



MEDICAL SAFETY LEGAL PROTECTION BASED ON HOSPITAL LAW IN THE COVID-19 ERA

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Abstract:

In Indonesia, the COVID-19 pandemic is entering a critical period. Health workers are a profession that is on the cutting edge of the fight against COVID-19. In these circumstances, health workers may have to put their lives on the line to safeguard the public from the development of the COVID-19 pandemic. The discussion's findings suggest that the legal protection of health workers' workplace safety as a result of the COVID-19 outbreak has not been properly applied, as required by law. During the COVID-19 pandemic, the rights of health professionals were still being ignored and not being met. As a result, the worldwide government's role and obligations are required to ensure that health professionals' rights as frontline responders to the spread of COVID-19 in Indonesia are respected. However, in fact, misunderstandings that lead to mediation are still common in the sphere of injustice, as are cases-certain bad cases 2 that could result in a repeat of events since there is no protective force or penalty that would prevent a person from behaving as a victim. In this study, the legal method adopted was normative legal research. The findings reveal that medical personnel's legal protection and right to safety have been regulated by legislation. These provisions, on the other hand, do not address the possible consequences of the COVID-19 virus spreading.

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Introduction

Indonesia is a legal state that values justice in its society. The provisions have been adequately regulated by the Indonesian laws and regulations in force. According to Article 28H of the 1945 Constitution of the Republic of Indonesia (UUD 1945), everyone has the

right to physical and spiritual prosperity, to a home, to a healthy living environment, and to health services. There is no element of discrimination in the provision of community health services. In other words, health care is a fundamental human right that the state must ensure for all Indonesians. In terms of health care, the community also has a human right to adequate health care, referred to as Patient Rights. The patient's right to maintain the confidentiality of his or her personal health information is governed by Health Law No. 36 of 2009. (Health Law). According to Article 57 paragraph 1 of the Health Law, everyone has the right to the confidentiality of his or her personal health condition as disclosed to a health service provider. However, Article 57 paragraph 2 clarifies that the right of every person to the confidentiality of his or her personal health condition referred to in paragraph (1) does not apply in certain circumstances, including those involving statutory orders, court orders, relevant permits, or the person's own public interest ([Sumariyanto](#), Dewi, and Tjahjono 2018).

The *COVID-19* outbreak has caused widespread grief throughout the world. Since the initial case in Wuhan, the number of cases in China increased significantly between late January and early February 2020. On January 30, 2020, China reported 7,736 cases and 86 additional cases from countries including Taiwan, Thailand, Vietnam, and Malaysia. Nepal, Sri Lanka, Cambodia, Japan, Singapore, Saudi Arabia, South Korea, the Philippines, India, Australia, Canada, Finland, France, and Germany are some of the countries represented. ² In Indonesia, since President Joko Widodo announced the first confirmed case of *COVID-19* in March 2020 Until now, the patient population has continued to grow. By April 2020, it had spread to 34 of Indonesia's provinces. The DKI Jakarta area is also referred to as the epicenter of *COVID-19* spread due to the rapid increase in patient numbers. The public perception is that there is no longer a safe zone as a result of *COVID-19*'s rapid spread. Although the Indonesian government has implemented a number of policies aimed at containing the *COVID-19* outbreak, the surge in *COVID-19* patients has left doctors and a number of hospital infrastructures in disarray ([Hafrida](#), Helmi, and Kusniati 2021).

The health sector is one of the areas that has been hardest hit by this pandemic. The health sector's problems have become more apparent in the aftermath of Indonesia's *COVID-19* pandemic. The current state of affairs is undoubtedly concerning for the entire community in terms of efforts to contain and eradicate the *COVID-19* pandemic in Indonesia. This includes physicians and other health care providers. Medical personnel, particularly doctors and nurses, are dying at an alarming rate. In comparison to other countries, Indonesia has a high mortality rate for medical and health personnel. 1.36 percent (101 people) of all *COVID-19*-related deaths among Indonesian health workers, compared to the total confirmed *COVID-19*-related deaths as of August 31, 2020. (7417 people). As a result, efforts must be made to ensure the "Medical Safety and Protection" of Medical Workers (in this case, IDI members) so that they can continue to provide health services while being protected and ensured of their safety, thereby reducing the risk of contracting the *COVID-19* virus ([Mambu](#) and Saroinsong 2020).

