ETHICS AND LAW IN CLINICAL PRACTICE: PUBLIC HEALTH

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ABSTRACT

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Background: Public health is the study of disease prevention to enhance individuals' quality of life. Since the 14th century, public health research has grown in Indonesia.

Aim: This research aimed to discuss issues on the health sector, with the primary area of debate being law.

Method: This research employs a systematic review of the literature, which belongs to qualitative approach, that is organized by subject and then thoroughly assessed.

Findings: Public health services are designed to help people improve their health and reduce the risks of exercising their right to health. A multicultural society is today's public-health concern.

KEYWORDS Health, Public, Ethics

INTRODUCTION

Public health science is a synthesis of science and art aimed at preventing disease, extending life expectancy, and optimizing health quality through varied initiatives to coordinate diverse groups of people. Numerous attempts have been made to improve physical and mental health, including improving environmental sanitation, eradicating infectious diseases, and providing health education. Numerous efforts, such as infection control in the community, individual education about personal hygiene, and the organization of medical and care services for early diagnosis, disease prevention, and social development, will assist everyone in the community in maintaining a healthy standard of living. Since the 14th century, public health has developed in Indonesia.

The problems encountered in public health require multi-causal and multi-disciplinary solutions, whereas public health as an art encompasses a range of activities that directly or indirectly prevent disease (Preventive), improve health (Promotive), or provide therapy (Physical, mental, or social therapy.) Public health as an art is a collaborative effort, for example, environmental cleaning, providing safe drinking water, and food supervision. Public health's primary objective is to improve the health of people, families, and specific groups, both healthy and ill.

Public health services are supposed to contribute to both public health improvement and risk reduction associated with exercising one's right to health. Today's public health problem is a diverse society that embraces a pluralistic philosophy, which means that conflicts that may occur as a result of such variables cannot be avoided (Karkee, 2014).

Based on the explanation above, the researchers were interested in studying the prevailing ethics and law in the practice of public health since as implied before, public health is supposed to contribute much to the general improvements.
METHOD

This is a multidisciplinary research that focuses on the health sector, with the primary area of debate being law. This research will employ normative legal research methods. Normative legal research explores law from within, with a focus on legal norms. The descriptive-analytical-explanatory technique is employed, together with a juridical-normative legal research method and a Statute Approach, to examine the fitness and compatibility of one law with another, or between laws and the basic law, or between regulations and laws and regulations. Then there is the Case Approach, which is based on an examination of cases involving the issues at hand that has resulted in court rulings with lasting legal authority. The data in this study are secondary, with primary legal materials including all Indonesian legislation, secondary legal materials in the form of books and periodicals, and tertiary legal materials in the form of dictionaries and encyclopedias. The technique used to collect data from all available literature is library research, which is accomplished by reviewing library materials in the form of statutory books and other written sources that are relevant to or related to this research. The study’s overall data were processed and examined qualitatively for further description to create comprehension by describing, characterizing, and explaining the study’s outcomes. The deductive technique was employed to analyze the acquired data, which is a form of thinking that begins with broad concepts and progresses to specific conclusions (Soekanto & Mamudji, 2006).

RESULTS AND DISCUSSION

Ethics in Clinical Practice

According to Beauchamp and Childress (2008), to arrive at an ethical decision, a moral foundation is required. The four fundamental moral rules are as follows.

The principle of autonomy

A moral principle that requires respect for the patient’s rights, particularly the patient’s right to autonomy, which is defined as the right to choose the best course of action for himself with full awareness and without coercion from any party. This moral premise eventually resulted in the formation of an agreement known as informed consent. The idea of autonomy is founded on the belief that each human can reason logically enough to create, choose, and have decisions for themselves that are consistent with their thoughts. The idea of autonomy is also a way of showing someone you appreciate them by allowing them to act logically and without pressure. Several examples of the autonomy principle include the following:

1) Tell the truth or the true story
2) Be considerate of others’ privacy
3) Confidentiality of information
4) Obtain consent to intervene on behalf of patients
5) Assist others in making critical decisions

The principle of beneficence

A moral principle that places a premium on the patient's welfare, both in terms of behavior, treatment considerations, and all activities performed on the patient. Not only is beneficence
an act for the greater good, but it is also a premise that an action's benefits outweigh its drawbacks. Not only is it necessary to accomplish something good, but also to take precautions against the risk of wrongdoing or committing a crime. Occasionally, in the context of health care, there is a clash between this ideal and autonomy. As an illustration, consider the following:

1) Protect and defend the rights of others.
2) Avoid causing harm to others.
3) Eliminate hazardous circumstances that could endanger others.
4) Assisting individuals with a variety of disabilities.
5) Assist those in peril.

