Plagiarism Checker X Originality Report

Similarity Found: 6%

Date: Senin, Mei 18, 2020
Statistics: 384 words Plagiarized / 5910 Total words
Remarks: Low Plagiarism Detected - Your Document needs Optional Improvement.

International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 1 Effectiveness of communication between health workers and patients in health services in Indonesia 1Cut Khairunnisa, 2Sri Wahyuni, 3Al - Muqsith , 4Muhammad Hatta ABSTRACT-- The main duty of health workers is to heal patients who are suffering from certain diseases.

According to The Hippocrates Oath and the Geneva Convention 1948 that the patient's health is the ultimate goal in therapeutic transactions. In carrying out therapeutic transactions, the physician applies paternalism approach using a one-way communication pattern and does not involve the patient in the treatment process. But now the principle of paternalism has begun to be abandoned and turned towards patient autonomy based on human rights.

This study aims to examine the effectiveness of communication in health services qualitatively. Review of concepts, theories, and principles and legislation indicates that applying the principle of patient autonomy in the form of informed consent is an effective communication between physicians and patients. This is considered to affect the patient's recovery and prevent the doctor from medical malpractice.

Keywords-- communication, health workers, patient, health services I. INTRODUCTION All health workers are trying to cure patients who are suffering from certain diseases. In The Hippocratic Oath and the Geneva Conventions 1948, it is mentioned that patient health is a primary goal of therapeutic transactions (Tan, 2002) However, to realize these goals all doctors should not act on their own merely but are controlled by instruments such as medical oaths, medical profession codes and existing legislation. In fact, despite

the control of the various instruments, in practice, there are still doctors who perform negligence in the duty.

In carrying out medical action, doctors apply paternalism approach with a one-way communication pattern and do not involve patients in the treatment process. Patient opinion is considered unimportant because doctors are considered more knowing what is best for the patient. Doctors who are principled paternalism in running medical services assess the patient does not have competence in the field of medical science and do not know the technical action or medical operations to be performed.

If the patient is involved in making a decision before taking a medical action it will be futile and will not have a positive impact on healing. The approach of paternalism in health care has existed since the time of Hippocrates (Siti Zubaidah Ismail, 2011). However, paternalism has begun to abandoned and turned towards patient autonomy based on human rights.

According to Karbala, paternalism approach in health services has begun to change toward the pattern of partnership relationship that is the doctor position parallel to the patient (Karbala, 2005). Doctor and patient 1PhD Student of Faculty of Public Health, Universitas Sumatera Utara (USU), Medan-Indonesia, and lecturer of Faculty of Medicine, Universitas Malikussaleh, Cot Tengku Nie Street, 24351, Aceh Province-Indonesia 2 Faculty of Medicine, Universitas Malikussaleh, Cot Tengku Nie Street, 24351, Aceh Province- Indonesia. 3 Faculty of Law, Universitas Malikussaleh, Cot Tengku Nie Street, 24351, Aceh Province-Indonesia.

International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 2 relationships are more democratic based on communication, agreement, and joint participation so that all medical actions have been communicated in advanced. The doctor should not make a decision without the patient's consent and the patient has the right to choose the best medical treatment for him.

Doctors and patients have rights and obligations that must be respect and the position of those rights and obligations is to protected by the Indonesian medical code of ethics and existing legislation. In practice, the principle of patient autonomy in health services is implemented in an Informed Consent Agreement that embodies the contractual and participatory concepts of patients in health services by physicians and other health workers (Karbala, 2005).

In the concept of informed consent, the patient has the right to decide to accept or

reject any medical action carried out to him after receiving complete and accurate information. Thus, communication between physicians and other health workers with patients or families of patients can established. Without good communication skills, then, theoretical, clinical and other skills are ineffective.

The application of the patient's autonomy principle in the form of informed consent is an effective communication between the doctor and the patient, thereby influencing the patient's recovery and preventing the doctor from medical malpractice. II. METHODS The effectiveness of communication between health personnel and patients is assessed qualitatively and using the technique of substance analysis (content analysis) (Kokkonen, 2004).

Content analysis technique is a systematic review by analyzing and systematically explaining facts, principles, concepts, theories, and laws so as to find new knowledge and ideas as suggestions for changes in health services in Indonesia. III. THEORETICAL FRAMEWORK The theoretical framework is used as a foundation in research to analyze, clarify or understand various facts, data, and phenomena applicable in society to be studied . James divided the research theory into three groups: basic theory, middle theory, and main theory (Dougherty, 1990).

