by behavior (professional behaviour), ethics (bioethics), morals and law (Suryadi & Bioetika, 2009).

In the treatment of patients in the clinic, after medical indications, management is also determined by "art" based on the basic principles of bioethics. The prima facie principle implies that the old basic rules of bioethics will be abandoned, replaced by new, more basic rules (Ceteris paribus). The four basic moral principles (Bioethics), include as follows.
Respect for human dignity (Respect for person/autonomy)

First, every individual (Patient) must be treated as a human being who has autonomy (The right to self-determination), and second, every human being whose autonomy is reduced or lost needs to be protected. In the context of autonomy, prima facie here appears (Changed into or in a state) in the patient's figure who is mature and has a mature personality to determine his own destiny. In addition, autonomy principles are the principle of autonomy is the basis of the doctrine of informed consent and medical action against a patient must obtain consent (authorization) from the patient, after he has been informed and understands it.

Doing good (beneficence)

In addition to respecting human dignity, doctors must also make sure that the patient's health condition is maintained (patient welfare). The definition of "doing good" is defined as being friendly or helpful, more than just fulfilling obligations. Beneficence is used when the patient is a normal condition and applies to many other patients, so that the doctor will do what is best for the benefit of the patient. Doctors have calculated that the good that will be experienced by the patient will outweigh the harm. The prima facie principle is that something changes into or is in a general state (Soempiet, 2013).

Beneficence principles are: 1) Positive principle beneficence (Prevent evil or harm, remove evil or harm, do or promote good); and 2) Balancing Principle of utility/proportionality (Balancing of benefit and harm).

Do not do harm (non-maleficence)

Medical practitioners must choose the treatment with the least risk and the greatest benefit. In the prima facie context, it is when the patient (changes into or is in a state) in an emergency situation where a medical intervention is needed in order to save his life. Or the context when dealing with patients who are elderly, easily marginalized and come from groups of children or old people or women's groups (in the context of gender issues) (Soempiet, 2013).

Non maleficence principle are: 1) Primum non nocere (Prioritize good things/deeds); 2) Above all do no harm; 3) One continuum with beneficence (Not to inflict evil or harm, prevent evil or harm, remove evil or harm, do or promote good); and 4) Double effect principle (Harmful actions are not always considered bad actions).

Justice and Equality

Differences in social position, economic level, political views, religion and beliefs, nationality and citizenship, marital status, and gender differences should not and cannot change the attitude of doctors towards their patients. There are no considerations other than the health of the patient that are the primary concern of the doctor. Prima facienya in (change into or in a state of) the context of discussing the rights of others other than the patient himself. The rights of other people, especially those who are the same or equal in experiencing health problems outside of the patient, as well as discussing the social rights of the community or community around the patient (Soempiet, 2013).

Justice principles are: 1) Justice (Fairness, individual person, a person receives what he deserves); and 2) Distributive Justice (Society, distribution of community natural resources). In the world of medicine, the moral foundation of the doctor-patient relationship is the core of
medical ethics. The discussion in medical ethics is more focused on the moral foundation that governs the doctor-patient relationship. The concept of this relationship will further sharpen clinical decisions that will be made by doctors in various situations, so that standards of professional behavior will be set.

**Quality of Health Services and Ethical Decision Making**

Slowther et al. defines clinical ethics services as providing advice and support to ethical issues arising from clinical practice and patient care in health care facilities. There are several models of clinical ethics services, for example emergency and non-emergency; authoritarian and mediation; clinical ethics committee and independent or mixed ethics consultant. In this paper, the terms 'committee' and 'consultant' will be used interchangeably because they have the same meaning. Clinical ethics services in the form of a clinical ethics committee have 3 functions, namely staff education and training, hospital policy development, and case consultation. These functions support the main objective of clinical ethics services, namely improving the quality of health services (Singer, Pellegrino, & Siegler, 2001; Anne Slowther, Johnston, Goodall, & Hope, 2004).

