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Implementation of Legal Protection for the Poor to Get Health Services

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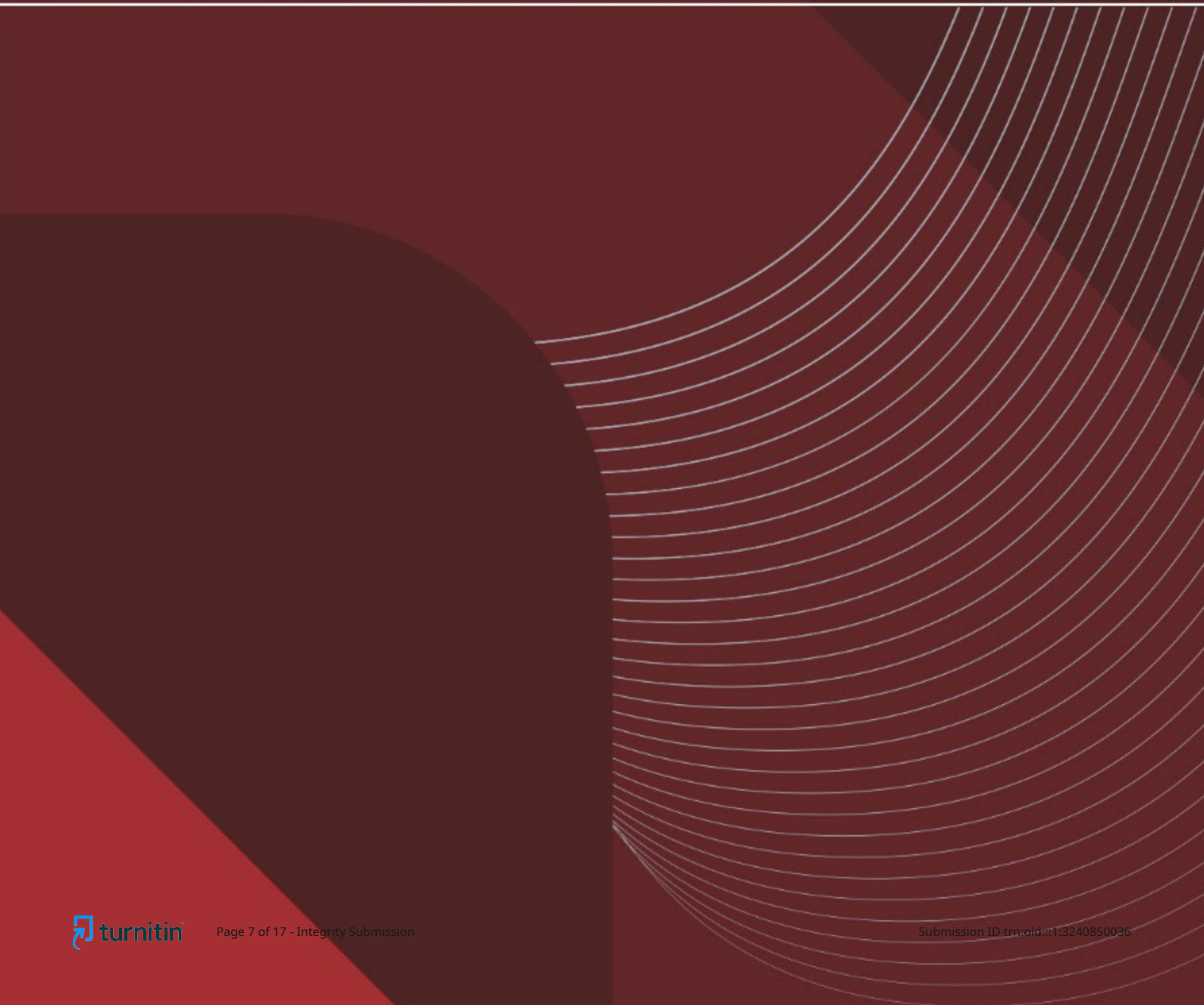
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Implementation of Legal Protection for the Poor to Get Health Services

