
THE GOVERNMENT'S LEGAL RESPONSIBILITY IN FULFILLING PERSONAL PROTECTIVE EQUIPMENT FOR DOCTORS DURING THE COVID-19 PANDEMIC

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Abstract: *The high rate of Covid-19 infection that occurs today requires the fulfillment of health facilities for doctors and health workers, especially Personal Protective Equipment (PPE) in handling patients during the Covid-19 pandemic. PPE shortages were widely reported in some health care facilities in various regions. Not only in privately owned health service facilities, government hospitals and puskesmas are also not spared from experiencing limited PPE. This Study discusses how the Government's Legal Responsibility Arrangements in Fulfilling PPE (APD) for Doctors amidst the Covid-19 Pandemic. This study used normative legal as its research method. The results of this study indicated that there are no specific arrangements that regulate the government's responsibility in providing PPE (APD) for doctors during the Covid-19 period. The government's responsibility for providing PPE for doctors amidst the covid-19 period was a form of main responsibility. But it was still not done well. Ideally, the government's responsibility in fulfilling physicians' rights to health has emerged in accordance with the standards set by WHO in the form of providing appropriate personal protective equipment. It was important to Special monitoring is needed regarding the availability of existing PPE (APD) in the form of quantity and quality so that the safety and health rights of doctors can be fulfilled.*

Keywords: *Job Characteristics, Individual Characteristics, Job Satisfaction, Civil Servant Performance.*

Abstrak: Tingginya angka infeksi Covid-19 yang terjadi saat ini menuntut pemenuhan fasilitas kesehatan bagi dokter dan tenaga kesehatan khususnya Alat Pelindung Diri (APD) dalam menangani pasien di masa pandemi Covid-19. Kekurangan APD dilaporkan secara luas di beberapa fasilitas pelayanan kesehatan di berbagai daerah. Tidak hanya di fasilitas pelayanan kesehatan milik swasta, rumah sakit pemerintah dan puskesmas juga tidak luput mengalami keterbatasan APD. Kajian ini membahas bagaimana Pengaturan Tanggung Jawab Hukum Pemerintah dalam Pemenuhan APD (APD) bagi Dokter di tengah Pandemi Covid-19. Penelitian ini menggunakan hukum normatif sebagai metode penelitiannya. Hasil penelitian ini menunjukkan bahwa tidak ada pengaturan khusus yang mengatur tentang tanggung jawab pemerintah dalam penyediaan APD (APD) bagi dokter selama masa Covid-19. Tanggung jawab pemerintah dalam menyediakan APD bagi para dokter di tengah masa Covid-19 merupakan bentuk tanggung jawab utama. Tapi itu masih belum dilakukan dengan baik. Idealnya, tanggung jawab pemerintah dalam memenuhi hak dokter atas kesehatan telah muncul sesuai dengan standar yang ditetapkan oleh WHO dalam bentuk penyediaan alat pelindung diri yang sesuai. Penting Perlu pemantauan khusus mengenai ketersediaan APD (APD) yang ada dalam bentuk kuantitas dan kualitas agar hak keselamatan dan kesehatan dokter dapat terpenuhi.

Kata kunci: Karakteristik Pekerjaan, Karakteristik Individu, Kepuasan Kerja, Sipil Kinerja Pelayan.

INTRODUCTION

Currently, the world is facing the COVID-19 pandemic. Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and it has never been previously identified in humans. WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC) on January 30, 2020. As of August 9, 2020, 19,847,798 confirmed cases were reported in 72 countries worldwide, with 730,371 deaths (CFR 3.4%). Some of the countries with the highest number of confirmed cases are the United States (5 million cases, 160,000 deaths), Brazil (3 million cases, 100,000 deaths), India (2 million cases, 43 thousand deaths), Russia (800 thousand cases, 14,000 deaths), South Africa (500 thousand cases, 10 thousand deaths). Indonesia is ranked 23rd for the highest number of confirmed cases.

Indonesia reported the first COVID-19 case on March 2, 2020. Since then, incidents have increased rapidly and continued to spread throughout Indonesia until Presidential Decree No. COVID-19 was declared a national disaster. As of September 1, 2020, the government's COVID-19 Task Force reported 174,796 confirmed cases of COVID-19, the highest in Asia, with 7,417 deaths (CFR 4.24%) in 34 provinces.

