

The Role of Communication in Health Services in Indonesia

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Abstract: In the principle of informed consent, doctors were obliged to establish communication with patients before carrying out medical treatments. Information from the doctor became a guideline or consideration for patients in making a choice (freedom to choose) and gave approval to the doctor to carry out medical action to them. The obligation of doctors to effectively communicate has been regulated in Article 35 and Article 45 of Law No. 29 of 2004 concerning Medical Practice and further strengthened by Regulation of the Minister of Health of the Republic of Indonesia No. 290/Menkes/Per/III/2008 concerning Approval of Medical Measures. The effectiveness of communication in health services was an act of caution in medical treatments. Before the medical treatment was carried out, the patient should already knew about the disease, the chances of healing, the risk of medical treatment and the patients were also given alternative methods of other treatments so that the patients has information about the illness and therapy that doctors would do. If communication between patients and doctors is effective, it could prevent medical malpractice.

Keywords: Role; Communication; Health services; Indonesia

1. INTRODUCTION

All health practitioners are trying to cure patients who are suffering from certain diseases. In The Hippocratic Oath and the Geneva Conventions 1948, it is mentioned that patient's health is a primary goal of therapeutic transactions.¹ However, to realize these goals all doctors should not act on their own merely because they are controlled by some instruments such as medical oaths, medical profession codes and existing legislation. Despite the control of the various instruments, in practice, there are still doctors who perform negligence in the duty.

In carrying out medical actions, doctors apply paternalism approach with a one-way communication pattern and do not involve patients in the treatment process. Patient's

¹ N H S S Stan, "Deconstructing Paternalism--What Serves the Patient Best?," *Singapore Medical Journal* 43, no. 3 (2002): 148-51, <http://www.ncbi.nlm.nih.gov/pubmed/12005342>.

opinion is considered unimportant because doctors are considered to know better what is best for the patient. Doctors who have the principle of paternalism in carrying out medical services assess that patients do not have the competence in the field of medical science and do not know the technical action or medical operations to be performed. If the patients are involved in making a decision before taking a medical action it would be in vain and would not have a positive impact on healing.

The approach of paternalism in health care has existed since the time of Hippocrates.² However, paternalism has begun to be abandoned and turned to patient's autonomy based on human rights. According to Karbala, paternalism approach in health services has begun to change towards a pattern of partnership relations where the position of the doctor is equal to the patient.³ The relationship between doctors and patients is more democratic based on communication, agreement, and joint participation so that all medical actions have been communicated in advanced. The doctor should not make a decision without the patient's consent and the patients have the right to choose the best medical treatment for them. Doctors and patients have rights and obligations that have to be respected. These rights and obligations are protected by the Indonesian medical code of ethics and existing legislation.

In practice, the principle of patient autonomy in health services is implemented in an Informed Consent Agreement that embodies the contractual and participatory concepts of patients in health services by physicians and other health workers.⁴ In the concept of informed consent, the patient has the right to decide to approve or refuse any medical treatment carried out to him after receiving a complete and accurate information. Thus, communication between physicians and other health workers with patients or families of patients can be established. Without a good skill of communication then theoretical, clinical and other skills would not be effective.

The application of the patient's autonomy principle in the form of informed consent is an effective communication between doctors and the patients that affects the patient's recovery and prevents the doctor from medical malpractice.

2. METHOD

In addressing the issue, this research used a qualitative method with legalistic or doctrinal approach.⁵ This research a legalistic using analysis techniques substance.⁶ Content analysis technique is a systematic review by analyzing and systematically explaining facts, principles, concepts, theories, and laws in order to discover new ideas and knowledges as suggestions for changes in health services in Indonesia.⁷

² Siti Zubaidah Ismail, "Medical Negligence According To The Law of Tort And Its Authority From the Shariah," *Journal Syariah* 19, no. 2 (2011): 133–62.

³ Husein Karbala, *Segi-Segi Etis Dan Yuridis Informed Consent* (Jakarta: Pustaka Sinar Harapan, 2005).

⁴ P. Kokkonen, "Medicine, The Law and Medical Ethics in a Changing Society," *World Medical Journal* 50, no. 1 (2004): 5–8.

⁵ G.D McCracken, *The Long Interview* (London: Sage, 1998); J Van Maanen, "Reclaiming Qualitative Methods for Organizational Research: Preface," *Administrative Science Quarterly* 24 (1979): 520–26.

