

Health Services in Hospitals in Utilizing Health Law Expert

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Abstract

The research objective is to understand and analyze health services in hospitals in utilizing health legal experts. The research paradigm used is the constructive paradigm. Research Specifications, which are used are Analytical descriptive categories. The research approach method used is socio legal research. The types of data needed in this study include primary and secondary data. Data Collection Techniques with Literature Study, Observation, and Interview. Data Analysis in this research is a qualitative descriptive analysis with inductive methods. The results showed that the utilization of health legal experts in health services in hospitals today is very far from the expectations known from the many who still do not understand what health lawyers are and what are the benefits for hospitals. Problems with the lack of use of health legal experts at the hospital at this time are very numerous, such as the socialization of laws and regulations in the health sector that is not running optimally, the number of patient complaints about health services, malpractice cases occur everywhere and feelings of discrimination in the profession that occur due to the birth of legislation in the health sector was not resolved properly and correctly. The use of health legal experts in health services in hospitals must reflect a sense of justice for all health workers based on Pancasila and the 1945 Constitution and special health law fields must be present in all hospitals and make health legal experts included in the health workforce group so that strength and Health legal authority is increasing so as to minimize the cases of malpractice that often occur lately. The use of health legal experts in health services in a hospital based on justice is the use of health legal experts in hospitals to prevent malpractice and create a balanced sense of justice between patients, the interests of health workers and the interests of hospitals.

Abstrak

Tujuan penelitian adalah untuk memahami dan menganalisis layanan kesehatan di rumah sakit dalam memanfaatkan ahli hukum kesehatan. Paradigma penelitian yang digunakan adalah paradigma konstruktif. Spesifikasi Penelitian, yang digunakan adalah kategori deskriptif analitik. Metode pendekatan penelitian yang digunakan adalah penelitian hukum sosial. Jenis data yang dibutuhkan dalam penelitian ini meliputi data primer dan sekunder. Teknik Pengumpulan Data dengan Studi Sastra, Observasi, dan Wawancara. Analisis Data dalam penelitian ini adalah analisis deskriptif kualitatif dengan metode induktif. Hasil Penelitian dan Pembahasan, bahwa Pemanfaatan tenaga ahli hukum kesehatan dalam pelayanan kesehatan di rumah sakit saat ini sangat jauh dari harapan diketahui dari masih banyaknya yang masih belum mengerti apa itu ahli hukum kesehatan dan apa manfaatnya bagi rumah sakit. Problematik tidak adanya pemanfaatan tenaga ahli hukum kesehatan dirumah sakit saat ini sangat banyak sekali seperti sosialisasi tentang peraturan perundang-undangan bidang kesehatan tidak berjalan maksimal, banyaknya terjadi komplain pasien terhadap pelayanan kesehatan, kasus malpraktik terjadi dimana- mana dan perasaan di diskriminasi profesi yang terjadi akibat lahirnya peraturan perundang-undangan bidang kesehatan tidak terselesaikan dengan baik dan benar. Pemanfaatan tenaga ahli hukum kesehatan dalam pelayanan kesehatan di rumah sakit harus mencerminkan rasa keadilan bagi seluruh tenaga kesehatan yang berlandaskan Pancasila dan UUD 1945 dan bidang hukum kesehatan khusus harus ada di seluruh rumah sakit dan menjadikan tenaga ahli hukum kesehatan masuk dalam kelompok tenaga kesehatan agar kekuatan dan kewenangan hukum kesehatan semakin meningkat sehingga mampu meminimalisir kasus-kasus malpraktik yang sering terjadi akhir-akhir ini. Pemanfaatan tenaga ahli hukum kesehatan dalam pelayanan kesehatan dirumah sakit berbasis keadilan adalah pemanfaatan tenaga ahli hukum kesehatan dirumah sakit mencegah terjadinya malpraktik dan terciptanya rasa keadilan yang seimbang antara pasien, kepentingan tenaga kesehatan dan kepentingan rumah sakit.

