Fulfillment Of Patient Rights in The Implementation of Telemedicine in The Era of Covid-19 Pandemic in Indonesia

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Abstract. The Covid 19 pandemic in Indonesia caused many Covid 19 sufferers to need health to cope with the disease and reduce the risk of transmission; the government's efforts to issue a HK 02.01/MENKES/303/2020 directive message from the Minister of Health on the management of healthcare care through the use of advances in information technology namely telemedicine. The circular letter is at the discretion of the Minister of health, so there is no regulation regarding telemedicine services carried out between doctors and patients, then strengthened by Minister of health decree no.HK.01.07/Menkes/2021 During the Covid-19 epidemic, guidelines for health services using telehealth were developed. The Indonesian Medical Council (KKI) has issued Perkonsil Number 74 of 2020 with relation to Professional Competence and Healthcare Treatment using Telehealth must be in line with legal and ethical aspects of medicine. In terms of medical ethics, it contains the principles of beneficence, non-maleficence, respect for the person, and justice, so we must provide the best for patients. In the implementation of telemedicine, there are limitations in providing medical services according to professional standards so that the fulfillment of patents rights cannot be fully fulfilled; for example, some physical examinations on patients can be carried out, so there is a risk.

Keywords: Patient rights; Telemedicine; Covid-19 pandemic

1 Introduction

The Covid-19 pandemic in Indonesia is part of the ongoing coronavirus disease 2019 (Covid-19) pandemic globally. On March 11, 2020, the World Health Organization (WHO) stated that the new type of coronavirus that causes Covid-19 had become a global pandemic. Covid-19 causes severe acute respiratory syndrome, which causes many deaths. Due to the large number of people affected by Covid-19 and Covid-19 sufferers in Indonesia reaching areas that are difficult to get, due to the geographical condition of Indonesia as an archipelagic country and the uneven distribution of health workers and to prevent transmission of Covid-19 between communities, as well as between societies and health workers then start using the implementation of health services through the use of advances in information technology, namely telemedicine.

Because in a state of emergency and urgency, Indonesia has faced a Public Health Emergency and a non-natural disaster Covid-19 so that there is legal certainty for the implementation of Telemedicine, the Ministry of Health issues a Circular Letter in the form of

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discretion, namely SE No.HK.02.01.Menkes/ 303/2020 Regarding the use of technological tools to successfully created services as part of avoiding the spreading of Covid-19, which was further strengthened by the Decree of the Minister of Health of the Republic of Indonesia number HK.01.07/Menkes/2021 regarding Guidelines for Health Services through Telemedicine during the Covid-19 Pandemic Period. In the Decree of the Minister of Health, there are arrangements for conducting telemedicine, including places of health services, practicing health workers, platforms, or online applications.

As during Outbreak of Covid-19, where there is an urgent need to use telemedicine, its implementation must fulfill patient rights and medical ethical aspects so that the health services provided are of high quality and continue to prioritize patient safety. Health services still maintain medical confidentiality and medical records (medical records).

Providing quality services according to professional standards and standard operating procedures is not possible because the examination is only done online, so the general physical examination of the patient only includes anamnesis and inspection. In contrast, auscultation and percussion physical examination cannot be carried out.[1] So there is a medical risk that an inappropriate diagnosis will occur, and the incomplete investigation is not following Medical Ethics. MKEK (Medical Ethics Honorary Council) stated that, from a medical point of view, preliminary examinations in diagnosing patients online during the COVID-19 pandemic had received protection from the Medical Ethics Honorary Council as outlined in the MKEK Decree No.:17/PB/K. MKEK/05/2020 is about the Fatwa for Telemedicine and Online Consultation services, especially in the Covid-19 Pandemic Period; after the Covid-19 pandemic, when the pandemic ends, telemedicine and online medical services will be reviewed.

