



A HOSPITAL'S LEGAL RESPONSIBILITY FOR PATIENT RIGHTS DURING THE COVID-19 PANDEMIC - A REVIEW FROM THE HEALTH SECTOR'S LAW REGULATIONS

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Abstract:

The hospital's legal responsibility to fulfill the patient's rights cannot be separated from the hospital's obligations to the patient, according to the law. In practice, the growing number of Covid-19 cases in Indonesia has resulted in hospitals being unable to accommodate patients in need of treatment, particularly those with severe and critical conditions who require intensive care units. With bed occupancy rates (BOR) exceeding 85 percent in almost all hospitals, the community must understand that hospitals must prioritize care for patients with moderate, severe, or life-threatening conditions. In any case, the Covid-19 pandemic had an effect on the quality of hospital care provided to patients. The study used normative juridical research methods and empirical evidence to examine hospitals' legal responsibility for upholding patient rights during the Covid-19 pandemic. The study's findings indicate that, despite limitations in providing excellent health care to patients, hospitals must uphold patient rights to safety and security during hospitalization. As a result, it is necessary to establish a legal framework that protects the rights of health care workers and hospitals providing services to patients during this pandemic, particularly the protection of work standards, occupational health and safety standards, and labor social security standards. In terms of facilities and infrastructure, the government must assist by increasing the number of emergency hospitals to accommodate the anticipated increase in Covid-19 patients.

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Introduction

Indonesia is a legal state that values justice. 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. 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 confidentiality regarding his or her personal health condition referred to in paragraph (1) does not apply in certain circumstances, including the following: a) statutory orders; b) court orders; c) the permit in question; d) public interest; or e) the person's interest ([Asshidijie](#), 2009; [Depkes RI](#), 2004; [Kemenristekdikti](#), 2015; Republik Indonesia, 2009b; Ridwan, 2014).

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 30th, 2020, China reported 7,736 cases and 86 additional cases from Taiwan, Thailand, Vietnam, Malaysia, Nepal, Sri Lanka, Cambodia, Japan, Singapore, Saudi Arabia, South Korea, the Philippines, India, Australia, Canada, Finland, France, and Germany. Since President Joko Widodo announced the first confirmed case of Covid-19 in March 2020, the number of patients in Indonesia 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 several policies aimed at containing the Covid-19 outbreak, the surge in Covid-19 patients has overwhelmed doctors and hospital infrastructure ([Kannan et al.](#), 2020; [Kemenkes RI](#), 2020b, 2020a; [Rothan & Byrareddy](#), 2020; [Schulmeyer](#), 2020; [Sohrabi et al.](#), 2020; [World Health Organization](#), 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, visit scheduling, visitor/patient companion restrictions, and even the separation of health services for Covid-19 and non-Covid-19 patients ([Akdur](#), 2020; [Jha](#) & Kulkarni, 2021; [Kaito](#) et al., 2021).

Since positive cases of Covid-19 have risen dramatically, many hospitals have been overwhelmed by the influx of corona virus-infected patients. This is not unique to Indonesia; almost every hospital in the world is experiencing difficulties with management and infrastructure in providing services as a result of the rapid increase in patient numbers. Additionally, Covid-19 is an infectious disease that can be fatal if not properly handled. Acute respiratory system failure can occur in patients, necessitating the use of specialized facilities and infrastructure such as the intensive care unit, special isolation rooms, oxygen, and ventilators. If not anticipated immediately, the sharp increase in the number of Covid-19 patients may result in hospitals being unable to accommodate and treat critical patients with Covid-19 who require an intensive care unit (ICU) equipped with ventilator equipment. This situation jeopardizes patient safety, even more so if the hospital does not strictly enforce the Hospital Disaster Plan, abbreviated as HDP, which is a mechanism and procedure for dealing with a pandemic in hospital services. The Covid-19 disaster's aftermath has had an effect on the quality and safety of hospital services provided to patients. Errors or delays in disease diagnosis contribute to approximately 10% of in-hospital mortality. Additionally, failure to communicate among health care providers accounts for 70% of incidents that result in patient death or disability. These figures are likely to be even higher in the event of a pandemic. Essentially, the security of hospital services is heavily influenced by health workers' and patients' compliance with procedures, the availability of standard personal protective equipment (PPE), standardized training, and health workers' comprehension of the Covid-19 handling protocol. Meanwhile, the effectiveness of services is highly dependent on the availability of infrastructure, the accuracy of handling, and treatment of Covid-19 cases that are extremely time-sensitive. According to the Task Force for the Acceleration of Covid-19 Handling, only 60% of Indonesian hospitals have ventilators. West Java has the most, with approximately 1,200 units, while Maluku has the fewest, with only 22 ventilators. The average number of ventilators available in each hospital is approximately 3-4 units, which is considered insufficient to handle the surge in patient volume ([Roberts et al.](#), 2021; [Vlachos et al.](#), 2021).

