

Authority of the Indonesian Doctors Association (IDI) in Providing Recommendations for Medical Practice Permits

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Abstract

The law says that doctors and dentists have the right to perform medical actions because their jobs are unique. A doctor who does not obtain consent for legal medical action and/or performs medical practices that are not in accordance with professional standards violates human rights and health. Violations of the right to health are also violations of human rights. The goal of this study is to examine the authority of the Indonesian Doctors Association (IDI), a professional organization that provides recommendations for the issuance of licenses to practice for doctors practicing in Indonesia, and how it, along with the Indonesian Medical Council (KKI), contributes to the maintenance and promotion of the professionalism and ethics of its members (the medical profession). The approach used in this study is a normative legal approach that focuses on the results of positive legal research. As for the results of this study, cooperation between the professional organization of the Indonesian Doctors Association (IDI) and the Central Government and Regency/City Regional Governments for medical practice licensing services and supervisory boards is needed to maintain the professionalism of IDI as the only professional doctor organization in Indonesia.

Keywords

Indonesian Doctors; Association practice license; Medical practice; Human Right

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1. INTRODUCTION

In addition to providing protection to the medical profession, the state, through Law No. 29 of 2004, concerning Medical Practice, also provides protection to the public or patients as recipients of health services. Efforts to restore health must now consider the implications of an action by either the doctor, the hospital, or the home service, in addition to the therapeutic agreement between the patient and the doctor and the hospital and hospital services in civil terms. illness that can cause harm, disability, and even the loss of life from medical actions carried out intentionally or due to negligence.

Medical action is a privilege or distinguishing feature of the professions of doctors and dentists, and it is legal. Subsequent provisions for this justification are regulated in Article 45, Paragraph 1 of the Medical Practice Act, namely, that every medical or dental action that a doctor or dentist will perform on a patient must obtain approval. A doctor who does not obtain approval for legal medical action and/or performs medical practices that are not in accordance with professional standards, the National Guide to Medical Practice (PNPK), medical service standards, and Standard Operating Procedures



(SOP), may experience legal problems.

Furthermore (Sapta, 2015), as explained in the elucidation of Article 51 of the Medical Practice Law, professional standards are guidelines in medical practice that include knowledge, skills, and a professional attitude. This professional standard is determined by the group or group of doctors themselves, while the government only determines the obligation of doctors to comply with the relevant standards through predetermined regulations and imposes penalties on those who violate them.

Sometimes in everyday people's lives, every profession, including doctors, is faced with a dilemma. An example is the case of a pregnancy where it is time to give birth, but due to some medical reason, including a doctor, the choice must be made with the consent of her husband for the safety of the mother or child. "The death of a human being is the right to life that is obtained and given by God Almighty." "Before the essence of the law begins to work, there must be an act, a justified result, and a purpose."

The law contains two sides, where one side is considered cruel because it puts people in jail, but on the other hand, it prevents other people from committing crimes. Civil and criminal law rests on whether there are actions that are intended with evil will (*mens rea*) and harm personal or public interests. "The interests of public health, including personal and family interests, are the goal of legal protection" (Sampurna, 2020).

An example of a case where a doctor was declared to have committed a serious violation of the professional code of ethics and was expelled from membership in the IDI professional organization In accordance with Law No. 29 of 2004 concerning Medical Practice, the implementation of the recommendation letter from the IDI professional organization as a condition for the basis for issuing a doctor's license to practice (SIP) is revoked, because according to Article 1 Number (12), the professional organization for doctors is only the Indonesian Doctors Association (IDI).

Is the doctor's license to practice (SIP) still valid, along with the revocation of the recommendation from the IDI professional organization, and is the Licensing Service (as the party issuing the SIP) required to revoke a valid doctor's practice license (SIP), where previously the recommendation for a practice license has been revoked by the IDI professional organization? These two things are concerning because the doctor in question is still serving people in need.

There are experts who argue, regarding the example case above, that the act of medical service actually lies in the consent of the subject in his care. The willingness of the subject is more important than the problem of medical technical procedures required by the Medical Council. The reason is that the aspect of the patient's health interests is more beneficial than the obligation of a doctor to comply with clinical trial procedures that have been determined based on statutory regulations. What's more, there hasn't been a single victim of this practice who has reported it to MKEK. On the contrary, praise for overcoming the patient's suffering has been repeatedly conveyed to the public.

