

Restrictions of Health Service in Doctor Private Practice During the Covid-19 Pandemic

Muhammad Joni Ardi¹, Intan Sudarmadi¹, Dian Sari Pratiwi¹, Mokhamad Khoirul Huda²

¹Master Program in Health Law of Hang Tuah University, Surabaya, Indonesia, ²Professor, Faculty of Law, Hang Tuah University, Surabaya

Abstract

Covid-19 has a huge impact on medical workers' existence. They are at the forefront of treating Covid-19 patients. The high mortality rate for medical workers, especially doctors, indicates the need to regulate the doctor's office so that there is no paralysis of health services during the Covid-19 pandemic. Data on the high mortality rate for health workers, especially doctors, need to get more attention. Besides, the ratio of doctors to the population is essential. The increasing number in doctors' death rates causes doctors' ratio to the population to decrease and needs to be anticipated by restricting the practice of private doctors. Restriction of services in private doctor's practice places will cause the quality and quantity of services to decrease. Legal protection is also needed for doctors to limit their services in practice places. The government issued several legal rules. It was Act Number 36 the Year 2014 on Health Workers Article 57 paragraph (4) and from medical professional organizations to manage the restriction of health services in private practice. Covid-19 pandemic has created a policy in restricting the health services in doctor's private practice, aiming to reduce the impact of deaths on doctors. This is following the Medical Act and Medical Ethics Code.

Keywords: Covid-19 Pandemic, Doctor, Restriction of Health Services, Doctor Private Practice, Mortality Rate, Health Workers.

Introduction

Health services worldwide and in Indonesia are currently facing serious challenges with the Corona Virus Disease outbreak (hereinafter abbreviated as Covid-19). The World Health Organization (hereinafter abbreviated as WHO) China Country Office reported pneumonia of unknown etiology on December 31, 2019, in the city of Wuhan, Hubei Province, China. They identified pneumonia as a new type of coronavirus (Novel Coronavirus) on January 7, 2020. WHO had officially named this disease coronavirus 2019 (Covid-19) and the International Coronavirus Study Group (CSG) decided to name the virus SARS-CoV-2. WHO designated Covid-19 as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, and then designated the novel coronavirus disease in humans as Covid-19.^{1,2,3}

Indonesia, the fourth most populous country globally, reported its first Covid-19 case on March 2, 2020. Since announced, the number of cases has continued to increase

gradually and spread rapidly throughout Indonesia. The population density then makes Indonesia predicted to suffer and experience the Covid-19 pandemic for a longer period than other slightly populated countries. Based on the above considerations, the government then issued Presidential Decree Number 12 the Year 2020 on the Designation of Non-Natural Disaster for the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster.^{4,5}

The death of medical workers due to Covid-19, especially doctors and nurses, is increasing. The latest data compiled by the Mitigation Team of the Indonesian Doctors Association announced the latest data on medical workers who died due to Covid-19. As of Saturday, December 5, 2020, 342 health workers died from March to December, consisting of 192 doctors, 14 dentists, and 136 nurses. Based on data from the Health Worker Mortality Influence Index, up to July 21, 2020, the ratio of deaths of medical workers and health workers compared to total deaths confirmed by

Covid-19 in Indonesia is one of the highest among other countries. It was 2.4%. It is due to the lack of Personal Protective Equipment (hereinafter abbreviated as PPE), lack of good patient screening in health facilities, the fatigue of medical workers due to the increasing number of Covid-19 patients, long working hours, and psychological pressure, which causes medical workers to be very vulnerable to Covid-19 infection. Poor physical and mental conditions can eventually cause health workers to fall ill and die, even though medical workers are one of the spearheads of efforts to deal with Covid-19. In the conditions of the Covid-19 pandemic, it is necessary to formulate the ideal standard of doctor service in private practice, considering the high death rate of doctors in Indonesia. The Government has set in Act No. 36 the Year 2014 on Health Workers Article 57 paragraph (4) and on the professional organization of doctors who set the restrictions of doctor services in the private practice.^{6,7}

Discussion

Novel Corona Virus

The novel coronavirus became a global pandemic and became a serious health problem in several countries outside China in early 2020. The development of this pandemic continues to expand with reports of deaths and new cases outside China. Covid-19 is caused by Severe Acute Respiratory Syndrome (hereinafter abbreviated as SARS) - COV2, which belongs to the same large family of coronaviruses as the cause of SARS disease in 2003, but different types of viruses. A coronavirus is a group of viruses from the Orthocoronavirinae subfamily in the Coronaviridae family and the order Nidovirales. This group of viruses can cause disease in birds and mammals, including humans. Infected by COVID-19, a person will show several symptoms such as fever, cough, rapid breathing, and difficulty breathing. In severe cases, it causes pneumonia, severe acute respiratory syndrome, and the worst possibility, death.⁸