In this study, the basic theory used is the theory of paternalism, the middle theory is patient autonomy and the main theory is the theory of health communication. Figure 1: Several theories used in this research Main theory (health communication) Middle theory (patient autonomy) Basic theory (paternalism) International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 3 1.1.

Theory of paternalism It is a doctor's belief that all medical decisions are made by the doctor for the good of the patient. A doctor may keep the patient's condition with the aim to cure the patient. Doctors are considered a very understanding of his duties and will do his best to save the lives of his patients.

The doctor's position as a competent person in the health field encourages the patient to depend entirely on the doctor so that the doctor is considered as a "god" who can cure the patient. The physician has full authority over the patient's body and the doctor makes the medical decision without asking for consideration or opinion from the patient or the patient's family.

Doctors who adhere to the principle of paternalism always assume that many doctors consider not to inform the whole information to the patient for fear of endangering the

psychiatric patient or cause trauma to the patient. In addition, patients or families of patients do not understand medical science so that the information provided is not so beneficial to the patient.

Patients only expect healing and doctors are required to perform the best medical action for the patient's recovery (Yaqin, 2007). Although the application of the principle of paternalism is deemed irrelevant to global developments, under certain circumstances the doctrine of paternalism must still be necessary especially for pediatric patients, patients in emergencies, and psychiatric patients.

This proves that the phrase a doctor knows best in the principle of paternalism can still be applied. There are even some Asian countries that still apply the principle of paternalism in health care system, for example, Japan, Vietnam, China, Malaysia, and Indonesia. In Japan, doctors will not respond if there are patients who ask a lot about the type and amount of drugs given, the type of medical treatment or surgery what will be done. In fact, there are doctors directing patients to be quiet because doctors know better what is best for their patients.

In Japan, doctors practice a closed-door medicine method so that many doctors do not communicate thoroughly to patients about their illness (Morioko, 1995). Similarly in Vietnam, in running the patient's medical care is not directly involved in the medical decision- making process but the medical decision is entirely by the doctor (Muhammad Hatta, 2015). In Malaysia, patients also hope and give high confidence to the doctor.

According to Puteri Nemie, the main problem of treatment in Malaysian hospitals is the patient's right to give medical approval has been rarely notified. Usually, patients are only required to sign an informed consent form just before a medical treatment, but the patient himself does not understand what they are signing. Doctors rarely provide information about the risks that may arise in the process of surgery.

This is because physician-patient communication has not been effective in accordance with the principle of informed consent (Puteri, 2004). Anisah Che Ngah argues that Malaysian society is still high hopes for health workers, especially to the doctor. This is coupled with the social system of society that is still familial and belief in the divine destiny which plays a greater role.

If the patient dies at the time of operation, then it is destiny from Allah SWT. The results of Muhammad Nur Azmi Baharuddin's research to cancer patients at Selayang hospital stated that although the patients generally accept the destiny of the god but the patient does not refuse if the medical action is done without his knowledge and consent

(Baharuddin, 2010).

China is also still applying the principle of paternalism and assume that the principle of patient autonomy in the form of informed consent is a western civilization that is not necessarily compatible with the Chinese civilization that laid the philosophy of Confucius (551-479 SM). In the philosophy of Confucius, a patient will International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 4 have full confidence in a teacher.

This philosophy becomes the foundation for various disciplines including medical science so that doctors regarded as teachers who have the knowledge, knowledge, and expertise to heal a person (Ngah, 1999). Doctors were considered to know the best for the patient's recovery. The doctor will put the patient's interests above his or her own interests and will never use his knowledge to harm his patients. 1.2.

Patient autonomy theory Patient autonomy in health services is principled on freedom of self-determination. This means that the patient has the freedom to choose and reject the treatment method suggested by a doctor who is considered appropriate for disease. Doctors only provide suggestions and options while the one who decides is the patient itself.

In practice, the principle of patient autonomy is interpreted in the form of an Acts of Agreement (Informed Consent). Informed consent can only be given to patients who are able to communicate well so that patients are able to make decisions or conclusions agree or refuse treatment. In the United States, only adult patients are considered to have the ability to make decisions to accept or reject medical action.

