

LEGAL PROTECTION FULFILLMENT OF PATIENT RIGHTS TO THE IMPLEMENTATION OF INFORMED CONSENT IN SECTIO CAESARRIAN PATIENT

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ABSTRACT

The issue of patient rights in relation to medical decisions is an important consideration that often does not receive much attention. The law has long recognized the right of individuals to self-determination. The core part of these rights is the right to accept or refuse medical treatment as outlined in the informed consent. The purpose of this study is to analyze: 1) the rights of sectio caesarea patients in Informed Consent, 2) legal responsibility for the absence of informed consent in sectio caesarea patients, 3) legal protection of sectio caesarea patient. This type of research is using normative juridical research and empirical juridical research. Data analysis in this study is inductive. The results of the legal study of this study were obtained: 1) Sectio caesarea patients' rights in informed consent are seen when the patient is given sufficient information about his treatment in terms of diagnosis and medical procedures, the purpose of the medical action taken, other alternative actions and risks, complications that may occur, the prognosis of the action taken, including the benefits. and disadvantages of each alternative therapy and can be expanded with additional information so that the patient participates appropriately in the effort to cure the disease; 2) Legal responsibility for the absence of informed consent in sectio caesarea patients is that doctors who take medical actions can be equated with acts of negligence so that they can be punished according to the applicable laws and regulations; 3) In general, patients are protected by the Law of the Republic of Indonesia Number: 29 of 2004 concerning Medical Practice and Law of the Republic of Indonesia Number: 36 of 2009 concerning Health. Normatively, patients must be treated in accordance with these provisions, patients must be treated as subjects who have a major influence on service outcomes and not just objects. Negligence of medical personnel must be normative and not physically or psychologically because it will be difficult to know the real inner state of the sectio caesarea patient.

Keywords: Informed Consent, Section Caesarea, Protection of Rights Fulfillment

INTRODUCTION

The issue of patient rights in relation to medical decisions is an important consideration that often does not receive much attention. In general, society as a whole has great respect for the medical profession. One form of respect is the recognition that doctors have a broader and deeper knowledge of medical issues and treatments than the general public. As a result, patients very often rely on their doctor when making medical decisions and will proceed with the treatment options recommended by the doctor. The consequence of this is that the patient's right to make opposing decisions is rarely considered in depth. However, these rights do exist, and doctors must adhere to the established rules when discussing medical care with their patients.

The law has long recognized the right of individuals to self-determination. A core part of this right is the right to receive or refuse medical treatment. Giving medical treatment without consent is something that is not justified or not allowed for the sake of invasion of one's body security. As long as the patient has the capacity, the patient must give consent (free from coercion or undue influence) to any medical treatment before it is administered. Claims on proof of consent will appear even if no subsequent injury occurs. The plaintiff must prove that the patient does not agree with the treatment given. Consent cases arising from medical treatment are generally rare among frequently reported medical cases.

Informed consent is defined as consent given with full knowledge of the possible consequences, usually given by a doctor to a patient for treatment with knowledge of the possible risks and benefits. This is done by health care providers with the aim of discussing with patients the risks, benefits, and alternatives of a particular procedure or intervention. Informed consent helps the patient to make a decision whether to accept or refuse any examination or treatment. This helps in building a relationship between doctor and patient. The doctor must provide all the necessary information during the consent process. The concept of informed consent stems from the patient's legal right to decide what happens to his or her body and from the doctor's duty to oblige the patient to make health care decisions.

Various factors such as urbanization, education level, family size, health care financing options and religious practices also affect consent practices. The informed consent process should include the nature, name, risks and benefits of the procedure or intervention, availability of alternative procedures, compensation for injury if associated with the intervention. Doctors are expected to know exactly what risks, benefits and alternatives are relevant to the treatment in question and will discuss these with their patients before recommending one option or another. However, in some circumstances, the line between what alternatives should be discussed/offered and what treatment falls outside the realm of mandatory disclosure can be highly controversial. One example of this is giving birth by caesarean section.