Additionally, almost all hospitals are experiencing a bed shortage, and as a result, hospitals are attempting to expedite the discharge of non-Covid-19 patients, resulting in high bed turnover. Patient safety may also be jeopardized as a result of the growing number of patients leaving the hospital early. This journal discusses several issues related to law and bioethics during the Covid-19 pandemic, such as: (1). Scope of Hospital Legal Responsibilities; (2) Regulation of Patient Rights Related to Patient Confidentiality; (3) Hospital Limitations in Fulfilling Patient Rights During the Covid-19 Pandemic

Research Methods

The design of this study is closely related to literature research. The literature sources obtained came from several journal databases such as Pubmed, Scopus, and Google Scholar.

Some of the keywords used to search for secondary data sources are Hospital's Legal, Patient Rights, and Pandemic Covid-19. This journal employs a research methodology that examines normative legal issues. Normative legal research is conducted by synthesizing deductive conclusions from statements contained in data sources such as library materials such as journals, books, documents, literature, or secondary legal instruments such as laws, legal theories, court decisions, and expert opinions relevant to the problems discussed in this journal. Statutory, conceptual, and analytical approaches are among those employed. This is a prescriptive-analytical study in which data synthesis, discussion, and conclusions are analyzed using qualitative research penelitian.-

Results and Discussion

A. Scope of Hospital Legal Responsibilities

Hospital facilities are critical in supporting patient services, particularly in terms of patient safety. It is necessary to ensure that the patient is protected from hazards that could endanger him while he is receiving hospital treatment, such as the risk of falling and the danger of fire. Apart from patient safety, another issue that requires the hospital's undivided attention when providing services to patients is ensuring patient safety while in the hospital environment. Hospitals must adhere to a variety of provisions relating to safety standards for equipment, building facilities, and Standard Operating Procedures (SOP) in order to protect patients from dangers. All of this must be accomplished by hospital management in order to ensure patient satisfaction. However, in practice, how does the hospital's legal responsibility for the fulfillment of patient rights during the Covid-19 pandemic look from the various health sector laws and regulations that apply in Indonesia? A balanced understanding is necessary, both from the hospital's and patients' perspectives ([Handiwidjojo](#), 2009; [Hartono](#), 2010; [MENKES RI](#), 2008; Susatyo Herlambang, 2008).

In principle, the rights of Covid-19 patients, in general, have been regulated in Article 32 of Law Number 44 of 2009 concerning Hospitals (Hospital Law) which states that every patient has the right to: a) obtain information regarding the rules and regulations and regulations that apply in the Hospital; b) obtain information about the rights and obligations of the patient; c) obtain services that are humane, fair, honest, and without discrimination; d) obtain quality health services in accordance with professional standards and standard operating procedures; e) obtain effective and efficient services so that patients avoid physical and material losses; f) file a complaint on the quality of service obtained; g) choose a doctor and treatment class in accordance with his wishes and the applicable regulations in the Hospital; h) ask for consultation about the illness he is suffering from from other doctors who have a Practice License both inside and outside the Hospital; h) obtain privacy and confidentiality of the disease suffered including medical data; i) obtain information which includes diagnosis and procedures for medical treatment, purpose of medical action, alternative actions, risks and complications that may occur, and prognosis of the actions taken and estimates cost of treatment; j) giving approval or refusing the action to be taken by the health worker regarding the illness he or she is suffering from; k) accompanied by his family in critical condition; l) perform worship according to their religion or belief as long as it does not disturb other patients; m) obtain security and safety for himself while in hospital