If the patient is deemed incapable of making a decision, then the agreement is obtained through a court of law (Bal, 2009). In history, the principle of patient autonomy was recognized after the Nuremberg trials of 1947 stipulating that the physician conducting the study should obtain patient consent as a subject of research through informed consent.

This principle is a form of upholding the recognized human dignity within Universal Declaration of Human Rights 1948, International Covenants on Economic, Social and Cultural Rights and on Civil Rights 1966, the European Convention on Human Rights (1959), as well as the Convention on the Bioethics of the European Assembly, effective on 1 December 1999.

The principle of patient autonomy based on moral values and ethics contains two

elements: each patient has the right to decide freely or voluntarily his choice based on adequate knowledge and understanding based on information provided by the doctor. The decision was made in circumstances that allowed the patient to make a choice without any interference or coercion from the other party.

Beauchamp and Childress describes that to achieve an ethical decision in health care, four basic moral principles are required (Lawrence, 2007): a. The principle of autonomy, the moral principle that respects the rights of the patient (respect of person) based on the principle of the rights to self determination. b. The principle of beneficence, the moral principle that emphasizes that the action is intended for the good of the patient.

In the beneficence is not only known acts for good alone but also actions that in terms of benefits greater than the bad side. c. The principle of non-maleficence is a principle whereby a physician does not commit acts that could aggravate the patient's health and choose the least treatment of risk that may endanger the patient's safety.

It is intermittent with the ancient expression of first, do no harm which means that any medical treatment performed does not injure the patient. David Thomasma holds that this principle is like two sides of the coin, where the purpose of treating the patient is for the patient's good, that is, healing for the patient. d.

The principle of Justice is to give something to the rightful because in essence, because everyone is equal in value as a human being, then the fundamental demand for justice is to treat all people equally. Doctors International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 5 in providing health services should not distinguish between rich and poor patients.

Anyone who needs help then doctors should help regardless of their social status. According to Keown J, the term autonomy means the ability to think and make decisions (Siti Zubaidah Ismail, 2011). Kant and Rawls argued that the principle of autonomy should be rational because the patient as a decision-maker cannot predict the likelihood of the future so that the patient must be able to make rational decisions based on information thoroughly for his own good and healing (Sampurna, 2005).

According to Anisah, patient autonomy is to respect the rights of patients. If the patient needs information then it should be communicated clearly and correctly. If the patient requires an examination, the physician must obtain the consent of the patient (Anisah Che Ngah, 1990). The information is presented clearly and correctly whether the patient asks or does not request the information.

Information is delivered in a simple or easily understood language by the patient so that he or she knows a detailed description of the side effects of the medication, the risk of surgery, and the predicted success to be achieved in a surgical action if necessary. In the Indonesian Medical Code of Ethics, it is mentioned that the patient has the right to be informed before any medical action is performed.

According to Borfitz that informed consent is a process for obtaining patient consent whether express or implied consent. If the medical research involves humans as the object of research, it must get patient approval. Doctors have an obligation to provide all information regarding the research to be undertaken (Borfitz, 2013).

To obtain patient consent, the physician should not deceive the patient and cover up the facts and risks that may result from a medical act against the patient as the object of the study. The case of Salgo vs. The Leland Board of Trustees decides that a doctor is guilty of not providing information or covering up facts regarding patient illness (1957, 317 P 2d 170, 154 Cal). A doctor should not convey a small risk action when in fact the medical action poses a very big risk just to get the consent of the patient.

A physician violates his duty to his patient and subjects himself to liabilty if he with holds any fact which is necessary to form a basis of an intelligent consent by the patient. Like wise, the physician must not minimize the known danger of a procedure or operation in order to induce his patient to give consent. The principle of informed consent is a form of doctor prudence in running a medical treatment.

Effective communication will have a positive effect on the patient's healing process. The authors view that the implementation of the principle of informed consent is not only due to obligations that have been ordered by the law to the doctor but the form of attention of the doctor in an honest and sincere to his patient.

In addition, the implementation of the informed consent principle is not only information transformation to the patient but the physician must also accommodate the patient's opinion so that the two-way communication as a partner in therapeutic transactions can be realized. The provision of informed consent has positive implications for both physicians and patients.