Caesarean section is one of the most common operations performed by obstetricians worldwide. Recently, the number of cesarean sections has increased many times due to various reasons. It is known that 28% of babies born in Southeast Asia in 2017 were born by cesarean section. Due to the large number of women who prefer cesarean section, this raises significant controversy over whether doctors are required to give an elective caesarean section without medical indication. Given the controversy, the Society of Obstetricians and Gynecologists of Canada (SOGC), which is the professional body that establishes guidelines for obstetrician practice, released a committee opinion statement in 2018 explaining that informed consent must be obtained in the field of obstetrics. Based on this description, the researcher is interested in researching more deeply about "Legal Protection for Fulfilling Patient Rights Against the Implementation of Informed Consent in Sectio Caesarea Patients)".

CONCEPTUAL FRAMEWORK

This thesis research uses normative juridical and empirical juridical research. Data collection consists of library and field research. The data source comes from legal sources, namely laws and regulations. The data analysis in this research is inductive in nature, namely the development of concepts based on existing data, following a flexible research design according to the context. The design is not rigid so that it gives researchers the opportunity to adapt to the context in the field.

DISCUSSION

A. Sectio Caesarea Patient Rights In Informed Consent

The caesarean section agreement begins with the patient coming to the hospital and then registering. This registration is done to state that the patient is willing to take treatment at the hospital, in this case, it is included in the therapeutic agreement between the patient and the hospital. After registering, the patient receives direction from the hospital regarding the procedures and costs and regulations in the hospital. After completing registration, the patient is then taken to the examination room to get an examination of everything related to the complaints/disorders suffered, including a history of the occurrence of disturbances in the patient so that the doctor gets results that can be used to provide further medical action.

The results of the examinations that have been carried out are then given to the patient or his family at the same time regarding things or actions that will and must be taken for the patient's recovery. If after an examination by a doctor, the patient is unable to give birth normally, the only way to do this is by means of a cesarean section. In this case, the patient has the right to information about the complaints or health problems he suffers, all of which are reasons for giving consent for a cesarean delivery. The patient must be given the freedom to make decisions without coercion (dwang), fraud (bedrog) and oversight (dwaling). Prior to an agreement, the doctor must provide complete and clear information to the patient regarding the complaint or health problem he is suffering from. If the patient refuses to undergo surgery even though he has received an explanation from the doctor regarding the consequences of the delay, then the patient is required to fill out and sign a refusal letter. This is done not because of the doctor but it is necessary so that the doctor is not blamed in the future and vice versa if the patient decides to undergo surgery because it is to eliminate the complaints or disorders he is suffering, then the patient must follow the medical requirements that must be done. Patients who have decided to undergo surgery, between the patient and the doctor/hospital enter into an agreement to perform a surgical procedure called informed consent.

Patients or families who have agreed are required to fill out a clear identity, fill in the identity of the closest family to the patient who is authorized to give consent or permission and then write down the relationship with the patient (as father, child and guardian), sign and include clear names in the provided column Signing is done by the patient / family who have agreed to undergo surgery. After being filled out and signed by the patient or his family, the nurse who witnessed the event also signed it by including his full name. The doctor giving the explanation must also affix his signature with his full name. The signing of this agreement is done when the patient is undergoing the preoperative period, which

can be before pre-medication or before anesthesia in the operating room or in patients with elective surgery one day before surgery in the surgeon's office.

After reaching an agreement regarding the rights and principal of the agreement, the hospital will follow up by carrying out the stages of medical action, caesarean section. This agreement is in accordance with the principle of consensualism, that basically the agreement has been born since the agreement was made. It is a legal obligation for a doctor to obtain informed consent from his patient. The requirement to obtain informed consent is not only beneficial for the patient, but also beneficial for the overall life association, because medical actions taken by doctors are for the benefit of patients, doctors are prohibited from taking actions that can harm their patients. Likewise, doctors are expected to do things that bring benefits to their patients. Therefore, the implementation of the informed consent requirement is an effort to provide benefits to the patient, because, with the informed consent, the patient is given sufficient information about his treatment so that the patient participates appropriately in the effort to cure the disease.

