

## HUMAN RIGHTS IMPLEMENTATION HEALTH SERVICE

Anggraeni Endah Kusumaningrum  
Faculty Of Law Tujuh Belas Agustus University of Semarang  
[anggraeniwijayanto@yahoo.com](mailto:anggraeniwijayanto@yahoo.com)

---

### Abstract

Health rights are human rights inherent in a person because of his birth as a human being, and not because of the giving of someone or the state therefore it cannot be revoked and violated by anyone. Health rights must be able to become one of the main benchmarks of development and prosperity of a nation. Therefore health must be mid-stream development, which is continuous sustainable development. The implementation of human rights is carried out by creating equality of access to health services, preventing actions that can reduce the health status of the community, preventing actions that can reduce the health status of the community, and making health policies and providing health services and budgets appropriate and adequate for the entire community.

**Keywords:** Human Rights, Health Services.

---

### INTRODUCTION

Health is an important aspect of human rights, contained in the United Nations Declaration of Human Rights on November 10, 1948 which states that everyone has the right to an adequate standard of living for the health and welfare of himself and his family.

Likewise the International Convention on the social and cultural economic rights set by the United Nations in 1966 also recognizes the right of everyone to enjoy the highest standards that can be achieved in their physical and mental health.

Health as a human right, is a right attached to someone because of his birth as a human being, not because of the giving of someone or the state so that it cannot be revoked or violated by anyone.

Healthy itself is not just free from disease but is a prosperous condition of the body of the soul and social that allows everyone to live productively economically. Therefore, in accordance with the norms of

human rights, the state is obliged to respect and protect the health rights.

Current human rights restrictions on health have developed<sup>1</sup>, including children's rights, women's and youth rights; among others is the right to get food and a healthy environment; the right to get clean water; the right to a decent standard in physical and mental health, including health, reproductive and sexual health rights. Based on that it is clear that health is one of the main benchmarks of national development and national welfare. Health becomes mid-stream development, as a mid-stream of sustainable development that continues not only as a marginal / side measure of the development of a nation and country

---

<sup>1</sup> According to ICESCR general recommendation 14, paragraphs 4 and 20: Health is a complete physical, mental and social welfare condition and not just a lack of disease or weakness. This is not limited to health services, but includes socio-economic factors and extends to the basic factors that determine health, such as distribution of resources, gender, food and nutrition, housing, access to drinking and safe water and adequate sanitation, safe and healthy working conditions and a healthy environment

The right to health is regulated in Article 12 of the International Covenant on economic, social and cultural rights that have been ratified by Law No. 11 of 2005, which essentially recognizes the right of everyone to enjoy the highest standards that can be achieved in physical and mental health.

Also affirmed in the 1945 Constitution, that every person has the right to live physically and mentally, live and get a good and healthy environment and is entitled to health services.<sup>2</sup> As for the implementation provisions, contained in the explanation of the Health Law, Indonesia recognizes that health is a human rights and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian people as intended in Pancasila and the Preamble of the 1945 Constitution

The obligation to respect human rights is, among other things, done by creating equality of access to health services, preventing actions that can reduce public health status, preventing actions that can reduce people's health status, and making health policies and providing budgets and services. decent and adequate health services for the entire community.

The right to health for this community means that the government must create conditions that make it possible for each individual to live a healthy life, and this means that the government must provide adequate health care facilities and affordable health services for all people. These health services

include access to essential health and health care services, such as access to clean water, nutrition, immunization, healthy housing, sanitation, environment and a healthy workplace, education and access to health-related information.

The government in its efforts to fulfill health as a human right has the duty and authority to improve the welfare of citizens, and has an obligation to respect, protect and fulfill these rights. This health aspect must be an important consideration in every development policy. One form of implementation is the government's obligation to provide an adequate budget for health development involving the wider community.

