LEGAL PROTECTION OF MEDICAL AND HEALTH PERSONNEL IN THE IMPLEMENTATION OF COVID-19 VACCINATION

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Abstract

The presence of the COVID-19 disease outbreak in 2019 brought many impacts on human life. Many people died due to Covid-19, countries around the world are trying to find solutions so that the COVID-19 outbreak can be overcome. Vaccines are the best solution for now in providing prevention of the COVID-19 pandemic. The government also organizes mandatory COVID-19 vaccinations that are given to the public to avoid this COVID-19 disease. The issuance of the approval for the COVID-19 vaccination is carried out because it is a public health emergency or Emergency Use Authorization (EUA). This research uses normative juridical research methods and empirical legal research. In general, research activities are carried out by collecting sources from reading materials such as books and laws and regulations, as well as conducting several interviews. The results obtained from this study are that medical and health personnel have received legal protection in the implementation of COVID-19 vaccination, both preventively and repressively. Then the factors that have the potential to cause medical disputes are Unexpected Events after COVID-19 Vaccination, incomplete information from officers, incomplete and correct information and information from the patient regarding the patient's medical history, incorrect assessment of the state of the vaccine target, and negligence of officers. However, this can be prevented by conducting education related to AEFI, ensure the quality and safety of vaccines and injectable vaccines according to the correct procedures, increasing the knowledge and ability of officers, do good IEC for patients.

Keywords: Legal Protection, Covid-19 Vaccination, Doctors, Health Workers.

A. Introduction

Availability service health and medicine, clean environment and healthy, as well things other related with health is vital factor in continuity life human.1 The emergence of the COVID-19 disease outbreak in 2019 brought many impacts on human life. Many people died due to the pandemic, one of which was Indonesia.2 WHO released data on February 4, 2021 that 103,989.900 have been diagnosed with the disease and 2,260,259 have not recovered or

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died, with cases fatality rate (CFR) of 2.2% of the COVID-19 disease. In Indonesia alone, 1,123,105 people were diagnosed with COVID-19 with a total of 31,001 people died (CFR 2.8%), this was released from data owned by the Ministry of Health. In accordance with the description of the data described, countries in the world are trying to find ways so that the pandemic can be resolved immediately. An effective vaccine is one of the best solutions for now in providing prevention against a pandemic, it aims to significantly reduce the mortality rate and severity of COVID-19 disease.

Like law, protocol with holding vaccine COVID-19 pregnant instrumental function go from destination for push curve virus exposure in the middle Public through change behavior community, Protocol work on two areas namely persuasive and coercive. The government organizes a COVID-19 vaccination that is given to the public so that they can avoid this COVID-19 disease. The issuance of approval for the COVID-19 vaccination is carried out because it is a public health emergency worldwide, including Indonesia. Approval for administration of vaccines in very emergency situation or Emergency Use Authorization (EUA) is the granting of a permit issued for the approval of the use of certain drugs/vaccines in an emergency that threatens public health. Approval for the use of this vaccine is carried out based on WHO guidelines according to the criteria, namely conditions in a public health emergency, vaccines that are scientifically proven to be safe, can prevent and protect the community from COVID-19 disease and are carried out properly and correctly good quality up to standard.

Then the Ministry of Health as the government's representative coordinates with the Indonesian Ulema Council (MUI) to address the growing turmoil in society. MUI allows the administration of COVID-19 vaccination because it has been proven to be halal and pure, while astrazeneca is allowed because it is allowed even though it contains trypsin from pigs, the COVID-19 vaccine has been proven to be given to the community for the benefit and benefit of it as an effort government in reducing the level of morbidity and mortality due to COVID-19 disease in accordance with MUI fatwa number 2 of 2021. In Indonesia, where the majority of the population is Muslim, the existence of halal certification for vaccines is very important and fundamental to implement. In this government through ministry health state that has distributed 1.2 million dose vaccine to 34 provinces in Indonesia.