Approval of medical treatment will arise after the patient is given an explanation of his illness and the consequences that can be calculated according to health science in terms of its formulation and then the patient accepts or gives permission to be treated. The patient's consent is called informed consent, which means that if a doctor performs treatment without the patient's permission, the doctor is considered to have violated the law. This is in accordance with the provisions of Law no. 36 of 2009 concerning Health, which in Article 7 states: "Everyone has the right to get information and education about balanced and responsible health". Followed by Article 8 which states: "Everyone has the right to obtain information about his/her health data including actions and treatments that have been or will be received from health workers". This article is also motivated by the Minister of Health Regulation No. 197 of 2005 concerning the Implementation of Medical Practice Article 2 paragraph 2, which states: If a dispute occurs in the future, strong evidence will be obtained that approval has been carried out before taking medical action. In its development, informed consent has become a legal institution since it is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number: 586 of 1989 concerning Approval of Medical Actions and is now changed to Permenkes No. 290 of 2008, so that the provision of information in every medical action is an agreement from the patient and the consent is given after obtaining sufficient explanation from the health worker who has the authority. In the Medical Practice Act, the information includes, among others, the diagnosis and procedure of medical action, the purpose of the medical action taken, other alternative actions and their risks, complications that may occur, the prognosis of the action taken, including the advantages and disadvantages of each alternative therapy. and can be expanded with additional information such as how doctors work in the process of medical action and the possibility of pain after medical actions are carried out. Health workers know their patients' illnesses through interviews and physical examinations. During the interview, it is necessary to convey information to the patient about the disease and its treatment. However, it is still necessary to carry out investigations and explore psychosocial problems that may underlie the disease, the sharing of information between doctors and patients is very important especially for further monitoring and also provides a sense of security for patients.

In general, patients usually wait with hope and anxiety about the disease and treatment delivered by the doctor, that hope is usually in the form of information about the severity

of the illness and whether the treatment procedure is dangerous, painful or disrupts the patient's body integrity. At the same time anxiety arises about the illness he is suffering from, all information from the doctor although it is still vague is usually something that is true and a relief for the patient, but it is different with patients who need emergency health services, the patient is in a condition that seems not to exist. It takes a long time to get informed consent because the time needed to save lives is more valuable than getting information about the actions to be taken.

In this study, researchers compared the level of understanding of the patient who consented to medical action with the understanding of health workers about the medical action that had been carried out. Researchers observed one by one the implementation of informed consent for each case that would be treated medically. From the results of these observations, it was found that the majority stated the need to give informed consent before medical action on the grounds that the family understood the actions taken and according to them with informed consent the family felt given peace of mind for the actions taken by medical officers. This is in accordance with the Minister of Health Regulation Number: 290 of 2008 concerning Approval of Medical Actions, in article 1 point (a) it states that approval for medical action is the approval given to the patient or his family on the basis of an explanation of the medical action to be carried out on the patient but in accordance with the Minister of Health Regulation. No.290/Menkes/PER/III/2008 in Article 11 paragraph 1 states that the exceptions to the requirement to provide information before requesting approval for medical action are: (1) In an emergency (emergency), where the doctor must act immediately to save lives, (2) The patient's emotional state is so unstable that he cannot deal with his situation.

In medical science, there are situations where a normal delivery will carry a higher risk than usual and the doctor will recommend a planned caesarean section. This can include several reasons such as, positioning problems in the baby, multiple pregnancies, infection or medical problems with the mother, scars from previous abdominal surgery, and the baby showing signs of birth difficulties. Meanwhile, birth by caesarean section also has quite serious risks. But apart from the various risks that can occur, the most important thing in this case is that women have a fundamental right to control what happens to their bodies. The law requires doctors to discuss proposed treatments, their risks and benefits, and reasonable alternatives with their patients. It doesn't matter, legally, if the doctor disagrees with the patient's choice or believes that a different treatment will be safer, cheaper or more beneficial. If the patient's choice is a reasonable one, he has the right to make that choice and the doctor cannot force the treatment he recommends.

