ENFORCEMENT OF MEDICAL DISCIPLINE VIOLATIONS IN INDONESIA

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ABSTRACT

Background: The medical profession is closely related to human values and professionalism, but in practice, there are still doctors who breach the medical discipline principles. Method: This is a descriptive study to outline the enforcement outcome. Samples were taken from data of breach of medical discipline in 2014-2018 which were uploaded on the website of the Indonesian Medical Council (KKI) combined with interviews reports. Result: The average complaint of breach is 40.6 complaints per year. The percentage of the case completion compare to the number of complaints each year was 82% in 2015, 103% in 2016, 217% in 2017, and 126% by 2018. Total number of decision from medical discipline council trial in 2018 was 49 cases, consists of 4 cases from 2014, 5 cases from 2015, 21 cases from 2016, 16 cases from 2017, and 3 cases of complaints submitted in 2018. Of the verdict from the trial, 15 decision considered as interlocutory verdict and 34 cases as final decision. The period of handling of medical disciplinary breach requires 1 to 2 years. Conclusion: The enforcement of medical discipline violations experienced progressive resolution annually, with 2017 as the peak year. The performance was influenced by alteration in the management board and the enactment of new council regulations.

Keywords: Discipline violation, Enforcement, Medical, Indonesia

INTRODUCTION

The medical profession is a noble profession because it is closely related to human values and professionalism. However, there are doctors who conduct an irresponsible practice conflicting of medical discipline principles, such as lack of communication, ethical conflicts, conflicts of interest, advertising and improper drugs selling. The influence factors are age, type of hospital, hospital management, hospital accreditation, knowledge of ethic and discipline, level of education, attitudes and habits, lack of motivation, negative work environment, simultaneously working in various health care facilities, public awareness, lack of reporting of unethical behaviour, quality of handling systems and dilemmatic situation.

The Federation of State Medical Boards (FSMB) during 2017 has given 8,813 sanctions to health workers with 361 sanctions being revoked as well as temporary suspension of practice licenses. Het Centraal Tuchtcollege voor de gezondheidszorg or the Dutch Central Disciplinary Honorary Council received 1,496 complaints during 2009, with 1,309 cases handled. Out of 1,309 cases, 905 cases were conducted by doctors and dentists. Data from the Ministry of Health (DEPKES) from January to March 2011, the Indonesian Medical Disciplinary Honorary Assembly (MKDKI) was recorded to have handled 127 complaints, consist of violations by physicians (48 cases), surgeons (33 cases), obstetricians and gynaecologist (20 cases), paediatricians (11 cases), internists (10 cases), pulmonologist (4 cases), neurologist (4 cases), anesthesiologist (4 cases), ophthalmologists (3 cases), cardiologist (3 cases), radiologist (2 cases), and 1 case each by a psychiatrist, Ear,
Nose and Throat (ENT) doctor and dermatologist and ten dentists. This research is based on data obtained from medical discipline violations in Indonesia with the main purpose to describe the indicator that influence the enforcement of medical discipline violations.

**METHOD**

This is a descriptive study design to outline the enforcement of medical discipline violations outcome in Indonesia from 2014 to 2018.

Samples were achieved from the medical council reports which published in the Indonesian Medical Council (KKI) website. Research variables include the number of complaints, the number of completed cases to resolve and type of decision under the assembly criteria.

This study has received Ethical clearance from the Health Research Ethics Commission (KEPK), Faculty of Medicine, Diponegoro University (UNDIP) Semarang with numbers 237 / EC / KEPK / FK-UNDIP / VI / 2019.

**RESULT**

MKDKI received 203 complaints of medical discipline practice from 2014 to 2018 (Figure 1). The lowest number of complaints was in 2017, which accounted as 30 cases, and the most was in 2014, as much as 57 reports. The 5-year average complaint was 40.6 complaints per year.

Performance data on the enforcement of medical disciplines in Indonesia is a graphical comparison between the number of complaints per year with the number of decisions from 2015 to 2018. In the four year period, the number of complaints of disciplinary violations were 143 reports, while total completed case were 185 cases.

The reports were mostly resolved in 2017, amounting to 65 cases. The percentage of cases resolved compared to the number of complaints per year was 82% in 2015, 103% in 2016, 217% in 2017, and 126% in 2018.

The author was able to describe only data related to the year of complaints submitted and the resolution achieved in 2018 (Figure 2). There were 49 cases resolved in 2018 which 4 (8%) cases originated from 2014, 5 (10%) cases from 2015, 21 (43%) cases from 2016, and 21 (43%) cases from 2017.
cases from 2016, 16 (33%) cases from 2017, and 3 (6%) cases from 2018.

The trial decisions divided into interlocutory decisions and final decisions. The total number of decisions in 2018 was 49 resolution which 15 (31%) cases as interlocutory decisions, while 34 (69%) decisions as final decisions.