People who are categorized as target recipients of vaccines must carry out the vaccine. Based on Presidential Regulation Number 14 of 2021 concerning Presidential Changes Number 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Context of Eradicating the 2019 Corona Virus Disease (COVID-19) Pandemic in article 13A paragraph

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10. MUI Fatwa Number 2 of 2021 Regarding Coronavirus
11. Law Number 33 of 2014 concerning Guarantee of Halal Products
4 that when people do not want to be vaccinated, they will be subject to sanctions. These sanctions are administrative sanctions, such as delays in providing social security or social assistance, fines or temporary suspension or delays in administrative services in the government.\(^{13}\)

Then regarding efforts to inhibit the COVID-19 vaccination program, this has been confirmed in the provisions of Article 93 of Law Number 6 of 2018 concerning Health Quarantine that when the public does not implement the health quarantine regulations or even take actions that hinder their implementation, which can have bad potential, shall be sentenced to a maximum imprisonment of 1 year and/or a maximum fine of one hundred million rupiah.\(^{14}\) So that people cannot bargain regarding the implementation of the COVID-19 vaccination because the world is in a public health emergency.

Based on Balitbangkes data from the Ministry of Health in April-May 2021, there are 33% of people who are still hesitant to be vaccinated and there are 7.6% of people who still refuse to be vaccinated.\(^{15}\) The condition of the incessant refusal of vaccination from the community and on the other hand the vaccination program Covid-19, which is mandatory for the whole community, causes health workers to need legal protection considering that COVID-19 vaccination is carried out in an emergency and does not escape the possibility of AEFI in administering vaccines. Related to this potential, health workers are entitled to guarantee legal protection.

Novelty, in this case the researcher is very interested in exploring research on Labor Law Protection Medical and Health Workers in the Implementation of the COVID-19 Vaccination Program in Bandar Lampung City. This research uses normative juridical methods and is also assisted by empirical legal research. In conducting the research, the writer collected sources from reading materials such as books and laws and regulations, and conducted several interviews.

\section*{B. Discussion}

Health workers who are then called health workers, is the front line or vanguard to treat patients and is at very high risk of exposure, so protection is needed for health workers.\(^ {16}\) In accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 10 of 2021 concerning the Implementation of Vaccination in the Context of Eradicating the \textit{Corona Virus Disease Pandemic} 2019 that when the vaccine will be given it must be given directly by a doctor, nurse or midwife, of course, must have standards. It’s authority and competence are in accordance with the applicable regulatory qualifications. If the administration is carried out by nurses and midwives, then the administration of the vaccine must be supervised by a doctor, as mandated by the legislation.\(^ {17}\) Nurses and Midwives have competence and authority as requirements that must be met. Competency-based authority is the authority to administer health services independently, of course, it will be adjusted to the scope

\begin{itemize}
  \item \(^{13}\)Presidential Regulation Number 14 of 2021 concerning Changes in the President Number 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Context of Eradicating the 2019 Corona Virus Disease Pandemic (COVID19)
  \item \(^{14}\) Law Number 6 of 2018 concerning Health Quarantine
  \item \(^{16}\) Rustam Effendi, “Government's Role in Protecting Health Workers Exposed to COVID-19 Government's Role in Health Workers Protection from COVID-19 Exposure” 9, no. 2 (2022): 129–34. doi: \url{https://doi.org/10.33746/fhj.v9i02.314}
  \item \(^{17}\)Regulation of the Minister of Health of the Republic of Indonesia Number 10 of 2021 concerning the Implementation of Vaccination in the Context of Eradicating the 2019 Corona Virus Disease (Covid-19) Pandemic
\end{itemize}
and level of competence. Midwives are given the authority to provide immunizations to their patients. This is stated in the provisions of Article 25 paragraph (1) letter whose authority is based on government programs as referred to in Article 23 paragraph (1) letter a, one of which is routine immunization and additional immunizations. which has been adapted to the program from the government.

The nurse's authority in assisting the implementation of the COVID-19 Vaccination is in accordance with their competence and is obtained based on the delegation of authority from doctors as medical personnel and supervisory supervision carried out by nurses, considering that COVID-19 vaccination is one of the medical measures due to its invasive nature. It is also stated in the Elucidation of Article 32 paragraph (4) of the Nursing Law, that medical activities that can be replaced are the act of giving injections, then giving infusions, and giving vaccines to people as regulated.

