

Legal Protection for Doctors during the Covid19 Pandemic Review from Civil Law, Criminal Law, and Law No 2009 Concerning Health

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ABSTRACT: Corona virus disease-19 (Covid-19) is a disease that can easily spread and infect anyone, including medical personnel. Handling COVID by health workers such as doctors, is faced with a dilemma because the disease itself is easy to transmit to other people. Doctors are a profession that is at the forefront of dealing directly with Covid-19. In conditions like this, doctors sometimes become victims/died in order to protect the public from the spread of the Covid-19 pandemic. This type of research is normative juridical with the main sources of legal material being the Civil Code and the Criminal Code and Law no. 36 of 2009 concerning Health. Law Number 36 of 2009 concerning Health Article 83 paragraph 2 states that the government guarantees legal protection for everyone according to their abilities. The importance of fulfilling the rights of doctors to be able to work according to medical standards. In the critical condition of the Covid-19 pandemic as it is today, the availability of PPE for doctors is one of the essential elements that must be met for doctors to fulfill the element of safety for doctors. In civil law, the doctor-patient relationship states that doctors in carrying out medical practice have the right to obtain complete, honest and clear information from patients or their families. health, then this can lead to criminal acts that are included in acts of persecution or crimes that endanger public safety for people

Keywords - Protection For doctors, Covid19, Civil Law, Criminal law, Health Law

1. INTRODUCTION

The Covid-19 disease (Coronavirus Disease 2019) until the mid-April 2020 period had spread to various countries including Indonesia, where as many as 212 countries experienced the disease and it has spread to more than 2 million people, as many as 134,610 people have died.

The Covid-19 outbreak can be declared as an international disaster because of its impact on the joints of people's lives including social, economic, political and others. Covid-19 as a deadly infectious disease and can be easily experienced by people who have low immunity, currently experts in the field of general and special medicine are finding vaccine drugs that can cure Covid-19.

Information about the spread of the virus continues to be monitored, this is so that people can increase their vigilance and comply with government advice. The real implications of Covid19 have been felt by the community in their daily activities. The increase in the number of corona cases occurred in a short time and required immediate treatment. The corona virus can easily spread and infect anyone, including medical personnel.

The handling of covid by health workers such as doctors, nurses and others, is faced with a dilemma because the disease itself is easy to transmit to other people, including doctors. Doctors in carrying out their profession must always comply with medical standards consisting of medical knowledge and experience in the medical field.

Doctors are a profession that is at the forefront of dealing directly with Covid-19. In conditions like this, doctors sometimes become victims/died in order to protect the public from the spread of the Covid-19 pandemic. Based on data published by the Indonesian Doctors Association on April 6, 2020, there were 24 doctors (6 of whom were dentists) who died in the midst of the Covid-19 pandemic. But at this time, on the other hand, the role of the government itself is only to provide perfunctory assistance to families of doctors who are left behind. It does not guarantee children and their families, especially in matters of education up to college.

2. Literature Review

1. Definition of Covid19

Coronavirus disease 2019, abbreviated as COVID-19) is an infectious disease caused by SARS-CoV-2, a type of coronavirus. This disease resulted in the 2019–2020 coronavirus pandemic. Patients with COVID-19 may experience fever, dry cough, and difficulty breathing. Sore throat, runny nose, or sneezing are less common. In the most susceptible patients, this disease can lead to pneumonia and multiorgan failure.

Coronaviruses are a large family of viruses that cause disease in humans and animals. In humans, it usually causes respiratory tract infections, ranging from the common cold to serious diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A new type of coronavirus found in humans since an extraordinary event appeared in Wuhan, China, in December 2019, was later named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2), and caused the disease Covid-19.

2. Causes of Covid-19

The cause of Covid-19 is a virus belonging to the coronavirus family. Coronavirus is a positive single-strain RNA virus, encapsulated and unsegmented. There are 4 main protein structures in Coronavirus, namely: protein N (nucleocapsid), glycoprotein M (membrane), spike glycoprotein S (spike), protein E (sheath). Coronavirus belongs to the order Nidovirales, family Coronaviridae. This coronavirus can cause disease in animals or humans. There are 4 genera, namely alphacoronavirus, betacoronavirus, gammacoronavirus, and deltacoronavirus. Before COVID-19, there were 6 types of coronavirus that could infect humans, namely HCoV-229E.