Clinical ethics services can improve the quality of patient care. Singer, et al suggested that the main goal of clinical ethics services is to improve the quality of care and patient recovery. It is important to note that patient-oriented health care is an obligation that must be fulfilled by health care providers in modern times. Most of the ethical problems generally arise directly during patient care, for example not respecting and respecting patient dignity, not communicating patient information properly, not having compassion, and so on. The non-application of "microethics" will certainly provide a bad experience for patients, thereby reducing the quality of service in these health care facilities. This condition can be avoided by utilizing clinical ethics services (Kerridge, Savulescu, & Komesaroff, 2001; Komesaroff, 1995; McClimans, Slowther, & Parker, 2012).

Two of the three main functions of the clinical ethics committee are facilitating ethical education to physicians and developing ethical clinical practice guidelines. Bioethics education will provide health practitioners with knowledge about bioethics and clinical ethics guidelines will guide clinicians to behave professionally when dealing with patients. This support is expected to encourage doctors to practice microethics in their daily health care activities. Thus, there is a strong relationship between ethics and service quality, namely the quality of health services is built on ethical standards and principles, while ethical clinical practice improves the quality of health services. The two things cannot be separated (Nelson & Gardent, 2008; Singer et al., 2001).

Clinical ethics services can improve the quality of ethical clinical decision making. This is in line with one of the main functions of the clinical ethics committee, which is to provide case consultation. Siegler and Singer emphasize that the primary role of an ethics consultant is to assist in sound clinical decision making. Ethics consultants play a very important role in dealing with the diverse wishes of patients. This condition can be found when there is a diversity of moral perspectives in society, which can worsen doctor-patient communication. This is generally found in multicultural countries, one of which is Indonesia. In such cases, the patient may consult a clinical ethics consultant to obtain a neutral view from a third party. Doctors who practice in different cultural environments can also take advantage of clinical ethics
consulting services by seeking experienced ethics consultants who understand local wisdom. Of course, clinical ethics consultation is very useful to facilitate discussion and help both parties to identify, understand, and manage ethical issues towards mutual agreement (Kerridge et al., 2001; Nilson, Acres, Tamerin, & Fins, 2008; Singer et al., 2001).

**Legal Aspects of Clinical Ethics Services**

The most important benefit of clinical ethics services is to prevent lawsuits against medical practitioners when disputes arise between doctors and patients. As a precautionary measure, the clinical ethics committee can prepare uniform clinical ethics guidelines, including medical approval procedures, advance or will, decision-making by guardians, orders not to perform resuscitation, determination of medical futility, troubleshooting related early and end of life, etc. These guidelines can maximize communication and minimize doctor-patient conflict, which in turn can reduce the potential risk of lawsuits on the part of health care recipients. In addition, the results of the clinical ethics committee discussion regarding some difficult cases can be considered as a representation of moral values in society because the decisions taken come from various perspectives, namely doctors, philosophers, ethicists, nurses, patients, families, sociologists, lawyers, anthropologists, and even religious scholars. In the event of a legal dispute in health care, as found in the Quinlan case, the court may consider the recommendation of the clinical ethics committee as a formal procedure or expert testimony as part of the judicial process (Bacchetta & Fins, 1997; Anne Marie Slowther & Hope, 2000).

Some experts have mistakenly assumed that decisions made by clinical ethics committees were paternalistic in nature. The reason is that the meetings held by these experts were secret and closed, without transparent procedures, so that no one knew how the process of justification for the decisions was made. However, at present, the situation has changed due to the increasing demands to provide patient-oriented services and the movement to fulfill human rights in the health sector. This movement encourages clinical ethics committees to prepare transparent and accountable procedures when handling clinical ethics cases, which are ready for scrutiny by any interested party (Lo, 1987).

However, there is a potential risk of lawsuits that the clinical ethics committee must anticipate. Legal responsibility may be attached to clinical ethics committees and they may be deemed negligent if they make inappropriate recommendations. When clinical ethics committees provide advice regarding the care of a patient, they should also share responsibility for that patient. However, medical negligence is only proven if the following four things are found: (1) there is an obligation, (2) a violation of the fulfillment of these obligations, (3) losses that occur as a direct consequence of the violation of these obligations, and (4) there is no evidence of negligence from opposite party (Cheluvappa & Selvendran, 2020; Larcher, 2009).