In the context of this case, it should be noted that the law is charged with protecting the health interests of patients rather than the technical medical processes regulated by the law. The principles of expediency and justice are currently seen as more humane and must be prioritized over the mere principle of certainty. This is in accordance with Law Number 36 of 2009 concerning Health, which explicitly includes the implementation of the principles of humanity, the principle of balance, the principle of benefit, the principle of protection, the principle of respect for rights and obligations, the principle of justice, the principle of gender equality and non-discrimination, and the principle of religious norms. Then finally, between human rights and health, there is a relationship that influences each other. A violation of human rights frequently results in a disturbance to health, and vice versa, a violation of the right to health is also a violation of human rights. This is understandable because sometimes individual rights are obligations for other individuals, and vice versa.

2. METHOD

This method of research uses normative juridical research, which is research that looks at how rules or norms are used in positive law. "Normative" juridical is a way of thinking about law that is

based on positivism and looks at how rules or norms are used in positive law. "Normative" juridical is an approach that uses a positivist conception of law. This concept views law as synonymous with written norms made and promulgated by authorized institutions or officials. This conception views law as a normative system that stands alone, is closed, and is detached from real social life. This research uses a statute approach and a case approach. The statutory approach is used to find out all legal regulations, especially those related to clemency. The case approach aims to study the application of legal norms or rules in legal practice. Meanwhile, in terms of the nature of the research, it is descriptive, namely, research that is intended to provide data that is as precise as possible about humans, conditions, or other symptoms and only explains the state of the problematic object without intending to draw conclusions that are generally accepted. Primary data (or basic data), while what is obtained from library materials is usually called secondary data. The data in this study are secondary data, namely library materials, which include official texts, books of laws and regulations, scientific papers, articles, and documents related to research materials. The researcher chose this method because it looks at how much power the Indonesian Doctors Association has when it comes to giving doctors licenses to practice.

3. FINDINGS AND DISCUSSION

Understanding of ethics and law becomes even more important during the clinical partnership or Koas (co-assistant) phase. Koas is the most difficult and critical stage of medical education. In this phase, the prospective doctor practices at the hospital. Many people find this stage to be stressful, emotional, sad, feeling stupid, or being duped. Not infrequently, the patient is "underestimated" by the clinic doctor because of minor negligence by the COAS. Passion and choice of profession control the feelings and emotions of the teacher, who realizes that all of this is to hone him and stay alert for all possibilities that are bad for patients because the basic principle of medical service includes protecting patients. Not infrequently, it is also reported that co-assistant colleagues have been suspended because of bad behavior towards their patients. Even that is not enough to be declared as having completed his formal medical education before being sworn in.

The Doctor's Oath has been going on since 400 BC, when Hippocrates, the father of doctors, enforced the appointment of the oath because of the vulnerability of the medical profession on the one hand and the high demands to make doctors a noble profession on the other. Indonesia just started formulating the Draft Law on Medical Practice around 1999–2000. At that time, the Minister of Health was Professor Farid.A.Moeloek. The manuscript-drafting team worked and looked for references to several countries, including the United States, England, the Netherlands, and several Asian countries. All countries have a tough system, and it is considered the wrong time to implement it in Indonesia. accelerating the discussion process with the DPR RI after realizing that many countries already have regulations governing the practice of doctors. Even Bangladesh has received international certification.

In 2000, President BJ Habibie issued Amendments on five bills that were submitted to the DPR-RI, which included physician practice (which was later merged with dentistry), pharmacy, midwives, and nurses. Four years later, on October 6, 2004, with the signature of the President of the Republic of Indonesia, Ms. Megawati Soekarnoputri, Law No. 29 of 2004 concerning Medical Practice became legal and promulgated, which contained 12 chapters and 88 articles. At the end of Article 88, it says, "so that everyone knows it." Law No. 29 of 2004 marks a new era of medical practice for doctors and dentists by enriching and guarding medical competence and responsibilities to provide the best service based on standards and protect patients.

In Indonesia, protection for the medical profession is contained in Law Number 29 of 2004 concerning Medical Practice. This law states that the Indonesian Doctors Association, or in Law Number 29 of 2004 concerning Medical Practice. This law states that the Indonesian Doctors Association, or IDI, is the sole organization of the medical profession. According to this law, IDI has the authority as a professional organization to provide guidance to doctors who practice medicine in collaboration with the Indonesian Medical Council (KKI). Article 38 of Law Number 29 of 2004 also

states that in order to obtain a license to practice, apart from having a certificate of registration, every doctor must have a letter of recommendation from a professional organization.

