

Critical Position of Correct Information by Patients: Progressive Regulatory Framework and Law Enforcement during Public Health Emergency

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Abstract

This paper seeks to investigate the role of information in handling the pandemic by taking case studies of Covid-19. Correct information is the most sensitive part of the Covid-19 response. The right information can direct the right actions by health workers. On the other hand, providing false information about Covid-19 infection, symptoms or travel history by patients or their families can endanger the lives of health workers and spread the infection. Using a data-based empirical approach, this research was conducted in several districts in West Java. The results show that patients or their families lie with social motivations such as shame, avoiding stigma, and fear of vaccination. The results of the study can be used as a basis for policy making in the field of public health by intensifying socialization and education about the pandemic. In addition, strengthening the regulatory framework and law enforcement needs to be pursued to prevent infection through the provision of correct information. The findings originally underlined the information aspect as the foremost, crucial and fundamental part in dealing with the Covid-19 pandemic.

Keywords: Public Health Emergency, Information, Covid-19 Pandemic, Lying, Social Motivation.

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INTRODUCTION

Health information in public health emergencies (especially during the COVID-19 pandemic) is very important to be conveyed to health workers. This information is very useful in order to maintain the transmission of the disease suffered by the patient, because it is the patient's obligation to provide honest, complete, and accurate information. Some patients/families initially denied having contact with a confirmed or probable case of COVID-19, but after explaining in detail how the transmission was done and how dangerous it was, especially if the patient/family had many comorbidities (co-morbidities, other illnesses other than the main disease). People who have comorbidities (including heart disease, kidney disease, lung disease, diabetes mellitus, and hypertension) are vulnerable if they are infected with COVID-19, although not all comorbid diseases are a burden to patients if they are infected with COVID-19. Finally, the patient/family understands, understands and admits that at the time of the interview the patient/family had/was undergoing independent isolation together with almost all family members who had been infected. After being asked why they had to lie, some patients/families answered for various reasons such as being ashamed of their neighbors, ostracized by their relatives and the surrounding community,

embarrassed by other hemodialysis patients because when the procedure was placed alone, they were isolated, far from other hemodialysis friends. non-COVID-19, afraid of being COVID-19 by the hospital. In addition, the reason is that family members feel sorry if the patient has to be isolated, the patient has to wait in a separate place, and feels that all eyes look at the patient with feelings such as being unfriendly to the patient and his family, and embarrassed because he is old and still brings disgrace to his family due to being exposed to COVID-19.

There is a negative effect for nurses on patient lies. As patients who check their health or consult their health problems to obtain the necessary health services, either directly or indirectly at the hospital, they must consciously state their health condition and contact and travel history to inform the possibility of being infected with Covid-19. Likewise, the patient's family in helping the patient obtain the necessary health services, must accurately inform the information and health conditions both directly and indirectly at the hospital. Patients must provide true and honest information and are prohibited from lying to health workers who are on duty at the hospital. Lies in an epidemic condition can cause the death of other people due to unintentional negligence or mistakes of patients who are dishonest or

telling lies to health workers. For example, a patient when providing information about his health to health workers has lied if the patient has an infectious disease or a history of infectious disease or a family member who has an infectious disease (without the knowledge of the patient an infectious disease in the patient's family has also been transmitted to the patient) so that the result of lying is the patient's lie. This has resulted in health workers contracting the disease from the patient and eventually the health worker died. The right information can direct the right actions by health workers. On the other hand, providing false information about Covid-19 infection, symptoms or travel history by patients or their families can endanger the lives of health workers and spread the infection. This paper seeks to investigate the role of information in handling the pandemic by taking case studies of Covid-19. Correct information is the most sensitive part of the Covid-19 response.

