

IMPLEMENTATION OF THE RIGHTS AND OBLIGATIONS OF PUBLIC AND PRIVATE GENERAL HOSPITALS IN MAKASSAR

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Abstract

This study examines the extent to which the implementation of the rights and obligations of Public and Private General Hospitals in Makassar City and the obstacles that make these rights and obligations difficult to implement. The research method used in this study is the empirical method. The results of this study indicate that the implementation of the rights and obligations at the Regional General Hospital (Rumah Sakit Umum Daerah/RSUD) of Makassar City and the Mother and Child Hospital (Rumah Sakit Ibu dan Anak/RSIA) Ananda has carried out the rights and obligations of the hospital simultaneously. However, in the implementation of these rights and obligations, there are still several obstacles, such as community habits, administrative completeness that does not meet minimum service standards, and other supporting infrastructure. Especially for Makassar City Hospital, the data for health personnel has not been updated as mandated by the Government Regulation on the Implementation of the Hospital Sector. Meanwhile, RSIA Ananda must improve the facilities and infrastructure of the hospital parking lot so that health services can be more optimal and effective, and efficient to carry out.

Keywords: hospitals, implementation, legislation, rights, obligations

INTRODUCTION

Hospital is a legal entity that provides infrastructure and health service facilities that have an important role in creating an increase in the standard of living and public health. Aside from being a vital container, hospitals also have a very central legal position in their regulation in Indonesia, especially in relation to the rights and obligations of the hospital.

The constitutional basis for providing health services through hospitals is based on Article 28H of the 1945 Constitution of the Republic of Indonesia which reads "everyone has the right to live in physical and spiritual prosperity, to live, and to have a good and healthy living environment and the right to health services". Then it is strengthened through the principles in health law, namely the right to health care (right to health services) and the right to medical care (right to medical services). Based on this, all laws and regulations that comprehensively regulate these rights are needed, one of which is through Law Number 44 of 2009 concerning Hospitals.

Based on Article 29 paragraph (1) of Law Number 44 of 2009 concerning Hospitals (Hospital Law) it is stated that every hospital has obligations; as follows.¹

- a. provides correct information about Hospital services to the community;
- b. provides safe, quality, anti-discriminatory, and effective health services by prioritizing the interests of patients in accordance with hospital service standards;
- c. provides emergency services to patients in accordance with their service capabilities;
- d. plays an active role in providing health services in disasters, in accordance with their service capabilities;
- e. provides facilities and services for the underprivileged or poor;
- f. carries out social functions, among others, by providing service facilities for

¹ Andi Muhammad Sofyan and M. Aris Munandar, *Aspek Hukum Pelayanan Kesehatan, Eutanasia, dan Aborsi (Suatu Refleksi Teoretis dan Empiris)*, Kencana Prenadamedia Group, Jakarta, 2021, p. 68-69

- underprivileged/poor patients, emergency services without a down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions;
- g. creates, implements, and maintains quality standards of health services in hospitals as a reference in serving patients;
 - h. maintains medical records;
 - i. provides proper public facilities and infrastructure, including worship facilities, parking, waiting rooms, and facilities for disabled people, breastfeeding women, children, and the elderly;
 - j. implements a referral system;
 - k. rejects the patient's wishes that are contrary to professional and ethical standards as well as statutory regulations;
 - l. provides true, clear, and honest information regarding the rights and obligations of patients;
 - m. respect and protect patient rights;
 - n. implement Hospital ethics;
 - o. has an accident prevention and disaster management system;
 - p. implement Government programs in the health sector both regionally and nationally;
 - q. makes a list of medical personnel who practice medicine or dentistry and other health workers;
 - r. formulates and implements internal hospital regulations (hospital by-laws);
 - s. protects and provides legal assistance for all hospital staff in carrying out their duties; and
 - t. enforces the entire hospital environment as a smoke-free area.

Meanwhile, in terms of hospital obligations according to the Indonesian Hospital Regulations (Peraturan Rumah Sakit Seluruh Indonesia/PERSI), it contains ethics for all of Indonesia which includes:²

- a. General responsibilities of the hospital;
- b. the hospital's obligation to the community;
- c. hospital obligations to patients;
- d. hospital obligations to employees in the hospital;
- e. Hospital obligations to other hospitals.