Then in Article 37, it is said that the license to practice as referred to in Article 36 is issued by the authorized health official in the district or city where the practice of medicine or dentistry is carried out, and the license to practice as referred to in Paragraph 1 is only issued for a maximum of three (3) places. One practice permit is only valid for one practice site. Article 42 further explains that the leadership of health service facilities is prohibited from allowing doctors or dentists who do not have a license to practice medicine to practice medicine at these health service facilities.

Arrangements for granting licenses to practice doctors and dentists as specified in Medical Practice Law Number 29 of 2004. In it, the mandate is given to establish the KKI (Indonesian Medical Council). KKI makes regulations contained in Indonesian Medical Council Regulation Number 1 of 2005 concerning the registration of doctors and dentists, whereby every doctor and dentist who practices medicine in Indonesia is required to have a license to practice. Here, the Indonesian Medical Council has the duties of: registering doctors and dentists; ratifying professional education standards for doctors and dentists; and conducting guidance on the implementation of medical practice carried out together with related institutions in accordance with their respective functions.

Medical practice services in Indonesia are regulated by Law No. 29 of 2004 concerning Medical Practice, which is a special law and is complemented by Law No. 44 concerning Hospitals and Law No. 36 of 2009 concerning Health. The Indonesian Medical Council (KKI) regulations, IDI Organizational Rules, and Ministerial Regulations on Health are the implementing regulations for medical practice. The most frequently mentioned matter in the Medical Practice Law is related to the guidance and supervision of medical practice. In Article 49, paragraph 3, it is stated that the guidance and supervision of medical practice are carried out by professional organizations. Article 54, paragraph 2, states that the development of medical practice is carried out by the Indonesian Medical Council (KKI) together with professional organizations. Article 71 states that the central government, the Indonesian Medical Council, regional governments, and professional organizations guide and supervise medical practice in accordance with their respective functions and duties. So we can see that there are four institutions that guide and supervise medical practice, namely the central government, regional governments, KKI, and IDI.

Furthermore, Minister of Health of the Republic of Indonesia, Number 2052 of 2011, explains in greater detail about licenses to practice and medical practice implementation. This regulation explains that "medical practice" is a series of activities carried out by doctors and dentists for patients in carrying out health efforts. A Practice Permit (SIP) is a written proof given by the health office or district/city licensing office to doctors and dentists who practice medicine after fulfilling the requirements. Article 2 of the Minister of Health's Regulations states that every doctor and dentist who practices medicine is required to have a SIP. The license to practice is issued by the health office or district/city licensing. In more detail, Article 2 states: "Every doctor and dentist who practices medicine is required to have a SIP." The SIP, as referred to in paragraph (1), is issued by the Head of the District or City Health Office. The head of the district or city health office, in providing SIP, must consider the balance between the number of doctors and dentists and the need for health services.

The explanation in this article is quite clear that the requirements for obtaining a SIP are issued by the health office, and if there is a shortage or non-compliance with the requirements, those who know are the relevant authorities, in this case the health office. Then in Article 8, the requirements and procedures for obtaining a SIP are explained, one of which is a recommendation by a professional organization in accordance with the place where the practice will be carried out. Article 10 reads: "The Head of the District/City Health Service directly or automatically gives a SIP to doctors and dentists who already have an STR placed in a health service facility owned by the local government based on the request in question while still meeting the requirements for obtaining a SIP." The SIP for the place referred to in paragraph (1) counts as "one" practice place.

Article 15 also explains that in order to meet the needs of medical services, the head of the Provincial Health Office, on behalf of the minister, can issue a Letter of Assignment to certain specialist doctors or dentists without requiring a SIP at that location, based on the request of the district or city service head. This assignment letter can only be given in areas where there are no specialist doctors to provide the same specialist health services, and it is only valid for a period of one year. Furthermore, Article 32 states that the head of the district or city health office can revoke the SIP of doctors and dentists in the following cases: on the basis of MKDKI recommendations; a doctor's or dentist's STR is revoked by KKI; the place of practice is no longer in accordance with the SIP; and revocation of recommendations by professional organizations through a meeting specifically held for that purpose.