For doctors, informed consent can provide information so that all the history of the patient's illness, the medication that has been consumed and what medical action has been done will be the decisive reference to success in subsequent patient care. Based on this information the physician may provide the patient with choice what kind of medical

action is suitable to be carried out in accordance with the standard of expertise that has been recognized by the relevant association expert organization.

Then, the patient's signed an informed consent form is always a written proof when the patient sues the doctor in court. If the patient has signed an informed consent form, then the International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 6 patient is aware of the risk of surgery because it has been given information in accordance with the standards prescribed by applicable laws and regulations.

The benefits of informed consent are that many patients are informed of the illness, the medical follow up, the possibility of risks and other alternatives. This information becomes a consideration for the patient before making a decision or choice of what medication is deemed appropriate to his illness. Through this, the patient really understands the type of treatment that will be done to him, the risks are likely to arise and the patient also knows the predictions of success if doctors perform certain medical actions.

Once the patient knows in detail the medical action that will be executed then the patient will feel calmer and ready with the worst. Based on the analysis of the benefits of informed consent in therapeutic transactions, not only doctors have an obligation to provide information about the medical treatment to be provided to the patient, but the patient also has an obligation to provide information about the disease he has ever suffered, what drugs have been consumed and what medical precautions ever undertaken. According to Picard, the patient has an obligation to his doctor and himself.

Therefore, the patient must also meet the standards of being a good patient without covering up with regard to his illness (Buang, 1999). Prior to the medical follow up, information from the patient is necessary to support the effectiveness of the medical action. Inaccurate or misleading information about the illness, drugs ever consumed, or allergic to certain drugs, then this is considered as a patient error so that the occurrence of medical action (contributory negligence) (Yule, 2011).

Therefore, not all failures in medical follow-up are due to physician neglect, but also because of the patient. If all the failures are prosecuted then the doctor will prioritize self-interest on a defensive basis. 1.3. Health communication theory In essence, health communication includes messages and media in the context of health promotion, health promotion, disease prevention, treatments, and advocacy, including variations in situations, structures, messages, relationships, identities, goals and social influence strategies.

Health communication theory covers different levels of communication within a broad social context. The primary level of health communication analysis consists of intrapersonal, interpersonal, group and organizational communication. Intrapersonal health communication research focuses on mental and psychological processes related to health care, such as the beliefs, attitudes, and values that influence health care behaviors and decisions (Salisah, 2011). Health communication means any aspect of human-related communication related to health.

Health communication is all types of human communication that contains about various messages related to health. According to Roger, health communication is " health communication has been defined as referring to any type of human communication whose content is concerned with health " (Mont & White, 2007).

In health communication, individuals are involved in the health process between physicians, nurses, other healthcare professionals, patients or patient families. Health communication can be both verbal and non-verbal communication.Verbal communication is the process of communicating takes place in the context of self-level (intrapersonal communication) or with others (interpersonal communication).

In the case of interpersonal communication orally or through various media, using written language messages or symbols. This International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 7 communication is transactional in the social environment in which individuals interact, influence, and contribute.

Similarly, the context of mass communication, for example, health promotion and public health campaigns. In the health service, communication between health workers with patients and families cannot be avoided. In the health service, communication between health workers with patients and families cannot be avoided.

The patient came for treatment and then complained about the illness, then the doctor heard, and responded to the complaint. A patient who comes to treatment has an expectation, while a doctor has an obligation to provide the best possible treatment. Health communication between health workers and patients previously embraced paternalistic pattern by placing the doctor's position higher and dominant.

However, this pattern of communication changes toward a two-way communication pattern in which the health worker and patient are equal. The effectiveness of good communication will impact on better health, patient comfort, patient satisfaction, and

reduced risk of malpractice, and disputes between doctors and patients.

In the study of health, communication found the existence of theoretical foundations of thought consisting of several approaches, namely positivistic, interpretive, critical and cultural approach. The question of emerging problems involves the conception of communication leading to the social construction of health and illness. This is closely related to the process of individual meaning related to health conditions and illness, including the concept of what the meaning of health in certain conditions, how the meaning is culturally constructed, the owner of the meaning used, and with the consequence of what material and symbolic appear next (Oller, Heather M. & Dutta, 2008).

The importance of effective communication of health has been discussed in the health communication conference that took place in Toronto by producing Toronto Consensus, as follows (Berry, 2007): a. Communication problems in medical practice are important and common. b. Patient anxiety and dissatisfaction are related to uncertainty and lack of information, explanation, and feedback. c.

