

The Pursuance And Implementation Of Informed Consent Law Towards Vaccination Service Based On 1464/Menkes/Per/X/2010 About Permission And Implementation Of Midwife Practice In Self-Proclaimed Midwives In Semarang

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Abstract. In providing vaccination services can be done by health workers to give medical consent (informed consent). Informed consent is a term often used for the translation of the approval of medical action. Informed Consent in the medical world we are actually still relatively new. The use of informed consent to health care is still so low, and 30% had experienced midwives maternal perinatal audit due to the demands of patients who do not agree on its medical action and the absence of proof of informed consent in medical record. Purpose : To describe Compliance Midwives in Informed Consent Law Enforcement Against Vaccination Services Based Permenkes 1464 / Menkes / Per / X / 2010 on the Permissions and Implementation of Self-proclaimed Midwives in Semarang. Methods: Descriptive study the necessary data in the form of primary data and secondary data. The sample in this study is Self-proclaimed Midwife in Semarang 30 midwives. Sampling was done by way of non probability sampling technique is purposive sampling. Results: BPM obedient to fill informed consent as much as 40% and BPM are not obedient to fill informed consent as much as 60%. BPM which have informed consent vaccination by 33% and BPM do not have informed consent vaccination as much as 67%. The application of informed consent when the initial vaccination visit as much as 70% and the application of informed consent every time vaccination visit as much as 30%. Conclusion: Most BPM disobedient to fill informed consent, most BPM does not have the informed consent of vaccination and the majority of the application of informed consent at the time of initial BPM vaccination visit.

INTRODUCTION

The application of Informed Consent in vaccination service is different from medical action. It is so specific that vaccination is not therapeutics. Besides, there are special characteristic of vaccination method that is going to be given. If the method is Reversible, the Informed Consent should be confirmed to patient's family.

Informed Consent must require two things such as understanding and voluntariness. The application of informed consent to medical workers is still low, it can be identified by 30% midwives have ever encountered maternal prenatal audit because patients' claim about the disagreement of medical treatment given and there was no evidence about informed consent in medical record.

Based on the study (May, 2009) it was confirmed that 98% self-proclaimed midwives in Surabaya never apply informed consent in every medical midwives treatment such as pregnancy test, delivery, postpartum, family planning, and vaccination. It is also based on the result of study from 5 self-proclaimed midwives in Semarang; none of them applies informed consent when helping patients in the delivery process. However, in practice, all medical treatment done by midwives must apply informed consent stated by the Ministry of Health regulation Number 1464/MENKES/PER/X/2010 about *Permission and Implementation of Midwives Practice*. Based on the background, the writers are interested in conducting a study about "the Pursuance and Implementation of Informed Consent Law towards Vaccination Service based on 1464/MENKES/PER/X/2010 about Permission and Implementation of Midwife Practice in Self-proclaimed Midwives in Semarang.

METHOD

The study employed descriptive study. The subject of this study was 30 people. The sampling was conducted by non probability sampling technique with purposive sampling. The source of data included primary and secondary data. Validity test conducted by expert test. Data analysis method used descriptive quantitative approach.

RESULTS

Graduates	Respondent	
	n	%
DI	2	6
DIII	18	60
DIV	6	20
S1	1	3
S2	3	11
Total	30	100

Source: Primary data in 2016

The respondent taken varies in several level of education, such as 6% of DI, 60% of DIII, 20% of DIV, 3% of S1, and 11% of S2. Self-proclaimed midwives continued their study to DIII level because it is the minimal requirement of being midwives. Therefore, those who are not DIII (Diploma) of Midwifery are not allowed to provide self-proclaimed practice.

Year	Respondent	
	n	%
1985 - 1989	1	3
1990 - 1994	7	24
1995 - 1999	13	45
2000 - 2004	6	21
2005 - 2009	2	4
2009 - 2013	1	3
Total	30	100

Source : Primary data in 2016

The table showed that self-proclaimed midwives have already provided their service from 1985 is 3%, 1990 is 24%, 1995 is 45%, 2000 is 21%, 2005 is 4% and 2009 is 3%. Self-proclaimed midwives provide the service to pregnant women, delivery process, postpartum, newborns, vaccination, family planning, women reproduction health, as well as public health.

Pursuance of Midwives	Respondent	
	n	%
Aware	12	40
Not Aware	18	60
Total	30	100

Source : Primary data in 2016

The table showed that the pursuance of Midwives in applying the informed consent was 40% are aware midwives and 60% are not. The pursuance of Midwives in filling vaccination informed consent was influenced by number of patients' visit, education, knowledge, and the period of self-proclaimed midwives practice. It also can be seen that the number of patients' visit in each midwife is different one and another, so popular midwives tend to omit or ignore the filling of informed consent. Besides, education level also influences the pursuance of midwife in filling informed consent. Midwives who have not taken the DIII of Midwifery education tend to ignore the informed consent. There were some midwives who did not quite understand to fill the informed consent.

