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The ethical dilemma of medical specialists in the era of national health insurance in Semarang



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ABSTRACT

Purpose: The National Health Insurance (JKN) implemented by the Indonesian government since 2014 has brought Indonesia to a new phase in realizing the right to health for its people. The social insurance system managed by Social Health Insurance Administration Body (BPJS) is felt to bring many benefits to the community despite many obstacles in its implementation. This study seeks to find the ethical dilemmas experienced by surgical and non-surgical specialists in implementing the JKN program in hospitals.

Methods: The study was conducted using the qualitative method with the phenomenological approach by conducting in-depth interviews with five surgical specialists (an obstetric and gynecology, an otolaryngologist specialist, a surgeon, an eye specialist, and an anaesthesiologist) and six non-surgical specialists (children, mental health, internal medicine, medical rehabilitation, nerves, and skin specialists) in Semarang, Indonesia. In each specialization, there are two respondents interviewed. The data were analyzed using a qualitative approach.

Results: Some problems still exist when specialist doctors treat BPJS patients in hospitals, which include: 1) lack of socialization, making doctors as implementers find it difficult to implement the rules; 2) different implementations in various hospitals, making doctors find it difficult to adjust when they practice at type C hospitals because the number of claims is often insufficient to provide services to patients; 3) the JKN program that has increased the number of patients, resulting in doctors' concerns about lawsuits if they make mistakes; moreover, doctors also have to adjust to existing cost claims; and 4) doctors still trying to uphold the doctor's oath and The Indonesian Medical Ethics Code (KODEKI) and always do the best for patients whatever the problem.

Conclusion: The implementation of JKN must always be evaluated continuously, and the government still has to pay attention to the obstacles faced by doctors in the field. In carrying out their practice full of dilemmas, doctors must always receive adequate legal and ethical protection.

Keywords: Ethical Dilemma, National Health Insurance, Semarang, Indonesia, Hospital.

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INTRODUCTION

The Indonesian Medical Ethics Code (KODEKI) is a moral reference the medical profession uses and guides doctors to behave accordingly.¹ KODEKI adheres to Hippocratic and deontological principles. In practice, the moral reference based on KODEKI is a conflict between two basic meanings, deontological and teleological. Deontology refers to the obligations that must be performed. Teleology requires selecting decisions based on estimates of the final results following the situation at hand so that the maximum value of the

profit-to-loss ratio is achieved.² Physicians should endeavor to provide services to patients in a professional manner. If something is not done for operational reasons, such as limited funds, it will be considered a KODEKI violation.

The 1945 Constitution of the Republic of Indonesia Article 28 H paragraph 1 states that everyone has the right to live in physical and spiritual prosperity have a good and healthy environment, and obtain health services.³ In line with this goal, in 2004, the government issued Law no. 40 of 2011 concerning the National Social Security System. In the law, the

government is committed to creating a mandatory social insurance system for all Indonesians. Law no. 24 of 2011 regulates the Social Health Insurance Administration Body (BPJS) as an authorized institution to administer social security programs in Indonesia.

During the implementation, this compulsory health insurance managed by the state encountered many obstacles.^{4,5} A year since the implementation of BPJS, there has been a deficit between income and obligations that BPJS must pay to health service facilities.⁶ The main problem of JKN in Indonesia is the sustainability

of financing, especially determining the formulation of the number of contributions and risk grouping.⁷ To overcome this, BPJS made BPJS Regulation Number 8 of 2016 regarding quality and cost control. This step ensures that health services to participants follow the specified quality and are carried out efficiently. This regulation makes health workers, and health service providers take many ways to deal with BPJS rules and patient service needs, including rationing medicine.^{8,9}

10 Doctors bound by a doctor's oath must make professional decisions independently and maintain professional behavior in the highest measure. Ethics in medicine is known as medical ethics. Medical ethics focuses on problems that arise in the practice of medicine.¹⁰ In medical ethics, the issues raised mainly concern the purpose of treatment, critical reflection on procedures, and autonomy in decision-making within the scope of doctors and other parties involved in the system.¹¹ Clinical ethics narrows to clinical scope, an approach to identify, analyze, and solve ethical issues in clinical practice.¹²