One of the most influential aspects of this pandemic is the healthcare sector. With the spread of this disease, health problems are becoming more prominent. Some of the key issues are the lack of medical facility infrastructure due to the lack of intensive care units and ventilator availability for COVID-19 patients, the lack of COVID-19 testing capabilities, especially personal protective equipment. This is a limitation on the availability of (PPE). health care worker. All of this definitely affects the risk of transmission and increases the exposure of medical staff.

Although the Indonesian govern-

ment has issued several policies to suppress the spread of the Covid-19 outbreak, the boom in Covid-19 patients has caused doctors and a number of hospital and health center infrastructures to be in a state of chaos. Doctors are a profession that is at the forefront of dealing directly with Covid-19. They work hard to help heal Covid-19 patients. Sometimes doctors have to sacrifice their lives to protect the society from this virus

According to data released by the Indonesian Medical Association, on January 6, 2021, during a Covid-19 pandemic, 242 doctors died, 15 dentists and 187 nurses were Covid-19. Died from exposure to. 19. This is certainly ironic, and healthcare professionals, whether doctors, dentists or nurses, perform standard professions, standard services, professions, and standard procedural tasks. Thus, they must get legal protection from the government. One of the rights that the government must fulfill is the fulfillment of the right to obtain personal protective equipment (PPE) according to the standards of health care workers.

Not only hospitals in the regions, hospitals in big cities on the island of Java are also forced to be frugal in using PPE and sometimes have to use PPE that is not up to standard. The soaring price of PPE is also the cause of health care facilities not being able to provide adequate PPE for medical workers. Surgical masks and N95 masks are examples of PPE whose prices have soared by up to 700%. Another obstacle is the non-standardized quality of PPE, as indicated by the findings of the PPE quality test conducted by the UGM Faculty of Pharmacy. Waste or inappropriate use of PPE also contributes to the shortage of PPE in several health care facilities, especially hospitals.

The following are examples of the consequences of negligence by office holders in providing protection for health workers; Quoted from the news in Sumatra Bisnis.com on September 12, 2020, medical personnel who were at the forefront of handling Covid-19 patients

died one by one. Doctor Okki Alfin breathed his last that day at the Regional General Hospital (RSUD) Arifin Achmad was the first case of a doctor dying in Riau. Previously, Doctor Okki Alfin served at the Gunung Sahilan Health Center, Kampar Regency .

These examples are some of the problems doctors and healthcare professionals face in performing their healthcare operations, and perhaps there are even more undisclosed issues in facing healthcare professionals in this area.

METHODS

The research conducted by the researcher was normative. It was used to find the truth based on legal logic from the normative side. It further explains that the research approach used to answer research questions is the statutory approach used to study all laws and regulations related to the problems encountered or legal issues. The approach used by the researcher was an analytical approach. This allows researchers to obtain new meanings from legal terms and use analysis of legal decisions to test their actual application.

RESULTS AND DISCUSSION

SARS-CoV-2 belongs to the same group of viruses as the SARS and MERS viruses that also caused epidemics several years ago . The average incubation period for COVID-19 is 5 to 6 days, ranging from 1 to 14 days, but can be as long as 14 days. The highest risk of infection is in the first few days of the disease due to the high levels of virus in the secretions. Infected individuals can be directly transmitted up to 48 hours before the onset of symptoms (before onset) and up to 14 days after the onset of symptoms. It is important to know the pre-symptomatic stage, as the virus can spread through droplets and come into

contact with contaminated objects. Although the risk of infection is very low, there are confirmed cases of asymptomatic, but the likelihood of infection is still low.

Dealing with the current epidemiological and virological studies, COVID-19 has been shown to infect other people in the immediate vicinity, primarily from symptomatic people, via droplet infection. Droplets are particles which filled with water that are over 5-10 μm in diameter. Respiratory droplets occur when you are near (within 1 meter) a person who has breathing problems (such as coughing or sneezing). Therefore, the droplets may come into contact with the mucous membranes (mouth and nose) and conjunctiva (eyes). It can also be transmitted through objects and surfaces contaminated with droplets near the infected person. Therefore, COVID-19 virus infection can result from direct contact with the infected person and indirect contact with surfaces and objects used by the infected person (such as stethoscopes and thermometers). Airborne propagation can occur under special circumstances.

1. Protection for Doctors and First Level Health Service Officers.

The leading healthcare providers in primary health care are at the forefront of treating health problems in Indonesia. The World Health Organization (WHO) declared the condition of coronavirus disease 19 (COVID-19) as a pandemic, first-level healthcare facilities have become very important for breaking the chain of spread.

