

Legal Protection for Health Workers during the Covid-19 Pandemic

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Abstract. This presentation discusses health workers' legal protection in carrying out their obligations to provide services to patients infected with the coronavirus. This, of course, gives inner peace to medical personnel on duty. This paper uses a normative legal approach, which sees the Law as a phenomenon related to legal protection for medical personnel applied during the Covid-19 pandemic. The Honorary Council of Indonesian Medical Discipline seeks to provide legal protection for health workers, not only for doctors but for other health workers. This research concludes that health workers who have performed their duties following professional standards and standard operating procedures are entitled to legal protection.

Keywords: legal protection; health personnel; pandemic

1 Introduction

The coronavirus spread has continued to bother several countries since the first case of infection with the virus was discovered. Governments worldwide also enact preventive measures by creating lockdown policies to prevent massive transmission of the virus to the entire population. Although vaccination has begun to be encouraged by countries worldwide, the case of pandemic covid-19 continues to rise until mid-2020, even quartal 4 to require exceptional handling from stakeholders.

In Indonesia, until January 2021, 647 medical and Health officers who died from the Covid-19 infection consisted of 289 doctors (16 professors), 27 dentists (3 professors), 221 nurses, 84 midwives, 11 pharmacists, 15 medical laboratory personnel. Meanwhile, the deceased doctor consisted of 161 general practitioners (4 professors), 123 specialist doctors (12 professors), and five residents. Where the whole comes from 26 IDI Provenance region and 116 IDI city/district branch. Warga state amounted to 1,243,646 people, and among them, 1.24 million cases, 1.06 million people recovered the remaining 2.43 million people died.

Medical personnel's role is also at the forefront of dealing with the corona pandemic; medical personnel can also help the public by providing accurate information and counselling related to COVID-19 in social and communication. Doing carefully and carefully is the main element that doctors must consider, especially during the Covid-19 pandemic. Connect with this, and several things can be used as guidelines: among others: (1) Doctors must always do

social distancing, (2) the use of personal protective equipment (PPE), (3) pay attention to Health.

Medical science is also experienced in medicine, whether obtained while studying at the medical faculty, or the development of science from collegiate and various other scientific activities are guidelines that must always be adhered to in dealing with the Covid 19 pandemic. Therefore, apart from being a noble profession, doctors are also a profession rich in knowledge related to pandemics and are always required to develop their understanding. Because of the vital role of medical personnel in this pandemic, the government should pay attention to the legal and Health protection of medical personnel who are in direct contact with patients infected with this virus. This is a manifestation of the government's concern and Indonesian Law's actualization in protecting its citizens in need.

2 Methods

The method used in this paper is a normative juridical approach by examining library materials or secondary legal materials as the basis for research by searching for regulations and literature related to the problems studied. This method sees the Law as a phenomenon related to legal protection for medical personnel applied during the Covid-19 pandemic.

3 Discussion

3.1 Handling of the Covid-19 Pandemic in Indonesia

Since December 31, 2019, WHO has reported a new disease called Coronavirus in Wuhan. The Corona virus has spread widely in China in a short time, even applied to European countries. Until February 2020, Indonesia still has no reports of cases of people infected with Corona. Later on March 2, 2020, the President, accompanied by the Minister of Health, announced two new topics of Covid 19 in Depok. Then on March 17, 2020, covid 19 emergency response.

After Corona became a *pandemic* in early March 2020 until now, the government made various policies to deal with and overcome the COVID-19 pandemic, such as policies: (1) stay at *home*; (2) *Social Distancing*; (3) *Physical Distancing*; (4) Use of Personal Protective Equipment (Mask); (5) Maintaining Personal Hygiene (Hand Washing); (6) *Work/Study From Home*; (7) Postpone all activities that gather crowds; (8) Large-Scale Social Restrictions (PSBB); until the end, (9) the implementation of the New Normal policy.

The impact of government policy implementation, then all community activities mainly activities meet with others "*face to face*" namely interaction between humans and other human beings, which were initially all done directly outside the home. However, because of this pandemic, all human activities from the economy, politics, social, productive sector and even religion are prohibited and can only be done and done at home.

Government policy prohibits citizens to do activities outside the home that applies during the pandemic, certainly very contrary to residents' habits before the Corona outbreak hit the community. The application of government policies to maintain distance (social and physical) and the policy of staying at home will, in the end, completely change the habits, traditions, customs, patterns of behavior and patterns of community interaction from before the COVID-19 pandemic, the practices of citizen interaction were carried out in an ongoing manner. Open

communication between residents takes place directly, freely, outdoors, and face-to-face turns into a closed, limited business, indirect contact, and all citizen activities are carried out, out at home. This government policy certainly causes psychological noise and "*cultural shock*" among the community, especially for urban *people* with high *mobility*. This fact poses new problems and challenges for the government and society.

The government's sluggish response to cases of Covid-19 transmission in early 2020 is a tangible form that the Government of Indonesia is less responsive to the massive spread of COVID-19 that doubles by infecting as many people as possible. Although the virus is not as hot and deadly as severe acute respiratory syndrome (SARS), COVID-19 affects more people, with a total of hundreds of deaths (Agustino, 2020).

Unfortunately, until mid-February, there was no single policy taken by the Government of Indonesia to deal with COVID-19. Even when a professor of epidemiology at Harvard T.H. Chan School of Public Health (Harvard University), Professor Marc Lipsitch, stated that it was highly likely that the coronavirus had spread in Indonesia, no one took it seriously. Furthermore, according to Professor Lipsitch, the Government of Indonesia has failed to detect COVID-19 in Indonesia.