Health workers implementing COVID-19 vaccination are at the forefront because they are in direct contact with the community as recipients of vaccination services (patients). Like humans, vaccinators have limitations that allow them to make mistakes and omissions that can lead to medical disputes with recipients of vaccination services. The lack of information and the public's low understanding of the benefits of the COVID-19 vaccination also contributed to this dispute. The possibility of medical disputes arising in the COVID-19 vaccination service can disrupt the sense of security of vaccine givers in carrying out their work. In addition, the public's excessive fear of AEFI makes health workers feel anxious while on duty. However, according to Gaddafi Indrawan18, the number of educational media on social media has a positive impact on the implementation of the COVID-19 vaccination because the public can be widely educated to come to the place where the COVID-19 vaccination is carried out.

Through education in the media, the public knows what to do if an AEFI occurs so that the community can make the correct first attempt in handling AEFI properly before contacting health workers. Availability COVID-19 vaccine will help with the handling process more COVID-19 pandemic fast. Already should be a vaccination program the no rejected by Public remember vaccination is step first government in cut off chain Covid-1919 transmission. Most of the refusal is based on the fear of side effects after vaccination (AEFI). The tough challenge faced by vaccinators is intimidation and threats from the patient's family during the COVID-19 vaccination. For example, during the implementation of the COVID-19 vaccination in Aceh, several cases of intimidation and expulsion were directed at health workers.20 Another case occurred in the city of Medan, North Sumatra, where a vaccinator was suspected of injecting a blank vaccine and was named a suspect by the police.21 According to Dini22, some people's rejection of the COVID-19 vaccination is largely based on the negative effects of the vaccine and suffering from a disease that patients think should not be vaccinated. However, the refusal did not continue to become an act that threatens or intimidates health workers as has happened

18Interview with Gaddafi Indrawan, Chairman of the Indonesian Doctors Association of Bandar Lampung City, Wednesday 2 March 2022.
in other areas. Likewise, according to Gaddafi Indrawan\textsuperscript{23}, refusal does not continue to be an act that threatens or intimidates health workers.

People who refuse to be vaccinated against COVID-19 take an attitude that is limited to not coming to the COVID-19 vaccination site. This condition is also confirmed by Desy\textsuperscript{24} Mugi who stated that until now there has never been a violent rejection of health workers in carrying out COVID-19 vaccinations. During the implementation of the COVID-19 vaccination in Bandar Lampung City, there were several Unexpected Events (KTD) after vaccination, but according to AEFI records, they tended to be mild. Patients who experience AEFI generally only experience high fever, pain at the injection site and weakness after being vaccinated against COVID-19.\textsuperscript{25} From the facts above, the difficulties faced by health workers in the field in carrying out COVID-19 vaccinations, in addition to the gap in understanding of the facts and fatwas of vaccination in the community, are security problems. A sense of security and peace and not feeling threatened when doing an act or not doing an act which is included in the human rights of every person which is a prerequisite for health, so protection is needed to maintain it.

Legal protection is all efforts to fulfill rights and provide assistance to provide a sense of security to witnesses and/or victims, legal protection of crime victims as part of community protection, can be realized in various forms, such as through the provision of restitution, compensation, medical services, and legal assistance.\textsuperscript{26} Legal protection is the most effective form of protection in the presence of established laws and regulations.\textsuperscript{27} Acting as the main legal umbrella for vaccine providers is the provision of Article 27 paragraph (1) of the Law of the Republic of Indonesia Number 36 of 2009 concerning Health, namely that health workers have the right to receive compensation and legal guarantees that must be protected in carrying out their duties. Therefore, officers also have an obligation to improve and develop their knowledge. The implementation of this obligation will certainly be given to patients who are more qualified and follow the developing civilization.