treatment; n) submit proposals, suggestions, improvements to the Hospital's treatment of him; o) refuse spiritual guidance services that are not in accordance with their religion and beliefs; p) sue and/or sue the Hospital if the Hospital is suspected of providing services that are not in accordance with standards, both civil and criminal; and r) complain about hospital services that are not in accordance with service standards through print and electronic media in accordance with the provisions of laws and regulations ([Hartono](#), 2010; Menkes Ri, 2008; [Negara](#) Et Al., 2009; [Permenkes](#), 2016; Undang-Undang Republik Indonesia Nomor 36 Tahun 2014 Tentang Tenaga Kesehatan, 2014; Suparman, 2020; Susatyo Herlambang, 2008).

Furthermore, the scope of hospital actions that may give rise to civil liability are as follows: ([Ikhsan](#), 2009; R. [Soesila](#), 1991; Sudarto, 1986).

- Default as regulated in Article 1239 of the Civil Code
- Acts against the law regulated in Article 1365 of the Civil Code
- Negligence that causes losses as regulated in Article 1366 of the Civil Code

Criminal liability for health services provided by hospitals must begin with evidence of professional errors made by health workers while providing health services in hospitals, so that criminal liability can be imposed on health workers who make errors while performing their duties. Criminal behavior must be established through professional error. Additionally, a hospital's legal responsibilities under administrative law can be assessed from the requirements for establishment to the activities of operation. These requirements cover establishment, human resources, facilities, and infrastructure, among other things. Administrative liability will apply if administrative legal responsibilities regarding the operation of the hospital are violated. ([Putra](#), 2020; R. [Soesila](#), 1991; Kitab Undang-Undang Hukum Pidana Republik Indonesia, n.d.; Sariono, 2006; Soge, 2019; Sudarto, 1986).

The responsibility for health development is actually not only the responsibility of the Government but also the responsibility of everyone. Everyone must make health efforts to realize, maintain, and improve the degree of public health that pays attention to social functions, religious, socio-cultural, moral and ethical values and norms. ([Putra](#), 2020; R. [Soesila](#), 1991; [Kitab](#) Undang-Undang Hukum Pidana Republik Indonesia, n.d.; Sariono, 2006; Soge, 2019; Sudarto, 1986).

According to Article 57 of the Health Law, everyone has the right to confidentiality regarding his or her personal health condition that has been disclosed to a health service provider, except in the following circumstances: a) statutory orders; b) court orders; c) the relevant permit; d) public interest; or e) the person's interest. (Republik Indonesia, 2009a, 2014; Undang-Undang Republik Indonesia Nomor 36 Tahun 2014 Tentang Tenaga Kesehatan, 2014).

In essence, a hospital is a health care institution that provides comprehensive individual health services (including preventive, curative, and rehabilitative efforts) via inpatient, outpatient, and emergency care. To ensure patient safety, health services must be implemented in hospitals in accordance with patient safety standards. This patient safety standard is implemented by recording, analyzing, and resolving incidents in order to reduce the number of unexpected events. Patient safety is accomplished by identifying, assessing,

managing, reporting, and analyzing accidents and subsequent actions that can mitigate or even eliminate risks ([Lawati et al., 2018](#); [Vincent, 2002](#)).

The Indonesian Hospital Association (PERSI) specifies seven (seven) Hospital Patient Safety Standards dubbed the Seven (7) Steps Towards Patient Safety in KPP-RS Number 001-VIII2005, namely raising awareness of the importance of patient safety, leading and supporting staff, integrating risk management activities, developing reporting systems, and involving and communicating with patients in services. The health care facility's patient safety activities. The hospital is legally liable for all losses caused by the hospital's employees' negligence.