The battle to save the Indonesian nation from the *COVID-19* pandemic is still ongoing and will require the cooperation and hard work of the entire community. Safe and high-quality health services are undoubtedly the government's primary hope and objective, as well as those of the community/patients, health workers, and health service managers. Priority

must be given to the safety of patients, health care workers, and all other employees and visitors to health care facilities. Health services will be significantly different during the adaptation period for new habits (new normal) than they were prior to the *COVID-19* pandemic. Health care providers must establish stricter security and safety procedures in accordance with the Infection Prevention and Control (PPI) protocol. Hospitals must plan and implement safe methods of treating *COVID-19* patients in order to continue providing services to general patients with the lowest possible risk of transmission. This is referred to as the hospital's balancing act. Numerous hospital procedures have been altered, including patient admission procedures, universal mask use, stricter screening procedures, visitation schedules, visitor and patient companion restrictions, and even the separation of health services for *COVID-19* and non-*COVID-19* patients ([Pradana, Koentjoro, and Indrayati 2019](#)).

The problem's formulation

On the basis of the foregoing, the issues raised in this study specifically address the following:

1. What legal safeguards exist in Indonesia to ensure the occupational safety of health workers responding to the *COVID-19* pandemic?
2. How effective are Indonesia's efforts to protect health workers' occupational health and safety in the face of the *COVID-19* pandemic?
3. What is the role of health care professionals in the management of *COVID-19*?

Research Methods

This research employs a research methodology that examines the legal normative. Normative legal research is conducted by synthesizing deductive conclusions from statements contained in data sources such as library materials such as journals, books, documents, and literature, or secondary legal instruments such as statutes, legal theories, court decisions, and expert opinions that are pertinent to and related to the issues discussed in this journal. The following approaches were used: statutory, conceptual, and analytic. This research is prescriptive-analytical in nature, analyzing data synthesis, discussion, and conclusions using qualitative methods ([Ibrahim 2006](#)).

Results and Discussion

1. Legal Protection for the Occupational Safety of Health Care Workers As a result of the *COVID-19* Pandemic

The Corona virus is the cause of *COVID-19*, a disease that affects the respiratory tract. The first case of this ailment was discovered in Wuhan, China. SARS-Cov-2 is not a new virus, as is well known. In scientific explanations, however, a virus can evolve to form a new genetic structure; in other words, the virus retains its kind and only changes evenly. The corona virus has a close genetic link with the viruses that cause SARS and MERS, which is why it was given the moniker SARS-Cov-2. 6 The DNA of the SARS-Cov-2 virus is known to be comparable to that of bats. This virus is also thought to have originated in Wuhan's wet market, where a variety of exotic Asian animals are offered, some of which are cut and sold fresh on the spot. Due of the close connection between animals and people, this market is

regarded as a viral breeding ground ([Burhan](#), Dwi Susanto, et al. 2020).

From this point on, we should be aware that viruses, as unseen entities, are constantly mutating and infecting living things. The spread is not limited to one type of living creature, such as animal to animal or human to human, but also between animals. Of course, we must take preventative measures to limit the spread of animal-borne diseases (zoonosis) without having to avoid all animals and eradicate them from the face of the earth ([Burhan](#), Isbaniah, et al. 2020).

Legal protection is the defense of the dignity and worth of legal subjects, as well as the recognition of human rights owned by legal subjects based on legal provisions, from arbitrariness or as a collection of rules or rules that will be able to protect one thing from another. Legal protection, according to Setiono, is an act or effort to protect the public from arbitrary actions by authorities that are not in conformity with the rule of law, to restore order and peace, and to allow people to enjoy their dignity as human beings. 10 In terms of the health profession's treatment of *COVID-19*, this means that the law protects health workers' rights as a result of the pandemic. Even while health workers are on the front lines of the *COVID-19* pandemic, there is a risk of violence and death, legal protection for their safety has nearly gone ignored. Health workers, as a profession at the forefront of dealing with *COVID-19*, are frequently denied rights that should be granted, such as the provision of personal protective equipment (PPE). In fact, the government must consider the safety of health workers when dealing with the *COVID-19* epidemic by ensuring that personal protective equipment (PPE) is available ([Napoli](#) et al. 2020).