UNICEF estimates that currently there are 1.6 million children who die because they do not have access to clean water. Provision of adequate clean water and good sanitation can reduce poverty, morbidity and improve children's education.<sup>3</sup> There are currently tens of millions, perhaps even hundreds of millions of children suffering from intestinal worms due to the problem of clean water, sanitation and poor housing in the world, as a result of them suffering from malnutrition which affects their health and education. In fact, health programs are not only owned and handled by the health sector, but health programs must belong to the community, so that in the end the health will become a culture and be in the hearts of the people.

---

<sup>2</sup> Paragraph (1) comes from Article 28 H paragraph (1) changes to the two 1945 Constitution

---

<sup>3</sup> References and sources of futher information : [www.unicef.org/programe/we/water](http://www.unicef.org/programe/we/water)

Health programs must be carried out by the community itself, where with independence there is advocacy, facilitation and technical assistants assisted by various sectors including the business community.

The community and its various elements must be able and able to understand health-oriented development by considering its positive and negative impacts on health for individuals, families and the community itself. Besides that, in terms of health, it is required to be able to strive and strive to make every effort and health effort that is more preventive and promotive, without leaving efforts and curative and rehabilitative efforts.

The programs embodied above as part of sustainable development of the community, nation and state clearly require definite legal protection.

Therefore, health development as a form of human rights if it does not heed the positive impact and negative impact on human health, environmental health, social health and cultural health is a form of human rights violations. Based on the description above, the problems in this paper are:

1. How is the implementation of human rights in health services to the community?
2. What obstacles occur in health services to the community?

## **DISCUSSION**

### **Implementation of Human Rights in Health Services to Communities**

Health is a basic human need where it is also contained in human rights. Development

in the health sector is basically aimed at increasing awareness, willingness and ability to live healthy for everyone. As an effort to realize optimal health status as one of the elements of welfare as mandated in the 1945 Constitution.

The development of the health sector today makes the role of stakeholders in the field of health care providers such as hospitals, doctors, nurses and other medical personnel are required to be more able to provide quality health services and in accordance with applicable service standards so that people as service users can feel the service which are given.

Health services are services that have special characteristics, and are not the same as other service industries such as transportation services, telephone services, banking services. People who use health services or are referred to as patients are usually sick, concerned, panicked, and in situations of uncertainty and cannot avoid the onset of an illness so that these patients cannot delay or rule out getting treatment even though they have no money, because health services that include doctors, hospitals, pharmacies and nurses with social functions.

In health services there are 3 components that influence that is, service is largely determined by the quality of services provided, who is doing services and consumers who assess a service through the desired expectations.

This is quite rational, considering that health services are essentially provided through forms of treatment and care. Health

workers, medical and non-medical, are responsible for providing optimal services. While medical personnel, in this case the doctor has responsibility for the treatment being carried out.

In terms of the relationship between doctors and patients shows that the doctor has a dominant position, while the patient only has a passive attitude waiting without authority to fight. This position lasts for many years, where the doctor plays a leading role, both because of the specific knowledge and skills he has, as well as because of his authority because doctors are a small part of the community that has for many years been a party that has authority in the health sector and provide treatment based on the patient's full trust.

Furthermore, because the right to health is classified in human rights in the social and cultural fields, namely human rights related to the right to social security, the right to housing and the right to education.

In the Amendment to the 1945 Constitution, especially in article 28 H paragraph 3, it states that every person has the right to social security that allows his full development as a dignified human being. Furthermore Article 28 H paragraph 1 states that every person has the right to live physically and mentally, live, and get a good and healthy environment and is entitled to health services.

Article Amendments to the 1945 Constitution affirm that everyone is obliged to respect the human rights of others in the orderly life of society, nation and state, in

which each person is obliged to comply with the restrictions stipulated by law. Departing from these provisions, the protection of the promotion, enforcement and fulfillment of human rights is the responsibility of the state, especially the government. Furthermore, the implementation of human rights is guaranteed to be regulated and set forth in legislation such as the amendment to the 1945 Constitution (Chapter XA on human rights), Law No. 39 of 1999 concerning Human Rights<sup>4</sup> and Law No. 26 of 2000 concerning Human Rights Courts.

