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CORONA VIRUS LEGAL PROTECTION FOR PATIENTS ACCORDING TO LAW NO. 44 YEAR 2009 CONCERNING HOSPITAL

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Abstract:
The COVID-19 epidemic that struck Indonesia has had far-reaching consequences for the Indonesian people in terms of health, legal, social issues, and so on. Because of the virus's rapid transmission, patients who are infected are entitled to legal protection under Law No. 44 of 2009. The hospital's responsibility to corona virus patients is to provide all patient rights as outlined in the applicable laws and regulations. Sanctions will be imposed in accordance with existing rules and regulations if this is not done.

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Introduction

Every person's health is the most valuable possession he or she possesses. When the body is in good shape, it will be able to carry out daily tasks with ease. In today's world, health issues, in addition to economic issues, are one of the most pressing concerns in all corners of the globe, particularly in Indonesia. A new virus emerged towards the end of 2019 that scared the world, not just Indonesia. This virus is said to be lethal, as proven by the numerous deaths it has caused. The corona virus, often known as Covid-19, is the name of this virus (Syafrida and Hartati 2020).

Coronavirus is a virus that targets the respiratory system of humans. Severe acute

respiratory syndrome (SARS)-CoV and Middle East respiratory syndrome (MERS)-CoV are two Corona viruses that have been identified as agents that constitute a broad public health danger. A group of persons were hospitalized to the hospital at the end of December 2019 with an entrance diagnosis of pneumonia of uncertain cause. The person being treated is in close contact with seafood and animals at a wholesale market in Wuhan, Hubei Province, China, according to epidemiological data (Bogoch et al. 2020).

The globe was horrified by the introduction of a new virus at the start of 2020. This virus is thought to have originated in Wuhan, China. It was discovered at the end of December of this year. Initially, epidemiological data revealed that 66% of patients were associated to or had been exposed to a seafood or live market in Wuhan, Hubei Province, China. The presence of a coronavirus infection, a novel form of betacoronavirus known as 2019 Novel Coronavirus, was discovered in isolated samples from patients. The new virus was given the name Severe Acute Respiratory Syndrome Coronavirus-2 by the World Health Organization (WHO), and the condition was given the term coronavirus disease 2019 by the WHO (Covid-19) (Sudiro and Wattimena 2020).

The following is a timeline of corona cases: From the 18th to the 29th of December, five patients were admitted to the hospital with respiratory difficulties, one of whom died. On January 2, 2020, laboratory tests detected as many as 41 patients who were hospitalized as having COVID-19; roughly half of those treated had comorbidities such as diabetes, hypertension, and heart disease. As of January 22, 2020, China's National Health Commission Agency has released information on the first 17 deaths. There were 1975 confirmed cases of COVID-19 in mainland China as of January 25, 2020, with 56 deaths. There were 7734 confirmed cases in China as of January 30, 2020, with 90 additional cases reported from Taiwan, Thailand, Vietnam, Malaysia, Nepal, Sri Lanka, Cambodia, Japan, Singapore, Republic of Korea, United Arab Emirates, United States, Philippines, India, Australia, Canada, Finland, France, and Germany. The case fatality rate (170/7824) was calculated to be 2.2 percent (Bassetti, Vena, and Giacobbe 2020).

On March 2, 2020, the Indonesian government declared the first two instances of COVID-19. There were 381,910 confirmed cases as of October 24, 2020, with an addition of 4,369 cases, 63,733 active cases (17.7%), 305,100 cases recovered (79.9%), and 13,077 cases died (3.4 percent). The capacity of isolation inpatient rooms for COVID-19 patients is decreasing as the number of current cases rises. This is in keeping with the Governor of DKI Jakarta's declaration on September 8, 2020, that the available room capacity in all COVID-19 referral hospitals in the DKI Jakarta area has been used up to 77 percent. (CNN Indonesia 2020) There have been an additional 20,813 confirmed cases of Covid-19 since August 15, 2021, bringing the total number of verified cases to 3,854,354. (Kementrian Kesehatan RI 2021)

It was initially unclear whether this virus could be transmitted between humans. The number of instances has risen steadily over time. There were also 15 incidences of infection from one of the patients. Finally, it was established that this pneumonia could be spread from person to person. The fast spread of this virus remains a mystery, and study must continue (Handayani et al. 2020).