According to Article 57 of the Law on Health Workers, health workers are entitled to the following rights while performing their duties: 1) Legal protection as long as they adhere to Professional Standards, Professional Service Standards, and Standard Operating Procedures; 2) Acquire complete and accurate information from health service recipients or their families. According to the language of Article 57 of the Health Manpower Act, health workers truly deserve legal protection in carrying out their duties and have a right to occupational safety and health while providing health services. However, during this *COVID-19* pandemic, many health workers were forced to sacrifice their lives in order to contain the virus's spread until they became infected and died ([Indonesia](#) 2009).

Legal safeguards for the safety of health care workers are critical in the midst of the *COVID-19* pandemic. In practice, health care workers frequently do not receive the rights they deserve, such as access to personal protective equipment (PPE). Indeed, the government must prioritize the safety of health workers in dealing with the *COVID-19* outbreak by ensuring that PPE is available. Legally, health care workers are bound by statutory obligations, legal rights, and protections. Among other places, the provisions of these standards are regulated in: ([Hafrida](#), Helmi, and Kusniati 2021).

Tabel 1. Legal Products Concerning Health Care Workers' Legal Protection

| No | Product of law | Norm |
|----|--|--|
| 1. | Concerning Medical Practice, UU No. 29 of 2004 | Article 50: Physicians and dentists have a legal right to protection as long as they perform their duties in accordance with professional standards and standard |

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|-----|--|---|
| | | operating procedures. |
| 2. | UU No. 36 of 2009 relating to Health | Articles 82-83: In the event of a crisis, everyone who provides health care must work to save lives, avoid future disability, and benefit patients. The government ensures the legal protection of everyone in accordance with their capabilities, as defined in paragraph (1). |
| 3. | UU No. 44 of 2009 relating to Hospitals | Article 3: Hospital operations are designed to safeguard the safety of patients, the community, the hospital environment, and hospital personnel. Hospitals have the right to legal protection when providing health care services. |
| 4. | Medical Service Standards Permenkes No. 1438/2010 | Article 13: Amendments to the PNPk (National Guidelines for Medical Services) and SPO (Standard Operating Procedures) may be made only in exceptional circumstances that benefit the patient, such as special patient circumstances, emergencies, or limited resources. |
| 5. | Regulation No. 66/2016 of the Minister of Health on Occupational Safety and Health in Hospitals | Article 3: K3RS must be organized by every hospital (Hospital Occupational Safety & Health). Appendix: Activities aimed at promoting, preventing, curing, and rehabilitating, as well as occupational health service units in hospitals |
| 6. | Regulation No. 27/2017 of the Minister of Health establishing Guidelines for Infection Prevention and Control in Health Facilities | When getting health services at various health facilities, everyone should follow comprehensive rules that include infection prevention and control activities. |
| 7. | UU No. 4/1984 on Outbreaks of Infectious Diseases | Article 5-9: Those who suffer property loss as a result of the epidemic's control activities may be reimbursed and regulated by PP. Article 10: It is the government's responsibility to carry out the epidemic's control efforts. |
| 8. | United Nations General Assembly Resolution 24/2007 on Disaster Management | Article 3: Humanity, fairness, equality in law and governance, balance, harmony and harmony, order and legal certainty; togetherness; sustainability; and science and technology are the foundations of disaster management. |
| 9. | Health Quarantine UU No. 6/2018 | Article 4: Through the execution of Health Quarantine, the Central Government and Regional Governments are responsible for protecting public health from diseases and/or Public Health Risk Factors that have the potential to cause a Public Health Emergency. |
| 10. | Presidential Decree No. | Article 1: Disaster risk is the potential loss produced by a |