⁶ Suzanne E. Rowe, "Legal Research, Legal Analysis, and Legal Writing: Putting Law School into Practice," *SSRN ELibrary* 1193, no. 2000 (2009): 1–19.

⁷ Anwarul Yaqin, "Legal Research and Writting Malaysia," *Malayan Law Journal SDN BHD* 1 (2007): 10; Muhammad Hatta, "The Position of Expert Witnesses in Medical Malpractice Cases in Indonesia," *Al-Ahkam: Jurnal Pemikiran Hukum Islam* 29, no. 1 (2018): 47–72.

3. RESULTS AND DISCUSSION

3.1 Theoretical Basis and Laws About Communication In Health Services

a. Patient Autonomy

Patient autonomy in health services is based on the freedom of self-determination. This means that the patient has the freedom to choose and reject the treatment method suggested by a doctor which is considered appropriate for disease. Doctors only provide suggestions and options while those who make decisions are patients themselves. In practice, the principle of patient autonomy is interpreted in the form of an Acts of Agreement (Informed Consent). Informed consent can only be given to patients who are able to communicate well so that patients can make a decision or conclusion to approve or refuse the treatment. In the United States, only adult patients are considered to have the ability to make decisions to accept or reject medical action. If the patient is deemed incapable to make a decision, then the agreement is obtained through a court.⁸

Historically, the principle of patient autonomy was recognized after the Nuremberg trials in 1947 stipulated that the physician conducting research must obtain patient's consent as a subject of research through informed consent. This principle is a form of upholding human dignity recognized in *Universal Declaration of Human Rights* 1948, *International Covenants on Economic, Social and Cultural Rights and on Civil Rights* 1966, the *European Convention on Human Rights* (1959), as well as the Convention on the Bioethics of the European Assembly, effective on December 1, 1999.

The principle of patient autonomy based on moral and ethical values contains two elements: each patient has the right to decide his choice freely or voluntarily based on adequate knowledge and understanding based on information provided by the doctor. The decision was made in circumstances that allowed the patient to make a choice without any interference or coercion from the other party.

Beauchamp and Childress described that to achieve an ethical decision in health care, four basic moral principles are required:⁹

- a. The principle of autonomy, the moral principle that respects the rights of the patient (respect of person) based on the principle of the rights to self determination. The moral principle then stated that the patient's right to self-determination which is grounded to the declaration as a whole. The data is valid and accurate that a patient has a right to autonomy. This right to self-determination led to the principle of informed consent.
- b. The principle of beneficence, the moral principle that emphasizes on the action intended for the good of the patient. The beneficence does not only mean acts of kindness but also actions that have benefits more than the bad side.
- c. The principle of non-maleficence is a principle of not taking actions that can worsen a patient's health and choose the treatment with the least risk. It is intermittent with the ancient expression of First, do no harm which means that any medical treatment performed does not injure the patient. David Thomasma argued that this principle is

⁸ G.W. Robert, "Nurse/Patient Communication within a Bilingual Healthcare Setting," *British Journal of Nursing* 3, no. 2 (1994): 60–64.

⁹ Dana J. Lawrence, "The Four Principles of Biomedical Ethics: A Foundation for Current Bioethical Debate," *Journal of Chiropractic Humanities* 14 (2007): 34–40.

like two sides of a coin. On one hand, the goal of caring for patients is for good and health for patients, while on the other hand there may be risks that can hurt patients. This principle could be applied if it is intended for patient safety and there is no other more appropriate way to cure or save a patient's life.

- d. The principle of Justice is to give something to the rightful because in essence everyone is equal in value as a human being, then the fundamental demand for justice is to treat all people equally. Doctors in providing health services should not distinguish between rich and poor patients. Anyone who needs help then doctors should help regardless of their social status.

According to Keown J, the term autonomy means the ability to think and make decisions.¹⁰ Kant and Rawls argued that the principle of autonomy have to be rational because as a decision-maker, patients cannot predict the prognosis so that the patient must be able to make a rational decision based on information thoroughly for his own good and healing.¹¹ According to Anisah, patient autonomy is to respect the rights of patients. If the patient requires information then it should be clearly and correctly communicated. If the patient requires an examination, the physician must obtain the patient's consent.¹²

Patient autonomy is based on the self-determination which becomes the origin of informed consent. Doctors have a legal responsibility to provide a complete and accurate information to the patients. The information is presented clearly and correctly whether it is requested by the patient or not. Information is delivered in a language that is simple and easily understood by the patients so that they know a detailed description of the side effects of the medication, the risk of surgery, and the prognosis to be achieved in a surgical action if necessary. In the Indonesian Medical Code of Ethics, it is mentioned that the patient has the right to be informed before any medical treatment is performed.

