


Overview Of The Implementation Of The Code Of Ethics Indonesian Medicine At General Physicians In Private Clinics In Bandung District

Ali Taufan¹, Hedi Hendrawan Rachmatdinata², Rizqi Krisna Negara³

^{1,2,3}Fakultas Kedokteran, Universitas Jenderal Achmad Yani, Cimahi, Jawa Barat, Indonesia

| Article Info | ABSTRACT |
|--|---|
| Keywords: Doctor, KODEKI, Clinic. | Medical practice in its implementation is expected to contain high ethics and morals for doctors who are at the core of the implementation. The current phenomenon is that many doctors commit deviations and abuse their authority which violates the Indonesian Medical Code of Ethics (KODEKI), which KODEKI should serve as the basis for practice in the world of medicine. The object of research in this research is general practitioners who work at private clinics in Bandung Regency. The method used is qualitative with a descriptive phenomenological study approach. Related to the application of KODEKI values carried out by general practitioners at Regency Private Clinics, the results obtained are 1) the character of godliness or responsibility, namely doctors always adhere to God and make religion the basis for carrying out the responsibilities of the doctor's profession, 2) altruism, namely doctors always prioritizing the interests of patients above personal interests, 3) professional idealism, namely doctors reprimanding colleagues if they make medical mistakes while maintaining the good name of colleagues, 4) patient accountability, namely doctors respecting and listening to patients and not discriminating against patients, 5) integrity scientific, namely doctors always follow developments in medical science through seminars, workshops and further studies and 6) social integrity, namely doctors provide clear information and provide education to improve health. All general practitioner respondents who work in private clinics in Bandung Regency apply KODEKI values. |
| This is an open access article under the CC BY-NC license  | Corresponding Author: Ali Taufan Fakultas Kedokteran Universitas Jenderal Achmad Yani Cimahi, Jawa Barat, Indonesia dr.alitaufan@gmail.com |

INTRODUCTION

In its implementation, medical practice is expected to contain high ethics and morals for doctors who are at the core of the implementation. Apart from that, expertise and authority are also needed which are constantly being improved through education, certification, registration, licensing, and coaching, supervision and monitoring as an adjustment to developments in science and technology in the world of medicine. In accordance with what is written in the 1945 Constitution, Article 28A which reads: "Every person has the right to live and has the right to defend his or her life and existence", and also in Article 34 paragraph (3) which reads: "The state is responsible for the provision of health service facilities and

adequate public service facilities". It can be observed that health services and medical practice are two important things that are strictly focused on a national scale (UUD 1945).

In the current era of globalization, the medical profession is one of the professions that receives a lot of attention from the public, especially because the level of dedication and service is considered complex. However, unfortunately, not all of the attention received by medicine is positive, some even tend to be cornered, to the point of positioning the medical profession as a source of problems for society. The decline in public trust in the medical profession is largely due to the failure of the health service efforts of doctors themselves. Instead of failing in terms of applying medical science, doctors can also be said to have failed if they do not apply quality service standards and in accordance with the expectations of their patients (Ratman, 2012).

Public criticism of the medical profession in Indonesia has recently increasingly appeared in various media, both print and electronic media. Public criticism of the services of the Morowali City Regional General Hospital (RSUD), Southeast Sulawesi is related to the presence of specialist doctors who are suspected of not having a good attitude in serving the community or patient families. This specialist doctor likes to shout and be arrogant with the patient's family. This made the patient's family and other residents very disappointed and asked the relevant parties to evaluate the doctor (MS, 2023). Furthermore, patients who came to the Syekh Yusuf Regional Hospital, Gowa Regency also felt disappointment, patients were abandoned and even told to go home because there were no doctors providing services there (Sirua, 2023).