The duty of the medical team (doctors, nurses, midwives) in this case is to communicate to their patients in an understandable way, such as the risks and benefits of a planned caesarean section for non-medical reasons and about trying labor if you want to continue giving birth normally. The risk discussion should still include the general risks of postnatal pain and infrequent long-term consequences (brain damage, death, complications in future pregnancies, etc.) In addition, medical professionals should not assume that everyone gives the same value to the mode of delivery. They are obligated to provide current, evidence-based information and discussion of the risks/benefits, values, beliefs and individual needs of their patients. The doctor or midwife is asked to investigate the patient's reasons for his request, fears and concerns. Discussions must be culturally appropriate and doctors must respect the cultural differences of their patients.

B. Legal Liability for Absence of Informed Consent on Sectio Caesarea Patients

Every action that a person does has the possibility of causing a risk, not only aimed at himself but also to others. Similar to the actions of doctors in carrying out medical services, wrong actions and mistakes are normal as humans. Doctors are ordinary people who in carrying out medical services to patients do not close the gap to make mistakes.

The emergence of errors according to law can be caused by two things, namely due to intentional and negligence. Both of these things can cause a person to be responsible for all the consequences of the actions taken. Informed consent as a standard basis for a doctor to take medical action for a patient will be a guide if there is a medical action outside of informed consent, but it is a causal (cause) of a medical action that results in a doctor being required to be responsible for the actions taken.

The absence of informed consent as a guide for a doctor to take medical action will cause various legal problems, including the possibility of medical malpractice, especially in the case of doctors intervening on the patient's body. The intervention on the patient's body has consequences for the patient's health so that it is not only a loss of body, even soul, including economic loss. In various laws that apply in several countries, it is generally stated that as a result of the absence of informed consent, doctors who perform medical actions can be equated with acts of negligence. However, in certain cases, a doctor's action that is not based on informed consent is a deliberate act with a note that the doctor's actions are not included in the exclusion of informed consent.

A doctor's action in performing medical services can occur from an agreement which in health law is called a therapeutic agreement, it can also occur because of a causal relationship between the action (action) and the consequences it causes. Thus, both can give birth to an administrative or legal liability, both civil and criminal.

The patient's consent to perform a cesarean section legally through informed consent cannot be ignored by the doctor at his own discretion. Although a certain medical action is required, the doctor's opinion cannot replace the patient's consent, even this is explicitly stated by Natason that "Everyone is his own employer and has the right to prohibit surgery or other medical actions, even if it is to save his life. A doctor may think that a certain method of medical treatment is necessary, but the law does not allow the substitution of the patient's judgment by the doctor's judgment through a deceptive method. The doctor's opinion cannot replace the patient's consent".

In the field of administrative law, the responsibility of health workers, doctors/dentists is contained in Law of the Republic of Indonesia Number: 29 of 2004 concerning Medical Practice in Article 69 which reads: "1) The decision of the Indonesian Medical Discipline Honorary Council is binding on doctors, dentists and the Medical Council. Indonesia, 2) The decision as referred to in paragraph (1) can be in the form of being declared guilty or giving disciplinary sanctions, 3) The disciplinary sanctions as referred to in paragraph (2) can be in the form of: a) Giving a written warning, b) Recommendation for revocation of Registration Certificate or Practice License: funds or, c) Obligation to attend education or training in medical education institutions. The Health Law also explains the authority of the Minister of Health in giving administrative actions to health workers and health facilities who commit violations. Law of the Republic of Indonesia Number: 36 of 2009 concerning Health Article 188 states that: (1) The Minister may take administrative action against health workers and health service facilities violating the provisions as regulated in

the Law; (2) The Minister may delegate the authority as referred to in paragraph (1) to non-ministerial government institutions, to provincial or district-city offices whose functions are in the health sector; (3) The administrative actions as referred to in paragraph (1) may take the form of: (a) written warning, (b) Revocation of temporary or permanent permits; (4) Further provisions regarding the procedure for taking administrative action as referred to in this article shall be regulated by the Minister of Health.

