

Consumer Protection for Health Services for Poor Patients (Case Study of Mengwi Public Health Center 1)

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Abstract

Health is the right of all citizens as mandated in the 1945 Constitution, so health services should not discriminate against patients based on certain groups. In fact, in Indonesia there is still a phenomenon where patients are compartmentalized based on their economic and social groups. This has led to several cases of patient rejection and delayed treatment due to administrative constraints. In the light of this phenomenon, this study seeks to examine the form of legal protection that indigent patients must obtain in health services, especially for BPJS or KIS patients. The Mengwi I Health Center as a community health service center should provide maximum service, but there are still some obstacles in service related to underprivileged patients due to administration. This research is a type of empirical legal research with a statutory regulation approach, data collection is done by interviews. The results of this study indicate that the implementation of health rights services for underprivileged patients at Wangaya I Health Center has been carried out based on Law Number 36 of 2009 and Law Number 44 of 2009, Law Number 8 of 1999 concerning Consumer Protection, Law Number 36 of 2009 concerning Health and Law Number 44 of 2009 concerning Hospitals. Legal remedies that are usually taken by incapacitated patients if they do not receive health services from the hospital are to question the management of the Wangaya I Health Center and report this to members of the local DPRD. In addition, patients can also file a civil lawsuit in accordance with the Civil Code.

Keywords: legal protection, health services, patients

Introduction

Humans are social beings who interact with one another to fulfill their individual needs. As a result of this relationship, rights and obligations arise, in which these rights and obligations are protected by law (Budiyanti & Herlambang, 2021). Law is needed as protection for the determination of rights and obligations so that everything related to the relationship between humans or individuals with one another is created harmoniously. The law has provided rights and obligations in a relationship that have been determined by law so that if violated it will result in the person who violates it can be prosecuted in court (Ariany & Ningsih, 2020). Efforts to maximize health status are initially efforts to cure disease, then gradually shift to integrated community-wide health efforts that involve the wider community, which includes overall promotive, preventive, curative and rehabilitative activities. integrated and sustainable (Budianto & Utama, 2010).

According to Hospital Law No. 4/2009 on health explains that health as part of general welfare must be implemented as a series of complete and comprehensive health development with various health efforts supported by the national health system. Based on the mandate of Article 28H (1) of the 1945 Constitution of the Republic of Indonesia, it is emphasized that everyone has the right to health services, and Article 34 (3) states that the state is responsible for administering health services. in the health and public service sector. Hospitals as health institutions are part of the health resources needed to support the implementation of health work.

Health services and hospitals should also be mindful of the professional ethics of their staff, but professionals working in hospitals are independent in decision-making about their professional activities (Yudiana et al., 2020). Decisions must be made with awareness, responsibility and high ethical standards according to Article 47 of Law Number 36 of 2009

concerning Health which states that "health efforts are organized in the form of activities with promotive, preventive, curative and rehabilitative approaches that are carried out integrated, comprehensive and sustainable". A facilitative health service is an activity and/or set of health service activities in which activities of a facilitative nature are prioritized.

The patient-healthcare provider relationship is a relationship between legal entities that should have equal rights before the law. The presence of a commercial component in health services can be used as a basis for thinking of the relationship between the parties to health services as a commercial relationship between consumers and economic agents. Thus, the provisions in Law Number 8 of 1999 concerning Consumer Protection should also apply to health services.

The consequences of legal relations between consumers and business actors give rise to reciprocal rights and obligations from each party. This manifests one of them in the issue of rights and obligations related to the administration of medical records in health services. Article 1 number 1 Permenkes Number 269 of 2008 Regarding Medical Records it states that medical records are files containing notes and documents related to patient identities, tests, treatments, and other procedures and services provided to patients (Ide, 2012:22).

Even though there are professional standards, however, every individual (both service providers and service recipients) has specificities that lead to specificity in the (legal) relationship between health service providers and service users, including service providers in hospitals. Even though the goal of providing services is the same, namely trying to do the best possible to heal service users, it remains that every hospital – and various service places – have different service standards. However, these differences in service standards still cannot rule out and ignore the existence of a legal relationship (rights and obligations) between providers and users of health services or between the state/government and its people (Heriani, 2018).