According to Borfitz informed consent is a process for obtaining patient consent whether the agreement is expressed or implied. If the medical research involves humans as the object of research, it must get patient's consent. Doctors have an obligation to provide all information about the research that will be conducted.¹³

To obtain patient consent, the physician should not deceive the patient and cover up the facts and risks that may result from a medical act against the patient as the object of the study. The case of *Salgo vs. The Leland Board of Trustees* decides that a doctor was guilty of not providing information or covering up facts regarding patient's illness (1957, 317 P 2d 170, 154 Cal). A doctor should not convey a small risk action when in fact the medical action poses a very big risk just to get the consent of the patient.

"A physician violates his duty to his patient and subjects himself to liability if he with holds any fact which is necessary to form a basis of an intelligent consent by the patient. Like wise, the physician must not minimize the known danger of a procedure or operation in order to induce his patient to give consent."

The principle of informed consent is a form of doctor prudence in carrying out a medical treatment. Effective communication will have a positive effect on the patient's healing process. The authors view that the implementation of the principle of informed consent is

¹⁰ Siti Zubaidah Ismail, "Medical Negligence According To The Law of Tort And Its Authority From the Shariah."

¹¹ Budi Sampurna, *Bioetika Dan Hukum Kedokteran* (Jakarta: Pustaka Dwipar, 2005).

¹² Samuel Packer, "Jima.Imana.Org," *Journal of the Islamic Medical Association of North America* 43 (2011): 215–18.

¹³ D. Borfitz, *Informed Consent. A Guide to the Risks and Benefits of Volunteering for Clinical Trialz* (Boston: Thomson Centre Watch, 2013).

not only due to obligations that have been ordered by the law to the doctor but the form of attention of the doctor in an honest and sincere to his patient. In addition, the implementation of the informed consent principle is not only information transformation to the patient but the physician must also accommodate the patient's opinion so that the two-way communication as a partner in therapeutic transactions can be realized.

The provision of informed consent has positive implications for both doctors and patients. For doctors, informed consent can provide information on all history of the patient's illness, the medication that have been consumed and what medical treatment has been carried out will be the decisive reference on the prognosis. Based on this information the doctors can provide the patient the choice of what medical treatment is suitable to be carried out in accordance with the standard of expertise that has been recognized by the relevant association. Informed consent will be a written evidence when the patient sues the doctor in court. If the patient has signed an informed consent, the patient is aware of the operational risks because information has been provided in accordance with the standards determined by applicable laws and regulations.

The benefits of informed consent are that patients are informed of their illness, medical follow-up, possible risks and other treatment alternatives. This information is a consideration for patients before making a decision or choice regarding treatment that is considered appropriate for the illness. Thus, the patient truly understands the type of treatment to be carried out by the doctor, the risks that might arise and the patient also knows the prognosis. After the patient knows in detail the medical treatments that will be executed, the patient will feel more calm and ready with the worst possibility.

Based on the analysis of the benefits of informed consent in therapeutic transactions, not only doctors have an obligation to provide information about the medical treatment to the patients, but patients also have an obligation to provide information about the disease they have been suffered, what drugs they have been consumed and what medical precautions that have been taken to them. According to Picard, patients have an obligation to doctors and themselves. Therefore, patients also have to meet the standards of being good patients without covering up their illness.¹⁴

Prior to the medical follow up, information from the patient is necessary to support the effectiveness of the medical treatment. Inaccurate or misleading information about the illness, medications ever consumed, or allergic to certain drugs, then this is considered as a patient's error so that the occurrence of medical action (*contributory negligence*).¹⁵ Therefore, not all failures in medical follow-up are due to physician neglect, but also because of the patient. If all the failures are prosecuted then the doctor will prioritize self-interest on a defensive basis.

b. Informed Consent In Indonesia

The principle of patient autonomy was found after the Nuremberg court decision that triggered the Nuremberg Code in 1947. This decree established that every doctor who carry out clinical research must obtain patient's consent. In the Nuremberg Code of 1947, the autonomy of patients is set in Rule 1, which principally contains moral values for the patient to self-determination based on complete information, and valid and accurate medical records (*respect of persons*). Then the

¹⁴ Picard, *Legal Liability of Doctors and Hospitals in Canada* (Canada: Thomson Carswell, 2007).