3. The Sign Of Covid-19

According to the CDC, the signs and symptoms of COVID-19 can be seen from various conditions of the suspect's body. These symptoms include :

- a. The most common symptoms:
 - 1) Fever
 - 2) Dry cough
 - 3) Fatigue

- b. Slightly uncommon symptoms:
 - 1) Discomfort and pain
 - 2) Sore throat
 - 3) Diarrhea
 - 4) Conjunctivitis (pink eye)
 - 5) Headache
 - 6) Loss of sense of taste or smell
 - 7) Rash on the skin, or discoloration of the fingers or toes

- c. Serious symptoms:
 - 1) Difficulty breathing or shortness of breath
 - 2) Chest pain or pressure in the chest
 - 3) Loss of ability to speak or move

4. The Patogenesis of Covid-19

The pathogenesis of COVID-19 infection is not fully understood. At first it was known that this virus may have similarities with SARS and MERS CoV, but from the results of genomic evaluation of isolation from 10 patients, it was found that the similarity reached 99% which indicated a new virus, and showed similarities (88% identical) with batderived severe acute respiratory syndrome (SARS)-like coronaviruses, bat-SL-CoVZC45 and bat-SLCoVZXC21, taken in 2018 in Zhoushan, Eastern China, proximity to SARS-CoV was 79% and furthermore to MERS-CoV (50%). Phylogenetic analysis shows that COVID-19 is part of the subgenus Sarbecovirus and genus Betacoronavirus.

Other studies have shown that protein (S) facilitates the entry of the coronavirus into target cells. This binding process involves binding of protein S to cellular receptors and priming of protein S to cellular proteases. Research to date suggests the possible entry of COVID-19 into cells similar to SARS. This is based on the 76% structural similarity between SARS and COVID-19. So it is estimated that this virus targets Angiotensin Converting Enzyme 2 (ACE2) as an entry receptor and uses the serine protease

The immunologic process of the next host is not widely known. From the existing case data, examination of cytokines that play a role in ARDS shows the occurrence of cytokine storms as in other ARDS conditions. From the research so far, several cytokines have been found in high amounts, namely: interleukin-1 beta (IL-1 β), interferon-gamma (IFN- γ), inducible protein/CXCL10 (IP10) and monocyte chemoattractant protein 1 (MCP1) and possibly activate T-helper-1 (Th1).

In addition to these cytokines, COVID-19 also increases T-helper-2 (Th2) cytokines (eg, IL4 and IL10) which suppress inflammation differently from SARS-CoV. Other data also showed that COVID-19 patients in the ICU were found to have higher levels of granulocyte-colony stimulating factor (GCSF), IP10, MCP1, macrophage inflammatory proteins 1A (MIP1A) and TNF α than patients who did not require ICU treatment. This indicates that the cytokine storm due to COVID-19 infection is related to the severity of the disease.

The coronavirus that causes COVID-19 belongs to the betacoronavirus genus, is generally circular in shape with some pleomorphism, and 60-140 nm in diameter. The results of phylogenetic analysis show that this virus belongs to the same subgenus as the coronavirus that caused the SARS outbreak in 2002-2004, namely Sarbecovirus. On this basis, the International Committee on Taxonomy of Viruses (ICTV) named the cause of COVID-19 as SARS-CoV-2.

Coronavirus is zoonotic (transmitted between animals and humans). Research says that SARS was transmitted from civet cats to humans and MERS from camels to humans. Meanwhile, the animal that is the source of the transmission of COVID-19 is still unknown.

5. The symptoms of Covid-19

The symptoms experienced are usually mild and appear gradually. Some infected people do not show any symptoms and still feel well. The most common symptoms of COVID-19 are fever, fatigue, and a dry cough. Some patients may experience aches and pains, nasal congestion, runny nose, headache, conjunctivitis, sore throat, diarrhea, loss of smell and taste or skin rash.

According to data from countries affected early in the pandemic, 40% of cases will develop mild illness, 40% will develop moderate illness including pneumonia, 15% of cases will develop severe illness, and 5% of cases will develop critical condition. Patients with mild symptoms reported recovering after 1 week. In severe cases, they will experience Acute Respiratory Distress Syndrome (ARDS), sepsis and septic shock, multi-organ failure, including kidney failure or acute heart failure which can lead to death. Elderly people (elderly) and people with pre-existing medical conditions such as high blood pressure, heart and lung disorders, diabetes and cancer are at greater risk of developing severe.