Based on a preliminary study at the Mengwi Health Center, information was obtained that for patient services in general, based on the type of payment, they were divided into 2, namely general patients and BPJS patients. Public patients are patients who seek treatment by paying privately directly without insurance. While there are 2 BPJS patients, namely paid BPJS and BPJS for the less fortunate or what is called KIS. There are fewer general patients and patients are usually served faster than BPJS patients. This can be seen where there are indeed counters for the general patient route and the BPJS route. BPJS patients, before receiving treatment or services from health workers, must complete the documentation requirements first, then they will be given services. This is different from general patients where when they come they immediately get service.

At the time of observation it was also seen that there were patients who were still waiting in the emergency room and had not been provided with services because the family had not finished taking care of the required documents. As a result, patients must be willing to wait until they are finished, then later they can enter the room according to the class that has been determined from the BPJS class they have. This condition causes the potential for BPJS patients to get health services later than general patients, even though the patient's emergency level should be the reference for taking medical action, not the community group (Gegen & Santoso, 2022). However, the complexity of the procedure and the presence of medical personnel or health administration who differentiate patients based on their BPJS class indicate that there is a social gap that encourages the importance of legal protection for underprivileged patients who use BPJS or KIS.

Methods

According to Peter Mahmud "Legal research is a process to find legal rules, legal principles, and legal doctrines to answer the legal issues at hand". Due to the above background

and issues, this kind of research is classified as empirical legal research (Marzuki, 2006:34). Empirical means non-speculative, based on real-life observations and common sense. Soerjono Soekanto argues that in sociological or empirical legal research, the first data investigated are secondary data, followed by primary field data or research on the community under investigation (Soekanto, 2005:13-14).

In legal research, it is known that there is a research approach. This approach allows for the expected answers to existing legal problems to be obtained. In this study, a conceptual approach will be used regarding the problem of enforcing patient protection and a statutory approach, especially the provisions in the Civil Code and laws governing consumer protection as legal instruments (Marzuki, 2006:93).

In this legal research, secondary data types are used, which from the point of view of binding strength are classified into several data sources, namely: 1) Primary legal materials in this case are the Criminal Code, Law No. 23 of 1992 concerning health, Law No. 8 of 1999 concerning consumer protection, interview results, and other laws; 2) Secondary legal materials in this study researchers used literature related to civil law, law, consumer protection, especially patients, and health law; 3) Tertiary legal materials, namely in the form of Indonesian language dictionaries, health encyclopedias and cumulative indexes.

Data collection techniques in this study used direct interviews with research subjects. Interview data is used to answer the research problem formulation. The data analysis technique used in this legal research uses an inductive mindset/logic, namely the mindset to draw conclusions from real individual cases into general conclusions (Ibrahim, 2006:249).

Results and Discussion

Inadequate Patient Legal Protection System regarding the Rights of Patients, Hospitals and Doctors

Regarding the legal protection system for inpatients as consumers, it is first necessary to define consumer protection itself. Every effort to ensure consumer protection, i.e. legal certainty to protect consumers (Article 1 paragraph (1) of Law Number 8 of 1999 concerning Consumer Protection). This means that efforts are made to ensure legal certainty through legal protection for consumers (Indarta, 2019). A patient-physician agreement creates a relationship in the form of rights and obligations of both parties, with legal consequences. Fulfilling these rights and obligations promotes legal protection for patients, as patients are often disadvantaged in the healthcare system. In order to create legal certainty regarding the legal protection of patients, we believe that there is a need for deeper and more comprehensive regulation of patient legal protection in laws that affect patients as consumers (Naili et al., 2022).

Then in the discussion of the Patient Protection Law, understandings of the Understanding of Patients, Patient Rights and Obligations, Doctors' Rights and Obligations, Hospital Rights and Obligations, Patient Protection According to Law Number 36 of 2009 concerning Health, and Patient Protection According to Permenkes Number 11 of 2017 concerning Patient Safety. The problem that is often faced by patients today is the high cost of hospital fees when seeking treatment or being treated, especially for patients who come from underprivileged or underprivileged groups of society. Even though the government has provided health insurance in the form of a Healthy Indonesia Card (KIS), in reality there are underprivileged patients who are refused by the hospital for various reasons.

