

JURIDICAL REVIEW OF REPATRIATION AND BURIAL OF SUSPECT, PROBABLE, AND COVID-19 CONFIRMATION CASES

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ABSTRACT

Covid-19 is transmitted through close contact and droplets. People who are most at risk of infection are in close contact with Covid-19 patients or who care for Covid-19 patients and mortuary staff. For this reason, regulating criminal acts, mechanisms, and legal sanctions to the perpetrators of curing and burying the bodies of suspected, probable, and confirmed cases of Covid-19 that are not following the procedures will be discussed in this thesis research.

Keywords: Curing and burying bodies, Suspected case, Probable, Confirmation, Covid-19

INTRODUCTION

The pandemic condition has resulted in many deaths due to COVID-19 cases, namely suspected cases, probable cases or confirmed cases. This requires specific management steps to prevent the spread to medical personnel or mortuary staff, as well as families and society in general. During COVID-19 treatment, a confirmed or probable patient dies at the hospital or if the patient dies and has a history of close contact with a confirmed person/patient with COVID-19, the handling of the corpse will apply to the COVID-19 treatment.

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). On January 7, 2020 WHO designated the incidence of pneumonia cases of unknown etiology in the city of Wuhan as a Public Health Emergency of International Concern (PHEIC) and on March 11, 2020, WHO declared COVID -19 as a Pandemic. Indonesia reported its first case on March 2, 2020.

The number of people exposed to COVID-19 in Indonesia was updated on December 30, 2020 at 12.00 WIB in Indonesia, 735,124 confirmed cases, 603,741 recovered and 21,944 died. The Indonesian Doctors Association (IDI) in a written statement revealed, as of Tuesday (15/12/2020) at 16.20 WIB, there were 363 medical and health workers who died due to the corona virus.

CONCEPTUAL FRAMEWORK

The research method used in this study is the Library Research Method. The primary source of legal material is the Republic of Indonesia Law no. 36 of 2009, Secondary

legal materials are books, legal science literature, scientific works from the legal community, and other materials related to the problems in this research and Tertiary Legal Materials are materials that provide instructions or explanations for primary legal materials and secondary legal materials. Data analysis of this research begins by collecting data and legal materials which are then arranged systematically according to the main points of discussion in the research field.

DISCUSSION

I. REGULATION OF CRIMINAL ACTS OF CURING AND BURYING THE BODIES OF SUSPECTED, PROBABLE AND CONFIRMED CASES OF COVID-19

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a new type of coronavirus that has never been previously identified in humans.

With regard to policies for controlling infectious disease outbreaks, Indonesia has Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases, Government Regulation Number 40 of 1991 concerning Overcoming Outbreaks of Infectious Diseases, and Regulation of the Minister of Health Number 1501/Menkes/Per/X/2010 concerning Certain Types of Infectious Diseases That Can Cause Outbreaks and Countermeasures.

II. THE MECHANISM FOR CURING AND BURYING SUSPECTED, PROBABLE AND CONFIRMED CASES OF COVID-19

A. Coronavirus Disease 2019

On January 7, 2020, WHO declared the incidence of pneumonia cases of unknown etiology in the city of Wuhan a Public Health Emergency of International Concern (PHEIC) and on March 11, 2020, WHO declared COVID -19 as a Pandemic.

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). There are at least two types of coronavirus that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The average incubation period is 5-6 days with the longest incubation period being 14 days. In severe cases of COVID-19, it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death.

1. Epidemiology

Indonesia reported its first case on March 2, 2020. On March 11, 2020, the World Health Organization (WHO) announced that COVID-19 had become a global pandemic. The Government of Indonesia has issued Presidential Decree No. 11 of 2020 concerning the Establishment of a Coronavirus Disease Public Health Emergency (COVID-19). Presidential Decree No. 12 of 2020 has also been issued regarding the Determination of Non-natural Disasters Spreading Coronavirus Disease 2019 (COVID -19) as a National Disaster. As of July 9, 2020, the Ministry of Health reported 70,736 confirmed cases of COVID-19 with 3,317 deaths (CFR 4.8%).

2. Transmission

Based on current epidemiological and virological studies, it is proven that COVID-19 is mainly transmitted from symptomatic people to other people who are in close proximity through droplets. Droplets are water-filled particles with a diameter of $> 5 - 10$ m. Droplet transmission can occur when a person is in close proximity (within 1 meter) with someone who has respiratory symptoms (eg. coughing or sneezing) so that droplets are at risk of contacting the mucosa (mouth and nose) or conjunctiva (eyes). Transmission can also occur through objects and surfaces contaminated with droplets around an infected person. In the context of COVID-19, airborne transmission may be possible in special circumstances where supportive procedures or treatments result in such aerosol measures as endotracheal intubation, bronchoscopy, etc.

3. Clinical Manifestation

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 smell or skin rash. 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.