The revocation of the SIP carried out by the head of the district or city health office must be submitted to the doctor or dentist concerned no later than 14 (fourteen) days after the decision has been made. In Article 32, letters c and d, if it is not accepted, the person concerned can submit an objection to the head of the provincial health office to be forwarded to the minister within 14 (fourteen) days after the decision is received.

The head of the district or city health office is required to report each revocation of SIP for doctors and dentists to the head of the ministry's Human Resources Development and Empowerment Agency, the head of the KKI, and the head of the provincial health office, and a copy of it to the local professional organization. Then there is the Regulation of the Minister of Health of the Republic of Indonesia, Number 1438 of 2010, concerning Medical Service Standards, where Article 14 concerning guidance and supervision states that the government, provincial and regional governments, and district and city governments, together with professional organizations, shall carry out guidance and supervision of the implementation of medical or dental service standards. In the context of fostering and supervising, ministers, provincial regional governments, and regency/city regional governments, in accordance with their respective authorities, can take administrative actions. Administrative action, as referred to in paragraph 2, can be in the form of a verbal warning, written warning, or license revocation.

A doctor is extremely vulnerable to coming into contact with the legal world while carrying out medical practice. This is because this profession has a close relationship with one's safety conditions. Doctors have legal immunity in carrying out their duties and authorities because of this condition, which other professions do not have. For example, in terms of carrying out medical actions on patients, According to the provisions of Article 39 of the Medical Practice Act of 2004, Until now, there has been no specific law regarding the legal protection of doctors, such as Law Number 35 of 2014 concerning child protection or Law Number 8 of 1999 concerning consumer protection. Currently, legal protection for doctors is implied in Health Law Number 36 of 2009 and Medical Practice Law Number 29 of 2004. The positions of the two laws only focus on the legal protection of doctors when the patient is the victim. What about nowadays, when doctors may become victims of patient families who are dissatisfied with the services provided or doctors may have received harsh treatment from the patient's family due to ignorance? According to Bambang Purnomo, the responsibility for legal protection for doctors consists of doctrines, namely the (1) Doctrine of Delegation, which means that this doctrine is one of the reasons to be able to impose criminal responsibility vicariously. The existence of this delegation of authority by the employer to his subordinates is a justification for being able to charge criminal liability to the employer for criminal acts committed by his subordinates who obtained the delegation of authority. This means that if a doctor makes a mistake in providing services, the health service and the hospital where the doctor practices are also responsible if there is a legal dispute. The forms of legal protection obtained by doctors in carrying out their professional duties are preventive legal protection and repressive legal protection. Preventive legal protection refers to Article 50 of the Medical Practice Law, while repressive legal protection refers to Article 29 of the Health Law. Preventive legal protection as stipulated in Article 50 of the Medical Practice Law provides conditional legal protection, meaning that it does not necessarily provide legal protection to doctors. Doctors will get legal protection if they meet the requirements, namely: have STR and SIP; carry out medical actions according to standards (professional standards, operational standards, service standards, and ethical

standards); have informed consent for every medical action; and all must be well documented in a book, which we know as medical records.

Based on Law No. 29 of 2004, IDI is defined as a professional organization that brings together doctors, and PDGI is defined as a professional organization that brings together dentists. IDI and PDGI, as professional organizations, mainly play a role in fostering the professionalism and professional ethics of their members. In terms of maintaining the ethics and professionalism of its members, medical professional organizations carry it out primarily in the form of awarding competency certificates, continuing professional development, and recommendations for obtaining a practice license. ID I stipulates a code of ethics for doctors, and for violations of professional ethics, professional organizations will impose sanctions in order to maintain the nobility of the medical profession.

The medical professional organization, as in all other countries, is a single forum in order to fully carry out the development of professionalism and professional ethics. This is carried out primarily in the context of efforts to realize human rights so that everyone gets good health care. Furthermore, the bond of expertise that brings together specialist doctors and the bond of interest in doctors were conveyed. In this case, the autonomous expertise and interest bonds are not organizations that are outside ID I at all. The expertise and interest bonds are one unit that is incorporated into ID I.