The role of first-level health facilities, especially those owned by the government (PUSKESMAS) is very crucial in managing and breaking the chain of spread of COVID-19 where puskesmas as the first line must be able to become health facilities that screen community members and determine the status of community members including people under supervision

(ODP) and patients under surveillance (PDP). Puskesmas must also be able to monitor community members who are included in the ODP criteria. In addition, the puskesmas in coordination with the health office must be able to make appropriate referrals to referral health facilities. Puskesmas must also be able to provide education, provide correct information about preventing and breaking the chain of transmission to the community with various limitations found in every region in Indonesia.

2. Recommendations for optimizing the availability of PPE.

The protection of doctors as our front-line healthcare professionals is very important and is a PPE including medical masks; respirators; gloves; gowns; and eye protection should be prioritized for medical staff and other people who care for patients. Strategies to optimize the availability of Personal Protective Equipment and the adjustment of the PPE supply chain management mechanism are shown in figure 1.

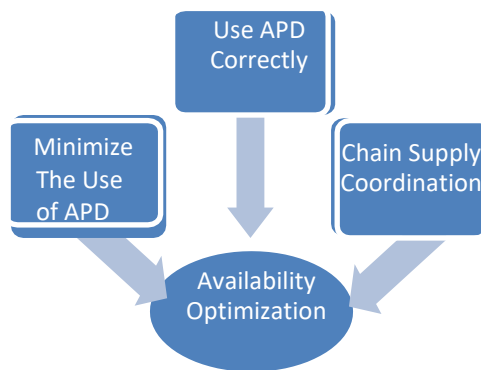


Figure 1. Strategies to optimize the availability of Personal Protective

3. Regulation of the Government's Legal Responsibilities in Fulfilling Personal Protective Equipment for Doctors During the Covid-19 Pandemic.

In state and government administration, accountability also involves authority. From a public law point of view, the existence of this

authority provides accountability based on general principles; “geenbevegedheid zonder verantwoordelijkheid; there is no authority without responsibility; la sulthota if mas-ulyat ” (no authority without accountability).

The 1948 United Nations Universal Declaration of Human Rights (Indonesia is the signatories) and the 1945 Constitution of the Republic of Indonesia states in Article 28H that health is the fundamental right of all individuals and all citizens. Therefore, to realize the fundamental rights to societies' health, the government is responsible for ensuring that all citizens have reasonable access to appropriate and optimal medical services. In order to respect, protect and enforce the obligation to implement human rights norms related to its right to health, we must comply with the following principles:

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Institutions :

"The Central Government and Regional Governments are responsible for the availability of Health Service Facilities in the context of realizing the highest degree of health"

The obligations that should be fulfilled by this government include :

Supporting the availability of medical equipment in the field;

Ensuring the fulfillment of the rights of the community and medical personnel; Information transparency to the public; Making policies that pay attention to the values of human rights and democracy;

The handling of the Covid-19 pandemic as an infectious disease outbreak is not only the authority and responsibility of the Ministry of Health, but is a shared responsibility. Therefore, in the implementation of the mitigation requires linkages and cooperation from various cross-sector government and society.

The linkage of various sectors to cope Covid-19 pandemic is in accordance with their duties, authorities and responsibilities in efforts to overcome the outbreak. With the linkage of various sectors, the government needs to act to coordinate and maintain that efforts to provide PPE and other necessities can be carried out properly and correctly. Accurate data is needed regarding the number of PPE available in the field and the amount of PPE needed in handling COVID-19.

CONCLUSION

Government cannot set a policy without knowing the responsibility of physicians to fulfill their basic rights in practicing their profession in accordance with standard operating procedures amidst this pandemic, including the provision of personal protective equipment in accordance with WHO standards.

Laws already exist that regulate the state's responsibility to fulfill its rights to safety and health in performing the work of physicians, however, the technical implementation is not yet optimal. There are no specific regulations outlining the government's responsibility to provide PPE to physicians during the Covid-19 period. However, it is not undertaken properly and can therefore pose a risk to working physicians as contact with Covid-19 patients can lead to illness.

Ideally, the government's responsibility to provide appropriate personal protective equipment, based on the standards established by WHO. The availability of PPE in terms of both quantity and quality requires special oversight to ensure that physicians' rights to safety and health can be met.

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