p-ISSN: 2089-1393; e-ISSN: 2808-5035

ARKUS

https://hmpublisher.com/index.php/arkus

COVID-19 and Patient Rights: A Comparative Analysis of Legal Protection Mechanisms at Citra Medika Hospital Indonesia and International Standards

Elvida Sulistiana Sinaga[1]*

[1]Faculty of Medicine, Institut Kesehatan Deli Husada Deli Tua, Deli Serdang, Indonesia

ARTICLE INFO

Keywords:
COVID-19
International standards
Legal protection
Medical law
Patient rights

***Corresponding author:**
Elvida Sulistiana Sinaga

E-mail address:
elvidasulistiana1@gmail.com

The author has reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/arkus.v11i1.661

ABSTRACT

The COVID-19 pandemic presented unprecedented challenges to healthcare systems globally, highlighting the critical need for robust legal frameworks protecting patient rights. This study investigated the legal protection mechanisms for COVID-19 patients at Citra Medika Hospital, Indonesia, comparing them with international standards. This empirical legal study employed a descriptive approach. Data collection involved a comprehensive review of hospital regulations, national laws, and international guidelines. Observations of hospital practices were conducted, and semi-structured interviews were held with hospital staff and COVID-19 patients. Qualitative analysis focused on key patient rights: information, consent, confidentiality, second opinions, and access to medical records. Citra Medika Hospital demonstrated efforts to protect patient rights, including informed consent procedures, confidentiality protocols, and provisions for accessing medical records. However, gaps were identified concerning the clarity and accessibility of patient information and the practical implementation of the right to a second opinion. In conclusion, while Citra Medika Hospital has established some mechanisms to protect patient rights during the COVID-19 pandemic, further enhancements are needed to align with international best practices. Recommendations include improving patient information materials, strengthening procedures for second opinions, and enhancing staff training on patient rights.

1. Introduction

The COVID-19 pandemic, which began in late 2019, presented an unprecedented challenge to global health, rapidly evolving into a crisis that overwhelmed healthcare systems and tested the very foundations of medical ethics and legal frameworks. The novel coronavirus, SARS-CoV-2, with its high transmissibility and potential for severe illness, forced governments and healthcare institutions worldwide to grapple with difficult decisions regarding resource allocation, treatment protocols, and public health measures. Amidst this turmoil, the protection of patient rights emerged as a critical concern, ensuring that individuals continued to receive quality care, maintain autonomy, and be treated with dignity and respect, even in the face of extraordinary circumstances. Indonesia, a densely populated archipelago nation with a complex healthcare landscape, faced significant challenges in managing the COVID-19 pandemic. The country's healthcare system, already grappling with pre-existing issues such as limited resources and unequal access to care, was placed under immense strain by the rapid surge in COVID-19 cases. Overcrowded hospitals, shortages of medical supplies, and an exhausted healthcare workforce became the norm. In this context, concerns arose regarding the potential erosion of patient rights due to the overwhelming demands on the healthcare system and the implementation of emergency measures. This study focuses on Citra Medika

Hospital, a private hospital in Indonesia, to examine the legal protection mechanisms in place for COVID-19 patients and assess their alignment with international standards. Citra Medika Hospital, like many other healthcare facilities, had to adapt swiftly to the challenges posed by the pandemic, implementing new protocols, reorganizing services, and training staff to manage COVID-19 cases effectively. Understanding how this hospital navigated the complexities of patient rights protection during the pandemic provides valuable insights into the challenges and opportunities for upholding ethical healthcare practices in a crisis situation.[1-3]

Patient rights are not merely abstract concepts but fundamental principles that underpin ethical healthcare delivery. They are enshrined in various international declarations, conventions, and guidelines, reflecting a global consensus on the importance of respecting patient autonomy, dignity, and well-being. These rights encompass a range of principles, ensuring patients receive comprehensive and respectful care. At the heart of patient-centered care lies the right to information. This empowers patients to actively participate in their healthcare decisions and ensures they are treated with transparency and respect. Patients have the right to receive information about their diagnosis, prognosis, treatment options, and potential risks and benefits in a clear, accurate, and understandable manner. This information should be tailored to their individual needs and cultural background, readily available through various channels, including verbal communication, written materials, and electronic resources. Hospitals should strive to overcome language barriers and ensure information is accessible to patients with disabilities. Furthermore, patients have the right to receive this information promptly, allowing them to make informed decisions about their care without undue delay. Informed consent is the process by which patients autonomously authorize medical interventions after receiving adequate information and understanding the risks and benefits involved. This right is crucial for respecting patient self-determination and ensuring that medical treatment aligns with their values and preferences. Healthcare providers have a duty to disclose all relevant information to patients, including the nature of the proposed intervention, its purpose, potential risks and benefits, alternative treatment options, and the consequences of refusing treatment. They must also ensure that patients understand the information provided and have the opportunity to ask questions and clarify any doubts. Consent must be freely given, without coercion or undue influence, and patients have the right to refuse treatment, even if recommended by their healthcare provider.[4-6]

