
APPLICATION OF THE PRINCIPLE OF INFORMED CONSENT IN PATIENTS UNDERGOING SURGICAL PROCEDURES AT THE ARMY HOSPITAL DR. REKSODIWIRYO PADANG

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ABSTRACT

The evidence of therapeutic transactions, termed informed consent, is crucial in the doctor-patient relationship. According to Hatta (2008: 206), it signifies effective communication and comprehension of actions planned for or against the patient. The informed consent process adheres to Minister of Health Regulation No. 129 of 2008 standards, aiming for 100% completeness post clear information dissemination before any medical procedure. This study evaluated informed consent practices in surgical cases at Dr. Reksodiwiry Army Hospital Padang, focusing on Standard Operating Procedures (SOP), consent form formats, and completeness levels. Conducted as library research with a qualitative approach, data were derived from fieldwork reports and scientific papers at Dr. Reksodiwiry Army Hospital Padang. Findings indicated proper implementation of informed consent in the surgical clinic, where pre-action information was comprehensive and comprehensible. However, three aspects within the SOP related to consent form completion showed discrepancies—specifically in understanding, policy, and procedural sections. Conclusively, the form design at Dr. Reksodiwiry Army Hospital Padang requires improvements, notably in the physical aspect. Furthermore, numerous incompleteness issues persist in filling out informed consent forms, attributed to doctors' busy schedules lacking free time for detailed form completion..

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1. INTRODUCTION

Based on Law No. 44 of 2009 concerning hospitals, what is meant by a hospital is a health service institution that organizes comprehensive individual health services that provide inpatient, outpatient and emergency services. Along with the shift in the pattern of legal relations between doctors and patients from a paternalistic relationship to a contractual horizontal relationship, the position of the two becomes equal between doctors and patients, not only as objects of healing but acting as subjects (Rahmadiliyani & Faizal, 2018); (Mardyawati & Akhmadi, 2016). Changes in this relationship make every effort to cure patients carried out by doctors require the consent of the patient's family or the patient himself. Evidence of the therapeutic transaction can be presented in written form in the form of informed consent (Syairaji et al., 2017).

According to (Talib, 2018) informed consent is a process that shows effective communication between doctors and patients, and the meeting of thoughts about what will and what will not be done to patients. According to Kepmenkes RI Number: 129 / Menkes / SK / III / 2008, the completeness of filling out informed consent after receiving clear information is one of the quality indicators of medical records. The completeness of informed consent according to Kepmenkes RI Number: 129/Menkes/SK/III/2008 is 100%. So that if the completeness of filling in informed consent is low, it will affect the quality of medical record services (Djohar et al., 2018); (Rahmawati & Rokhman, 2017).

The formulation of the problem that the researcher wants to know is how the description of the implementation of informed consent in the case of surgical patients at the Army Hospital Hospital Dr. Reksodiwiryo Padang. The purpose of this study was to determine the implementation of informed consent in the case of surgical patients at the Dr. Reksodiwiryo Padang Army Hospital, identify SPO informed consent, identify informed consent forms, identify the completeness of informed consent. Based on the background of the problem above, it is the reason for conducting research on " Application Of The Principle Of Informed Consent In Patients Undergoing Surgical Procedures At The Army Hospital Dr. Reksodiwiryo Padang ".

2. METHOD

This research applies a literature research method with a qualitative approach. The main focus of this research is on the implementation of informed consent in surgical patients at Dr. Reksodiwiryo Army Hospital Padang, identification of informed consent forms, and assessment of the completeness of informed consent. Data were collected through observation, interviews, and documentation. Data analysis was carried out qualitatively by organizing data into relevant categories, focuses, and subject matter. The results of data analysis were then reduced and organized into patterns, focuses, categories, and themes in accordance with the variables that had been formulated (Rahmawati & Rustiyanto, 2016)

3. RESULTS AND DISCUSSION

3.1. Implementation of Informed Consent

At Dr. Reksodiwiryo Army Hospital Padang, providing information before undergoing medical action, both surgical and non-operative, is carried out by the doctor in charge of the patient or DPJP. After the patient or their family has received complete and clear information about the action to be taken, the doctor is responsible for filling out an informed consent form or sheet. This document records the patient's approval or rejection of the medical action to be performed by the doctor.

At the stage of providing information before the action by the doctor at Dr. Reksodiwiryo Army Hospital Padang, the information submitted is complete and can be understood by the patient. The information includes the diagnosis, the action to be taken, the type of examination to be undergone, post-action care, and the expected results of the action (Nindyakinanti & Budi, 2017). Although the process of providing information goes well, the informed consent form is often incomplete because the doctor is too busy and the number of patients is large, so it does not meet the expected documentation standards (Karlina et al., 2016).