INTRODUCTION

Health legal experts are personnel who have the knowledge, ability and skills in the field of health law which have the ability to contribute in efforts to improve the quality of health services, especially in

hospitals.¹ Health legal experts need to be prioritized in Indonesia in order to improve the quality of health services in Indonesia, especially in hospitals. At present the hospital responsible for the legal sector is the head of the hospital's legal section or subdivision and it is only limited to class A and B hospitals, its tasks are such as forming a good hospital image and opinion, documenting all hospital activities, planning, regulating and controlling the implementation of hospital directors' activities, legal protection and advocacy on the organization of hospital activities, legal review of hospital policies or regulations, compiling laws and regulations, making hospital decree documents, sometimes the main tasks are still concurrently with other programs and not yet specific to the science of health law as possessed by a health legal expert.²

In the implementation of the health profession, conflicts between service providers and patients are often found, which cannot be resolved by ethical principles, in these circumstances legal norms can be enforced, so that the discussion will not be released from the problem of the rights and obligations of the parties involved. in the dispute or case. This is because in the end the settlement must be returned to the aspects of rights and authority that are proportional to the obligations and responsibilities, the problem is how far the parties involved (ie doctors and patients) know their respective rights and obligations. More importantly how far it has been carried out.³

Hospitals consist of classes A, B, C and D and all four hospital classes have not prioritized health law in policy making in hospitals. At present the hospital gets a lot of criticisms, complaints and demands from various parties, both directly and through suggestion boxes aimed at hospitals and hospital service providers that are considered to have harmed patients or committed malpractice. There are malpractice cases committed by officers in the hospital such as those that cause disability or death to the patient so that the patient's family does not accept and file claims and lawsuits at the hospital and health care providers. The current problem that is increasingly increasing is cases of malpractice in hospitals such as quite horrendous in the country.⁴

As in the case of Dr. Dew Ayu Sasiary Prawan who is a specialist obstetrics and gynecologist who occurred in 2010 at the hospital Dr. Kandau Manado, causing a lot of reactions from doctors in Indonesia on 11/27/2013, initially starting on 10 April 2010 Victim Julia Fransiska Makatey (25) is a woman who is pregnant with her second child. He entered the Dr. Kandau Manado Hospital with the referral of the puskesmas. At that time, she was diagnosed in the opening stage of labor two. But after eight hours into labor, there was no progress and instead there were signs of fetal distress, so that when it was decided to do an emergency cesarean section. to do a cesarean section, " Furthermore, the malpractice lawsuit case at the Adinda athlete's hospital where the chronology was that Adinda fell while preparing to compete for the EFI-JPEC National Championship in Sentul, West Java. However, at that time Adinda did not feel anything.⁵

Even in the championship held on November 9-11, Adinda managed to snatch some gold. But, with advice from family, Adinda finally met Dr. Guntur at the Sahid Memorial Hospital Jakarta, 13

¹Patria Bayu Murdi, Supanto, Widodo Tresno Novianto, "The Role of Indonesian Honorary Council of Medical Discipline in Upholding Indonesian Medical Code of Ethics", *Proceeding Advances in Social Science, Education and Humanities Research*, Atlantis Press, Volume 358 (2019)

² Patria Bayu Murdi, Supanto, Widodo Tresno Novianto, "Calculation Method Of State Financial Losses In The Procurement Of Medical Devices In Indonesia", *International Journal of Advanced Science and Technology*, Vol. 28, No. 15, (2019).

³Prima Maharani Putri, Patria Bayu Murdi, "Pelayanan Kesehatan Di Era Jaminan Kesehatan Nasional Sebagai Program Badan Penyelenggara Jaminan Sosial Kesehatan", *Jurnal Wacana Hukum*, Volume 25, Nomor 1 (2019)

⁴Patria Bayu Murdi, Supanto, Widodo Tresno Novianto, "Health services in the national health guarantee era as a program of the health care agency program", *International Journal of Advanced Science and Technology*, Vol. 29, No.4, (2020).

⁵Patria Bayu Murdi, Supanto, Widodo Tresno Novianto, "The legal analysis of use online media towards doctor consultation in Indonesia", *International Journal of Advanced Science and Technology*, Vol. 29, No.4, (2020)

November 2012. Adinda also received a series of medical procedures in the form of injections and infusions from the doctor after winning four medals at the EFI National Championship. Three weeks after that, Adinda felt her face swell and numb, grow mounds, flesh on the hump, blue body. He also experienced tremors, extreme headaches, weight gain drastically, and aching in the bones and muscles. Adinda also now has to go to Singapore regularly for medical treatment and must pay a lot of money. The woman who also actively played the role of manager and team of equestrian athletes was then taken to Singapore in January 2013. She conducted a number of examinations including one specifically for blood tests that did not exist in Indonesia.⁶