Several cases were cited from detik.com (2023). A pregnant woman from Subang Regency, West Java, Kurnaasih (39) died after being rejected by Ciereng Hospital on Thursday (16/2). The hospital denied rejecting the pregnant woman, but the excuse was that at that time the

ICU was full (Velayati, 2023). Another case that occurred at Wangaya Denpasar Hospital was also an example of patient rejection. Wangaya Denpasar Hospital and Manuaba Denpasar Hospital were policed as a result of the alleged rejection of a patient named Nengah Sariani (44) until the person concerned died. The patient's family said they did not accept it, so they chose to report to the two hospitals (Putri, 2022).

Even though it has been in the public spotlight, patients who are rejected by the hospital until they die do not get justice from the hospital. This condition occurs due to the lack of firm application of legal arrangements regarding the protection of patients as consumers. When it comes to the rights and obligations of patients as consumers of health care services, the right they receive as their legal protection is paramount. The right to be closely related to the patient is the right to self-determination and the right to information (Ratnawati & Kholis, 2020). Matters related to the right to self-determination are the actions of doctors towards patients in accordance with the consent given by the patient. While matters related to the right to information are information from doctors regarding conditions related to patients and steps to handle them.

Consent to medical action (informed consent) includes information and consent, namely consent given after the person concerned has received prior information or can be referred to as informed consent. Educated assent is assent given by the persistent or his family on the premise of an clarification with respect to the restorative activity to be performed on the understanding (Roihanah, 2019). Based on the results of the author's interview with the Head of the Mengwi I Health Center, information was obtained that the rights possessed by patients are to get complete and plenary health services. So is the case with disabled patients, they must be given good service in accordance with medical competency standards. For health services provided to patients with disabilities, according to him, this is in accordance with the provisions of Law Number 36 of 2009 concerning Health and Law Number 44 of 2009 concerning Hospitals (Interview, 30/3/2023).

If you look at it from a theoretical point of view and applicable laws and regulations, health efforts must be made for every citizen. There is no discrimination like there is in Indonesia between poor and rich. Difficult economy is the biggest enemy in getting health care. In the written provisions of Article 1 number 11 of Law no. 36 of 2009 concerning Health stated that:

"Health efforts are any activities and/or series that are carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of public health in the form of disease prevention, health improvement by the government and/or the community".

In line with Indonesia's goal to advance public welfare. So in Article 3 of Law no. 36 of 2009 concerning Health by:

"Health development aims to increase awareness, willingness and ability to live healthy for everyone in order to realize the highest degree of public health, as an investment for the development of socially and economically productive human resources".

The poor are the main focus in this paper. Because all acts of health discrimination have become their main target. It is troublesome to urge sufficient nutritious nourishment, get to to great drinking water, satisfactory sanitation, lodging in a sound and appropriate environment, and working conditions that are solid conjointly secure. The urban poor always live in slums. Under bridges, areas near landfills, river banks, and other suburbs are their places to form families.

Based on the comes about of the author's meet with one of the specialists on duty at the Wangaya I Health Center, information was obtained that the legal protection that doctors usually carry out for indigent patients is to provide health services according to medical competency standards (Interview, 30/3/2023). The results of the interview explained that the Wangaya I Health Center had provided services in accordance with the provisions of Law Number 36 of 2009 concerning Health and Permenkes No 43 of 2019 concerning Community Health Centers.