Furthermore, as a form of protection for the public using health facilities, the Minister of Health of the Republic of Indonesia issues regulations related to hospital obligations. Based on Article 2 of the Regulation of the Minister of Health of the Republic of Indonesia Number 69 Year 2014 concerning Hospital Obligations and Patient Obligations (Minister of Hospital Obligations and Patient Obligations), it describes that every hospital has the following obligations:

- a) Take an active role in providing health services in disasters, in accordance with their service capabilities;
- b) providing facilities and services for the underprivileged or poor;
- c) carry out social functions;
- d) provide proper public facilities and infrastructure, including religious facilities, parking, waiting rooms, facilities for disabled people, breastfeeding women, children, the elderly;
- e) implementing Hospital ethics;
- f) have an accident prevention and disaster management system;
- g) implementing Government programs in the health sector both regionally and nationally;
- h) make a list of medical personnel who practice medicine or dentistry and other health workers;
- i) formulating and implementing internal hospital regulations (hospital by laws);
- j) strive for the safety of patients, visitors and staff at the Hospital;
- k) treat the entire hospital environment as a smoke-free area;
- l) provide correct information about hospital services to the public;
- m) providing safe, quality, anti-discriminatory, and effective health services by prioritizing the interests of patients in accordance with hospital service standards;
- n) provide emergency services to patients in accordance with their service capabilities;
- o) create, implement, and maintain quality standards of health services in hospitals as a reference in serving patients;
- p) maintain medical records;

² Bagus Wira Saputra, 2015, "Pertanggungjawaban Pidana Rumah Sakit Swasta yang Mempersuliy Penerimaan Pasien", Jurnal Penelitian Hukum, Fakultas Hukum, Universitas Atma Jaya, Yogyakarta, p. 7

- q) implement a referral system;
- r) rejecting the patient's wishes that are contrary to professional and ethical standards as well as statutory regulations;
- s) provide true, clear and honest information regarding the rights and obligations of patients;
- t) respect and protect the rights of patients;
- u) protect and provide legal assistance for all hospital staff in carrying out their duties;
- v) guarantee the rights of officers working in hospitals.

Hospital is a public service provider organization that has responsibility for every health public service it provides.³ As health service providers, hospitals are required to provide adequate health facilities and infrastructure to support the implementation of quality and affordable health services based on the principles of safe, comprehensive, non-discriminatory, participatory, and provide protection to the community as users of health services (health receivers).⁴

It is very difficult to determine the hospital's criminal liability to its patients. Because in Indonesia, the regulation related to the hospital's criminal system is focused on health workers who carry out medical actions at the hospital concerned. Whereas in the principle of punishment, criminal responsibility for mistakes is absolute and independent for those who commit them and cannot be represented except in the case of acts regulated in civil and administrative law.

One form of criminal liability for hospitals can be seen in the criminal provisions of the Health Law, namely Article 190 paragraphs (1) and (2) of the Health Law which states that leaders of healthcare facilities and/or health workers who practice or work in health care facilities intentionally do not provide first aid to patients who are in an emergency situation as referred to in Article 32 paragraph (2) or Article 85 paragraph (2) shall be sentenced to a maximum imprisonment of 2 (two) years and a maximum fine of Rp. 200,000,000.00 (two hundred million rupiah). Furthermore, in the event that the act as referred to in paragraph (1) results in disability or death, the head of the health service facility and/or health worker shall be sentenced to a maximum imprisonment of 10 (ten) years and a maximum fine of Rp. 1,000,000,000.00 (one billion rupiah).

Every time there is an obligation, there will be rights. The rights of hospitals are regulated in Article 30 paragraph (1) of the Hospital Law which confirms that every hospital has the following rights:⁵

- a. determine the number, type, and qualification of human resources in accordance with the classification of the Hospital;
- b. receive service fees and determine remuneration, incentives, and awards in accordance with the provisions of laws and regulations;
- c. cooperate with other parties in order to develop services;
- d. receive assistance from other parties in accordance with the provisions of the legislation;
- e. sue the party causing the loss;
- f. obtain legal protection in carrying out health services;
- g. promote the existing health services in the Hospital in accordance with the provisions of the legislation; and
- h. get tax incentives for public hospitals and hospitals that are designated as teaching hospitals.

According to M. Jusuf Hanafia and Amri Amir⁶ stated several rights of hospitals, namely:

- 1) Making regulations that apply in hospitals (*hospital by-laws*);
- 2) requires that the patient must comply with all hospital regulations;
- 3) choose a doctor who will work in the hospital;
- 4) requires the patient to obey all instructions given by the doctor to him;
- 5) sue parties who have defaulted (including patients, third parties, and others).