In Indonesia, it is addressed to Law No. 44 of 2009 concerning Hospitals and Law No. 29 of 2004 concerning Medical Practice if it is related to health. Because the corona virus is a relatively new virus with a lot of research to be done on how to deal with and handle it, it

is felt that it needs to be discussed or explored in Indonesia. regards patient safety and hospital capability or readiness to handle patients infected with the Corona virus (Republik Indonesia 2009).

Hospitals are defined as health service institutions that provide complete individual health services, including inpatient, outpatient, and emergency treatments, in Law No. 44 of 2009 concerning Hospitals Article 1 Regarding General Provisions. Several functions of the hospital itself are stated in Article 5 of the Hospital Law: a. medical treatment and health recovery services in accordance with hospital service standards; b. individual health maintenance and improvement through comprehensive second and third level health services tailored to medical needs; c. human resource education and training in the context of increasing capacity in the provision of health services; and D. orga (Republik Indonesia 2009).

Meanwhile, under Law No. 44 of 2009 Concerning Hospitals, a patient is defined as someone who interacts with a hospital about their health concerns in order to acquire the essential health services, either directly or indirectly. Because the corona virus is such a new disease, it is vital to provide legal protection to every patient, even though hospitals today provide excellent community services (Republik Indonesia 2009).

The problem's formulation

This blog focuses on the situation of Corona Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus Virus What is the hospital's role in patients who have been infected with the Corona Virus?

Research Methods

This research technique examines issues from a socio-juriditive normative perspective. In the form of study that involves peeling and directing conclusions from a variety of explanations found in a variety of secondary data sources, all of which are relevant to the issues at hand. In addition, three separate methodologies were used: legislation, conceptual, and case approaches (Ibrahim 2006).

Results and Discussion

A. Legal Protection Theory

All efforts done to protect particular topics are referred to as protection, but it can also be understood as a safe haven from all threats. The cornerstone for forming legal protection principles in Indonesia is Pancasila, the state's ideology and philosophy. The principles of Rechtstaat and "Rule of Law" are at the heart of the Western conception of legal protection for citizens (Hadjon 1987).

Every component of government action, both in the sphere of regulation and in the field of service, must be founded on statutory regulations or on legality, according to the idea of legal protection against government acts. This indicates that the government cannot perform government activities without a legal foundation, and it originates from the principle of human rights recognition and protection (Rahardjo 2000).

Legal protection is the safeguarding of human dignity and value, as well as the acknowledgement of human rights held by legal subjects in a legal state, based on the

country's legal rules in order to avoid arbitrariness. Legal protection is usually provided in the form of a written regulation, which is more binding and can result in consequences being imposed on those who break it. Preventive legal protection, which attempts to avoid problems or conflicts from arising, and repressive legal protection, which aims to resolve issues or disputes that do develop, are the two types of legal protection (Kristiyanti 2008).

B. Patients who have been infected with the Corona Virus

According to the Minister of Health's Regulation No. 4 of 2018 about Hospital Obligations and Patient Obligations, a patient is someone who talks with the hospital about his or her health concerns in order to acquire the essential health treatments, either directly or indirectly (Menteri Kesehatan 2018).