Some endocrinologist in Singapore sentenced Adinda to suffer from "Iatrogenic cushing syndrome". The disease is thought to be a result of the medical treatment of bone specialists at the private hospital. All of Adinda's blood test results are far above normal limits. Adinda through her lawyer sued dr. Guntur Eric Luis Adiwati (Defendant-1) and the Jakarta Sahid Memorial Hospital (Defendant-II). Of the many cases of malpractice that occur in hospitals today due to the absence of health legal experts and have not contributed or given the role of health law in hospitals and are still not understood and recognized by policy makers in the health sector, especially hospitals. Seeing the phenomena that occur it is very appropriate that this health legal expert must be created and the determination of the position of health law in the organizational structure of the hospital, so that it can play an active role, have the legal force to minimize the number of malpractice events and the creation of the quality of health services desirable by all society. Currently, controversy and debate often arises about the position of hospital director, where the requirements of the hospital director or head of the hospital are a medical staff, whereas previously a health worker, this has caused much controversy, criticism or dissatisfaction from other health workers or other interested parties. Based on the background of the problem above, the writer will formulate the problem, namely: How Health Services in Hospitals in Utilizing Health Legal Experts.

RESEARCH METHODS

The research paradigm used is the constructive paradigm. Constructive paradigm is a paradigm in which the truth of a social reality is seen as the result of social construction, and the truth of a social reality is relative. Research Specifications, which are used are Analytical descriptive categories. The research approach method used is socio legal research. Research Data Sources. The types of data needed in this study include primary and secondary data. Data Analysis in this research is a qualitative descriptive analysis with inductive methods.⁷

DISCUSSION

In health services, optimal health status is a stage that is given in accordance with the best efforts that can be done so that people get services in accordance with their needs and expectations. Therefore, the health services performed are not only efficacious but also must be safe. Moreover, if the action is carried out in a hospital which is a place where people come with health problems ranging from mild to complex. Because health is one of the basic needs of humans in addition to food and clothing. Without a healthy life, human life becomes meaningless, because in a state of illness, humans may not be able to do their daily activities properly. To ensure the achievement of health development goals, strong

⁶Nurhidayatulloh Febrian, Apriandi, M., Annalisa, Y., Sulistyanningrum, H.P., Handayani, I., Zuhro, F., Jaelani, A.K., Tedjomurti, K., "Transboundary Haze-Free for Southeast Asian Countries by 2020: A Delusional Vision?", *International Journal of Psychosocial Rehabilitation*, Volume 24, Issue 2, February 2020, Pages 1923-1929.

⁷Jaelani A.K, Handayani I.G.A.K.R, Karjoko L, "Executability of the Constitutional Court Decision Regarding Grace Period In The Formulation Of Legislation", *International Journal of Advanced Science and Technology* Vol. 28, No. 15, (2019). Page. 816-823

National Health System support is needed. The National Health System is health management that is carried out by all components of the Indonesian people in an integrated and mutually supportive manner to ensure the highest degree of public health.⁸

The National Health System (SKN) is a form and method of organizing health development that combines the various efforts of the Indonesian people in one step to ensure the achievement of health development goals within the framework of realizing people's welfare as referred to in the 1945 Constitution. Health management is the process or way to achieve health development goals through the management of health efforts, health research and development, health financing, health human resources, pharmaceutical preparations, medical devices, and food, management, information and health regulations and community empowerment. Health development is an effort carried out by all components of the Indonesian Nation which aims to increase awareness, willingness, and ability to live healthy for everyone in order to realize the highest degree of public health, as an investment for the development of human resources that are socially and economically productive. SKN needs to be implemented in the context of overall health development taking into account social determinants, including daily living conditions, level of education, family income, distribution of authority, security, resources, public awareness, and the ability of health workers to overcome these problems.⁹

The SKN is prepared by taking into account the primary health care revitalization approach which includes fair and equitable coverage of health services, the provision of quality health services that favor the interests and expectations of the people, public health policies to improve and protect public health, leadership, and professionalism in health development. Changes in the concept of thinking the implementation of health development can not be avoided. Initially, health development relies on efforts to treat disease and health recovery, shifting to comprehensive health efforts with an emphasis on preventing disease and and improving health. This paradigm is known in the health community as a healthy paradigm. As a logical consequence of accepting a healthy paradigm, all activities must be oriented to health insights, maintaining and improving the quality of individuals, families and communities and the environment and continuously maintaining and improving quality, equitable, and affordable health services and encouraging community independence. for a healthy life.¹⁰