**The principle of non-maleficence**

A moral principle that specifically prohibits all behaviors or actions that have the potential to deteriorate the patient's health worse than it was previously, also entails avoiding intentional or unintentional damage to the patient's head. This principle is known as "primum non nocere" or "above all, do no harm." which suggests that whatever we do, we must avoid causing harm to the patient's head, whether physical or psychological. For instance, if a doctor's view about delivering health care is unacceptable to the patient and his family, and if forced to do so, the patient may suffer a loss.

**The principle of justice**

A moral principle that ensures that existing resources are distributed equitably following one's share. By respecting moral ideals, he can achieve equality and legal justice with those around him. Additionally, humanity. Examples include the following:

1) Each person receives an equal share;
2) Each person receives a share based on his need;
3) Each person receives a share based on his effort; and
4) Each person receives a share based on his contribution
5) For each individual following the benefits or uses
6) On a free-market exchange, for each individual

**Public Health**

The definition of public health is inextricably linked to the concept of health, which was defined by the World Health Organization in 1947 as a state in which a person is in perfect condition in three dimensions, namely physically, mentally, and socially, but not limited to being free of certain diseases and weaknesses. According to Law Number 23 of 1992 on health, health is a state in which a person is prosperous in terms of physical health, mental health, and social health, enabling that person to live a productive social and economic life. (4) Mentally healthy or mentally sound is a state of being in which an individual can achieve his or her full physical, intellectual, and emotional potential while also contributing to the growth of those around him.
Socially, a person is said to be healthy if he or she possesses adequate ability to preserve and improve his or her own and family's health in order to perform work that is balanced with rest and vacation time. Based on these two definitions of health, it is possible to conclude that health has four dimensions, which are physical (Body), mental (Soul), social, and economy.

These four characteristics demonstrate an interest and impact in the gift of achieving a high standard of health, both individually and in groups, as well as in a community group. Thus, health is a broad concept that encompasses a variety of aspects. Physically as well as emotionally. If a person is unable to manage his or her emotions whether sad or pleased, expressing them through loud shouting, crying, or out loud laughter, making it difficult to return to normal conditions, that person is not healthy. This can also be seen physically; if they are unable to improve their standard of living through education, employment, and interaction with the surrounding community, they are classified as unhealthy.

According to the American Medical Association, AMA; Professor Winslow, public health is the science and art of preventing disease, extending life, promoting physical and mental health, and maximizing efficiency through coordinated community efforts to improve environmental sanitation, infection control in the community, individual education about personal hygiene, and organizing medical and nursing services for early diagnosis, disease prevention, and social development.

Public health, as defined by the American Medical Association in 1948, is the science and art of preserving, protecting, and enhancing public health via community organizing initiatives. Public health is described as the coordinated application and action of sanitation and treatment to prevent disease in the community or society. Public health is a synthesis of theory (Science) and practice (Art) to prevent disease, extending life, and enhancing the population's health (Community). Public health is the application of the integration of medical science, sanitation science, and social science to the prevention of communicable diseases in communities (Tyler, 1995).

**Public Health Target**

Individuals, families, and special groups, both well and ill, are public health targets. Each of these categories is defined as follows.

**Individual**

Individuals are considered family members if they suffer from health difficulties as a result of their inability to care for themselves and if their condition has the potential to harm other family members physically, mentally, or socially.

**Relatives**

The family is the smallest unit of society, consisting of the family head and other family members who gather and live in a household due to blood ties and marriage or adoption ties, reliant on and interacting with one another. If one or more families suffer from health problems, it will affect other family members and families.
**Special interest groups**

A special group is a group of people who share the same gender, age, difficulties, and structured activities and are therefore particularly sensitive to health problems. Examples include the following (Spike, 2018):

1) Special populations with unique health needs due to growth and development, include pregnant women, newborns, children under the age of five, school-aged children, and the elderly.
2) Groups with unique health needs, such as those with infectious and non-communicable diseases, who require supervision, advice, and care.
3) Categories at risk of diseases, such as prostitutes, drug and alcohol abusers, and certain groups of employees.
4) Social institutions, including nursing homes, orphanages, rehabilitation centers, and child care.

**Implementation of Ethics in Public Health**

Assisting health professionals and policymakers in considering moral dilemmas while making public health policies or decisions. From 1960 to 1970, ethics has been largely disregarded, resulting in frequent disagreements about how to allocate a matter. Moral dilemmas are becoming more prevalent when new technologies are developed without proper research on humans and their needs. People frequently disagree, as in the example of the first artificial kidney gift, where there is disagreement over whether it should be given to Karen Ann Quinlan for her to survive artificially despite her lack of cognitive value (Wild & Dawson, 2018).