In humans, the coronavirus causes respiratory infections that are generally mild, such as a cold, although some forms of the disease such as; SARS, MERS (short for Middle East Respiratory Syndrome), and Covid-19 are more deadly. Symptoms are similar

to SARS; however, the SARS mortality rate (9.6%) is higher than Covid-19 (currently less than 5%) even though the number of Covid-19 cases is far more than SARS. Covid-19 also had a wider and faster spread to several countries than SARS.^{9,10}

Coronavirus's character is very different from other types of epidemic diseases such as cholera, bubonic plague, influenza, avian flu, and others. If it has infected, the government will isolate people, not only people/residents/patients infected with Corona, but all community members will also be isolated, both sick and healthy residents. After the determination of Covid-19 as a pandemic, the reaction of the community was mixed. Some residents got afraid, angry, panicked, confused, and sad. The coronavirus has traumatized community members and an atmosphere of threat and fear. Abdullah has identified four types of trauma caused by the coronavirus, it is; First, individual trauma appeared in social withdrawal where a person suspected of contracting the coronavirus or a victim of termination of employment tends to isolate himself from the group and the social environment; Second, hysterical individual trauma; Third, psychological trauma such as violence act; and Fourth, psychological trauma which is collective attach in response to the mass panic experienced by the community.^{11,12,13}

Government Policy

Initially, government policy was an appeal for the public to stay at home, at least 14 days to anticipate the transmission of the Covid-19 outbreak. Various anticipatory steps have been taken to minimize the spread of Covid-19, including calls for social distancing, enforcing work from home, closing shopping centers and tourist attractions, reducing the density of workers in the office installation, until the creation of the Covid-19 vaccine.¹⁴ On March 31, 2020, official data from the Ministry of Health of the Republic of Indonesia recorded that there had been 1,528 confirmed cases of Covid-19 in Indonesia and 136 deaths accompanying them. So that Minister of Home Affairs issued circular letter Number 440/2622/SJ on the Formation of a Task Force for the Acceleration of Handling Regional Covid-19 on March 29, 2020, was published. Covid-19 cases have now spread to 34 provinces in Indonesia. The government's

Covid-19 Handling Task Force as of December 7, 2020, reported 581,550 confirmed cases of COVID-19, 479,202 recovered cases (82.4%), and 17,867 deaths (CFR 3.1%). Most cases occurred in the age range 31 - 45 years and the least occurred at 0 - 5 years. The highest mortality rate was found in patients aged 46-59 years. Several doctors reported being infected among these cases.^{15, 16, 17, 18}

The ratio of doctors in Indonesia is 0.4 doctors per 1,000 population, which means Indonesia only has 4 doctors serving its 10,000 inhabitants. This total ratio is the second-lowest in Southeast Asia. The ratio of nurses per 1,000 population is 2.1, which means that two people serve 1,000 people in Indonesia. The ratio of specialist doctors is also low, at 0.13% per 1,000 population. The distribution of medical workers and health workers is also concentrated in Java and big cities. The number of national referral hospitals currently is only 14, still far from expectations and the ideal number; as a result, there are still many hospitals that are not ready to accept and handle Covid-19 patients due to a lack of supporting tools such as personal protective equipment and medical devices to deal with critical situations or an emergency. The public also has not fully complied with the government's health protocols, so the spread of Covid-19 is still not under control. This condition becomes a concern for the entire community regarding the efforts to control the Covid-19 pandemic in Indonesia, including medical and other health workers.