The clinical ethics committee has no obligation to the patient, but to the physician seeking advice. Although ethics consultants can be considered part of the healthcare team and therefore have an obligation to care for patients, it must be proven that there has been a breach of that obligation. To prove the violation of this obligation, it is necessary to carry out a Bolam test, which shows deviations from service standards. However, to date, there has been no set standard for ethicists.

Efforts to prove a direct link between the breach of obligations and the resulting loss is very complicated. If the clinician has followed the advice of the clinical ethics committee and
a previously anticipated adverse event persists, there may be a causal relationship between the incident and the clinical ethics committee's instructions. However, this condition only occurs in authoritative clinical ethics services. If the recommendations of the clinical ethics committee are not binding, in other words doctors have the choice to follow or not follow the recommendations of the clinical ethics committee, of course doctors are fully responsible for events that result from their own choices. In addition, in the United States, where clinical ethics consulting services have been established since 1971, there is no evidence that clinical ethics consultants are legally prosecuted for consultations rendered (Hendrick, 2001; Anne Marie Slowther & Hope, 2000).

**Informed consent in the Ethical Dilemma of Clinical Practice**

In Indonesia, informed consent certainly has a regulated purpose, as seen from the importance of protecting the patient's human rights to self-determination (right to information about their illness, the right to accept/reject treatment plans). It is also a concrete act of respect for the health community for individual rights. Considering the need and importance of limiting the authorization of health workers to patients is also something that can be released (Widjaja & Firmansyah, 2021).

Provide legal protection for the implementers of medical actions from unreasonable demands from the patient, as well as the consequences of unexpected and negative medical actions, for example against "risk of treatment" which is unavoidable even though the doctor has acted carefully and thoroughly and in accordance with with the standards of the medical profession. As long as this happens within certain limits, it cannot be blamed, except if you make a big mistake due to negligence or ignorance which would not actually be done that way by other colleagues.

According to Appelbaum (Veronica K, 1999) to become an informed consent doctrine, it must meet the following requirements: 1) There is an obligation of health workers to explain information to patients; and 2) There is an obligation from health workers to obtain permission or approval from the patient, before carrying out treatment/treatment.

From the statement above, there is a perception among health workers that it seems that this obligation only burdens health workers, while the risks faced in certain medical services are quite high. In this case, informed consent is defined as the embodiment of the principle of prioritizing the interests of the patient, but the interests of the health worker are neglected. In addition, there are also those who interpret that written informed consent from the patient can be used as evidence of the existence of errors in medical actions carried out by health workers. Based on the principle of no harm, the stipulation of the requirements for informed consent is precisely aimed at ensuring that health workers can avoid the slightest risk for the benefit of their patients.

In order to avoid the demands of patients against health workers, written informed consent is stated in the condition that health workers are not prosecuted in the future. The intended conditions include stating that, "Patients are fully aware of all the risks of medical action that will be carried out by health workers and if in the medical action something unwanted happens, the patient will not make any demands in the future". However, this formulation when viewed from a legal point of view has no legal meaning or force. In legal terms, this kind of permission is called blanket consent which has no power or meaning in terms of legality. That is,
permission like this cannot be used as a basis for defending health workers/doctor, if something happens to the patient. Thus, everything must be returned to the fulfillment of the standards of the medical profession. In addition, a person cannot absolve himself from his responsibility for mistakes that have not been committed (Contrary to articles 1335-1337 of the Civil Code).

It is necessary to ask for informed consent from the patient because informed consent has several functions as follows: 1) Respect for the dignity of the patient as a human being; 2) Promotion of the right to self-determination; 3) To encourage doctors to exercise prudence in treating patients; 4) Avoid fraud and misleading by doctors; 5) Encourage more rational decisions; 6) Encourage public involvement in medical and health issues; and 7) As a process of public education in the field of medicine and health.