Hospitals, according to Article 2 of the Hospital Law, are organized around Pancasila and are based on human values, ethics and professionalism, benefits, justice, equal rights and anti-discrimination, equity, patient protection and safety, and have social functions. Additionally, Article 13 of the Hospital Law states that every health worker who works in a hospital must adhere to professional standards, hospital service standards, applicable standard operating procedures, professional ethics, and a commitment to patient safety ([Negara et al., 2009](#)).

Normatively, the hospital's legal responsibility in fulfilling the patient's rights cannot be separated from the hospital's obligations to the patient. Various laws and regulations in the health sector, such as: the Medical Practice Act, Health Act and Hospital Law have been adequately regulated. Especially during the Covid-19 pandemic, which was declared a health emergency, various statutory provisions were also applied, such as: the Infectious Disease Outbreak Law, the Health Quarantine Law, Presidential Decree Number 11 of 2020 concerning the Determination of the Corona Virus Disease 2019 Public Health Emergency. Covid-19) and Minister of Health Regulation Number 4 of 2018 concerning Hospital Obligations and Patient Obligations. In addition, there is also a Regulation of the Minister of Health Number 1501/MENKES/PER/X/2010 related to infectious diseases that cause outbreaks. Article 1 point 1 and number 2 of the Minister of Health states that: an infectious disease outbreak (plague) is an outbreak of an infectious disease in the community whose number of sufferers has significantly increased beyond the usual situation at a certain time and area and can cause havoc and extraordinary events. Furthermore, in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/104/2020 concerning the Determination of Novel Coronavirus Infection (2019-nCoV Infection) as a Disease That Can Cause Outbreaks and its Control Efforts stipulates that novel coronavirus infection (2019-nCoV infection) as a disease which can cause outbreaks and through Number 1 Presidential Decree of the Republic of Indonesia number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster declares non-natural disasters caused by the spread of Corona Virus Disease 2019 (Covid-19) as national disaster.

Throughout the Covid-19 pandemic, each hospital established a Covid-19 handling team and provided medical care in accordance with the health protocols in effect at the time. Numerous efforts have been made to maintain patient quality and safety despite the fact that hospitals in Indonesia lack the facilities and infrastructure required for services in the Covid-19 era. According to the World Health Organization (2018), quality health services are those

that are effective, safe, person-centered, timely, equitable, integrated, and efficient.

According to Articles 1, 2 and 3 of the Minister of Health of the Republic of Indonesia's Regulation No. 20 of 2019 on the Implementation of Telemedicine Services Between Health Service Facilities, telemedicine is defined as the provision of remote health services by health professionals through the use of information and communication technology, including the exchange of diagnostic information. And telemedicine services between health care facilities, referred to collectively as telemedicine services, are telemedicine performed between two health care facilities in the form of consultation in order to establish diagnosis, therapy, and/or disease prevention. Telemedicine services are provided by health professionals who are licensed to practice in the health facility's jurisdiction. Telemedicine services include the following: a) teleradiology; b) teleelectrocardiography; c) teleultrasonography; d) clinical teleconsultation; and e) additional Telemedicine consulting services as science and technology advance ([Colbert](#), 2020; [Mann](#) et al., 2020; [Monaghesh & Hajizadeh](#), 2020; [Orange](#) et al., 2021).

Human resource, facility, infrastructure, equipment, and application requirements for health facilities providing consultations and health facilities requesting consultations providing telemedicine services must be met.

B. Regulation of Patient Rights Related to Patient Confidentiality

Article 32 letter i of the Hospital Law states that every patient has the right to privacy and confidentiality of the illness he is suffering from. Disclosure of Public Information that every person has the right to the secret of his personal health condition that has been disclosed to health service providers and every public body can open access for every applicant for public information to obtain public information, except, one of them, regarding history, condition and treatment, health treatment a person's physical, and psychological, because when opened and given to the applicant public information can reveal personal secrets (Republik Indonesia, 2009a).