Hospital patients and other health services are consumers, so in general patients are protected by Law no. 8 of 1999 concerning Consumer Protection According to article 4 of Law no. 8/1999, consumer rights are (Kuswardani & Abidin, 2023):

- a) the right to consolation, security and security in devouring products and/or administrations;
- b) the right to select products and/or administrations and get said products and/or administrations in understanding with the trade rate and conditions as well as the ensures guaranteed;
- c) the right to rectify, clear and legitimate data with respect to the conditions and guarantees of merchandise and/or administrations;
- d) the right to have their suppositions and complaints listened approximately the merchandise and/or administrations utilized;
- e) the right to get legitimate backing, security and endeavors to resolve customer assurance debate;
- f) the right to get buyer direction and instruction;
- g) the right to be treated or served appropriately and truly and not biased;
- h) the right to get emolument, remuneration and/or repayment, in case the merchandise and/or administrations gotten are not in agreement with the assention or not as they ought to be;

Patient Protection In Law Number 39 of 2009 Concerning Health Articles 56, 57 and 58 (Naili et al., 2022). Law No. 29 of 2004 concerning Restorative Hone is additionally a law that points to supply assurance for patients. Patient rights are regulated in article 52 of Law no. 29 of 2004. Protection of patient rights is additionally recorded in in article 32 of Law no. 44 of 2009 concerning Hospitals.

Based on these four laws, the analyst in common concludes that there are 5 (five) quiet rights ensures that must be satisfied by wellbeing benefit suppliers such as clinics so that lawful assurance for patients as shoppers of administrations in wellbeing administrations can be satisfied, namely:

- a) Assurance to Obtain Information When Health Services Are Provided
- b) Guarantee of Security, Comfort and Safety for Health Services
- c) Guarantee of Equal Rights in Health Services
- d) Guarantee of freedom of choice for nursing services
- e) Guarantee of Freedom to Claim Aggrieved Rights

In relation to health services in society, basically there are 2 (two) kinds of basic individual rights, namely the right to information and the right to self-determination (Bahder, 2005:2). The right to get public health services, especially in government hospitals, needs to be implemented specifically to guarantee health financing for the poor, and emergency financing in hospitals due to disasters and extraordinary events. Subsequently, legitimate assurance of the proper to get wellbeing administrations for the community is portion of executing the security of human rights. And the fulfillment of the proper to appropriate wellbeing administrations through healing center offices is ensured and executed by the government and/or nearby governments. Government healing centers are required to supply wellbeing administrations, particularly in crises, for the advantage of sparing persistent lives and avoiding inability and are disallowed from dismissing patients and/or inquiring for progresses.

Legal Protection for Patients Who Are Not Provided Services by Hospitals

Legal protection of patients is an important and inseparable part of health service efforts, thus it is vital to get it the meaning of wellbeing itself accurately. It should be understood that the notion of universal health must always be placed in a healthy state between physically healthy and spiritually healthy. In more detail, as described in Law Number 36 of 2009 concerning Health, that a solid state must incorporate physical, mental, otherworldly and social wellbeing which eventually empowers everybody to live beneficially socially and financially (Nurfauziah & Fatimah, 2022).

Agreeing to the law, the relationship between a specialist and a persistent is an understanding whose protest is within the shape of restorative administrations, specifically mending endeavors made by specialists to remedy patients (Fred, 1991:15). The contract between a specialist and a persistent applies the law of engagement as stipulated in book III of the Civil Code (Code of Civil Code). In order for a medical agreement to be concluded between a doctor and a patient under the Civil Code, the necessary agreement validity requirements stipulated in Article 1320 of the Civil Code must be met. That is, doctors have an obligation to provide patient rights and the medical code of ethics explains that doctors should not leave patients alone.

Cases of patient refusal that occurred in Indonesia are a reflection that patient rights cannot be fully protected even though it has been regulated in the law regarding patient rights in hospitals, but cases still occur that cause the world of health to be tarnished. If patients experience rejection from health service providers such as hospitals, health centers and the like, then this can be categorized as a violation of patient rights as well as violations of rights as citizens as stated in the 1945 Constitution that all citizens have the same right to obtain health services (Sharma et al., 2020).

On the off chance that the patient's rights are abused, the persistent can yield his complaint to the clinic as expressed in Article 1367 of the Civil Code, a individual isn't as it were dependable for misfortunes caused by his claim activities, but moreover for misfortunes caused by the activities of individuals who are his dependents or caused by products beneath his control. In expansion, patients to get legitimate security as shoppers concurring to Law no. 8 of 1999 concerning Buyer Assurance and Law no. 36 of 2009 concerning Wellbeing.