In summary, to realize optimal health status for everyone, serious attention must be paid to the implementation of national health-oriented development, improved professionalism and decentralization of the health sector. Previously the doctor's relationship with his patients was more paternalistic, patients generally could only accept everything the doctor said without being able to ask anything, in other words all decisions were entirely in the hands of doctors, with increasing public awareness of their rights, this pattern of relationship was also experienced a very significant change. The development of science and technology now encourages increasing public knowledge of their rights which causes legal issues to be very sensitive, especially when related to the application of human rights. Initially health services were seen as a relationship between patients and doctors, but with changes now it is not limited to that alone, including the relationship between service recipients and service providers including in this case the hospital. The relationship between patients, doctors and hospitals is a relationship that is very complex and continues to grow in accordance with the development and changes in values and norms in people's lives. With the increasing education and public awareness of the law and public awareness of the law encourage the achievement of orderly law in health services that

⁸Jaelani A.K, Handayani I.G.A.K.R, Karjoko L, "Development of Tourism Based on Geographic Indication Towards To Welfare State", *International Journal of Advanced Science and Technology* Vol. 29, No. 3s, (2020). Page. 1227-1234.

⁹Arvita Hastarini, "Keabsahan Perjanjian Kerja yang dilakukan Anak di Bawah Umur", *Jurnal Wacana Hukum*, Volume 25, Nomor 2, Tahun 2019.

¹⁰Indah Putri Rahmawati, "Kontruksi Pajak Lingkungan di Indonesia", *Jurnal Wacana Hukum*, Volume 25, Nomor 2 (2019)

provide legal certainty and legal protection for patients, doctors and hospitals must be in accordance with their respective rights and obligations which are carried out in a balanced and harmonious manner.¹¹

In the implementation of health services, the relationship between doctors and patients in recent times has caused many complaints from patients and this can lead to prosecution in court. On the basis of the potential for complaints to arise, lawsuits on health services will be stronger given how many things need to be regulated and how many problems require handling and resolution, if not anticipated by health education counseling and the existence of hospital regulations that clearly and firmly regulates all aspects of hospital services. Most people are less able to understand that in fact there are many other factors outside the power of medical personnel that can affect the results of medical efforts, such as the stage of the disease, physical condition, endurance, quality of drugs and also patient compliance to obey doctor's advice. These factors can result in medical efforts (even the best) being meaningless. Therefore it is not wrong if it is then said that the results of a medical effort are full of uncertainties and cannot be calculated mathematically. The same is the case with the diagnosis process (finding and defining health problems), which is essentially the most difficult part of the work of medical personnel. Although many sophisticated tools have been created to simplify this work, it does not rule out the possibility of error rates (clinical differences and diagnosis of clinical autopsy) in various hospitals in developed countries. Just as with therapeutic measures, the results of incorrect diagnoses also do not automatically lead to criminal acts.¹²

In everyday reality often heard complaints from the public about the quality of service received from the hospital. Complaints include inpatient services that are considered less comfortable, rarely or no visit by a specialist or the facility received is not in accordance with the high costs incurred by the patient. There were also complaints about the patient receiving officer who required an advance payment for the next 10 (ten) days. Complaints were also conveyed regarding emergency services that were deemed dexterous and inhumane. It was complained that the emergency officer did not immediately provide assistance to traffic accident patients on the grounds of waiting for his immediate family. After the patient's immediate family arrived, the officer asked them about who was responsible for the costs hospital. These complaints are not entirely true, for example in the case of the ER staff.

Factually, the officer cannot be blamed for asking the patient whether to bring money or not, but not because of fear that the patient will not pay for medical or treatment costs, but because there are quite expensive prescriptions that must be redeemed at the pharmacy. It turns out also, the patient is not abandoned, even first aid has been done, and further actions await the redemption of the prescription. In addition, the hospital is always blamed if there are adverse effects on patients that occur when or after receiving treatment, treatment or medical action in the form of conditions more severe illness, injury or even death. If a medical person is always considered to be responsible if there is a bad result on the patient, or does not succeed in healing the patient, then this can actually harm the patient concerned. The patient's assessment of the hospital and medical personnel complained above is, of course, not entirely true and subjective. However, the factual complaint cannot be ignored so as not to cause a prolonged and exhausting legal conflict.¹³

If there is a malpractice action due to errors in the professional field. Malpractice actions involving doctors and other health workers are of many types and forms, for example, making mistakes in diagnosing, mismanaging treatment according to the patient or failing to carry out

¹¹Jaelani A.K, Basuki U, "Problematika Pelaksanaan Putusan Mahkamah Konstitusi Nomor 100/PUU-XI/2013 dalam Mendudukkan Pancasila Sebagai Dasar Negara", *Jurnal Wacana Hukum*, Volume 24, Nomor 2 Tahun 2018.

