

Legal Protection for BPJS Kesehatan Patients in Healthcare Services at the Dr. Soetomo General Academic Hospital Surabaya

Muchammad Toyib^{1*}, Surti Yustianti², Sinarianda Kurnia², Andriyanto¹, Nuri Herachwati¹

¹Postgraduate School of Universitas Airlangga, Surabaya, Indonesia

*Corresponding Author E-mail: muchammad.toyib-2023@pasca.unair.ac.id

²Faculty of Law, Merdeka University Surabaya, Indonesia

Article History: Received: Agust 10, 2023; Accepted: Oktober 20, 2023

ABSTRACT

This study explores the implementation of healthcare services for BPJS Kesehatan patients at Dr. Soetomo General Academic Hospital in Surabaya, Indonesia. The research objectives were to investigate patients' perceptions of the services provided, their understanding of rights and obligations, and the legal remedies available. Employing a juridical-empirical approach, the study surveyed 50 patients using qualitative data analysis. Findings revealed that 78% of patients considered the hospital's services good, despite some shortcomings such as inadequate drug information and attention from medical staff. Additionally, only 24% of patients were aware of their rights and obligations. Legal remedies within the hospital, handled by the Public Service Complaints Section, addressed patient complaints effectively, with approximately 12% of patients expressing dissatisfaction. However, non-litigation efforts through external organizations like the Indonesian Consumers Foundation were not reported. This study highlights the need for enhanced patient education and awareness, efficient complaint mechanisms, and further exploration of external legal recourse avenues to ensure comprehensive legal protection for BPJS Kesehatan patients.

Keywords: BPJS Kesehatan, healthcare services, legal protection, Dr. Soetomo General Academic Hospital, patients

1. INTRODUCTION

Health is a human right that must be protected and cared for by the Government (Backman et al., 2008). In addition, health is also an indicator of the welfare of the people of the country in addition to the economy and society (Steckel & Floud, 1997). One of the government's efforts to improve public health is to establish hospitals in each region (Heywood & Harahap, 2009). The hospital is a health service institution whose function is to provide and organize health efforts that are healing and recovery for patients. Health services provided by hospitals to patients can also be seen as services provided between business actors (hospitals) and patients (consumers). The health services provided must be services that do not discriminate between a person's social status in society, whether the rich, the poor, the powerful, the common people, the smart people, or the stupid people (Yeravdekar et al., 2013).



In Indonesia, fulfilling the need for health services for the poor is carried out by the government by implementing the Social Health Insurance Program, which begins with the Health Insurance Program for the Poor (hereinafter abbreviated as JPK-MM) or better known as ASKESKIN. The coverage of health services for the poor and underprivileged through the health care insurance program for the poor or ASKESKIN continues to increase, from 36.4 million people (2005) to 76.4 million people (2007) (Kementerian PPN/Bappenas, 2015). In 2008, the ASKESKIN program changed its name to Community Health Insurance (which will be shortened to Jamkesmas). Apart from being a form of government accountability for the health of the poor, the birth of Jamkesmas is also an effort to implement Law Number 40 of 2004 concerning the National Social Security System (hereinafter abbreviated as SJSN).

Furthermore, in Law No. 24 of 2011 concerning the Health Social Security Administering Body (hereinafter abbreviated as BPJS), the National Social Security will be administered by the BPJS, which consists of the National Social Security Agency on Health (BPJS Kesehatan) and the National Social Security Agency for Employment (BPJS Ketenagakerjaan). Especially for the National Health Insurance (hereinafter abbreviated as JKN) will be held by BPJS Kesehatan whose implementation will begin January 1, 2014 (Abnur, 2015). BPJS Kesehatan is a State-Owned Enterprise specially assigned by the government to provide health care insurance for all people of Indonesia, especially for civil servants (hereinafter abbreviated as PNS), civil servant pensioners, and the Indonesian National Armed Forces (hereinafter abbreviated as TNI)/Police of the Republic of Indonesia (hereinafter abbreviated as POLRI), veterans, pioneers of independence and their families, and other business entities or ordinary people.