¹⁵ Jennifer M. Yule, "Defences in Medical Negligence: To What Extent Has Tort Law Reform in Australia Limited the Liability of Health Professionals?," *Journal of Australasian Law Teachers Association* 4, no. 1 (2011): 53–63.

rights of self-determination in the doctor-patient relationship became the principle of informed consent.

The principle of patient autonomy is one of the enforcement of human dignity that has been declared in the Universal Declaration of Human Rights 1948, the International Agreement on Economic, Social, Cultural and Civil Rights in 1966, the European Convention on Human Rights in 1959, and also the European Convention on Bioethics Council, which was passed on Desember 1, 1999.¹⁶

According to J Keown, the term autonomy is a person's ability to think and make decisions. The decision was made voluntarily and without any coercion.¹⁷ According to Anisah, patient autonomy is to respect the rights of patients. If the patient requires information, the physician must provide and convey information clearly and correctly. If the doctor wants to examine the patient, the patient has to approve it first. In the Code of Professional Conduct in 1987 and 1995 Patients' Charter, it was stated that prior to carrying out medical action, the patients have the right to be informed in advance and then give consent.¹⁸

The principle of patient autonomy has also been introduced in Indonesia through the Executive Board decision of the Indonesian Medical Association (PB-IDI) No. 319/PB/A.4/1988. This decision was strengthened by the enactment of the Minister of Health Regulation No. 585 of 1989 concerning consent of Medical Measures (principle of informed consent). Then, it was further strengthened in Article 45 of the Republic of Indonesia, Law No. 29 of 2004 concerning Medical Practice which stated that any action/treatment in general and dental patient should only be carried out after the patient signed the consent form and after complete explanation of information.

Implementation of the principle of informed consent in Indonesia begins with a therapeutic agreement between doctors and patients. The agreement is made in an informed consent and must be signed by the doctor and the patient or patient's family. Therapeutic agreement is not an agreement that requires physician to cure the patient because the doctor is unable to determine the outcome of the treatment. All doctors will try professionally to carry out treatments with their knowledge and experience so they must put efforts to cure the patients instead of focusing on the "results".¹⁹

In the implementation of informed consent, before the patient gives consent, the doctor is required to provide information or give a complete explanation to the patient about the method of treatments, the risks and opportunities for the patient to recover. In Article 45 paragraph (3), Law No. 29 of 2004 on the Medical Practice, it is stated that doctors must at least explain to patients the following matters before medical treatment:

1. Diagnosis and procedures for medical treatment;
2. The purpose of medical treatment;
3. Another alternative treatment;
4. The risks and complications that may occur;
5. The prognosis.

The Ministry of Health of the Republic of Indonesia No. 585 of 1989 on Consent of Medical Measures stated that medical information must be provided either requested by the patient or not

¹⁶ Kokkonen, "Medicine, The Law and Medical Ethics in a Changing Society."

¹⁷ Paul Tan, "Case Comment: When Death Knocks, Who Will Answer And What Will They Say? Re LP (Adult Patient : Medical Treatment)," *Singapore Academy of Law Journal* 13, no. 18 (2006): 493–521.

¹⁸ Zaki Morad Yuhani Yusof, Anisah Che Ngah, Mohamad Zaher, "Informed Consent in Clinical Trials with Reference to Information Disclosure to Patient-Subjects," *Nternational Journal of Public Health Research* 4, no. 1 (2014): 384–90; Mazni Nawi, "Skop Kelakuan Buruk Dalam Kod Kelakuan Profesional 1987: Satu Analisis Menurut Etika Perubatan Islam," *JUUM* 1, no. 15 (2011): 53–74.

¹⁹ Amit M Patil and Vyankatesh T Anchinmane, "Medicolegal Aspects of Consent in Clinical Practice," *Bombay Hospital Journal* 53, no. 2 (2011): 203–8.

requested by the patient. Patients are not fully equipped with medical knowledge, so their rights and obligations must be explained to them in detail and the patients must also know the advantages and disadvantages of the medical actions both at the diagnostic and therapeutic stages. If patients do not approve the medical treatment recommended by the doctors, they can refuse and choose other alternative treatment methods.