Sudikno stated that in the legal sense, rights are legal interests that are protected by law. Own interests mean demands that are expected to be fulfilled. So that it can be said that rights are a demand whose fulfillment is protected by law.<sup>5</sup>

Furthermore, according to Janus Sidabalok there are 3 types of rights based on the source of fulfillment, namely:<sup>6</sup>

1. Human rights because of their nature, that is, the rights that we get when we are born, such as the right to life and the right to breathe. This right cannot be contested by the state, even the state must guarantee its fulfillment.

---

<sup>4</sup> Article 8 of Law No. 39/1999 concerning Human Rights states: protection, promotion, enforcement and fulfillment of human rights are primarily the responsibility of the government. See also article 71: the government is obliged and responsible for respecting, protecting, upholding and advancing human rights regulated in this law ... etc .; and Article 72: the obligations and responsibilities of the government ....., include effective implementation steps in the fields of law, politics, economics, socio-cultural defense of the state security and other fields.

<sup>5</sup> Sudikno Martokusumo, 1999, *Mengenai Hukum: Suatu Pengantar*, Yogyakarta: Liberty, p. 24

<sup>6</sup> Janus Sidabalok, 2006, *Hukum Perlindungan Konsumen di Indonesia Pertanggungjawaban Menurut Hukum Perdata*, Jakarta: Raja Grafindo Persada, p.18

2. Rights born of law, namely the rights granted by the state to its citizens. This right is also referred to as legal rights, for example: the right to vote in elections.
3. Rights born of contractual relations. This right is based on contractual agreements between one person and another. Examples of buying and selling events.

With regard to patient rights, it is actually a basic right and originates from individual basic rights, the right of self-determination which in Black's Law Dictionary means as a right which contains several meanings including natural rights and political rights and rights private (civil right).<sup>7</sup> The right to self-determination is closer to personal rights, namely the right to personal security that is closely related to life, parts of the body, health, honor, and the right to personal freedom. The international human rights conventions assume that individuals must be recognized as subjects of international law. The first step of this great work was put on December 7, 1948 when the UN General Assembly adopted the Universal Declaration of Human Rights.<sup>8</sup>

Speaking in the field of health services, this field has distinctive characteristics and is considered more basic<sup>9</sup> that is different from other services or products, namely, such as consumer ignorance, consumers do not have bargaining power or selective power, health

care products are not homogeneous concepts, restrictions on competition, uncertainty about illness, and health as a human right.

In this case the patient must be seen as a subject who has a great influence on the end result of a service that is not just an object. Patient rights must be fulfilled considering patient satisfaction is one of the barometers of service quality while patient dissatisfaction can be the basis for lawsuits.

There are several things that become the hope of a patient as a consumer in medical services including:<sup>10</sup>

1. Immediate and satisfying service promised;
2. Helping and providing services responsively without distinguishing elements of sara (ethnicity, religion, race and class);
3. Security, safety and comfort guarantees;
4. Good communication and understanding of patient needs.

In addition to these expectations, there are several rights that a patient has to do by a doctor. The consequences of a doctor in carrying out his profession to realize the rights possessed by the patient by communicating each action to his patient. Because the relationship between doctors and patients is included in services, patients can also be referred to as consumers of health services. Specifically concerning consumer rights regulated in Law Number 8 of 1999 concerning Consumer Protection, where in

---

<sup>7</sup> Hermien Hadiati Koeswadji, 1984, *Hukum dan Masalah Medik*, Surabaya: Airlangga University Press, p. 47

<sup>8</sup> Freddy Tengker, 2007, *Hak Pasien*, Bandung: Mandar Maju, p. 33

<sup>9</sup> Ari Yunanto, 2010, *Hukum Pidana Malpraktik Medik tinjauan dan Perspektif Medikolegal*, Yogyakarta: Penerbit Andi, p.19