The impact of Covid-19 on the death of medical and health workers is becoming increasingly worrying. Data from the Indonesian Doctors Association Mitigation Team as of December 5, 2020, provided information on 342 medical workers who died from Covid-19, 192 of whom were doctors, 14 dentists, and 136 nurses. According to Death Influence Index Medicals or Nabe's Death Impact on July 21, 2020, the death rate due to COVID-19 health workers in Indonesia was 2.4%. This is due to the lack of PPE, lack of good patient screening in health facilities, the fatigue of medical workers due to the increasing number of Covid-19 patients, long working hours, and psychological pressure, making medical personnel very vulnerable to Covid-19 infection. Poor physical and mental conditions

can eventually cause health workers to fall ill and die. Doctors aged 59 years or over account for three-quarters of Covid-19-related deaths. If senior or retired doctors are pulled back to work during the Covid-19 crisis, some considerations must be made to keep them off the front lines because of the higher risk of death and the possible increased burden on the medical system if they become infected.^{19, 20, 21}

Most of the community has implemented several health protocols such as; using a mask, applying social distancing or physical distancing, and applying the ethics of coughing and sneezing properly. However, the implementation of health protocols, such as maintaining hand hygiene has not been carried out properly. Based on the questionnaire, 94.6% of participants considered maintaining hand hygiene during the Coronavirus pandemic was necessary. Most of the participants (56.9%) had kept their hands clean by washing them with soap and flowing water. However, the implementation of health protocols, such as keeping hand hygiene, has not been carried out properly. Lack of awareness in maintaining hand hygiene was indicated by 52.3% of participants not washing their food before eating even though washing hands can reduce the virus's risk by 55%.^{22, 23}

Doctor

Doctors still must provide health services to patients, despite the above problems, following the doctor's oath and the applicable medical code of ethics, doctors must always prioritize patient health by taking into account the public interest and are obliged to provide services competently, and use all of his knowledge and skills for the benefit of humans. Efforts to carry out medical safety and protection for medical workers, in this case, doctors, are needed to minimize the risk of infected by the Covid-19. Indonesian Doctors Association had issued an appeal to doctors to reduce practice hours and the number of practice places, limit the number of patients, and discipline to wear *PPE*.

The appeal for restrictions to doctors in providing health services during the Covid-19 pandemic above can indeed reduce the risk of doctors infected by the Covid-19, but on the other hand, it could also reduce

the quality of health service to patients, and finally, the service does not meet the proper standards. Standard in medical services for medical workers is an obligation, as Act No. 29 the Year 2004 on Medical Practice (hereinafter referred to as the Act of Medical Practice) Article 44 stated a doctor or dentist, in carrying out medical practice, is obliged to follow medical or dental service standards. Article 51 (the same Act) stated that a doctor or dentist must provide medical services following the professional standards and standard operating procedures and patient medical needs. The obligation to implement medical service standards is also regulated in Article 24 of Act No. 36 the Year 2009 on Health (hereinafter referred to as the Act of Health) paragraph 1, health workers must meet the provisions of the code of ethics, professional standards, the rights of health service users, service standards, and standard operating procedures.

The standard of medical services performed by a doctor in a private practice/family doctor is stated in the Family Doctor Professional Standards Book, including anamnesis, physical examination, and support, diagnosis, prognosis, counseling, consultation, referral service if needed. It is worrying if this aspect of health service is unable to be implemented when doctors' restrictions are applied so that the service becomes sub-standard.²⁴

Doctor's Service Standards in Private Practices During the Covid-19 Pandemic.

Based on Article 1 point 8 of the Regulation of the Minister of Health of the Republic of Indonesia Number 2052 / Menkes / Per / X / 2011 on License to Practice and Implementation of Medical Practice, Medical services are health services provided by doctors and dentists following the competence and authority to be promotive, preventive, diagnostic, consultative, curative, or rehabilitative. Each term's definition is as follows: a. Promotional service is a health service focused on health promotion, b. Preventive service is the prevention of a health problem/disease, c. Services diagnostic is the science of determining the type of disease based on symptoms, d. Consultative service is the provision of suggestions or recommendations on a problem discussed with a consulting agency, e. Curative service is a treatment to cure diseases, reduce, control disabilities

so that the quality of the sufferer is maintained, f. Rehabilitative service is returning former sufferers to the community to function as members of society as it is useful for themselves and society according to their abilities.

The same article in number 9 of the the Regulation of the Minister of Health of the Republic of Indonesia Number 2052 / Menkes / Per / X / 2011 on License to Practice and Implementation of Medical Practice for License to Practice and Implementation of Medical Practice states that Service standards are guidelines followed by a doctor or dentist in carrying out the medical practices. Besides, in Article 20 paragraph, it is further described that Doctors and Dentists who already have licenses are authorized to carry out medical practices, which includes, among others: a. interviewing patients; b. examining the patient's physical and mental, c. determining the supporting examination; d. making a diagnosis; e. determining the patient's management and treatment; f. performing medical or dentistry actions; g. writing prescriptions for drugs and medical devices; h. issuing a doctor's or dentist's certificate; i. storing and providing drugs in the amount and type following the standard; and J. composing and delivering medicines to patients, for those who practice in remote areas where there is no pharmacy.

