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THE ROLE OF COMMITTEE IN MANAGE RESOLVING MEDICAL

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As in the case of Medical Dispute Resolution who is a figure responsible for the implementation of good clinical governance to improve staff professionalism, maintain the quality of the staff profession, maintain discipline, ethics, and professional behavior of medical staff. In addition to the hospital director. So, the main door in the event of a medical dispute is the Ethics Committee. Why medical disputes occur and how the role of the Keywords: medical committee in it is the problem discussed in this study. This Ethics Committee, research was conducted using an empirical and sociological approach, Disputes. namely by discussing the perspective of the law and the social aspects that Medical Sciences surround the legal symptoms. The results showed that the application of hospital internal regulations (hospital by laws) at the Abdul Manan HAM Kisaran house has not been implemented properly. Based on the HBL preparation regulations, hospitals need to review and evaluate the HBL owned by the hospital so that it is always relevant and follows the development and needs of the hospital.

ABSTRACT

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1. INTRODUCTION

Specifically, in the practice of medicine that has so far occurred, if a dispute occurs between a doctor (health provider) and a patient (health receiver), the medical dispute resolution will be resolved through the following methods:

- a. Settlement of disputes; which in medical terms is used the term settlement with compassion, which is carried out by the hospital as an institution where doctors work with patients and their families;
- Complaining family problems to the Majellis Kehormatan Disiplin Kedokteran Indonelsia (MKDKI), in accordance with the provisions of Article 66 of Law Number 29 of 2004 concerning Medical Practice; and
- c. Through the court with procedures in accordance with civil procedural law and criminal charges through the police and criminal procedural law.

Therefore, in its later development, a number of regulations were formulated by the government as an effort to strengthen the legal position of hospitals, especially in any medical disputes involving patients and health workers on duty in them. The latest is the issuance of Minister of Health Regulation No. 42/2018 on the Hospital Ethics and Legal Committee (KElHRS) which is more specific as an effort to establish better hospital service governance, as well as improve the quality of health services and patient safety in hospitals.

The Hospital Ethics and Legal Committee (KElHRS) needs to be established in every hospital with the consideration that complex hospital health services tend to cause problems between patients, hospitals, and/or health workers as health service providers. In addition, KElHRS is also needed to establish good service governance, as well as improve the quality of health services and patient safety in hospitals.

Apart from intersecting with MKDKI, the task of KElHRS is also still related to the Medical Ethics Honor Council (MKElK). Article 6 paragraph (4) of the MKElK Guidelines states that one of the duties of the MKElK is as an ethical institution that examines, hears, makes a decision on every ethicolegal conflict that has the potential for medical disputes among the devices and ranks of the IDI (Indonesian Doctors Association) and every medical dispute between the doctor who has not or is not handled by the Indonesian Medical Discipline Honor Council.

The presence of KElHRS also indirectly intersects with the existence of the Hospital Medical Committee as stipulated in the Minister of Health Regulation Number 755 of 2011 concerning the Organization of Medical Committees in Hospitals. In this regulation, it is explained that the Medical



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Committee is a hospital device to implement clinical governance (clinical govelrnancel) so that medical staff in hospitals maintain their professionalism through credentialing mechanisms, maintaining medical professionalism, and maintaining the ethics and discipline of the medical profession.

The duties of the Medical Committee in the hospital are:

- (a) Credentialing all medical staff who will perform medical services in the hospital;
- (b) Maintaining the professional quality of medical staff; and
- (c) Maintain the discipline, ethics, and professional behavior of medical staff.

The task of the Hospital Medical Committee in point (c) is what clearly intersects with the duties carried out by the Hospital Ethics and Law Committee (KEIHRS).

Thus, from here there is a fairly clear intersection of duties between KElHRS and BPRS, MKDKI, MKElK, the Medical Committee and the Hospital Supervisory Board in resolving medical disputes, especially those related to the ethics and discipline of the medical and dental professions. This can certainly affect the performance of KElHRS and cause ambiguity in resolving medical disputes that occur in hospitals.

The purpose of this research is to find out what are the factors causing medical disputes in hospitals, what are the rights and obligations of patients and hospitals in health services, what is the role of the Medical Committee in resolving medical disputes at the HAM Abdul Manan Hospital in Kisaran.

2. METHOD

This research is a Normative Sociological juridical research, namely a research that reveals a problem, situation or event by providing a comprehensive, broad and in-depth assessment from the point of view of hulkulm science, namely by analyzing the principles of hulkulm, hulkulm rules, hulkulm system and its reality in the field. In this case the Abdul Manan Human Rights Hospital Kisaran.

In collecting data, a document study is used, namely by studying secondary materials, both in the form of legislation, other regulations, court decisions on health cases as well as books, papers, and journals related to the research. The data obtained is then analyzed qualitatively, which is a method of data analysis that is not based on numbers or statistics, so that the data obtained in library research is then presented in logical sentences to obtain a description of the Role of the Medical Committee in Resolving Medical Disputes at the HAM Abdul Manan Hospital in Kisaran.