According to data from the Central Statistics Agency, the number of medical personnel throughout Indonesia is 176,110, consisting of doctors and dentists (Badan Pusat Statistik, 2023). With this relatively large number, there is an unintentional lack of "competition" in obtaining patients, especially in large cities where the need for a high doctor's self-image increases. To fulfill the need for fame, self-promotional activities in the form of advertising have also emerged. As doctors become more popular, offers become brand ambassadors, advertisements, presenters and other careers in the world of entertainment. Can be found on TV, national and international TV channels, many doctors then provide clinical recommendations for these products or become advertising stars or brand ambassadors for various products with health and beauty claims.

The possibility of public misunderstanding then requires an ethical assessment where doctors appear to provide patient product recommendations that can harm the patient or constitute public fraud because the recommendations made not only serve the patient's interests but also commercial interests (Prawiroharjo & Meilia, 2017). This phenomenon gives rise to decisive action from the world of medicine. This prohibition on advertising is confirmed in the 2012 KODEKI article 4 concerning self-praise which states that "Every doctor is obliged to refrain from acts that are self-praise". Actions that are classified as self-praising activities can be in the form of writing that contains superlative statements, which, among other things, imply the meaning of "the only expert" or a meaning similar to statements of superiority, uniqueness or sophistication of personal services that tend to mislead, show off and misrepresent the profession (Purwadianto et al., 2012).

The two phenomena above show deviations and abuse of authority by doctors who violate the Indonesian Medical Code of Ethics (KODEKI) which should be an indication of the rhetoric of practice in the world of medicine. In order for doctors to avoid undesirable things, doctors' professionalism must be realized in carrying out their profession. The foundation for realizing this professionalism is KODEKI. This means that KODEKI must consistently be understood, applied and enforced by doctors. The Indonesian Medical Ethics Honorary Council is a professional organization for doctors that oversees the enforcement of KODEKI.

KODEKI is a regulation issued by the medical professional organization in Indonesia, namely the Indonesian Doctors Association (IDI). The main aim and task of KODEKI is to guide doctors in their work (Iariyana, 2015). With a professional code of ethics, they can provide the best possible service to their users or customers. The existence of a code of conduct will protect the unprofessional actions. Professional staff's adherence to the code of ethics is an instinctive obedience that is integrated with the mind, soul and professional behavior. In this way, obedience is formed from each individual, not because of coercion (Idris, 2009).

There are similar studies that have been carried out. Putri et al conducted research with the title "Overview of the Implementation of the Indonesian Medical Code of Ethics for General Practitioners at Community Health Centers in Padang City" (Putri et al., 2015). The results of the study showed that the KODEKI reflective level of all respondents in this study was below standard. Furthermore, in research conducted by Fadila et al, they conducted research entitled "Implementation of the Values of the Indonesian Medical Code of Ethics in the Era of National Health Insurance in Siak Regency". The research results show that all selected general practitioners have altruism, responsibility, professional idealism, scientific integrity, and social integrity which are the KODEKI values studied in this research (Ardiani et al., 2017). Even though they conducted the same research, there are differences between previous research and the research conducted researcher.

In this study, the research method used qualitative data collection techniques, namely questionnaires, while in Putri et al's research, the research method used quantitative data collection techniques, namely questionnaires. Furthermore, in Fadila's research, the focus of the research is the application of KODEKI in the National Health Insurance Era, while in this research the focus of the research is the application of KODEKI in Private Clinics. The reason for conducting research at private clinics is to see the differences in the application of KODEKI in health service facilities managed by the government and those managed by the private sector.

Referring to this research, researchers have additional thoughts on the questions that arise, namely increasing understanding of the application of the code of medical ethics for general practitioners in clinics. Apart from that, this research also wants to find out whether doctors have implemented the CODEKI well and under applicable regulations. With this background, it is hoped that the research results can show the level of understanding of general practitioners regarding KODEKI in order to create medical practices and health services that prioritize the interests of patients. Therefore, researchers will conduct research with the title "Overview of the Application of the Indonesian Medical Code of Ethics to General Practitioners in Private Clinics in Bandung Regency".