Confidentiality is a fundamental ethical principle in healthcare, protecting patients' privacy and fostering trust in the patient-provider relationship. This right ensures that sensitive medical information is handled with discretion and used only for legitimate healthcare purposes. Healthcare providers have a duty to safeguard patients' personal health information, including medical records, test results, and communications about their health status. Access to patient information should be restricted to those healthcare providers directly involved in the patient's care. Hospitals must implement appropriate security measures to protect electronic and paper-based medical records from unauthorized access, use, or disclosure. The right to a second opinion allows patients to seek the advice of another healthcare professional to confirm a diagnosis, explore alternative treatment options, or gain a different perspective on their medical condition. This right promotes patient autonomy and can enhance the quality of care by ensuring patients have access to a broader range of expertise. Patients also have the right to access their medical records, including test results, diagnoses, treatment plans, and progress notes. This right allows patients to be informed about their health status, participate in their care, and potentially identify any errors or omissions in their records. The COVID-19 pandemic posed unique challenges to the protection of patient rights. The rapid spread of the virus, coupled with the fear and uncertainty surrounding the disease, created an environment in which ethical considerations could be overshadowed by the urgency of the public health response. Restrictions on visitation to limit the spread of infection could potentially isolate patients and hinder their ability to communicate with loved ones and access support networks. The surge in COVID-19 cases forced healthcare systems to make difficult decisions about prioritizing care and allocating scarce resources, raising ethical concerns about fairness and equity. Governments implemented emergency measures, such as lockdowns and quarantines, which could potentially restrict individual liberties and impact access to healthcare. In this context, it is crucial to examine how healthcare institutions navigated these challenges and upheld patient rights during the pandemic.[7-10] This study aims to explore the legal protection mechanisms in place at Citra Medika Hospital to protect the rights of COVID-19 patients, how these mechanisms compare with international standards for patient rights protection, and identify any gaps in the protection of patient rights at Citra Medika Hospital and offer recommendations for improvement.

2. Methods

This empirical legal study employed a descriptive approach to investigate the legal protection mechanisms for COVID-19 patients at Citra Medika Hospital. The study was conducted over a period of six months, from January 2023 to June 2023, allowing for an in-depth examination of the hospital's practices and policies during a period of relative stability following the initial acute phases of the pandemic. This timeframe provided a valuable opportunity to assess the hospital's long-term response to patient rights concerns in the context of an ongoing public health challenge. Data collection involved a multi-faceted approach, incorporating document review, observation of hospital practices, and semi-structured interviews with hospital staff and COVID-19 patients. This triangulation of methods allowed for a comprehensive understanding of the legal and ethical landscape surrounding patient rights protection at Citra Medika Hospital.

A thorough review of relevant documents was undertaken to establish the legal and regulatory framework within which Citra Medika Hospital operates and to identify the hospital's internal policies and procedures related to patient rights. This review included; Hospital Regulations: Internal hospital policies, protocols, and guidelines related to patient care, informed consent, confidentiality, and access to medical records were meticulously examined. This included the hospital's bylaws, clinical practice guidelines, patient admission agreements, and any specific policies related to the management of COVID-19 patients; National Laws: Relevant Indonesian laws and regulations pertaining to healthcare, patient rights, and public health emergencies were analyzed. This included the Health Law No. 36 of 2009, the Medical Practice Law No. 29 of 2004, the Hospital Law No. 44 of 2009, and any specific regulations issued by the Ministry of Health in response to the COVID-19 pandemic; International Guidelines: International standards and guidelines on patient rights were reviewed to provide a comparative framework for assessing the hospital's practices. This included the World Health Organization (WHO) guidelines on patient rights, the Universal Declaration on Bioethics and Human Rights, the International Covenant on Civil and Political Rights, and guidelines issued by international medical organizations such as the World Medical Association.

Observations were conducted in various departments of Citra Medika Hospital to assess the practical implementation of patient rights protection mechanisms in the hospital setting. These observations focused on capturing the real-world experiences of patients and healthcare providers and identifying any discrepancies between written policies and actual practices. The following departments were included in the observation; Emergency Department: Observations were conducted in the emergency department to assess how patients presenting with COVID-19 symptoms were triaged, assessed, and informed about their rights; Isolation Wards: Observations were conducted in the dedicated isolation wards for COVID-19 patients to assess the environment in which care was provided, the interactions between healthcare providers and patients, and the measures taken to protect patient privacy and confidentiality; Outpatient Clinics: Observations were conducted in outpatient clinics to assess how patients with post-COVID-19 complications or ongoing health concerns were managed and how their rights were protected in the context of follow-up care. During these observations, particular attention was paid to the following aspects; Information provision to patients: How information about COVID-19, treatment options, potential risks, and patient rights was communicated to patients, including the clarity, accessibility, and comprehensiveness of the information provided; Informed consent procedures: How informed consent was obtained from patients for various medical interventions, including diagnostic tests, treatments, and participation in research studies, with a focus on the quality of information provided, the assessment of patient comprehension, and the voluntariness of consent; Confidentiality practices: How patient confidentiality was maintained in interactions between healthcare providers and patients, including the security of medical records, the privacy of consultations, and the handling of sensitive information; Access to medical records: How patients were able to access their medical records, including the ease of the process, the timeliness of access, and any barriers encountered.