In medical practice, informed consent can be given either verbally or in writing or even impliedly, but Law No. 29 of 2004 requires that informed consent should be given or made in writing. In high-risk medical procedures that are at risk of causing death on patients, informed consent must be made in writing.

Doctors who treat patients or other doctors based on the doctor's instructions that will run the medical action are under the obligation to provide information or explanation. Information or explanation about the medical action to be performed can be provided by other physicians or other health professionals if medical action is not a surgery or other invasive treatments. If the medical action in the form of surgery or other invasive treatment, other doctors are not allowed to provide information or explanation.

Several patients' rights are stated in the Indonesian Code of Medical Ethics:

1. The right to life, the right to their own bodies and the right to die naturally;
2. The right to a humane medical care in accordance with the standards of the medical profession;
3. The right to obtain an explanation of the diagnosis and treatment from the doctor;
4. The right to refuse diagnostic and therapeutic procedures;
5. The right to be referred to other specialists if needed;
6. The right to confidentiality or a personal medical record;
7. The right to obtain information on regulations and the cost of hospitalization;
8. The right to contact with family, clergy or others;
9. The right to obtain details of the cost of treatment.

Doctors should explain about patient's situation, their illness, recovery opportunities, medical treatment to be carried out and the risk involved in the process of surgery. After patients were given the necessary information, the patients will determine or decide what is best for them. The right of self-determination is protected and becomes the patient's rights. If patients refuse medical treatment offered by the doctors, then the doctors should not force patients to follow their advice, even though doctors know that such refusal may endanger the patients' life.

3.2 The Benefits of Communication In Health Services

Health communication includes messages and media in the context of health promotion, disease prevention (prophylaxis), treatments and advocacy, including variations in situations, structures, messages, relationships, identities, goals and strategies for social influence. Health communication theory covers different levels of communication within a broad social context. The primary level of health communication analysis consists of intrapersonal, interpersonal, groups and organizational communication. Research of intrapersonal health communication focuses on mental and psychological processes related to health care such as beliefs, attitudes and values that influence health care behaviour and decisions.²⁰

Health communication means any aspect of human communication related to health. Health communication is all types of human communication containing various messages related to health. According to Roger, health communication is "health communication has been defined as referring to any type of human communication whose content is

²⁰ Nikmah Hadiati Salisah, "Komunikasi Kesehatan: Perlunya Multidisipliner Dalam Ilmu Komunikasi," *Jurnal Ilmu Komunikasi* 1, no. 2 (2011): 170–93.

concerned with health". In health communication, individuals are involved in the health process between doctors, nurses, other healthcare professionals, patients or patient's families. Health communication can be in both verbal and non-verbal communication. Verbal communication is the process of communication that occurs in the context of self-level (intrapersonal communication) or with others (interpersonal communication). In the case of interpersonal communication orally or through various media, using written language messages or symbols. This interpersonal communication is often done between two people or in small groups. This communication is transactional in the social environment in which individuals interact, contribute and influence each other. It also applies to the context of mass communication, for example health promotion and public health campaigns.²¹

In the health service, communication between health practitioners with patients and families can't be avoided. The patient come for treatment and then complains about the illness, then the doctor heard, and responds to the complaint. A patient who comes to treatment has an expectation, while a doctor has an obligation to provide the best possible treatment. Health communication between health workers and patients previously embraced paternalistic pattern by placing the doctor's position higher and more dominant than patient. However, this pattern of communication turned into a two-way communication pattern in which the doctor and patient were equal. The effectiveness of good communication will have an impact on better health, patient comfort, patient satisfaction, reduce the risk of malpractice, and relieve disputes between doctors and patients.

In the study of health, communication found the existence of theoretical foundations consisting of several approaches, namely positivistic, interpretative, critical and cultural approach. It is clear that the solutions to individual health problems do not merely repair physical damage as in the biomedical approach, but in fact, many health cases also involve the complexity of individual needs, motivations, and priorities. The question of emerging problems involves the conception of communication that leads to the social construction of health and illness. This is closely related to the process of individual meaning related to health conditions and illness, including the concept of health in certain conditions, how the meaning is culturally constructed, the owner of the meaning used, and with the consequence of what material and symbolic appear next.

