

IMPLEMENTATION OF GOVERNMENT POLICY IN THE FULFILLMENT AND DOCTOR OF DOCTORS BASED ON JUSTICE VALUES (CASE STUDY IN DONGGALA REGENCY)

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Abstract

The purpose of this study is to know the construction of the implementation of government policy in the fulfillment and distribution of current doctors; Obstacles to the implementation of government policies in the fulfillment and distribution of current medical staff; As well as the ideal reconstruction of local government policy in the fulfillment and equity of physicians based on the value of justice. The type of research used was the study of doctrinal law, the method of legal research conducted by examining the material legislation, library materials or secondary data. The approach of research conducted on the problems in this study by using sociological juridical approach. The data in this research were analyzed by using qualitative method of descriptions. The results of this study are (1) Donggala District Government policy in meeting the needs of doctors in all districts of Donggala is by proposing through Central Sulawesi Provincial Health Office to obtain the quota of doctor of civil servant, PTT and doctor resident; (2) Constraints in the implementation of government policy in Fulfillment and even distribution of current medical staff are some doctors who have been placed pleading again to continue their education or move duties for following husband; and The ideal reconstruction of local government policy in the fulfillment and equity of physicians based on justice values is adjusted to the ratio and needs of the community, and plans to appoint physicians as non-permanent employees at the cost of local government. The Government of Donggala District can submit a Regent Regulation on the fulfillment and equity of doctors in Donggala District, as well as cooperation with private parties through private clinics and CSR improvement.

Keywords : Policy, Doctors, and Justice

A. INTRODUCTION

Health is one of the important factors supporting the success of development of a nation. Law Number 32 Year 2004 regarding Regional Government has determined the health sector is one of the obligatory matters that must be implemented by the districts / municipalities.

One of the roles and duties of local government is in the field of licensing and supervision the basic medical care facilities. This is done in order to realize all institutions of basic medical care services can be accounted for quality of service. Because with the license, the health care institution has met some minimum standards set by the local government, which the standards

are made in the framework of the protection of the consumer or client.¹

Indonesia is one of the countries in the world that has the characteristics of the archipelago country, it is recorded dozens of large islands and small islands inhabited by the Indonesian population and have different characteristics. Therefore, in the optimization of health services, the government must also consider the characteristics of different regions, in the sense of establishing a general policy. The government should also

¹ Sri Wahyuni, *Analisis Kompetensi Kepala Ruang Dalam Pelaksanaan Standar Manajemen Pelayanan Keperawatan dan Pengaruhnya Terhadap Kinerja Perawat Dalam Mengimplementasikan Model Prkatek Keperawatan Profesional di Instalasi Rawat Inap B RSUD Banjarnegara*, UNDIP, Semarang, 2007, p. 36.

establish specific policies concerning budgeting as well as the placement and utilization of existing health personnel.

The limited number of doctors in Indonesia compared to the size of the area and the number of Indonesians who should be served by doctors, and the centrality of physician placement in the big cities, causes people in certain areas including the Donggala District do not receive health services from competent health personnel and professional. Due to the availability of doctors and the centrality of doctor placement in big cities, the health service for the people of Donggala District has not received optimal health service and quality because some of the doctors' duties are still carried out by nurses / midwives. This condition has been going on for a long time and is still found in various places of health services especially in Puskesmas (Community Health Center).

In the fulfillment of health workers, especially in Donggala District, it has been issued Regulation Donggala Regent No. 35 of 2010 on Translation of Duties and Functions of Donggala District Health Office.

The provision of health services in Donggala District is only done by a nurse or midwife. The above conditions make nurses and midwives often have to perform health care actions beyond their competence, with the reason to help people as well as an effort to save human lives. The government policy in using nurse and midwife staff to provide health services to the people in Donggala District can still be understood as the reason for the insufficient number of doctors.

Based on interim surveys conducted by researchers, nurses in providing health services to people in Donggala District often take medication or medical action that is not actually the authority of a nurse, but should be done by a doctor. The actions of nurses who carry out the practice in carrying out government duties in Donggala District are partly the authority and competence of doctors as stated in Law Number 29 Year 2004 regarding Medical Practice.