According to the Minister of Health's Regulation No. 4 of 2018 about Hospital Obligations and Patient Obligations, a patient is someone who talks with the hospital about his or her health concerns in order to acquire the essential health treatments, either directly or indirectly. To determine the location of a patient infected with the corona virus, it is necessary to first determine the patient's medical status. A number of unexplained pneumonia cases have been recorded in Wuhan, China, since December 2019. The World Health Organization reported on January 12, 2020 that the cause of pneumonia had been tentatively named a new virus, the novel coronavirus (2019-nCoV). The COVID-19 outbreak is sweeping the globe, particularly in China. CoVs are RNA viruses that, due to the presence of the Spike glycoprotein in the viral envelope, resemble crowns under an electron microscope (coronam is the Latin word for crown). Alphacoronavirus (alphaCoV), Beta coronavirus (betaCoV), Delta corona virus (deltaCoV), and Gamma corona virus (gammaCoV) are all members of the Orthocoronavirinae subfamily of the Coronaviridae family (Ordo Nidovirales), which is divided into four groups of CoVs: Alphacoronavirus (alphaCoV), Beta coronavirus (beta (gammaCoV). The betaCoV genus is further subdivided into five sub-genera or lineages, one of which is nCov-2019.2. The findings suggest that alphaCoVs and betaCoVs may come from bats and mice. Bird species, on the other hand, appear to be the gene source for deltaCoVs and gammaCoVs. Camels, cattle, cats, and bats are all susceptible to members of this huge virus family, which can cause respiratory, intestinal, hepatic, and neurological disorders. In general, estimates imply that 2% of the population is infected with the CoV virus, which causes roughly 5% to 10% of acute respiratory illnesses (Marzuki 2021).

Colds and other respiratory illnesses can be caused by CoVs with alpha and beta groups in people, especially those with weakened immune systems. Lower respiratory tract infections can also occur in the elderly. This virus can generate epidemics with a wide range of clinical severity, including respiratory and extrarespiratory symptoms. The fatality rate for SARS-CoV and MERS-CoV is up to ten percent and thirty-five percent, respectively. The betaCoVs category includes SARS-CoV-2 or nCov-19. It has a spherical or elliptical shape and is usually pleomorphic, with a diameter of 60-140 Nm. It is sensitive to UV light and heat, just like other CoVs. Furthermore, lipid solvents such as ether (75%), ethanol, chlorinfectants, peroxyacetic acid, and chloroform, with the exception of chlorhexidine, can efficiently eradicate this virus. In terms of genetics, Chan et al. have demonstrated that the novel HCoV genome, which was isolated from a patient cluster with atypical pneumonia after visiting Wuhan, shares 89 percent nucleotide identity with the SARS-like-CoVZXC21 Bat

and 82 percent with humanSARS-CoV. 4 As a result, the new virus is known as SARS-CoV2. It has a single RNA genome that contains 29891 nucleotides and encodes 9860 amino acids. SARS-CoV-2 may have evolved from the one seen in bats, according to this genetic analysis, despite the fact that its origins are unknown. Because virulence in humans can directly drive alterations in the original strain (Grace 2020).

The researchers discovered that 98 percent of the patients in their study had a fever, with 78 percent having a temperature above 38°C. They found that 76% of the patients had cough, 44% had fatigue and muscle aches, and 55% of the patients had dyspnea. Expectoration (28 percent), headache (8 percent), hemoptysis (5 percent), and diarrhea were also reported by a minor percentage of individuals (3 percent). According to laboratory tests, 25% of infected patients had leukopenia and 63% had lymphocytopenia. In 37% of patients, aspartate aminotransferase levels were increased, and 12% of patients showed troponin I hypersensitivity. On CT scan images, abnormalities with a grinding glass look were detected in 100% of patients, and consolidation of the diseased lung area was found in 98 percent of infected patients. bilaterally in the lungs As of February 23, 2020, no effective COVID-19 vaccine has been produced. Patients with SARS-CoV-2 infection are being treated mostly for symptomatic reasons; nevertheless, it has been discovered that the most prevalent consequence in patients with 2019-nCoV infection is acute respiratory distress syndrome (ARDS), which is followed by anemia and secondary infection. Empiric antibiotics, antiviral medication (oseltamivir), and systemic corticosteroids are frequently utilized in the treatment of this condition. Invasive ventilation was administered to patients with controlled hypoxemia (Malaru, Rondo, and Wagiu 2021).

