

LEGAL PROTECTION FOR PATIENTS IN THERAPEUTIC AGREEMENTS

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ABSTRACT

Patients visit healthcare facilities to get medical assistance for different medical conditions. In some cases, the outcome of the interventions used by caregivers when taking care of patients may be uncertain. Treatment efforts for the same healing provided to two patients with similar disease tend to have diverse results. However, doctors are required to take actions and make decisions that will lead to the provision of services that will improve the wellbeing of patients. The relationship between doctor and patient in health care is called a therapeutic agreement, which is patterned in vertical paternalistic or contractual horizontal ways. However, in this relationship, doctors may be in a more advantaged position compared to their patients. Therefore, legal protection is needed for patients during the care provision process. Patients can be consumers of healthcare services under the Consumer

Protection Act. However, some do not view patients as consumers, a trend that raises controversy regarding the application of the Civil Code Agreement. Thus, additional legislation should be enacted to address the shortcomings of the current laws and ensure that patients' rights are always protected.

Keywords: Patients, Doctors, Rights, Legal Protection, Therapeutic Agreement, Consumer Protection Act

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INTRODUCTION

Health services are medical efforts carried out individually or jointly in an organization to prevent, maintain, heal, and restore the health of a person. The services are meant to serve those in need of treatment for their various ailments (Babamahmoodi, Meftahi, Khademloo, & Hesamzadeh, 2011; Abedi, Azimehr, Rostami, & Mohammadi, 2012). Furthermore, health services are termed good when they lead to positive clinical outcomes such as preventing catastrophic organ failure. Therefore, the services should be offered in accordance with the guidelines that exist on service, professional, and operational procedure standards. In all instances, the quality of health services is expected to be high, and not deviating from existing standards. When the rights and safe care is provided, patients will be satisfied with the services offered. Besides, there are very important requirements in health services, namely its ability to comply with professional and ethical codes. When patients visit a healthcare facility, they expect to receive services that will address the problems affecting them. Furthermore, patients anticipate that they will always be treated with dignity as they get quality and safe healthcare (Von Elm, & Altman, 2007; Mastaneh & Mouseli, 2013). Thus, the caregivers ought to develop a positive working relationship with patients so that they can accomplish the goal of offering quality care. Furthermore, there is a need to protect the patient and create a relationship that is based on honesty and trust. It is also worth stating that patients may visit doctors under different special circumstances (Emami Razavi, Asadi Khalili, Saiidi, & Shidfar, 2006). Some are suffering from a condition for the very first time while others go to the hospital with a recurring problem. In both cases, the doctor must ensure that the patients are treated with dignity. From a philosophical point of view, physicians must be trustworthy and avoid actions and decisions that

may be harmful to the patients. Also, the doctors are required to develop a socio-philanthropic rather than a socio-economic relationship with their patients. Failure to focus on such an association may lead to poor health outcomes and reduced patient satisfaction levels. In terms of juridical perspective, doctors are human beings who can make decisions that are catastrophic for the patients. Therefore, laws need to be applied to ensure that physicians always have the best interest of the patient at heart.

The topic of the patient-doctor relationship has attracted the attention of stakeholders and researchers because of the extent to which it can affect service quality and the wellbeing of the patients (Arab, Zarei, & Hoseini, 2011; Mosaddegh, 2004). Further, the concept has been studied because of the economic, legal, and social implications that it may have on the healthcare sector. There are various types of the doctor-patient relationship. The common ones include activity-passivity, guidance, and cooperation. In the activity-passivity relationship, doctors use their medical skills and knowledge the fullest, without patient intervention. The pattern of guidance-cooperation relationship is founded on the need to assist patients who are conscious of their condition despite the severity of the illness (Basiri, Basiri, & Jamal, 2011). In this case, the doctor does not exercise power but expects the patient to heed to advice. The final type of cooperation relationship usually exists between the doctor and a patient who requires a healthy life and seeks services like medical check-ups and treatment of chronic conditions. In this context, the patient acts consciously, and actively plays a role in the treatment process. The last pattern cannot be used in patients with low educational and social backgrounds, or those with certain mental disorders. These three patterns show that the doctor and patient relationship are influenced by the condition of the patient due to illness and mental state. In addition, these three are limited to a

vertical paternalistic relationship. In all the above approaches, however, the doctor is expected to treat the patients with dignity and offer quality services that will lead to optimal health and clinical outcomes.