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ABSTRACT Legal protection of health services for poor patients is directed to be able to apply the principles of a comprehensive, integrated, equitable, and affordable. This is principally stated in Law 36/2009 on Health. However, services in the health sector as one of the implementations of legal protection, especially for the poor, are still not optimal. To overcome these problems, the authors provide two problem formulations, namely how the implementation of legal protection for the poor to obtain health services and how the government's efforts to provide legal protection for the poor to obtain health services. The research method used is a sociological juridical approach. Sources of data include primary and secondary data, data collection through interviews and further analysis. Based on the results of research and discussion, namely: First, the implementation of legal protection for the poor for health services has not run optimally. This is often found in the behavior of doctors who are less professional in serving the poor. Second, the government's efforts to provide protection to the poor have been implemented. One of them is the issuance of a health insurance card. This effort has a significant impact in its implementation so that it is more proactive in responding to health service problems experienced by poor patients.

KEYWORDS Legal Protection; Poor Patients; Health Services

INTRODUCTION

Health is a basic need of every human being and is the capital of every citizen and every nation in achieving its goals and achieving prosperity (Kukuh, 2021). A person cannot full fill all his needs if he is in an unhealthy condition as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. In terms of health insurance, the state administers a national social security system. This aims to benefit equally for all Indonesian people. while in its implementation it is based on the principles of humanity, the principle of benefits, and social justice for all Indonesian people (Satria, Haruni, & Esfandiari, 2021). This is one of the driving factors for health service providers to implement the legal basis and role in health services that are oriented towards protection and legal certainty on the rights of patients to receive health services. In essence, health development is a joint obligation of the community and the government (Hidayah, Esfandiari, & Al-Fatih, 2021).

The community is the executor of development while the government is obliged to direct, guide and create an atmosphere that supports, complements and complements each other in a single step towards achieving the goals (Sri Hartini, Tedi Sudrajat, 2012). Development in Indonesia has brought many changes in various aspects of society, both in

rural and urban areas. These changes have an impact not only on the physical environment but also on the value system in the social order of society (Esfandiari, 2021). All informant data in this study was disguised at the informant's request to maintain privacy. District X the changes created by development in the regions have worrisome implications and are complex, because they have spawned underdevelopment and poverty in society. Based on data from BPS District X has the highest percentage of poor people in East Java. The data was taken in 2020. The implication of poverty is inadequate access to health for the community.

The problem of poverty is a challenge at the forefront of the world, not only in Indonesia, it is the biggest problem of the 21st century. This is contained, one of which is in the MDGs agreed upon by the United Nations, in the form of a joint target of 180 countries to reduce the number of poor people in the world by half in the period 2000- 2015(Hidayat, 2008). But in reality, in Indonesia poverty is a social problem that is present in the midst of Indonesian people's lives. This is what creates the government's obligation as mandated by the 1945 Constitution of the Republic of Indonesia to provide fundamental rights in order to create a prosperous society(Ishatono & Raharjo, 2016). The issue of poverty in Islam has become a study that has received major attention. this is what underlies the idea of empowering the people's economy. because the poverty factor can trigger other social problems(Istan, 2017).

Indeed, various efforts have been made by the government to fulfill the need for health services for the poor by implementing the Social Health Insurance Program. Efforts to ensure access of the poor to health services, including the Poor Community Health Insurance Program (Askeskin) from 2005-to 2007, then changed its name to the Community Health Insurance Program (Jamkesmas) in 2008. Strategic support from stakeholders is very important in the implementation of health programs in the regions.

so that it is expected to provide change and benefits to society. Therefore, the role of members of the council and local government who have been involved and synergized in overseeing the health program so that every Jepara resident has access to health services without significant financial constraints

In January 2014 the Indonesian government operated the Social Security Administering Body (BPJS) with a product called BPJS Health. In organizing social security, it is regulated by Law Number 40 of 2004 concerning National Health Insurance. ("BPJS Kesehatan," n.d.). However, even though they already have a health insurance card from the government, poor patients are still often rejected by the hospital, as experienced by SD patients (56) residents of Jalan Saruni, District X who do not get good services. (Interview with SD on 11 February, 2021)

Meanwhile, one patient named LH admitted that he was disappointed with the health services at RSUD X where when the patient wanted to seek treatment from the hospital, he was left alone, even though the patient received a Referral Letter from Clinic N for further treatment because the patient had symptoms of Covid-19 (Interview with LH on 11 February, 2021).