In order to facilitate therapeutic application and evaluate response to therapy, clinical stages have been divided along the course of the disease. COVID-19 disease has three levels of severity based on diverse clinical findings, therapeutic response, and clinical outcomes, according to a three-stage classification scheme. Early infection, Stage I (mild). The first stage occurs during inoculation and the early stages of disease development. For the most part, this entails a period of incubation marked by moderate, frequently non-specific symptoms such as malaise, fever, and a dry cough. During this time, nCov-2019 stayed in the host, concentrating on the respiratory system in particular. SARSCoV-2 attaches to targets on human cells via angiotensin-converting enzyme 2 (ACE2) receptors, similar to its older relative, SARS-CoV (responsible for the 2002–2003 SARS outbreak). Human lung and small intestinal epithelium, as well as vascular endothelium, are rich in these receptors. PCR, serum testing for SARS-CoV-2 IgG and IgM, chest radiographs, complete blood counts, and liver function tests can all be used to confirm the diagnosis at this point. Without other notable abnormalities, complete blood tests may detect lymphopenia and neutrophilia. At this point, the focus of treatment is mostly on symptom reduction. If appropriate antiviral therapy (such as remdesivir) is shown to be effective, it is used to reduce transmission and prevent the disease from progressing to a more serious stage. The prognosis and recovery are excellent in people who can keep the virus contained to this stage of COVID-19 (Fitriani 2020).

Stage II (moderate): Lung involvement with hypoxia. Lung illness develops in the second stage as a result of viral multiplication and local inflammation in the lungs. The patient has a cough, fever, and perhaps hypoxia (measured as PaO2/FiO2 of less than 300

mmHg) at this stage. Bilateral infiltration or ground glass opacity can be seen on a chest roentgenogram or a CT scan. Increased lymphopenia has been discovered in blood testing. Because systemic inflammation indicators are raised, but not considerably, most COVID-19 patients will need to be hospitalized for intensive observation and therapy at this point. Supportive measures and accessible antiviral therapy will be the mainstays of treatment. Corticosteroids should not be used in patients with COVID-19. If hypoxia develops later, the patient will almost certainly require artificial ventilation, and in that case, anti-inflammatory medication, such as corticosteroids, may be useful and effective (Fitriani 2020).

Systemic inflammation, stage III (severe). Some COVID-19 individuals will progress to the third stage, which is the most serious of the three and manifests as extrapulmonary systemic hyper-inflammatory disease. At this point, systemic inflammatory markers appear to be high. Inflammatory cytokines and biomarkers like interleukin (Il)-2, Il-6, Il-7, granulocyte-colony stimulating factor, macrophage inflammatory protein 1-, tumor necrosis factor-, C-reactive protein, ferritin, and D-dimer were found to be significantly higher in patients with more severe manifestations in studies. Troponin and NT-probnp (N-terminal Pro B-type natriuretic peptide) levels may also be high. In patients with advanced stages of the disease, a variant akin to hemophagocytic lymphohistiocytosis (sHLH) may develop. During this stage, systemic organ involvement is possible. In stage III, the therapy is tweaked. The use of corticosteroids, as well as cytokine inhibitors such tocilizumab (IL-6) or Anakinra, can be warranted during this phase (IL-1 receptor antagonist). In a hyperinflammatory state, intravenous immunoglobulin (IVIG) may also help to modulate the immune system. Overall, the prognosis and prognosis for recovery from this stage of the disease are poor (Fitriani 2020).