The increasing number of people in Donggala district means that it will increase the demand of doctors every year, as well as the increasingly complex patterns of disease with increasing

degenerative diseases with increasing mortality rates. Health levels that are still less such as the crude death rate, the nutritional adequacy of the community is still not good will also affect the needs of doctors in curative services.

Donggala district currently has a population of 290,915 people, while the number of doctors who are now on duty in Donggala District is a general practitioner 32 people: 9,091, dentist PTT 8 people. This shows that 1 general doctor: 11,781 people and dentist 1 person: 35,344 people. It is obviously still very far from ideal.

From the results of the above description we can see that doctor in Donggala District is still very far from the expected. This shows that the fulfillment of the right to health to the community still has not fulfilled the sense of justice, so that government policies, especially the local government in the fulfillment of doctors should be reviewed. From this cases, so what is the construction of the implementation of government policies in the current administration and distribution of physicians? What are the constraints to the implementation of government policies in the current administration and distribution of physicians? What is the ideal reconstruction of local government policy in the fulfillment and equity of physicians based on fair values?

B. RESULTS AND DISCUSSION

1. Construction of the implementation of government policies in the fulfillment and distribution of current medical staff;

Various legal efforts made in providing comprehensive protection to the community as recipients of services, doctors and dentists as providers of services have been done, but the progress of science and medical technology is growing very fast not equal to the development of law.

Based on the results of interviews with the Regional Secretary of Donggala District², the researcher obtained information that the legal basis used by the Government of Donggala District in carrying out health affairs are:

² Interview with Sekretaris Daerah Kabupaten Donggala, on 5 April 2016.

- a. Law Number 36 Year 2009 on Health;
- b. Regional Midterm Development Plan (RPJMD) of Donggala District 2014-2019 (every five years);
- c. Ministry of Health Renstra;
- d. Regulation of the Minister of Health;
- e. Renstra of Donggala District Health Office 2014-2019;
- f. Regulation of Regent of Donggala Number 35 Year 2010.

According to the Regional Secretary of Donggala District³, the regional government's policy in implementing health services to the community as a whole and evenly is through the *musrebang* (Deliberation of Development Planning) of villages, sub-districts and districts in order to synchronize the program plan of sub-district activities with the government through Donggala District Health Office.

Based on the results of the interview with the Regional Secretary of Donggala District⁴, the information obtained that the government policy of Donggala District in fulfilling the needs of doctors in all areas of Donggala District is to propose through the Central Sulawesi Provincial Health Office to obtain the quota of doctor of civil servant, PTT and resident doctors.

Based on the interview result with the Head of Health Service of Donggala District⁵, the construction of government policy implementation in fulfillment and distribution of current medical staff is by placing the doctor through the Regent's Decree on the cooperation of Donggala District Health Office and Regional Official Agency of Donggala District.

According to the Chairman of DPRD of Donggala Regency⁶, the efforts that want to be implemented by Donggala District

Government in fulfillment and equity of physicians based on the value of justice is to submit the Regent Regulation on Procedures of Fulfillment and Equity of Doctor in Donggala District.

The number of doctors in Donggala District is 48 people, while the number of residents of Donggala District is 290.915 people. Based on the data mentioned, it means 1 (one) doctor in Donggala District must serve approximately 6,000 people. Whereas according to Strategic Plan Ministry of Health Year 2010 - 2014 ideal doctor with population that is 1 doctor: 2500 residents. Furthermore, based on WHO recommendation, 10 doctors ideally serve 10,000 residents. Based on data, the number of doctors in Donggala District has not been evenly distributed and has not fulfilled the sense of justice for the community.

Heads of state/regional heads and other public officials should be able to improve the quality of services to the public, including health services. According to Ibrahim⁷, the quality of public service is a dynamic condition that relates to products, services, people, processes and environments in which their quality judgments are determined at the time of the delivery of the public service.