The Government of Indonesia's indifference is also shown by the plan to disburse funds to media and influencers in tourism promotion. Incentives for foreign tourists budgeted by the Government of Indonesia amounted to Rp298.5 Billion, with details: subsidy discounts on airline tickets Rp98.5 Billion, the promotional budget of Rp103 Billion, tourism activities of Rp25 Billion, and influencer services of Rp72 Billion (Agustino, 2020).

In the context of weak communication and suboptimal coordination, the budget absorption of COVID-19 handling programs is minimal. The central government has provided funds of Rp. 75 trillion, but only absorbed 1.53% of it (around Rp. 1.14 Trillion). This was the reason for the President's anger at the First Cabinet Session in mid-June 2020 and a driving factor for strengthening the cabinet reshuffle issue in early July 2020.

Also, the lack of provision of personal protective equipment (PPE) indicates weak communication and coordination (networking) between institutions in Indonesia, especially institutions closely related to handling COVID-19. The most painful impact of the government's lack of PPE provision is the loss of the nation's heroes (read: doctors and nurses) in many areas. As of April 19, 2020, 29 health workers have died; this figure does not include health workers and nurses infected with COVID-19. According to the Indonesian Doctors Association (IDI), one of the causes of the number of health workers who died was due to a lack of PPE. The government should be able to swiftly provide PPE, in particular, in COVID-19 patient referral hospitals. Or in other situations, PPE was found to be used by the traffic police (Polantas) when health workers, researchers working in biosafety cabinet Level 2, and nurses needed it. In exchange for PPE that is difficult to obtain, some health workers and nurses use plastic raincoats to protect themselves. This condition was recorded by Dr Lee Morgenbesser from Griffith University, who stated that the handling of the Corona virus in Indonesia is the worst handling of COVID-19, allowing its spread to be very massive and uncontrollable.

3.2 Legal Protection and Medical Personnel Safety

Legal protection is a manifestation of the state's presence in the problem that plagues its citizens. Of course, this is a manifestation of a standard condition that actualizes it in the form of protection. Medical personnel who are the vanguard in dealing with this pandemic sacrificed their safety and concern for the archipelago and the nation. Health workers are

everyone who devotes themselves in the field of Health and has the knowledge or skills through education in the field of Health that for a specific type requires the authority to make health efforts. Health Workers are regulated in the Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers (from now on referred to as the Health Workers Law), which implements the provisions of Article 21 Paragraph (3) of Law No 36 of 2009 concerning Health.

Currently, health workers are at the forefront of treating patients positive for coronavirus or Covid-19 infection. However, this makes them a group that is also vulnerable to infection—referred to as the vanguard in handling Covid-19 because health workers directly deal with patients exposed to Covid-19. Here, health workers are particularly susceptible to the amount or dose of viruses entering the body when dealing with positive patients. Therefore, health workers must use personal protective equipment (PPE) when dealing with patients related to Covid-19, especially those in isolation. Besides, it is also vital to maintain Health and provide more training related to handling the corona virus for health workers and hospital officials because they are the vanguard inpatient care.

Legal protection for health workers' safety almost went unnoticed, whereas the vanguard of handling the Covid-19 pandemic has a criminal risk and death. Of course, this is a dilemma considering that health workers during the pandemic are the most vulnerable group to contract the virus because they are the vanguard that handles cases of patients exposed to Covid-19. As a profession that is at the forefront of handling Covid-19, health workers often do not get the rights that should be fulfilled and the availability of personal protective equipment (PPE). The government should also pay attention to health workers' safety in handling the Covid-19 outbreak by meeting the availability of PPE. Referring to Article 57 of the Health Workers Act states that health workers in carrying out practices are entitled to:

- a. Obtain legal protection as long as carrying out duties following Professional Standards, Professional Service Standards, and Standard Operational Procedures;
- b. Obtain complete and correct information from the recipient of health care or his/her family;
- c. Receive service rewards; 4) Obtain protection for occupational safety and Health, treatment following human dignity and dignity, morals, decency, and religious values;
- d. Get the opportunity to develop his profession; 6) Reject the wishes of health care recipients or other parties that are contrary to professional standards, codes of ethics, service standards, standards of operational procedures, or provisions of laws and regulations; Dan
- e. Obtain other rights following the provisions of the laws and regulations.

Based on Article 57 of the Health Workers Act above, the profession of health workers urgently needs to get legal protection in carrying out their duties and the right to occupational safety and Health in providing health services. However, during the Covid-19 pandemic, many health workers had to give up their lives because of decreased immunity after working against this pandemic. The government is also responsible for providing health care facilities for health workers to carry out their work. Therefore, the Central Government and Local Government are responsible for the availability of healthcare facilities to realize the highest level of Health. These problems are regulated and contained in Article 6 of Government Regulation Number 47 of 2016 concerning Health Service Facilities.

Given the current outbreak of Covid-19 spread, disasters have the issuance of the decree of the Head of BNPB Number 13 The year 2020, then all government levels must carry out all their obligations as stipulated in the applicable legislation. Responsibilities that this government should meet, including 1) Supporting the availability of medical equipment in the

field; 2) Ensure the fulfilment of the rights of the community and medical personnel; 3) Transparency of information to the public; 4) Policymaking that pays attention to human rights and democratic values.

4 Conclusion

Based on the discussion above, we can conclude that legal protection for health workers' safety due to the Covid-19 pandemic is not running as mandated in the legislation in implementing the rights of health workers during the Covid-19 pandemic is still neglected and has not been fulfilled. Therefore, the government's role and responsibility are needed to fulfil the rights of health workers as the vanguard in handling the spread of Covid-19 in Indonesia.

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