The explanation and description regarding the obligations and rights of the hospital above is certainly very beautiful as the *law in the book* (law in the book/written) does not necessarily correspond to the *law in action* (law in implementation/application). Many cases show that hospitals are also sometimes negligent in carrying out their obligations. For example, in 2020, there was a case of paralysis of a hospital patient in Semarang after giving birth at the hospital. As quoted in an article

³ Syahrul Machmud, *Penegakan Hukum dan Perlindungan Hukum Bagi Dokter yang Diduga Melakukan Medikal Malpraktek*, Karya Putra Darwati, Bandung, 2012, p. 161

⁴ *Ibid.*

⁵ Andi Muhammad Sofyan and M. Aris Munandar, *Op.Cit.*, p. 71-72

⁶ M. Jusuf Hanafia dan Amri Amir, 1999, *Etika Kedokteran dan Hukum Kesehatan*, Penerbit Buku Kedokteran EGC, Jakarta, p. 162

published on law.ui.ac.id media, Jevry Chrisian Harsa (24), a resident of Kendal Regency, Central Java, reported a hospital in Semarang to the Central Java Police regarding allegations of malpractice. Jevry seeks justice for his wife's paralysis, Ningrum Santi (23), after giving birth to their first child. Ningrum, on Friday, May 29, 2020, was in a coma and unconscious in the ICU. This condition lasted for three months until Ningrum finally came to her senses, but her condition was paralyzed. Meanwhile, the baby died. Jevry tried to seek justice by filing a complaint with the Central Java Regional Police for alleged malpractice and filing a lawsuit. This was done because mediation did not produce a meeting point.⁷

Regarding the responsibility of the hospital, it has been regulated in Article 46 of Law Number 29 of 2004 concerning Medical Practice which reads "The hospital is legally responsible for all losses caused by negligence committed by health workers at the hospital".

The article provides a limitation on the liability of the hospital, namely that all actions of health workers caused by negligence are carried out within the scope of the hospital itself. So, negligence committed by health personnel outside the scope of the hospital is the responsibility of the health worker. So, it can be underlined that the implementation of the rights and obligations of the hospital is very necessary. Remembering that human life is always at stake.

Based on the above, it can be concluded that the implementation of health services in hospitals must be based on the laws and regulations that regulate the rights and obligations of the hospital itself. This is to avoid things that can cause harm to the patient. As well as the non-implementation of the rights and obligations of the hospital, the causes must be comprehensively identified. In view of this, it has been regulated in such a way through the relevant regulations.

Based on the explanation, the problems that will be discussed in this paper are how are the rights and obligations of Public and Private General Hospitals implemented in Makassar City? and what are the supporting factors and obstacles to the implementation of the rights and obligations of Public and Private General Hospitals in Makassar City?

METHOD

The research method used in this research is empirical legal research.⁸ The data in this study consisted of primary, secondary, and tertiary data. The data sources to be taken will be divided into two, namely primary data and secondary data. Primary data is data obtained from researchers directly from the object, for example, observations and interviews that will be conducted at Public and Private General Hospitals in Makassar City. And the agency, namely the Makassar City Health Office. While secondary data sources are data obtained by a researcher indirectly, through other sources. For example, books, texts, journals, papers, newspapers, documents, laws and regulations and so on.⁹ closely related to research.

DISCUSSION

Implementation of the Rights and Obligations of Public and Private General Hospitals in Makassar City

In general, every hospital has equal rights and obligations based on the applicable laws and regulations. Both Public General Hospital and Private General Hospitals. If you look at Article 20 paragraph (1) of Law Number 44 Year 2009 concerning Hospitals (Hospital Law), it can be seen that based on its management, hospitals can be divided into Public Hospitals and Private Hospitals.

Public hospitals can be managed by the Government, Regional Governments, and non-profit legal entities. Public hospitals managed by the Government and Regional Governments are organized under the management of the Public Service Agency or Regional Public Service Agency in accordance with the provisions of the legislation. Public hospitals managed by the government and local governments cannot be converted into private hospitals. While the Private Hospital is managed by a legal entity with the aim of profit in the form of a limited liability company or limited liability company. (Vide: Article 20 paragraph (1), (2), (3), (4) and Article 21 of the Hospital Law).