Physicians are often confronted with their obligation to provide the highest level of professional effort for their patients in carrying out their quality control and cost control obligations. Payment of claims at the Advanced Nursing Health Facility (FKRTL) uses INA-CBG's rates, the difference being the rates is the type of hospital, even though the diagnosis is the same. The list of INA-CBS tariffs can be seen in the Regulation of the Minister of Health of the Republic of Indonesia Number 52 of 2016 concerning the Standard Tariff of Health Services in the Implementation of the Health Insurance Program. The possibility of ethical dilemmas for doctors is very high when doctors feel they cannot provide the highest professional effort for their patients because of the cost control implemented by BPJS. Nevertheless, as the spearhead of service in the era of national health insurance, doctors still uphold the values in KODEKI, such as altruism, responsibility, accountability, scientific integrity, and social integrity.¹³

This study investigated the ethical dilemmas specialist doctors face when dealing with patients in the BPJS era in carrying out quality control and cost

control, especially in health facilities at the referral level conducting on doctors with surgical and non-surgical procedures in the tertiary, secondary and primary hospitals in Semarang. In Indonesia, hospitals are divided into types A, B and C. Type A is equivalent to a tertiary hospital, B to secondary and C to primary. Furthermore, tertiary hospitals will be referred type A hospitals, type B for secondary hospitals, and type C for the primary hospital. In this study, the ethical problems these doctors face are explored and, if there are problems, the doctor will be asked how to overcome them.

METHODS

The phenomenological approach was used in this study to describe the experience of ethical dilemmas experienced by surgical and non-surgical DPJPs in hospitals when dealing with patients in the BPJS period. Sampling was done by purposive sampling technique. The samples in this study were doctors who practice in hospitals type A, B or C in Semarang City and have more than one hospital practice. There are surgical specialists consisting of obstetrics and gynecology doctors, surgeons, anesthesiologists, ophthalmologists, and ear, nose, throat and head and neck doctors, as well as non-surgical doctors consisting of medical rehabilitation doctors, internal medicine doctors, medical doctors, pediatricians, neurologists, psychiatrists and dermatologists, and details are in Table 1. This study included 22 specialist doctors consisting of 10 surgical specialists and 12 non-surgical specialists. Other criteria for taking this sample are specialist doctors who practice and have practice permission at Type A, B or C hospitals in Semarang City, serve BPJS patients and general patients, serve BPJS patients for at least 3 years, and are willing to become research informants. Data was collected through in-depth interviews using the Zoom application due to the constraints of the COVID-19 pandemic.

Data analysis was carried out after the results of in-depth interviews were transcribed manually because this is qualitative research. After that, the transcript from each informant was read thoroughly to ensure no missing data. The analysis was carried out by grouping

the informants' statements that focused on the ethical dilemmas experienced by specialist doctors when dealing with patients in the JKN era. The analysis was continued by coding, grouping the data into several categories from the results of the interviews. The data were then summarized into several categories to be linked. Finally, a narrative theme and conclusion were drawn and compared with existing theories.

RESULTS

The results show that the phenomenon of dilemma by doctors in providing services to patients is due to restrictions from the government listed in the Hospital Claim Implementation Arrangements for the Health Social Security Administering Body related to Inpatient Care with the INA-CBGs system. Existing rules cause less than optimal service to patients. Some patients should be hospitalized longer, but because the ceiling has exceeded the package price, the patient must be sent home without a full recovery. The public does not yet understand this package regulation's existence; patients understand that when they have BPJS, they can get full service for free.

Of the 11 informants from surgical specialists and 11 respondents from non-surgical specialists, the average age was 35--50 years. The Basic characteristics of informants were present in Table 1.

This study has successfully detected 5 major themes for surgical specialists and 4 major themes for non-surgical specialists.

Surgical specialist

(1) Socialization

The informants hope that BPJS directly provides information regarding implementing JKN to doctors, not the hospital.