It was also stated that if there were several medical professional organizations, then it would be possible for each organization to stipulate its own code of ethics and professional standards, which could lead to confusion in health services. In addition, for example, a doctor or dentist who commits an ethical violation to avoid being penalized may then move to another professional organization or even establish a new professional organization.

According to the Law on Health Personnel, each type of health worker can only form one professional organization, and each health worker's collegium is an autonomous body that reports to the professional organization. whereas in the advocate profession, even though at the time of its formulation there were several organizations, the Law on Advocates stipulates the establishment of an advocate organization, which is the only forum for the advocate profession. The IDI organization is not only tasked with providing recommendations for licenses to practice to doctors but also with providing ethical guidance. A license to practice is needed so that people are served by doctors who have no problems or by fake doctors (claiming to be doctors). IDI recommendations to ensure patient protection and safety against uncontrolled medical practices Before a doctor gets a license to practice and renews a registration certificate, IDI must first verify the doctor's knowledge, whether it has been renewed or not. As a result, if a practicing doctor is discovered to be not a doctor but a recommendation is issued, it is IDI's responsibility.

In addition, if the recommendation for an IDI doctor's license to practice is removed, then the function of the Indonesian Medical Council (KKI) will be more difficult. KKI is a self-governing, autonomous, non-structural, and independent body that reports to the President of the Republic of Indonesia. The function of the IDI as a guide to medical ethics is mandated by the Medical Practice Act in articles 37 and 38. By providing ethical guidance, the professional organization will be responsible if doctors in the community do not have good ethical principles. IDI, as a medical professional organization, also focuses on strengthening and improving the quality of Indonesian doctors.

According to Article 8 concerning the function of KKI in the Medical Practice Law 29 of 2004, KKI provides guidance to doctors through the implementation of professional ethics determined by professional associations, in this case the IDI. The government, through KKI, can make records and have authentic data whether the person practicing medicine is a doctor or not, and IDI with enforcement and ethical development, including defending if the doctor is indeed innocent or there is evidence stating he is innocent. In medical practice, ethics is a top priority. It's not just about having a degree. Admittedly, there are still doctors whose ethical principles are bad, such as charging unreasonable fees and praising themselves by saying that patients are cured because of them. IDI recommendations are not only verified, but a doctor who wants a recommendation must also attach a diploma, list of grades, passport

photo, KTP, and others. Plus a letter from the ethics committee stating that the person concerned has never committed a criminal act and has never violated ethics.

Doctors as business actors and patients as consumers interact in the practice of doctors as a service. The definition of a business actor is contained in Article 1 of Law Number 8 of 1999 concerning Consumer Protection (UUPK), which states that: "A business actor is any individual or business entity, whether in the form of a legal entity or not, who is given and domiciled in or carries out activities within the jurisdiction of the Republic of Indonesia, both individually and jointly through agreements to carry out business activities in various economic fields." Meanwhile, in the elucidation of UUPK, it includes business actors, namely companies, corporations, BUMN, cooperatives, importers, traders, distributors, and others. So the meaning of "business actors" in the Consumer Protection Act is very broad, because the meaning is not limited to manufacturers only but also includes distributors (and their networks) and importers.

The definition of a consumer in article 1 number (2) of the Consumer Protection Act is: "Any person who uses goods or services available in society for the benefit of himself, his family, other people, or other living things and not for trading." The hospital is an organized and very dynamic health care institution. Meanwhile, the Ministry of Health of the Republic of Indonesia defines a hospital as a health facility that provides referral health services, specialist and sub-specialist medical functions, and has the primary function of providing and organizing health efforts that are healing and patient recovery. These institutions can change according to developments that occur at any time, both in terms of technology, management, facilities, and the human resources involved in hospital management activities. While health workers are defined as "anyone who devotes himself in the health sector and has knowledge and/or skills through education in the health sector, which for certain types requires to carry out health efforts" in Government Regulation of the Republic of Indonesia Number 36 of 2014 Concerning Health Workers, Article 1 paragraph (1). Furthermore, in PERMENKES RI Number 2052 of 2011 concerning Practice Permits and Implementation of Medical Practices, it is stated in Article 39 that: "Medical practice is organized based on an agreement between a doctor or dentist and a patient in an effort to maintain health, prevent disease, improve health, treat disease, and recover health."