DISCUSSION

The complaint that submitted to MKDKI must be violation of discipline principles. On the other hand, ethical violation will be referred to the Indonesian Doctors Association (IDI). Complaints related to medical discipline must fulfill five conditions, namely (1) complaints only regarding one or more violations of medical discipline regulated by KKI; (2) the complaint has not passed 5 (five) years from the case of the complaint in question; (3) the complaint has never been interrupted before; (4) the complaint has never been reported before on the same case, the same complaint and has obtained the final verdict; and (5) the doctor must have legal register letter which is proven by a certificate from KKI.

The average number of complaints of medical discipline violations in Indonesia is 40.6 complaints per year, compared to the total populations of Indonesia in 2018 (265,015,313 inhabitants), thus account as 0.002 complaints per 10,000 population. The study of Bijl, show that Netherlands reported the ratio of 0.91 complaints per 10,000 populations which consider higher than Indonesia.

In 2018, MKDKI gave 49 verdicts of medical discipline violations, in which 37 (76%) cases were complaints submitted in 2016 (21/54%) and in 2017 (16/53%). This result show that the process of enforcing of medical discipline violations takes about 1 to 2 years to resolve.

MKDKI trial decisions divided into interlocutory decisions and final decisions. The interlocutory decision is a verdict of the Disciplinary Examination Board (MPD) that handed down before the hearing of a complaint. Interlocutory decisions will be declared if complaints were unacceptable or examination process was stopped. Interlocutory decisions counted to 15 (31%) decisions out of 49 decisions (Figure 2).

The results of interview with the Head of the Medical Counseling Division, Prof. Dr. dr. Herkutanto, Sp.F (K), SH, LLM, FACLM stating that since the enactment of KKI Regulation Number 50 year 2017 concerning
Procedures for Handling Doctors and Dentist Discipline Complaints, many complaints were withdrawn. One important issue is related to the inability of the verdict used as an evidence in the judicial court. In Article 79 Paragraph 4 states that "Decisions regarding violations of disciplines for doctors and dentists, do not constitute evidence in the field of criminal and civil law." The final decision is the verdict of the MPD that handed down after the hearing on the subject of complaint which is declared complete. The final decision may stated whether the complainant is declared not violating the professional discipline or the complainant stated to violate the professional discipline.

The final verdict issued in 2018 was 34 decisions (Figure 2). The ratio was 2 per 10,000 number of doctors in Indonesia. The study conducted by Elkin in Australia and New Zealand, show the ratio of 6 out of 10,000 doctors. While, In the United States, sanctions for violations of medical discipline were 42 per 10,000 licensed doctors.

The settlement of cases from 2015 to 2018 considered as good, because it can exceed the number of complaints submitted annually. The percentage of medical discipline violations decision compared to the number of complaints was 82% in 2015, 103% in 2016, 217% in 2017, and 126% in 2018. The data showed that there was an increase in the medical discipline violations enforcement performance by MKDKI in 2016 to 2017.

The performance of MKDKI in 2017, which reached 217%, is the highest achievement of MKDKI in 4 years. This could be due to the improved performance of the MKDKI as the result of changes in the management and changes in regulations concerning procedures for handling complaints of doctor and dentist. The shifting from regulation number 16 of 2016 to KKI regulation number 50 of 2017 give a significant impact on handling such cases and the management of complaints.

The number of complaints of medical discipline violations before the establishment of universal health coverage (UHC) (during 2009 to 2013) were 41.2 complaints per year, while after it in 2014 to 2018 were 40.6 complaints per year. UHC run by BPJS is expected to improve and develop health services. It includes development of health facilities, strengthening the referral system, developing accreditation of facilities and standards, human resource development, development of pharmaceuticals and medical devices, formulation of standardization of costs and tariffs.

One of the goals of the law, regulations, or ethics codes of health is to protect the interest of patients while developing the quality of the profession of doctors or health workers. Health services without violations of laws, regulations, or ethics codes of health are one of the success criteria of the health system development, although the ratio of medical discipline complaints is 0.002 per 10,000 population in Indonesia, further study is required to analyze the correlation of each variables in the assessment of health service quality and needed to achieve more comprehensive reports from the regional area.

Researchers have submitted a request permission to MKDKI to collect individual disciplinary violations reports, but, MKDKI did not have the authority to open or publish due to confidentiality reasons. Thus, data on the types of violations and granting sanctions for violations of medical disciplinary cases in Indonesia was not achieved.

CONCLUSION

Violations of medical discipline in Indonesia is relatively very low which is 0.002 per 10,000 population. While, the final decision of disciplinary violations is 2 per 10,000 licensed doctors.
The enforcement of medical discipline violations exhibit progressive resolution annually, with 2017 as the peak year. The performance was influenced by alteration in the management board and the enactment of KKI regulation number 50 of 2017 concerning procedures for handling complaints from doctors and dentists. Although, the optimal time to complete the disciplinary trial process requires 1 to 2 years.

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