Referring to the above provisions, hospitals basically have their own types based on their management. In addition to differentiating services, it is also to distinguish the purpose of each hospital so that the classification is made. Furthermore, hospitals are also divided based on the type of service. Article 19 of the Hospital Law is affirmed as follows:

⁷ Wahyu Andrianto, 2021, *Tanggung Jawab Rumah Sakit di Indonesia*, see <https://law.ui.ac.id/v3/tanggung-jawab-hukum-rumah-sakit-di-indonesia-oleh-wahyu-andrianto-s-h-m-h/>

⁸ Kadarudin, *Penelitian di Bidang Ilmu Hukum (Sebuah Pemahaman Awal)*, Formaci Press, Semarang, 2021, p. 171

⁹ M. Syamsudin, *Operasionalisasi Penelitian Hukum*, Raja Grafindo Persada, Jakarta, 2014, p. 95-96

- (1) Based on the type of service provided, the Hospital is categorized into General Hospital and Hospital Special.
- (2) General Hospital as referred to in paragraph (1) provides health services in all fields and types of diseases.
- (3) Special Hospital as referred to in paragraph (1) provide primary services in one area or one certain type of disease based on scientific disciplines, groups age, organ, type of disease, or another specificity

It is clear that the existence of a distinction or classification of hospitals is an inseparable part of health services. This distinction covers all regions in Indonesia, including Makassar, South Sulawesi as one of the cities that has the largest number of hospitals in Indonesia. List of all hospitals in Makassar City, there are various hospitals from Type D to Type A with 118 hospitals registered with the Ministry of Health of the Republic of Indonesia. Especially in the Makassar City area, there are 53 hospitals which are divided into 2 Hospitals with Type A, 21 Type B Hospitals, 23 Type C Hospitals, and 5 Type D, and the rest there are still 2 hospitals that have not received class or type determination.¹⁰

In this study, 2 (two) samples were taken, namely the Makassar City General Hospital (Makassar City Hospital) and Ananda Mother and Child Hospital (RSIA Ananda). Sampling is based on the type of each hospital. Makassar City Hospital itself has been accredited type B since 2005, while Ananda Hospital has been accredited type C.

Based on interviews conducted with Makassar City Hospital, Wisnu Maulana, as Public Relations of Makassar City Hospital stated that "The fundamental difference between a private hospital and a public hospital lies in the service aspect. At the Makassar City Hospital itself, almost all Specialist Doctors are available"¹¹

The resource person added that in the implementation of rights and obligations, the Makassar City Hospital had implemented all of them. Based on this, it is in accordance with Article 27 paragraph (1) of Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector (PP for the Implementation of the Hospital Sector) which confirms that every hospital has obligations in the form of:

- a. provides correct information about hospital services to the public;
- b. provides safe, quality, anti-discriminatory, and effective health services by prioritizing the interests of patients in accordance with hospital service standards;
- c. provides emergency services to patients in accordance with their service capabilities;
- d. plays an active role in providing health services in disasters, in accordance with their service capabilities;
- e. provides facilities and services for the underprivileged or poor;
- f. carries out social functions by providing service facilities for indigent/poor patients, emergency services without a down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions;
- g. creates, implement, and maintain quality standards of health services in hospitals as a reference in serving patients;
- h. maintains medical records;
- i. provides proper public facilities and infrastructure, including worship facilities, parking, waiting rooms, and facilities for disabled people, breastfeeding women, children, and the elderly;
- j. implements a referral system;
- k. refuses the patient's wishes that are contrary to professional and ethical standards as well as the provisions of laws and regulations;
- l. provides true, clear, and honest information regarding the rights and obligations of the patient;
- m. respect and protect the rights of patients;
- n. implement Hospital ethics;
- o. has an accident prevention and disaster management system;
- p. implement government programs in the health sector, both regionally and nationally;
- q. makes a list of medical personnel who practice medicine or dentistry and other health workers;

¹⁰ Wahyu Andrianto, 2021, *Tanggung Jawab Rumah Sakit di Indonesia*, see <https://law.ui.ac.id/v3/tanggung-jawab-hukum-rumah-sakit-di-indonesia-oleh-wahyu-andrianto-s-h-m-h/>

¹¹ Results of Interview with Resource Person Wisnu Maulana, as Public Relations of Makassar City Hospital on September 20, 2022.