---

<sup>10</sup> Titik Triwulan Tutik, 2010, *Perlindungan Hukum Bagi Pasien*, Jakarta: Prestasi Pustaka, p. 11

article 4 states that a consumer's rights are as follows:<sup>11</sup>

1. the right to comfort, security and safety in consuming goods and / or services;
2. the right to choose goods and / or services, and get the goods and / or services in accordance with the exchange rate and conditions, as well as the guarantees promised;
3. right, correct and clear information regarding the condition and guarantee of goods and / or services;
4. the right to hear opinions and complaints about the goods and / or services used;
5. the right to get advocacy, protection, and appropriate settlement of protection disputes;
6. the right to get consumer education and guidance;
7. the right to be neglected or served correctly, honestly, and not discriminatory;
8. the right to get compensation, compensation and / or replacement, if the goods and / or services received are not in accordance with the agreement or not as they should be;
9. rights regulated in other statutory regulations.

Of the nine items of consumer rights given above, it appears that the problem of consumer comfort, safety and safety is the most basic and main thing in consumer protection. This is because the use of goods and / or services that do not provide more comfort, which are not safe or endanger the

safety of consumers, is clearly not feasible to be circulated in the community. Furthermore, to guarantee that an item and / or service in its use will be safe, comfortable, or not endangering the consumer in its use, the consumer is given the right to choose the goods and / or services he wants based on correct, clear and honest information disclosure.

In addition, if there are adverse deviations, the consumer has the right to be heard, get advocacy, coaching, fair treatment, compensation and compensation.

The rights in the Consumer Protection Law above are the elaboration of articles that are characterized by welfare states, namely as in article 27 paragraph 2 and article 33 of the Basic Law of the Republic of Indonesia.

In addition to obtaining these rights a consumer also has obligations as stipulated in article 5 of the UUPK in the form of:<sup>12</sup>

1. read or follow information instructions and procedures for the use or utilization of goods and / or services, for safety and security;
2. in good faith in making purchases of goods and / or services;
3. pay according to the agreed exchange rate;
4. follow the legal settlement efforts of consumer protection disputes properly;

The four consumer obligations are intended so that consumers can obtain optimal results for the protection and / or legal certainty for themselves.

---

<sup>11</sup> UU No 8 Tahun 1999 about Perlindungan Konsumen

---

<sup>12</sup> ibid

Patients as health consumers have self-protection from the possibility of irresponsible health care efforts such as neglect. Patients are also entitled to the safety, security and comfort of the health services and services they receive. The existence of these rights makes consumers protected from professional practices that threaten their safety or health.

The rights of other patients as consumers are the right to be heard and get compensation if the services they receive are not as expected. The community as consumers can submit their complaints to the hospital as an effort to repair the hospital in its service. In addition, consumers have the right to choose a doctor who is desired and entitled to get a second opinion, also has the right to get a medical record that contains a history of his illness.

Furthermore, patient rights are also explained in Law No. 36 of 2009 concerning Health, where in Article 4 states that every person has the right to health, the purpose of the right to health is the right to obtain health services from health care facilities in order to realize the degree highest health. Article 56 of Law No. 36 of 2009 states that everyone has the right to accept or reject some or all of the relief measures that will be given to him after receiving and understanding the information about the action in full, while Article 57 of Law No. 36 of 2009 states that everyone has the right to the secret of his personal health condition that was stated to the health service provider. Article 58 of Law No. 36 of 2009 states that "every person has the right to claim compensation for a person, health

worker, and health provider that causes losses due to errors or misconduct in the health services received".

When formulated, the patient's right as a consumer of medical services specified in the Law Number 36 of 2009 concerning health includes:

1. obtain correct and complete information about his situation;
2. give consent or rejection of therapy carried out on him
3. maintain medical secrets related to conditions and other medical services
4. obtain compensation as a result of the existence of errors and omissions in the health services received.