A health worker may be subject to administrative sanctions against him if he violates the provisions in accordance with the law. In the Civil Code, a person is considered capable of being responsible for his actions if he fulfills several criteria: (1) At the time of committing the act, he was 16 years old, (2) He was not disturbed or suffered from a mental disability, (3) Not because of the influence of coercive power, (4) Not because he was forced to defend himself, (5) Not to carry out the provisions of the law, (6) Not because of a job order. In criminal law, an error is a very important element, because from the mistake there will be a demand for legal responsibility, in this case the criminal law to determine whether someone is guilty or not. Juridically, the error in its understanding can have two dimensions. First, it explains the psychic state in which someone who acts is seen from an ethical-social point of view. Second, users of errors in the juridical sense, namely the forms of errors consisting of intentional (*dolus*) and negligence (*culpa*).

Proving whether or not there is an error in criminal law is in principle different from civil law. Criminal law does not recognize what is called liability as it is known in the realm of civil law. Likewise with the transfer of responsibility to other parties based on the principle of vicarious liability or respondent superior, where a person's mistakes can be subordinated or the responsibility can be transferred to his superior. Criminal law can only be applied if it fulfills two principles, namely the principle of legality and the principle of error from the perpetrator of the crime and the error has a causal relationship.

Pada umumnya bahwa tenaga medis yang karena tindakan pertolongan yang ia lakukan sehingga tidak pernah terkena sanksi pidana, walaupun ada tuntutan dari pasien maka diselesaikan dengan cara mediasi. Seiring dengan semakin meningkatnya kesadaran hukum masyarakat, dalam perkembangan selanjutnya timbul permasalahan tanggung jawab pidana seorang tenaga medis khususnya menyangkut kelalaian, hal ini dilandaskan pada teori-teori kesalahan dalam hukum pidana.

In theory, there are important differences between ordinary criminal acts and medical crimes, namely: (1) In ordinary crimes, the main concern is the consequences, while in medical crimes the important thing is not the consequences but the causes. Although the consequences are fatal but there is no element of error or negligence, the officer cannot be blamed, (2) In ordinary criminal acts, a direct line can be drawn between the cause and the effect because it is usually obvious, for example stabbing with a knife so that the stomach is exposed. In medical action it is very different, for example a surgeon who in an emergency condition performs surgery can only try to heal the patient, in every medical action like this it is feared that there will be a negative risk, then in accordance with the provisions that before the obstetrician performs surgery then he must explain in advance the risks that will arise in the future that must be borne by the patient himself.

A criminal act can only be punished if the criminal act has been previously regulated in the applicable laws and regulations. The Criminal Code (KUHP) and the Republic of Indonesia Law Number: 36 Year 2009 on Health do not limitatively regulate medical

malpractice, but are implied in the description of Article 58 paragraph (1) which reads: "Everyone has the right to claim compensation for a person, health worker, and/or health provider who causes losses due to errors or omissions in the health services they receive". This provision can not only be interpreted in civil law, but also in criminal law. In other words, if the doctor's action has a causal relationship between the action and the result, then the provision can be applied equivalent to the provisions stipulated in the Criminal Code (KUHP). In this context, the position of informed consent can be seen as a means of proving the existence of malpractice. If a medical action carried out by a doctor deviates from the terms agreed upon between the doctor and patient as stipulated in the informed consent, and the deviant action results in the patient.

Any deviation from the medical action requirements contained in the informed consent will become a proof formula for malpractice for actions that result in risks to the patient, be it physical disability, or even worse, loss of life or death. The emphasis of a criminal liability claim, such as in malpractice, lies in the element of error, whether intentional or negligent. In facing criminal charges from patients and their families who feel aggrieved by the actions of doctors who carry out their profession, they will usually be faced with two responsibilities simultaneously, namely professional responsibility and legal responsibility. With regard to this responsibility, Teguh Sulistia and Aria Zurnetti also expressed their opinion that "Professional responsibility is a responsibility based on mistakes in carrying out professional duties according to medical professional provisions, namely a code of ethics from obligations that arise in carrying out the profession as a doctor. The legal responsibility is the responsibility based on the applicable law or law.