Additionally, Article 48 paragraph (1) of Law No. 29 of 2004 Concerning Medical Practice states that any doctor or dentist engaged in medical practice is required to maintain medical secrets, as well as that any doctor or dentist engaged in medical practice is required to retain all information about the patient, even after the patient has died. In this case, the hospital may refuse to divulge any information about medical secrets to the public. Thus, the medical record file is a medical secret because it contains the identity of a Covid-19-positive patient, which the hospital must maintain and keep confidential. (Siswosaputro & Herawati, 2012; Undang-Undang Nomor 29 Tahun 2004 Tentang Praktik Kedokteran, n.d.)

The following are some matters relating to legal protection of the identity of Covid-19 patients: ([Prananda](#), 2020; Undang-Undang Republik Indonesia Nomor 14 Tahun 2008 Tentang Keterbukaan Informasi Publik, 2008).

- Patients, including those treated with Covid-19, have the right to privacy and confidentiality regarding their illness, including their medical records. The identity of

the Covid-19 patient is a matter of patient privacy, and thus must be kept confidential. (See Hospital Law, Article 32, letter i.).

- The physician is obligated to maintain the confidentiality of all information he obtains about the patient. This means that doctors, including those treating Covid-19 patients, are not permitted to share the patient's identity or the nature of the patient's illness. (Article 51, paragraph c, of Law No. 29 of 2014 on Medical Practice)
- Hospitals must uphold and protect patients' rights. If a hospital leaks patient data, including that of Covid-19 patients, the hospital may face sanctions including a verbal warning, a written warning, a fine, and possibly the revocation of the hospital's permit. (Paragraph (2) of Article 29 of the Hospital Law). Nobody has access to a patient's data or identity. Sanctions will be levied against anyone who knowingly gains access to a person's history, condition, and treatment, including physical and psychological treatment. (Article 54, paragraph (1), of the Public Information Disclosure Law No. 14 of 2008).

In Article 57 paragraph (2) of the Health Law, it is stated that exceptions to data protection may be made, one of which is for the benefit of the community, but must adhere to the principles of necessity and proportionality and must be applied strictly and narrowly. All health service providers are required to maintain the confidentiality of patient medical records under Minister of Health Regulation 269/MenKes/Per/III/2008 concerning Medical Records, which states in Article 10 paragraph (2) that opening a medical history is permissible for health purposes, compliance with law enforcement requests, at the patient's request, and for research.

The right of patients to confidentiality regarding their personal health conditions is stated in Article 57 of the Health Law. However, this right does not apply in the following circumstances: a) statutory orders; b) court orders; c) the permit in question; d) public interest; or e) the interest of the patient. (Siswosaputro & Herawati, 2012; Undang-Undang Nomor 29 Tahun 2004 Tentang Praktik Kedokteran, n.d.)

Articles 21 and 22 of the Republic of Indonesia's Government Regulation No. 40 of 1991 on the Control of Infectious Disease Outbreaks also state that: "everyone participates in the implementation of epidemic control efforts." Participation is accomplished through the following activities: a) Providing information about the existence of sufferers or suspects of epidemic diseases; b) Assisting in the smooth implementation of epidemic prevention efforts; c) Motivating the community's participation in epidemic control efforts; and d) other activities (can be in the form of assistance in manpower, expertise, funds or other forms).

When handling Covid-19, all practices involving the collection of a person's personal data, including tracking location data, must adhere to the principles and laws governing the protection of personal data. Potential violations are very likely to occur, implying discrimination and exclusivity (ostracism) against the parties involved, as well as exacerbating the public's state of excessive fear. As was the case with the first two positive cases of Covid-19 in Indonesia, who had their personal information widely disseminated, they faced discrimination and intimidation, which had an effect on their mental health.

The negative stigma associated with Covid-19 patients has an effect on pandemic

response efforts, particularly in testing, tracing, and follow-up efforts (testing, tracing, and treatment/3T). The entirety of the negative stigma resulted from the public's lack of information as a result of the proliferation of fake news and hoaxes. The public is expected to empathize with Covid-19 patients who must be isolated during treatment and ostracized after recovery. Patients require support to recover by maintaining contact with those who care about them. Because support has a significant impact on the patient's recovery ([Bhattacharya et al., 2020](#); [Krishnatray, 2020](#); [UNICEF, 2020](#)).