- r. compiling and implementing the hospital's internal regulations;
- s. protects and provides legal assistance for all hospital staff in carrying out their duties; and enforces the entire hospital environment as a smoke-free area.

The impact of not updating data by hospitals is the imposition of administrative sanctions. If you look at the provisions of Article 28 paragraph (2) of the Government Regulation on the Implementation of the Hospital Sector that in the case of a hospital there is a change in the Hospital information data, it must update the data periodically every 3 (three) months or at any time according to the needs of the Hospital Information System belonging to the Ministry.

Regarding the technical imposition of sanctions, it is regulated in Article 54 of the Government Regulation on the Implementation of the Hospital Sector which reads: Violations of the obligations as referred to in Article 27 to Article 53 are subject to administrative sanctions in the form of:

- a. reprimand;
- b. written warning;
- c. fine; and/or
- d. revocation of hospital permits.

In an expressis verbis (clear) manner, the provisions of the sanctions above provide confirmation that every hospital is obliged to update data. However, there is an exception in updating the data, namely if the data contains information that is medical secret (Vide: Article 28 paragraph (3) Government Regulation on the Implementation of the Hospital Sector). So, in this context, Makassar City Hospital should do regular updates.

Makassar City Hospital has complied with the provisions of Article 30 of the Government Regulation on the Implementation of the Hospital Sector related to the flow of health services. In this flow, it can be seen that there are services for patients participating in Social Security Administering Body (Badan Penyelenggara Jaminan Sosial/BPJS) and other insurances. This is clearly in accordance with the provisions of Article 37 of Government Regulation on the Implementation of the Hospital Sector, wherein the provision it is stated that the obligation of hospitals to carry out social functions, one of which is to provide health services for incapacitated or poor patients.

In line with the above provisions, the Public Relations of Makassar City Hospital in this case Wisnu said "We have carried out our obligations as stated in Article 37 of the Government Regulation on the Implementation of the Hospital Sector. Where we no longer have problems with BPJS cards and others in handling emergency patients"¹²

The above information is corroborated by data provided by the Makassar City Hospital, including:

Table 1. Patient Data in 2020

No.	Data Type	Amount
1	Patient Social Security Administering Body	7, 399
2	Regional Health Insurance	3, 299
3	General Patient	3, 130
4	IOM	412
5	etc	71

Source: Makassar City Hospital

Table 2. Patient Data in 2020

No.	Jenis Data	Jumlah
1	Patient Social Security Administering Body	4, 111
2	Regional Health Insurance	5, 739
3	General Patient	2, 373
4	IOM	493
5	etc	28

Source: Makassar City Hospital

¹² *Ibid.*

Based on the table above, it can be seen that the number of BPJS patients at the Makassar City Hospital increased in 2020, namely, at the beginning of the 2019 Coronavirus Disease Pandemic (Covid-19) which reached 7, 399 patients. Meanwhile, until March 13, 2022, BPJS patients have reached 4,111 patients. Of course, this data shows the commitment of the Makassar City Hospital to providing health services to all patients, including patients who are in the poor/poor category.

In terms of facilities and infrastructure for patients, hospitals have made efforts to provide them. As mandated by Article 40 paragraph (1) of the PP on the Implementation of the Hospital Sector, it is stated that: "Hospitals' obligations in providing proper public facilities and infrastructure include religious facilities, parking, waiting rooms, facilities for disabled people, breastfeeding women, children, and the elderly as referred to in Article 27 paragraph (1) letter i. meet the technical requirements of buildings and infrastructure that meet the principles of safety, comfort, and ease of access."

Referring to the above provisions, the Makassar City Hospital through its Public Relations optimistically said that it had fulfilled all the technical aspects. Here's the explanation "In our hospital, there are facilities for worship, parking, waiting rooms, facilities for smallpox people, breastfeeding women, children, and the elderly. Even more than that, we have prepared an isolation room or infection center to ensure the prevention of transmission of diseases that are dangerous to other patients"¹³

In principle, the implementation of health services at the Makassar City Hospital has met the standards determined by the legislation. There is no exception regarding the information on rules and regulations that apply at the hospital as stated in Article 44 paragraph (1) of the Hospital Sector which emphasizes that the patient's right is to obtain information about the rules and regulations that apply in the hospital.