LITERATURE REVIEW

The legal products of Law number 4 of 1984 regarding Outbreaks and Law number 6 of 2018 concerning Health Quarantine have referred to the provisions of the Criminal Code (KUHP) to take action on patients/patient families who lie to health workers/medical personnel when receive health services at the hospital. So that with the addition of the Article formulation in the Criminal Provisions to Law number 4 of 1984 concerning Outbreaks and Law number 6 of 2018 concerning Health Quarantine article 14 paragraph (1) and paragraph (2) which states:

Article 95 of Law number 6 of 2018 concerning Health Quarantine, patients who intentionally do not fulfill their obligations to provide complete and honest information about their health problems when receiving services during public health emergencies, thereby endangering the life and or safety of service providers during an emergency. public health shall be sentenced to a maximum imprisonment of 1 (one) year or a maximum fine of Rp. 50,000,000 (fifty million rupiah). Article 14 of the Epidemic Law paragraph (1) states that anyone who intentionally hinders the implementation of epidemic control as regulated in this law, is threatened with a maximum imprisonment of 1 year and/or a maximum fine of Rp. 100,000,000, - (One hundred million rupiah). Furthermore, paragraph (2): Whoever due to negligence causes the implementation of the outbreak control to be hindered as regulated in this law, is threatened with a maximum imprisonment of 6 months and/or a maximum fine of Rp. 50,000,000, - (Fifty Million Rupiah). Article 95 of Law number 4 of 1984 concerning Outbreaks and Law number 6 of 2018 concerning Health Quarantine article 14 paragraph (1), article 14 paragraph (2) which has been reconstructed can be used as the basis or legal umbrella for law enforcers in enforcing regulations as a form of legal certainty.

Legal culture includes every value of thought, as well as expectations for rules or norms in the social life of the

community. Iman Pasu Marganda Hadiarto Purba (2017) said that in the practice of state life, nationhood and society, basically (grounded dogmatic) the cultural dimension should precede other dimensions because in the cultural dimension there is a set of values furthermore, this value system becomes the basis for formulating policies and then followed by law making so that juridical signs and codes of conduct in everyday social life will reflect the noble values possessed by the Indonesian people. Friedman also said that the legal culture that precedes the other two elements, the legal culture will move and determine changes in the structure and substance of the law.

Legal culture is the mood of the system and social forces that determine how the law is used, avoided or abused by society. Reconstruction of Law No. 4 of 1984 concerning Outbreaks and Law No. 6 of 2018 concerning Health Quarantine are things that are deemed necessary to meet the legal needs that apply in the community. Of course, it is customary and or appropriate to grow and develop in the community if there are behaviors or actions of community members that can threaten the safety of the lives of others, they must be given punishment as a warning and or as a deterrent effect for community members not to commit such acts. Hans Kelsen stated that positive law is part of a certain society that should not be polluted by motives that describe the wishes or interests of other parties, both individuals and parties who make the legal product itself.

The addition of the Criminal Provisions article in the reconstruction of Law number 4 of 1984 concerning Outbreaks and Law number 6 of 2018 concerning Health Quarantine can eliminate legal confusion in upholding the rule of law and provide legal certainty for citizens due to Law number 4 of 1984 concerning the Plague and Law number 6 of 2018 concerning Health Quarantine are positive legal products that must be obeyed and obeyed by all Indonesian citizens without exception.

The government has an obligation to make regulations governing the existence of criminal sanctions for patients or their families who lie as a form of legal protection to maintain the safety of the lives of health workers/medical personnel. The Government's obligation to fulfill the rights of health workers/medical personnel to obtain legal protection has been mandated in several laws and regulations as follows:

- a. Article 28d paragraph (1) of the 1945 Constitution which states: "Everyone has the right to recognition, guarantee, protection and fair legal certainty and equal treatment before the law". and has also been stated in the legislation as follows:
- b. Law No. 39 of 1999 concerning Human Rights Article 5 paragraph (1) states: "Everyone is recognized as an individual human being who has the right to demand and receive the same treatment and protection in accordance with his human dignity before the law,"
- c. Law no. 29 of 2004 concerning Medical Practice, article 50 letter (a) states: "Doctors or dentists in

carrying out medical practice have the right to obtain legal protection as long as carrying out their duties in accordance with professional standards and standard operating procedures"

- d. Law no. 36 of 2009 concerning Health Article 27 paragraph (1) states: "Health workers have the right to receive compensation and legal protection in carrying out their duties in accordance with their profession"
- e. Law No. 36 of 2014 concerning Health Workers Article 57 letter (a) states: "Health workers in carrying out their practice are entitled to legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, and standard operating procedures" letter (d) states: "Health workers In carrying out the practice, they are entitled to protection for occupational safety and health, treatment that is in accordance with human dignity, morals, decency, and religious values."
- f. Law no. 38 of 2014 concerning Nursing Article 36 letter (a) states: "Nurses in carrying out nursing practice have the right to obtain legal protection as long as they carry out their duties in accordance with service standards, professional standards, standard operating procedures, and provisions of laws and regulations"
- g. Law no. 24 of 2007 concerning Disaster Management Article 6 letter (a) states: "In the implementation of disaster management, the Government is responsible for protecting the community from the impact of disasters."