The decision to disclose information about positive Covid-19 patients remains a matter of balance. Initially, the information was deemed to be invading the patient's privacy and posing a risk of discrimination. However, as the number of positive patients increases, this information is deemed necessary in order to disrupt the virus's transmission chain. Disclosure of data on Covid-19-positive patients may help raise awareness. However, disclosing information about positive Covid-19 patients has its own consequences; there are still people who are being monitored or who are positive for Covid-19 who are treated poorly and are discriminated against in their environment, which means that disclosing information about positive Covid-19 patients must be done properly and correctly to avoid causing additional social problems. The study's findings recommend that information disclosure about Covid-19 positive patients be undertaken, but that disclosure should be limited to the positive patient's 14-day travel history ([Bhattacharya et al., 2020](#); [Krishnatray, 2020](#); [Kumar & Mohanty, 2020](#); [The Times of India, 2020](#); [UNICEF, 2020](#)).

C. Hospital Limitations in Fulfilling Patient Rights During the Covid-19 Pandemic

Regarding patients' rights to hospitals, particularly during the Covid-19 pandemic, they must be interpreted as hospital limitations if they are not met optimally, including: limited capacity of hospital beds to accommodate Covid-19 patients..

Covid-19 cases continue to be reported in Indonesia. Indonesian health systems and services, such as hospitals, face significant challenges if the Covid-19 pandemic is not handled optimally. At the start of January 2021, the average daily case count in Indonesia was around 7,000. Each day, more than 200 people in Indonesia die as a result of Covid-19. It is truly alarming.

Indeed, the number of tests conducted in Indonesia remains far below the WHO standard of 38,500 per day. Tracing is also used frequently in Indonesia; for every positive person, only two people are tracked, whereas the WHO standard is at least 30. Thus, it is entirely possible that increasing the number of tests and tracing will reveal additional Covid-19 cases. According to Dewi Nur Aisyah, the growing number of Covid-19 cases will eventually result in fatalities. Because fatality is contingent upon the capacity of health services and has an impact on infected individuals and patients.

In an ideal world, hospitals would retain space while adhering to the WHO standard for Bed Occupancy Ratio (BOR), which is one indicator of both high and low hospital bed utilization, and is set at 60%. If the current condition is 80 percent filled, some hospitals' intensive care units have reached 100 percent capacity. The national average BOR of

hospitals in Indonesia is still around 60%, but some hospitals have a BOR of more than 70%, at which point they are unable to accept new patients.

Due to the recent surge in Covid-19 cases, a number of local governments have taken the initiative to establish an Emergency Hospital. Creating an emergency hospital is, in fact, a local government initiative. However, the establishment of this Emergency Hospital may be indicative of the increasing prevalence of Covid-19 transmission in the community. Initially, the Emergency Hospital was established to treat patients who tested positive for Covid-19 but had mild to moderate symptoms. However, over time, the Emergency Hospital became overcrowded with asymptomatic Covid-19 patients seeking self-isolation. The presence of an emergency hospital is critical in containing this pandemic, as it prevents Covid-19 patients from accumulating in referral hospitals. Due to the Emergency Hospital's isolation, it is not equipped with intensive care units.

Due to changes in people's habits regarding health care and in response to people's concerns about coming to the hospital while in need of health care, the hospital now offers telemedicine services. Numerous innovations at the primary and referral health care levels, including social innovations and the use of technology, such as the development of telemedicine and Covid virtual hospitals, will contribute to the establishment of a priority scale for patient care. This is supported by the Indonesian Medical Council, which issued Regulation No. 74 of 2020 on Clinical Authority and Medical Practice via Telemedicine in response to the Covid-19 pandemic in Indonesia, in order to serve as a reference for medical personnel practicing telemedicine services in health care facilities.