Doctors often misperceive the amount and type of information that patients want to receive. d. Improved quality of clinical communication is related to positive health outcomes. e. Explaining and understanding patient concerns, even when they cannot be resolved, results in an anxiety. f.

Greater participation by the patient in the encounter improves satisfaction, compliance and treatment outcomes. g. The level of psychological distress in patients with a serious illness is less when they perceive themselves to have received adequate information. h. Beneficial clinical communication is routinely possible in clinical practice and can be achieved during normal clinical encounters, without unduly prolonging them, provided that the clinician has learned the relevant techniques.

According to Khie Chen, the number of medical disputes that occur often caused by a perception gap between doctors and patients. This medical dispute occurs because of differences in perception of disease between physicians, other health workers, and patients. There is an excessive expectation of the patient to the doctor, the difference in "language" the meaning of the doctor's message to the patient, and or the unpreparedness of the doctor to establish empathic communication.

International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 8 Based on the above description, in the medical communication theory of physicians,

nurses, midwives, and other health workers with patients or families of patients have 3 elements: (1) creating a good interpersonal relationship, (2) exchange of information), and (3) medical decision making.26 IV.

INDONESIAN CITIZENS SEEK FOR MEDICAL TREATMENT OVERSEAS Indonesian patients who seek medical treatment abroad continue to increase every year. In fact, it has become a national issue that many Indonesian citizens go abroad just to conduct a medical check-up (Herqutanto, 2009b). According to Chooi Yee Choong, Chair of ASEAN and Oceania, the Singapore Tourism Board says that every year there are about 300,000 patients from various countries who undergo medical treatment in Singapore. Of the 300,000 patients, 44% of the patients are from Indonesia.

The most visited hospitals of patients from Indonesia are Alexandra Hospital, National University Hospital, and Tan Tock Seng Hospital (Herqutanto, 2009a). According to Azizah Aziz, Vice Chairman of the Communication and Publication Section of the Ministry of Tourism and Culture of Malaysia stated that in 2014, Indonesian tourists who seek treatment to Malaysian hospitals are 770,000 patients (Herqutanto, 2009b).

According to the Minister of Health of Indonesia, Nafsiah Mboi, 50% of Indonesian patients went to hospitals in Singapore. While the average number of Indonesian patients who seek treatment in Malaysia is 12 thousand people every year (Muhammad Hatta, 2017). This is a serious concern and warning for the government to improve Indonesia's health system.

In addition to Singapore, the purpose of treatment of patients from Indonesia is Malaysia and Ghuang Zou in China. The 2006 data states that the country's foreign exchange earnings to hospitals abroad reach the US 600 million annually. Director General of Medical Services Ministry of Health stated that Indonesians prefer out-patient treatment due to lack of medical facilities, low level of trust, and lack of attention of doctors.

The Indonesian government is concerned about the increasing number of citizens who seek medical treatment abroad and become a separate problem for the government because it not only affects economic problems but also concerns the nation's self-esteem. Patients seeking treatment abroad are not solely attributable to the ability of health workers who are better than in Indonesia and not also caused by modern hospital facilities and infrastructure.

Clinically, the skills of Indonesian doctors are not lower than doctors in foreign countries, even hospitals in Indonesia already have modern health technology. However,

the cause of the reduced level of patient confidence to hospitals and health personnel in Indonesia is the low empathy and poor communication of health workers to patients or their families.

In the health care system in Indonesia, the patient is positioned as an object that only accepts or undergoes treatment at the hospital. While the health service system abroad positioned the patient as the subject and the partner of the healthcare worker. In fact, the patient has full authority to decide what types of treatment are appropriate to him.

Effective communication has to create by doctors, nurses and all those involved in health services. However, in fact, most health workers in Indonesia have poor communication patterns with patients and their families. According to Herqutanto, the clinical ability of doctors or health workers in Indonesia is very good but lack of communication skills.

Ineffective communication is caused by doctors and other health workers who using one- way communication or doctors practicing closed door medicine methods that the doctor only knows what is best International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 9 to the patient (a doctor knows best) and the patient must listen and obey whatever the doctor says.

