

A needs analysis of a regulatory framework for teleconsultation in Indonesia

by Rani Tiyas Budiyanti

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A needs analysis of a regulatory framework for teleconsultation in Indonesia

- Antono Suryoputro

- Rani Tiyas Budiyanti (Correspondence Author)

Faculty of Public Health, Diponegoro University, Indonesia

Email: ranitiyasbudiyanti@gmail.com

- Murni

Healthcare Practitioner, Indonesia

Abstract

This study examines the need for developing a regulatory framework for teleconsultation in Indonesia. The study was conducted with 92 respondents in February-March 2020 in the working area of the Pudukpayung, Rowosari and Pandanaran Community Health Centers in Semarang City, Indonesia. Half (51%) of the respondents used teleconsultation for health consultations, others used it for drug, information, and schedule checks. The respondents also stated that they fear about the misdiagnosis, privacy, or other issues in teleconsultation (53%). Further, they expected regulation that protects patient safety, patient data, and assurance of teleconsultation security. In this case, authorized institutions, certain regulations, and development of teleconsultation features are needed.

Background

Teleconsultation is a part of telemedicine. This technology has developed in Indonesia, including in Semarang city. These services are in great demand because of various advantages such as lower costs, flexibility, wider reach, and can improve health services (Frade et al, 2013). In teleconsultation service, users can take online medical consultation, drug consultation, seek health information, check a schedule, and so on (Frade et al, 2013).

Online medical consultation services can take place directly (synchronous) using video calls and audio calls or indirectly (asynchronous) using chat, comments on blogs, web, or social media. Synchronous services enable doctors and patients face to face communication through the monitor screen, whereas in indirect services patients and doctors do not have face to face contact (Eric, 1995).

In Semarang City, the Local Government has provided teleconsultation. It was part of the Integrated Emergency Management System. The services are known as KONTER that open 24 hours and are not only used by residents in Semarang City but also outside of Semarang City (Zainal, 2018). There are also many teleconsultation startup applications in Indonesia. There are many stand-alone applications, and other applications integrated with healthcare facilities (Techno Master, 2020). With this service, patients can inquire about their health conditions online without meeting face to face.

Although teleconsultation has a variety of advantages, there is no specific and detailed regulation about it in Indonesia. The Indonesian Ministry of Health has issued Minister of Health Regulation Number 20 in 2019 regarding the Implementation of Telemedicine Services between Health Care Facilities. However, the regulation was not specific and detailed, and it did not regulate

teleconsultation startup applications that are stand-alone (Ministry of Health Indonesia, 2019).

The phenomenon of *doctoroid* practice refers to medical actions performed by someone who is not a doctor but performs actions that are the authority of the doctor such as diagnosis, prescription, and so on (Soekiswati & Absori, 2019). Many problems can happen when this service is implemented without specific regulation such as the presence of a *doctoroid* phenomenon, the uncertainty of the therapeutic contract, patient safety and confidentiality problems, and so on (Sulistiyono et al, 2019). Therefore we conducted this needs analysis to develop a teleconsultation regulation framework to find what is suitable to be applied in Indonesia.

Research method

We used quantitative survey and in-depth interviews. The study was conducted in February until March 2020 in the working area of the Pudukpayung, Rowosari and Pandanaran Public Health Center Semarang City, Indonesia. There were 92 respondents to the quantitative survey using closed ended questions of questionnaire, and then 15 informants had an in-depth interview to explore the reasons for their thinking and their expectations related to online health services. The research location and sample were selected based on a consecutive technique.

Data collection was carried out by survey and in-depth interviews to analyze the needs by exploring user perceptions of teleconsultation (ethical and legal perspectives). The research was approved by the Ethics Committee of the Faculty of Public Health, Diponegoro University.

Results and Discussion

a. Characteristics of respondents

Most of the respondents have education above Senior High School (92%). Most of them also work (51%) with monthly income above 2.7 million Indonesian Rupiah (IDR) (67%) (Table 1).

Table1: Respondent Characteristics

Variable	Number	%
Woman	58	63.0
Man	34	37.0
Education <Senior High School	7	7.6
≥ Senior High School	85	92.4
Work	47	51.1
Not work	45	48.9
Income under 2.7 million IDR/month	30	32.6
Income above 2.7 million IDR/month	62	67.4

b. Activity description and reason to do teleconsultation

Based on the data, 51% of respondents use teleconsultation for online medical consultation, 24% for seeking health information, 5% for drug consultation, and

21% for other reasons such as schedule check. Some examples comments are:

"I use online health services for health consultation. Only occasionally, my brother tells me about that service. In my opinion, it's very helpful and simpler because you don't need to queue to see the doctor and the medicine will be delivered directly to home."

"Yes, to find health information. Nowadays, modern health information can be accessed online. I usually look for health information from government website or reputable online health services."

"I often use online health services to check doctor schedules. My health facility provides an online schedule and admission, making it easier."

There were many reasons given to choose the kind of teleconsultation such as seeking complete health information (34%), good reputation (9%), family recommendation (27%), feasibility and accessibility (10%), application can help to solve the problem (8%), and others (12%).

Table 2: Considerations about Teleconsultation

Category of comment	%
Doctoroid Phenomenon	21.7
Miss diagnosis	3.3
Drug allergy	4.3
Malpractice	1.1
False Drug Dose	3.3
No Law Certainty in Teleconsultation	6.5
No monitoring from official institution	3.3
Data privacy	4.3
Others	5.6

c. Consideration in using teleconsultation

Based on the data, the respondents feel worried when they use teleconsultation. They were worried about *doctoroid* phenomenon (21%) that the person who gives the teleconsultation is not a true doctor. Many respondents also worried about misdiagnosis (3%), drug allergy (4%), malpractice (1%), false drug dose (3%), no legal certainty (7%), no monitoring from official institution (3%), data privacy (4%), and others (6%) (Table 2). Some example comments were:

"Sometimes I'm worried, it's online consultation without video call. Whether what I'm dealing with really is a doctor or not, I don't know."