Health services provided to patients using BPJS Kesehatan in several hospitals or Community Health Centers (hereinafter referred to as PUSKESMAS) did not produce optimal results. Many complaints were heard from BPJS Kesehatan patients in the implementation of health services in several hospitals, one of which was in the city of Surabaya (Akmal Vyandri & Handoko, 2014). The hospital has a very important role in the implementation of the BPJS Kesehatan program because if the local PUSKESMAS is inadequate for the treatment of the patient, the PUSKESMAS will propose to the patient to be referred to a hospital that is more adequate for the patient's health. Dr. Soetomo General Academic Hospital is a type A government hospital managed by the Regional Government of East Java Province (RSUD Dr. Soetomo, 2014). Dr. Soetomo General Academic Hospital handles a large number of BPJS Kesehatan patients, both from the Surabaya City area and from outside the city. This hospital is the largest hospital in



Eastern Indonesia and has complete service facilities. So, it is not uncommon for BPJS Kesehatan patients from outside the Surabaya City area to be referred to this hospital.

Legal protection for patients who use BPJS Kesehatan are all efforts that guarantee legal certainty to provide protection for patients who use BPJS Kesehatan. This can be seen from the implementation of health services including the implementation of the rights and obligations of patients, the responsibility of hospitals as organizers or implementers of BPJS Kesehatan in health services for patients and legal remedies that can be taken by patients using BPJS Kesehatan.

2. RESEARCH METHOD

In this study, the authors used a juridical-empirical approach. From a juridical perspective, it is intended to explain and understand the meaning and legality of laws and regulations governing law enforcement on public health insurance issues. Whereas in an empirical perspective it is intended to look at the facts on the ground (in this case at Dr. Soetomo General Academic Hospital) in terms of legal protection for patients using BPJS Kesehatan.

Data analysis used by the author is qualitative data analysis, where all data both primary and secondary will be processed and analyzed by systematically compiling data, categorizing and classifying, connecting one data with other data, interpreting it to understand the meaning of data in situations social media, and interpretation is carried out from the perspective of researchers after understanding the overall quality of the data. The analysis process is carried out continuously since the search for data in the field and continues until the analysis stage.

Data collection methods are carried out in two ways, namely Library Research and Field Research. Sampling was carried out in the form of purposive sampling, meaning that only certain people who have the qualifications are the samples of this study. Purposive sampling was chosen so that it can truly guarantee that the respondents are the elements to be studied and are sure to be included in the selected sample.

For this sample, the researchers classified them based on the services they received, gender, age, and place of residence. Based on the service, patients are divided into:

- a. Outpatient Installation Patients (20 people)
- b. Graha Amerta Main Inpatient Installation Patients (10 people)
- c. Surgical Inpatient Installation Patients (10 people)
- d. Cardiovascular Diagnostic & Intervention Installation Patients (5 people)
- e. Obstetrics & Gynecology Inpatient Installation Patients (5 people)



Based on the gender category, patients were distinguished between male and female patients, for the category of residence the patients were distinguished into patients from the city of Surabaya and outside the city of Surabaya. And based on the age category, pediatric patients are distinguished (1 day old - under 18 years old), adult patients (over 18 years old - 50 years old), and elderly patients (over 50 years old).

The qualifications are:

- a. For outpatients, at least they have become patients at Dr. Soetomo General Academic Hospital for 1 week.
- b. For inpatients, at least they have become patients at Dr. Soetomo General Academic Hospital for 1 month.

Based on the sample taken, it actually cannot represent the entire population (patients using BPJS Kesehatan) at Dr. Soetomo General Academic Hospital, which numbered tens of thousands of people, but from the samples taken, researchers will be able to see how health services are and how legal protection is given to patients. The data that is then expected to be obtained at the research site and outside the research are as follows:

a. Primary Data Source

Sources of data in the form of statements originating from parties or agencies related to the object directly studied, which is intended to better understand the intent, purpose, and meaning of existing secondary data. This primary data can be obtained from:

- i. Questionnaires distributed by researchers to 50 samples of patients using BPJS Kesehatan at Dr. Soetomo General Academic Hospital.
- ii. Interviews were conducted by researchers with parties related to the research object, namely the Dr. Soetomo General Academic Hospital as the organizer of the BPJS Kesehatan program.

b. Secondary Data Sources

Secondary data sources as support for primary data obtained through library research, namely by reading and studying the literature, laws and regulations, and documents related to the issues discussed in this study.