| | | |
|------------|---|--|
| | 17/2018 on Disaster Management in Specific Circumstances | disaster in a certain location during a specific time period, which can result in death, injury, disease, threatened life, loss of security, evacuation, property damage or loss, and community disruption. |
| 11. | Permenkes No. 1501/2010 on Certain Infectious Diseases that Have the Potential to Cause Outbreaks and Containment Efforts | Article 15: Determination of a KLB/Outbreak area is essential to allow coordination and optimization of resources in the health sector, including all types of funding, personnel, health supplies, pharmaceutical preparations, and medical devices and technology. Article 24: In the event of an outbreak/outbreak, all health establishments, both public and private, must provide services to patients or suspected patients. Article 25: In the event of an outbreak, the government and local governments must provide health supplies such as materials, tools, medications, and vaccinations, as well as other supporting materials/tools. |

2. Indonesian Health Workers' Occupational Health and Safety Protection Efforts in the Face of the COVID-19 Pandemic

The origins of this legal protection theory can be traced back to legal theory nature or the flow of natural law. Plato, Aristotle (Plato's student), and Zeno pioneered this flow (founder of the Stoics). According to the flow of natural law, the law comes from God and is universal and eternal, and there is no distinction between law and morals. Law and morality, according to this school, are internal and exterior reflections and principles of human life that are embodied through law and morality. Fitzgerald describes Salmond's legal protection theory, which states that law tries to integrate and coordinate multiple interests in society since, in a flow of interests, the protection of the interests of certain activities can only be accomplished by limiting the interests of others. The law's interest is to defend and preserve human rights and interests, hence it has the highest authority to determine which human interests must be controlled and preserved (*PB IDI, 2020*).

Protection is critical to rights, as Houwing argues, because "rights are defined as an interest that is protected by law in a particular way." Interests must be carefully considered in the legislation, and a balance must be struck. "The law must operate in accomplishing the objective of peace," Van Dijk writes in Peter Mahmud Marzuki. "The purpose of achieving peace can be fulfilled if the law provides as much a fair arrangement as possible." According to M. Isnaeni, there are two sorts of legal protection based on their source: "external" and "internal" legal protection. Both parties want their interests to be satisfied on the basis of an agreement when they make the agreement. Similarly, all forms of dangers are attempted to be avoided by filing through terms that are bundled on the basis of agreement, so that the parties have balanced legal protection based on their mutual consent with this clause (The [Lancet](#) 2020).

The parties to such internal legal protection can only be realized when their legal

standing is relatively equal, in the sense that the parties have relatively balanced bargaining power, such that each contracting partner has the freedom to express their will according to their interests on the basis of the principle of contract freedom. This pattern is used as a guide when the parties assemble the clauses of the agreement they are negotiating, allowing each party to achieve explicit legal protection on their own initiative. External legal protection provided by the authorities through regulations for the benefit of the weak party, consistent with the nature of laws and regulations that should not be one-sided and impartial, must also provide proportionate legal protection to other parties as soon as possible (Ng et al. 2020).

As Houwing explains, "rights as an interest that is protected by law in a certain way" is an important component of rights. 22 The law must carefully evaluate interests and strike a balance between them. "The law must operate in accomplishing the objective of peace and prosperity," Van Dijk writes in Peter Mahmud Marzuki. "The goal of peace and prosperity can be reached if the law provides as much as feasible a fair arrangement." The legal protection afforded to the Indonesian people is founded on the Pancasila principles of recognition and protection of human dignity, as well as the Pancasila principles of rule of law. Everyone has the right to be free from the reach of the law. Almost all legal connections are required by law to be protected. As a result, there exist many different types of legal protection. "The idea of dignified justice does not only look at Indonesia's positive legal system in a closed manner in the sense that there is always law where there is a society," Teguh Prasetyo says He went on to say, "The Pancasila legal system is a legal system that belongs to the Indonesian nation as part of the world civilization's history" (the product of civilization). The Pancasila legal system is a genuine, original legal system, or as later generations prefer to refer to it, original. As a result, it begins with a description of the concept and declaration of human rights in order to develop the principle of legal protection for the people based on Pancasila. The Indonesian nation state's ideological and philosophical foundations are based on Pancasila. As a result, the acknowledgement of the Indonesian people's dignity is intrinsically linked to Pancasila, as represented in its teachings, rather than the outcome of years of struggle (Nurhayati 2020).