METHODS

This research was conducted at a private clinic located in Bandung Regency. The private clinic chosen is the Ratnasari Sehat Group Clinic which consists of 6 clinics. This research was conducted at Ratna Sari Sehat Clinic 1, Ratna Sari Sehat Clinic 2, and Sehat Medika Utama Clinic. This research was conducted in March 2024 and has obtained a research ethics approval letter from the Research and Health Ethics Commission, Faculty of Medicine, Jenderal Achmad Yani University with ethical number No: 013/UMI.04/2024.

This qualitative research utilizes a descriptive phenomenological study approach. The research subjects consist of four general practitioners working at private clinics in Bandung Regency, each with over ten years of experience. A non-probability sampling method, specifically purposive sampling, was employed to select these subjects. The primary focus of this research is to provide a general description of the application of the Indonesian Medical Code of Ethics among these general practitioners.

Research instrument

To find out various things related to the description of the application of the Indonesian medical code of ethics to general practitioners at private clinics in Bandung Regency, the following instruments were used: Human Instruments (Researchers as the main instrument) and supporting instruments are the tools that researchers need to obtain data. These tools include: interview guide, observation sheet, field note sheet, voice recorder, stationery and camera.

Data Collection Procedures

1. Interview

The interview technique that the researcher used in this research was a semi-structured interview, namely the researcher prepared several key questions to guide the question-and-answer process. Questions also have the possibility of being developed in the interview process (Sugiyono, 2019).

2. Observation or observations

The observations used a non-participant observation method where the researcher was not involved in the participants' daily activities but was only an independent observer (Sugiyono, 2019).

Statistical analysis

This research uses data analysis techniques with the Colaizzi method, namely:

1. First stage: researchers collect data from interviews in the form of primary data and secondary data.
2. Second stage: the researcher read the existing data transcripts repeatedly so that the researcher could find significant meaning in the data and provide an underline to the participants' important questions.
3. Third stage: finding categories. Categorization is a complicated process, so researchers must be able to group existing data into categories. Next, researchers group existing categories into sub-themes, so that the sub-themes that emerge are grouped again into potential themes.

4. Fourth stage: writing a report. In writing reports, researchers must be able to write each phrase, word and sentence as well as the meaning correctly so that they can describe the data and analysis results (Creswell, 2019).

RESULTS AND DISCUSSION

The respondents in this study were 4 general practitioners from Bandung Regency Private Clinics, namely Ratna Sari Sehat Clinic 1, Ratna Sari Sehat Clinic 2, Sehat Medika Utama Clinic. The characteristics of each respondent can be seen in the following table:

Table 1. Responden Characteristics

| Respondent | From the Clinic | Gender | Age | Length of time working in a private clinic |
|--------------|---------------------------|--------|---------|--|
| Respondent 1 | Klinik Ratna Sari Sehat 1 | Female | 38 year | 13 year |
| Respondent 2 | Klinik Ratna Sari Sehat 2 | Male | 37 year | 12 year |
| Respondent 3 | Klinik Sehat Medika Utama | Male | 36 year | 11 year |
| Respondent 4 | Klinik Ratna Sari Sehat 1 | Male | 40 year | 13 year |

Based on table 1, it can be seen that the majority of respondents are male and 1 respondent is female, aged 26-40 years and has experience as a general practitioner for more than 10 years.

Divine nature or responsibility

The characteristic of divinity or responsibility means that a doctor is obliged to use religion as the basis for decision making in practicing medicine and accept all consequences from God Almighty for all medical actions that have been carried out (Dwi P et al., 2017). From the results of interviews regarding the value of divinenature or responsibility, it was found that the four respondents had applied the value of divine nature or responsibility as seen in the following statement:

"Yes, of course because as creatures we have God and as doctors we must adhere to the Indonesian medical code of ethics" (Respondent 1)

"Before helping the patient, we first pray bismillah, hopefully we can help the patient in seeking treatment, hopefully God will give him healing" (Respondent 1)

"God willing, I always pray first when doing any work, especially if it involves other people's lives" (Respondent 2)

"Yes, everything we do, whether in communication or actions, we give back to God Almighty because everything we have is something we try, but we leave the results to God Almighty" (Respondent 3)

"We always prioritize divine principles for each patient, for example before undergoing treatment, pray first according to their respective religious beliefs" (Respondent 4)

Based on the results of research on the value of divine nature or responsibility, it was found that all respondents adhered firmly to God and made religion the basis for carrying out the responsibilities of the medical profession. In providing services to patients, doctors always connect with God and religion, for example praying first before carrying out an examination and praying to God for healing because doctors only try, whereas for healing only God can provide.