3.2. Identification of Standard Operating Procedures (SPO) for Informed Consent

The Standard Operating Procedure (SPO) on the Informed Consent sheet at Dr. Reksodiwiryo Army Hospital Padang consists of two main parts. The first part includes a heading that includes the title of the SPO, logo and name of the agency or hospital, document number, revision number, page, date of publication, authorization column, and fixed procedure column. Meanwhile, the second section contains the contents of the SPO with columns for understanding, objectives, policies, procedures, and related units.

However, there are several aspects that need to be improved in the SPO, especially in the definition, policy, and procedure sections. By evaluating the SPO, Dr. Reksodiwiryo Padang Army Hospital can improve these aspects. Good procedures in SPOs have the aim of serving as a guide in carrying out certain tasks, becoming a reference for carrying out activities, clarifying lines of responsibility, and preventing errors and confusion in carrying out tasks (Nuraini & Wijaya, 2019); (Silalahi & Sinaga, 2019).

3.3. Identification of Informed Consent Forms

Dr. Reksodiwiryo Army Hospital Padang uses two informed consent forms, namely the consent form and the refusal form. These two forms are not combined into one to facilitate filling. Physically, this form is made of 70-gram thick paper, which makes it prone to tearing. The shape of the form is rectangular with a legal paper size (21.59 x 35.56 cm). The paper used is white in color, and the form is neatly organized in the packaging, including the hook holes found on the cover of the form.

Heading on this informed consent form is located in the center, without any subheadings because the form is clear enough. The name Dr. Reksodiwiryo Padang Army Hospital is listed on the head of the form as

the owner. The patient identity section involves three items, namely the medical record number, patient name, and patient date of birth. In addition, the patient's identity can be assigned a division or labeled with a sticker to ensure proper identifiability.

In the informed consent form at Dr. Reksodiwiryo Army Hospital Padang, there is no section that explicitly states the purpose, but the purpose is considered to be contained in the title of the form. For surgery, there are no specific instructions for filling out the form. In terms of content, the informed consent form includes the patient's social identity and various related information, such as diagnosis, basis of diagnosis, action to be performed, indication of action, procedure for performing the action, purpose of the action, possible complications, prognosis, alternative actions, and risks that may arise. In addition, this form includes a statement of consent and refusal to medical treatment, as well as a place for signature to authenticate the consent or refusal.

The design of the form at Dr. Reksodiwiryo Army Hospital needs some physical improvement. Although the heading section includes the patient's identity such as name, date of birth, and medical record number, according to guidelines from the Northern Territory Government (2005), the patient's identity at the top of the form should consist of the medical record number, patient's name, date of birth, and gender. Therefore, this form needs to add gender information to meet this standard. Even so, the content of the form is in accordance with the standards regulated by KMK No. 290 of 2008. This standard emphasizes that the explanation of information about medical actions must be given directly to the patient and/or the patient's family, whether requested or not.

3.4. Completeness of Informed Consent Form.

At Dr. Reksodiwiryo Army Hospital Padang, doctors have succeeded in providing comprehensive and clear information before undergoing medical action. This process becomes an authentic evidence that confirms the patient's consent or rejection of the medical action to be performed by the doctor. This reflects a good implementation of the provision of information and the completeness of the informed consent form as an important aspect in the interaction between doctors and patients.

The incomplete completion of the informed consent form at Dr. Reksodiwiryo Army Hospital is due to the busy schedule of doctors who do not have enough time to fill out the form thoroughly after providing information to the patient. The lack of completion of this form can have an impact on the quality of medical record services specifically and the overall quality of the hospital in general. In addition, incomplete completion of the informed consent form can also be an obstacle in a legal context, it cannot be used as legal evidence if there is a legal case involving the doctor and the hospital.

4. CONCLUSION

Based on the results of research conducted at Dr. Reksodiwiryo Army Hospital Padang, the process of providing information to patients before medical action appears to be effective, including diagnosis, medical procedures, purpose of action, alternative actions and their risks, possible complications, prognosis, and estimated costs. The identification of informed consent forms is also in accordance with the Standard Operating Procedures (SPO) and has been well implemented. However, there are several factors that become obstacles in providing information and completing the informed consent form, including: a) the level of education of the patient or family which can affect the understanding of the information provided by the doctor; b) the doctor's busy schedule, causing the doctor to only be able to provide information verbally and ignore filling out the informed consent form; c) emergency situations that require the provision of informed consent without the presence of the family when the information is provided by the doctor; d) social background and age of the patient which can affect how to receive information from the doctor. It is hoped that Dr. Reksodiwiryo Army Hospital Padang can immediately identify solutions to overcome the incompleteness of filling out the informed consent form, and the results of this study are expected to be an evaluation material for hospitals in improving the design of the forms that have been implemented..

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