The Consumer Protection Act explains that the definition of a consumer is the final consumer. If connected with Article 1 Number 3 of Law Number 8 of 1999 concerning Consumer Protection, distributors and retailers have the same position. Their rights and obligations are as stated in articles 6 and 7 of Law Number 8 of 1999 concerning Consumer Protection, which regulate the rights and obligations of business actors towards consumers. From a sociological point of view, it can be said that both patients and health workers play certain roles in society. In relation to health workers, for example, doctors, health workers have a dominant position when compared to the position of patients, who are laymen in the health sector. Patients in this case are required to follow the advice of health workers, who know more about this area of knowledge. Thus, the patient always has to believe in the ability of the doctor to whom he has given up his fate. Patients, as consumers in this case, feel dependent and safe when health workers try to cure their illness.

Human rights, also known as HAM, are rights that are inherent in humans because of their birth as human beings. These rights do not come from other people or the state, but rather from their birth as human beings. In the religious context, these rights are gifts from God, and only God has the right to revoke them. The legal basis for human rights, namely, Law No. 39 of 1999 concerning Human Rights Human rights: a set of rights that are inherent in the nature and existence of humans as creatures of God Almighty and are His gifts that must be respected, upheld, and protected by the state, law, and government, and everyone, for the honor and protection of human dignity. Basic human obligations are a set of obligations that, if not implemented, do not allow the implementation and upholding of human rights. (Chapter I, Article 1) Law No. 26 of 2000 concerning Human Rights Courts

The characteristics of human rights, which form the basis of the guidelines for the implementation of human rights, are: essential, meaning that human rights have been brought into being from birth by all living things in this world. Universally, human rights apply in general regardless of status, ethnicity,

or gender, and human rights cannot be revoked by anyone. Human rights cannot be handed over to other parties. cannot be divided; everyone gets all rights, be they political, economic, or sociocultural. The right to health is a human right that is inherent in a person from birth, is not granted by a person or by the state, and therefore cannot be revoked by anyone. The meaning of the right to health is that the government must create conditions that allow every individual to live a healthy life. This means that the government must provide adequate and affordable health care facilities for all.

There are two principles underlying health law:

1. The right to health care

The right to health care means that everyone has the right to obtain the highest standard of physical and mental health, including access to health services and health care, such as nutrition, clean water, healthy housing, immunization, education, sanitation, and access to health-related information. Factors affecting the right to health care are health facility factors, geographical factors, financial factors, and quality factors.

2. The right to self-determination

as basic rights or individual primary rights, which are the source of individual rights consisting of the right to privacy and the right to one's own body. right to privacy The right to privacy, or the right to be left alone, is simply translated as the right not to be disturbed in one's private life (Cooley, 1888). The right to privacy can also be translated as the right of every person to protect the private aspects of his life from being used or entered by others (Gillmor, 1990:281). The right to one's own body It is the patient's right to choose a doctor, to informed consent, to refuse treatment or certain medical procedures, to stop treatment or treatment, to seek a second opinion, and to inspect medical records. Health is a state of well-being of body, soul, and social life that enables everyone to be economically productive (Article 1 point (1) of Law Number 23 of 1992 concerning Health). Because of that, health is the basis for recognizing human dignity. Without health, a person becomes conditionally unequal. Without health, a person will not be able to obtain other rights. Someone who is unhealthy will naturally have less rights to life, cannot get and hold a decent job, cannot enjoy his right to associate, assemble, and express opinions, and cannot get an education for the sake of his future. In short, one cannot fully enjoy human life.

The importance of health as a human right and as a necessary condition for the fulfillment of other rights has been recognized internationally. The right to health includes the right to a healthy life and work, the right to health services, and special attention to the health of mothers and children. Article 25 of the Universal Declaration of Human Rights (UDHR) states:

Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including the right to food, clothing, shelter, and health services; the right to necessary social services; and the right to security in the event of unemployment, illness, disability, abandonment by a partner, old age, or other circumstances that result in a decline in the standard of living that occur beyond his control. Mothers and children deserve special attention and assistance. All children, whether born in or out of wedlock, must enjoy the same social protection (Purnama, 2016). Article 1354 of the Civil Code formulates the *zaakwaarneming* that if a person voluntarily (without receiving an order) represents another person's affairs with or without this person's knowledge, then he secretly binds himself to continue and resolve the matter until the person whose interests are being represented can do the business yourself. He bears all the obligations that must be borne if he is authorized by a power of attorney that is expressly stated.