Fulfillment of legal protection for health workers/medical personnel at this time, then one of the solutions the government can make changes/reconstruction of Law number 6 of 2018 concerning Health Quarantine and Law of Outbreaks number 4 of 1984. Legal reconstruction means the process of rebuilding or re-creating or reorganizing the existing legal structure, legal substance and legal culture to be better and function as it should. Black Law Dictionary says reconstruction is the act or process of rebuilding, recreating or reorganizing something (Garrier, 1999). Reconstruction here is interpreted as the process of rebuilding or re-creating or reorganizing something.

The actions of the patient/patient's family who lied to health workers/medical personnel who are carrying out the task of providing health services and the consequences of the lie have caused the health worker/medical staff to die, then the actions of the patient/patient's family have fulfilled the elements of a criminal act as referred to in the formulation of article 359 of the Criminal Code (KUHP). The actions of the patient or patient's family/patient's family who lied to health workers/medical personnel who are carrying out the task of providing health services and as a result of their lies have caused health workers/medical personnel to suffer serious injuries so that they cannot carry out their duties or work, the actions of the patient/patient's family has fulfilled the

elements of a criminal act as referred to in the formulation of Article 360 paragraph (1) of the Criminal Code (KUHP). The actions of the patient or the patient's family/patient's family who lied to health workers/medical personnel who are carrying out the task of providing health services and as a result of the lies have caused the health workers/medical personnel to suffer injuries in such a way that they cannot carry out their duties or work within a certain time, the act the patient/patient's family has fulfilled the elements of a criminal act as referred to in the formulation of article 360 of the Criminal Code.

RESULT

Some patients/families when asked about their travel history generally deny that they have lived in the red zone for several days, have visited relatives/family in other areas even though they are not in the red zone, have worked/assigned in the red zone area by doing crowding activities without a mask, or the patient's husband/one of the family who work at home and commute every day, every week, every month from Kuningan to Cirebon, Jakarta or other cities with red zones. Some patients/families deny that they have had a history of fever before or have had treatment and taken fever-reducing drugs. The patient also denied that there was a cough and sometimes shortness of breath because several oxygen cylinders had been prepared at home. Finally, the patient admitted that he had taken several drugs with the aim that when he was examined by a health worker/doctor his temperature was normal. The results of interviews at Linggarjati Hospital and El-Syifa General Hospital, Kuningan Regency, from 300 patients/families found that 28.8% of patients answered questions honestly and 71.2% of patients/families were dishonest.

The percentage of dishonesty is greater, this is in accordance with the 2019 Net Quote survey of 2058 patients which obtained the following results:

Table 1. The 2019 Net Quote survey of 2058 patients

Age (yo)	Percentage	Information
19 – 24	28%	Honest
25 – 34	29%	Honest
35 – 44	31%	Honest
45 – 54	37%	Honest

*note: women are more dishonest

The interview was continued at the Sindangagung Health Center, Kuningan Regency and continued with interviews with the general public in Kuningan, Cirebon, Majalengka, Bandung, Banjarmasin and the capital city of Jakarta. The COVID-19 patients interviewed using the COVID-19 screening form can be described in table 3.1 and table 3.2 below:

Table 2. Screening Results for COVID-19 Patients at El-Syifa General Hospital and Linggarjati Hospital Kuningan

COVID-19 Screening	El-Syifa Hospital	Linggarjati Hospital
Honest	40 (27,4%)	44 (28,6%)
Dishonest	106 (72,6%)	110 (71,4%)

Source: Primary data for 2021

Table 3. Reasons for Patients Giving Dishonest Health Information

Causes	Kuningan	Cirebon	Majalengka	Bandung	Banjarmasin	Jakarta
Shame (Disgrace)	28,7%	20%	0%	40%	25%	10%
Stigma	36,7%	40%	40%	60%	33,3%	10%
Fear of COVID	32,6%	40%	60%	0%	41,7%	80%
Vaccination	2%	0%	0%	0%	0%	0%