The nature of relationships that are developed between the patient and the doctor is usually affected by the harsh realities that define the care provision process. Some of the factors that may determine how people relate during the service delivery process include the background of the patient and the doctor, the health problem being addressed, the treatment methods in use, and the setting in which the services are being provided (Safdari & Farajollah, 2009; Ansari, 2013). In some cases, the existing rules and codes of ethics will influence the behavior of the caregivers and influence the manner in which they will provide services. With the development of education, technology, and information, the relationships between doctors and patients are no longer vertically oriented. Instead, attempts are always being made to create a horizontally contractual relationship with patients who have a better understanding of their rights (Hojjatoleslami, & Ghodsi, 2010; Hosseini, 2013; Kuzu, Ergin, & Zencir, 2006). In some instances, however, caregivers encounter patients who do not understand their rights. The trend is attributed to a wide range of factors, including the severity of the condition, lack of awareness, cultural background, and socio-economic issues. In the end, the patients take up a passive place in the healthcare setting and leave it upon the doctors to determine how the care provision process will be undertaken. Furthermore, such passive people allow doctors and hospitals to have a strong position because they possess more knowledgeable and are professionally skilled. Although the relationship between the patient and the doctor may not always be harmful, there is a need to ensure that the right services are always provided. Furthermore, caregivers are required to comply with all the existing laws and codes of practice while taking care of patients. This paper aims to explore the concept of the legal protection of patients in therapeutic agreements.

METHODOLOGY

The main purpose of the review is to evaluate the legal protection of patients in a therapeutic relationship with doctors. To achieve this goal, it was imperative to locate articles and other sources on the topic of patient-doctor relationships. Careful selection of all published and unpublished research related to the topic of the systematic review was extremely important in the current study. Several scientific papers ranging from reports to systematic reviews will be used for this research. The search was done using various databases (MEDLINE, CINAHL, PubMed, and Emcare). The databases contain credible and relevant sources on the topic. Based on the research topic, a systematic search of scientific literature was conducted. During the selection process, the abstracts, titles, and index terms of the articles located were taken into consideration. The keywords used to identify the articles included “patients,” “doctors,” “legal,” “relationship,” “therapeutic,” “protection,” and “hospitals.” Many of the researchers face the necessity to filter out numerous studies that have the

required keywords but do not approach the topic in a needed way. In this particular case, the issue with choosing the appropriate researches was mostly related to a high number of papers that did not relate to legal protection but still contained many of the above-mentioned keywords. Therefore, the articles were systematically assessed to determine their suitability for use in the current review. The process entailed filtering out a significant number of false-positive correspondences in search results.

The probability of a systematic error associated with the predominant publication of positive research results should be minimized (Joobar, Schmitz, Annable, & Boksa, 2012). Only sources with a low probability of methodological flaws can be included, and each study should be evaluated by all authors of the systematic review. For this review, the structured inclusion criteria have been developed. They are necessary for achieving a significant degree of credibility, reliability, and validity of the report. The first criterion is related to the relevance of the studies. To fulfill it, only the studies on the topic under investigation were considered. Furthermore, only reports published in English scientific journal databases and reliable sources were selected to guarantee a high degree of reliability. The initial screening in this project was based on the information in the study titles and the abstracts. The process of extraction includes the identification of the authors, journal, year, and country, where the study was published. Also, it was necessary to assess and describe the methodology of research, along with the method chosen by the author. Moreover, the process of data extraction and synthesis involved the collection of information on the methodologically relevant parameters of the studies included. As the research on the topic is scarce and extremely heterogeneous in terms of sample sizes and specific MBSR techniques used, the only possible way to sensibly aggregate the results is to consider whether they provide statistically significant outcomes about the effects of the intervention. The findings presented in the current review are based on the literature of the sources that were obtained through the systematic search and data extraction process.

RESULTS

The topic of doctor-patient relationships has been studied widely over the years. The interest in the subject is largely attributed to the fact that the nature of such relationships may affect the quality of services provided to patients (Atashkhaneh, 2001, Mann, 1999). Furthermore, the way the doctor and the patients relate during the care provision process will influence how the latter perceive the quality of care given in the hospital. Attempts have also been made to examine the potential legal issues related to the interactions between the doctor and the caregiver. This chapter presents the vital information that was obtained through secondary research with regards to the legal protection of patients in a therapeutic agreement.