3. RESULTS AND DISCUSSION

Based on the results of the research that has been carried out, the data obtained is as shown in Table 1. It can be stated that the respondents consisted of 24 men (48%) and 26 women (52%). Meanwhile, when viewed from the age of the respondents, 2 children (age 1 day-18 years), 36

adults (ages over 18 years-50 years) and 12 elderly people (over 50 years). And when viewed from the respondent's place of residence, the majority of respondents (BPJS Kesehatan patients) were referral patients from areas outside the city of Surabaya, namely 29 people (58%)

Table 1. Characteristics of Research Respondents

No.	Characteristics of Respondents	Frequency	Percentage (%)
1.	Gender:		
	a. Man	24	48
	b. Woman	26	52
2.	Age:		
	a. Children	2	4
	b. Adult	36	72
	c. Elderly	12	24
3.	Residence:		
	a. Surabaya	21	42
	b. Outside Surabaya	29	58

(Source: Primary Data, 2015)

Implementation of health services for BPJS Kesehatan patients at Dr. Soetomo General Academic Hospital can be said to be good (see Table 2), this is by looking at the opinions of respondents regarding health services at Dr. Soetomo General Academic Hospital, whereas many as 39 people (78%) said that services at Dr. Soetomo General Academic Hospital were good, while only 11 people (22%) said it was not good. This is also the same as the results of supervision of the Hospital Health Promotion (PKRS) Installation and Public Relations of Dr. Soetomo General Academic Hospital, who stated that the implementation of health services for patients using BPJS at Dr. Soetomo General Academic Hospital is quite good, as evidenced by the low level of patient complaints.

Table 2. Health Services for BPJS Kesehatan Patients at Dr. Soetomo General Academic Hospital

No.	Installation Type	Service Level								Total (n)
		Very Good		Good		Less Good		Not Good		
		Frequency	%	Frequency	%	Frequency	%	Frequency	%	
1.	Outpatient Installation	1	2	16	32	2	4	1	2	20
2.	Graha Amerta Main Inpatient Installation	2	4	7	14	1	2	-	-	10
3.	Surgical Inpatient Installation	1	2	7	14	2	4	-	-	10
4.	Cardiovascular Diagnostic & Intervention Installation	-	-	3	6	2	4	-	-	5
5.	Obstetrics & Gynecology Inpatient Installation	1	2	4	8	-	-	-	-	5
Total		5	10	37	74	7	14	1	2	50

(Source: Primary Data, 2015)

Dr. Soetomo General Academic Hospital is the largest hospital in the province of East Java, therefore there are a large number of visitors or patients who seek treatment at this hospital. Based on medical record data from the Outpatient Installation and Inpatient Surgery Installation at Dr. Soetomo General Academic Hospital during 2015 the number of BPJS Kesehatan patients in the Outpatient Installation was 50,808 people while the Inpatient Surgery Installation was 11,057 people. The administrative system for BPJS Kesehatan patients is the same as for other patients, namely by registering with the registration section, after that to the disease poly according to the patient's needs. However, due to the large number of patients every day, the queue process is quite long and takes a long time. A unique and somewhat unexpected phenomenon has emerged in recent research conducted by Muliatie in 2023 (Muliatie et al., 2023). Surprisingly, this situation has become normalized among the patients, who have come to accept it as a regular part of their hospital experience.

Dr. Soetomo General Hospital has made efforts to address this issue by implementing online services and various conveniences. However, despite these advancements, manual queuing persists due to certain unavoidable circumstances. This persistent challenge has given rise to a clandestine service – the ticket queue providers. Operating discreetly, these service providers assist patients in managing their place in the BPJS counter queue. What makes this phenomenon intriguing is that it has not arisen out of dissatisfaction with the hospital's services but rather as an economic opportunity driven by the sheer volume of patients needing regular check-ups, sometimes spanning over several years until they are declared cured.

In essence, the hospital has endeavored to serve each BPJS patient to the best of its ability, acknowledging the complexities posed by the fluctuating number of patients seeking medical care. According to the BPJS Center Dr. Soetomo General Academic Hospital, which is often a problem in implementing the BPJS Kesehatan program at Dr. Soetomo General Academic Hospital is a matter of procedural completeness of files and also problems of blood fulfillment. The emergence of ticket queue service providers does not directly relate to the legal protection of BPJS patients at Dr. Soetomo General Academic Hospital; instead, it is a phenomenon born out of economic opportunities.