Various aspects of legal protection for employees' health have been regulated in the Constitution through various instruments. Health workers are legally protected as long as they perform their tasks in accordance with professional standards and standard procedures. Doctors and dentists do not need a Practice Permit (SIP) to undertake disaster management, but they must have a Registration Certificate (STR). In the event of an emergency, informed permission is not required to save lives or prevent disabilities. The findings revealed that the hospital (research location) has taken steps to ensure the safety and occupational health of health personnel who offer care to patients affected by the *COVID-19* epidemic. Scarcity of PPE and incentives are two issues that have arisen (Zhan et al. 2020).

Every health worker who works in a health care facility prioritizes patient safety. On the other hand, health personnel must pay attention to workplace safety and health. Medical equipment is also included in several regulations, with requirements that it meet service standards, quality requirements, safety requirements, and usability requirements. This is an attempt to protect patients while also ensuring the safety of the hospital's human resources. (who 2020).

The central government and local governments have obligations and can develop special policies for the acquisition and use of health products, according to Health Law No. 36/2009. Terms Permenkes No 1501/Menkes/PER/X/2010 concerning Types of Diseases Certain Infectious That Can Cause Outbreaks and Countermeasures validated this. Article 25 states that in the event of an outbreak, the government and government regions must offer health supplies such as materials, tools, pharmaceuticals, and vaccinations, as well as materials and other supporting equipment. According to information obtained from the media, PPE scarcity affects practically all countries affected by *COVID-19*, not just Indonesia. However, until this information is widely publicized, the status of PPE remains unknown. Situations resulting from a lack of PPE As a result, health workers wear insufficient PPE, endangering both patients and health workers. The more health professionals that contracted *COVID-19* and died, the higher the risk of infection. Inadequate usage of personal protective equipment (PPE) is thought to be one of the triggers ([Kumar, Kapila, and Pankaj 2020](#)).

3. The Frontline Role of Health Workers in the Handling of *COVID-19*

Concerning the legal protections afforded to health care personnel. As a result, according to Article 57 of the Law on Health Workers, health workers have the right to: 1) obtain legal protection as long as they carry out their duties in accordance with Professional Standards, Professional Service Standards, and Standard Operating Procedures; 2) obtain complete and accurate information from health service recipients or 3) perform their duties in accordance with Professional Standards, Professional Service Standards, and Standard Operating Procedures. According to Article 57 of the Health Manpower Act, health professionals need legal protection in carrying out their responsibilities, and they have a right to occupational safety and health when providing health services ([Victoria and Bunprakop 2020](#)).

During the *COVID-19* outbreak, however, many health workers had to put their lives on the line to stop the spread of the virus until they were exposed and killed. Furthermore, the government is responsible for providing health-care facilities for health-care employees to do their jobs. As a result, the provision of health service facilities in the context of achieving the maximum level of health is the responsibility of the central government and regional governments. Article 6 of Government Regulation Number 47 of 2016 Concerning Health Service Facilities regulates and states this. Given that the current *COVID-19* outbreak has been declared a disaster following the issuing of the Decree of the Head of the BNPB Number 13 A of 2020, all levels of government are expected to fulfill all of their legal obligations. The government's responsibilities include: 1) supporting the availability of medical equipment in the field; 2) ensuring the community's and medical personnel's rights are respected; 3) public information transparency; and 4) formulating policies that reflect human rights and democratic ideals ([Bell et al. 1995](#)).