This pattern of communication is based on a paternalism approach which is all medicinal decisions are determined by the health worker. According to Weiss, doctors who uphold the principle of paternalism do not inform thoroughly because he assumes patients or family patients do not understand the medical science so that the information provided is not so beneficial to the patient.

Patients expect only healing and doctors are required to perform the best medical action to cure the patient. The pattern of health communication pattern with paternalism approach is "obsolete" and begin to be abandoned, so there is need of the change of communication pattern more effective by the health worker in health service to society in Indonesia.

Effective communication will provide comfort and improve patient confidence to doctors and hospitals in Indonesia, thereby reducing the number of people seeking treatment abroad. V. EFFECTIVENESS OF COMMUNICATION IN HEALTH SERVICES PROVIDE HEALTH SUGGESTION TO PATIENTS In the health service, effective communication both verbally and nonverbally can improve patient satisfaction during the consultation and improve patient compliance with a treatment plan so as to assist

patient recovery.

In addition, effective communication can improve patient safety and reduce the likelihood of complaints from patients. The length of time the consultation is known to be associated with a reduced risk of malpractice claims, but not the time itself is important, but the effectiveness of communication. Communication will not go well if the doctor is in a hurry, being angry or being under pressure other jobs.

Communication in such circumstances will increase the risk of adverse events. Establishing a relationship with the patient is also very important. The physician should appear friendly, courteous and demonstrate a desire to help the patient by letting the patient present the problem. Often doctors do not really listen to the patient's complaints or rush to cut the patient's story.

Generally, patients come to see a doctor because of anxiety and want to know how the doctor will overcome his health problems. But often doctors face patients with different social and cultural backgrounds, so it is sometimes difficult for the patient to express the problem and it may be difficult for the doctor to explain in accordance with the local language.

However, doctors should still try to identify and understand the patient's wishes and perceives about his own problems. It has been proven that if the patient-doctor relationship is not good, the patient will also be reluctant to provide the required information, thus causing problems in the process of diagnosis and treatment. Effective communication based on the principle of patient autonomy that is informed consent.

All health workers must have competence which not only with regard to health sciences but also health communication sciences. Assessment variables can be seen in the process of health services being performed by doctors to their patients. VI. CONCLUSION The development of science continues to occur including the development in terms of communication in health care problems.

In the case of health services the application of the principle of Paternalism is deemed International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 10 irrelevant to global developments, but in certain circumstances, it must be especially necessary for pediatric patients, emergency patients, and psychiatric patients.

The principle of patient autonomy as one of the ethical principles of health care lays its principle to the freedom of self-determination. This means that the patient has the

freedom to choose and reject the treatment method suggested by a doctor who is considered in accordance with the disease he suffered. In practice, the principle of patient autonomy is interpreted in the form of an Informed Consent.

Informed consent is only for patients who are able to communicate well so that the patient is able to make decisions or conclusions to approve or refuse treatment to be performed on him. The implementation of informed consent has positive implications for both physicians and patients. For the doctor, the execution of informed consent can extract information from the patient so that all the history of the patient's illness, the drug that has been consumed and the medical action what has been done will be the reference that will determine the success in running the medical treatment.

Health communication contained in the form of informed consent is an effective form of communication between physicians and patients so that it can be a major determinant of patient satisfaction and compliance with treatment and treatment. Effective communication between health workers and patients will provide comfort to patients and will increase a sense of confidence that health workers in Indonesia.

REFERENCES 1. Anisah Che Ngah. (1990). Medical Negligence litigation: Is defensive Medicine Now the Norm? Malaysia Law Journal, 1(3), 1 – 12. 2. Baaruddin,M.N.A.(2010).MaysinPeriof uth elg onCan tis Selayang Hospital. In Sustainable Science, Technology & Society (pp. 1 – 19). Malaysia: The International Conference on Ethics & Professionalism. 3. Bal, B. S. (2009). An introduction to medical malpractice in the United States. Clinical Orthopaedics and Related Research, 467(2), 339 – 347. https://doi.org/10.1007/s11999-008-0636-2 4. Berry, D. (2007). Health Communication Theory and Practice. New York: Open University Press. 5. Borfitz, D. (2013). Informed Consent.

