



Analysis of Health Law Relating to Health Services Affected by COVID-19

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Abstract

COVID-19 has a profound influence on all aspects of life, especially in the medical field. Services for public health who are not tainted with COVID-19 have similar issues. As a result, the writers want to look at health legislation and how it relates to the status of health care after the COVID-19 pandemic. In this study, qualitative approaches were used for a descriptive methodology. According to the findings of the investigation, COVID-19 has caused significant damage to medical and hospital staff, resulting in numerous problems for health care, especially while coping with COVID-19 patients and patients who are not contaminated with COVID-19. This is obviously in conflict with current health legislation, which recognizes health as one of the most fundamental human needs and has newly been granted statutory protection. The government has formulated numerous strategies in this regard so that this fundamental right can be battled for even throughout the pandemic.

Introduction

COVID-19 is an infectious disease caused by a coronavirus that first appeared in Wuhan, China, in December 2019. COVID-19 has spread to almost every country and area on the planet. Common signs of COVID-19 include headache, dry cough and tiredness. Any other patients, who are seldom troubled by any of the above signs, will nevertheless benefit from taking it, which means aches and pains, nasal inflammation, diarrhea, sore throat, lack of scent, fingernails, and/nails, fingernail discolouration, taste and/odour shift, and averse skin, and rash of fingertips.

People can catch COVID-19 from other people who have been infected with the virus (Day, 2020). When someone who is infected with COVID-19 coughs, sneezes, or talks, COVID-19 spreads from person to person through droplets or droplets that usually come out of the nose or mouth. These sparks take a long time to reach the ground. If people breathe in droplets from an infected person, they may be infected with COVID-19. In addition, fluids that are accidentally in contact with the eyes, nose, or mouth through contact. For example, a person sneezes with the palm of their hand and then invites another person to shake hands. Then, the other person touches the nose, mouth, or eyes. It will cause it to spread. Therefore, it is important for us to maintain a minimum distance of 1 meter from other people and wash our hands often with soap.

The symptoms experienced are usually mild and appear gradually. In these patients, even some cases have no symptoms (Dalmau et al., 2011). About 80% of people infected with COVID-19 can recover without special treatment. At the same time, about a fifth of people infected with COVID-19 are seriously ill and have difficulty breathing. The elderly and those with complications such as diabetes, high blood pressure, heart disease and lung cancer, and cancer are more likely to develop more serious illnesses and even die. However, that does not mean

that other people cannot be in a bad or serious condition, that anyone can catch COVID-19 and fall seriously ill.

Although various treatments have been carried out to relieve symptoms of COVID-19, no proven drug can prevent or even cure COVID-19. The World Health Organization or the World Health Organization do not recommend using any medication for self-medication. However, several clinical trials on modern and traditional medicine are being conducted. WHO coordinates efforts to develop vaccines and drugs to prevent and treat COVID-19, and will continue to provide the latest information after its discovery.

COVID-19 has a very significant impact in all areas of life, especially in the health sector (Shadmi et al., 2020; Blundell et al., 2020; Bambra et al., 2020; Zhang & Ma, 2020). An opinion in the Journal of the American Medical Association (JAMA) highlights how the Covid-19 pandemic has shown various weaknesses in measuring hospital services quality. These disadvantages include being too labour-intensive, significant data lags, and a lack of standards that allow for rapid data sharing. We often encounter these weaknesses in hospitals in Indonesia.

In addition, services for public health who are not infected with COVID-19 also tend to experience problems. Therefore, the authors are interested in analyzing health law if it is related to the state of health services during the COVID-19 pandemic.

Methods

According to the characteristics of the results, the analysis methodology used in this report, it, this research is qualitative. specific, quantitative measures to actually measure their subject phenomena in respect to enhance the researcher's understanding of these qualitative phenomena, to seek qualitative methods that are appropriate to their findings in their study experiences to develop methods capable of explaining certain phenomena (Moleong, 2007). The type of research approach is descriptive. Descriptive research is research that seeks to address existing problem solutions based on data. The data collection method used in this case is a literature study by analyzing news, journals, websites, etc., which are obtained through books and the internet. The analysis technique used is a descriptive qualitative analysis technique, data processing by looking for an overview of the research data, comparing the data obtained and looking for the relationship between each data obtained, to produce final conclusions about the research carried out.

Results and Discussion

The availability of health services has experienced tremendous disruption during this pandemic. The large number of victims who have fallen has caused health service facilities to become overwhelmed in providing adequate public health service accommodation. COVID-19 cases continue to increase over time. This causes service facilities and health workers to work extra to provide treatment for COVID-19 patients, which is currently a top priority. What is also a problem is other health needs that also need to be addressed. Not only in Indonesia, but this pandemic has also caused hospitals around the world to experience difficulties both in terms of management of infrastructure in providing services because the number of patients has increased in a short time.

Based on a survey conducted by WHO in 2020 155 countries, this pandemic disrupted prevention and public screening programs for non-communicable diseases, including hypertension in 53% of countries, cardiovascular emergencies in 31% of countries, and diabetes in 49% of countries (WHO International). This disruption has the potential to exacerbate public health with certain medical conditions. Moreover, people with low income

and living in areas less accessible to health facilities will find it increasingly difficult to access essential health services. Of course, this can directly affect the quality of life of the community.