Legal protection is further regulated in Law Number 36 of 2014 concerning Health Workers, namely in the provisions of Article 57, in carrying out their duties health workers are entitled to guarantee legal protection while carrying out their duties as a profession, then according to the SOP, and the type. In addition to these rights, health workers also have obligations that must be carried out in carrying out their practice, as regulated in the provisions of Article 58 paragraph (1) of Law Number 36 of 2014. Furthermore, in the provisions of Article 75 of the Law concerning Health Workers, it is reaffirmed that Health workers have the right to be protected by law, as regulated in laws and regulations.

Those who can act as vaccinators other than medical personnel are health workers, midwives and nurses. Legal protection for each vaccine giver is regulated by law. For doctors as medical personnel, the right to obtain legal protection in carrying out medical practice is regulated in the Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice, specifically in the provisions of Article 50, as long as they are on duty, in this case vaccination, must be carried out so that they are adjusted to standard operating procedures and professional standards. For midwives, legal protection and certainty are guaranteed by the Law of the Republic of Indonesia Number 4 of 2019 concerning Midwifery. In the provisions of Article 60 it is stated that in carrying out his duties, he is also entitled to guaranteed legal

\begin{itemize}
  \item\textsuperscript{23} Interview with Gaddafi Indrawan, Chairman Bond Indonesian Doctor Bandar Lampung City, March 2, 2022.
  \item\textsuperscript{24} Interview with Desy Mugi, vaccinator for COVID-19 vaccination, February 20, 2022.
  \item\textsuperscript{25} Interview with Novita, Head PP KIPI Section of Bandar Lampung City Health Office, 2 March 2022.
  \item\textsuperscript{26} Muhammad Zainuddin and Siti Nur Umariyah Febriyanti, "Legal Protection Against COVID-19 Vaccine Clinical Trials Volunteers," \textit{Legal World Scientific Journal} 5, no. April (2021): 134, https://doi.org/10.35973/jidh.v0i0.2004.
  \item\textsuperscript{27} Zainuddin and Febriyanti.
\end{itemize}
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protection as long as he carries out his duties in accordance with his profession, authority, and also does not violate the rules, about ethics, and the like.

Vaccination is one of the duties of midwives in providing health services. As for nurses, legal protection and certainty are regulated in the Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing. In the provisions of Article 36 it is stated that nurses are also entitled to be protected by law in carrying out their duties, of course they must be based on operational procedures, appropriate services, professional standards, and in accordance with applicable rules. As has been explained, the nurse's duties include carrying out: COVID-19 vaccination according to program government based on the delegation of tasks delegated.

The entire law above states that legal protection is a right that is obtained as long as the requirements for competence, authority, professional standards, professional service standards, and standard operating procedures have been met. As the main requirement that must be met by health workers who vaccinate against COVID-19 in a public health emergency as it is today is to have a Registration Certificate (STR). This causes health workers who do not have STR to be prohibited from carrying out their duties to carry out COVID-19 vaccinations in health care facilities. STR is evidence in the form of writing, obtained from the professional assembly itself. STR obligations that must be owned by Health Workers in carrying out their duties have been stated in Article 44 paragraph (1) of the Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers. There are things that must be completed when Health Workers get STR.

In addition to the above requirements that must be met to obtain legal protection, health workers implementing COVID-19 vaccinations must receive training and have certificates as an effort to improve knowledge, attitudes and skills that can encourage their performance and skills quality Increasing the capacity of officers is very important considering that the implementation of the covid-19 vaccination is carried out widely to the community in order to minimize the occurrence of mistakes by the vaccine officer in giving the covid-19 vaccination. Gaddafi Indrawan also said: the importance of COVID-19 vaccination training for health workers, especially doctors. With increased knowledge, health workers will be more confident when vaccinating against COVID-19 and avoid fear or discomfort. Early confirms that so far the Bandar Lampung City Health Office has held training for COVID-19 vaccination implementers for all task-implementing units in the Bandar Lampung city area.

No less important than training, advocacy and socialization are also special concerns so that the implementation of the COVID-19 vaccination goes well considering that the COVID-19 vaccination is one of the priority activities. Advocacy and socialization are very important before the implementation of the COVID-19 vaccination. Advocacy efforts are carried out in order to garner commitment, real support and active participation from community leaders, head of RT, Lurah and Camat to assist the successful implementation of COVID-19 vaccination. The TNI/POLRI were also asked to provide assistance and assistance in accelerating the COVID-19 vaccination. If negligence causes an undesirable event to the patient, it has the potential to cause conflict or dispute between the two.