Responding to this, Makassar City Hospital has provided a concern form for each patient. Where the function of the form is to show and explain the rules and regulations in the Makassar City Hospital. In addition, the Makassar City Hospital website also displays the rules for patients and/or visitors.

Obstacles faced by the Makassar City Hospital in carrying out their rights and obligations are related to community culture and patient administration which sometimes experiences obstacles. For example, when patients are referred, sometimes they do not have or are not registered as BPJS participants. So sometimes it becomes a problem.

"We always provide excellent service for patients, especially those in the emergency department. We accept all patients with any economic background. Even if we step on the limitations of facilities such as beds, we will accept them beforehand and then explain about our situation. So, we don't reject it immediately, but we accept it and give an explanation, and if possible, we refer to another hospital while still paying attention to patient safety. Another obstacle that we often encounter is related to language, many patients are not very fluent in Indonesian, so extra services are needed to serve them."¹⁴

Based on the description above, the Makassar City Hospital in general has provided health services by complying with the rights and obligations of the hospital. Nevertheless, there are still many shortcomings that must be addressed, especially in terms of updating data which must be carried out regularly as regulated in the PP on the Implementation of the Hospital Sector and the Hospital Law in order to avoid sanctions.

Ananda Mother and Child Hospital are one of the private hospitals operating in Makassar City. Historically, Ananda Mother and Child Hospital have been operating since October 28, 1995 with the intention and effort to be able to help people who need health services, in this case providing midwifery care, nursing care, and other health services as appropriate, namely carrying out the functions of a hospital that operates 1 x 24 hours, 7 Days a Week.¹⁵

The vision of Ananda Mother and Child Hospital is to make the best Maternal and Child Hospital in Makassar City by prioritizing quality in service to the community. While the mission is: a) Serve with a smile, b) Sympathetic and sincere heart Prioritizing patient safety, and c) Provide quality services with professional human resources.¹⁶

If you look at the above, it can be seen that there is a noble intention from Ananda Mother and Child Hospital in providing health services to every patient who visits or is interested, especially for prospective mothers who are about to give birth. This is natural because according to its background,

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ Ananda Mother and Child Hospital, 2016, About Us, see <https://anandahospital.co.id/tentangkami>

¹⁶ *Ibid.*

Ananda Mother and Child Hospital have established its operations specifically for matters relating to mothers and children. As in Article 28 of the Government Regulation on the Implementation of the Hospital Sector, hospitals providing services are required to provide information at least containing general hospital information, related to the implementation of services to patients, as well as information on hospital performance.

Therefore, every hospital must pay attention to this matter, including Ananda Mother and Child Hospital as a health service provider. So that each hospital is required to create a mechanism that simply contains information for each hospital, both related to service procedures and the reputation of the hospital itself. Ananda Mother and Child Hospital as one of the hospitals in Makassar City is tasked with carrying out the function of health services, namely providing complete individual health services (Vide: Article 4 of the Hospital Law) must also comply with the technical rules of health services. What is meant by plenary health services are health services which include promotive, preventive, curative, and rehabilitative? Of course, every medical action always pays attention to the promotive aspect so that the community understands what is related to their health. Especially for a mother who is about to give birth, she must always be given an explanation regarding the technical aspects of keeping the womb in good condition and free from defects. Then for the accreditation of Ananda Mother and Child Hospital, namely type C. Meanwhile, the services provided are quite varied, including outpatient, inpatient, medical, and support services, as well as non-medical services. It should also be noted that currently, the entire Ananda Mother and Child Hospital building is a permanent building consisting of 2 buildings with attractive architecture and designs. The first building "Sidenreng Building" consists of 8 floors and the second building "Rapping Building" consists of 10 floors.

Based on the results of interviews with the Director of Ananda Mother and Child Hospital, Irwan Ashari on September 26, 2022, said that Ananda Mother and Child Hospital is a special hospital that treats children and mothers' patients. "The difference between public and private hospitals lies in the service, that is, at our hospital, we specialize in maternal and child patients. So more specifically. In addition, Ananda Mother and Child Hospital is also in the form of a Limited Liability Company (PT)"¹⁷

In connection with the above, it can be stated that Ananda Mother and Child Hospital has its own property management and is profitable. In contrast to public hospitals such as Makassar City Hospital which emphasize services based on the state budget.