The direction of the duty of commerce on-screen characters towards customers is directed in Article 19 of Law Number 8 of 1999 concerning Shopper Security jo. Article 23 Law Number 8 of 1999 concerning Buyer Security jo. Article 28 Law Number 8 of 1999 concerning Shopper Security. Article 19 of Law Number 8 of 1999 concerning Customer Security controls the duties of commerce performing artists in common, Article 23 of Law Number 8 of 1999 concerning Customer Security controls in the event that a commerce performing artist denies and/or does not react and/or does not satisfying recompense for customer requests, at that point commerce performing artists can be sued through BPSK or by recording a claim to the legal at the consumer's house.

Concurring to Inosentius Samsul, there are 2 (two) adjustments to the rule of duty based on botches, specifically the primary guideline of duty based on the assumption of blame and/or carelessness or the trade performing artist is considered blameworthy, so there's no got to demonstrate his blame (assumption of carelessness) and the moment is the principle to continuously at risk with the turn around burden of confirmation (assumption of risk guideline). This rule is additionally directed in article 1365 of the Gracious Code which is as a rule known as the article on unlawful acts. This Illegal Act requires the presence of 4 (four) primary components, to be specific the presence of an act; there's an component of mistake; any misfortunes endured; There's a causal relationship between blunders and misfortunes (Shidarta, 2000:59).

Patients who are refused or not given proper services by the hospital, of course, have a negative impact on the patient's health. This fulfills the elements of an unlawful act in the Civil Code, namely that there is an element of guilt for not serving the patient, causing harm to the patient, both deteriorating health and even death. So that in one legal remedy that can be taken by patients who do not receive hospital services is to file a claim through BPSK or by recording a claim to the legal at the consumer's house.

Based on the results of the author's interview with the Head of the Mengwi I Health Center, information was obtained that the efforts that would be made by the Health Center if there were poor patients who could not obtain health services were to continue to seek care, if they were unable then they would be referred to a higher and more complete Hospital. Meanwhile, legal remedies that are usually taken by incapacitated patients if they do not receive health services from the hospital are by questioning the hospital management and reporting this to members of the local DPRD (Interview, 30/3/2023).

Based on the results of these interviews, there are several ways that patients can do when facing problems such as not being served well, namely suing, but for less able patients of course making a lawsuit requires assistance, this is where the role of the DPR or DPRD as people's representatives to assist people who need assistance law. The development of cases and claims from patients is a sign that the legitimate mindfulness of society is expanding. The more individuals are mindful of the run the show of law, the more they know approximately their rights and commitments and the more extensive the voices requesting that the law play its part within the wellbeing division. This also causes individuals (patients) now not need to require for allowed the strategy of treatment carried out by the restorative side. Patients need to know how restorative activity is carried out so that afterward they will not endure misfortunes due to mistakes and carelessness of the restorative party. The claim from the understanding to hold specialists and healing centers responsible is based on Articles 1239 and 1365 of the Civil Code.

A persistent or family who considers that the specialist has not satisfied his legally binding commitments can sue for default and demand that they comply with these conditions. Patients can also claim material and immaterial compensation for the losses they suffer. However, if the actions or actions of the doctor concerned result in harm to the patient and constitute an unlawful act as stipulated in Articles 1370 and 1371 of the Civil Code, then the doctor is responsible for compensating the patient even though there is no contractual relationship. Article 1370 and Article 1371 read: Article 1370 In the event of a murder (causing the death of another person) on purpose or someone's carelessness, then the husband and wife left behind, the child or guardians of the casualty who as a rule win a living from the victim's work, have the correct to claim a recompense, which must be surveyed concurring to the position and riches of both parties as well as agreeing to circumstances. Article 1371 The intentional or careless cause of injury or disability to a limb entitles the victim, in addition to reimbursement for the costs of healing, to also demand compensation for the loss caused by said injury or disability. Apart from being submitted to doctors as individuals, claims for damages can also be made by patients to hospitals or other health care facilities. Hospitals can be sued due to actions of doctors or other health workers in the hospital that cause harm to other people. This is based on Article 1367 of the Civil Code which reads (Solahuddin, 2007:316):

“A person is not only responsible for losses caused by his own actions, but also for losses caused by the actions of people who are his dependents, or caused by goods that are under his control.”

