LEGAL PROTECTION FOR DOCTORS SUFFERING FROM DISEASES AT WORK

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ABSTRACT

**Background:** PP 88 of 2019 on Occupational Health lists about Occupational Diseases (PAK) is a disease that occurs as a result of work results and or the environment around the workplace. Occupational Diseases must have a direct relationship with exposure experienced by workers, must be scientifically proven and use evidence methods based on evidence based medicine.

**Aim:** As the title indicates, this research aimed to explore more about legal protection for doctors who are infected during work.

**Method:** This is a qualitative or normative research method. Researchers looked at cases of Occupational Diseases in Hospitals and how they were linked to regulations regarding loss reimbursement.

**Findings:** There are cases of Occupational Diseases in Hospitals that until now there has never been compensation as mandated by PP No. 15 of 2019, there needs to be a mechanism in the enforcement of PAK diagnoses and indemnity mechanisms.

**KEYWORDS** Legal Protection, Doctors, Disease, Work

INTRODUCTION

PP 88 of 2019 on Occupational Health lists about Occupational Diseases (PAK) is a disease that occurs as a result of work results and or the environment around the workplace. While the implementation of Occupational Health includes efforts: 1) Prevent the occurrence of disease; 2) Improve health; 3) Cure disease; and 4) Rehabilitation. Occupational Diseases must have a direct relationship with exposure experienced by workers, must be scientifically proven and use evidence methods based on evidence based medicine.

According to data from the Central Statistics Agency in 2020, the projected population of Indonesia is 268,583,016 people. While the number of workers as many as 140,218,352 people, of these, who worked as many as 133,292,866 people.

According to the Indonesian Medical Council Data, as of January 22, 2021, the number of doctors registered in total is 234,090 people, consisting of general practitioners, specialists, dentists and specialist dentists. When proposed with the number of workers, doctors and dentists by 0.18% to serve the community of 268 million. GPs number 151,500, specialist doctors number 42,992 means each doctor serves an average of 1,380 residents. In fact, the spread of doctors is uneven throughout the provinces in Indonesia, this number is quite adequate according to world health organization (WHO) standards of 1 doctor serves 2,500 residents (Indonesia’s Ministry of Health, 2021). The problem of health services by doctor, in addition to the spread of doctors is uneven, there are also some provinces whose terrain is quite heavy, the area is wide and the population is spread, not collected in one region. For example, the provinces of Papua.
In order to carry out their duties, Doctors often meet with patients whether potentially infectious diseases or not, with the Covid-19 pandemic, Doctors are required to be more careful in patient services. There is an obligation to use Personal Protective Numbers (APD) level 1, 2 or 3 based on the level of risk patients face. In the use of PPE, doctors can not carelessly do things that are commonly done such as eating drinking, urinating or large (Even if they want to do this, detained until the completion of the use of PPE or finished the patient examination).

In Presidential Regulation (Perpres) Number 7 of 2019 on Occupational Diseases (PAK) for workers diagnosed with occupational diseases by the doctor who treated them, will get a Work Accident Guarantee (JKK) in the form of cash or Health insurance while in treatment. In the annex of the Perpres, submitted classification of diseases types 1, 2, 3 and 4. Occupational Diseases in the form of Covid-19 disease that infects doctors who are exposed, included in classification number 1. Article 15 of Government Regulation No. 88 of 2019 is submitted related to funding the implementation of occupational health sourced from the State Budget, APBD, the community or other legitimate and non-binding sources.

Occupational Health and Safety (K3) is an effort to protect workers and others entering the workplace against the dangers of K3. The goal of K3 is to prevent, reduce and even eliminate the risk of disease and accidents due to work (KAK) and improve the health of workers so that productivity increases. Law No. 36 of 2009 on Health said that occupational health efforts are aimed at protecting workers to live healthy lives and free from health problems and adverse effects due to their work. K3 is one of the service standards that is one of the standards that affect the accreditation of hospitals (Ivana et al., 2014).

Every job always contains a potential risk of harm in the form of a work accident. The magnitude of the potential for accidents and occupational diseases depends on the type of production, technology used, materials used, spatial and environmental building and the quality of management and implementing personnel (Indonesia’s Ministry of Health, 2021).