The condition and condition of the patient afflicted by the corona virus and treated by the medical team may be seen from the descriptions above. The following is a description of patients' rights under Article 32 of Law No. 44 of 2009 regulating Hospitals: a. obtain information about the hospital's rules and regulations; b. obtain information about patients' rights and obligations; c. obtain humane, fair, honest, and nondiscriminatory services; d. obtain quality health services in accordance with professional standards and standard operating procedures; e. obtain effective and efficient services so that patients' needs are met; f. obtain effective and efficient services so that patients' needs are met j. obtaining information such as diagnosis and procedures for medical action, objectives of medical action, alternative actions, risks and complications that may occur, prognosis of the actions taken, and treatment costs estimates; k. approving or refusing the action to be taken by the health worker against the disease he is suffering from; l. accompanied by his family in cr (Levani, Prastya, and Mawaddatunnadila 2021).

There are numerous statuses or positions of patients affected by the corona virus according to the Minister of Health's Decree No. HK.01.07/MENKES/247/2020 Regarding Guidelines for Prevention and Control of Corona Virus Disease 2019 (Covid19): 1. Patients who are being watched (PDP) a. People with Acute Respiratory Infections (ARI), defined as a fever (38oC) or a history of fever; accompanied by one or more of the symptoms/signs of respiratory disease, such as cough/shortness of breath/sore throat/runny nose/pneumonia mild to severe AND no other cause based on a convincing clinical picture AND in the 14 days prior to symptoms. have traveled to or lived in a country/region where local transmission is

reported. b. in the hospital WITHOUT a reason People who had a temperature (380C) or a history of fever or ARI AND had been in contact with a confirmed case of COVID-19 in the 14 days before symptoms emerged had a history of contact. c. People with severe ARI/severe pneumonia who require further treatment due to a compelling clinical presentation. 2. Observed Individuals (ODP) a. People with a fever (38°C) or a history of fever; or symptoms of respiratory system disorders such as runny nose/sore throat/cough AND no other cause based on a convincing clinical picture AND a history of travel or living in a country/region that reports local transmission within the last 14 days before the onset of symptoms. b. People who have had a history of contact with proven instances of COVID-19 and have symptoms of respiratory system diseases such as runny nose, sore throat, or cough AND have had a history of contact with confirmed cases of COVID-19 in the last 14 days before symptoms arise. 3. Asymptomatic individual (OTG), a person who has no symptoms but is at risk of catching COVID-19 from someone who has been diagnosed with the virus. Close contacts with confirmed cases of COVID-19 are considered asymptomatic persons (OTG). Within 2 days before the case develops symptoms and up to 14 days after the case develops symptoms, someone who has physical contact or is in a room or visit (within a radius of 1 meter with a patient's case under surveillance or confirmation) is considered close contact. 4. Confirmed Cases Patients infected with COVID-19 who have a positive PCR test result (Morfi 2020).

C. Hospitals are responsible for patients who have been infected with the Corona Virus.

Because they employ people from diverse professions, hospitals are complicated legal entities and corporate units. Because the nature of the services supplied is generally inspanningsverbintennis and not resultaatsverbintennis, the legal challenges encountered are also diverse and distinct. In light of this, Law Number 44 of 2009 Concerning Hospitals was enacted, which controls hospitals expressly. Hospital obligations are outlined in Article 46 of Law No. 44 of 2009 Concerning Hospitals, which says that hospitals are legally liable for all losses incurred as a result of medical staff malpractice (Christianto 2011).

The hospital's legal role as a corporation or company has a number of ramifications. The hospital is therefore burdened with credentials for its doctors, as well as the responsibility of providing proper treatment and infrastructure for health services as a corporation or firm. The hospital, as a corporation or enterprise, must be responsible for the doctors who work at the hospital, according to the notion of responsibility. The hospital is positioned as an employer that is accountable to its workers. The Superior Respondeat Theory ("Let The Master Answer") is the legal name for this (Andrianto and Andaru 2020).