Based on the WHO Global Surveillance Guidelines for the novel Corona-virus2019 (COVID-19) 2020, this definition of covid-19 is classified as follows

a. *Suspect case*

Patients with acute respiratory distress (fever and at least one sign/symptom of respiratory illness, such as cough, shortness of breath), and a history of travel or living in an area reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

Patients with acute respiratory distress and had contact with a confirmed or probable case of COVID-19 in the last 14 days prior to onset;

Patients with severe respiratory symptoms (fever and at least one sign/symptom of respiratory disease, such as cough, shortness of breath and requiring hospitalization) and no other alternative diagnosis that can fully explain the clinical presentation.

b. Probable case

Suspected cases whose test results from COVID-19 are inconclusive; or Suspected cases whose test results cannot be performed for any reason.

c. Confirmed cases are patients with positive laboratory results for Covid-19 infection, regardless of the presence or absence of clinical signs and symptoms.

Then the classification according to WHO (2020) on controlling COVID-19 sufferers is as follows:

a. Under Supervision Patient

People with Acute Respiratory Infections (ARI), namely fever ($\geq 38^{\circ}\text{C}$) or a history of fever; accompanied by one of the symptoms/signs of respiratory disease such as: cough/shortness of breath/sore throat/runny nose/pneumonia from mild to severe and no other cause based on a convincing clinical picture and in the last 14 days before symptoms appear have a history of traveling or living in a country/ areas reporting local transmission.

People with fever ($\geq 38^{\circ}\text{C}$) or a history of fever or ARI and in the last 14 days before the onset of symptoms had a history of contact with a confirmed case of COVID-19.

People with severe ARI/severe pneumonia who require hospitalization and no other causes based on convincing clinical features.

b. Under Monitoring people (ODP)

People who have a fever ($\geq 38^{\circ}\text{C}$) or a history of fever; or symptoms of respiratory system disorders such as runny nose/sore throat/cough and no other cause based on a convincing clinical picture and in the last 14 days before the onset of symptoms have a history of travel or living in a country/region that reports local transmission.

People who experience symptoms of respiratory system disorders such as runny nose/sore throat/cough and in the last 14 days before symptoms appear have a history of contact with Covid-19 cases.

c. Without Symptoms People

A person who is asymptomatic and has a risk of contracting COVID-19 from a confirmed person. An asymptomatic person is someone with a history of close contact with a confirmed case of COVID-19.

6. The Role of Doctors in Handling Covid-19 Cases

The medical profession is a noble profession and at this time the glory of the profession is increasingly important in the Covid-19 pandemic crisis. There are several things that can be used as medical professional standards as a guide in critical times for doctors, citing Professor HJJ Leenen explaining the elements of the Medical Professional Standards which consist of:

a. *Zorgvuldig handelen;*

b. *Volgens de medische standard;*

c. *Gemiddelde bewaamheid van gelijke medische categorie;*

d. *Gelijke omstandigheden ;*

e. *Met middelen die in redelijke verhouding staan tot het concreet handelingsdoel*

The main element that must be done and considered by doctors in handling cases of COVID-19 is to take action carefully and thoroughly. In this regard, there are several things that can be used as guidelines:

a. Doctors must always prioritize *social distancing*

The element of prudence needs to be carried out and prioritized by doctors in providing health services to the community, especially during the COVID-19 pandemic. In many cases it was found that the doctor who died

was a doctor who opened a private practice. So, there is a possibility that doctors do not realize that patients who are accessing their health services are carriers of Covid-19

b. Using Personal Protective Equipment

Doctors absolutely must use Personal Protective Equipment (PPE) when carrying out medical actions in the critical situation of the current Covid 19 pandemic. The problem is the limited availability of PPE. One of the causes is panic from the community so that people are scrambling to get PPE. As a result, the PPE that should be used by doctors, turns out to be used by the community

The Task Force for the Acceleration of Handling Covid-19 has issued a Standard Recommendation for the Use of PPE for Handling Covid-19 in Indonesia. In a critical condition like today, it is unfair to only demand the government to provide PPE for doctors. This should be a shared responsibility. Personal Protective Equipment (PPE) is a doctor's right that must be fulfilled for his safety and in order to be able to work according to his professional standards as mandated in Article 50 letter (b) of the Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice which states that, "Doctors or Dentists in carrying out medical practice has the right to provide medical services according to professional standards and standard operating procedures."