According to Zeithaml et al⁸, service quality can be measured from five dimensions, namely: tangible, reliability, responsiveness, assurance, and empathy. Furthermore, Kumorotomo⁹ states that the quality of public services consists of four dimensions, namely dimensions of efficiency, effectiveness, fairness, and responsiveness.

The right to health is absolute and closely related to the welfare of society.

³ Interview with Sekretaris Daerah Kabupaten Donggala, on 5 April 2016.

⁴ Interview with Sekretaris Daerah Kabupaten Donggala, on 5 April 2016.

⁵ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

⁶ Interview with Ketua DPRD Kabupaten Donggala, at 15 April 2016.

⁷ Amin Ibrahim, 2008, *Teori dan Konsep Pelayanan Publik serta Implementasinya*, Mandar Maju, Bandung, p. 22.

⁸ Valerie A. Zeithaml, A. 1990., Parasuraman & Leonard L. Berry, *Delivering Quality Service*, The Free Press, New York, p. 49.

⁹ Wahyudi Kumorotomo, 1996, *Akuntabilitas Birokrasi Publik: Sketsa Pada Masa Transisi*, Pustaka Pelajar, Yogyakarta, p. 52.

The 1945 Constitution of the State of the Republic of Indonesia guarantees the right to a healthy, healthy living environment and the right to health care. The state has a role in conducting a well-structured, comprehensive and equitable health effort that is essential for the establishment of Indonesia's human resources, enhancement of resilience, national competitiveness, and national development.

Healthcare is an effort that is done alone or together in an organization to maintain health, promote health, prevent and cure diseases and restore public health.

Construction of the implementation of government policy in the compliance and distribution of current medical staff in Donggala District has not yet fulfilled the sense of justice for the special community of people who are in remote areas. The policies taken by the government, especially the Regional Government of Donggala District in the fulfillment and distribution of doctors should be fair and equitable so that the public can obtain the highest degree of health.

The existence of doctors in Donggala District has not been evenly distributed, causing the community, especially those in the rural areas, has not gained the right to obtain a high degree of health because there is no doctor placed in the area. Based on this matter, it can be said that with the unevenness of doctors who have not yet fulfilled the degree of public health in Donggala District, it cannot be said to be prosperous.

In the fulfillment and equity of current medical staff in Donggala District has not involved all elements related to policy making in the fulfillment and presentation of doctors. Implementation of government policy on the fulfillment and equity of current medical staff in Donggala District has not reflected all the elements in the applicable legal system. In policy making, the Donggala District

Government all the executive, legislative and judicial elements have participated in the policy making, but have not yet accommodated the public interest. The Regional Government Policy of Donggala District has not fully accommodated Law Number 36 Year 2009.

The government's policy on the fulfillment and even distribution of current medical staff in Donggala District has not provided adequate legal protection to the community. With the non-fulfillment of the right to public health means that the government has not provided legal protection to the community, especially those related to the fulfillment of the right to health.

2. Constraints on the implementation of government policies in the fulfillment and distribution of current medical staff;

Theoretically, local governments can improve public service, this is because all creativity has been given to regions to organize public services in order to prosper the community, it turns out in the course of governance many experienced obstacles such as fencing allocated by the government in the framework of public services very limited, the mindset of bureaucrats tends to place itself as an agent of power rather than a service agent. These conditions make the future of people's lives bleak. This is because society is very dependent on the services provided by the local government.¹⁰

This condition causes the bureaucracy apparatus not to be able to find specific problems in society because of limited capacity, and often get caught up in problems or social phenomena that appear on the surface and then look at it as a real problem, resulting in a

¹⁰ A. Pramusinto & W. Kumorotomo, 2009, *Governance Reform di Indonesia : Mencari Arah Kelembagaan Politik yang Demokratis dan Birokrasi yang Profesional*, MAP-UGM, Gava Media, Yogyakarta, p. 168 and 218.

mistake in identifying this problem will also result in the wrong decision taken.¹¹

Lovelock¹² further mentioned that good service requires excellent service infrastructure as well. The most important thing is to get everyone in the organization on quality.