Relationship of Doctors and Hospitals

Human beings are susceptible to different diseases that may adversely affect their health and wellbeing. Therefore, they require health services that will ensure that they live a better

life (Veani, 2014). The need to obtain health services is a basic human right in this world. The government considers healthy people as an important asset that can help in building a prosperous society and achieving short-term and long-term economic goals. (London & Baldwin-Ragaven, 2008; Pomey, 2015; Borges; & Reis, 2017). The implementation of health efforts is expected to be carried out in a harmonious and balanced manner by the government and the community, including the private sector. To successfully apply health regulations, the government needs to control, foster, and oversee resources. Furthermore, attempts are always made to ensure that hospitals have the right equipment and personnel that will help in meeting the specific needs of patients.

Hospital as a corporation produces health services which are consumed by patients who require them to overcome different illnesses. Most people consider patients to be consumers according to Law No. 8 of 1999. In most instances, a hospital always assigns its responsibility to the doctor during medical treatment processes. The patterns of work relations between the doctors concerned and their hospitals include doctors as employees, physicians, and independent contractors. Each of these patterns determines whether the hospital in question needs to share responsibility for the loss or negligence caused by the doctor's mistake (Aziz, 2016). It is also worth stating that medical practice is organized based on an agreement between doctors/dentists and patients in efforts to maintain or restore health and prevent or treat diseases (Pasal, 2004). In some cases, such as the process of prescribing medicine, the physicians may overlook the rights of the patients. Moreover, some doctors often fail to explain in detail the actions to be performed on their patients. In some cases, a gap can exist between the expectation of the patient and the actual services received in the hospital. In such instances, disagreements are bound to arise between the caregiver and the patient, especially in the instances where the latter do not understand that there are other factors beyond the control of the doctor that can affect the success of medical efforts. Some of the factors include the stage of the disease, physical condition, endurance, quality of the drug, and patient compliance to obey the doctor's advice. Thus, the care delivery process is a complex undertaking that needs to be managed carefully to ensure that patients get high-quality services.

In Indonesia, the constitution provides the foundation required to protect different consumers, including those seeking healthcare services. Besides, the constitution contains provisions that set out how the rights of citizens should be protected. According to Article 28H Paragraph 1, "Every Indonesian citizen, guaranteed by law, has the right to health services regardless of their social status." In addition, different laws, including the Health Act, the Medical Practice Act, the Hospital Law, Consumer Protection Act, Health Personnel, Nursing Act, and The Midwifery Law, have been passed to ensure that the rights of patients are always respected during the care provision process. Failure of the caregivers to protect the rights of patients and provide quality and safe services may lead to costly litigations. A review of existing literature shows that

healthcare practitioners strive to develop relationships with patients based on the professional codes of conduct and the laws of the country. In Indonesia, one such law is the Consumer Protection and Health Acts that have helped in determining the rights and obligations of both doctors and patients. In particular, the contractual relationship between the caregiver and service recipient is usually referred to as therapeutic transactions. Under Article 4 of the Consumer Protection Act, the medical service providers should always strive to protect the rights of the patients and treat them in a dignified way. Failure to comply with the law may lead to costly errors and litigations. Furthermore, patients whose rights have been compromised during the services provision process may seek compensation from the hospital or healthcare workers. Taking these factors into account, it is evident that the contractual relationships between the patient and the caregivers are important. Furthermore, the engagements between the two parties are influenced by the existing laws and regulations. Thus, doctors have an important duty of ensuring that patients are treated in the right manner and that their rights are protected at all times.

Patients and Consumers

Patients visit healthcare facilities to get services that will address their health problems. In Article I, Number 4 of the Hospital Law, a patient is defined as "Anyone that consults health personnel to obtain the necessary services at the Hospital." In Article 1 Number 10 of the Law on Medical Practice, a patient is "Anyone that consults health personnel to obtain the necessary services, either directly or indirectly from the doctor or dentist." Article 1 Number 2 of the Consumer Protection Act states that consumers are "users of goods or services available in the community, whether for the benefit of themselves, families, or other living creatures and not for trade." In this sense, they are the consumers of the services that are offered by healthcare practitioners in hospitals and other care delivery settings. Thus, the provisions of the Consumer Protection law apply to patients since they are the users of healthcare services provided by different medical and healthcare practitioners such as doctors and nurses.