The importance of effective communication of health was discussed at the health communication conference that took place in Toronto by producing Toronto Consensus, as follows:²²

- a. Communication problems in medical practice are important and common;
- b. Patient's anxiety and dissatisfaction are related to uncertainty and lack of information, explanation, and feedback;
- c. Doctors often misperceive the amount and type of information that patients want to receive;
- d. Improving the quality of clinical communication is related to positive health outcomes.
- e. Explaining and understanding patient concerns, even when they cannot be resolved, results in an anxiety;

²¹ E.M Rogers, "The Field of Health Communication Today: An Up-To-Date Report," *Journal of Health Communication* 1, no. 1 (1996): 19–23.

²² Dianne Berry, *Health Communication Theory and Practice* (New York: Open University Press, 2007).

- f. Active participation by the patient in the encounter will increase satisfaction, compliance and treatment outcomes;
- g. The level of psychological distress in patients with serious illness will decrease when they consider themselves to have received adequate information;
- h. Beneficial clinical communication is routinely possible in clinical practice and can be achieved during normal clinical encounters, without unduly prolonging them, provided that the clinician has learned the relevant techniques.

According to Khie Chen, the number of medical disputes that occur is often caused by a gap in perception between doctors and patients. In one case, patients and families are not satisfied with the process or outcome of the treatment. On the other hand, doctors and hospitals feel they have treated patients optimally. This medical dispute occurs because of differences in perception of disease between doctors, other health workers, and patients. There is an excessive expectation of the patient to the doctor, the difference in "language" that affects the doctor's message to the patient, and or the unpreparedness of the doctor to establish empathic communication (Berry, 2007).

In health service, effective communication both verbally and nonverbally can improve patient satisfaction during the consultation and improve patient compliance with a treatment plan so that they can help patient to recover. In addition, effective communication can improve patient safety and reduce the possibility of complaints from patients. The duration of the consultation is known to be associated with a reduced risk of malpractice claims. However, not the time itself is important but the effectiveness of communication. Communication will not go well if the doctor is in a hurry, being angry or being under the pressure of other jobs. Communication in such circumstances will increase the risk of adverse events.

Building relationship with patients is also very important. The doctors should appear friendly, courteous and show a desire to help the patients by letting them communicate their problems. Doctors often do not really listen to the patient's complaints or rush to interrupt the patient's story. Generally, patients come to see a doctor because of anxiety and want to know how the doctor will overcome his health problems. But doctors often deal with patients with different social and cultural backgrounds, so it is sometimes difficult for patients to express their problems and it may be difficult for doctors to explain using language that is easily understood by patients. However, doctors must still try to identify and understand the patients' expectation and perception about their own problems. It has been proven that if the patient-doctor relationship is not good, the patient will also be reluctant to provide the required information, thus causing problems in the process of diagnosis and treatment.

Effective communication based on the principle of patient autonomy that is informed consent. All health workers must have competence which not only with regard to health sciences but also health communication sciences. Assessment variables can be seen in the process of health services being performed by doctors to their patients.

Doctors have a legal responsibility in providing complete and accurate information to patients (Liew Sin Keong lwn. Dr. Sharon Paul Raj [1996] 2 AMR 19). The information must be conveyed clearly and correctly whether it is requested or not by the patients. Information is delivered in a language that is simple and easily understood by patients so that they know the detailed description of side effects of the medical treatment, the risk of surgery and prognosis to be achieved in an operation if necessary. In the Indonesian

Medical Ethics Code, it is stated that patients have the rights to be given the information before a medical treatment is carried out.

The principle of informed consent is a form of prudence in carrying out medical treatment. When the doctor provides information about the condition of the patient's illness and what medical actions to do, this is an effective media of communication between the doctor and the patient. Effective communication will have a positive influence on the healing process of patients. The author views that the principle of the informed consent implementation is not only due to the obligation that has been ordered by law to the doctor but also the form of the doctor's affection to the patient, honestly and sincerely. In addition, the principle of the informed consent implementation is not only a transformation of information to patients, but doctors also have to accommodate the opinions of patients so that two-way communication can be realized as a partner in therapeutic transactions.

The implementation of informed consent has positive implications for both the doctor and the patient. For the doctor, the implementation of informed consent can extract information from patient so that all patient's history, drugs that have been consumed and medical treatments that have been carried out will be a reference that will determine the success in carrying out further medical care to patients. Based on this information the doctor will give patient the choice of medical treatment that is suitable to be carried out in accordance with the standards of expertise that have been recognized by their association. Then, informed consent signed by patients is always used as written evidence to defend when patients sue the doctor legally. If the patient has signed an informed consent, the patient already knows the risk of medical action to be carried out because the doctor has provided information in accordance with the standards determined by the applicable legislation.