Source: Primary data for 2021

The rights and obligations of the doctor or dentist as well as the rights and obligations of the patient have been regulated in Law no. 29 of 2004 concerning Medical Practice, namely Article 50 to Article 53. The Law concerning Medical Practice, the formulation of Article 50 has regulated the rights of doctors or dentists when carrying out medical practice, Article 51 regulates the obligations of a doctor or dentist when carrying out medical practice, then Article 52 regulates the rights of patients when receiving services in medical practice, and Article 53 regulates the obligations of patients when receiving medical practice services. The Criminal Provisions in Law Number 29 of 2004 concerning Medical Practice are regulated in articles 75 to 80, including Article 79 letter (c) stating that: Sentenced to a maximum imprisonment of 1 year or a maximum fine of Rp. 50,000,000 (fifty million rupiah) each doctor or dentist who intentionally does not fulfill his obligations as referred to in Article 51 letter a, letter b, letter c, the letter d, or the letter e".

Based on the criminal provisions of Article 79 letter (c) of Law Number 29 of 2004 concerning Medical Practice, it can be interpreted that there are sanctions for doctors or dentists who do not carry out their obligations as referred to in the formulation of Article 51, then the doctor or dentist can be punished with a maximum imprisonment of 1 year or a maximum fine of Rp. 50,000,000, - (fifty million rupiah).

Meanwhile, for patients who do not carry out their obligations as referred to in the formulation of Article 53 of Law no. 29 of 2004 concerning Medical Practice, there is not a single article that regulates the existence of criminal sanctions and or other sanctions for these patients. So that Law No. 29 of 2004 concerning Medical Practices does not reflect a sense of justice and does not provide legal protection for citizens, namely doctors or dentists in this case.

Based on the description above, it is deemed necessary to reconstruct or amend Law No. 6 of 2018 concerning Health Quarantine. Such changes can be made by adding 1 (one) Criminal Article for patients who do not carry out their obligations under Law no. 29 of 2004 concerning Medical

Practice.

The impact of non-performance of obligations by the patient when receiving medical practice services has resulted in a threat to the life or safety of the doctor or dentist, as is the case when the patient does not provide complete and honest information about his health problem as referred to in the provisions of article 53 letter (a) of the Law. No. 29 of 2004 concerning Medical Practice.

Reconstruction or changes will be made to Law No. 6 of 2018 concerning Health Quarantine, namely the addition of 1 (one) criminal article for patients who provide incomplete and dishonest information to doctors or dentists who are carrying out medical practice and the consequences of their lies have caused threat to the life or safety of the doctor or dentist can be carried out.

Article 93 of the Health Quarantine Law which states that anyone who does not comply with the implementation of the health quarantine as referred to in article 9 paragraph 1 and/or obstructs the implementation of the health quarantine so as to cause a public health emergency shall be punished with imprisonment for a maximum of 1 (one) year and/or a maximum fine of Rp. 100,000,000 (one hundred million rupiah) while Article 9 paragraph (1) every person is obliged to comply with the administration of health. The two articles are considered by the researchers to have multiple interpretations because they do not specifically state that the patient is lying, so it is proposed to add one article of criminal provisions with the addition of article 95 of the Health Quarantine Act.

The Criminal Provisions in the Law of the Republic of Indonesia Number 4 of 1984 concerning Outbreaks of Infectious Diseases Article 14 states that Paragraph (1) states that anyone who intentionally hinders the implementation of epidemic control as regulated in this law, is threatened with imprisonment for a maximum of 1 year and/or a maximum fine of Rp. 1.000.000,- (one million rupiah. This amount is very small for the current size. For this reason, the reconstruction of the patient's or family's obligations for health information in a public health emergency affected by COVID-19 is carried out by providing criminal sanctions for patients/families who lie. Currently this has not been regulated in laws and regulations, therefore it is proposed to make changes to Law No. 6 of 2018 concerning Health Quarantine, adding 1 (one) criminal article which needs to be added article 95 which regulates criminal sanctions for patients who lie against health workers/doctors which reads: Patients who intentionally do not fulfill their obligations to provide complete and honest information about their health problems when receiving services during a public health emergency, thereby endangering the life and or safety of service providers during a public health emergency, are subject to a maximum imprisonment of 1 (one) year or a maximum fine of Rp. 50,000,000 (fifty million rupiah).