Then in article 52 and article 53 of Law No. 29 of 2004 concerning medical practice states that patients have rights, including:

1. Obtain a complete explanation of medical actions as intended in Article 45 paragraph 3;
2. Request the opinion of another doctor or dentist;
3. Get services according to medical needs;
4. Refusing medical action;
5. Obtain information which is the doctor's secret and the contents of the medical record.

Furthermore, regarding patient obligations are:

1. Provide complete and honest information about his health problems;
2. Comply with the advice and instructions of a doctor or dentist;
3. Comply with applicable provisions in health services; and

4. Providing compensation for services for the services it receives.

In essence there are two legal instruments that form the basis of legal protection policies for consumers, namely: First, the 1945 Constitution as the source of all legal sources in Indonesia, which determines that national development aims to create a just and prosperous society. The national development objective is realized through a democratic economic development system so that it can grow and develop a world that produces goods and services that are suitable for consumption by the public. Second, the Act number 8 of 1999 concerning Consumer Protection (UUPK). The birth of this UUPK gives hope to consumers in Indonesia to obtain protection from losses suffered on transactions of goods and services besides that the UUPK guarantees legal certainty for consumers.

Article 1 point 1 of the UUPK states that consumer protection is every effort that guarantees legal certainty to provide protection to consumers. Legal certainty to provide protection to consumers, among others, is by increasing the dignity of consumers and by opening access to information about goods and services for them, as well as developing the attitude of business people who are honest and responsible.

The purpose of consumer protection in accordance with article 3 of the UUPK are:

1. increase consumer awareness, ability and independence to protect them-selves;

2. raise the dignity of consumers by avoiding them from negative access to the use of goods and services;
3. increasing consumer empowerment in choosing, determining and acting as consumers;
4. creating a consumer protection system that contains legal certainty and information disclosure and access to information;
5. fostering businessmen's awareness of the importance of consumer protection so that an honest and responsible attitude to business grows;
6. improve the quality of goods and services that guarantee the continuity of the production of health goods and services for the comfort, safety and safety of consumers.

Furthermore regarding the legal protection of patients as consumers in the medical field is also regulated in article 1365 of the Civil Code which states that "any act against the law that brings loss to another person obliges the person who due to wrongly issued the loss"

Whereas in Law No. 36 of 2009 concerning Health, patient protection is also stipulated in Article 58 which contains the following provisions:

- (1) Every person has the right to claim compensation for a person, health worker, and health provider that causes losses due to errors or omissions in the health services received.
- (2) The claim for compensation as referred to in paragraph (1) does not apply to health

workers who carry out life-saving actions or prevention of someone's disability in an emergency.

- (3) Provisions concerning the procedure for filing claims as referred to in paragraph 1 shall be regulated in accordance with the provisions of the legislation.

The granting of the right to compensation is an attempt to provide protection for every person for a result that arises, both physically and non-physically because of an error in the health personnel. This protection is very important because due to negligence and mistakes it may cause death or cause permanent disability. Physical loss here means the loss or non-functioning of all or part of the body's organs while non-physical losses are related to one's dignity.

If someone feels aggrieved by other community members, of course he will sue the other party to be legally responsible for his actions. In this case among them there may have been a legal relationship in the form of an agreement in the field of civil law, but it can also be the opposite, there is absolutely no such legal relationship.

If someone as a consumer has a legal relationship with another party, and the other party violates a mutually agreed agreement, then the consumer has the right to sue the opponent based on default (breaking a promise), but if there was no agreement before, the consumer still has the right to sue civilly namely through the provision of unlawful acts, the provision provides an opportunity to sue as long as the fulfillment of 4 (four) elements, namely an unlawful act, an

error (committed by the defendant), a loss (suffered by the plaintiff) and a causal relationship between error and that loss. If there is an error or negligence from medical action taken by medical personnel in this case the doctor, nurse or other assistants, then in this case the consumer of the patient who suffers a loss can demand compensation.

Then related to the increasing legal role in health services, this is due to the increasing public demand for health services, increasing attention to the right to health services, the growth of medical technology, the existence of specialization and division of labor and the increasing formation of health service institutions. These are things that encourage people to find a legal basis for health services.