In 1969, the Institute for Social, Ethics, and Life (now known as Senter Hastings) established a foundation of ethics and key elements to aid in the analysis of moral challenges in the health industry. In 1974, in response to various US reports, the American government-funded academics to investigate human rights and moral norms for public health. One of the successful studies conducted at the time was a report from Belmont, which included the following ethical principles for doing research involving human subjects (Rajczki, 2016):

* Have no malice, respect an individual's rights, and uphold the values of truth and justice.

The investigations with human subjects that followed the Belmont report concluded that the three Belmont principles have aided researchers in resolving moral difficulties in their study, particularly in public health research. At the moment, there is agreement that there is no moral superiority between individuals. As a result, an ethical and moral dilemma arises regarding the requirement for ethical and moral consent from study subjects, and the patient has the right to decline treatment or research, which was previously assumed to occur automatically without the need for agreement or consent. Informed consent agreements have become a foundation for both the application of bioethics and its accountability to clinical practice. This is also done with the fundamental idea of not doing anything bad or against the patient's wishes (Wild & Dawson, 2018).

Medical ethics or research ethics have established the principle that everyone has the right to choose what is best for themselves. Because public health practices have limited standards for execution, they require a code of ethics and established points to assist them through moral issues they encounter when carrying out their public health responsibilities. At times, a
violation of the code of ethics regarding patient confidentiality occurs when a report to the government is required regarding the presence of a disease in the community. However, this action is granted an exception and is not considered a violation of the medical code of ethics because it is necessary to prevent the threat from spreading (Fika, Afandi, & Masdar, 2017).

Essentially, it enables public health practitioners to make the best judgments possible in the numerous situations in which they find themselves, even if they are deemed to violate the code of ethics. However, due to the difficulties associated with public health, human resources involved in public health are frequently viewed as a branch of health services capable of violating the code of ethics, due to the existence of exceptions for the greater good. As a result of public health services' extensive responsibilities, it is vital to have a code of ethics and also rules that are specially designed to serve as a reference for public health practitioners. The code of ethics can serve as a reference as well as guidance for how public health practitioners should conduct themselves in order to avoid violating the prior code of ethics and to reduce bad public perceptions.

All codes of ethics are intended to promote public health as well as to regulate health practitioners. The code of ethics is not limited to existing human resources, but also to goods resources that are intended to improve the quality of existing public health. The ethics of public health seeks to achieve understanding and clarity within existing boundaries so that the dilemmas of public health practice can be addressed with sound reasoning and under societal ethical rules (Spike, 2018).

The code of ethics that governs public health services must be written in such a way that it is consistent with previously established human rights. These public health services are expected to contribute to both public health improvement and risk reduction associated with exercising one's right to health. Additionally, the public health services' code of ethics respects the community's ideals of truth and justice. While there has been a standard operating procedure for medical resources, there has been no such system for public health practitioners.

We currently live in a diverse society and embrace a pluralistic philosophy, which means that conflicts that may develop as a result of this diversity cannot be entirely avoided. This is a challenge in current public health practice, since it requires human resources to work professionally, makes moral choices from a variety of moral dilemmas, and be under their society's diversity (Kasuma, Sastra, & Tegnan, 2018).

The Facility and Infrastructure Shortage Dilemma

The condition of adequacy of the need for various health facilities/infrastructure to every part of the community, and which can be provided without charge, is the ideal goal of public health; however, due to the limited availability of these facilities/infrastructure, a distribution is required that takes both the availability of goods and funding into account. Thus, consideration must be given to a person's entitlement to medical assistance, whether using the QALYs theory or the management allocation theory based on the individual's lifestyle.

According to the QALY theory, a person's life expectancy is calculated along with the need for financial support for a medical operation. However, there are disadvantages to this QALY strategy, including the fact that elderly persons have a lower likelihood of receiving an intervention than young people. There are also limits to this QALY, as it does not take into account a person's different comorbidities when assigning existing facilities/infrastructure. As
a result, it is sometimes referred to as a lifestyle allocation hypothesis. This approach emphasizes an individual's responsibility for the quality of his or her own health. This distinguishes those who are believed to have a lifestyle that contributed to the onset of their current sickness from those who have the same ailment but are the result of a variety of variables beyond their control. Thus, according to this view, it is more concerned with individuals who cannot be held accountable for the onset of the ailment they are currently suffering from. As a result, varied existing circumstances, based on requirements, benefits, and fairness, will produce significantly diverse end outcomes and must be taken into account to the maximum extent possible. QALY is a frequently utilized method, as it takes into account the cost-effectiveness of life expectancy, and patients are more encouraged to take responsibility for their health, according to lifestyle theory.