This reconstruction or change is carried out with the hope that it can fulfill a sense of justice in the community and there is

legal certainty as well as a form of guarantee of legal protection for doctors or dentists in carrying out their duties in carrying out medical practices. Legal reconstruction is expected to be directed at finding the will of the law (*rech ide*), the will of the community and the moral will. Obstacles in the implementation of criminal sanctions if the reconstruction is applied to the lack of whistleblowers, namely who is willing to report if there is a case of patient lying who provides dishonest information during a public health emergency. In addition, health workers/doctors/health services have never reported if patients violate their obligations, on the contrary, many patients report health workers/doctors/health care facilities if they violate their obligations. Furthermore, there is no reporting mechanism and who will pay if there is a legal representative. From a legal point of view, proving a case of lying is quite difficult to prove that a patient/family is lying because there are no criteria for the severity of the lie, and there is no guarantee of legal protection for the complainant, and there is still an assumption that a disease is a disgrace. From a social perspective, there is still a social stigma given to patients with infectious diseases. Here, different levels of education result in the information received being perceived differently. This is because the participation of the community in participating in tackling the outbreak is still lacking, and socialization about the outbreak by the government and related agencies is still lacking.

DISCUSSION

In Singapore, husband and wife provide false information about their whereabouts to officials who investigate whether they can transmit COVID-19 infection to others, husband is from China and has tested positive for COVID-19, after recovering and being discharged by hospital, his wife is intended to be quarantined. The husband and wife were prosecuted because of the serious risks posed to society as a result of their actions. They are subject to a fine of up to US\$7150 or 98 million and up to 6 months in prison if found guilty.

In Vietnam, those who spread false information, especially regarding COVID-19 during the pandemic, are subject to a fine of 10-20 million dom (approximately 6.7-13 million) when the Vietnam Disease Prevention Agency prepares a questionnaire to determine who deserves to be checked, such as measuring their body temperature, whether they have been in contact from the red zone, but there are some people who lie for fear of being diagnosed with COVID-19 because if they are proven positive for COVID-19, they will be quarantined in a military quarantine center and carried out by the army.

In South Korea, a South Korean citizen was shunned by a 6-month sentence for lying while providing information in tracking a COVID-19 case, the person was previously diagnosed with COVID-19 five months earlier. The person did not admit that his profession was a teacher and teaching

in a school. A search of schools found 80 people were exposed. The verdict by the panel of judges of 6 months is lighter than the demand by the public prosecutor who demanded 3 years in prison because the person did not confess.

Saudi Arabia imposed a fine of SR 500,000 (1,900,000,000) on those who lied while providing their health information as well as travel history at the entrance. This is part of the kingdom's efforts to prevent COVID-19, the person concerned does not admit to having visited the red zone (Iran/Iraq).

In China, a woman who lied about the symptoms of COVID-19 while flying to China was sentenced to 1 year in prison for obstructing the treatment and treatment of a contagious infection. As a result of this lie, 63 people had to be quarantined. It turned out that when she wanted to fly the woman was taking antipeuretic drugs. This act violates anti-epidemic regulations set by customs and the local civil aviation department which also risks spreading the epidemic.

In Bangladesh, patients hide medical symptoms and information related to travel history so that 150 doctors are quarantined and 2 doctors are infected but there is still no sanction against patients who lie. In Australia, pizza shop employees continue to work and lie infected with COVID-19 and are locked down in pizza shops and if they violate they are prosecuted by the police and fined. In Brunei Darussalam, a resident lied that he had just returned from abroad and did not want to quarantine for 2 weeks. The verdict is given in prison for 6 months and/or a fine of BND 10,000 (Rp. 105,000,000).