3. RESULTS AND DISCUSSION

Factors Causing Medical Disputes in Hospitals

In the book Medical Criminal Law and Malpractice (Aspects of Criminal Liability of Doctors in Health Services) authored by Dr. dr. Beni Satria, M.Kels., S.H., M.H. and Dr. Redyanto Sidi Jambak, S.H., M.H. that what is said to be Malpractice or one of the disputes in the medical world is divided into three, Criminal Mal-Practice Civil Mal-Practice Administrative Mal Practice. However, the author briefly describes the factors that can cause medical disputes. They are:

- (a) Doing what according to the agreement should not be done;
- (b) Doing what according to the agreement must be done but not on time;
- (c) Doing what is agreed to be done but not perfectly; Lack of information;
- (d) Communication: Manner and quality, poor communication can cause problems, good communication should reduce problems; Different perceptions of the meaning of malpractice;
- (e) Differences of interest
- (f) Expectation and outcome gap. This can happen because excessive trust can be a trigger, forgetting that doctors are also human;
- (g) The aggrieved party has expressed their dissatisfaction either directly to the party considered to be the cause of the loss or to another party. The dissatisfaction cannot be resolved properly or slow response. that's why if there is a problem or there is a seed of a problem selgelra look for a solution, don't just wait. Sometimes if the patient's slow response is upset and then tells it to someone else, and that person heats up the patient or his family, then the problem can be even more complicated;
- (h) Developments in society, can occur due to the influence of invalid information from social media;
- (i) Fading / neglect of ethical values, this occurs due to various things, including being money oriented, consumptive, forgetting about sumpa and ethical models.
- (j) Competition among peers, this is very likely to happen;
- (k) Weak trust; and there may be others.



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Rights and Obligations of Patients and Hospitals in Health Services

Human rights relations, issues regarding health in our country are regulated in Law 23/1992, which in chapter III Article I Paragraph (1) and article 4 states: article 1 (1): "health is a state of wellbeing of the body, soul, and social which enables everyone to live a productive life socially and economically." Article 4 further states: "everyone has the same right to obtain an optimal degree of health".

In this section we will discuss the rights and obligations of the parties in general, the discussion of this matter is very important because it shows that due to a lack of understanding of rights and obligations, there is a tendency to ignore the rights of patients so that patient protection fades. Talking about the rights of patients in health services, in general, the patient's rights are as follows:

- (a) The patient's right to treatment.
- (b) The right to refuse certain treatments.
- (c) The right to choose health workers and hospitals that will treat patients.
- (d) Right to information.
- (e) Right to refuse treatment without authorization.
- (f) Right to security.
- (g) Right to restrictions on care release arrangements.
- (h) Right to terminate the treatment agreement.
- (i) Right to twenty days for visitor's rights.
- (j) The patient's right to sue or be sued.
- (k) Patient's right to legal aid.
- (l) The patient's right to advice regarding trials by health or experts.

Next, the Hospital's obligations are regulated in Article 30 of Law Number 44 of 2009 concerning Hospitals, as follows:

- 1. Determine the number, type, and qualifications of human resources in accordance with the classification of the Hospital;
- 2. receive compensation for services and determine remuneration, incentives, and awards in accordance with the provisions of laws and regulations;
- collaborate with other parties in order to develop services;
- 4. receive assistance from other parties in accordance with the provisions of laws and regulations;
- sue the party that caused the loss;
- obtain legal protection in carrying out kelselhatan services;
- 7. promote health services in the Hospital in accordance with the provisions of laws and regulations;
- obtain tax incentives for public hospitals and hospitals designated as teaching hospitals.

The Role of the Medical Committee in Resolving Medical Disputes at the HAM Abdul Manan Hospital in Kisaran

The committee is defined as a group of people in an organization who work collectively as a means of shaping a particular activity. A health organization needs the existence of this committee to help consolidate the two managerial forces, namely the administrative staff organization and the medical staff organization.

The medical committee is a non-structural body whose membership is selected from the chairman of the functional medical staff (SMF) or represents the SMF in the hospital. The medical committee is under the director and is responsible to the main director of the hospital. The Medical Committee is an institutional instrument and staffing instrument regulated in the Hospital by Laws.

In hospitals it is necessary to establish a Medical Committee to organize good clinical governance with the aim of protecting patients. In improving clinical governance and quality of health services.

CONCLUSION

Medical Committee According to 17 Presidential Regulation Number 77 Tahuln 2015 is an organization within the hospital that serves to implement good governance within the hospital itself, the medical committee implements good rules, maintains these rules to be obeyed and monitors violations of the rules that have been issued by the Director or head of the hospital. Thus, medical disputes are one of the objects of the medical committee's responsibility. The policy of forming a medical committee is based on Permenkes RI No. 755 of 2011 and is followed up based on internal hospital regulations in the form of



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director's decree No. 445/073/KElP-DIR/RSUID- SJJ/IX/2014 and updated director's decree No. 1 of 2016. However, the socialization of the policy has not run optimally. Rumah HAM Abdul Manan Kisaran is a clear example of this lack of socialization.

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