Actions carried out by the implementers of health services are legal actions that result in legal relations. Legal relationships with the aim of giving a sense of well-being and healing efforts for a patient.

Law No. 36 of 2009 concerning Health article 52, paragraph 1 states that health services consist of individual health services and public health services. Whereas in article 53 paragraph 2 of Law No. 36 of 2009 expressly states that public health services are aimed at maintaining and improving health and preventing diseases of a group and society. Based on this, under no circumstances should the health worker prioritize the help and safety of the patient's life.

Health services provided by the government, either in the form of providing health care facilities, providing medicines, and health services themselves. Health care

facilities provided by the government in an effort to ensure public health, health facilities according to the type of service consist of: individual health services and public health services.

This individual health service is carried out by the practice of doctors or health workers who are assisted by both local and private governments. This individual health service must continue to get permission from the government in accordance with Law No. 36 of 2009 concerning Health. Individual health services, and b. Public health services.

Furthermore, in paragraph 2 of Law No. 36 of 2009 states that health facilities as referred to in paragraph 1 include a. First level health services; b. Second level health services and c. Third level health services. Then in paragraph 3 states that health care facilities as intended in paragraph 1 are carried out by the government, regional and private governments.

Health care facilities are obliged to provide broad access to the needs of research and development in the health sector, therefore health care facilities will provide health services for the survival of patients and prevention of disability first.

Furthermore, in an emergency, health services, both private and government, must serve patients regardless of who the patient is. Therefore the law prohibits anyone involved in health services from wasting patients in an emergency.

Health services are carried out through a promotive, curative and rehabilitative approach, therefore individual health services

are aimed at curing diseases and restoring the health of individuals and families, while community health services are aimed at maintaining and improving health and preventing diseases of groups and communities. Health services are carried out in a responsible, safe, quality and equitable and non-discriminatory manner, therefore the government is required to be responsible for health services and ensure quality standards in the hope that patients as recipients of health services can be protected by their rights.

### **Obstacles in Community Health Services**

Health services that are guaranteed quality standards and in accordance with the expectations of patients as recipients of current health services, it seems that they cannot be fulfilled properly, this is because current developments indicate that health services have led to commercialization in the health sector as a result of the capitalism system adopted by Indonesia all this time. Once it is known that the patient's medical expenses are covered by insurance, the hospital attempts to maximize the patient's medical expenses for various medical reasons. This is done so that the hospital can reap the benefits of insurance that is always paid by patients every month. Neoliberalism of course will be very detrimental to the people and only benefit the owners of capital.

Besides that, the change in the institutional status of the Government that adopts capital-based economic factors further strengthens the government's orientation towards the neoliberalism of the health sector. Furthermore, the health sector has become

one of the prospective sectors which is very lucrative for the contribution of regional development through local revenue (PAD).

Significantly improvements in the health sector that are positively correlated with improving the quality of public health, health systems, provision of infrastructure and regional health services based on consideration of characteristics, range of services and local health needs are actually only false indicators.

An increasingly competitive market structure and the implications of decentralized health services and autonomy policies Hospitals tend to refer to forms of unfair competition. While at the Ministry of Health's internal policy level, dichotomies often occur which regulate the relationship between the Health Office and the Regional Hospital.

The phenomenon of widespread polio, malnutrition, avian influenza and dengue fever is a reflection of the failure of the government to create a health system that is oriented to the public interest that promotes promotive-preventive aspects as a basic reference for health management. Authorities have been delegated to districts / cities in providing health services, providing facilities and efforts to improve public health quality programs.

As is known that almost most health policy programs tend to lead to improvement of physical facilities such as the construction of hospitals, health centers and other health facilities, as a result the role of rehabilitative curative functions is more dominant than preventive promotive functions that prioritize efforts to understand the meaning of health

through education and counseling so that the community is able improve health status independently.