Then there was one of the BPJS card patients, namely RD, who complained about the provision of inadequate information about the types of drugs that had to be managed independently by the family (Interview with RD on 11 February, 2021). Based on Law Number 36 of 2009 concerning Health, implies that every individual, family and community

has the right to obtain legal protection for their health, and the state is responsible for regulating the fulfillment of the right to a healthy life for its population, including for the poor. In efforts to realize these rights, the government must provide equitable, fair, and affordable health for all levels of society. Legal protection is a guarantee provided by the state for all parties to be able to exercise their legal rights and interests who has in his capacity as a legal subject (Hidayah, Esfandiari, & Al-Fatih, 2021). Furthermore. Otherwise, in essence is an effort on the part of the fullest to provide such guarantees and conveniences that every citizen or the desire of citizens to actualize rights and obligations optimally in a calm and orderly manner (Afifah & Paruntu, 2015).

From the description stated above, the author focuses on conducting research by raising (two) problem formulations, namely:

1. How is the implementation of legal protection for the poor to get health services in District X?
2. How are the efforts of the Regional House of Representatives (DPRD) of District X in controlling health services for the poor to get legal protection?

METHOD

This study uses a qualitative research method with a sociological juridical approach, namely analyzing the problem from the point of view/according to the provisions of applicable laws and regulations and their implementation in the field (Yusuf, 2014). In order to find an overview of the problems raised, the researchers conducted a study for 6 months starting April-October 2021. The research location was at MN Hospital District X. The subjects of this study were patients using BPJS. While the object of this research is the health services provided. Informants Qualitative research does not use populations and samples but informants. This informant will provide information about the topic under study. So, in selecting informants, certain considerations are needed, such as understanding and mastery of the topic under study, easy to find and interviewed so that it will facilitate the writer in conducting research on the topic under study. In this study, informants were selected by purposive sampling technique. Purposive sampling is a sampling technique by determining certain criteria. The selected sample is those that meet these criteria. In this case, the authors chose three patients using BPJS. In addition, the authors also interviewed two officers in the service division at MN Hospital District X with the aim of obtaining additional information regarding the problems being studied. All informant data in this study was disguised at the informant's request to maintain privacy.

RESULTS AND DISCUSSION

A. Implementation of Legal Protection for the Poor to Get Health Services

Legal protection is a guarantee provided by the state to all parties to be able to exercise their legal rights and interests owned in its capacity as a legal subject (Nur Putri Hidayah, Komariah Komariah, Fitria Esfandiari, 2022). the elements contained in the meaning Legal Protection, namely:

- 1) A guarantee given by the state

The guarantee is provided by the state (which in this case is the Government of the Republic of Indonesia) in the form Legislation, namely Law Number 36 of 2009 concerning

Health, Law Number 29 of 2004 concerning Medical Practice, Law Human Rights Number 39 of 1999 concerning Human Rights Humans, Civil Code, and Government Regulations.

2) To all parties

All parties here are patients and service providers who have an interest in matters that must be obtained, for example in the event of a service that not according to the procedure, there is no approval of medical action before taking action and so on.

3) In order to be able to exercise the Legal Rights and Interests has Right is "the power to do something because has been determined by other laws and regulations. The definition of power here is defined as "authority". to carry out a legal action".

According to Bagir Manan about legal interests namely public interest or sense of justice. Based on these descriptions it can be concluded that protection law is a guarantee given by the government of the Republic Indonesia in the form of laws and regulations to patients, health service providers to be able to carry out an authority commit acts aimed at causing legal consequences intentionally desired and interests regulated by law. Patient legal protection is also contained in Human Rights as regulated in Article 9 of the Human Rights Law Number 39 of 1999 namely:

1) Everyone has the right to live, defend life and improve their standard of living.

2) Everyone has the right to live in peace, security, peace, happiness, prosperous, physically and mentally.

3) Everyone has the right to a good and healthy environment.

With reference to the article it is clear that a healthy life is the right of every person, as well as the right to get treatment from a doctor as a right.