The benefits of implementing informed consent are that patients will get a lot of information regarding their illness, medical treatments to be taken, possible risks and other alternative treatments. This information is a consideration for patients before making a decision or choosing a medical treatment that is considered appropriate for their illness. Through this method, patients will truly understand the treatments that will be carried out, the risks that might occur and also know the prognosis. After the patient knows in detail the medical treatment that will be carried out, the patient will feel more calm and prepared with the worst possibility.

In the practice of health services in Indonesia, doctors or other medical practitioners are reluctant to communicate with their patients. There are several reasons that cause this to happen, among others, the number of patients who are not comparable to doctors so there is not enough time to communicate effectively with patients and doctors consider themselves to know better and understand what is best for their patients. Doctors' reluctance to communicate causes discomfort in patients, feeling unappreciated, patients feeling only as objects rather than being subjects or partners in health services. As a result, many Indonesian patients seek treatment to another country because they are considered more humanistic where communication with patients is an obligation and the most important part of health services.

Patients seeking treatment abroad are not solely due to the ability of health workers to be better than in Indonesia and not also due to modern hospital facilities and infrastructure. Clinically, the skills of Indonesian doctors are no worse than doctors in foreign countries,

even hospitals in Indonesia already have modern health technology. However, the cause of the reduced level of patient confidence to hospitals and health personnel in Indonesia is the low empathy and poor communication of health workers to patients or their families. In the health care system in Indonesia, the patient is positioned as an object that only accepts or undergoes treatment at the hospital. While the health service system abroad positioned the patient as the subject and the partner of the healthcare worker. In fact, the patient has full authority to decide what types of treatment are appropriate to him.

According to Herqutanto, the clinical ability of doctors or health workers in Indonesia is very good but lack of communication skills. Ineffective communication is caused by doctors and other health practitioners who use one-way communication or doctors practicing closed medicine methods that only the doctor knows what is best to the patient (a doctor knows best) and the patient must listen and obey whatever the doctor says. This pattern of communication is based on a paternalism approach where all treatment decisions are determined by the health practitioner (Herqutanto, 2009). According to Weiss, doctors who uphold the principle of paternalism did not inform thoroughly because they assumed patients or their family do not understand the medical science so that the information provided is not so beneficial to the patients. Patients only expect healing and doctors are required to carry out the best medical treatment to cure the patient.²³

The pattern of health communication with paternalism approach is "obsolete" and has begun to be abandoned, so there is need of the change of communication pattern more effective by the health worker in health service to society in Indonesia. Effective communication will provide comfort and improve patient confidence to doctors and hospitals in Indonesia, thereby reducing the number of people seeking treatment abroad.

4. CONCLUSION

The development of science continues to occur including the development of communication in health care issues. In the case of health services the application of the principle of paternalism is considered to be irrelevant to global developments, but in certain circumstances, it is very necessary for pediatric patients, emergency patients and psychiatric patients. The principle of patient autonomy as one of the ethical principles of health care is placed on the freedom of self-determination. This means that the patient has the freedom to approve or refuse the treatment method suggested by a doctor which is considered to be in accordance with the illness. In practice, the principle of patient autonomy is interpreted in the form of an Informed Consent.

Doctor's obligation to communicate effectively has been regulated in Article 35 and Article 45 of Law No. 29 of 2004 concerning Medical Practice and it is further strengthened by Minister of Health Regulation of the Republic of Indonesia No. 290/ Menkes/ Per/ III/ 2008 concerning Approval of Medical Measures. In the regulation, it was determined that the doctor must establish communication with the patient before medical treatment was carried out in the form of a medical agreement between the doctor and the patient (Informed Consent). Informed consent is only for patients who are able to communicate well so that the patients are able to make decisions or conclusions to approve or refuse treatment to be performed on him.

²³ Siti Zubaidah Ismail, "Medical Negligence According To The Law of Tort And Its Authority From the Shariah."

The implementation of informed consent has positive implications for both doctors and patients. For the doctors, the implementation of informed consent can extract information from the patients so that all the history of the patient's illness, drugs that have been consumed and any medical treatments that have been taken will be a reference that will determine the success in carrying out the medical treatment. Health communication contained in the form of informed consent is a form of effective communication between doctors and patients so that it can be a major determinant of patient's satisfaction and compliance with the treatment. Effective communication between medical practitioners and patients will provide comfort to patients and may prevent or avoid medical malpractices in health services for patients.