c. Pay Attention to Health

Doctors as a noble profession are always called upon to dedicate their knowledge and energy when health problems occur. However, often because he was too eager to devote himself, the Doctor neglected his health condition. This must be a concern because Covid-19 is classified as a virus that spreads quickly, especially to people who are elderly and whose health condition is not prime.

d. Informed Consent as the Foundation of Medical Action

Informed consent consists of the right to information and the right to give consent. Informed consent is the foundation of the relationship between doctor and patient. In Indonesia, there is a regulation that specifically (*lex specialis*) regulates informed consent, namely, Decree of the Minister of Health of the Republic of Indonesia Number 585 of 1989 concerning Approval of Medical Actions, which was later updated with Regulation of the Minister of Health of the Republic of Indonesia Number 290 of 2008 concerning Approval of Medical Actions.

e. Medical Records as Documentation and Learning Media for Handling the Covid-19 Pandemic

Regulations that specifically (*lex specialis*) regulate medical records, namely the Decree of the Minister of Health of the Republic of Indonesia Number 749a of 1989 concerning Medical Records, which was later updated by Regulation of the Minister of Health Number 269 of 2008 concerning Medical Records.

Article 1 of the Regulation of the Minister of Health of the Republic of Indonesia Number 269 of 2008 concerning Medical Records states that, "Medical records are files containing records and documents regarding patient identity, examination, treatment, actions and other services that have been provided to patients."

7. Government Regulation in Health Law Number 36 Year 2009 concerning Health

The government's role in spreading disease outbreaks such as the Covid-19 virus has been regulated in Health Law Number 36 of 2009 concerning Health, namely in Chapter V concerning Human Resources. This section explains that Health Workers in charge of handling disease outbreaks are regulated in Article 21, namely:

(1) The government regulates the planning, procurement, utilization, development, and quality control of health workers in the context of providing health services.

(2) Provisions regarding the planning, procurement, utilization, guidance, and quality control of health personnel as referred to in paragraph (1) shall be regulated in a Government Regulation

Provisions regarding health workers are regulated by the law, namely:

Article 22

(1) Health workers must have minimum qualifications.

(2) Provisions regarding the minimum qualifications as referred to in paragraph (1) shall be regulated by a Ministerial Regulation

Article 23

(1) Health workers are authorized to provide health services.

(2) The authority to administer health services as referred to in paragraph (1) is exercised in accordance with the field of expertise possessed.

(3) In providing health services, health workers are required to have a permit from the government.

(4) During the provision of health services as referred to in paragraph (1), it is prohibited to prioritize interests that have material value

Article 27

(1) Health workers have the right to receive compensation and legal protection in carrying out their duties in accordance with their profession.

(2) Health workers in carrying out their duties are obliged to develop and improve their knowledge and skills.

(3) Provisions regarding the rights and obligations of health workers as referred to in paragraph (1) and paragraph (2) are regulated in a Government Regulation

Article 28

(1) For legal purposes, health workers are obliged to carry out health checks at the request of law enforcement at the cost of being borne by the state.

(2) The examination as referred to in paragraph (1) is based on competence and authority in accordance with the scientific field possessed.

Article 29 states that in the event that a health worker is suspected of being negligent in carrying out his profession, the negligence must first be resolved through mediation.

Article 82 paragraph (1) states that the Government, regional governments, and the community are responsible for the availability of resources, facilities, and the implementation of comprehensive and sustainable health services in disasters.

Article 83

(1) Everyone who provides health services in a disaster must be aimed at saving lives, preventing further disability, and in the best interests of patients.

(2) The government guarantees legal protection for everyone as referred to in paragraph (1) in accordance with their capabilities.

Article 157

(1) Prevention of the transmission of infectious diseases must be carried out by the community, including those with infectious diseases, through clean and healthy living behavior.

(2) In the implementation of the control of infectious diseases, the authorized health personnel may inspect places suspected of developing vectors and other sources of disease.