Legal protection in this case is a guarantee given by the government of the Republic Indonesia in the form of legislation to patients, health service providers to be able to carry out an authority carry out an act that is intended to cause legal consequences that deliberately willed and interests regulated by law (AlFath Anggara, Herwastoeti, 2021). Medical practice settings aim to provide protection for patients, maintain and improve quality medical services provided by doctors and provide certainty law to the public and doctors. Article 51 of Law Number 29 2004 concerning Medical Practice. Patient legal protection is also contained in Human Rights as regulated in Article 9 of the Human Rights Law Number 39 of 1999, namely:

1) Everyone has the right to live, defend life and improve their standard of living

2) Everyone has the right to live in peace, security, peace, happiness, prosperous, physically and mentally;

3) Everyone has the right to a good and healthy environment.

The existence of the MN District X Hospital as the most complete health service center in District X. MNK District X Hospital has collaborated with BPJS Health as of January 1, 2019, to implement the JKN program. Previously, he had also made KIS (Healthy Indonesia Cards) including Jampersal (Delivery Guarantee) and Jamkesmas (Public Health Insurance). The service for the program is by utilizing all the existing facilities in the hospital.

Regional General Hospital from a type D hospital to a type C hospital, of course, the hospital must have a better quality of service, especially the ease of getting services. But often this is not realized in the services provided by the government.

It is also often found that the behavior of doctors who often come late makes patients come early. This can show the level of discipline and personal responsibility of each doctor

in carrying out their duties and obedience to the rules that have been set have not been implemented properly, resulting in the community as patients using RSUD services feeling disappointed due to the uncertainty of hospital services. This is reflected in the responses of several patients who stated that the health services at the MN District X Hospital were not proportional and there was discrimination against the poor.

In the study of community satisfaction with health services at MN Hospital District X, the researchers placed eight analytical variables on community satisfaction:

- a. Hard to visit
- b. Not clean
- c. Not free to make choices
- d. The officers/doctors/nurses are not clear in providing information to patients
- e. The staff is not friendly in providing service
- f. Long waiting for the health service process

By grouping services into two types of service units, namely inpatient and outpatient, an analysis of public satisfaction with health services can be carried out. Several points need to be analyzed.

1) Inpatient Service Unit

Of the six variable points of community satisfaction with health services, the most complained about service complaints by the poor against hospitalization are hygiene issues and the waiting process to get treatment which tends to belong. There is no clarity from medical staff to patients about their illness, patients are limited to commenting so the tendency of the task to dominate in one direction towards services is also an obstacle causing patients to be dissatisfied with the services provided. This indicates that there are still many service matters that need to be improved optimally.

2) Outpatient Service Unit

There are two points of patient dissatisfaction, namely the question of the dominance of medical personnel who are very dominant in the service process so that patients are not free to choose and express opinions about the disease, and the lack of accurate explanations from medical staff to patients and the length of the process of getting medical services and are the main points of dissatisfied patients.

Researchers also found that there are still differences in services for poor and rich patients. One of these differences, according to the patient, is related to the speed of handling the patient, indicating that the social function of health services has not been realized properly.

Patient satisfaction is one indicator of the quality of health services. Most the people in both urban and rural areas are not satisfied with government hospital services. Public perception of service dissatisfaction is an indication of skills and qualifications that result in services that do not meet standards. The fact shows that dissatisfied patients will give recommendations by word of mouth, thus influencing the attitudes and beliefs of others not to visit the hospital.

B. The Efforts of the Regional House of Representatives (DPRD) of District X in Controlling Health Services for the Poor to Get Legal Protection

The birth of Regional Autonomy has laid the foundation for regional independence to carry out various development efforts with the community and provide services to the community, accompanied by an emphasis on operational authority for services to districts/cities. The basic pattern of regional development is essentially aimed at fostering partnerships between the government and the community in carrying out development, this means that community service units at the Regency/City level must be able to provide services according to their needs and provide satisfaction to the community.