One of the workplaces that are at high risk is the Hospital, even the potential in the Hospital for the transmission of infectious diseases to hospital officers (doctors, nurses, midwives, etc.), patients and even visitors. Infectious diseases that have the potential to transmit quickly, such as HIV / AIDS disease, Hepatitis B disease, Hepatitis C, Tuberculosis, Covid-19, etc. In addition to the risk of contracting the disease, there are other dangers in the hospital, namely explosions, fires, floods, accidents due to electricity, etc., in addition to radiation, exposure to chemicals, anesthetic gases, psychic disorders and ergonomics. This condition of course causes a sense of discomfort and safety for officers, patients and visitors, so there is a nosochomial infection.

In addition, the potential risk of contracting disease from patients can also occur in non-medical personnel, namely hygiene workers who are exposed to biological factors, chemicals or cleaning drugs. The work of cleaning the hospital leaves the janitor exposed to dangers that interfere with his health. The risk of slipping when mopping the floor, contact with harmful chemicals, or exposure to biological hazards when cleaning laboratories or rooms containing viruses or bacteria and the possibility of being pierced by sharp objects when managing sharp waste such as syringes so that they can contract Hepatitis B and C or HIV/AIDS (Yuantari & Nadia, 2018).

The National Safety Council report in 2008 found that hospital accidents were 41% greater than in other industries. Cases that occur are impaled needles, sprains, back pain, scratches,
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burns and infectious diseases. In the United States, cases of needle stab wounds as many as 600,000 to 1,000,000 cases of needle stab wounds but as many as 60% are not reported. As many as 5,000 health workers are infected with Hepatitis B and(Dwiari & Muliawan, 2019) HIV.

PAK Risk Factors (Salawati, 2015)
1) Physical Group;
2) Chemical Group;
3) Infection Group;
4) Physiological groups; and
5) Mental Class

Potential Health Problems Experienced by Workers
1) Work Accidents
2) Occupational Diseases
3) Non-communicable diseases
4) Infectious Diseases

METHOD
This research method is qualitative or normative specific. The researcher analyzed cases of Occupational Diseases in Hospitals linked to regulations related to reimbursement of losses.

RESULTS AND DISCUSSION
PAK diagnosis is enforced by (Salawati, 2015):
1) Determine clinical diagnoses with good anamnness, diagnostic physical examination and supporting examination;
2) Determining exposure to risk factors by anamnness about work history carefully and thoroughly, which is related to when first worked, how long, doing what, materials used, information on the materials used, materials produced, types of hazards, the amount of exposure, when symptoms began to arise, whether the occurrence is the same as other workers, the use of PPE, how to do work, other work done, favorites and other habits(Merokok, alcohol consumption);
3) Comparing the symptoms of the disease while working and in a state of not working, whether the symptoms get worse when working and decrease if it rests, whether there may be exposure outside the workplace;
4) Physical examination is carried out with a record if the symptoms are not specific can be carried out supporting examinations in the form of laboratory examinations or biomedical examinations, such as spirometry examination and pulmonary X-rays (International Labour Organization standards, pneumoconiosis, audiometric examination, examination of metabolite results in the blood and urine;
5) Examination or testing of the work environment or company hygiene data, it is necessary to cooperate with the company's hygiene experts, evaluation of physical and chemical factors based on existing data and direct introduction of the work system, intensity and length of exposure;
6) Consult with other relevant expert doctors.

PAK prevention is done by applying five levels of disease prevention, namely: (Salawati, 2015)

1) Improved health (Health promotion);
2) Special protection (Specific protection);
3) Diagnosis (Detection) early to prevent complications;
4) Limiting the possibility of disability (Disability limitation);
5) Rehabilitation and placement of disabled employees in appropriate positions.

From the cases of occupational diseases, especially in this hospital, there has never been a health worker who received compensation as mandated by Article 15 of Government Regulation No. 88 of 2019 on Occupational Health. Health workers who are exposed to PAK when treated at the Hospital, for those who are not BPJS participants still spend funds for medical expenses. As for BPJS participants, the cost of hospital treatment is borne by BPJS but no one has ever received compensation.

CONCLUSION

There are cases of Occupational Diseases in Hospitals that until now there has never been compensation as mandated by PP No. 15 of 2019, there needs to be a mechanism in the enforcement of PAK diagnoses and compensation mechanisms.

REFERENCES