"The information on JKN was from the hospital first. The hospital management is the first to inform the condition." (P3) (h-4)

(2) There are still differences in service, so a clear mechanism is needed.

Classification of procedures also includes the procedures of referral not only because the hospital can not do it or the doctor is not competent to work on the case.

"It is just that there are pathological ones. They must be referred to a higher type of hospital; for example, a patient with myopia minus 20 needs further treatment at the referral place. Tumors

are also the same. Sometimes, our hospitals cannot handle them directly because anatomical pathology must be examined. Imaging must be referred directly." (P1) (h-10).

The informant stated that there were still many disagreements between the BPJS and the doctors providing health services regarding the number of medical services to be paid.

"There are many drawbacks because the tariff is mainly for private hospitals. Therefore, the package may be too small because, as far as I remember, most data was from government hospitals. After all, only a few private hospitals were willing." (P7) (h-6)

Table 1. Basic characteristics of informants.

No	Characteristics	Total	%
1.	Number of informants	22	100
2.	Specialization		
	a. Surgical	10	45,5
	b. Non-Surgical	12	54,5
3.	Gender		
	a. Man	14	63,6
	b. Woman	8	36,4
4.	Age		
	a. 35 to 40 years	4	18,2
	b. 40 to 50 years	18	81,8
5.	Informant Marital Status		
	a. Not married yet	1	4,54
	b. Married	21	95,4
6.	Employment Status		
	a. Non civil servants	3	13,6
	b. Civil servant	19	86,3

Table 2. Financial problems that impact the services of surgical and non-surgical specialists.

Problems in Surgery	Problems in the Non-Surgery
The choice of drugs and medical materials is in accordance with hospital policies. Hospitals in making choices are strongly influenced by the existing financing platform in INA-CBG's. Specialists as users are very aware of the quality of these materials and the possible impact on patients. Doctors can only tell the impact on the patient and allow the patient to make a choice.	Although there is no difference in service to general patients and BPJS, there are still adjustments to the drugs and doses given to them according to the existing rules at the hospital although sometimes this can be detrimental to the patients. Treatment measures that should have been given at once (one time) was eventually given several treatments due to the limited treatment platform. Sometimes doctors are forced to send or refer patients from the initial hospital because the available platform has been exceeded.

Table 3. Problems with Implementing Rules in Different Types of Hospitals.

Problems in Surgery	Problems in the Non-Surgery
In type C hospitals, specialist doctors often feel they can work on a case because it is their competence. However, according to the hospital, the platform for this procedure is insufficient, so the patient is finally referred to a hospital with a higher type. This raises concerns about the decline in the skills of these specialists.	The incompleteness of the facilities owned by type C hospitals makes the specialists refer their patients even though they claim to be able to handle them.

Table 4. Concerns about Lawsuits.

Problems in Surgery	Problems in the Non-Surgery
The increasing number of patients gives doctors their fear of the risk of lawsuits. Various restrictions and rationing made by doctors make them feel they need more protection than legal problems that may arise.	Given the many problems that arise in the JKN system, specialist doctors want protection for everything they do to benefit the patient. One of them is by recalling colleagues so that fellow doctors do not bring each other down.

(3) Doctors face a situation where there is an imbalance between the burden and the effectiveness of the service. Currently, doctors have not been able to overcome this problem. This inner turmoil was disturbing, especially at the beginning of the implementation of the JKN program, but the longer the burden was felt by the doctors.

Regarding implementing BPJS rules, respondents sometimes have to make adjustments contrary to science while maintaining professionalism and patient safety. The adjustments made are often a source of inner turmoil for the respondents. It was initially felt to be a burden, but it decreased over time.

"It means two bad legs, one in heaven and one in hell." (P3) (h-14)

"It was annoying at first. It means that my knowledge is disturbed, but my patients become stubborn over time. They do not want it, so what can I do? Seriously, I am not lying about that. Finally, that is it, just say it is abortion imminent. I had to give hormones, but there were none, so I gave mefenamic acid, and tranexamic acid. That is the only medicine. Hormones are not given. Thank God she is getting better. Otherwise, she will miscarry. (P3) (h-10)

(4) Implementing ethical aspects of medical practice requires legal protection.