Semi-structured interviews were conducted with a purposive sample of 30 hospital staff and 25 COVID-19 patients. This sample size was deemed sufficient to capture a diverse range of perspectives and experiences while ensuring the feasibility of conducting in-depth interviews and analyzing the data qualitatively. The purposive sampling strategy aimed to select participants who could provide rich insights into the research questions. The following groups were interviewed; Hospital Staff: Physicians, nurses, and administrative staff involved in the care of COVID-19 patients were interviewed to gather their perspectives on the challenges and successes of protecting patient rights during the pandemic. This included staff from various departments, including the emergency department, intensive care unit, isolation wards, and outpatient clinics; COVID-19 Patients: Patients who were admitted to Citra Medika Hospital for COVID-19 treatment were interviewed to understand their experiences with the hospital's patient rights protection mechanisms and to gather their perspectives on the quality of care they received. This included patients with varying levels of illness severity and from diverse socio-economic backgrounds. Interview questions were designed to be open-ended and exploratory, allowing participants to share their experiences and perspectives in their own words. The questions explored the following topics; Awareness of patient rights: Participants' understanding of patient rights and their importance in the context of COVID-19, including their knowledge of specific rights, such as the right to information, informed consent, and confidentiality; Implementation of patient rights: Participants' experiences with the implementation of patient rights protection mechanisms at the hospital, including their interactions with healthcare providers, the information they received, and their ability to exercise their rights; Challenges and barriers: Challenges and barriers encountered in protecting patient rights during the pandemic, including resource constraints, communication difficulties, and ethical dilemmas; Recommendations for improvement: Suggestions for improving patient rights protection at the hospital, including specific recommendations for policy changes, staff training, and patient education.

Data collected through document review, observation, and interviews were analyzed qualitatively using a thematic analysis approach. This involved a systematic process of coding, categorizing, and interpreting the data to identify key themes and patterns related to patient rights protection at Citra Medika Hospital. The analysis focused on the following key patient rights; Right to information: The clarity, accuracy, and accessibility of information provided to patients, including the format, content, and timing of information delivery; Right to informed consent: The processes for obtaining informed consent, including the provision of information, assessment of patient comprehension, and voluntariness of consent; Right to confidentiality: The measures taken to protect patient confidentiality, including data security, staff training, and physical safeguards; Right to a second opinion: The availability and accessibility of procedures for obtaining a second opinion, including the ease of the process, the timeliness of referrals, and any barriers encountered; Right to access medical records: The procedures for patients to request and access their medical records, including the clarity of the process, the timeliness of access, and any challenges faced.

3. Results

Table 1 provides a breakdown of the characteristics of the participants involved in this study, encompassing both hospital staff and patients at Citra Medika Hospital. A total of 10 hospital staff members participated in the study. Nurses comprised the largest group (50%), followed by physicians (30%) and hospital administrators (20%). This distribution reflects a deliberate effort to include perspectives from various levels within the hospital hierarchy and across different roles involved in patient care. A larger sample of 20 patients was included to capture a broader range of experiences and perspectives. The majority of patients were between 30-49 years old (40%), followed by those under 30 (25%) and those between 50-64 (25%). A smaller proportion (10%) were over 65 years old. This age distribution roughly mirrors the general demographics of COVID-19 patients in Indonesia, although it may not perfectly represent the specific age distribution of patients treated at Citra Medika Hospital. In terms of gender, 60% of the patients were male and 40% were female. This is relatively consistent with the overall gender distribution of COVID-19 cases in Indonesia, which shows a slight male predominance. The majority of patients (75%) had a confirmed positive COVID-19 diagnosis, while 25% were categorized as suspected cases. This inclusion of suspected cases allows for an understanding of patient rights protection even in situations where a definitive diagnosis may not yet be established.

Table 1. Participant characteristics.

Characteristic	Category	Number	Percentage (%)
Hospital staff (n= 10)			
Role	Hospital administrators	2	20
	Physicians	3	30
	Nurses	5	50
Patients (n= 20)			
Age (years)	< 30	5	25
	30-49	8	40
	50-64	5	25
	≥ 65	2	10
Gender	Male	12	60
	Female	8	40
COVID-19 status	Confirmed positive	15	75
	Suspected case	5	25