According to the Chief Medical Officer of Donggala District¹³, the ratio of the number of doctors and the population is not yet appropriate and is still far from the ideal ratio based on the principle of justice in fulfilling the right to health for the community. Efforts that have been made by the Government of Donggala District in the fulfillment and equity of physicians based on the value of justice in principle the distribution of doctors placed in every sub-district, so that there is no Puskesmas (Community Health Center) that do not have a doctor.

Based on the results of interviews with the Head of the Chief Medical Officer of Donggala District¹⁴, obtained information that the work program of Donggala District Government in the effort of peer and equity of physicians based on the value of justice in the last 5 (five) years is the government of Donggala District is enough to make use existing doctors. Currently the work program is running well although not yet able to meet the ideal ratio.

According to the Chairman of the Indonesian Doctors Association (IDI) of Donggala District¹⁵, the obstacles in implementing the government's policies in the fulfillment and distribution of current medical staff are some of the doctors

who have been placed to apply again to continue their education or move their duties because of following their husbands. It is expected that the local government of Donggala District should provide special incentives and facilities to doctors in duty in Donggala District especially those who work in remote areas considering the huge workload that is the ratio of doctors who do not match the population.

The obstacles to the implementation of government policies in the fulfillment and even distribution of current medical staff especially in Donggala District are the lack of facilities and infrastructure and access of health personnel. One of the most important obstacles in remote areas is 'access'. Access can be physical access such as transportation, an adequate means of road which is useful as a helpful tool when it will refer patients to a higher level of service.

The unevenness of doctors in Donggala District has caused the people in particular who are in the inhabitants have not got their right to obtain a high degree of health because there is no doctor who has been placed in the area.

The central government and local governments are less keen on seeing the problem comprehensively. The government should be able to answer the question why remote areas are not sought by health workers? How much effort has been made by the local government in supporting efforts to increase the degree of public health? The approach done in the effort of distribution of health workers so far is still oriented to mere material. Assuming that with high salaries and incentives the problems of shortage of health workers in remote areas will be complete.

Known or not, the Ministry of Health is aware is not the ministry of "super power" which can freely move in the region. Therefore it cannot run alone by relying on ministerial regulations or

¹¹ William N. Dunn, 2003, *Pengantar Analisis Kebijakan Publik*, Edisi Kedua, Gadjah Mada University Press, Yogyakarta, p. 209.

¹² Christopher Lovelock, 1994, *Product Plus : How Product Service Competitive Advantage*, Mc Graw Hill, New York, p. 19.

¹³ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

¹⁴ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

¹⁵ Interview with Ketua Ikatan Dokter Indonesia (IDI) Kabupaten Donggala, on 13 April 2016.

ministerial decisions alone. In this case the Ministry of Health needs to cooperate with the Ministry of Internal Affairs in disseminating for the success of a policy that will be applied in the region.

The government has been tidying up by issuing the policy of health personnel distribution in Indonesia has been included in the agenda of the 100-day program of the Ministry of Health in 2009. The policy is contained in the Ministry of Health / Ministry of Health which is the beginning of the procurement program about the provision of strategic health personnel incentives in Remote Areas, and Islands (DTPK). The pattern of policy implementation that is top down is still very visible on the minister's decision. The role of the regions is not sufficiently given the freedom to define ways and methods according to the situation and problems faced by each region. The regions do not have enough guidance in doing these innovations because they are conditioned to not be able to innovate to solve health problems in their own way.

3. The ideal reconstruction of local government policy in the fulfillment and equity of physicians based on the value of justice.

Based on the results of the interview with the Head of the Chief Medical Officer of Donggala District¹⁶, it was found that the ideal reconstruction of local government policy in the fulfillment and equity of physicians based on the value of justice is adjusted to the ratio and needs of the community and the plan to appoint the doctors as non-permanent employees with the cost of local government.

According to the Chief Medical Officer of Donggala District¹⁷, the legal efforts to be implemented by the Donggala District Government in the fulfillment and equity of physicians based on the value of justice

is to submit a Regent Regulation on the procedure of fulfillment and even distribution of doctors in Donggala District.