Respondents stated that being responsible for medical actions during the JKN period became a problem for them. They felt that, in practice, it seemed like they were constantly being intervened by parties who can sue a doctor at any time. This creates discomfort and fear for the doctors in carrying out their job. In the JKN era, the fear was even greater

Table 5. Ethical dilemmas and ethical decisions.

Ethical Dilemma	Dilemma	Decision Taken	Reason for Decision Making
Doctors prescribe medicine to BPJS patients	Under the rules, patients are not allowed to pay	The doctor prescribes medicine that is not included in the national formulary, but the doctor tries to communicate it with the patient first	All for the benefit of the patient, the medicine is needed for the patient's recovery
Medicines given to patients are often adjusted in type and dosage so that they can be included in the payment platform	Doctors must give the best to patients according to KODEKI	Compromising with the hospital and adjusting to the payment platform received by the hospital, by not harming the patient excessively	Doctors do not want to harm the hospital
Refuse and refer to treat patients in type C hospitals because the platform received by the hospital is not sufficient	Doctors should not refuse patients and always give the best for them	Refer the patient to a hospital with a higher type	If you force it to be done in a type C hospital, the hospital will experience losses

because the number of cases being handled increased. When dealing with patients, doctors submit informed consent to patients that they will be given a certain treatment package. The doctor explains the pros and cons of the package. When there is an impact in the future, the doctor will be legally protected because he has passed the patient's consent regarding the doctor's actions.

"... the doctor is safe. There are no demands of all kinds in this era. What we fear is if something happens, we will be prosecuted." (P2) (h-9)

"...but after the JKN, there is more responsibility because we have more responsibility..." (P7) (h-4)

(5) The ideal strategy in dealing with obstacles in medical practice during the BPJS era

In practice, doctors often have to increase public understanding of their rights and obligations as BPJS participants. By increasing public understanding, it is hoped that the problem of BPJS participant dissatisfaction with doctors can be reduced.

"What the patient knows is that when he comes to the doctor, he will be treated without having to pay. If he pays, he will report it because BPJS guarantees that the patient does not need to pay..." (P2) (h-18)

Most patients understand that all medical expenses will be covered when they have participated in BPJS. However, there is a limit on the BPJS package. So when the health service exceeds the package, the community must pay for the excess.

Patient education is important to bridge the gaps and limitations in

implementing BPJS and convey the difficulties of respondents. In turn, good communication can be a way to reach an agreement.

"... finally, they understood. I told them the package they received. Whether you are ready or not, do not blame me..." (P5) (h-14)

Non-surgical specialist

(1) An imbalance of quality control and cost control causes ineffective service delivery

Respondents stated that there was no difference in the services provided to patients. However, they made adjustments to the prescribed drugs following hospital regulations.

"For us, the service is the same, but we have to adjust the availability of the medicine. They still have to queue like other general patients. The only difference is that we have to adjust the medicine..." (P9) (h-13)

(2) The JKN implementation strategy was carried out to deal with the ethical dilemmas felt in the implementation of JKN.

The patient management strategy in the procedure to the patient is carried out based on management indications. Several strategies are carried out in dealing with patients so that they can be included in the strategy carried out under existing regulations, but some lead to fraud. If the respondent handles it under regulations, the risk is that the results are not as per the standard. However, the platform is met if they insist on handling it according to standards. It will result in fraud.

"Yes, we do our best. The patient is also given conventional therapy. They have

been given an advanced one because the injection limit has run out and we go back to conventional. It is the same." (P1) (h-11)

(3) The need for reform of references & guidelines in the implementation of JKN by involving multidisciplinary sciences

Respondents stated the need for reform in certain parts to carry out their obligations. This is to avoid an overlap of interests. Communication in the form of socialization and coordination of policies carried out by hospitals related to JKN needs to be improved so that respondents can adapt to the actions to be taken.