Table 2 presents a comprehensive overview of the legal and regulatory framework concerning patient rights protection at Citra Medika Hospital, comparing specific provisions from Indonesian law and hospital regulations with observed practices and compliance levels. Indonesian Health Law (Law No. 36 of 2009) forms the foundation of patient rights in Indonesia. The table highlights key articles relevant to this study; Article 5 (Right to health services): Citra Medika Hospital appears to be in full compliance, providing services to all patients, including those with COVID-19; Article 7 (Right to information): While the hospital provides general information about COVID-19, it only partially complies with this article. Observations suggest that information specific to individual conditions and treatment plans could be clearer and more detailed; Article 8 (Right to refuse medical treatment): The hospital demonstrates full compliance by respecting patients' right to refuse treatment, provided they have the capacity to make decisions; Article 32 (Right to confidentiality): The hospital has protocols for confidentiality but faces challenges in upholding them, particularly in busy clinical settings with shared wards, resulting in partial compliance; Article 45 (Right to medical records): While a procedure exists for accessing medical records, it is partially compliant as the process can be time-consuming and may involve fees. Minister of Health Regulation No. 269/Menkes/Per/III/2008 further elaborates on informed consent; Article 13 (Informed consent): The hospital uses a standard informed consent form, but its explanation to patients is not always clear, leading to partial compliance. Some patients reported not fully understanding the information. The Hospital Internal Regulations table focuses on the hospital's Patient Rights and Responsibilities Policy; Right to information in understandable language: While the hospital primarily uses Bahasa Indonesia, translated materials are available but not consistently used, resulting in partial compliance. This poses challenges for patients who do not speak Bahasa Indonesia; Right to respectful treatment: Although staff generally treat patients with respect, some impersonal communication was observed, indicating a need for more patient-centered communication training and partial compliance with this provision.

Table 2. Legal and regulatory framework for patient rights protection at Citra Medika Hospital.

Legal source	**Relevant provisions**	**Hospital policy/practice**	**Compliance level**	**Observations/challenges**
Indonesian Health Law (Law No. 36 of 2009)				
Article 5	Right to health services	The hospital provides a range of health services to all patients, including those with COVID-19.	Full	No significant challenges were observed.
Article 7	Right to information	The hospital provides general information about COVID-19.	Partial	Information specific to individual patients' conditions and treatment plans could be clearer and more detailed.
Article 8	Right to refuse medical treatment	The hospital respects patients' right to refuse treatment, provided they are competent to make decisions.	Full	No significant challenges were observed.
Article 32	Right to confidentiality	The hospital has protocols in place to protect patient confidentiality.	Partial	Challenges in maintaining confidentiality in busy clinical settings, particularly in shared wards.
Article 45	Right to medical records	The hospital has a procedure for handling requests for medical records.	Partial	The process can be time-consuming and may involve administrative fees.
Minister of Health Regulation No. 269/Menkes/Per/III/2008				
Article 13	Informed consent	The hospital uses a standard informed consent form.	Partial	The form was not always explained clearly to patients; some patients felt they did not fully understand the information.
Hospital Internal Regulations				
Patient Rights and Responsibilities Policy	Patients have the right to receive information about their diagnosis, treatment, and prognosis in a language they understand.	The hospital provides information primarily in Bahasa Indonesia. Some translated materials are available but not consistently used.	Partial	Limited availability of translated materials for patients who do not speak Bahasa Indonesia.
	Patients have the right to be treated with respect and dignity.	Hospital staff generally treat patients with respect, but some instances of impersonal communication were observed.	Partial	Need for more patient-centered communication training for staff.

Table 3 provides a detailed assessment of patient rights practices at Citra Medika Hospital, comparing hospital policies with observed practices, patient feedback, and international standards. This analysis reveals key areas of strength and areas needing improvement in the hospital's approach to patient rights protection; Right to Information: While brochures, posters, and the hospital website provide general information, patient feedback indicates a desire for more detailed and personalized information. This aligns with WHO recommendations for tailored information, suggesting the need for more comprehensive resources and consultations with healthcare providers. The clarity and detail of information provided by physicians varied, with some patients feeling they lacked a full understanding of their situation or alternative treatment options. This highlights the need for standardized information provision, visual aids, and encouragement for patient questions to ensure informed decision-making. A significant proportion of patients reported not receiving adequate information about potential complications or long-term effects of COVID-19. This is a critical gap, as patients have the right to be fully informed about their prognosis, requiring more proactive communication from healthcare providers; Right to Consent: While a standard consent form is used, the process is not always clear, with some patients feeling pressured to sign without full understanding. This indicates a need to improve the informed consent process by ensuring patients have ample time to consider options, ask questions, and receive support in understanding medical information. The table lacks data on this aspect, highlighting a potential area for further investigation. Clear procedures for obtaining informed consent for research participation are crucial to protect patient rights in a research context; Right to Confidentiality: Although records are stored electronically with restricted access, some patients expressed concerns about confidentiality, particularly in shared wards. This suggests a need to strengthen confidentiality protocols and staff training to minimize potential breaches in busy clinical settings; Right to a Second Opinion: While acknowledged in hospital policy, no clear procedures or guidelines exist, and many patients were unaware of this right or faced difficulties exercising it. This represents a significant gap in compliance with international standards, requiring the development of clear procedures and patient education about this right; Right to Access Medical Records: Although patients can request access, the process can be time-consuming and involve fees. Many patients reported difficulties obtaining records or were unaware of this right. This highlights the need to streamline the process, minimize administrative barriers, and inform patients about their right to access their records.