Human life, apart from involving physical aspects, also involves mental and spiritual aspects. The values and norms held as well as the beliefs held determine a person's reaction/response to an event/expression. When dealing with patients, doctors need to know the patient's life background. Doctors are obliged or obliged to respect the patient's religion and beliefs as well as customs respected by the local community, especially those that do not conflict with religious provisions, applicable laws and regulations, and provisions in the health sector (Ikatan Dokter Indonesia, 2002).

Altruism

Altruism is an action that has the consequence of providing benefits or improving the welfare of other people. Altruism can also be interpreted as caring not for oneself but for the good of others. From the results of interviews regarding altruism values, it was found that the four respondents had implemented altruism values as seen in the following statement:

"If it's an emergency patient, well, we have to help the patient as best we can wherever we are, if we can do it, we'll help, if not, then we'll refer them" (Respondent 1)

"Yes, for example, if you are on holiday or not on duty, if by chance we do first aid first, if that is not possible we refer you to a more adequate place" (Respondent 2)

"Because actually we don't have holidays in medicine... so wherever we are we are not on duty, we still prioritize patients if an emergency occurs" (Respondent 3)

"We'll just help with the costs later. We can still help patients who can't afford it" (Respondent 4)

The altruism value was obtained and all respondents applied the altruism value. This can be obtained from the respondent's statement that he always puts the patient's interests above personal interests. Respondents always provide assistance to patients even though they are not on duty. Apart from that, respondents did not burden patients with costs. If the patient does not have the money for treatment, the respondent will still help the patient and the patient does not need to think about the cost of treatment because for the respondent, patient safety is the main thing.

Article 13 of the KODEKI states "A doctor is obliged to provide emergency assistance as a humanitarian duty unless he is sure that there are other people who are willing and more able to provide it". Practicing a doctor is not limited to one field of medical science. He has the right and obligation to help the patient whatever he suffers (Ikatan Dokter Indonesia, 2002).

Professional idealism

Professional idealism is to keep colleagues' mistakes secret from patients. However, if the patient's life is threatened by deliberate action, it will be considered to be reported to a professional organization. From the results of interviews regarding the value of professional

idealism, it was found that the four respondents had implemented the value of professional idealism as seen in the following statement:

"We keep our colleagues' mistakes a secret from the patient but behind that we tell our colleagues that yesterday there was an incident like this and this as a material for improvement for all of us" (Respondent 1)

Maybe if we find it, we shouldn't badmouth our colleagues, we have to maintain the confidentiality of our colleagues (Respondent 2)

"We as colleagues, if our friend makes a mistake, forget to remind him" (Respondent 3)

"I used to be active in the IDI management, if there is an incident like that we will take care of it" (Respondent 4)

Data obtained from the value of professional idealism shows that all respondents will reprimand their colleagues who make medical mistakes, this is done by respondents to maintain the quality and quality of the medical profession. The respondent said that if he found a colleague who had made a mistake, the respondent would not explain the mistake in detail to the patient, instead the respondent would reprimand the colleague, but the reprimand was not conveyed in front of the patient, because the respondent did not want to badmouth his colleague in front of the patient.

Article 14 of the KODEKI states that "Every doctor treats his colleagues as he himself would like to be treated". Medical ethics requires every doctor to maintain good relations with his colleagues according to the meaning or points of the doctor's oath which indicates the treatment of his colleagues. When there is a bad relationship between doctors and colleagues, the dispute must be resolved through deliberation. If through deliberation it is not resolved, you can ask for help from the management of the Indonesian Doctors Association or the Honorary Council for Medical Ethics to explain it (Ikatan Dokter Indonesia, 2002).