4. Diagnose

WHO recommends the 2019-n-CoV examination is PCR (Polymerase Chain Reaction), namely Conventional RT PCR and Real-time RT PCR. Types of Nasopharyngeal and Oropharyngeal swab specimens.

5. Procedural funeral care for the corpse

Procedural funeral care for the corpse is the process of caring for the corpse which includes the activities of bathing, shrouding, worshiping and burial of the corpse. The officers required at the morgue consist of forensic doctors, general practitioners, dentists specializing in forensics, forensic technicians, administrative officers, mortuary officers, and ambulance drivers. It is an activity to manage the bodies of infectious patients starting from the room, transfer to the morgue, management of corpses in the morgue, handover to families and repatriation of bodies.

B. The Purpose of Studying the Body of COVID-19

The purpose :

1. Handling of infectious patients in health services.
2. Preventing the transmission of disease from the corpse to the mortuary staff.
3. Preventing disease transmission from corpses to the environment and visitors.

C. Infection Prevention and Control in the mortuary

Definition of Infection Prevention and Control (PPI) is an activity effort to prevent, minimize the incidence of infection in patients, officers, visitors and the community around hospitals and other health facilities which includes assessment, planning, implementation and evaluation (PMK no 27/2017).

D. Infection Prevention and Control (PPI) in the mortuary

The bodies of patients with COVID-19 need to be managed ethically and properly according to religion, values, norms and culture. The main principle in providing this service is that all officers must carry out standard precautions and be supported by adequate infrastructure.

E. Infection Prevention and Control for Retrieval of Bodies

Definition of Infection Prevention and Control is an activity effort to prevent, minimize the incidence of infection in patients, officers, visitors and the community around hospitals and other health facilities which includes assessment, planning, implementation and evaluation (PMK no 27/2017). Microorganisms that cause infectious infections are almost always present in body fluids, secretions and excretions, such as blood, feces, nasal secretions, urine, saliva, fluids and pus.

F. Procedure for Retrieval of Covid-19 Bodies Who Died in the Community

The Procedure :

1. Procedure for Reporting Death and Handling the Body
2. Procedures for Submission of Bodies by Religious Officers to Funeral Officers
3. Procedure for the Cemetery
4. Other Terms

G. Technical Instructions for Claims for Reimbursement for Corona Virus Disease 2019 (Covid-19) Patient Service Fees for Hospitals Providing Corona Virus Disease 2019 (Covid-19) Services

In the context of continuity of health services in hospitals that provide COVID-19 services, in accordance with Minister of Health Regulation Number 59 of 2016 concerning Exemption of Patient Fees for Certain Emerging Infectious Diseases, financing for patients treated with certain emerging infectious diseases can be claimed to the Ministry of Health through the Director General Health services. This financing claim applies to patients who are treated in hospitals that provide services for certain emerging infectious diseases.

III. LEGAL SANCTIONS ON THE PERFORMANCE OF THE BORROWING AND BURYING OF THE BOARD OF SUSPECTED, PROBABLE AND CONFIRMATION OF COVID 19 NOT IN ACCORDANCE WITH THE PROCEDURE

Negligence of health workers and doctors in providing health services to the community/patients cannot be punished. Because, in the three packages of laws in the health sector, there is not a single article that states that due to negligence of a health worker, including a doctor, he can be punished. The third package of laws in question are Law No. 29 of 2004 concerning Medical Practice, Law No. 36 of 2009 concerning Health, and Law No. 44 of 2009 concerning Hospitals.

CONCLUSIONS

From the previous explanation, the following conclusions can be drawn;

1. The regulation of criminal acts of curing and burying the bodies of suspected, probable and confirmed cases of COVID-19 has been regulated in Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases, Law Number 36 of 2009 concerning Health, and Guidelines for the prevention and control of coronavirus disease (covid). -19) 4th revision
2. Mechanisms for curing and burying the bodies of suspected, probable and confirmed cases of Covid-19, according to the 4th revision of the 4th revision of the coronavirus disease (covid-19) prevention and control guidelines.
3. Legal sanctions for perpetrators of curing and burying the bodies of suspected, probable and confirmed cases of Covid-19 that are not in accordance with procedures. Article 201 of the Health Law Article 63 of the Hospital Law regulates that in addition to being punished and fined for its management, corporations can be subject to fines in the form of three times fines for people. Additional sanctions in the form of administrative sanctions for corporations can be imposed in the form of revocation of business licenses/legal entities by authorized officials. Article 29 of the Health Law provides a solution in the form of a mediation mechanism for the community/patients who feel aggrieved by the negligence of health workers in providing services.

The following suggestions:

1. The regulation of the criminal act of mutilating and burying the bodies of suspected, probable and confirmed cases of Covid-19 needs to be made specifically.
2. To improve the competence of funeral parlor officers, it is necessary to hold training in accordance with national standards by the work institution.
3. There needs to be a synchronization of regulations regarding sanctions for perpetrators of curing and burying the bodies of suspected, probable and confirmed cases of Covid-19.

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