"When setting the platform, the colleague should be involved so that people who cannot afford it can be covered in the platform." (P2) (h-29)

KODEKI as a guide for doctors in carrying out their profession is an important basis for handling patients. However, the respondents rarely read the contents of the KODEKI book, although most of them stated that they had the book.

(4) The necessary protection in dealing with risks as a professional

The number of problems makes respondents make risky decisions that can subject them or the hospital to sanctions. This makes them feel the need for protection for everything they do to benefit the patient. To prevent this, prioritizing colleagues among doctors by not bringing each other down is recommended.

"In the era of open social media, when you do not pay attention to KODEKI clearly, there will be lots of doctors bring their colleagues down." (P1) (h-29)

DISCUSSION

National Health Insurance (JKN) is the government's effort to follow up on the mandate contained in the 1945 Constitution. Law number 40 of 2004 concerning the National Social Security System states that everyone has the right to social security to fulfill the basic needs of a decent life and increase their dignity toward realizing a prosperous and just Indonesian society.

Socialization

The implementation of JKN began in 2014, although it has been enacted since 2004. Since the beginning of its implementation, socialization of the implementation to health workers, especially doctors in hospitals, is felt lacking, so the latest information regarding the rules is often found out too late. What is meant by socialization here is socialization regarding Standard Operating Procedures and regulations related to BPJS, not the socialization of the BPJS program. Law no. 24 of 2011 concerning BPJS does not mention any socialization of its implementation to health workers. Lack of socialization causes information gaps between BPJS and specialist doctors spearheading the implementation. Even when looking at the last BPJS task, information to participants and the public should be provided. However, specialist doctors are often the ones who understand the existing rules for patients.

Obstacles and Problems

Finance

The main problem in the JKN program implemented by BPJS is the problem of financing. Since the beginning of its implementation, BPJS has experienced a fairly large potential deficit. The financial problems that impact the services of surgical and non-surgical specialists were present in Table 2.

This problem has an impact, especially regarding the best service to patients. According to Firdaus Kekeu et al.,¹⁴ several reasons for the BPJS deficit are:

1. The imbalance between contribution income and benefit expense
2. Under-priced participation premiums

3. The amount of arrears in participation payments

4. The high cost of health services due to the population suffering from chronic diseases

Doctors and hospitals often have to rationalize medicines and services even though they have to keep the services provided following existing standards.

- Implementation of different rules in each hospital

Law number 29 of 2004 concerning Medical Practice enables every doctor to practice in three locations. Specialists have the opportunity to practice in the main hospital or clinic. The hospital has several types adjusted to the number of beds under the Regulation of the Minister of Health of the Republic of Indonesia number 30 of 2019 concerning hospital classification and licensing. Payment of INA-CBG claims is under Permenkes number 76 of 2016. There are differences in payments between various types of hospitals. The payment will differ with the same disease coding if the service is carried out at type A and type B or C hospitals. This is challenging for hospitals to determine a strategy to adjust to the number of claims obtained from BPJS. Specialists who can practice in more than one hospital with different types must adapt to the hospital's conditions. The services they provide at type C hospitals differ greatly from those provided when these specialists practice in type A hospitals. The problems with implementing rules in different types of hospitals were presented in Table 3.

- Legal issues

Implementing the JKN program has increased the number of patients managed by surgical and non-surgical specialists. However, the number of patients increases with the risk of lawsuits to the doctors. The concerns about Lawsuits were present in Table 4.

Ethical Dilemmas and Ethical Decisions

Doctors often find themselves in difficult and confusing situations. The ethical dilemma that doctors often experience is related to difficulties regarding the code

of ethics of the medical profession. In practice, sometimes doctors consciously make decisions that violate the rules but take this step for the patient's good. The ethical dilemmas and ethical decisions were presented in Table 5.