Based on this description, the patient should get his rights properly from the hospital, because patients have the same rights and position in any economic condition before the law in accordance with the capabilities of the hospital. In addition, patients at this time should be more educated about health services because of health insurance provided by the government such as

KIS, BPJS and so on, causing the hospital to have no reason not to serve patients, or if they have limitations at least the hospital is able to provide first aid for further referral to another better hospital.

Conclusion

The implementation of health services for disabled patients at the Wangaya I Health Center has been carried out based on Law Number 36 of 2009 and Law Number 44 of 2009. Patients have the right to receive complete and plenary health services. So is the case with disabled patients, they must be given good service in accordance with medical competency standards. The legal protection system for underprivileged patients that can be provided by the Hospital is to provide good, complete and complete health services in accordance with medical competency standards. Health services provided by the Wangaya I Health Center have been carried out in agreement with the arrangements of Law Number 36 of 2009 concerning Wellbeing and Law Number 44 of 2009 concerning Healing centers. To make lawful assurance for patients, the parties must get it the rights and commitments joined to them, counting wellbeing benefit suppliers, so that they are mindful for the calling given to beneficiaries of wellbeing administrations. The law gives assurance for the correct to get wellbeing administrations for the community. The lawful assurance framework for patients can too be based on the customer security law, to be specific Law Number 8 of 1999 concerning Consumer Assurance.

Legal remedies that are usually taken by incapacitated patients if they do not receive health services from the hospital are by asking the management of the Wangaya I Health Center and reporting this matter to members of the local DPRD. In addition, patients can also file civil lawsuits in accordance with the Civil Code, where the patient is positioned as a party whose rights are violated, and the hospital becomes a party that violates the law. In health services, the main factor in determining satisfaction besides the quality of the results of overcoming health problems is the existence of healing, as well as the quality of service by staff who are good, friendly, courteous and complete with facilities. Assessment of service quality can be measured objectively and subjectively, objective measurement is based on aspects of service professionalism, including Standard Operating Procedures (SOP), while subjective measurements are obtained by describing patient satisfaction. The effort that will be made by the Wangaya I Health Center if there are poor patients who cannot get health services is to continue to try to treat them, if they are unable then they are referred to a higher and more complete hospital.

Health is a right for all human beings without exception, as well as health services that are mandated in the 1945 Constitution. Therefore, hospitals and other health services should not discriminate between patients based on their economic class, but prioritize first aid for them, after receiving first aid then the hospital can make referrals or other efforts in accordance with applicable regulations rather than rejecting patients. There must be an understanding between the community and the government regarding health services. The community also cannot just claim their rights without understanding their obligations as good citizens, such as fulfilling public administration, keeping the environment clean so as to minimize chaos when facing a situation that requires health services.

References

- Ariany, Farida, & Ningsih, Murtiana. (2020). *Perlindungan Hukum Terhadap Identitas Pasien Covid 19. Jurnal Sangkareang Mataram, 6(2)*.
- Bahder, J. .. (2005). *Hukum Kesehatan Pertanggungjawaban Dokter*. Jakarta: PT. Rineka Cipta.