Fulfillment of hospital obligations based on Article 40 of the Government Regulation on the Implementation of the Hospital Sector has also been carried out by Ananda Mother and Child Hospital. Namely providing proper public facilities and infrastructure, including worship facilities, parking, waiting rooms, and facilities for disabled people, breastfeeding women, children, and the elderly.

As the Director of Ananda Mother and Child Hospital said in his interview "We sincerely provide facilities and infrastructure for our patients. Starting from places of worship (mushollah), parking lots, waiting rooms, rooms for breastfeeding women, and other facilities".¹⁸

It is clear and clear that Ananda Mother and Child Hospital has made a good profile in accordance with the provisions of the applicable laws and regulations. In addition to the profile of the hospital, what must also be done is health services to the community, namely providing emergency services without a down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions as stated in Article 37 of the Government Regulation on the Implementation of the Hospital Sector.

Referring to this, based on the data obtained, Ananda Mother and Child Hospital has implemented patients with BPJS participants. As is known, BPJS patients also include people who are categorized as underprivileged through contributions from the government. Based on the data obtained, in the period from July 1, 2022 to September 30, 2022, Ananda Mother and Child Hospital patients reached 3388 patients. The majority of the payment methods are BPJS/JKN.

The existence of an Emergency Unit facility at Ananda Mother and Child Hospital also indicates that the hospital has complied with the existing provisions. Of course, every effort to provide good health services to patients is not always perfect.

Based on the results of an interview with the Director of Ananda Mother and Child Hospital, he stated that the current shortage is the lack of parking facilities. As in his interview "We are still working on fixing the existing deficiencies. One of them is the lack of parking facilities which are quite minimal. So sometimes there are patients or their families who complain about the parking lot."

Based on this, it can be seen that as a private hospital, Ananda Mother and Child Hospital is

¹⁷ Interview Results with Director of Ananda Mother and Child Hospital, Irwan Ashari, on September 26, 2022

¹⁸ *Ibid.*

basically a hospital that is successful in providing services to its patients. Despite the drawbacks. So that the implementation of the rights and obligations of patients and hospitals is certainly not always perfect.

Supporting Factors and Barriers to Implementation

Rights and Obligations of Public and Private General Hospitals in Makassar City

a. Implementation Supporting and Barrier Factors

The Rights and Responsibilities of Makassar City General Hospital

Based on the results of research that has been carried out on the Makassar City Hospital, it can be seen that several supporting factors and obstacles to the implementation of their rights and obligations, among others:

1. Supporting Factors:

- Completeness of facilities and infrastructure as well as health service facilities;
- Sufficient human resources or health personnel;
- Adequate funding;
- Hospital rules and regulations.

2. Inhibiting Factors:

- The factor of people who do not understand the use of good and correct Indonesian causes obstacles in hospital administration services;
- Completeness of patient administrative documents that sometimes do not meet.

b. Implementation Supporting and Barrier Factors

Ananda Maternal and Child Hospital Rights and Responsibilities

1. Supporting Factors:

- Completeness of facilities and infrastructure as well as health service facilities;
- Human resources, both medical and non-medical;
- Source of hospital income from owned businesses;
- Hospital rules and regulations.

2. Inhibiting Factors:

- Lack of parking facilities;
- Patient administration documents that still sometimes do not meet the minimum service standards at the hospital.

CONCLUSION

The provisions for erasing using a pen eraser are not permitted and are not regulated in the Notary Position Act, but if the minutes and copies of the deed remain the same, the error in the deed is not a substantive error and there is no lawsuit against it, the deed is still valid as an authentic deed. Regarding the legal consequences, whether or not a Notary deed is an authentic deed will be decided by a judge in court.

Based on the descriptions and explanations above, it can be concluded for the time being that the implementation of the rights and obligations by the Makassar City Hospital and Ananda Mother and Child Hospital have basically met the health service standards. However, there are still many shortcomings, especially for Makassar City Hospital which has not updated data related to its human resources. So, it is very necessary to update data relating to hospital information so as not to violate the provisions of the applicable laws and regulations as in the Government Regulation on the Implementation of the Hospital Sector.

Meanwhile, Ananda Mother and Child Hospital as a private hospital in the implementation of its rights and obligations still requires minimal improvement. That is related to the parking area which is still relatively narrow, resulting in the ineffective implementation of health services. In addition, the existing data processing is very good considering the accreditation is still C but in providing services it already reflects legal compliance. The drawback is that there is no data on how much medical and non-medical personnel work at Ananda Mother and Child Hospital.

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