Based on the results of research on the process of health services for BPJS Kesehatan users at Dr. Soetomo General Academic Hospital from the initial arrival until treatment by doctors, namely:



Table 3. Process of Health Services for BPJS Kesehatan Patients at Dr. Soetomo General Academic Hospital

No.	Installation Type	Service Process Level						Total (n)
		Fast		Normal		Very complicated		
		Frequency	%	Frequency	%	Frequency	%	
1.	Outpatient Installation	2	4	5	10	13	26	20
2.	Graha Amerta Main Inpatient Installation	4	8	5	10	1	2	10
3.	Surgical Inpatient Installation	3	6	4	8	3	6	10
4.	Cardiovascular Diagnostic & Intervention Installation	2	4	1	2	2	4	5
5.	Obstetrics & Gynecology Inpatient Installation	2	4	3	6	-	-	5
Total		13	26	18	36	19	38	50

(Source: Primary Data, 2015)

Based on the table above, it can be seen that 18 respondents (36%) said that the service process was normal. This might be because the patient is not a new patient at Dr. Soetomo General Academic Hospital according to the criteria determined by the researcher. But even though they were not new patients, the majority of patients (19 people) stated that the service process at Dr. Soetomo General Academic Hospital is still very complicated. This may be due to the long flow of the procedure while the patient is in an unwell condition, so the patient feels tired and unable to focus.

The implementation of the BPJS Kesehatan program is based on an indirect agreement between BPJS Kesehatan participants and the Government, namely from the initial determination of participants to the distribution of BPJS Kesehatan participant cards. This agreement is in the form of a participant agreement to comply with all rules made by the Government in connection with the implementation of the BPJS Kesehatan program. According to the author, indirectly in the implementation of BPJS Kesehatan, there is a legal relationship, namely between the Government c.q BPJS Kesehatan, BPJS Kesehatan Participants, and Hospitals. This relationship can be described as:

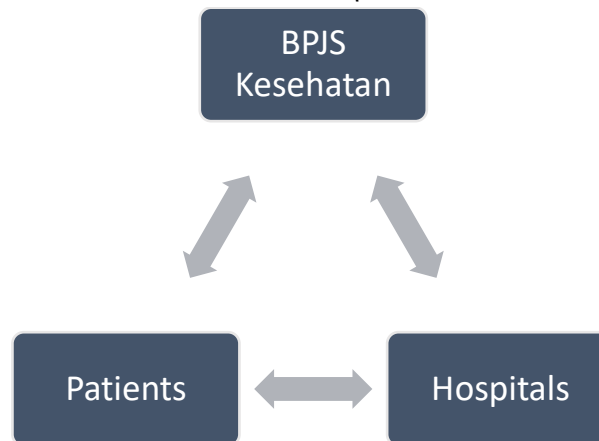


Figure 1. Pattern of Relations Between Government (BPJS Kesehatan), Hospitals and Patients

(Source: Author, 2015)

Every reciprocal legal relationship will always have two aspects, the contents of which on the one hand are rights and on the other hand are obligations. In other words, the rights of the first party are the obligations of the second party, and vice versa, the obligations of the first party are the rights of the second party (Kerbala, 1993).

The first is the relationship between the patient and the hospital. The relationship between patients and hospitals can also be seen as a relationship between consumers and businesses in the health services sector. In the implementation of health services, BPJS Kesehatan patients have rights that have been regulated in various laws and regulations as well as patients in general, which in general are:

1. The right to obtain correct and complete information regarding one's condition;
2. The right to obtain quality and affordable services;
3. Medical secrecy; And
4. Medical Records.

While the obligations are:

1. Provide complete and honest information about his own health problems;
2. Follow the doctor's advice and instructions;
3. Comply with the provisions in force at the Hospital; and
4. Pay according to the specified rate.

BPJS Kesehatan patients' knowledge of their rights and obligations greatly influences the legal protection they get, the more they know and understand their rights and obligations, the better they understand whether the services they get are in accordance with their rights or not. In addition,

knowledge about patient obligations will also greatly assist hospitals in obtaining their rights and can also further facilitate the implementation of health services. Dr. Soetomo General Academic Hospital has made various efforts to socialize the rights and obligations of these patients, such as by posting flyers on the patient's rights and obligations on the walls of the hospital and by direct socialization during counseling.