Professional ethics must always guide Doctors in performing their obligations to provide medical services. They also have to comply with applicable policies. Morally and ethically, doctors are obliged to have virtue, to adhere to the principles of altruism and deontology. In the Indonesian medical code of ethics, there are 4 main obligations of doctors: general obligations, doctors' obligations to patients, colleagues and themselves.¹⁵

The results showed that doctors had used their medical abilities to help patients fulfill their obligations. However, due to the JKN policy, doctors have to make several options in carrying out their obligations. As in the case of abortion imminent, doctors clearly know there will be consequences if they do not act according to scientific standards. Morally, the informants know that their actions will carry enormous risks. Viewed from the perspective of deontological ethics, doctors have fulfilled their obligations by carrying out medical actions and explaining to patients the risks of every action they give. They explain the risks associated with limited service due to financial problems. Apart from responsibilities to patients, doctors also have to consider the welfare of the institutions where they work. Doctors try not to harm the hospital. Ethically and morally, the obligation has been fulfilled but not with virtue and altruism. Doctors carry out their obligations to treat patients but indirectly sacrifice them for personal gain and the hospital.

The more visible impact of JKN's demands in the form of BPJS is that an objective attitude that must be upheld following professional ethics becomes biased. As the informants stated, at first the doctors judged that their actions were scientifically wrong, but because of the demands of the situation they had to make other options that carried many risks. At first, they felt uncomfortable because it violated the scientific basis, but they became used to it over time. They think

their actions are normal. This normal thought becomes very subjective which should be avoided when viewed from the moral ethics of a professional.

The Embodiment of the Doctor's Oath and KODEKI

Despite the many problems in the JKN program, specialist doctors still hold fast to the oath and KODEKI in carrying out their profession. Nur Fitri et al. also stated that general practitioners in Siak Regency still adhere to the values contained in KODEKI.¹³ Doctors realize that the medical profession is like being on a thin line between heaven and hell. This inner turmoil was very disturbing, especially at the beginning of the implementation of the JKN program, but the longer the burden was felt by doctors the less it felt. It is this condition that needs to be considered. The doctors must not be dull because they often make rationing or take ethical decisions beyond their ability.

In medical services, specialist doctors do not differentiate between general and BPJS patients. Even now, the tendency for the medicine to be given is the same between general and BPJS patients. Almost all specialist doctors think the BPJS program is very beneficial, especially for the community, and hope they will get protection from ethical and legal demands in carrying out their profession.

CONCLUSIONS

Due to the difference in INA-CBG rates at type A, B, and C hospitals, surgical specialists prefer to refer their patients to hospitals with a higher type or divide medical procedures into more than one procedure. Meanwhile, non-surgical specialists prefer to rationalize medicines by adjusting the types and doses in the national formulary and the platform set by BPJS. Sometimes, non-surgical specialists also give prescriptions to their patients to be purchased outside the hospital, even though the doctor knows this is not allowed under BPJS rules.

Surgical and non-surgical specialists expect direct socialization from BPJS regarding the existing regulations and the cost platform set for types of diseases, even though this is not the task of BPJS. There is

a gap that makes doctors feel they cannot do their best for their patients because they do not understand the regulations of BPJS, which often change.

The number of patients in the BPJS caused doctors to be prone to burnout because the number of patients served increased sharply. Besides these problems, doctors also worry that there will be an increased risk of lawsuits when they make patient treatment mistakes.

LIMITATIONS

The research implementation was delayed from a predetermined schedule due to the COVID-19 pandemic. In addition, large-scale social restrictions were imposed so that interviews had to be conducted online via Zoom. Poor internet signal is often a problem. In addition, because it was carried out online, the researcher was less able to see body gestures, changes in attitudes, and facial expressions from the informants directly. Validity with thick description has not been implemented in this research. The fact that participants and researchers have a close relationship with the researchers could also be seen as a limitation.

AUTHORS' CONTRIBUTIONS

SKLB developed the project concept, conducted interviews and analyzed interview transcripts, YSP conceptualized and developed study design, reviewed the first and subsequent drafts of the manuscript, EKSL wrote the manuscript, AM and LM coded interview transcripts, MH reviewed final draft and editing of manuscripts drafts. Authors have approved the final version of the article.

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The authors reported no potential conflict of interest.

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