In practice, the priority assessment of patient treatment in Indonesia is left to the discretion of each physician. Numerous regulations indirectly provide guidelines for allocating the best facilities and infrastructure, such as the Minister of Health Regulation number 47 of 2018 concerning Emergency Services, which states that treatment is provided by health workers who consider the patient's vital signs and general condition, medical needs, chances of survival, available assistance, and prioritizing definitive treatment. According to Law 44 of 2009 on Hospitals, if a hospital lacks suitable facilities and infrastructure, a referral system is used to connect it to other hospitals that do, both horizontally and vertically, depending on the nature of the problem. According to article 42 paragraph 2 of the Hospital Law, every hospital is required to refer patients who require services that are not provided by the hospital.

**National Health Insurance**

A doctor's position as the spearhead of health services includes determining how existing facilities/infrastructure should be allocated. This occurs as a result of many problems around the fulfillment of one's right to health, as a result of people waiting too long to receive particular treatment for their sickness, with NICE serving as a benchmark for providing health services. So that the health services supplied can be carried out ethically, even more so when the costs of implementation are low.

Because there is a notion that medical care is expensive if it is only given to one person, it is unethical, even more so if the funds incurred for one person can be allocated to other persons in need of less expensive treatment, thereby reaching a larger population. As a result, not all treatments are possible, even when clinical research has demonstrated that certain treatments can be employed to provide the optimal intervention for a disease. This is because there are only a limited number of resources accessible to carry out these processes. Treatment and existing medical interventions must strike a balance between efficacy and cost.

According to the Law of the Republic of Indonesia No. 24 of 2011 on the Social Security Managing Body, national health insurance is a legal organization founded to administer a social security program that provides social protection for all Indonesian citizens to meet their fundamental needs. National health insurance is funded through social security contributions, including contribution assistance, the growth of social security funds, the transfer of assets from the social security program, and many other legal sources as permitted by applicable laws and regulations. As such, national health insurance is required to conduct and/or accept participant registration, collect and manage contributions from participants and employers,
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receive contribution assistance from the government, manage Social Security Funds for the benefit of participants, and collect and manage data on insurance program participants. Social security, pay benefits and/or finance health care services following the social security program's regulations, and notify participants and the general public about the social security program's execution.

Appointment of Healthy Tissue as an Effort at Prevention

Considerations of the removal of healthy tissue from a person's body, notwithstanding the danger of contracting a disease from the tissue. This is because preventive mastectomy is not a novel operation, but patient demand for this procedure to prevent future disease is increasing. The treatment of preventative mastectomy surgery is a critical medical concern for the physicians who perform the procedure. Because breasts represent not just a lady, but also a mother and a nurturing person. Psychological consequences may follow individuals who commit it. The ethical concept of health care, which states that no harm should be done to the patient, becomes a serious consideration while performing this preventative operation, and it is also extremely difficult to defend.

Thus, if prophylactic mastectomy becomes commonplace in society, it is believed that more extreme prophylactic operations would develop in the future as a result of an individual's fear of contracting a disease from the healthy tissue he possesses. While this prophylactic mastectomy may be justified to avert a more deadly condition in the future, it also respects the patient's freedom to choose the most appropriate option, surgical or non-surgical, for himself. Mastectomy has been regulated by the Minister of Health of the Republic of Indonesia's Regulation No. 34 of 2015 on the Management of Breast and Cervical Cancer, which states that breast cancer can be treated with mastectomy only if it has been proven by mammography. However, there is no regulation stating whether it is legal or not to remove tissue that is currently in good health despite genetic risk factors for future breast cancer.

Vaccination Rejection

If a mother refuses to immunize her child in the context of attempting to control and eradicate numerous current diseases, then immunizing children is an attempt to achieve herd immunity. However, immunization can cause a variety of side effects, including fever, redness, local pain, and in some rare situations, febrile convulsions. As a result, some parents opt out of this immunization campaign in favor of existing herd immunity.

As a result, it cannot be compelled to immunize a kid whose parents refuse. However, as a result of this refusal of vaccination, the incidence of measles has increased in the United Kingdom. This creates a demand for children to be immunized, albeit this cannot be compelled, and the best decision for a child is again a personal choice for each parent. However, Article 33 of the Minister of Health's Regulation No. 12 of 2017 states that if an individual or group of individuals takes intentional steps to obstruct the implementation of immunization, including routine immunization, they may face sanctions under current legislation.

CONCLUSION

Public health is the science and art of preventing disease, extending life, promoting physical and mental health, and maximizing efficiency through organized community efforts
to improve environmental sanitation, infection control in the community, individual hygiene education, the organization of medical services and treatments, for early diagnosis and disease prevention, and the development of social aspects that will support everyone in the community to have a sane life.

Public health problems are multi-causal, the solutions are multi-disciplinary, and public health as an art encompasses a spectrum of actions aimed at preventing, promoting, and treating disease. Individuals, families, and specific groups, both well and ill, who have health concerns are considered public health targets.

REFERENCES