But based on the results of research regarding knowledge of the rights and obligations of BPJS Kesehatan patients at Dr. Soetomo General Academic Hospital, namely as many as 12 respondents (24%) answered that they knew their rights and obligations as patients, while 38 respondents (76%) answered that they did not know their rights and obligations. Whether or not the implementation of BPJS Kesehatan can be judged by its fulfillment of patient rights. Based on the results of research regarding the implementation of the rights and obligations of BPJS Kesehatan patients at Dr. Soetomo General Academic Hospital namely:

Table 4. Fulfillment of BPJS Kesehatan Patient Rights at Dr. Soetomo General Academic Hospital

	Type of Rights	Fulfillment of Rights				Total
		Yes	%	No	%	
1.	Correct and complete information about your condition	48	96	2	4	50
2.	Safe, quality and affordable services	46	92	4	8	50
3.	Medical Confidentiality	50	100	-	-	50
4.	Medical record	50	100	-	-	50

(Source: Primary Data, 2015)

Based on the table above, it can be seen that almost all patients answered that they got their rights as patients, and only 2 people (4%) answered that they did not get correct and complete information about themselves. This happens, for example, because there is no information about the drugs they are taking or about explanations from doctors that are difficult for them to understand. As for the right to get safe, quality, and affordable services, there were 4 people (8%) who said they did not get them properly. From the results of interviews with respondents, the lack of service can be seen from the lack of attention from doctors or nurses in examining patients, this may be felt by patients because many doctors or nurses are in the educational process. In addition, for the families of patients who come from outside the city of Surabaya, the consequences of

staying longer in the city of Surabaya and adapting to the new health system at Dr. Soetomo General Academic Hospital certainly adds to the economic burden which has an impact on the lack of fulfillment of the right to get safe, quality and affordable services.

Another right of BPJS Kesehatan patients that is often not paid attention to by BPJS Kesehatan implementers is to get health services without quoting additional fees because according to the BPJS Kesehatan Guidelines, all costs are borne by the Government, except for a few things that are limited. Based on the results of the author's interviews with several respondents, there was no illegal collection of fees by either medical or non-medical personnel while they were seeking treatment at Dr. Soetomo General Academic Hospital.

On the other hand, BPJS Kesehatan patients must also carry out their obligations as hospital patients. Based on the results of the study of 50 respondents, it can be seen that all patients carry out their obligations as patients. This is quite logical, considering that patients are consumers who expect services from the hospital. So, for the implementation of these services, consumers must follow the rules set by law and also hospital regulations. When a patient does not carry out his obligations, the logical consequence is that the patient cannot claim his rights as a patient.

Table 5. Implementation of BPJS Kesehatan Patient Obligations at Dr. Soetomo General Academic Hospital

No.	Liability Type	Fulfillment of Rights				Total (n)
		Yes	%	No	%	
1.	Provide complete and honest information about their health problems	50	100	-	-	50
2.	Follow the doctor's advice and instructions	50	100	-	-	50
3.	Comply with the provisions that apply in the Hospital	50	100	-	-	50
4.	Pay according to the specified rate	50	100	-	-	50

(Source: Primary Data, 2015)

Based on the results of the author's research, regarding the rights and obligations of patients. Where the patient's rights reciprocally become an obligation for the hospital. With the existence of several cases regarding deficiencies in terms of service and information about medicines, we can see that Dr. Soetomo General Academic Hospital has not fully fulfilled its obligations to all BPJS Kesehatan patients.

Irregularities that occur in the provisions of health services result in patients or recipients of health services being able to sue or question their rights that have been violated by health service



providers, in this case, hospitals and doctors/health workers. This dispute settlement can be done both within the hospital area and outside the hospital area.

Dr. Soetomo General Academic Hospital has established a standard procedure for public service complaints. During the period from 1 September 2015 to the end of November 2015, the number of complaints from BPJS Kesehatan patients was ± 3 people. These complaints are usually related to the health services provided and medical action plans. In responding to each complaint, the Public Service Complaints Section of Dr. Soetomo General Academic Hospital always coordinates with the work unit that has complaints until the patient finds the solution needed by the patient. Until now, patient complaints at Dr. Soetomo General Academic Hospital can be resolved properly. Based on the results of the author's research, out of 50 respondents interviewed, as many as 6 people (12%) answered that they had complained/were dissatisfied, but these complaints were only to the administration or medical personnel who were on duty at the hospital, not to the Public Service Complaints Section of Dr. Soetomo General Academic Hospital.