This condition is a concern for the government and society in Indonesia. Various steps and policies have been taken to overcome this problem, especially by issuing protocols and regulations that aim to ensure that quality health care services are available and accessible to anyone. Some of these policies are strengthening community-based health services, providing free ARV drugs for PLWHA (People with HIV / AIDS), calling for telemedicine, and indirectly imposing PSBB.

The COVID-19 conditions have an impact on the quality and safety of services provided by the hospital. The size of the impact is difficult to measure but can be assessed using the Institute of Medicine (IOM), namely that the health services provided must be safe, effective, patient-focused, timely, efficient, and fair. Under normal conditions, the hospital is a complex organization in design and is very prone to errors. For example, using referrals from the World Health Organization (WHO), at normal capacity for hospitals in developed countries, 1 in 10 patients is likely to experience a patient safety incident, such as a fall, mis-sided surgery, wrong patient surgery, medication error or incident others while being treated in hospital. Errors or delays in disease diagnosis contribute to hospital deaths by about 10%. In this pandemic, of course, these numbers are even greater. It is mainly because patients who want to receive treatment require the PCR swab test results that have been released for days. It causes the patient not to receive appropriate treatment for the disease and cause them to die during treatment.

Public trust in hospital safety and services has decreased during this pandemic. The wave of COVID-19 is not over yet as there will be a wave of chronic disease due to delays in seeking care by patients with chronic diseases such as cancer, heart disease, kidney failure, and stress. It in the long run, can aggravate the patient's condition. According to the BBC research data, 130,000 non-Covid 19 patients died because they did not get proper health services. There is no data regarding the number of people who have died as an indirect result of the coronavirus outbreak in Indonesia. However, several cases of deaths that are suspected to be indirect due to the pandemic have occurred in the community, such as the case of a child in Ambon who died because he had to go back and forth to several hospitals to get treatment, a pregnant woman in Makassar who had a miscarriage, to a kidney failure patient in Jabodetabek who died allegedly due to slow dialysis services

The corona pandemic that is actually emerging can be classified as a non-natural catastrophe under Law Number 24 of 2007 concerning Disaster Management (Disaster Management Law). The law classifies all non-natural disasters as calamities triggered by calamitous incidents, ranging from failures in modernization to epidemics and epidemics. Thus the corona outbreak is a kind of epidemics and disease outbreaks. Once the incident risk assessment is accomplished, the regulations specified in the Catastrophe Management Law focus on mitigating any residual risks. Regional governments and the federal government bear equal responsibility for dealing with natural disasters.

If it is related to health law, it is certainly not in accordance with what is stated. Health is one of the basic human needs, whose rights have recently been guaranteed constitutionally. In fact, the constitutional guarantee of the right to health has existed since the time of the 1949 United Republic Constitution (RIS) "The authorities have always made serious efforts to promote public cleanliness and the health of the people". After the form of a union state returned to the form of a unitary state and the enactment of the Provisional Basic Law of 1950 (UUDS), Article 40 of the RIS Constitution was adopted into Article 42 of the UUDS. In line with that, the 1948

World Health Organization (WHO) Constitution has also emphasized that "obtaining the highest degree of health is a human right for everyone" (the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being).

It is appropriate that the state's right to health is respected and implemented as one of the fundamental rights (Smith, 2005). The state's obligation to protect the right to health possessed by all citizens is in line with WHO's state, namely the state. In this case, the government has the responsibility for its citizens' health. According to WHO, the government has a responsibility for the health of their people which can be fulfilled only by providing adequate health and social measures.

Following this, Presidential Instruction No. 4, Presidential Decree 4 of 2020, and Government Regulation 21 /2020 stated that there is no formal or financial limits, with regard to speed, are no natural or financial barriers to expansion have been imposed on the program. A sum of money to be contributed was approved on April 30, 2020 in Indonesia (on that date), the state government set aside on that program's lists, or the project received the requisite funds in April 2020 (immediately following the state's decision) to carry out their goals (COVID-19).

The issuance of regulations in the context of handling the spread of Covid 19 is an effort to support the existence of Law Number 24 of 2007 which defines disease outbreaks as one of the non-natural disasters that need to be managed with potential threats. Through its various policies, such as the provision of a health insurance system, provision of health infrastructure, and optimization of human resources for medical personnel, it is a manifestation of the state's efforts to achieve overall public health. Likewise, in a pandemic, the state's responsibility to maintain public health becomes more important. The state must optimize national finance equity, optimize existing regulations, and not forget to prioritize media workers. The success or failure of a country in dealing with the corona pandemic shows the country's success or failure in maintaining responsible public health.

Conclusion

To be able to continue to provide adequate health services in accordance with health laws, the government should emphasize that COVID-19 referral hospitals should only serve COVID-19 patients. This way, the government should focus on adding to the facilities and infrastructure as well as the necessary medical personnel. Meanwhile, non covid hospitals can focus on patients who are not exposed to COVID-19 so that services can be provided optimally. Separating infection and non-infection services or establishing special infection hospitals in various regions and accelerating the implementation and support of telemedicine service regulations are strategies that can be taken. All laws and regulations chosen by the government must target the best for the community, especially in the health sector. In this outbreak, the health and safety of the people is very threatened, so the government must be very careful in taking action to avoid harm to the community. It is also important not only to guarantee the safety of the entire community, but also to pay attention to the principle of legal certainty, but also protecting medical personnel who work to treat thousands of infected corona virus patients.

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