(3) Further provisions regarding infectious diseases as referred to in paragraph (1) shall be regulated by a Ministerial Regulation

8. Implementation of medical practice in the Civil Code

The aspect of civil law in the implementation of medical practice implies that after a doctor has a license to practice, a legal relationship arises in the context of carrying out medical practice in which each party (doctor and patient) has the freedom of rights and obligations in carrying out two-way communication and interaction. The right to provide protection to both parties through a legal instrument called "informed consent". The object in the legal relationship is health services to patients associated with UUPK. The "informed consent" legal instrument is directed to:

a. Respect the patient's dignity through the provision of information and approval of the action to be taken;

b. Increase awareness, willingness, and ability to live a healthy life;

c. Foster a positive attitude and good faith and professionalism in the role of doctors and dentists considering the importance of patient dignity;

d. Maintain and improve service quality according to applicable standards and requirements. A legal relationship is considered valid if it fulfills the terms of the agreement

The terms of the agreement as stipulated in article 1320 of the Civil Code:

a. Agreement, to bind themselves together;

- b. Skills, to give each other achievements;
- c. A certain thing;
- d. A lawful cause that is allowed

Individual rights in the health sector are based on 2 principles, namely:

- 1) the right to health care;
- 2) The right to self-determination. The first right is oriented to social values and the second is oriented to individual characteristics

The rights and obligations that arise in the patient-doctor relationship include the delivery of information and the determination of action.

- a. Patients are required to provide information related to complaints and receive sufficient information from doctors and patients have the right to make decisions for themselves.
- b. Doctors have the right to get enough information from patients
- c. Doctors are required to provide sufficient information regarding the conditions or consequences that will occur.
- d. The doctor has the right to propose the best according to his ability and professional judgment and has the right to refuse if the patient's request is deemed not in accordance with the norms, ethics and professional abilities.
- e. Doctors must keep records (medical records) properly and correctly

In civil procedure law and criminal procedure, written evidence is known. Starting from this, the medical record as a record made by a doctor/dentist is considered to be able to be used as evidence with written medical records that can be used as evidence as long as it is carried out carefully in accordance with applicable regulations.

Legal relations in general between doctors and patients Medical practice is held based on an agreement between the doctor/dentist and the patient in an effort to maintain health, prevent disease, improve health, treat disease and recover from disease. This is based on an agreement that shows that the relationship between doctors and patients is not emphasized on the results but the maximum possible effort in accordance with the standards of the medical profession.

3. METHOD

This type of research is normative juridical. Juridical research is research on problems by looking at the standardization of health care for the prevention of COVID-19. While the normative approach is an approach that only uses secondary data with a conceptual framework.³⁶ The main sources of legal material are the Civil Code and the Criminal Code and Law no. 36 of 2009 concerning Health, Secondary legal materials are legal materials that provide an explanation of primary legal materials in the form of literature. This writing is done by studying literature, namely by reading books, related laws and regulations and studying literature which is then processed and formulated systematically according to the problems presented.³⁷ Analysis of legal materials in writing scientific articles uses qualitative analysis methods, in this case examining in depth the existing legal materials and then combining them with other legal materials, combined with supporting theories and then drawing conclusions to answer existing problems.

4. DISCUSSION

LEGAL PROTECTION FOR DOCTORS DURING THE COVID19 PANDEMIC REVIEW FROM CIVIL LAW, CRIMINAL LAW, AND LAW NO 2009 CONCERNING HEALTH

The medical profession is a noble profession, but in conditions in the field, this noble profession is sometimes associated with risk factors in carrying out its duties. Covid-19 as a virus that is very aggressive in its spread, brings doctors closer to these risk factors. However, there are three things that can be used as guidelines by doctors in order to minimize risk. The three things are Medical Professional Standards, Informed Consent, and Medical Records.

In Law Number 36 Year 2009 article 83 paragraph 2 it is stated that the government guarantees legal protection for everyone as referred to in paragraph (1) in accordance with their capabilities. This is also explicitly regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety. The importance of fulfilling the rights of doctors to be able to work according to medical standards. In the critical condition of the Covid-19 pandemic as it is today, the availability of PPE for doctors is one of the essential elements that must be met so that doctors can work in accordance with medical standards in order to fulfill the element of safety for doctors.