- Budianto, Agus, & Utama, Gwendolyn Ingrid. (2010). *Aspek Jasa Pelayanan Kesehatan Dalam Perspektif Perlindungan Pasien*. Jakarta: Karya Putra Darwat.
- Budiyanti, Rani Tiyas, & Herlambang, Penggalih Mahardika. (2021). Perlindungan Hukum Pasien Dalam Layanan Konsultasi Kesehatan Online. *Jurnal Hukum Kesehatan Indonesia*, 1(1), 1–10.
- Fred, A. (1991). *Kapita Selekta Hukum Kedokteran*. Jakarta: Grafikatama Jaya.
- Gegen, Gerardus, & Santoso, Aris Prio Agus. (2022). Perlindungan Hukum Tenaga Kesehatan di Masa Pandemi Covid-19. *QISTIE*, 14(2), 1–25.
- Heriani. (2018). Perlindungan Hukum bagi Konsumen Kesehatan dalam Hal Terjadi Malapraktik. *Al-Adl : Jurnal Hukum*, 10(2), 191–204.
- Ibrahim, Jhonny. (2006). *Teori dan Metodologi: Penelitian Hukum Normatif*. Malang: Bayumedia Publishng.
- Ide, Alexandra. (2012). *Etika & Hukum Dalam Pelayanan Kesehatan*. Yogyakarta: Grasia Book Publisher.
- Indarta, D. W. (2019). Perlindungan Hukum Pasien sebagai Konsumen Jasa dalam Pelayanan Kesehatan (Studi di Rumah Sakit Ibnu Sina Bojonegoro). *Justitiable-Jurnal Hukum*, 1(2), 85–116.
- Kuswardani, K., & Abidin, Z. (2023). Perlindungan hukum Perlindungan Hukum Terhadap Pasien Sebagai Pengguna Fitur Layanan Kesehatan di Aplikasi Fisdok. *AL-MANHAJ: Jurnal Hukum Dan Pranata Sosial Islam*, 5(1), 101–112.
- Marzuki, Peter Mahmud. (2006). *Penelitian Hukum*. Jakarta: Kencana.
- Naili, Y. T. et al. (2022). Perlindungan Hukum Pasien dalam Pelayanan Kesehatan berdasarkan Perspektif Hukum Perlindungan Konsumen di Indonesia. *Seminar Nasional Penelitian Dan Pengabdian Kepada Masyarakat*, 615–623.
- Nurfauziah, N., & Fatimah, U. D. (2022). Perlindungan Hukum terhadap Pasien atas Kesalahan Rekam Medis Akibat Tidak Adanya Informed Consent dalam Pelayanan Kesehatan Ditinjau Berdasarkan Hukum Kesehatan dan Praktik Kedokteran. *Mahupas: Mahasiswa Hukum Unpas*, 1(2), 153–162.
- Putri, L. K. (2022). RSUD Wangaya Merasa Tak Bersalah, Keluarga Pasien Ditolak Buka Suara. Retrieved March 30, 2023, from detik.com website: <https://www.detik.com/bali/berita/d-6351191/rsud-wangaya-merasa-tak-bersalah-keluarga-pasien-ditolak-buka-suara>, [Accessed 30th April 2023]
- Ratnawati, A., & Kholis, N. (2020). Measuring the Service Quality of BPJS Health in Indonesia: A Sharia Perspective. *Journal of Islamic Marketing*, 11(4), 1019–1042.
- Roihanah, R. (2019). Hubungan Hukum Dokter dan Pasien: Perspektif Undang-Undang No 8 Tahun 1999 tentang Perlindungan Konsumen. *Justicia Islamica: Jurnal Kajian Hukum Dan Sosial*, 16(1), 151–174.
- Sharma, M. et al. (2020). Institutionalizing Evidence-Informed Priority Setting for Universal

Health Coverage: Lessons from Indonesia. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 57(1), 1–20.

Shidarta. (2000). *Hukum Perlindungan Konsumen Indonesia*. Jakarta: Grasindo.

Soekanto, Soerjono. (2005). *Pengantar Hukum Kesehatan*. Bandung: CV.Ramadya Karya.

Solahuddin. (2007). *Kitab Undang-Undang Hukum Perdata*. Jakarta: Visimedia.

Velayati, D. ... (2023). Dalih RSUD Ciereng Tolak Pasien Ibu Hamil hingga Meninggal. Retrieved March 30, 2023, from detik.com website: <https://www.detik.com/jatim/berita/d-6606210/dalih-rsud-ciereng-tolak-pasien-ibu-hamil-hingga-meninggal>, [Accessed 30th April 2023]

Yudiana, I. Gede et al. (2020). Perlindungan Hukum bagi Pasien Pengguna Badan Penyelenggaraan Jaminan Sosial (BPJS) di Rumah Sakit Kota Mataram. *Media Bina Ilmiah*, 14(12), 3591–3602.