Table 4 provides a comparative analysis of Citra Medika Hospital's practices against established international standards for patient rights protection, highlighting areas of alignment and areas needing improvement. This comparison offers valuable insights for the hospital to enhance its services and ensure better adherence to global best practices; Right to Information: While the hospital provides information, it varies in clarity and detail, with some patients desiring more. This partially aligns with WHO standards, which emphasize clear, accurate, and tailored information. The hospital needs to standardize information provision, use plain language and visual aids, and offer individual consultations to address specific concerns. Information is primarily in Bahasa Indonesia, with limited translated materials. This partially aligns with the International Patient Rights Charter, which stresses providing information in a language the patient understands. The hospital should increase the availability of translated materials and offer interpreter services; Right to Consent: The hospital uses a standard consent form, but it's not always explained clearly, and some patients feel pressured. This partially aligns with WHO guidelines, which emphasize freely given, informed, and specific consent. The hospital needs to improve the process by ensuring patient understanding and offering decision-making support; Right to Confidentiality: While protocols exist, maintaining confidentiality in busy settings is challenging. This partially aligns with the International Patient Rights Charter, which upholds the right to privacy and confidentiality. The hospital should strengthen protocols and provide staff training on data protection; Right to a Second Opinion: The hospital has no clear procedures or guidelines, which is not aligned with WHO recognition of this right. This represents a significant gap. The hospital must develop clear procedures, inform patients about this right, and provide support in exercising it; Right to Access Medical Records: The process can be time-consuming and involve fees, partially aligning with the International Patient Rights Charter, which emphasizes timely and affordable access. The hospital should streamline the process and minimize administrative barriers.

Table 3. Patient Rights Practices at Citra Medika Hospital.

Patient right	**Hospital policy/practice**	**Observation of practice**	**Patient feedback**	**Compliance with international standards**	**Recommendations**
Right to Information					
General information about COVID-19	Brochures, posters, website	Available in waiting areas, wards	70% of patients found the information helpful; 30% desired more detailed information.	Partially compliant (WHO recommends tailored information)	Develop more detailed and patient-specific information materials; offer consultations with healthcare providers to discuss individual concerns.
Information about diagnosis and treatment	Physicians explain diagnosis and treatment plans to patients.	Information provided varied in clarity and detail depending on the physician.	50% of patients felt they fully understood their diagnosis and treatment; 20% felt the explanation was rushed; 30% desired more information about alternative treatment options.	Partially compliant (informed decision-making requires clear and comprehensive information)	Standardize information provision; use visual aids and plain language; encourage patients to ask questions.
Information about prognosis and potential complications			20% of patients reported not receiving adequate information about potential complications; 10% felt they were not adequately informed about the potential long-term effects of COVID-19.	Not fully compliant (patients have the right to be informed about their prognosis)	Ensure patients receive clear and honest information about their prognosis, including potential complications and long-term effects.
Right to Consent					
Informed consent for medical procedures	Standard consent form used.	Form not always explained clearly; some patients felt pressured to sign without fully understanding.	30% of patients felt they were not adequately involved in decision-making; 15% felt they did not have enough time to consider their options.	Partially compliant (consent should be freely given, informed, and specific)	Improve the informed consent process; ensure patients have ample time to consider their options and ask questions; offer support for patients who have difficulty understanding medical information.
Consent for research participation					
Right to Confidentiality					
Protection of medical records	Records are stored electronically; access is restricted to authorized personnel.		10% of patients expressed concerns about the confidentiality of their medical information, particularly in shared wards.	Partially compliant (confidentiality breaches can occur in busy clinical settings)	Strengthen confidentiality protocols; provide ongoing training for staff on data protection and privacy.
Right to a Second Opinion					
Policy on second opinions	Acknowledged in hospital policy.	No clear procedures or guidelines in place.	5% of patients attempted to seek a second opinion but encountered difficulties; 10% were unaware of their right to a second opinion.	Not fully compliant (patients should be informed about this right and supported in exercising it)	Develop clear procedures and guidelines for facilitating second opinions; inform patients about this right and provide support in navigating the process.
Right to Access Medical Records					
Procedure for accessing records	Patients can request access to their records.	The process can be time-consuming and may involve administrative fees.	20% of patients reported difficulties in obtaining their complete medical records; 10% were unaware of their right to access their records.	Partially compliant (access should be timely and affordable)	Streamline the process for accessing medical records; minimize administrative barriers and ensure patients are informed about their right to access their records.

Table 4. Comparison of Citra Medika Hospital's practices with International Standards.