Table 4. Vaccination Informed Consent Data		
Informed Consent	Respondent	
	n	%
Available	10	33
Unavailable	20	67
Total	30	100

Source: Primary data in 2016

Based on table above, the midwives who provided vaccination informed consent were 33%, while those who did not provide vaccination informed consent were 67%. Informed consent is a medical treatment agreement given to patient or patient's family after getting explanation completely about medical treatment that will be done to the patient (Samil, 2003). Informed consent on self-proclaimed midwives should be given in every vaccination services, Family Planning, pregnancy, delivery, postpartum, normal newborns, reproduction health, and public health as well. Based on the study, midwives who did not apply the informed consent were due to their lack of understanding about the content of the informed consent in vaccination. Self-proclaimed midwives, however, only keep one informed consent for all services.

Table 6. The Data of Giving the Informed Consent of Vaccination		
The Application of the Informed Consent of Vaccination	Respondent	
	n	%
Early vaccination visit	21	70
Regular vaccination visit	9	30
Total	30	100

Source : Primary data in 2016

Based on table above, giving informed consent of vaccination in self-proclaimed midwives in the beginning of vaccination visit were 70%, while giving informed consent in self-proclaimed midwives in every vaccination visit were 30%. The informed consent of vaccination in self-proclaimed midwives was only in the beginning of vaccination, while ideally it must be done every vaccination visit. It is not only conducted by asking for patients' signature, but the patient must be explained about the vaccination, dose, injection, expiry date before doing the vaccination. Once the patient's family know and understand about the explanation, the informed consent should be signed to avoid misunderstanding between patient and midwives later on.

SUMMARY

1. Most of the midwives were 60% graduated from DIII, midwives who started self practice in 1995 were 45%.
2. The midwives who were aware to fill informed consent were 40% and those who were not aware were 60%.

3. Midwives who provided the informed consent of vaccination were 33% and those who did not provide were 67%. The application of the informed consent in the beginning of vaccination visit was 70% and for regular vaccination visit were 30%.

REFERENCE

1. Adami Chazawi, 2007, *Malpraktik Kedokteran*, Cetakan pertama, Jakarta : Bayumedia Publishing.
2. Alexandra Indriyani, 2008, *Etika dan Hukum Kesehatan*, Jakarta : Pustaka Book Publisher.
3. A Mansyur Effendi, 2005, *Perkembangan Dimensi Hak Asasi Manusia*, Jakarta : Ghalia Indonesia.
4. Azrul Azwar, 1996, *Pengantar Administrasi Kesehatan*, Edisi ketiga, Jakarta : Bina Rupa Aksara.
5. Bahder Johan Nasution, 2005. *Hukum Kesehatan Pertanggungjawaban Dokter*, Jakarta : Penerbit Rineka Cipta
6. Bambang Sunggono, 2010, *Metodologi Penelitian Hukum*, Jakarta : Rajawali Pers.
7. J Guwandi, 2007, *Hukum Medik*, Jakarta : Fakultas Kedokteran Universitas Indonesia.
8. Juanita, 2002, ”*Peran Asuransi Kesehatan Dalam Benchmarking RS Dalam Menghadapi Krisis Ekonomi*”, Tesis: Universitas Sumatera Utara.
9. Lutfi Effendi, 2004, *Pokok-pokok Hukum Administrasi*, Edisi pertama Cetakan kedua, Malang : Bayumedia Publishing.
10. M. Jusuf Hanafiah dan Amir Amri, 1999, *Etika Kedokteran dan Hukum Kesehatan*, Edisi tiga, Jakarta : EGC.
11. Mustika Sofyan, 2006, *50 Tahun IBI Bidan Menyongsong Masa Depan*, Cetakan Kelima, Jakarta : PP IBI.
12. Philipus M. Hadjon, 2001, *Pengantar Hukum Administrasi Indonesia*, Cetakan ketujuh, Yogyakarta : Gadjah Mada University Press.
13. Rahmawaty, 2006, “*Perilaku Bidan Praktik Swasta Dalam Menggunakan Perlengkapan Perlindungan Diri*”, Skripsi : Universitas Sumatera Utara.
14. Ridwan HR, 2010, *Hukum Administrasi Negara*, Jakarta : PT Raja Grafindo Persada.
15. Safitri Haryani, 2005, *Sengketa Medik*, Jakarta : Diadit Media.
16. Soekidjo Notoatmodjo, S, 2003, *Ilmu Kesehatan Masyarakat*, Jakarta : Rineka Cipta.
17. Soerjono Soekanto dan Sri Mamudji, 1985, *Penelitian Hukum Normatif Suatu Tinjauan Singkat*, Cetakan Pertama, Jakarta : CV. Rajawali.
18. Soerjono Soekanto, 2003, *Pokok-pokok Sosiologi Hukum*, Jakarta: Raja Grafindo Persada.
19. Soerjono Soekanto, 2005, *Pengantar Penelitian Hukum*, Jakarta : Universitas Indonesia.
20. Sofwan Dahlan, 2000, *Hukum Kesehatan (Rambu-Rambu Bagi Profesi Dokter)*, Semarang : BP Universitas Diponegoro.
21. Sofwan Dahlan, 2008, *Ilmu Kedokteran Forensik Pedoman Bagi Dokter dan Penegak Hukum*, Semarang : Universitas Diponegoro.
22. Sri Soedewi Masjchun Sofwan, (t.th), *Hukum Badan Pribadi*, Yogyakarta : Yayasan Badan Penerbit Gajahmada.
23. Wila Candrawila Supriadi, 2001, *Hukum Kedokteran*, Bandung : CV Mandar Maju.