If the legal remedy is carried out in the hospital, namely through the Public Service Complaints Section of Dr. Soetomo General Academic Hospital did not get results, the patient/community can take legal action outside the hospital, for example through the City Health Office. In its role which also participates in supervising the implementation of BPJS Kesehatan, the Surabaya City Health Office can be used as a place for patient complaints if the implementation of services is not received as it should. In addition to complaints to the Surabaya City Health Office, BPJS Kesehatan patients can also take legal action, namely through non-litigation and litigation.

Legal efforts through non-litigation, besides being carried out within the hospital environment, can also be carried out outside the hospital area, such as the Indonesian Medical Discipline Honorary Council (MKDKI), the Consumer Observer Institute, the Ombudsman, and others. The medical profession has a lot to do with ethical problems that can potentially lead to medical disputes between providers of health services and recipients of health services. To uphold the discipline of doctors and dentists in carrying out medical practice, the MKDKI was formed. A patient who knows that his interests have been harmed by the actions of a doctor or dentist can complain in writing to the Head of the MKDKI. Complaints to the MKDKI do not eliminate the right of everyone to report suspected criminal acts to the authorities and/or sue for civil damages to the court (Pemerintah Republik Indonesia, 2004). Apart from MKDKI, a patient can also make a complaint to the Provincial Hospital Supervisory Board. Complaints can also be made through the Ombudsman institution. This is because Dr. Soetomo General Academic Hospital is also a public service. However, in terms of jurisdiction, the Ombudsman institution only seeks to improve



services to the parties complained about/business actors. Ombudsman decisions are limited to recommendations in the form of certain steps that need to be taken to improve business behavior (Tutik & Febriana, 2010). Article 45 paragraph (4) of the Consumer Protection Act also provides an alternative way by providing dispute resolution out of court.

Article 45 paragraph (1) of the Consumer Protection Act states, "Every consumer who is harmed can sue business actors through an institution tasked with resolving disputes between consumers and business actors or through a court within the general court environment." The choice of litigation in court or out of court is a voluntary choice of the parties.

The existence of criminal acts committed by business actors (hospitals) can also be used as a basis for indictments that can be brought to trial. In criminal cases, consumers whose rights have been impaired are not only represented by the prosecutor in prosecutions in general courts, but they themselves can also sue other parties in the state administrative court if there is an administrative dispute in it. If the consumer is interpreted broadly, which includes recipients of public services, of course, the State Administrative Court (PTUN) should also serve the lawsuit. And with the condition that the dispute originates from a written determination, is concrete, individual, and final. Meanwhile, according to A.M. Donner, the definition of an official or a state administrative body, among others, can be extended to a form of company that provides services for the public interest (Shidarta, 2004). Thus, state-owned enterprises (BUMN) or regionally-owned enterprises (BUMD) can be categorized as representatives of the Government in dealing with the community.

4. CONCLUSIONS

Implementation of health services at Dr. Soetomo General Academic Hospital is categorized as good, this is based on the results of the answers of 39 respondents (78%) and also according to the results of supervision of the PKRS Installation and Public Relations of Dr. Soetomo General Academic Hospital. Even though it is categorized as good, there are several cases regarding deficiencies in terms of services felt by patients using BPJS Kesehatan, where 4% of respondents stated that they did not have their right to obtain medical information and 8% of respondents stated that they did not receive safe, quality and affordable services. Weaknesses in terms of health services, for example in terms of notification of the benefits of drugs, lack of attention from doctors and other health workers, and so on. In addition, the patient's knowledge of their rights was still lacking, out of 50 respondents only 12 respondents (24%) answered that they knew their rights and obligations as a patient while 38 respondents (76%) answered that they did not know their rights and obligations.



Legal efforts that can be carried out by patients who use BPJS Kesehatan at Dr. Soetomo General Academic Hospital, namely legal efforts within the hospital area (through the Public Service Complaints Section of Dr. Soetomo General Academic Hospital) and outside the hospital (through litigation and non-litigation). Based on the results of the study, only 6 people (12%) of respondents made complaints, but not to the Public Service Complaints Section of Dr. Soetomo General Academic Hospital, but to administrative staff or medical personnel. According to the Public Service Complaints Section of Dr. Soetomo General Academic Hospital during the period 1 September 2015 to the end of November 2015, the number of complaints from BPJS Kesehatan patients was \pm 3 people. Whereas legal efforts outside the hospital through non-litigation, namely through Indonesian Consumers Foundation (YLKI), never happened.