Apart from being a form of responsibility of the District X Government in providing the right in the form of maximum health services to the X community in general, and the poor/poor in particular, RSUD MN is a concrete form that the District X Government has carried out its obligations as mandated in Law Number 44 2009 on Hospitals

District X government also responded to the mandate of Article 170 paragraph (3) of Law Number 36 the Year 2009 concerning Health, namely. "The source of health financing comes from the Government, Regional Government, the community, the private sector, and other sources". This is realized by the existence of District X Regulation Number 9 of 2020 concerning the Third Amendment to Regional Regulation Number 5 of 2011 concerning Public Service Retribution.

District X has long-established free health services for the poor by bringing a letter from the village head, a letter from the sub-district, and a referral letter from the health center. One of the provisions of health facilities for the poor in District X is the distribution of health cards. Another program that is also a form of protection of the right to health services for the poor/poor at RSUD X is the Regional Health Insurance (Jamkesda).

The current government efforts have made every effort to serve the poor who are less able to pay for medical expenses at the hospital. The efforts of the local government so far are as follows:

- 1) Provide services for making Health Insurance Cards.
- 2) The local government always coordinates and communicates with related institutions, both DPRD X as representatives of the poor and the hospital. The coordination discussed the mechanism for completing treatment for the poor who do not have a health insurance card.
- 3) The local government has socialized the problem of using the health insurance card at the village level, but there are still many obstacles because the local community has a minimal response and is not interested in these activities.

The implementation of public services carried out by government officials in various service sectors, especially those concerning the fulfillment of civil rights and the basic needs of the community, has not performed as expected. The number of complaints or complaints from the public, such as convoluted service procedures and work mechanisms, lack of information, lack of consistency, and limited service facilities and infrastructure

However, in reality, the implementation of public services carried out by the government is still faced with services that are not yet effective and efficient and the quality of human resources is not adequate. This can be seen from the number of complaints from the public, either directly or indirectly (Rukayat, 1017)

According Ratminto, (Ratminto, 2006) Service is an invisible activity (cannot be touched) that occurs as a result of interactions between consumers and employees or other things provided by service providers that are intended to solve consumer/customer problems.

Today, the government should specifically guarantee health services for all poor and underprivileged communities. If this policy runs properly, there will be no more poor people who lose their right to health services just because of difficulties in financing. Guaranteed services include basic health services at public health centers and their networks, referral health services for outpatients, and class III inpatients in government hospitals and private hospitals. Meanwhile, the financing for this policy is pursued through the Health Care Insurance for the Poor, whose funds are managed by PT ASKES..

The task of the hospital in providing medical services and medical support cannot be limited to only curative and rehabilitative aspects. The epidemiological transition that began to manifest in Indonesia in the form of an increase in non-infective chronic diseases and cardiovascular diseases requires District X Hospitals to be actively involved in promotive and preventive activities as well. (Soedarmono Soejitno, Ali Alkatiri, 2002) In fact, promotive and preventive activities, especially in the context of the social function of health services, have not received serious attention from related parties, especially medical personnel at District X Hospital. Apart from the empirical facts on health services, normatively the central government and local governments have had good faith in providing health services for the poor

CLOSING

Conclusion

Implementation of legal protection for the rights of the poor in obtaining health services at The District X MN Regional General Hospital. Of course, the hospital must have better service quality, especially the ease of getting services. But often this is not realized in the services provided by the government. Providing services for making Health Insurance Cards. Regional Government X from the district to village levels has collaborated in implementing the manufacture of health insurance cards. However, so far, there are still some obstacles to the manufacturing, due to the minimal response from the community and the data owned by the village is incomplete because there are several communities whose data has not been detected. Coordination and communication to the Health Office (Dinkes), DPRD X and hospitals. The local government always coordinates and communicates to related agencies, both Government X and the hospital. The coordination discussed the mechanism for completing treatment for the poor who do not have a health insurance card.

Suggestion

- a. The District X MN Regional General Hospital must have better service quality, especially the ease of getting services for poor patients. An integrated and integral technology-based information system should be made to the health service process created by the MN District X Hospital.
- b. It is hoped that the Regional Government of District X will be more proactive in responding to health service problems experienced by poor patients. The protection of the right to obtain health services for the poor in its implementation requires

effective supervision by the government and/or local governments through collaboration with non-governmental institutions and the poor to monitor, evaluate and report on the fulfillment of the rights of the poor as well as obstacles. -obstacles in getting health services.

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