When a patient comes to the doctor for a check-up, the legal relationship that occurs between the patient and the doctor is essentially a service-buying relationship that is identical to the relationship between producers and consumers. Patients are located as consumers of health services, while doctors or health workers are sellers of health services. This engagement relationship is known as a therapeutic agreement or therapeutic transaction. In therapeutic transactions, patients have the same position as doctors or health workers. The patient has the right to determine what medical actions may and may not be performed on his body. The patient's right to his own body is one of the human rights, where Munir Fuady classifies it as one of the rights under the umbrella of the right to self-determination or the right to self-determination. No matter how great a doctor is, he is still not allowed to take medical actions on his patients if he does not get approval. In deciding whether to agree to a medical procedure or a medical procedure, the patient needs to get enough information from the doctor. The process of providing information by a doctor which is then followed by giving consent for medical action by the patient is known as informed consent. Its existence is one of the elements of the occurrence of therapeutic transactions, and as an agreement, therapeutic transactions are subject to the provisions of civil law. The absence of informed consent from a civil law perspective can be seen from three sides; that is: The absence of informed consent which results in the non-fulfillment of one of the terms of the agreement according to Article 1320 of the Civil Code; The absence of informed consent is classified as a default; and the absence of informed consent which is classified as an unlawful act based on Article 1365 of the Civil Code.

If viewed from the opinion above, then the patient's informed consent is needed to keep things that arise in the future as a legal basis if they make a lawsuit. Patients who obtain informed consent can file criminal or civil lawsuits if negligence occurs in handling patients or in other words there is an unlawful act on the part of medical personnel.

Therapeutic transactions are not specifically regulated in the Civil Code, but according to the provisions of Article 1319 of the Civil Code, all agreements, both nominee and innominate agreements, are subject to Chapter I Book III of the Civil Code and are sourced from Chapter II Book III of the Civil Code. Through informed consent will give rise to rights and obligations that must be fulfilled from each party. The need for rights and obligations related to legal actions that can be taken in the event of a dispute so that with the rights and obligations that arise, the aggrieved party can sue on the grounds that the opposing party has failed to carry out its obligations.

C. Legal Protection for Sectio Caesarea Patients

In general, patients are protected by the Law of the Republic of Indonesia Number: 29 of 2004 concerning Medical Practice and Law of the Republic of Indonesia Number: 36 of 2009 concerning Health. Normatively, patients must be treated in accordance with these provisions, patients must be treated as subjects who have a major influence on service outcomes and not just objects.

Legal protection for patients begins when the patient comes to the doctor's place so that there is a legal relationship between the doctor and patient. The doctor-patient legal relationship will place the doctor and the patient on an equal footing, so that whatever the doctor does to the patient must involve the patient in determining whether or not something can be done to him. This relationship has not laid down the rights and obligations for the parties, so it cannot be said to be a legal relationship. The legal relationship between doctor-patient is formed when there is contact between doctor-patient, where one party initiates a dialogue that occurs in the doctor's practice room. When there is a legal relationship between doctor and patient, something called reciprocal rights and obligations arise between the two parties. The rights and obligations that arise between the two parties grow in line with the development of services provided by doctors and those received by patients. The basis for the formation of an engagement is twofold, namely an engagement arising from legislation and an engagement arising from an agreement. Patients' rights are regulated in Article 52 of the Republic of Indonesia Law Number: 29 of 2004 concerning Hospitals, namely obtaining detailed explanations of medical actions performed by doctors, asking for doctors' opinions, obtaining services according to medical needs, refusing medical actions and obtaining the contents of patients' medical records itself.

Likewise, a sectio caesarea patient needs to get detailed information about his condition completely and correctly as well as information about the possible effects of a sectio caesarea before making a decision on the medical action that the doctor will take to him. This is very important because the sectio caesarea patient himself will feel the results whether it is successful or not when the medical action is carried out. This shows that there is a legal relationship between doctors and sectio caesarea patients. This legal relationship provides an overview of legal protection for patients based on statutory regulations.