"I'm worried, whether the diagnosis given is valid or not. Moreover, it's done via online or just chatting method."

"If there was an unwanted event, for example wrong prescription, I don't know who should be responsible?"

d. User expectation in online health services

Based on the depth interview, there are many user expectations that are related with data security and privacy,

law certainty, and monitoring in teleconsultation. These were summarized into six major categories:

1. Regulation/law that regulate teleconsultation in more specific details to guide implementing teleconsultation.
2. Monitoring from Department of Health Office (DHO) or authorized institution
3. The feature should be completed with video call (synchronous consultation)
4. Health professional and health services assurance with registration letter and permit letter
5. Monitoring from Food and Drug Monitor Agency to prevent drug abuse
6. Medical record, data privacy, and data security assurance

Based on data, the selection of teleconsultation is based on complete features and information in application. Online medical consultation is an increasingly popular choice in the community, especially in the COVID-19 pandemic era.

Teleconsultation is considered more efficient because it saves time and cost. This is appropriate with a survey conducted by Deloitte Indonesia in collaboration with Bahar and the Center for Healthcare Policy and Reform Studies (Chapters) where 84% of users of digital health services claimed to be satisfied with existing services due to practicality, low cost and many choices that consumers can choose from (Fika, 2019).

Based on the results, a major reason for teleconsultation is family recommendation especially for a variety of health applications. Online government health services such as KONTER that have been trusted can be used not only in specific areas but more widely. The accessibility and feasibility also should be considered in the choice of the teleconsultation application. Patient View White Paper has revealed the results of a global survey about what patients expect in health consultation (Patient View White Paper, 2014).

In a survey conducted by Deloitte Indonesia in collaboration with Bahar and the Center for Healthcare Policy and Reform Studies, 16% of users were still dissatisfied with the existence of digital health services online (Fika, 2019). It happens because the users were worried about data security of online health services. This is in accordance with research of Simatupang (2017) that states there are 5 most important attributes of teleconsultation services namely data confidentiality, specific information to the illness, easy to understand features, an explanation of the user's health condition and treatment options available and an integrated medical record that can be accessed any time (Simatupang, 2017).

The results of a global survey conducted by WHO also state that in evaluating online health services there is a need for supervision regarding the dissemination of information to the public (WHO, 2011).

In addition to data security, there is a major problem in the development of teleconsultation, cyberattack and cyber security that still are challenges in many countries. This was also found in this study where 22% of respondents felt afraid if the service provider was not a true doctor so it can lead to misdiagnosis. The problem that arises with the use of

the application is that a doctor cannot examine the patient directly, so that it will be difficult to make a diagnosis of the patient exactly (Prawiroharjo *et al*, 2019). This condition also causes the doctor to do little cross-checking of the patient's condition (Lambert *et al*, 2012).

Another problem that arises in the use of teleconsultation services is the possibility of medication errors or drug overuse or abuse. In this case the administration of drugs using online consultation health services should be monitored.

Even though the consultation is done synchronously, it is very difficult to determine with certainty the severity of patient's condition. So, the doctor must be careful to give the treatment recommendation. In this case, the doctor must consider biomedical ethics principles, the first is to do no harm (Lambert, 2012; Young *et al*, 2010).

Community expectations of teleconsultation services show the need for regulations to protect the safety of patient data, the assurance of doctor and healthcare facilities that do online health services, and improvements in the features of applications in online health consultation services. Especially in online consultation platform collaboration with healthcare facilities is desirable.

Conclusion

At present, there is a need for teleconsultation integrated with healthcare facilities. However, specific regulations about protection of customer data confidentiality, assurance doctor and healthcare facilities, and authorized institutions that monitor implementation of teleconsultation in Indonesia are needed. Then the implementation of teleconsultation will not be contrary to ethics and laws in Indonesia.

Acknowledgements

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Biopower and global justice

- Christopher Ryan Maboloc, PhD

Associate Professor, Ateneo de Davao University

Visiting Professor for Global Justice, AUSN

Email: ryanmaboloc75@yahoo.com

Abstract

Michel Foucault describes biopower as the state's control of the human body. In the midst of the crippling coronavirus pandemic, this implies the subjugation of human beings and the assumption of an absolute jurisdiction over the civilian population. Foucault's method, however, points to the hidden root of the discrimination against people. The coronavirus era is a manifestation that the world has not abandoned Eurocentrism nor overcome colonialism. The interests of powerful states continue to dictate the fate and destiny of the global poor. The "new normal" is nothing but a re-imposition of the unjust ways of the past. Global justice, it can be argued, cannot be rectified unless we dismantle the prejudice against others. This paper proposes the power of communal values as an alternative to the state-centric approaches to justice.

Introduction

In a recent report by *The Guardian* (January 30, 2020), the European Commission has announced tighter rules when it comes to the export of Covid-19 Vaccines. In the same report, the paper mentions that European Commission Vice President Valdis Dombrovskis said: "We paid these companies to increase production and now we expect them to deliver." (Ibid.) While this announcement does not appear to be startling, it is nevertheless a morally disturbing development given the fact that the World Health Organization (WHO) wants to see a "fair and equitable way of access to the coronavirus vaccines through its Covax Facility (a pooled purchase of vaccines to ensure universal access for poor nations).

The powerful European Commission appears to use its leverage to dictate the terms and policies on vaccine supply and distribution. But it no longer comes as a surprise. After

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