¹²Bambang Ali dan Abdul Kadir Jaelani, "Menggagas Constitutional Complaint dalam Konstitusi Indonesia dan Politik Hukum Islam", *Jurnal Wacana Hukum*, Volume 24, Nomor 1 Tahun 2018.

¹³Arifin Ma'ruf, "Kedudukan Asas Kebebasan Berkontrak dalam Kebijakan Kemitraan Kehutanan", *Jurnal Wacana Hukum*, Volume 25, Nomor 1 Tahun 2019.

care of patients with care and accuracy . In some developed countries such as the United Kingdom, Australia and the United States, malpractice cases also occur a lot even every year the number increases. For example, in the United States in the 1970s the number of medical malpractice cases tripled compared to previous years and this situation continued to increase until the 1990s. The above situation is not much different from Indonesia, in recent years cases of prosecution of doctors for alleged medical malpractice are increasing compared to previous years. These cases occur because there is still no optimal role in the health law in health care facilities, especially hospitals, especially since the profession or health legal staff itself does not yet exist, only limited to the curriculum in the field of higher education in health, for the current situation as stated in Law No. 36 of 2014 concerning health workers, classified as follows:

1. Medical Personnel
2. Psychology Workers
3. Nursing Staff
4. Midwifery
5. Pharmaceutical Workers
6. Community Health Workers
7. Environmental Health Workers
8. Nutrition Power
9. Physical Absorption Power
10. Medical Technical Staff
11. Clinical Psychology Personnel
12. Biomedical Engineering
13. Traditional Health Workers
14. Other Health Workers.

In the organizational structure of hospitals, health law has not been positioned in important policy-making positions or structural positions so that the role and contribution of health law is still not optimal, as seen in the organizational structure and work procedures of hospitals in Indonesia according to the Minister of Health Decree No. 1045 of 2006 concerning guidelines for organization of hospitals within the Ministry of Health and PP No. 41 of 2007 concerning regional apparatus organizations are:¹⁴

¹⁴Kepmenkes No 1045 Tahun 2006 tentang SOTK Rumah Sakit dan PP No.41 tahun 2007 tentang organisasi perangkat daerah

Chart 1
The Structur of Class C Hospital



Based on these conditions, it is very appropriate for the government to give birth to the health legal profession and to innovate in every hospital institution by forming an organizational structure in the field of health law supported by professional human resources with clear policies.¹⁵ Establishment of the structure of the organization of health law is a structural position that is structurally responsible to the director or director and coordinates with all work units within the hospital and the field of health law, when viewed in the future is very good, with the hope of being able to play an active role in the process of solving cases occur, the provision of health law information and the process of forming internal hospital regulations, especially when related to improving services, legal protection of patients and health workers in hospitals. So that the incidence of malpractice and demands on hospitals is reduced.¹⁶

Of the many cases of malpractice that occur in hospitals today due to the absence of health legal experts and have not contributed or given the role of health law in hospitals and are still not understood and recognized by policy makers in the health sector, especially hospitals. Seeing the phenomena that occur it is very appropriate that this health legal expert must be created and the determination of the position of health law in the organizational structure of the hospital, so that it can play an active role, have the legal force to minimize the number of malpractice events and the creation of the quality of health services desirable by all society. Currently, controversy and debate often arises about the position of hospital director, where the requirements of the hospital director or head of the hospital are a medical staff, whereas previously a health worker, this has caused much controversy, criticism or dissatisfaction

¹⁵Nurul Huda, "Indev Model sebagai Pilihan Diversi terhadap Anak yang Berhadapan dengan Hukum", *Jurnal Wacana Hukum*, Volume 25, Nomor 2, Tahun 2019.