The understanding of the subject of health may help in analyzing the link between patients and the laws related to consumer protection. Health concerns affect all aspects of life and have a broad and complex scope. Generally, health is described as "A state of complete physical, mental, and social, well-being and not merely the absence of disease or infirmity (Koeswadji, 1984, p. 17). In an effort to improve the quality of life of citizens, government and private sector organizations strive to offer inpatient, outpatient, and emergency services that are in line with the needs of patients. Furthermore, attempts are always being made to develop technologies that will assist in addressing the specific needs of patients. The advancements in the fields of science and technology in the health sector are supported by increasingly sophisticated equipment. In this regard, technology and innovations influence the development of professional services in the increasingly advanced health sector (Johan, Kesehatan, & Dokter, 2005; Abedi et al., 2017). Various methods of treatment and medicine are

developed for greater effects, however, there is a higher possibility of making mistakes. The primary goal is to identify the most appropriate interventions that will help in improving the wellbeing of the patient.

In recent years, the manner in which doctors offer services has attracted the attention of researchers, experts, patients, and regulatory agencies. Furthermore, the way doctors practice in their profession is closely monitored by organizations like the Indonesian Doctors Association (IDI). The objective is to evaluate the activities of doctors and improve professional medical services for community members. According to IDI, a lot of public attention to the medical profession is regarded as an indication that many people are not satisfied with the health services provided by doctors (Kusuma, 2014). It means that some people are not satisfied with the medical and professional care of doctors in the community. The dissatisfaction of the patients and their families towards the doctor's work is usually due to a gap between the expectations and the reality in the hospitals. The World Health Organization opined that the future of the current society depends on the quality of services provided to patients and those in need. Thus, it is important to create systems and processes that will enable doctors to improve the mental, social, and physical wellbeing of patients. As consumers, the patients require the services to be delivered safely and cost-effectively.

Legal Protection Theory

Countries enact laws and regulations that are meant to safeguard the rights of citizens in different contexts and settings. Raharjo (2000) opined that legal protection relates to the enactment and enforcement of laws that ensure that human rights are not infringed. Mertokusumo (1999), on the other hand, stated that law and legal protection is aimed at creating an orderly society. The process entails balancing the rights and obligations between individuals in the community, sharing authority and regulating how to solve legal problems. Rasjidi and Putra (1993) added that law is used to realize protection which is not merely adaptive and flexible, but also predictive and anticipatory. Legal protection is provided to subjects according to the rule of law, in a written/unwritten and preventive/repressive context. In essence, everyone has the right to legal protection and relations which is needed to receive protection. Furthermore, the existing legislation in Indonesia forms the foundation of the legal relationship and interactions between the service providers and the consumers. The failure of the doctor to meet the contractual obligations that relate to their interactions with the patient may lead to litigations (Soeroso, 2006; Mahmud, 2009; Veronica, 1989; Riyadi, 2019). Furthermore, the patient may seek compensation when they feel that their rights have been infringed during the care provision process.

Hadjon (1987) noted that there are two types of legal protection, namely preventive and repressive. The rule of law emphasizes the recognition and protection of human rights in all contexts. The engagement between healthcare stakeholders may occur within the scope of family law and can involve private and public legal entities.

In other cases, the relations can be approached based on the context of public law if they relate to political, social, and administrative factors. Isnaeni (2017) further opined that private legal relations are a personal nuance of cooperation that always animates interaction in people's lives to fulfill their personal or private needs. Legal relations are private, which means that cooperation between the two parties is bound by a relationship. Furthermore, Isnaeni (2017) argued that the ties linked to legal relations are binding and must be fulfilled at all times even when there are no formal guides to direct the action of the parties. The legal consequences of failing to comply with the legal requirements may be far-reaching for both the doctors and the hospital.