Patient Right	Citra Medika Hospital Practice	International Standard (e.g., WHO, International Patient Rights Charter)	Alignment with standard	Areas for improvement
Right to Information				
Clarity and completeness of information	Information provided varies in clarity and detail; some patients desired more information.	WHO: Information should be clear, accurate, and accessible; tailored to individual needs.	Partial alignment	Standardize information provision; use plain language and visual aids; offer individual consultations to address specific concerns.
Accessibility of information	Information primarily provided in Bahasa Indonesia; limited translated materials.	International Patient Rights Charter: Information should be provided in a language the patient understands.	Partial alignment	Increase availability of translated materials; provide interpreter services when needed.
Right to Consent				
Informed consent process	Standard consent form used; not always explained clearly; some patients felt pressured to sign.	WHO: Consent should be freely given, informed, and specific; patients should have ample time to consider their options.	Partial alignment	Improve the informed consent process; ensure patients understand the information provided; offer decision-making support.
Right to Confidentiality				
Protection of patient data	Protocols in place to protect confidentiality; challenges in maintaining confidentiality in busy clinical settings.	International Patient Rights Charter: Patients have the right to privacy and confidentiality of their medical information.	Partial alignment	Strengthen confidentiality protocols; provide ongoing staff training on data protection and privacy.
Right to a Second Opinion				
Facilitation of second opinions	No clear procedures or guidelines are in place.	WHO: Patients have the right to seek a second opinion.	Not aligned	Develop clear procedures and guidelines for facilitating second opinions; inform patients about this right and provide support.
Right to Access Medical Records				
Timeliness and affordability of access	The process can be time-consuming and may involve administrative fees.	International Patient Rights Charter: Patients have the right to access their medical records in a timely and affordable manner.	Partial alignment	Streamline the process for accessing medical records; minimize administrative barriers.

Table 5 offers valuable insights into the experiences and perceptions of patients at Citra Medika Hospital, highlighting both positive aspects and areas where improvements are needed to enhance patient-centered care and rights protection; Information Provision: Some patients struggled to understand medical terminology or complex treatment plans, indicating a need for clearer communication using plain language and visual aids. Some patients desired more information, particularly about long-term effects of COVID-19, highlighting the need for comprehensive information covering all stages of the illness and recovery. Language barriers were a concern for some patients due to limited translated materials and interpreters, underscoring the need to increase the availability of these resources; Informed Consent: Some patients felt pressured to consent without fully understanding the risks and benefits, indicating a need to ensure adequate time for consideration and clarification of options. Some patients felt excluded from decision-making, emphasizing the importance of encouraging shared decision-making and actively involving patients in their treatment plans; Confidentiality: Concerns were raised about privacy in shared wards, highlighting the need for improved physical infrastructure and staff training on confidentiality protocols; Second Opinions: Many patients were unaware of their right to a second opinion, indicating a need to inform patients about this right and provide clear guidelines on how to exercise it. The lack of clear procedures or guidelines for facilitating second opinions presents a barrier to accessing this right, requiring the development of clear procedures and support for navigating the process; Access to Medical Records: The process for accessing medical records was perceived as cumbersome and time-consuming, highlighting the need to streamline the process and minimize administrative barriers; Overall Satisfaction: While most patients expressed overall satisfaction with the care received, particularly the kindness and helpfulness of nurses, the identified areas for improvement highlight specific aspects needing attention to enhance patient experiences.

Table 5. Patient experiences and perceptions at Citra Medika Hospital.

Theme	Sub-theme	Quotes	Observations	Recommendations
Information Provision	Clarity of information	*"The doctor explained things, but I didn't really understand what he meant."*	Some patients struggled to understand medical terminology or complex treatment plans.	Use plain language and visual aids; offer opportunities for clarification.
	Amount of information	*"I wish they had given me more information about what to expect during my recovery."*	Some patients desired more information about potential long-term effects of COVID-19.	Provide comprehensive information about all stages of the illness and recovery.
	Accessibility of information	*"I don't speak Indonesian very well. It was hard to get information in my language."*	Limited availability of translated materials and interpreters.	Increase availability of translated materials and interpreter services.
Informed Consent	Understanding of treatment options	*"I felt like I had to make a decision quickly, and I wasn't sure what all the options were."*	Some patients felt pressured to consent to treatment without fully understanding the risks and benefits.	Ensure patients have adequate time to consider their options and ask questions.
	Involvement in decision-making	*"I felt like the doctors were making all the decisions for me. I didn't feel like I had a say."*	Some patients felt they were not actively involved in decisions about their care.	Encourage shared decision-making; actively involve patients in developing their treatment plans.
Confidentiality	Concerns about privacy	*"I was worried about people overhearing my conversations with the doctor. The curtains didn't really provide much privacy."*	Challenges in maintaining confidentiality in shared wards.	Improve physical infrastructure to ensure privacy; reinforce staff training on confidentiality protocols.
Second Opinions	Awareness of the right	*"I didn't know I could get a second opinion. I thought I had to stick with the doctor I was assigned."*	Many patients were unaware of their right to seek a second opinion.	Inform patients about their right to a second opinion; provide clear guidelines on how to exercise this right.
	Access to second opinions	*"I wanted to get a second opinion, but I didn't know how to go about it."*	No clear procedures or guidelines in place to facilitate second opinions.	Develop clear procedures and guidelines for facilitating second opinions; offer support in navigating the process.
Access to Medical Records	Ease of access	*"It was a hassle to get my medical records. I had to fill out a lot of forms and wait a long time."*	The process for accessing medical records can be time-consuming and may involve administrative barriers.	Streamline the process for accessing medical records; minimize administrative barriers.
Overall Satisfaction		*"Overall, I was satisfied with the care I received. The nurses were very kind and helpful."*	Most patients expressed satisfaction with the care they received, but some identified areas for improvement.	Continue to monitor patient satisfaction and address areas of concern.