Actions that do not maintain good relations with colleagues include mocking colleagues and gossiping about their actions that are considered inappropriate to patients or other people. Defaming colleagues and gossiping about their actions with patients or other people is considered inappropriate. Reflecting the good name of your colleagues means reflecting your own good name. Senior colleagues are obliged to guide younger colleagues, especially those under their supervision. A senior colleague should not say in public that he has just graduated and does not know the rules (Ikatan Dokter Indonesia, 2002).

If a doctor makes a mistake in his work, colleagues who know about this should advise him. Doctors who make mistakes must accept advice or reprimands gracefully as long as they are delivered in a friendly manner and do not remove a colleague from their position, especially by using another party. when dealing with patients, a doctor must not show that he does not agree with his colleagues by being sarcastic or in a suggestive manner. To establish and strengthen good relationships between colleagues, doctors are required to demonstrate the following:

1. Doctors who have just settled in a place visit colleagues who are already there. This does not need to be done in big cities where many doctors practice, but simply by notifying colleagues who live nearby about the opening of a new practice.

2. Every doctor is a loyal and active member of the Indonesian Doctors Association. By attending social meetings and clinics that are held, personal contact will occur so that a sense of brotherhood can develop and knowledge will be added. (Ikatan Dokter Indonesia, 2002)

Accountability

Accountability means that a doctor is obliged to listen to patients and respect the patient's views and opinions. In other words, accountability is actions that can be held accountable to the patient. From the results of interviews regarding the value of accountability, it was found that the four respondents had implemented the value of accountability as shown in the following statement:

"Yes, it is very important because it is our guide in carrying out our medical profession" (Respondent 1)

"Yes, it is very important as ethics, a higher basis than law, with ethics we can behave well and correctly, with ethics we are more aware and humane" (Respondent 2)

"In my opinion, it is very important because it is our guideline in maintaining our services to patients" (Respondent 3)

"It is very important because KODEKI is our guide in carrying out our profession" (Respondent 4)

The value of patient accountability can be seen from the respondent's statement which states that in carrying out their profession they are always guided by KODEKI. Apart from that, respondents also provide counseling, information and education to patients every time they provide services. Respondents treat patients the same without discriminating between patients.

KODEKI is a regulation that regulates the ethical responsibilities of a doctor. KODEKI was prepared by considering the International Code of Medical Ethics with the ideal foundation of Pancasila and the structural basis of the 1945 Constitution. KODEKI regulates relations between humans which include the general obligations of a doctor, the relationship between doctors and their patients, the obligations of doctors towards their colleagues and the obligations of doctors towards themselves. Violations of KODEKI points are purely ethical violations and some are both ethical violations and legal violations. Ethical violations are not always legal violations, whereas legal violations are not always violations of medical ethics (Purba, 2021).

Scientific integrity

Scientific integrity means that a doctor is obliged to increase knowledge and follow developments in medical science. From the results of interviews regarding the value of scientific integrity, it was found that the four respondents had implemented the value of scientific integrity as seen in the following statement:

"Yes, I am currently continuing my education in Masters in Skin Aging and Aesthetic Medicine and Health Management (Respondent 1)

"Attending seminars, workshops, training according to their respective interests to upgrade their knowledge" (Respondent 2)

"In principle, doctors are lifelong learners, so wherever we are at whatever age we have to update our knowledge so we don't get left behind" (Respondent 3)

"As long as we can still breathe, we must continue to learn and upgrade our knowledge" (Respondent 4)

The scientific integrity value has shown that all respondents have a scientific integrity value. Respondents felt that the development of medical science is currently very rapid, so respondents must always upgrade their knowledge so as not to be left behind. Respondents attended seminars, workshops and further studies to increase knowledge related to medicine.

Article 17 of the KODEKI states "every doctor must always follow developments in medical/health science and technology". Medical science and technology continues to develop rapidly. A doctor must follow these developments both for the benefit of himself and his patients. With advances in science in general, the public's need for adequate or better health services will increase in line with progress (Ikatan Dokter Indonesia, 2002).