28 See the provisions of Article 74 of the Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers  
30 Interview with Gaddafi Indrawan , Chairman of the Indonesian Doctors Association of Bandar Lampung City, Friday, March 2 , 2022 .  
31 Interview With Early , Chief Immunization Program Section On Sexy Surveillance And Immunization Bandar Lampung City Health Office March 2 , 2022.
The steps that can be taken by patients and their families in the event of negligence by health workers are: 1) report the case to the ethical board of medical personnel or health workers (Honorary Council for Medical Ethics and MKDKI, Nursing Ethics Honorary Council or Midwife Ethics Advisory Council); 2) conduct mediation; 3) sue in a civil manner; 4) and if it turns out that the health worker's actions were intentional or resulted in death or serious injury, criminal reporting efforts can be made. Mediation is still the main effort to resolve disputes. As a form of legal protection for health workers, every professional organization has an advocacy section that will later help resolve the conflict or dispute. Although in practice medical dispute cases can still be carried out by the police and courts without having to go through a study through the MKEK and MKDKI. According to the author, the resolution of medical disputes in order to fulfill a sense of justice for all parties is through mediation conducted by MKEK and MKDKI.

Due to the current law, the resolution of medical disputes is ambiguous and does not benefit all parties, for patients where patients feel they are victims of poor standard operating procedures for health services carried out by health workers where the profession is most responsible for its implementation. From vaccination. Covid19. However, health workers also feel that they are victims of decisions made by patients to take the case to court so that health workers feel guilty by the community and social media without a court decision stating that health workers are legally guilty. Losses can also have an impact on health workers because public trust in health workers is reduced even though the court's decision is that the health workers are not guilty.

However, according to the current law, the original Law Number 36 of 2009 concerning Health states that in the event that a health worker is suspected of being negligent in carrying out his profession, the negligence must be resolved first through mediation. Mediation of medical dispute cases needs to be carried out by a mediator who understands the law and understands medical aspects. So according to the author, the mediation carried out by MKEK and MKDKI is the right mediation to ensure justice for both patients and health workers. The assumption is that if mediation is carried out by the MKEK and MKDKI, the institution takes sides with the doctors in dispute because it is not appropriate to maintain the dignity of the medical profession in Indonesia, because maintaining the dignity of the medical profession is by fostering medical science. According to medical practice standards in Indonesia do not let doctors practice their treatment with substandard medical science.

On the other hand, medical personnel, namely doctors, feel uncomfortable because they are afraid of the judgments and decisions issued by the MKEK and MKDKI which are competent institutions to objectively assess medical dispute cases a doctor. However, from the results of interviews with sources from both the Bandar Lampung City IDI and the Bandar Lampung City Health Office, there have been no reports that health workers are involved in medical disputes related to the implementation of the COVID-19 vaccination. In this study, it was found that there is already legal certainty that guarantees the protection of the interests of health workers in the implementation of COVID-19 vaccination, namely by the existence of laws and regulations related to this matter. The Bandar Lampung City Health Office as an extension of the central government in carrying out mandatory government affairs related to basic services in the health sector has taken steps that are able to provide preventive legal protection for health workers in the implementation of COVID-19 vaccination. Not only protecting the interests of health workers, this step also protects the interests of patients to get safe and quality COVID-19 vaccinations.