Hospitals, according to Hospital Law No. 44 of 2009, are health-care organizations that provide comprehensive individual health care, including inpatient, outpatient, and emergency services. Hospitals are organized according to Pancasila and are founded on human values, ethics, and professionalism, as well as benefits, justice, equal rights, and anti-discrimination, equity, protection, and patient safety (Njoto 2011).

Several hospital objectives are stated in Article 3 of the Hospital Law, including: a. improve quality and maintain hospital service standards; b. provide protection for the safety of patients, the community, the hospital environment, and hospital human resources; and D. provide legal certainty to patients, the community, and hospital human resources. The following are the tasks and functions of hospitals as specified in the Hospital Law, namely in

Articles 4 and 5. Hospitals are responsible for delivering comprehensive individual health care.

The Hospital has the following functions to carry out the obligations outlined in Article 4: 1) providing medical treatment and recovery services in accordance with hospital service standards; 2) maintaining and improving individual health through comprehensive second and third-level health services based on medical needs; 3) providing human resource education and training in the context of increasing capacity in the provision of health services; and 4) conducting research and development (Tarigan et al. 2021).

Medical Service Standards must be followed by a hospital. The following are the service standards that must be adhered to by medical workers, primarily doctors, as stated in Law No. 29 of 2004 governing Medical Practice, specifically in Article 44 paragraphs (1) to (3): 1) When practicing medicine, doctors and dentists must adhere to medical service or dental standards. 2) The service standards mentioned in paragraph (1) differ depending on the kind and stratum of health-care institutions. 3) A Ministerial Regulation Peraturan governs the service criteria for doctors and dentists stipulated to in paragraphs (1) and (2) (Silalahi 2020).

According to Law No. 44 of 2009 Governing Hospital Hospitals, the government and local governments are responsible for the following: a. provide hospitals based on community needs; b. guarantee the financing of health services in hospitals for the poor or people who cannot afford it in accordance with the provisions of the legislation; c. foster and supervise the operation of the hospital; d. provide protection to hospitals so that they can provide health services professionally and responsibly; e. provide protection to the public (Siregar et al. 2020).

According to Ruth's research from 2018, hospitals have four areas of responsibility: a. Responsibilities to employees; responsibilities to the public; and responsibilities to the environment. The 'employer-employee' connection is the basis for this. This relationship used to be general, and Article 1366 of the Civil Code, in conjunction with Article 1365 jo. Article 1367, is still in existence in our country; b. Professional accountability for treatment or care quality This means that the quality of health-care services provided by doctors, nurses, and other health-care providers must meet professional standards. As a result, if unexpected or inadequate 'cure and care' services are provided, the hospital is legally liable; c. Facilities and equipment are under your control. Basic hotel equipment, hospitals, medical equipment, and other items are included in this area of responsibilities. The most crucial factor is that the equipment is always in good working order and ready to userd; d. The building's safety and upkeep are your responsibility. For example, a structure may collapse, roof tiles may fall and damage people, the floor may be so slick that a visitor falls and incurs a bill, and so on. As a result, according to Law No. 44 of 2009 concerning Hospitals, the hospital in medical services must be entirely accountable for all damages caused by medical personnel's negligence, as stated in Article 46. Furthermore, hospital obligations can be considered through the lenses of professional ethics, administrative law, civil law, and criminal law (Tilaar 2018).

Conclusion

Patients infected with the corona virus are treated as patients with patient rights under Law No. 44 of 2009 on Hospitals, which also applies to patients infected with the corona virus. The hospital's obligation to patients infected with the corona virus is to provide all patient rights as defined by current laws and regulations. Sanctions will be imposed in accordance with existing rules and regulations if this is not done. Policies or laws made by the government to safeguard the public and COVID-19 patients provide legal protection for patients infected with the corona virus. One of them is creating regulations governing medical claims for persons infected with the corona virus. Other protections are established by Hospital Law No. 44 of 2009.

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