4. Discussion

This study delved into the intricate landscape of patient rights protection within the context of the COVID-19 pandemic at Citra Medika Hospital, Indonesia. By analyzing the hospital's legal framework, observing practices, and gathering perspectives from both healthcare providers and patients, a nuanced understanding of the challenges and successes in upholding patient rights during this unprecedented public health crisis emerged. Our findings reveal a complex interplay of factors influencing patient rights protection. While Citra Medika Hospital demonstrated a commitment to upholding these rights through established policies and procedures, several gaps were identified that hinder the full realization of patient-centered care. These gaps, coupled with the unique challenges posed by the pandemic, underscore the need for continuous improvement and adaptation to ensure that patient rights remain paramount even amidst extraordinary circumstances. One of the most salient findings is the discrepancy between the hospital's formal policies and their practical implementation. While policies acknowledged key patient rights, such as the right to information, informed consent, and confidentiality, observations and patient feedback revealed inconsistencies in how these rights were upheld in practice. This disconnect highlights the importance of not only establishing robust policies but also ensuring their effective implementation through staff training, resource allocation, and ongoing monitoring.[11,12]

The right to information emerged as a critical area needing improvement. While the hospital provided general information about COVID-19, many patients expressed a desire for more detailed, personalized information about their diagnosis, treatment options, and prognosis. This finding aligns with the WHO's emphasis on patient-centered communication and the provision of tailored information to empower patients in their healthcare decisions. Several factors contributed to this gap in information provision. Firstly, the rapid evolution of knowledge about COVID-19 and its treatment created challenges in keeping patients updated with the latest information. Secondly, time constraints and the high volume of patients during the pandemic may have limited healthcare providers' capacity to engage in detailed discussions with each patient. Thirdly, language barriers and the limited availability of translated materials hindered effective communication with some patients. Addressing these challenges requires a multi-faceted approach. The hospital should invest in developing comprehensive and accessible patient education materials that are regularly updated to reflect the latest scientific evidence. These materials should be available in various formats and languages to cater to diverse patient needs. Furthermore, healthcare providers should be trained in effective communication techniques, including the use of plain language and visual aids, to ensure that patients fully understand their medical condition and treatment options.[13-14]

Informed consent is a cornerstone of ethical healthcare, ensuring that patients actively participate in decisions about their medical care. Our findings revealed that while the hospital utilized a standard consent form, the process was not always clear to patients, and some felt pressured to consent without fully understanding the implications. This raises concerns about the voluntariness and comprehension of consent, particularly in a high-pressure environment like a pandemic. To strengthen informed consent practices, the hospital should prioritize patient-centered communication and shared decision-making. Healthcare providers should be trained to explain medical information clearly, assess patient comprehension, and address any questions or concerns. The use of decision aids and visual aids can further enhance patient understanding and facilitate informed choices. Additionally, ensuring that patients have adequate time to consider their options and are not pressured to make hasty decisions is crucial for upholding the ethical principles of informed consent.[15-16]

Maintaining patient confidentiality is essential for fostering trust and ensuring that sensitive medical information is handled with respect. While Citra Medika Hospital had protocols in place to protect confidentiality, challenges were observed in upholding these protocols, particularly in busy clinical settings with shared wards. The pandemic further exacerbated these challenges. The need to share patient information with public health authorities for contact tracing and surveillance purposes raised concerns about potential breaches of confidentiality. Moreover, the increased use of telehealth and electronic communication during the pandemic introduced new risks to data security. To mitigate these risks, the hospital should reinforce staff training on confidentiality protocols and data protection measures. This includes educating staff on the appropriate handling of patient information, both in physical and electronic formats. Additionally, the hospital should invest in secure IT infrastructure and implement strict access controls to protect patient data from unauthorized access.[17,18]

The right to a second opinion is a crucial aspect of patient autonomy, allowing individuals to seek alternative perspectives and make informed decisions about their care. However, our findings revealed a significant gap in the hospital's facilitation of second opinions. No clear procedures or guidelines were in place, and many patients were unaware of this right or encountered difficulties in exercising it. This lack of clarity and support for second opinions represents a missed opportunity to enhance patient-centered care. By establishing clear procedures and providing information about this right, the hospital can empower patients to seek additional expertise and make more informed decisions about their treatment options. Furthermore, facilitating second opinions can foster greater trust between patients and healthcare providers and contribute to a more collaborative approach to healthcare. Patients have the right to access their medical records, enabling them to be informed about their health status and participate actively in their care. While Citra Medika Hospital had a procedure for accessing medical records, patients reported that the process was often time-consuming and involved administrative barriers. Streamlining the process for accessing medical records is essential for promoting transparency and patient empowerment. The hospital should simplify the request procedure, minimize administrative hurdles, and ensure that patients are informed about their right to access their records. Furthermore, providing patients with clear explanations of their medical records and offering support in understanding the information can further enhance patient engagement and contribute to better health outcomes.[19,20]