REFERENCES

- Abnur, A. (2015). Analysis on BPJS Kesehatan from Various Disciplines. *Global Review of Islamic Economics and Business*, 2(3), 159–171. <http://ejournal.uin-suka.ac.id/febi/grieb>
- Akmal Vyandri, M., & Handoko, R. (2014). Implementasi Kebijakan BPJS Kesehatan Di Kota Surabaya (Studi Tentang Kepesertaan PBI Jaminan Kesehatan Dalam Mengakses Pelayanan Kesehatan). *DIA: Jurnal Administrasi Publik*, 12(01), 85–98. <https://doi.org/10.30996/DIA.V12I01.950>
- Backman, G., Hunt, P., Khosla, R., Jaramillo-Strauss, C., Fikre, B. M., Rumble, C., Pevalin, D., Páez, D. A., Pineda, M. A., Frisanch, A., Tarco, D., Motlagh, M., Farcasanu, D., & Vladescu, C. (2008). Health systems and the right to health: an assessment of 194 countries. *The Lancet*, 372(9655), 2047–2085. [https://doi.org/10.1016/S0140-6736\(08\)61781-X](https://doi.org/10.1016/S0140-6736(08)61781-X)
- Heywood, P., & Harahap, N. P. (2009). Health facilities at the district level in Indonesia. *Australia and New Zealand Health Policy*, 6(1), 1–11. <https://doi.org/10.1186/1743-8462-6-13/TABLES/10>
- Kementerian PPN/Bappenas. (2015, August 15). *BAB 27 Peningkatan Akses Masyarakat Terhadap Kesehatan Yang Lebih Berkualitas*. LAMPIRAN PIDATO KENEGARAAN PRESIDEN REPUBLIK INDONESIA DAN KETERANGAN PEMERINTAH ATAS RANCANGAN UNDANG-UNDANG TENTANG ANGGARAN PENDAPATAN DAN BELANJA NEGARA TAHUN ANGGARAN 2006 SERTA NOTA KEUANGANNYA. <https://studylibid.com/doc/819056/lampiran---bappenas>
- Kerbala, H. (1993). Segi-segi etis dan yuridis informed consent. In *Pustaka Sinar Harapan* (1st ed.). Pustaka Sinar Harapan. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=232635#>
- Muliatie, Y. E., Suprpti, S., & Jannah, N. (2023). TICKET QUEUE SERVICES AT DR. SOETOMO SURABAYA, A PHENOMENA. *Jurnal Ekonomi*, 12(01), 1271–1275. <http://ejournal.seaninstitute.or.id/index.php/Ekonomi>



- Pemerintah Republik Indonesia. (2004). *Undang-undang (UU) Nomor 29 Tahun 2004 tentang Praktik Kedokteran*. <https://peraturan.bpk.go.id/Home/Details/40752/uu-no-29-tahun-2004>
- RSUD Dr. Soetomo. (2014). *Sejarah - RSUD Dr. Soetomo*. PKRS & Humas RSUD Dr. Soetomo. <https://rsudrsoetomo.jatimprov.go.id/sejarah/>
- Shidarta. (2004). *Hukum perlindungan konsumen Indonesia*. Grasindo Widiasarana Indonesia. https://www.researchgate.net/publication/353511642_Hukum_Perlindungan_Konsumen_Indonesia
- Steckel, R. H., & Floud, Roderick. (1997). *Health and Welfare during Industrialization*. University of Chicago Press. https://books.google.com/books/about/Health_and_Welfare_during_Industrialization.html?id=cS6fdFE7PS4C
- Tutik, T. T., & Febriana, S. (2010). *Perlindungan Hukum bagi Pasien*. In Trianto & D. Haryanto (Eds.), *Prestasi Pustaka* (1st ed.). Prestasi Pustaka. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=529167>
- Yeravdekar, R., Yeravdekar, V. R., Tutakne, M. A., Bhatia, N. P., & Tambe, M. (2013). Strengthening of primary health care: key to deliver inclusive health care. *Indian Journal of Public Health*, 57(2), 59–64. <https://doi.org/10.4103/0019-557X.114982>