The following is legal protection for health workers in the implementation of the COVID-19 Vaccination which is presented in tabular form:
Table 1. Legal Protection for Health Workers in the Implementation of COVID-19 Vaccination

<table>
<thead>
<tr>
<th>Preventive Legal Protection (to prevent disputes)</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>Information</td>
</tr>
<tr>
<td>1945 Constitution of the Republic of Indonesia</td>
<td>Article 28D</td>
</tr>
<tr>
<td>Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice</td>
<td>Article 50</td>
</tr>
<tr>
<td>RI Law Number 36 Year 2009 concerning Health</td>
<td>Article 27 paragraph (1)</td>
</tr>
<tr>
<td>RI Law Number 36 of 2014 concerning Health Workers</td>
<td>Article 57; Article 75</td>
</tr>
<tr>
<td>RI Law Number 38 of 2014 concerning Nursing</td>
<td>Article 36</td>
</tr>
<tr>
<td>RI Law Number 4 of 2019 concerning Midwifery</td>
<td>Article 60</td>
</tr>
<tr>
<td>Regulation of the Minister of Health of the Republic of Indonesia Number 10 of 2021 concerning the Implementation of Vaccination in the Context of Eradicating the 2019 Corona Virus Disease Pandemic (Covid-19)</td>
<td>Article 29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repressive Legal Protection (dispute resolution)</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>Information</td>
</tr>
<tr>
<td>Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice</td>
<td>Article 66 paragraph (1)</td>
</tr>
<tr>
<td>RI Law Number 36 Year 2009 concerning Health</td>
<td>Article 29; Article 58 paragraph (1)</td>
</tr>
<tr>
<td>RI Law Number 36 of 2014 concerning Health Workers</td>
<td>Article 77; Article 78</td>
</tr>
<tr>
<td>Body</td>
<td>Information</td>
</tr>
<tr>
<td>Honorary Council of Medical Ethics and MKDKI</td>
<td>Ethical violations by doctors</td>
</tr>
<tr>
<td>Nursing Ethics Honorary Council</td>
<td>Ethical violations by nurses</td>
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<tr>
<td>Midwife Ethics Advisory Council</td>
<td>Ethical violations by midwives</td>
</tr>
<tr>
<td>Court</td>
<td>Civil Action</td>
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<tr>
<td>POLICE</td>
<td>Criminal Report</td>
</tr>
</tbody>
</table>

Based on the description above, it can be concluded that the legal protection of health workers during the COVID-19 pandemic consists of preventive and repressive protection efforts.

In preventive protection efforts, from 2020 to 2021, health workers have received work safety guarantees in the form of obtaining complete PPE and also providing vaccinations. However previously, in 2019 they had difficulty getting assistance in the form of PPE so, many were exposed to Covid-19. This Vaccination Program is a form of repressive protection provided by the Government to ensuring the safety of every citizen.

To protect the repressive, the Government has provided incentives and compensation for death to health workers as contained in Kepmenkes No. HK. 01.07/MENKES/278/2020 concerning Provision of Death Incentives and Compensation for Health Workers Handling Covid-19, and Kepmenkes No. HK. 01.07/MENKES/215/2020 concerning the Utilization of the Special Allocation Fund for the Health Sector for the Prevention and Handling of COVID-19 for the 2020 Fiscal Year. Although in reality the provision of incentives and compensation has experienced many obstacles, it is still given.

This means that the government seems to be trying to protect health workers. As for health workers who experience discrimination, the Village Government has provided special rooms for its citizens exposed to Covid-19, such as turning schools into independent isolation rooms and placing residents there. Then for perpetrators of violence against health workers who are on duty to deal with the Covid-19 pandemic, professional organizations and law enforcement
officers have also intervened in providing legal certainty for these health workers, namely by giving criminal sanctions.

From the implementation of the COVID-19 vaccination in the field, several factors have the potential to cause medical disputes, namely: 1) Unexpected Events (KTD) related to COVID-19 vaccination which are suspected to be AEFI (Post Immunization Follow-up Events); 2) information from health workers implementing COVID-19 vaccination; 3) information and information from the patient regarding the patient's medical history: 4) assessment of target conditions; 5) negligence of health workers who carry out the COVID-19 vaccination.