A Guide to the Risks and Benefits of Volunteering for clinical Trialz. Boston: Thomson Centre Watch. 6. Buang, S. (1999). The Law of Negligence in Malaysia. Kuala Lumpur: Dewan Bahasa dan Pustaka. 7. Dougherty, J. E. (1990). Contending Theories of International Relations. New York: Haper and Row. 8. Herqutanto. (2009a). Wahai Dokter Indonesia, Berkomunikasilah. Majalah Kedokteran Indonesia, 50(2), 35. 9. Herqutanto. (2009b). Wahai Dokter Indonesia , Berkomunikasilah.

Maj Kedokt Indon, 59(2), 35 – 38. 10. Karbala, H. (2005). Segi-Segi Etis dan Yuridis Informed Concent. Jakarta: Pustaka Sinar Harapan. 11. Kokkonen, P. (2004). Medicine, The Law and Medical Ethics in a Changing Society. World Medical Journal, 50(1), 5 – 8. 12. Lawrence, D. J. (2007). The Four Principles of Biomedical Ethics: A Foundation for Current Bioethical Debate. Journal of Chiropractic Humanities, 14, 34 – 40. 13. Mont, J.

Du, & White, D. (2007). The uses and impacts of medicolegal evidence in sexual assault cases: A global review. Geneva: WHO publications. International Journal of Psychosocial Rehabilitation, Conference Special Issue ISSN: 1475-7192 Received: 02 Jan 2020 | Revised: 12 Feb 2020 | Accepted: 17 Mar 2020 11 14. Morioko, M. (1995). Bioethics and Japanese Culture: Brain Death, Patients Right, and Cultural Factors.

Eubious Journal of Asian and International Bioethics, 5, 87. 15. Muhammad Hatta. (2015). Role of the Doctor as Expert Witne ss nMedi lprctiCa, Proceedings, The 1th Almuslim International Conference on Science, Technology and Society (AICSTS). In The 1th Almuslim International Conference on Science, Technology and Society (AICSTS) (p. 373). Aceh: Almuslim University. 16. Muhammad Hatta. (2017).

Legal Position of Medical Malpractice in Indonesia. Medwell Journals, 12(8), 1473 – 1481. 17. Ngah, A. C. (1999). Medical Negligence Litigation: Is defensive Medicine Now the Norm? Retrieved May 14, 2018, from http://www.lexisnexis.com.my/free/articles/anisah.htm 18. Oller, Heather M. & Dutta, M. . (2008). Emerging Perspectives in Health Communication: Meaning, Culture and Power. London: Routledge. 19. Puti, J.(2004).Medi genLiiton laa th oulWe vel Journal of Malaysian Bar, (1), 14 – 25. 20. Salisah, N. H. (2011). Komunikasi Kesehatan: Perlunya Multidisipliner Dalam Ilmu Komunikasi.

Jurnal Ilmu Komunikasi, 1(2), 170 – 193. 21. Sampurna, B. (2005). Bioetika dan Hukum Kedoktoran. Jakarta: Pustaka Dwipar. 22. Siti Zubaidah Ismail. (2011). Medical Negligence According To The Law of Tort And Its Authority From the Shariah. Journal Syariah, 19(2), 133 – 162. 23. Tan, N. (2002). Deconstructing Paternalism-What Serves the Patient Best? Singapore Medical Jornal, 43(2), 1 – 10. 24. Yaqin, A. (2007). Legal Research and Writting Malaysia.

Malayan Law Journal SDN BHD, 1, 10. 25. Yule, J. M. (2011). Defences in medical negligence: to what extent has tort law reform in Australia limited the liability of health professionals? Journal of Australasian Law Teachers Association, 4(1), 53 – 63.

INTERNET SOURCES:

<1% - https://www.hindawi.com/journals/sci/2020/5847876/

<1% - https://www.researchgate.net/publication/283073941_Informed_Consent_Legal_Theory_