DAFTAR PUSTAKA

- Berry, Dianne. *Health Communication Theory and Practice*. New York: Open University Press, 2007.
- Borfitz, D. *Informed Consent. A Guide to the Risks and Benefits of Volunteering for Clinical Trials*. Boston: Thomson Centre Watch, 2013.
- Hatta, Muhammad. "The Position of Expert Witnesses in Medical Malpractice Cases in Indonesia." *Al-Ahkam: Jurnal Pemikiran Hukum Islam* 29, no. 1 (2018): 47-72.
- Karbala, Husein. *Segi-Segi Etis Dan Yuridis Informed Consent*. Jakarta: Pustaka Sinar Harapan, 2005.
- Kokkonen, P. "Medicine, The Law and Medical Ethics in a Changing Society." *World Medical Journal* 50, no. 1 (2004): 5-8.
- Lawrence, Dana J. "The Four Principles of Biomedical Ethics: A Foundation for Current Bioethical Debate." *Journal of Chiropractic Humanities* 14 (2007): 34-40.
- Maanen, J Van. "Reclaiming Qualitative Methods for Organizational Research: Preface." *Administrative Science Quarterly* 24 (1979): 520-26.
- McCracken, G.D. *The Long Interview*. London: Sage, 1998.
- Nawi, Mazni. "Skop Kelakuan Buruk Dalam Kod Kelakuan Profesional 1987: Satu Analisis Menurut Etika Perubatan Islam." *JUUM* 1, no. 15 (2011): 53-74.
- Packer, Samuel. "Jima.Imana.Org." *Journal of the Islamic Medical Association of North America* 43 (2011): 215-18.
- Patil, Amit M, and Vyankatesh T Anchinmane. "Medicolegal Aspects of Consent in Clinical Practice." *Bombay Hospital Journal* 53, no. 2 (2011): 203-8.
- Picard. *Legal Liability of Doctors and Hospitals in Canada*. Canada: Thomson Carswell, 2007.
- Robert, G.W. "Nurse/Patient Communication within a Bilingual Healthcare Setting." *British Journal of Nursing* 3, no. 2 (1994): 60-64.
- Rogers, E.M. "The Field of Health Communication Today: An Up-To-Date Report." *Journal of Health Communication* 1, no. 1 (1996): 19-23.
- Rowe, Suzanne E. "Legal Research, Legal Analysis, and Legal Writing: Putting Law School into Practice." *SSRN ELibrary* 1193, no. 2000 (2009): 1-19.
- Salisah, Nikmah Hadiati. "Komunikasi Kesehatan: Perlunya Multidisipliner Dalam Ilmu

- Komunikasi." *Jurnal Ilmu Komunikasi* 1, no. 2 (2011): 170-93.
- Sampurna, Budi. *Bioetika Dan Hukum Kedokteran*. Jakarta: Pustaka Dwipar, 2005.
- Siti Zubaidah Ismail. "Medical Negligence According To The Law of Tort And Its Authority From the Shariah." *Journal Syariah* 19, no. 2 (2011): 133-62.
- Stan, N H S S. "Deconstructing Paternalism--What Serves the Patient Best?" *Singapore Medical Journal* 43, no. 3 (2002): 148-51.
<http://www.ncbi.nlm.nih.gov/pubmed/12005342>.
- Tan, Paul. "Case Comment:When Death Knocks, Who Will Answer And What Will They Say? Re LP (Adult Patient : Medical Treatment)." *Singapore Academy of Law Journal* 13, no. 18 (2006): 493-521.
- Yaqin, Anwarul. "Legal Research and Writting Malaysia." *Malayan Law Journal SDN BHD* 1 (2007): 10.
- Yuhanif Yusof, Anisah Che Ngah, Mohamad Zaher, Zaki Morad. "Informed Consent in Clinical Trials with Reference to Information Disclosure to Patient-Subjects." *Nternational Journal of Public Health Research* 4, no. 1 (2014): 384-90.
- Yule, Jennifer M. "Defences in Medical Negligence: To What Extent Has Tort Law Reform in Australia Limited the Liability of Health Professionals?" *Journal of Australasian Law Teachers Association* 4, no. 1 (2011): 53-63.