Therapeutic Agreement

From time to time, human beings get into agreements related to different subjects, including work, personal health, and service provision. According to Article 1313 of the Civil Code, an agreement is an act in which one or more people commit themselves to a particular obligation. In other words, it is a source of engagement with desired legal consequences based on the agreement of the parties. It is worth stating that agreement due to the law may not be desired by the parties (Suharnoko & Perjanjian, 2004; Jayanti, 2009; Bander 2015; Veani, 2014). An agreement may also be described as a legal relationship of wealth/property between two or more people, which gives the right to one party to obtain achievement, while the other fulfill the contractual obligation. Setiawan (1987) concurred by stating that an agreement is a legal act in which one or more people bind themselves to meet a certain obligation. In some instances, authors have stated that an agreement is an event when someone makes a promise to another to carry out an activity. The agreement can either be verbal or in writing. In both cases, attempts are made to ensure that the contract is in line with the existing laws, regulations, and public order. In some cases, the agreement is based on the principles of kinship, trust, harmony, and humanity. Subekti (2001) further stated that the agreement contained a series of words, promises, or abilities, which were spoken and stated in written form (contract). While the definitions may vary, there are common elements that can be deduced from the way researchers and authors have approached the context. First, there is an element of a legal relationship in an agreement. Second, the contract may involve property rights between two or more parties. Third, the stakeholders involved in the agreement have certain rights and obligations that must be fulfilled. Finally, an agreement is governed by the laws and regulations that apply to the subject matter under consideration.

Article 1320 of the Civil Code provides a basis for determining whether an agreement is valid. In particular, four primary conditions should be fulfilled for the agreement to be legally binding and valid (Sofivan, 2000). First, there should be an arrangement between the parties involved on clear objectives that are to be achieved. The contract should be set without any form of oversight, coercion, or fraud (Article 1321 of the Civil Code). In the

context of the healthcare sector, the agreement between the doctor and the patient occurs when patients highlight the problems affecting them and the doctor agrees to assist in addressing the issue. The exchanges bind them to an agreement (therapeutic) whose object is a healing effort, which is often not realized by the parties involved. The second major element that should exist is the skill. In this case, skills here are the abilities in making an engagement that judicially binds the parties involved not prohibited by law. Each person or party is declared competent when they fulfill the requirements set out in the law for making an agreement (Article 1329 of the Civil Code). Children and mentally ill persons may be considered incapable of getting into a legally binding treaty (Article 1330 of the Civil Code). Third, there should be an object of agreement that is of interest to the parties. When it comes to the relations between the doctor and the patient, the object may be a therapeutic transaction or healing effort. The object of therapeutic transactions is a professional medical effort characterized by providing help. The purpose of therapeutic transactions is to cure and prevent disease, alleviate suffering and accompany the patient. It is worth stating that the results obtained may not be guaranteed by a doctor. This occurs because the process of healing does not only depend on the expertise of doctors in carrying out their professional duties but other factors. Some of the variables that may influence clinical outcomes include patient endurance, resistance to certain drugs, the severity of the disease and also their ability to carry out doctor's orders. The final element is a valid cause as set out in the Civil Code. According to Article 1337 of the Civil Code, a contract is only binding if it relates to an issue that is not contrary to the law or public order. Thus, the agreement between the caregiver and the patient will only be considered valid when it is related to legal activities and processes.

It is also worth stating that several principles need to be followed when initiating an agreement. These include the principle of freedom, contract, consensualism, *pacta sunt servanda*, good faith, and honesty. The parties should clearly understand their rights and obligations when getting into the agreements. Supreme Court Jurisprudence No. 3641 K / Pdt / 2001 dated September 11, 2002, the rule of law is as follows: In the principle of freedom of contract the judge has the authority to examine and state that the position of the parties is not balanced, therefore, they are free to state their opinion. In terms of open agreements, the legal values and accepted norms in the community may be used to promote propriety and humanitarian justice while also ensuring that the rights of parties to a contract are protected. Furthermore, it is imperative to fulfill the criteria of Article 1321 of the Civil Code, which states that there is no legitimate agreement due to oversight or if obtained by force or fraud. These are factors that are usually taken into account when exploring the issues related to the interactions between the patient and physicians during care provision process.

Over the years, attempts have always been made to identify the primary elements of medical contracts. Furthermore, researchers have explored the possible consequences that

may occur when their conditions are not met. In terms of the medical contracts, one of the features is that the position of the parties involved is not always balanced (Soeroso, 2006; Marzuki, 2009; Hadjon, 1987; Isnaeni, 2017; Suharnoko, 2004; Harahap, 1986). For instance, the patient may be in a disadvantaged position when they do not understand their rights. Second, the patient has the freedom to terminate the contract unilaterally. The third primary element that defines the medical contracts is that doctors are not at liberty to terminate a contract unilaterally without a valid reason. Fourth, the object of the contract is linked to the effort to promote the healing process. Fifth, the fulfillment of contract performance by doctors need to be in accordance with established standards. It is also worth stating that the doctor may take action without the consent of the patient in the process of fulfilling the contractual obligations related to the delivery of quality services. Finally, the fulfillment of achievement requires cooperation and honesty.