Quoted from Ukilah Supriyatin, it is known that the legal relationship between a doctor and a patient begins with a paternalistic vertical relationship pattern, such as between a father and son, which starts from the principle of "father knows best" which gives birth to a paternalistic relationship. Legal relations arise when a patient contacts a doctor because he feels that something he feels is dangerous to his health. His psychobiological state gives

a warning that he feels sick, and in this case the doctor is considered capable of helping and providing assistance so that the doctor's position is considered higher by the patient and his role is more important than the patient.

Judging from the sociological aspect, the legal relationship between doctors and patients along with scientific developments in the field of health law has changed, initially the patient's position was considered not on the same level as doctors, because doctors were considered to know best about their patients, in this case the patient's position was very passive, highly dependent on the doctor. However, in its development, the relationship between doctors and patients has undergone a pattern change, where patients are considered as equal in position to doctors. All medical actions that will be carried out by a doctor on his patient must obtain the consent of the patient, after the patient has received an adequate explanation of all the ins and outs of the disease and its medical treatment efforts. The legal relationship between doctors and patients in health services is inseparable and has concrete relevance so that doctors and patients are an integral part of cooperation in therapeutic transactions. The relationship between doctors and patients in medicine generally takes place as an active-passive biomedical relationship, in a juridical relationship between doctors and patients, occurs in three patterns of relationships, namely, active passive (Activity-Passivity), guiding cooperation (Guidance-Cooperation), and mutual participation.

Based on this, it can be seen that the doctor-patient relationship must meet the elements of a legal obligation to protect each other from the rights of each related party and benefit each other if problems arise in the future as a guide on the basis of legal evidence. The rights of doctors as professional bearers are: 1) The right to obtain complete and honest information from the patient that will be used for diagnostic and therapeutic purposes, 2) The right to compensation for services or honorarium for services provided to patients, 3) The right to good faith from the patient or his family in carry out therapeutic transactions, 4) The right to defend oneself against the demands or claims of patients for the health services they provide, 5) The right to obtain consent for medical action from the patient or his family. Doctors as professionals are responsible for every medical action (doctor) performed on *sectio caesarea* patients. In carrying out his professional duties based on good intentions, namely trying earnestly based on his knowledge based on a doctor's oath, medical code of ethics and professional standards to cure or help patients.

From the legal relationship between doctors and *sectio caesarea* patients, if there is a doctor's negligence when carrying out his duties in carrying out therapy for *sectio caesarea* patients, this will have legal implications for doctors and vice versa raises a term that is legal protection for patients. According to Triana Ohoiwutun, the basic difference between ordinary crimes and medical crimes lies in the focus of the crime. The focus of ordinary crimes lies in the consequences of criminal acts while medical crimes focus on the causes of criminal acts. Errors in the practice of the medical profession are negligence (*culpa*) where negligence that occurs in health services is a major negligence (*culpa lata*), not a minor negligence (*culpa levis*). Negligence of medical personnel, including doctors, must be normative and not physically or psychologically because it will be difficult to know the real inner state of the *sectio caesarea* patient.

CONCLUSIONS

Based on the results of the analysis from the previous chapter, it can be concluded as follows:

1. Sectio caesarea patients' rights in informed consent are seen when the patient is given sufficient information about his treatment in terms of diagnosis and medical procedures, the purpose of the medical action taken, other alternative actions and risks, complications that may occur, the prognosis of the action taken, including the benefits and disadvantages of each alternative therapy and can be expanded with additional information so that the patient participates appropriately in the effort to cure the disease.
2. Legal responsibility for the absence of informed consent in sectio caesarea patients is that doctors who perform medical actions can be equated with acts of negligence so that they can be punished according to the applicable laws and regulations.
3. In general, patients are protected by the Law of the Republic of Indonesia Number: 29 of 2004 concerning Medical Practice and Law of the Republic of Indonesia Number: 36 of 2009 concerning Health. Normatively, patients must be treated in accordance with these provisions, patients must be treated as subjects who have a major influence on service outcomes and not just objects. Negligence of medical personnel must be normative and not physically or psychologically because it will be difficult to know the real inner state of the sectio caesarea patient.

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