In principle, informed consent is given in every treatment by a doctor. However, the urgency of applying the principle of informed consent is felt in the following cases: 1) In cases involving surgery, 2) In cases involving treatment using new technology whose side effects are not fully understood; 3) In cases using therapy or drugs that may have many side effects, such as laser therapy, etc.; 4) In cases of refusal of treatment by the client; and 5) In cases where in addition to treating, the doctor also conducts research and experiments with the object of the patient.

Another purpose of informed consent is that the patient has sufficient information to be able to make a decision on the therapy to be carried out. Informed consent also means making joint decisions. The patient's right to determine his fate can be fulfilled perfectly if the patient has received all the information he needs so that he can make the right decision. An exception can be made if the information provided can cause psychological shock to the patient.

The provisions for approval of medical action are based on the Decree of the Directorate General of Medical Services No. HR.00.06.3.5.1866 dated April 21, 1999, including:
1) Approval or rejection of medical action must be in the policies and procedures, determined in writing by the head of the hospital;
2) Obtaining information and managing, doctor's obligations;
3) Informed Consent is considered correct (Approval or refusal of medical treatment is given for specifically stated medical actions, approval or refusal of medical treatment is given without coercion (Valuentry), approval and rejection of medical treatment is given by a person (Patient) who is mentally healthy and has the right to give it from a legal perspective, and after being given sufficient (Adequate) information and explanations needed);
4) Fill in the information and explanations that must be provided (Regarding the goals and prospects for the success of existing medical procedures (Purhate of medical procedures), the procedure for the medical action to be carried out (Consenpleated medical procedure), risks, possible complications, alternative medical procedures and risks (Alternative medical procedures and risks), the prognosis of the disease if the action is taken, and diagnosis);
5) Obligation to provide information and explanation (Doctors who carry out medical actions are responsible; Unable to be represented by another doctor, with the knowledge of the doctor concerned);
6) How to convey information (Oral or Writing);
7) The party expressing the agreement
   a) The patient himself, 21 years of age or older or married;
   b) For patients less than 21 years of age in order of entitlement: Biological
      father/mother, siblings)
   c) For patients less than 21 years old without parents/absence, the order of rights:
      Adoptive father/mother, siblings, landlady)
   d) For patients with mental disorders, the order of entitlement: Biological
      father/mother, legal guardian, siblings;
   e) For adult patients under care (Curatelle): Trustee, curator;
   f) For adult patients who are married/parents: Husband and wife, biological
      father/mother, biological children, and siblings

8) How to express consent
   a) Written (Absolute on high-risk medical action);
   b) Oral (Action is not risky)

9) The type of medical action that requires informed consent is prepared by a medical
   committee determined by the head of the hospital;

10) Not required for emergency patients who are not accompanied by the patient's family;

11) Informed consent form for approval or rejection
   a) Known and signed by both witnesses, the nurse acts as one of the witnesses
   b) Stamp is not required
   c) The original form must be kept in the patient's medical record file
   d) The form must be signed 24 hours before the medical procedure is performed
   e) The doctor must also sign as proof that the information has been given
   f) For illiterate patients/families affix the thumbprint of the thumb of their right hand

12) If the patient refuses to sign the rejection letter, there must be a note in his medical
    record.

CONCLUSION
In the era of health services based on national health insurance, health service facilities in
Indonesia must have clinical ethics services in order to improve the welfare of the Indonesian
people. Although there are some criticisms of clinical ethics services, empirical facts have
shown that society needs clinical ethics services to improve the quality of health services and
prevent medical malpractice. A national survey to confirm the need for clinical ethics services
needs to be conducted in Indonesia. If the results support the opinion as described in this paper,
the next task is to determine the appropriate clinical ethics service model for the Indonesian
people, prepare qualified bioethicists, and formulate quality control mechanisms. One of the
simple things in the implementation of clinical ethics is the application of informed consent in
clinical practice. Informed consent has a dual role in upholding the rights of patients and on
the other hand protecting doctors in the face of lawsuits.

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