DISCUSSION

Health is a basic human need besides clothing, food, and shelter. Those who are not in good health may not be able to contribute to the development of the society or carry out their daily activities. Thus, sick people visit hospitals to get assistance from experts and people who are knowledgeable about the diseases affecting them. Paternalistically, a doctor needs to be a trustworthy savant who strives to meet the specific needs of patients. The medical service involves several important aspects such as health facilities related to hospitals, doctors, nurses, pharmacists, and midwives (Alfiansyah, 2013; Setiawan, 1987; Dadkhah, 2010). In all these contexts, the focus should be on creating relationships that will lead to the delivery of safe and high-quality health services.

Patient protection is getting better with the existence of BPJS Health in Indonesia's national health system. In some cases, the patient is in a vulnerable state compared to the doctor with regard to the bargaining power. The problems arise when the doctor is in an economical and sociologically advantageous position compared to the patient (Subekti, 2001; Subekti, 1996; Harahan, 1986; Dahlan, 2000). It is also worth stating that the complex and unique nature of the relationship between the patient and caregivers makes it difficult to conclude that the latter should always be treated as a consumer (Subekti, 2001; Subekti, 1996; Alfiansyah, 2013; Dahlan, 2000). However, Law No. 8/1999 concerning Consumer Protection can be used to justify the argument that service users are like customers who buy products from business enterprises. According to the Minister of Health Regulation number 290 of 2008, doctors should not act arbitrarily towards their patients. The objective can be achieved when the doctor strives to seek patient consent in instances where it is paramount to do so. Informed consent is a condition for the occurrence of a therapeutic transaction and it is not a legal condition of an agreement. Furthermore, the caregivers have a duty to get the consent of patients or their family members before initiating some complex procedures, including surgeries.

From the evidence gathered in this study, it is apparent that the Consumer Protection Act provides a basis for protecting patients in a legal agreement. The Consumer Protection Act includes health professions such as businesses and patients categorized as consumers. When the patient is considered a consumer, their rights are also protected under Consumer Protection Act in addition to other legislation such as Medical Practice Act, the Health Act, the Law on Health Personnel, the Nursing Act and the Midwifery Law. In such cases, the patient is accorded the right to choose the health services they desire, honestly obtain information, get compensation when their rights are infringed, and seek guarantees that their wellbeing will be safeguarded. It is also worth stating that there are instances where the doctor may decide for the patient without seeking consent. A case is where a dangerous diagnosis has been made and the patient may require immediate care to remain alive. Thus, the application of the provisions of the laws also requires the consideration of contextual factors related to the care delivery process.

CONCLUSION

Doctors are expected to develop positive working relationships that will enable them to take care of patients. To establish a good therapeutic agreement, trust between the doctor and patient is needed. In the Preamble of the Indonesian Medical Code of Ethics, this relationship is called a therapeutic transaction. A doctor is bound by the rules of the Indonesian Medical Code of Ethics and Oath of Position. Doctors are also required to use their knowledge and experience to make ethical and professional decisions that will lead to optimal clinical outcomes. Overall, the existing laws provide a basis for establishing positive relationships with patients. Thus, physicians should strive to ensure that the rights of their patients are not violated during the care provision process.

RECOMMENDATIONS

Patients visit healthcare facilities to seek healthcare services for different conditions affecting their health. Furthermore, they expect doctors and other practitioners to offer services that will improve their wellbeing. In Indonesia, different laws and regulations have been used to streamline the healthcare sector and protect patients. One such law is the Consumer Protection Act, which was analyzed in the present study. While the Consumer Protection Act can be used to protect patients, it does not fully address the health-related issues that are linked to therapeutic agreements. Thus, there is a need to develop additional laws and regulations to protect the rights of patients, doctors, and other health professionals. Furthermore, individual hospitals should be encouraged to develop codes of ethics that are based on national laws related to medical practice.

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