A health worker is anyone who devotes his or her time to the health sector and has acquired knowledge and/or skills through education in the health sector, which requires authority to carry out health efforts for certain types. Health Workers are regulated by the Republic of Indonesia's Law No. 36 of 2014 on Health Workers (hereinafter referred to as the

Law on Health Workers), which implements the provisions of Article 21 Paragraph (3) of Law No. 36 Year 2009 on Health. At the moment, health workers are leading the charge in dealing with positive patients infected with the corona virus, or *COVID-19*. This, however, makes them a group that is also susceptible to infection. Called the front line in dealing with *COVID-19* because health workers come into direct contact with patients who have been exposed to the virus. Health care workers are extremely vulnerable to the amount or dose of virus that enters the body when they interact with positive patients in this setting ([Nguyen et al. 2020](#)).

As a result, it is critical for health workers to wear complete Personal Protective Equipment (PPE) when interacting with *COVID-19* patients, particularly those in isolation rooms. Additionally, it is critical to maintain health and provide additional training for health care and hospital personnel on how to handle the corona virus. For the simple reason that they are at the forefront of patient care ([Gupta and Sahoo 2020](#)).

Conclusion

Based on the discussion of legal protection and the right to work safety for medical personnel dealing with the *COVID-19* pandemic, it can be concluded that Minister of Health Regulation No. 66/2016 concerning Occupational Safety and Health in Hospitals requires that health workers follow occupational safety and health protocols during the han. Permenkes No.27/2017, Guidelines for Infection Prevention and Control in Health Facilities, regulates the protocol guidelines. Legal protection for health workers' safety as a result of the *COVID-19* pandemic has not been implemented properly, and as a result, the rights of health workers during the *COVID-19* pandemic continue to be neglected and unfulfilled. As a result, the government's role and responsibility in combating the spread of *COVID-19* in Indonesia is critical.

However, these provisions do not address the potential danger of the *COVID-19* virus spreading. The government must seek legal protection and uphold the ideal right to work safety for medical personnel who are on the front lines of the *COVID-19* pandemic response. In this case, protection is formulated through a responsive policy that allows medical personnel to exercise their rights in a proportionate manner.

BIBLIOGRAPHY

- Bell, David M., Craig N. Shapiro, Carol A. Ciesielski, and Mary E. Chamberland. 1995. "Preventing Bloodborne Pathogen Transmission from Health-Care Workers to Patients: The CDC Perspective." *Surgical Clinics of North America* 75 (6): 1189–1203. [https://doi.org/10.1016/S0039-6109\(16\)46791-5](https://doi.org/10.1016/S0039-6109(16)46791-5). [https://doi.org/10.1016/S0039-6109\(16\)46791-5](https://doi.org/10.1016/S0039-6109(16)46791-5)
- Burhan, Erlina, Agus Dwi Susanto, Sally Nasution A, Eka Ginanjar, Ceva Wicaksono Pitoyo, and Adityo Susilo. 2020. *Pedoman Tatalaksana COVID-19*. 2nd ed. Jakarta.
- Burhan, Erlina, Fathiyah Isbaniah, Agus Dwi Susanto, Aditama YogaTjandra, Soedarsono, and Teguh Rahayu Sartono. 2020. *Pneumonia COVID-19 Diagnosis & Penatalaksanaan Di Indonesia*. 1st ed. Jakarta: Perhimpunan Dokter Paru Indonesia.
- Gupta, Snehil, and Swapnajeet Sahoo. 2020. "Pandemic and Mental Health of the Front-Line Healthcare Workers: A Review and Implications in the Indian Context amidst COVID-19." *General Psychiatry* 33 (5): e100284. <https://doi.org/10.1136/gpsych-2020-100284>.
- Hafrida, Hafrida, Helmi Helmi, and Retno Kusniati. 2021. "Health Workers' Legal Protection Policy to the Coronavirus Disease 19 (COVID-19) Containment Measures." *Fiat Justisia: Jurnal Ilmu Hukum* 15 (1): 51–74. <https://doi.org/10.25041/fiatjustisia.v15no1.2101>.
- Ibrahim, Johny. 2006. *Teori & Metodologi Penelitian Hukum Normatif*.
- Indonesia, Republik. 2009. *Undang-Undang Nomor 44 Tahun 2009 Tentang Rumah Sakit*. Indonesia.
- Kumar, Arun, Munish Kapila, and Ritu Pankaj. 2020. "Medicine and Law in the Times of COVID-19 Pandemic: Understanding the Interphase." *Indian Journal of Critical Care Medicine* 24 (10): 971–74. <https://doi.org/10.5005/jp-journals-10071-23553>.
- Mambu, Joupy G. Z., and Sam J. R. Saroinsong. 2020. "Legal Protection of Safety and Health of Workers." In *Proceedings of the 3rd International Conference on Social Sciences (ICSS 2020)*. Paris, France: Atlantis Press. <https://doi.org/10.2991/assehr.k.201014.024>.
- Napoli, Pietro Emanuele, Matteo Nioi, Ernesto D'Aloja, and Maurizio Fossarello. 2020. "Safety Recommendations and Medical Liability in Ocular Surgery during the COVID-19 Pandemic: An Unsolved Dilemma." *Journal of Clinical Medicine* 9 (5): 1403. <https://doi.org/10.3390/jcm9051403>.
- Ng, Kangqi, Beng Hoong Poon, Troy Hai Kiat Puar, Jessica Li Shan Quah, Wann Jia Loh, Yu Jun Wong, Thean Yen Tan, and Jagadesan Raghuram. 2020. "COVID-19 and the Risk to Health Care Workers: A Case Report." *Annals of Internal Medicine* 172 (11): 766–67. <https://doi.org/10.7326/L20-0175>.