[2] As during Covid-19 epidemic, for medical authorisation and treatment via internet, the Indonesian Medical Council issued The Indonesian Medical Council issued Regulation No. 74 in 2020. Article 5 of the Indonesian National Commission Regulation number 74 of 2020 regulates diagnostic test constraints. Before conducting telemedicine, it is preceded by filling out General consent or general consent.[3]

Implementation of telemedicine was during epidemic of COVID-19, there are still many things that must be considered to remain in line with medical ethics and the fulfillment of patient rights, especially regarding health service facilities, platforms or applications used, and medical personnel on duty. Telemedicine is carried out between Health Service Facilities (Health Service Facilities) and patients through an online forum or application, where doctors who provide online A Take Over control and a Practicing License are required for healthcare. Permit (SIP) at the Health Facility. During the examination, they are required to make medical records. Manually or electronically, which can maintain the confidentiality of the medical history.[4] So that if one day a medical audit will be held, medical records can be used. During health services, patient confidentiality is maintained.[5]

From research on the implementation of Telemedicine in Southeast Asian countries conducted by Mohamad, researching the regulations and arrangements for implementing telemedicine in Singapore, Thailand, Malaysia, and Vietnam, all of which have agreements and prioritize patient rights and medical ethics, where there are arrangements for Medical Ethics including a license to practice by the type of specialization, maintaining the confidentiality of patient data (medical records) and prior approval before conducting telemedicine because telemedicine services have limitations. In various countries, there are no comprehensive and universal telemedicine guidelines.[6]

From the problems, it appears that the implementation of telemedicine is carried out quickly. In various countries focused on handling the covid-19 pandemic, there are still many

problems, especially in fulfilling the patient's rights, getting health services according to standards, and completing physical examinations according to service standards.

2 Research Methods

Analytical descriptive research by using primary legal materials and secondary legal materials.

3 Results and Discussion

3.1 Patient rights as written in:

Number 29 of the Law of the Republic of Indonesia on Medical Clinic was enacted in 2004

Article 52 of the UUPK regulates the Rights and Obligations of Patients, namely Clients that are being treated in a practice of medicine, have rights, among others:

a. Get benefits according to medical needs.
b. Obtain the contents of the medical record.

Law of the Republic of Indonesia Number 36 of 2009 concerning Health

a. Article 4: Everyone is entitled to good health.
b. Article 5 paragraph (2): Everybody has the right to get medical services that is both secure and cheap.

State Regulation No. 47 of 2021 of the Republic of Indonesia, Regarding the Healthcare Industry's Application, Article 44 of PP 47/2021 regulates Patient Rights [7]; among others:

a. Obtain high-quality medical services in accordance with professional guidelines and operational methods.
b. It is following Article 35 paragraph (1) of the UUPK that a doctor or dentist who already has a registration certificate has the authority to practice medicine, which includes, among others, analyzing the mentally and physically condition of the individual The examination consists of anamnesis (question and answer with the patient about his illness), physical examination: Inspection (seeing the part to be examined); Palpation (holding the area of the body to be discussed); Percussion (tapping the finger on the site to be examined, and the doctor listens to his voice), auscultation (listening to the sounds of breathing, heart, and intestines), and because by using online the only examination that can be carried out is anamnesis and inspection.[1] This will increase the risk of misdiagnosis. So, to overcome this, in the beginning, the patient will do telemedicine by filling out a general consent (general consent) because there are limitations to the examination. Public support is also completed in Southeast Asia, Malaysia, Singapore, Thailand, and Vietnam. [6]
c. He is asking for a counseling about the disease he is afflicted with from another doctor who has a practice license.
d. Acquire the illness's security and secrecy, especially health data. Because health services are online, it is better to record what has been communicated by the doctor to the patient. Recording of patient medical records must be made to be stored both manually and in e-medical forms. Medical record storage must be kept confidential. Patient's medical records are stored in Health Facilities, platform facilities, or online applications are telemedicine

examination facilities, not a place for medical record storage, to maintain the confidentiality of medical records. [2]

3.2 Telemedicine

Telemedicine

After being declared by the World Health Organization or WHO (World Health Organization) on March 11, 2020, the covid-19 pandemic, to prevent the risk of transmission of covid-19, then the holding of health services using technological advances by using online/online namely telemedicine. Due to the emergency and urgency that Indonesia has faced a Public Health Emergency (KKM) and non-natural disaster Covid-19, the Minister of Health exercised discretion by issuing a word in a circle from the Minister of Health of the Republic of Indonesia Number HK.02.01/MENKES/303/2020 Regarding the Use of Information and Communication Technology to Deliver Healthcare Services of Limiting the Transmission of COVID-19, which was later replaced by Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4829/2021 concerning Guidelines for Health Services through Telemedicine during the Covid-19 pandemic. In chapter II regarding the Implementation of Telemedicine Services during the Covid-2019 Pandemic Period [8] it is written:

1. Department of wellness facilities provide telemedicine services, consisting of hospitals, health centers, clinics, independent practice of doctors/dentists and specialists/dentist specialists, medical laboratories, and pharmacies. Can use applications developed by health facilities or collaborate with other government or private applications.
   Health service activities through telemedicine include:
   a. According to their authority, there is a consultation on communication, information, and education (KIE) by competent health workers.
   b. Clinical consultation includes anamnesis and specific physical examinations through audiovisual. (there are limitations on telemedicine examinations).
   c. I am giving advice/advice, establishing a diagnosis.
   d. Following the diagnosis, doctors writing Competent digital prescribing for pharmaceuticals and medical equipment are required for the contents. Medical devices must be accountable for the contents and impacts these drugs may cause. Writing prescriptions must not be narcotics and psychotropic drugs but injection drugs except insulin for their use.
   e. Supporting examinations, the critical reviews can be written down; if the health facilities have a medical laboratory, the laboratory staff will visit and then take a sample.
   f. Telepharmaceutical Services.[8]

There are limitations in terms of examination; written here is an audiovisual physical examination, so there will be medical risks in diagnosing and providing therapy to patients. Seeing that some regulations - telemedicine are in order to combat the Covid-19 epidemic, these regulations will be reviewed again after the pandemic ends; it will be further refined on how to fulfill patient rights. Because there is a shortage of not being able to carry out a complete physical examination only by history and inspection, there may be further criteria that can perform telemedicine examinations only on diseases with mild standards and do not require auscultation, or palpation, and percussion physical examination. If you need a complete exam, you must go to the nearest health facility; if necessary, a consultation can do teleconsultation or telemedicine to a health facility with more comprehensive facilities. For example, there is a

specialist or subspecialist doctor. The regulation of telemedicine between health facilities is regulated in the Regulation of the Minister of Health of the Republic of Indonesia number 20 of 2019 concerning the Application of Telecare Among Health-Care Providers.

As during COVID-19 epidemic, the Indonesian Council issued Regulation No. 74 of 2020 regulating medical authority and medical practice via telehealth.

a. Article 1 point 1, the clinical authority of medical staff must be based on clinical assignments for a certain period. Article 1 point 4 limits telemedicine as the provision of medical services remotely by doctors and dentists Internet (ICT) is being used, as well as sharing of information., diagnosis, treatment, prevention of disease and injury, research and evaluation, and continuing education of health services for the benefit of improving individual and public health.
b. Article 3 point 1, practice telemedicine face-to-face directly through electronic applications/systems by paying attention to effective communication.
c. Article 3 point 2, practice medicine through electronic applications/systems by applying the principle of patient confidentiality.
d. In 3 point 4, doctors or dentists who practice must have a Registration Certificate (STR) and Practice Permit (SIP) at health facilities by the provisions of the legislation.
e. Article 4, the doctor or dentist must assess the patient's worthiness according to their competence and authority; if it is an emergency condition, they are immediately referred to the health facility along with the relevant information.
f. In article 5, patients seeking treatment through telemedicine are required to give general/informed consent following the provisions of the legislation.
g. Article 7 points 1 and 2, doctors and dentists who practice medicine through telemedicine must make medical records. Medical records can be in writing or electronic medical records in the form of transcripts for patients and stored at the Health Facilities by the laws and regulations.
h. Article 8 point 2 states that doctors and dentists can give prescriptions for drugs, medical devices, and sick certificates. (3) the prescription may not contain narcotics and psychotropic substances.
i. Article 9 letter h, Medical Practice through Telemedicine is prohibited from providing health certificates.[3]

The Central Medical Ethics Honorary Council (MKEK) issued a Decree of the Medical Ethics Honorary Council Number: 017/PB/K.MKEK/05/2020 concerning the Fatwa for Telemedical Services and Online Consultations, especially during the Covid-19 Pandemic.