Telemedicine eliminates the need for patients and families to visit the hospital in order to receive health services, thereby avoiding the risk of infection that may occur when they visit the hospital. Hospitals can innovate by hosting online public seminars about a disease while also promoting the hospital's advanced medical facilities and equipment. It is necessary to prevent transmission to doctors and other health care professionals working in hospitals, as well as to patients who visit hospitals. Among these warnings are the following: ([Colbert](#), 2020; [Mann](#) et al., 2020; [Monaghesh](#) & Hajizadeh, 2020; [Orrange](#) et al., 2021)

- The hospital provides services to Covid-19 patients and ensures that all Covid-19 cases and personal protective equipment are properly handled (PPE). This applies to all health workers who meet the criteria for each service room/risk associated with that service.
- Hospitals postpone elective services while continuing to provide emergency care for diseases other than Covid-19.
- Create remote services (telemedicine) or other web-based applications to assist patients and their families in times of need.
- Doctors, nurses, and other health care professionals over the age of 60 with comorbidities are encouraged to work from home via information technology (telemedicine).
- Provincial/District/City Health Offices monitor hospital services to ensure they are delivered in accordance with their respective conditions.

The Hospital has made numerous changes to ensure patient safety while providing health services to the community during the Covid-19 pandemic. Collaboration between the community and patients and their companions is also critical for adhering to health protocols and ensuring the safety of all parties.

Conclusion

Normatively, the hospital's legal obligation to uphold the patient's rights is inextricably linked to the hospital's obligations to the patient. Hospital obligations are adequately regulated in a variety of health-related statutes and regulations, including the Medical Practice Act, the Health Act, and the Hospital Act. To respond specifically to the Covid-19 pandemic, which was declared a public health emergency, several other statutory provisions were invoked, including the Infectious Disease Outbreak Law, the Health Quarantine Law, Presidential Decree No. 11 of 2020 on the Determination of the Corona Virus Disease 2019 Public Health Emergency Covid-19), and Minister of Health Regulation No. 4 of 2018. These various laws and regulations provide the government with the framework necessary to combat the Covid-19 pandemic in Indonesia. The issue is that the hospital's obligation to protect patient rights, particularly the right to privacy, cannot be fully met during this pandemic. According to Article 57 paragraph (2) of the Health Law, the right to confidentiality regarding a patient's health condition is waived in the event of a statutory order, court order, revoked permit, public interest, or personal interest. On the basis of this provision, the hospital's obligation to maintain confidentiality and privacy may be waived in times of public health emergency, such as during the Covid-19 pandemic, for very urgent purposes and the benefit of a large number of people, such as tracking and tracing, required to break the chain of Covid-19 spread. However, in accordance with applicable regulations, health care providers and hospitals are still prohibited from disclosing the patient's medical history, conditions of care and treatment, and physical and psychological health. Hospitals also encountered difficulties providing high-quality care to patients during the Covid-19 pandemic. The surge in Covid-19 cases has overwhelmed hospitals, impairing the quality of care provided. The hospital's legal obligation to patients, on the other hand, is primarily focused on the hospital's obligation to protect the patient's right to safety and security. With all of the limitations on the services provided by health workers and hospitals to patients during the Covid-19 pandemic, health workers and hospitals require a legal framework to protect their rights when providing services to patients, particularly protection against work standards, Occupational Health and Safety (K3) standards, and labor social security standards. The surge in Covid-19 cases in Indonesia has left almost all hospitals unable to treat patients, particularly those with severe and critical conditions who require ICU treatment rooms. With bed occupancy rates (BOR) exceeding 85 percent in almost all hospitals, hospitals must admit that they must prioritize treatment for patients with moderate, severe, or life-threatening conditions over positive COVID-19 patients who exhibit no or mild symptoms. What is certain is that the Covid-19 pandemic has had a significant impact on the quality of care delivered to patients by hospitals. While hospitals face limitations in providing excellent health care to the community, they must still uphold patients' rights to security and safety while in the hospital. The high risk faced by

health workers and hospital administration when providing services to patients necessitates government support in the form of facilities and infrastructure, such as expanding the number of emergency hospitals to accommodate the estimated increase in Covid-19 patients. As a result, the current hospital is not overburdened by the increasing number of Covid-19 patients referred for hospitalization.

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