and_Clinical_Practice
<1% -
https://www.researchgate.net/publication/12264222_Predictors_of_Participation_in_Health_Care_at_Menopause
<1% -
https://www.researchgate.net/publication/258529371_The_Collaborative_Autonomy_Model_of_Medical_Decision-Making
<1% -
https://www.verywellhealth.com/do-patients-have-the-right-to-refuse-treatment-2614982
<1% - http://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/
<1% - https://oneecosystem.pensoft.net/about
<1% - https://www.ahrq.gov/downloads/pub/advances2/vol3/Advances-Dingley_14.pdf
<1% -
http://jolle.coe.uga.edu/wp-content/uploads/2015/02/89596_manuscript-file_249104.pdf
<1% -
http://www.ijam-web.org/article.asp?issn=2455-5568;year=2017;volume=3;issue=1;spage=44;epage=52;aulast=Tucci
<1% -
https://hcsiinc.blogspot.com/2017/06/informed-consent-consent-to-treat-and.html
<1% - http://ehs.virginia.edu/Radiation-Safety-Your-Patient.html
<1% - https://es.scribd.com/document/334307844/ILO-ConferenceProceedings
<1% - https://www.eubios.info/TRT7ABST.htm
<1% - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709172/
<1% - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3086476/
<1% - https://www.hrw.org/reports/2008/us0808/11.htm
<1% - https://psikiater-human.blogspot.com/
<1% - https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S3
<1% - https://www.sciencedirect.com/science/article/pii/S0897189717304202
<1% - https://correctionalnurse.net/new-code-ethics-nurses-right-self-determination/
<1% -
https://www.saem.org/docs/default-source/saem-documents/education/ethics-guide.pdf?sfvrsn=2
<1% - http://www.quebecoislibre.org/younkins27.htm
<1% - http://schools.cms.k12.nc.us/beverlywoodsES/Documents/Janjustice.pdf
<1% -
http://intranet.tdmu.edu.ua/data/kafedra/internal/distance/lectures_stud/English/1%20course/Leadership%20in%20Nursing/6%20Questions%20of%20Values%20and%20Ethics.htm

<1% - https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-017-0910-9
<1% -
https://www.researchgate.net/publication/278649612_Informed_Consent_and_Medical_Law
<1% - http://plaza.ufl.edu/buddha77/Law%20Crap/Outline%20(TORTS)%5B1%5D.doc
<1% - https://paidsearch.org/
<1% -
http://www.aiac.org.au/index.php?option=com_ninjarsssyndicator&feed_id=1&format=raw
<1% -
https://www.linguee.com/english-czech/translation/applicable+laws+and+regulations.html
<1% - http://www.grcct.org/about-us/code-of-conduct/
<1% - https://www.iue.edu/hss/communication/courses.php
<1% - https://4pawsins.com/cats/cat-communication
<1% - https://www.who.int/mental_health/prevention/genderwomen/en/
<1% -
https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section1
<1% -
https://courses.lumenlearning.com/boundless-sociology/chapter/sociological-perspectives-on-health-and-illness/
<1% - http://www.jostrans.org/issue28/art_santamaria.php
<1% - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1590021/
1% - https://pt.scribd.com/doc/309309107/Makalah-Komunikasi-Dokter-Pasien
<1% - https://www.bmj.com/content/bmj/303/6814/1385.full.pdf
<1% - https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2710.2001.00363.x
<1% - https://www.wma.net/publications/world-medical-journal/wmj201302/
<1% -
https://mafiadoc.com/hospital-management-training-new-ways-to-improve-services_599c44fc1723dd1140906a13.html
<1% - https://onlinelibrary.wiley.com/doi/full/10.1111/j.1466-7657.2010.00847.x
<1% -
https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2010/physician-patient-communication-making-it-better
<1% -
https://www.researchgate.net/publication/5311378_Treatment_decision-making_in_breast_cancer_The_patient-doctor_relationship
<1% - https://med-fom-ubcmj.sites.olt.ubc.ca/files/2015/11/ubcmj_1_1_2009.pdf
<1% -

https://www.researchgate.net/publication/6334759_Communication_Interventions_Make_A_Difference_in_Conversations_Between_Physicians_and_Patients
<1% -
https://www.scholars.northwestern.edu/en/publications/patient-satisfaction-with-treatment-for-chronic-pain-predictors-a
<1% -
https://plico.com/sites/default/files/9-K03%20MPL-Yesterday%2C%20Today%20and%20Tomorrow.pdf
<1% - https://www.scribd.com/document/433276531/research-issues-en-PMR
<1% -
https://www.researchgate.net/publication/324644767_KECUAIAN_PERUBATAN_MENURUT_UNDANG-UNDANG_TORT_DAN_AUTORITI_MENGENAINYA_DARI_SUDUT_SYARIAH_Medical_Negligence_According_To_The_Law_of_Tort_And_Its_Authority_From_the_Shariah
<1% - https://eprints.qut.edu.au/47771/