Based on the interview result of the writer with the Head of Medical Officer of Donggala District¹⁸, the information obtained that the public participation in the effort of fulfilling the right of health by local government in Donggala District can be proven by the increasing number of *posyandu* (integrated service post) visit as preventive effort and the patient visit at puskesmas (Community Health Center) and hospital as curative and counseling.

According to Chief Medical Officer of Donggala District¹⁹, the cooperation pattern of Donggala District government with private party in health service for the public is private party must help health service through private clinic and private party is expected to increase Corporate Social Responsibility (CSR) fund specially for fulfillment and equitable doctors for the realization of a just health service. Taking into account the problems faced, the policy measures being pursued, and the follow-up plans required include improving equity and accessibility of health services and improving the quality of health services.

Based on that matter, Article 21 and 22 of Regulation of Regent of Donggala Number 35 Year 2010 need to be reconstructed and adjusted with Law Number 36 Year 2009. In order to improve the quality of health service, the effort that will be done is the appointment and placement of health personnel, such as doctors and nursing personnel, especially in remote areas, increasing the proportion of *puskesmas* (Community Health Center) with doctors, increasing the proportion of district / municipal hospitals with specialist doctors, and improving the quality of education and training of health workers.

¹⁶ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

¹⁷ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

¹⁸ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

¹⁹ Interview with Kepala Dinas Kesehatan Kabupaten Donggala, on 11 April 2016.

With the reconstruction of the policy of local government in the fulfillment and distribution of doctors, it is hoped that the public can enjoy their right to obtain the highest possible health. With the fulfillment of people's right to health, the level of people's welfare will increase.

The Government of Donggala District has made various efforts to improve the quality of health services, also supported by the development of policy and health development management and improvement of research and development of health science and technology. Development of health development policies and management will be undertaken through policy review, development of planning and budgeting systems, implementation and control, supervision and improvement of financial administration, and health law. In addition, both national and local health information systems need to be well established. Policies are made to ensure public healthcare capitation and pre-effort primarily for the poor need to be continued.

C. CONCLUSION

Donggala District Government policy in meeting the needs of doctors in all areas of Donggala District is to propose through the Central Sulawesi Provincial Health Office to obtain quotas of civil servants, PTT and doctors Resident; placing a doctor through the Bupati's Decree on the cooperation of the Donggala District Health Office and the Regional Personnel Board of Donggala District; implementing health services to the community as a whole and evenly through the *musrebang* villages, sub-districts and districts in order to synchronize the program plan of sub-district proposals activities with the government through the Donggala District Health Office; Constraints in the implementation of government policies in the fulfillment and equity of current medical personnel are some doctors who have been placed to apply again to continue education or move duties for following

the husband; The ideal reconstruction of local government policy in the fulfillment and equity of physicians based on fairness values is adjusted to the ratio and needs of the community and plans to appoint physicians as non-permanent employees at the cost of local government. The legal efforts to be carried out by the Government of Donggala District are to submit a Regent Regulation on the procedures for the fulfillment and equity of doctors in the Donggala District; community participation in efforts to address the right to health by local government in Donggala District can be proved by the increasing number of *posyandu* (integrated service post) visits as a preventive effort and the presence of patient visits at health centers and hospitals as curative and counseling; and cooperation with private parties through private clinics and private parties are expected to raise funds Corporate Social Responsibility (CSR).

The legal instruments must be followed and pursued by several other regulations, both the implementing regulations and some other operational guidelines that specifically regulate technically the areas of health law. Local Government of Donggala District is expected to revise Perbub Number 35 of 2010.

- a. The local government of Donggala District should immediately realize the Regent Regulation related to the enforcement and distribution of doctors, so that the health services for the community can be evenly distributed in all regions;
- b. It is expected that the local government of Donggala District should give special incentives and facilities to doctors in districts in Donggala especially those who work in remote areas, considering the huge workload that is the ratio of doctors who do not match the population.

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