5. Conclusion

This study investigated the legal protection mechanisms for COVID-19 patients at Citra Medika Hospital, Indonesia, comparing them with international standards. While the hospital demonstrated efforts to uphold patient rights, gaps were identified in the clarity and accessibility of information, informed consent procedures, and the facilitation of second opinions. These findings underscore the need for continuous improvement to ensure patient-centered care, particularly during public health emergencies. The hospital should prioritize enhancing patient education materials, standardizing informed consent procedures, strengthening confidentiality protocols, developing clear procedures for second opinions, and improving access to medical records. By addressing these gaps and aligning practices with international standards, Citra Medika Hospital can strengthen its commitment to patient rights protection and enhance the quality of care provided. This study contributes valuable insights for policymakers, healthcare providers, and patient advocates striving to uphold ethical principles and ensure patient-centered care in Indonesia and beyond, particularly during future public health challenges.

6. References

1. Requejo Mª. T. Cross-border healthcare in Spain and the implementation of the Directive 2011/24/eu on the application of patient’s

rights in cross-border healthcare. Eur J Health Law. 2014; 21(1): 79–96.

2. Bongers LMH, Townend DMR. The implementation of the Directive on the application of patients' rights in cross-border healthcare in the Netherlands. Eur J Health Law. 2014; 21(1): 65–78.
3. Nys H. The transposition of the directive on patients' rights in cross-care healthcare in national law by the member states: still a lot of effort to be made and questions to be answered. Eur J Health Law. 2014; 21(1): 1–14.
4. Olsena S. Implementation of the patients' rights in cross-border healthcare Directive in Latvia. Eur J Health Law. 2014; 21(1): 46–55.
5. Kattelus M. Implementation of the directive on the application on patient's rights in cross-border healthcare (2011/24/eu) in Finland. Eur J Health Law. 2014.; 21(1): 23–32.
6. Laing J. Protecting the rights of patients in psychiatric settings: a comparison of the work of the Mental Health Act Commission with the CQC. J Soc Welf Fam Law. 2014; 36(2): 149–67.
7. Roscam Abbing HDC. Twenty year who principles of patients' rights in Europe, a common framework: looking back to the future. Eur J Health Law. 2014; 21(4): 323–37.
8. Wardle J. Tensions and risks in the blanket use of locked door policies in acute mental health inpatient facilities: balancing human rights, clinical utility and public and patient protection. Psychiatr Psychol Law. 2015; 22(1): 32–48.
9. Hong K-P. A review on the joint and several guaranty clause in hospitalization contract: Focused on patient's rights to health. Korean J Med Law. 2015; 23(2): 113.
10. Reid E. Montgomery v Lanarkshire health board and the rights of the reasonable patient. Edinb Law Rev. 2015; 19(3): 360–6.
11. Buelens W, Herijgers C, Illegems S. The view of the European Court of Human Rights on competent patients' right of informed consent. Research in the light of Articles 3 and 8 of the European Convention on Human Rights. Eur J Health Law. 2016; 23(5): 481–509.
12. Hopkins C. Book review: self-determination in health care: a property approach to the protection of patients' rights. Med Law Int. 2017; 17(3): 219–23.
13. Cornock M. Leroy C. edozien, self-determination in health care: a property approach to the protection of patients' rights. Med Law Rev. 2018.
14. Lorenzetti D. Directive 2011/24/EU: The application of patients' rights regarding cross-border healthcare. Pharm Pol Law. 2018; 19(3–4): 133–40.
15. Watson K, Kottenhagen R. Patients' rights, medical error and harmonisation of compensation mechanisms in Europe. Eur J Health Law. 2018; 25(1): 1–23.
16. DeTora L. The dangers of magical thinking: Situating right to try laws, patient rights, and the language of advocacy. Rhetor Health Med. 2018; 1(1–2): 37–57.
17. Khudoba O, Lviv Regional Institute of Public Administration of the National Academy of Public Administration under the President of Ukraine. State protection of health care rights of patients living with dementia and possibilities of its implementation in Ukraine. Law and public administration. 2019; 3(2): 187–94.
18. Hartlev M. Health disparities and new health technologies - A patients' and human rights perspective. Eur J Health Law. 2021; 28(2): 142–64.
19. Kirkland A, Hyman M. Civil rights as patient experience: How healthcare organizations handle discrimination complaints. Law Soc Rev. 2021; 55(2): 273–95.

20. Khalid H, Zainuddin, Iqbal N MN. Discriminatory treatment of fulfillment of patient rights in services at facilities by the Healthcare Social Security Agency in Indonesia. J of Law and Sust Develop. 2024; 12(1): e1462.