Increasing knowledge and mastery of new medical technology can be done through reading literature in books, scientific magazines, brochures and so on. Apart from that, this can also be done by participating in symposia, seminars, workshops, training and so on. In this regard, IDI carries out various IDI-accredited scientific activities in the form of IDI Participation Credit (SKP) units. Doctors are required to take part in IDI scientific events in addition to IDI-accredited meetings (Ikatan Dokter Indonesia, 2002).

Social integrity

Social integrity relates to a doctor's obligation to provide clear information and provide education to improve health. From the results of interviews regarding the value of social integrity, it was found that the four respondents had implemented the value of social integrity as stated in the following statement:

"Yes, IEC is a must, consultation, information and education must be given to patients so that patients understand" (Respondent 1)

"Yes, we continue to educate what the causal factors are, what they are promotive, what they are preventive, but there is also treatment so that the explanation can be accepted by patients holistically so that patients can change their lifestyle for the better" (Respondent 3)

The social integrity value shows that all respondents are aware of the importance of the role of doctors in public health, one way of doing this is by always providing education to patients. Respondents explained that every patient will be given education every time they come, even if it is only in the form of one or two sentences in providing information adapted to the patient's language.

Good communication is carried out in order to maintain good medical practice. In the initial stages of implementing the relationship between doctors and patients, doctors must communicate based on mutual trust and respect (Rembet, 2020). Good communication consists of:

1. Listen to complaints, seek information and respect the patient's views and beliefs regarding their complaints.

2. Provide requested or necessary information about the patient's condition, diagnosis, therapy and prognosis as well as the treatment plan. This must be carried out using tactful means and language that the patient can understand. This includes information about the purpose of treatment, the choice of drug given, the method of administration and dosage settings of the drug and possible side effects of the drug that may occur.
3. Provide information about the patient and the medical procedures carried out to his family after obtaining the patient's consent. (Rafly et al., 2006)

CONCLUSION

Based on the results of the research and discussion, it can be concluded that all doctor respondents who work in private clinics in Bandung Regency apply the KODEKI values, namely 1) divine nature or responsibility, namely doctors always adhere to God and make religion the basis for carrying out the responsibilities of the medical profession. 2) altruism, namely doctors always put the patient's interests above personal interests, 3) professional idealism, namely doctors reprimand colleagues if they make medical mistakes while maintaining the good name of colleagues, 4) patient accountability, namely doctors respect and listen to patients and do not discriminate patients, 5) scientific integrity, namely doctors always follow developments in medical science through seminars, workshops and further studies and 6) social integrity, namely doctors provide clear information and provide education to improve health. Based on the research findings, it is recommended that doctors working in private clinics in Bandung Regency should consistently uphold and practice the values contained in the Indonesian Code of Medical Ethics (KODEKI) in their daily practice. In addition to doctors, clinics should also regularly re-evaluate the professional behavior of their health personnel, provide necessary counseling, and maintain existing professional behavior to optimize the quality of health services provided to the community. In addition, medical education institutions should emphasize the importance of professional conduct from the time of education and beyond, to ensure that future doctors develop and maintain high standards of professionalism throughout their careers.

ACKNOWLEDGEMENT

The author would like to express his thanks to all parties who have assisted the author in carrying out research and preparing this article.

REFERENCE

- Ardiani, V., Afandi, D., & Indrayana, M. T. (2017). *Penerapan Nilai Kode Etik Kedokteran Indonesia (Kodeki) pada Era Jaminan Kesehatan Nasional di Kota Dumai*. Riau University.
- Badan Pusat Statistik. (2023). *Statistik Indonesia: Statistical Yearbook of Indonesia*.
- Creswell, J. W. (2019). *Research design: Pendekatan metode kualitatif, kuantitatif dan campuran*.
- Dwi P, S. Y., Afandi, D., & Juananda, D. (2017). Penerapan Nilai Kode Etik Kedokteran Indonesia pada Era Jaminan Kesehatan Nasional di Kabupaten Indragiri Hulu. *Jurnal*