Table 4. Comparison of Legal Systems in Countries That Impose Sanctions on Patients About Medical History Information

No	Country	Case	Penalty
1.	Singapore	Giving false information when checked by officers at the airport	A fine of Rp. 99,000,000 and/or 6 months imprisonment
2.	Vietnamese	Information is not true/false	A fine of 10–20,000,000 Vietnamese DONG (Rp. 6,700,000 – Rp. 13,000,000)
3.	Brunei	It's a lie if you just came back from abroad and don't want to quarantine for 2 weeks	Imprisonment for 6 months and/or a fine of BND 10,000 (Rp. 105,000,000)
4.	Saudi Arabia	Lying about travel history at the entrance	A fine of SAR 500,000 (Rp. 1,900,000,000)

5.	South Korea	When tracking lies if you have had close contact with a COVID-19 patient	6 months imprisonment
6.	Australia	Pizza shop employee still working and lying infected with COVID-19	Lockdown is carried out at the pizza shop and if violated, the police will take action and be fined
7.	China/ Beijing	Coming home from the United States lying if you don't have COVID-19 symptoms	1 year prison
8.	Indonesia	Patient/Family lie about travel history and contact with COVID-19 patient	-
9	Bangladesh	Patients hide medical symptoms and information related to travel history so that 150 doctors are quarantined and 2 doctors are infected	-
10	Australia	Travelers who lie about their travel history	\$4,003 (approximately IDR 4,000,000) and 6 months imprisonment

states that in several countries outside Indonesia, many have imposed sanctions on patients/families who provide dishonest information about their health history during a public health emergency. The reasons they lie are various, namely denying that they have just returned from abroad, denying that they have ever been in contact with a COVID-19 patient, denying that they are infected with COVID-19 but still working at their place of business, hiding medical symptoms, some of them also lie to provide false information when they lie. checked by officers at the airport/port.

These countries impose a fine of six million seven hundred thousand rupiah (Rp. 6,700,000) in the State of Vietnam up to one billion nine hundred million rupiah (Rp. 1,900,000,000) in the State of Saudi Arabia and/or imprisonment/imprisonment for 6 month in Brunei, South Korea, Singapore, Australia up to 1 year in China. The State of Indonesia itself has not yet made a regulation on criminal

sanctions for patients/families who provide dishonest information during a public health emergency affected by COVID-19 whether in the form of a Law or Regional Regulation so that in this study it is proposed to reconstruct Law No. 1984 on the Plague and Law number 6 of 2018 concerning Health Quarantine which is expected to fulfill the principle of justice for all Indonesian people. Indonesia imposed criminal sanctions referring to the countries of Singapore and Brunei on the grounds that the two countries both have Malay cultural diversity, ethnicity and religion but with higher income, so the author proposes to halve the fine and double the length of imprisonment.

CONCLUSION

The reasons for the patient/family lying about their health information in a public health emergency affected by COVID-19 are Internal Factors, namely factors that come from within the patient in the form of feelings of shame, fear of being infected with COVID-19 and vaccination and External Factors, namely factors that come from outside the patient's self in the form of a state of stigma. The current regulations regarding the patient's obligation to provide accurate, honest health information are contained in Law No. 29 of 2004 concerning Medical Practice, Law No. 36 of 2009 concerning Health, Law No. 44 of 2009 concerning Hospitals, Law No. 36 of 2014 concerning Health Workers, Law No. 38 of 2014 concerning Nursing, Law No. 6 of 2018 concerning Health Quarantine. Minister of Health Regulation No. 4 of 2018 concerning Hospital Obligations and Patient Obligations and Government Regulation No. 47 of 2021 concerning Implementation in the Hospital Sector. None of the laws and regulations mentioned above, none of them state specific sanctions against patients who speak dishonestly about their health history during a public health emergency affected by COVID-19. Law No. 4 of 1984 concerning Outbreaks of Infectious Diseases and Law No. 6 of 2018 concerning Health Quarantine which by analogy should be able to ensnare patients/families who provide dishonest health information. There is injustice between hospitals, doctors, and patients in terms of violating the obligation to deliver health information, namely there are no sanctions for patients but on the other hand the hospital, health workers/doctors if they violate their obligations are subject to sanctions.

Based on the results of research that have not been answered in the conclusion, the authors can provide input. For the government, the government should be able to make clear regulations to protect doctors/health workers and the public by enacting existing laws or making a regional regulation whose contents are a sanction against patients who provide dishonest information to health workers in public health emergencies. For the public, especially COVID-19 patients/their families, to be able to provide candid information about their health conditions by providing explanations/information that there is no longer shame

(disgrace), stigma against patients or stigma against hospitals. Doctors must work according to procedures and comply with the health protocols imposed by the government/IDI so as to avoid being exposed to COVID-19 patients who tell the truth. For hospitals, make a form regarding the patient's history which is filled in directly by the patient/family and signed by the patient/family along with witnesses from the hospital.

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