## **CLOSING**

### **Conclusion**

1. Human rights cannot be separated and revoked, because human rights are moral rights derived from the humanity of every human being and those rights aim to guarantee the dignity of every human being (Natural Right). The right to health is classified in human rights in the social and cultural field, namely human rights related to the right to social security, the right to housing and the right to education. This is stipulated in the Amendment to the 1945 Constitution article 28 H and article 28 H paragraph 1, as the implementation of human rights is guaranteed to be regulated in Law No. 39 of 1999 concerning Human Rights and Law No. 26 of 2000 concerning Human Rights Courts. In connection with health services regulated in article 52 paragraph 1 of Law No. 36 of 2009 concerning Health and article 53 paragraph 2 of Law No. 36 of 2009.
2. Barriers that occur at this time because of the commercialization in the health sector as a result of the capitalism system adopted by Indonesia so far. This has resulted in almost most health policy programs tend to lead to an increase in physical facilities such as the construction of hospitals, health centers and other health facilities, consequently the role of

rehabilitative curative functions is more dominant than the preventive promotive function in the field of health services.

### Recommendations

In the context of upholding the right to health as an implementation of human rights in the social and cultural fields, there will be a synchronization and integration of policies of implementers in health services such as hospitals, doctors, health workers and patients themselves.

Besides that, the role of the government, both central and regional, is needed which is more pro-community.

### BIBLIOGRAPHY

#### Book

- Ari Yunanto, 2010, *Hukum Pidana Malpraktik Medik tinjauan dan Perspektif Medikolegal*, Yogyakarta: Penerbit Andi, 2010.
- Bahder Johan Nasution 2005, *Hukum Kesehatan (Pertanggung jawaban Dokter)*, Jakarta: Rineka Cipta, 2005.
- Eka Julianta Wahjoepramono, *Konsekuensi Hukum dalam Profesi Medik*, Karya Putra Darwati: Bandung, 2012
- Celina Tri Siwi Kristiyanti, 2008, *Hukum Perlindungan Konsumen*, Jakarta: Sinar Grafika.
- Freddy Tengker, 2007, *Hak Pasien*, Bandung, Mandar Maju.
- Hermien Hadiati Koeswadji, 1984, *Hukum dan Masalah Medik*, Surabaya: Airlangga Univerity Press.
- Indah SY, 2010, *Pasien Bicara Masuk Penjara (Hukum Kejam Bagi Rakyat Kecil, Takut*

*Pada Penguasa)*, Surabaya, Java Pustaka media Utama.

Muladi, 2002, *Demokratisasi, Hak Asasi manusia dan Reformasi Hukum Indonesia*, Cet. Kesatu, Jakarta: The Habibie Centre.

Rahayu, *Hukum Hak Asasi Manusia*, Semarang, Badan penerbit Universitas Diponegoro, 2010,

Sudikno Martokusumo, 1999, *Mengenal Hukum: Suatu Pengantar*, Yogyakarta: Liberty.

Soetandyo Wigjosubroto, 2003, *Hak-hak Asasi Manusia: Konsep dasar dan Pengertiannya yang Klasik pada Masa Masa Awal Perkembangannya dalam Toleransi dalam Keberagaman Visi untuk Abad 21*, Kumpulan Tulisan tentang Hak Asasi manusia Surabaya: Pusat Studi hak Asasi manusia Universitas Surabaya dan The Asia Foundation.

Titik Triwulan Tutik, 2010, *Perlindungan Hukum Bagi Pasien*, Jakarta: Prestasi Pustaka.

#### Regulation

- Undang Undang Dasar 1945
- Undang-Undang Nomor 39 Tahun 1999 Tentang Hak Asasi Manusia.
- Undang Undang Nomor 8 Tahun 1999 Tentang Perlindungan Konsumen
- Undang-Undang Nomor 29 Tahun 2004 Tentang Praktek Kedokteran.
- Undang Undang Nomor 36 Tahun 2009 Tentang Kesehatan