- Nguyen, Long H, David A Drew, Mark S Graham, Amit D Joshi, Chuan-Guo Guo, Wenjie Ma, Raaj S Mehta, et al. 2020. "Risk of COVID-19 among Front-Line Health-Care Workers and the General Community: A Prospective Cohort Study." *The Lancet Public Health* 5 (9): e475–83. [https://doi.org/10.1016/S2468-2667\(20\)30164-X](https://doi.org/10.1016/S2468-2667(20)30164-X).
- Nurhayati, Yati. 2020. *Pengantar Ilmu Hukum*. Bandung.
- Pedoman Standar Perlindungan Dokter Di Era COVID-19*. 2020. Jakarta: PB Ikatan Dokter Indonesia.
- Pradana, Yanuar Arien, Tjahjono Koentjoro, and Yovita Indrayati. 2019. "Legal Protection to General Practitioners Towards Authority Delegation of Medical Services Given by Medical Specialists in Emergency Unit of 'Mitra Keluarga' Hospital Tegal." *SOEPRA* 5 (1): 55. <https://doi.org/10.24167/shk.v5i1.1605>.
- Sumariyanto, Totok, Trihoni Nalesti Dewi, and Tjahjono Tjahjono. 2018. "Legal Protection For Doctors In Doing Medical Activities Related To The Distribution Of False Vaccine In Semarang District." *SOEPRA* 4 (1): 46. <https://doi.org/10.24167/shk.v4i1.1273>.
- The Lancet. 2020. "COVID-19: Protecting Health-Care Workers." *The Lancet* 395 (10228): 922. [https://doi.org/10.1016/S0140-6736\(20\)30644-9](https://doi.org/10.1016/S0140-6736(20)30644-9).
- Victoria, Ong Argo, and Thaan Neet Bunprakop. 2020. "Legal Protection For Doctor And Medical Staff In The Pandemic Period Of COVID-19 (An Overview of Indonesia from International Perspective)." *Jurnal Pembaharuan Hukum* 7 (1): 16. <https://doi.org/10.26532/jph.v7i1.10972>.
- who. 2020. "World Health Organization. Clinical Management of Severe Acute Respiratory Infection When Novel Coronavirus (2019-NCoV) Infection Is Suspected. Interim Guidance." 2020.
- Zhan, Mingkun, Yaxun Qin, Xiang Xue, and Shuaijun Zhu. 2020. "Death from COVID-19 of 23 Health Care Workers in China." *New England Journal of Medicine* 382 (23): 2267–68. <https://doi.org/10.1056/NEJMc2005696>.