1. Potential medical disputes in the implementation of COVID-19 vaccination, namely:
   a. Event (KTD) after the COVID-19 vaccination.
   b. Information from health workers implementing the COVID-19 vaccination to the patient's family.
   c. Information and information from patients regarding the patient's medical history.
   d. Improper assessment of target conditions
   e. Negligence of health workers

2. Prevention of potential medical disputes in the implementation of COVID-19 vaccination

To prevent adverse events suspected of KIPI from developing into medical disputes, there are several strategies carried out by the Bandar Lampung City Health Office\(^\text{32}\), including: 1) coordination and press conferences in providing clarification on news of suspected AEFIs by puskesmas doctors, AEFI Working Group; 2) provide assistance to families; 3) coordinate and report the results of the Epidemiological Investigation of suspected cases of Severe AEFI to the Pokja AEFI doctors in stages; 4) coordinate with the National Police and TNI for assistance in the protection of health workers.

Then this agreement is also a form of prevention and legal protection for medical and health workers, as well as respecting the patient's right to self-determination. It should be underlined that giving informed consent does not necessarily eliminate legal responsibility if it is proven that there is negligence of health workers in the implementation of vaccinations which results in losses for patients. By carrying out the correct\(^\text{33}\) vaccination procedure, vaccination can take place safely and comfortably, stimulate the formation of optimal immunity, minimize the impact of both medical and non-medical AEFIs so that healthy patients and health workers are also safe and protected from possible disease. caught in a legal case. To overcome the potential for incomplete and correct information from both health workers regarding the importance of vaccination and from patients regarding the patient's medical history, the following strategies can be implemented: increasing knowledge capacity, attitudes and abilities of health workers through COVID-19 vaccination training; carry out IEC (Communication, Information and Education) activities to the patient's family; encourage the active role of the community in the implementation of the COVID-19 vaccination.

The city government and its staff are responsible for mobilizing the active role of the community in their area. Raising the active role of the community is carried out through the following activities\(^\text{35}\): a) the delivery of information through print media, social media, electronic media, and outdoor media; b) advocacy and outreach across programs and sectors;

\(^{32}\)Results of an interview with Novita, Head of the PP KIPI Section of the Bandar Lampung City Health Office, 2 March 2022.

\(^{33}\)See the provisions of Article 6 of the Regulation of the Minister of Health of the Republic of Indonesia Number 290 of 2008 concerning Approval of Medical Actions.


\(^{35}\)See the provisions of Article 29 paragraph (2) of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization.
c) cadre development; d) fostering the assisted groups of toddlers and school children; and/or; e) development of non-governmental organizations or institutions. The spread of positive news about vaccination is expected to be able to overcome negative rumors (black campaign) which led to misunderstanding and rejection by some. The law emphasizes the importance of the Central Government, Provincial Governments, and Regency/City Governments providing guidance and supervision of the implementation of the COVID-19 vaccination by monitoring and evaluating the implementation of the COVID-19 vaccination. Monitoring and evaluation is carried out periodically, continuously, and gradually to measure the performance of vaccination.\textsuperscript{36}

C. Conclusion
Based on the results of the research conducted by the author, it can be concluded that medical and health workers have obtained legal protection in the implementation of COVID-19 vaccination, both preventively and repressively.

In preventive protection efforts, from 2020 to 2021, health workers have received work safety guarantees in the form of obtaining complete PPE and also providing vaccinations. However previously, in 2019 they had difficulty getting assistance in the form of PPE so, many were exposed to Covid-19. This Vaccination Program is a form of repressive protection provided by the Government to ensuring the safety of every citizen.

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\textsuperscript{36}See the provisions of Article 35 paragraphs (1) and (2) of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization.


C. Regulation

MUI Fatwa Number 2 of 2021 Regarding Coronavac.


Presidential Regulation Number 14 of 2021 concerning Changes in the President Number 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Context of Eradicating the 2019 Corona Virus Disease Pandemic (COVID19)

Regulation of the Minister of Health of the Republic of Indonesia Number 42 of 2013 concerning the Implementation of Immunization.

Regulation of the Minister of Health Number 10 of 2021 concerning the Implementation of Vaccination in the Context of Eradicating the *Corona Virus Disease Pandemic 2019 (COVID19)*.


Law Number 33 of 2014 concerning Halal Product Guarantee.

Law Number 6 of 2018 concerning Health Quarantine

D. Websites


[https://vaccin.kemkes.go.id/](https://vaccin.kemkes.go.id/) # vaccine, quoted on 15 November 2021.