¹⁶Orin Gusta Andini, "Tinjauan Hukum Pencemaran Nama Baik Terhadap Pejabat Negara: Kajian Atas Putusan Hakim Nomor 341/Pid.B/2014/Pn.Sgm", *Jurnal Wacana Hukum*, Volume 25, Nomor 2, Tahun 2019.

from other health workers or other interested parties.¹⁷

Health law in hospitals currently has no role, it can be said that it does not exist yet, there is still a lack of knowledge of structural personnel about health law, in the organizational structure of hospitals, health law does not yet exist. So far, problems related to law and patient complaints are still handled by the hospital director and / or other structural officials. Then the rules of the hospital, especially Article 34, Law Number 44 of 2009 concerning hospital directors, still do not side with all health professions. There is still discrimination because those who are capable of serving as hospital directors are medical personnel (doctors, dentists, specialists and doctors dental specialist). At present the health law has not yet played a role and its application is not yet clear and its authority has not yet been regulated. In the current organizational structure, the health law sector is not in duplicate yet, its main tasks and functions are not yet separate and enter the public and public subsections. as well as in other hospitals.¹⁸

There is no specific field that is responsible for health law, its existence in the hospital so far has not yet existed, the main duties and functions of health human resources are to prioritize the responsibilities of their respective professions and duties. Current regulations in the health sector such as article 34 paragraph 1 of Law Number 44 of 2009 concerning hospital directors do not yet reflect the fairness and differences in the rights of others who discriminate against other health professionals. So far, the use of health laws specifically or prioritize health law in health services. Regarding health legal personnel themselves, there is no such problem so that problems that occur related to the law are difficult to solve. And violations in health services still occur frequently. Utilization of health law at this time does not yet exist, seen that there are still many health workers, especially the midwife profession, which is still clouded by the health law itself so that there are many violations in the implementation of health services. In terms of justice it is still uneven.¹⁹

Health law can be said to be very minimal both in terms of energy let alone knowledge, indeed there is still the use of health laws such as health regulations today that do not accommodate all health professions and still invite controversies such as Law No.44 of 2009 concerning housing sick, namely article 34 paragraph 1 reads The Head of the Hospital must be a medical person who has the ability and expertise in the field of hospital. Utilization of health law at this time is not so optimal there are still many who do not understand, as well as legislation in the health sector there are still that do not reflect a sense of justice, one example which until now has caused much controversy is Law No. 44 of 2009 concerning hospitals especially article 34 paragraph 1, most nurses do not approve of it because it discriminates against the nursing profession and weakens the ability of nurses to lead a hospital. Utilization of health law already exists but is not maximized, there are still many health workers who do not understand what the health law itself is and who have specifically managed it to date. . Regarding the requirements of a head of the hospital is a medical person indeed caused a lot of controversy.²⁰

CONCLUSION

Based on the description in the discussion, the following conclusions are presented in this study as follows: First, the utilization of health legal experts in health services in hospitals today is very far from expectations known from the many who still do not understand what a health legal

¹⁷Karjoko L, Nurjanah Y, "The Legality of Freehold Title and Legal Implications Against of Land Makers Officers (The Study of Freehold Title Issuance Number 1576/Nusukan Village, Banjarsari Sub-District, Surakarta City, Central Java)", *International Journal of Scientific and Technology Research* 8(10), 2019.

¹⁸Jaelani A.K, Handayani I.G.A.K.R, Isharyanto, "Regulation of Regional Government on Halal Tourism Destinations in West Nusa Tenggara Province after Constitutional Court Decision Number 137/PUU-XIII/2015", *Proceeding Atlantis Press: Advances in Social Science, Education and Humanities Research*, Volume 358, Tahun 2019.

¹⁹Lego Karjoko, I Gusti Ayu Ketut Rachmi Handayani & Adi Sulistiyono, "Setting of Plantation Land Area Limitation Based on Social Function Principles of Land Cultivation Rights to Realize Social Welfare-Promoting Plantation", *Jurnal Dinamika Hukum*, Volume 17, Nomor 1 Tahun 2017.

²⁰Jaelani A.K, Handayani I.G.A.K.R, Karjoko L, "Development of Tourism Based on Geographic Indication Towards To Welfare State", *International Journal of Advanced Science and Technology* Vol. 29, No. 3s, (2020). Page. 1227-1234.

expert is and what the benefits for the hospital. Second, the problem of the lack of utilization of health legal experts at the hospital today is very much such as the socialization of legislation in the health sector is not running optimally, the number of patient complaints about health services, cases of malpractice occur everywhere and feelings of discrimination in the profession caused by the birth of legislation in the health sector is not resolved properly and correctly. Third, the use of health legal experts in health services in hospitals must reflect a sense of justice for all health workers based on the Pancasila and the 1945 Constitution and special health law fields must be present in all hospitals and make health legal experts included in the health workforce group so that the strength and authority of the health law are increasing so as to minimize the cases of malpractice that often occur lately. The use of health legal experts in health services in a hospital based on justice is the use of health legal experts in hospitals to prevent malpractice and create a balanced sense of justice between patients, the interests of health workers and the interests of hospitals.

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