- Online Mahasiswa Fakultas Kedokteran Universitas Riau, 4(2), 1–14.*
- Iariyana, I. G. P. W. (2015). *Peranan Kode Etik Kedokteran Indonesia dalam Penyelesaian Kasus Malpraktek Dokter*. Universitas Mataram.
- Idris, M. (2009). Tanggung Jawab Dan Etika profesi Dokter Dalam Bidang Hukum. *Jurnal Legalitas, 2(3)*. <https://doi.org/10.33756/jelta.v2i3.666>
- Ikatan Dokter Indonesia. (2002). *Kode etik kedokteran Indonesia dan pedoman pelaksanaan kode etik kedokteran Indonesia*. Majelis Kehormatan Etik Kedokteran Indonesia, Ikatan Dokter Indonesia.
- MS, I. (2023). *Warga Soroti Attitude Oknum Dokter RSUD yang Suka Bentuk Keluarga Pasien*. Metro Sulteng. https://www.metrosulteng.com/sosial-budaya/5199888973/warga-soroti-attitude-oknum-dokter-rsud-morowali-yang-suka-bentuk-keluarga-pasien#google_vignette
- Prawiroharjo, P., & Meilia, P. D. I. (2017). Dokter beriklan: sebuah tinjauan menurut Kode Etik Kedokteran Indonesia (KODEKI) tahun 2012. *Jurnal Etika Kedokteran Indonesia, 1(1)*, 13. <https://doi.org/10.26880/jeki.v1i1.4>
- Purba, G. P. (2021). Tanggungjawab Dokter Terhadap Pasien Ditinjau Dari Aspek Hukum Perdata. *JURNAL RECTUM: Tinjauan Yuridis Penanganan Tindak Pidana, 3(2)*, 308–318.
- Purwadianto, A., Soetedjo, Gunawan, S., Budiningsih, Y., Prawiroharjo, P., & Firmansyah, A. (2012). *Kode Etik Kedokteran Indonesia*. Ikatan Dokter Indonesia.
- Putri, R. A., Herman, R. B., & Yulistini, Y. (2015). Gambaran Penerapan Kode Etik Kedokteran Indonesia pada Dokter Umum di Puskesmas di Kota Padang. *Jurnal Kesehatan Andalas, 4(2)*.
- Rafly, A., Purwadianto, A., Rusli, A., Rasad, A., Azwar, B., Sampurna, B., Wasisto, B., Sundoro, E. H., Enizar, Herkutanto, Zahir, H., Sidi, I. P. S., Mohamad, K., Adam, K., Luwiharsih, Ruby, M., Ali, M. M., Subyakto, M., Alwy, S., ... Hadad, T. (2006). *Penyelenggaraan Praktik Kedokteran yang Baik di Indonesia dilengkapi Peraturan Teknis Terkait*. Konsil Kedokteran Indonesia (Indonesian medical Council).
- Ratman, D. (2012). *Mediasi nonlitigasi terhadap sengketa medik dengan konsep win-win solution*. Elex Media Komputindo.
- Rembet, D. (2020). Perlindungan Hukum Terhadap Pasien Dalam Pelayanan Kesehatan Berdasarkan Undang-Undang Nomor 36 Tahun 2009. *Lex Et Societatis, 8(2)*.
- Sirua, A. D. (2023). *Ingin Dikonfirmasi Terkait Pasien yang Disuruh Pulang, Oknum Dokter di RSUD Syekh Yusuf Intimidasi Wartawan*. TV One News. <https://www.tvonenews.com/daerah/sulawesi/164964-ingin-dikonfirmasi-terkait-pasien-yang-disuruh-pulang-oknum-dokter-di-rsud-syekh-yusuf-intimidasi-wartawan>
- Sugiyono. (2019). *Quantitative, Qualitative, and R&D Research Methods*. Alfabeta.
- UUD 1945 dan Penjelasannya*. (n.d.). Eska Media.