In addition, doctors have the right to receive clear and complete information from patients. Doctors often do not get information from patients about their disease,³⁸ in that position, it has been regulated in Article 351-355 of the Criminal Code which is included in criminal acts of persecution or crimes that endanger public safety for people or goods. This provision applies if the patient or person intentionally transmits the disease to other people. That person can be punished with Article 351 of the Criminal Code on Persecution

In an effort to prevent the spread of the COVID-19 disease, doctors have the right to refuse service if the health facility does not provide personal protective equipment (PPE). The legal basis is Article 6 paragraph (2) of the Regulation of the Minister of Manpower and Transmigration No. Per.08/MEN/VII/2010 concerning Personal Protective Equipment states that "workers or workers have the right to object to doing work if the PPE provided does not meet the terms and conditions".

The legal protection is as regulated in Article 2 of the Regulation of the Minister of Manpower and Transmigration No. Per.08/MEN/VII/2010 concerning Personal Protection Equipment, namely "Employers are required to provide PPE for workers and must comply with the Indonesian National Standard (SNI) or applicable standards. Article 16 of the Indonesian Medical Code of Ethics requires doctors to always maintain their health, so that they can work well by regulating the workload and time. In fact, these regulations are difficult for doctors to apply because they often face legal obligations that they cannot avoid when carrying out their profession. For example, a doctor receives an emergency call outside of working hours (a legal obligation under Article 531 and Article 304 of the Criminal Code). In response to this, of course, a policy from health facilities is needed to regulate the workload and work time for doctors so that they remain proportional during the critical period of the Covid 19 pandemic.

Doctors in carrying out their profession must always comply with medical standards consisting of medical science and experience in the medical field, which are guidelines that must always be adhered to in dealing with the Covid 19 pandemic to provide the best service and obtain legal protection. This is confirmed in Article 50 letter (a) of Law Number 29 of 2004 concerning Medical Practice which states that, "Doctors or Dentists in carrying out medical practice have the right to obtain legal protection as long as they carry out their duties in accordance with professional standards and standard operating procedures."

The Covid-19 pandemic is part of the wisdom for the medical profession to be disciplined in complying with standards in carrying out their profession. Of course, efforts to enforce this professional discipline must also be supported by the government, the private sector, and the community. The form of this support, for example, is to provide adequate health facilities and infrastructure for doctors, including by creating a conducive working environment.

In carrying out his profession, doctors must consider means of effort that are comparable or proportionate to the concrete goals of the medical action or action. That is, in carrying out medical actions to patients, maximum efforts are required from doctors in accordance with scientific standards and experience in the medical field.

Regarding the Covid-19 pandemic, a doctor cannot guarantee the success of his medical actions when dealing with patients. As long as the doctor has tried his best according to the size, then the medical action cannot be blamed This is due to several factors that have the potential to cause failure in medical action, including medical risks, medical accidents, and contributory negligence from the patient

Regarding the Covid-19 pandemic, the functions of research, education and documentation of medical records are very prominent. In dealing with Covid-19 patients, doctors must write completely and immediately in the medical record, the procedures for handling Covid-19 patients that have been carried out (examinations, treatment, actions, and other services that have been provided to Covid-19 patients). Regarding the handling

of Covid-19 patients, the contents of the medical record are important documentation as an object of research and development of medical science as well as a reference or learning material for the medical profession.

5. CONCLUSION

Doctors are a profession that is at the forefront of dealing directly with Covid-19. In conditions like this, doctors sometimes become victims/died in order to protect the public from the spread of the Covid-19 pandemic. Law Number 36 of 2009 concerning Health Article 83 paragraph 2 states that the government guarantees legal protection for everyone according to their abilities. The importance of fulfilling the rights of doctors to be able to work according to medical standards. In the critical condition of the Covid-19 pandemic as it is today, the availability of PPE for doctors is one of the essential elements that must be met so that doctors can work in accordance with medical standards in order to fulfill the element of safety for doctors.

In civil law, the relationship between doctors and patients states that doctors in carrying out medical practice have the right to obtain complete, honest and clear information from patients or their families. Of course this is intended to prevent transmission of Covid disease from patients to doctors themselves. The pattern of communication between doctors and patients must also be improved. The majority of medical disputes are caused by misaligned communication between doctors and patients.

If the information provided is not clear, honest and complete, and it is intentional so that the disease can be transmitted to health workers, then this can lead to a crime. Articles 351-355 of the Criminal Code which are included in criminal acts of persecution or crimes that endanger public safety for people. This provision applies if the patient or person intentionally transmits the disease to other people.

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