The legal relationship between medical practice and human rights, especially patients' rights, occurs because the law obliges doctors to provide health services to patients. This means that for this legal relationship to occur, no initiative or even patient participation is required, for example, in an emergency. As a result, the legal relationship between a doctor and a patient makes it impossible to produce a *verbintennis* result (outcome agreement) because the patient lacks initiative or even participation. As a result, the engagement that results is *inspanning verbintennis* (effort engagement). Article 50 of the Medical Practice Law states that doctors and dentists have the following

rights when performing medical practices: 1) legal protection as long as they perform their duties in accordance with professional standards and standard operating procedures, and 2) compensation for services rendered. Providing medical services according to professional standards and standard operating procedures, 3). obtaining complete and honest information from the patient or his family, and 4). receiving service fees.

Legally, the relationship between doctor and patient is known as a therapeutic transaction. Starting with a question and answer (anamnesis) between the doctor and the patient, followed by a physical examination carried out by the doctor on the patient, the doctor will determine the diagnosis of the patient's disease. In the field of medicine, doctors and the public in general realize that it is impossible for doctors to guarantee that treatment efforts will always be successful according to the wishes of the patient or his family. Doctors can only make the best efforts possible based on their knowledge and experience in treating diseases. There are several obligations for doctors regulated in several articles of the Medical Practice Act, all of which, if compiled, would state that the obligations of doctors are to attend continuing medical education and training organized by professional organizations and other institutions accredited by professional organizations in the context of absorbing scientific developments. medical knowledge and technology, has a Registration Certificate (STR) and Practice License (SIP), provides medical services in accordance with professional standards and standard operating procedures as well as patient medical needs, refers patients to other doctors or dentists who have more expertise or abilities, keeps everything he knows about the patient confidential, even after the patient dies, performs emergency assistance on a humanitarian basis, unless he is sure that someone else is on duty and capable of doing so, and maintains quality control and cost control.

Apart from the obligation to the patient, doctors also have general obligations, obligations to colleagues, and obligations to themselves that have been stipulated in the Code of Ethics. These obligations are the responsibility of the medical profession. The obligations of doctors or dentists to patients in carrying out health services as written above are regulated more concretely in Article 51 of the Medical Practice Act, which has determined normatively a series of obligations of doctors or dentists in providing health services that must be carried out for patients, including providing medical services in accordance with professional standards and standard operating procedures as well as the medical needs of patients. Refer the patient to another doctor or dentist who has better expertise or ability if he or she is unable to carry out an examination or treatment. Keeps everything he knows about the patient a secret, even after the patient dies. Carry out emergency aid on the basis of humanity unless he is sure that someone else is on duty and capable of doing it. Increase your knowledge and stay up to date on developments in medicine or dentistry (Mannas, 2018).

4. CONCLUSION

Based on what has been said and what problems have been brought up in the previous chapters, it can be said that the Indonesian Doctors Association (IDI) has a wide range of roles in health services, from medical education to doctor's practices directly related to society. The authorities of the Indonesian Doctors Association (IDI) professional organization include: a) providing recommendations for the issuance of licenses to practice to doctors practicing in Indonesia, because according to Article 36 of Law Number 29 of 2004 concerning Medical Practice, 1) doctors must have a license to practice (SIP) issued by the local government through a health officer, and one of the conditions is that there must be a letter of recommendation from a professional organization. Together with the Indonesian Medical Council (KKI), it plays a role in maintaining and fostering the professionalism and ethics of its members (the medical profession) in order to carry out quality, adequate, affordable medical practice and protect the public. Doctors in Indonesia who are not professional members of the Indonesian Doctors Association (IDI) are prohibited from practicing legally. The legal basis states that the Indonesian Doctors Association (IDI) is the only professional organization that brings together doctors in Indonesia according to Law Number 29 of 2004 concerning Medical Practice and strengthened by Constitutional Court Decree Number 10/PUU-XV/2017, which legalized IDI as a single health organization. The duties,

functions, and authorities of the IDI professional organization are attached, including the obligation to provide quality, adequate, and affordable health services for the community (including in emergencies). Therefore, until now, there has not been any other alternative for doctors or young medical graduates to practice other than obtaining permission from the IDI and the local regional government. So, up until now, if a doctor worked without a license, they would be punished by the law.

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