Social restrictions have been set to suppress and reduce the spread of Covid-19, one of which is by conducting doctor consultations without a face-to-face process, namely Telemedical services and online consultations. Whereas telemedicine and online consulting services have developed in Indonesia, which is felt to provide benefits during the Covid-19 pandemic, an attachment is obtained which reads:

a. Telemedical services and online practices have limitations in that they cannot perform a physical examination maneuver which is very important for establishing a diagnosis. However, MKEK views telemedicine and online training as beneficial during the covid-19 pandemic because they reduce the risk of disease transmission, which has a high value from the point of view of medical ethics. Telemedical studies and online medical services can be reviewed after the COVID-19 pandemic.

b. Calling on all medical service developers to pay close attention to the ethical aspects of the medical profession and recommend, among other things:
c. Forming a medical committee with authority to perform credentials, enforce ethics and discipline, medical audits, and quality control programs following good and correct clinical and corporate governance.
d. Record all conversations, videos, and electronic data from medical interactions; all recordings are treated as medical records and regulated under applicable laws and regulations.
e. There is a doctor on duty/standby at the health care facility who can connect patients who have had treatment to the doctor in charge of the patient.
f. Be aware of the limitations of telemedicine and online practice.
g. Medication through telemedicine is ensured according to medical indications. [2]

Medical Ethics

Since the beginning of history, which is written about humanity, has been written society, there has been a relationship of trust between 2 humans, namely the healer and the sufferer. In modern times, this relationship is called a therapeutic agreement relationship between the doctor and the patient (patient), which is carried out in an atmosphere of mutual trust (confidential). Since the creation of the history of medicine, humanity has recognized and acknowledged that there are several fundamental qualities inherent in a good and wise doctor: divine nature, purity and nobility of character, humility, sincerity in work, scientific integrity, and social. These things underlie the Ethics of the Medical Profession. This ethic always prioritizes patients who seek treatment and for the safety and interests of patients. The ethic contains principles, namely: beneficence (doing good), non-maleficence (not harming), autonomy (giving the patient freedom to make decisions), and justice (ensuring justice). [5]

4 Conclusion

1. Implementing regulations on telemedicine made by the Government of the Republic of Indonesia, namely
   a. For telehealth during Covid-19 epidemic, the Minister of Health of the Republic of Indonesia issued Decree Number HK.01.07 /MENKES/4829/2021 about Guidelines for Healthcare via Telehealth.
   b. Likewise, during in the COVID-19 epidemic, the Indonesian Council issued Regulation No. 74 of 2020 regulating medical authority and medical practice via telehealth. and the Central Medical Ethics Honorary Council (MKEK) issued a Medical Ethics Honorary Council Decree Number: 017/PB/K.MKEK /05/2020 regarding the Fatwa on Telemedical Services and online consultations, especially during the covid-19 pandemic.

   The three regulations are telemedicine arrangements during the Covid-19 pandemic, which will be reviewed again when the COVID-19 pandemic ends.
2. With examination through telemedicine, it is known that there are limitations in fulfilling the patient's right to get an investigation according to professional standards and standard operating procedures, so there are medical risks such as mismatched diagnoses, then:
   a. Before carrying out the telemedicine process, an explanation is given to the patient. There is an agreement between the doctor and the patient because the examination is limited to audiovisual only, so fill out the general consent.

b. Because the examination is only audiovisual, the physical examination only auscultation and inspection, there should be criteria for patients who can consult telemedicine.

3. The implementation of telemedicine is still required to maintain patient confidentiality.
4. The implementation of telemedicine is still mandatory for manual medical records or electronic medical records.

Suggestions

1. After the covid-19 pandemic, the arrangements for the implementation of telemedicine were readjusted by prioritizing patient rights.
2. They are filling in general consent before performing telemedicine services.
3. There are criteria for patients who can be examined by telemedicine, adjusted according to telemedicine's ability, which can only establish a diagnosis through audiovisual, namely history taking and inspection.
4. Telemedicine is implemented between health facilities, where medical personnel are at the health facilities with Registration Certificates and Practice Permits.
5. The platform or online media used must keep a secret.
6. Medical records are stored in health facilities, not on platforms or online media.
7. There is the supervision of the implementation of Telemedicine in Health Facilities (Fasyankes)
8. There is a Patient Kit including Auscultation media from which we can listen to the sound of the lungs, heart, and intestines (Teleauscultasi). A patient kit can measure blood pressure, temperature, heart rate, respiration rate, and oxygen saturation.

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