The Covid-19 pandemic in, mostly hit, all countries today has had an impact on various health and non-health sectors. Each country responds to this case by issuing various policies to break the transmission chain and reduce the impact that occurred. Our national health system's strength is currently being tested along with the escalation of the Covid-19 case that has hit all provinces in Indonesia. Health service facilities are at the forefront of dealing with health problems in the community due to Covid-19. As have been already, private doctors at the forefront of health services to reach people in their work areas have an increasingly important role to play in response to Covid-19. Doctors with their knowledge and oath of office, fight to save the lives of victims of the Covid-19. Many doctors died due to fatigue in carrying out their duties serving patients of the virus. Therefore various considerations in

the health sector are essential to prepare for the adaptation of new habits. Also, by seeing the number of medical workers victims due to Covid-19, it is

necessary to formulate a special standard and protocol in protecting the occupational safety and health of doctors, to prevent an increase in victims, especially among doctors.²⁵

Table 1. Considerations for health workers and health systems in the Covid-19 era²⁶

Health Workers	Health System
Telemedicine application for triage and patient management if it is possible.	Provide and disseminate information and facilities for telemedicine.
Follow PPE usage guidelines.	Provide complete PPE set to patients' family health workers.
Self-report and stop activities as health workers if included in the case criteria according to the official government guidelines.	Increase education to patients and the public regarding indications for quarantine and hospital visits.
Limiting elective procedures.	
Provide and disseminate information and facilities for telemedicine.	

Private-practicing doctors or family doctors in providing services to patients must also pay attention to health and safety aspects in working for themselves and always coordinate with the health center or local health office or hospital to manage patient referrals. The very important occupational health and safety aspects are infection prevention, early precautions, and personal protective equipment. The infection prevention strategies recommended by WHO and the Ministry of Health include: Apply standard precautions, triage, early recognition, and control of resources, apply additional precautions and administrative control, and technical and environmental control. For standard precautions, a doctor in private practice must consider hand hygiene, respiration hygiene (ethics of coughing, sneezing), PPE based on corresponding risks, safe injection practice, management of sharp equipment and injury prevention, safe handling, cleaning and disinfection of equipment of patient care, environment cleanliness, safe handling and cleaning of used linen, and waste management.²⁷

The choice and use of PPE in primary services based on some important aspects such as: able to protect against specific hazards, the material of PPE should be as light and comfortable as possible, flexibly (reusable

or disposable), not pose any additional hazards, durable, conforms to standards, and easy maintenance. After paying attention to doctors' health and safety in fulfilling the criteria specified above, the doctor can provide health services to patients according to health service standards.

Legal Protection for Doctors Against Service Restrictions in Private Practices During the Covid-19 Pandemic

Legal protection is the protection of dignity, as well as recognition of human rights owned by legal subjects based on legal provisions from arbitrariness or as a collection of rules or rules that will protect one thing from other things. According to Setiono, legal protection is an act or effort to protect people from arbitrary actions by the authorities who are not following the rule of law, to create social order and peace to enable humans to enjoy their dignity as humans. Legal protection can also be understood as protection that can be given to legal subjects in the form of instruments, both preventive and repressive, both spoken and written. In other words, legal protection is a separate description of the function of law itself, which has the concept that law provides

justice, order, certainty, benefit, and peace. In connection with the health worker profession in handling Covid-19, legal protection protects health workers' rights due to the Covid-19 pandemic.^{28, 29}

Article 57 of the Act of Health paragraph (1) states that health workers carry out the practice entitled to get legal protection throughout the duties following the Professional Standards, Standards of Professional Services, and Standard Operating Procedures. Paragraph (4) states that health workers have the right to receive protection for occupational safety and health, treatment following human dignity, morals, and religious values. Thus the health worker profession needs to get legal protection in carrying out its duties and is entitled to occupational safety and health in providing health services. However, during the Covid-19 pandemic, many health workers had to sacrifice their lives to handle the spread of Covid-19 until they were infected and died.

Doctors are the direct professionals dealing with Covid-19, risking their lives to protect the public from the spread of the Covid-19 pandemic. This risk must be minimized by the Medical Professional Standards, Informed Consent, and medical records. The health care system must ensure adequate PPE availability and develop additional strategies to protect health workers from Covid-19.^{30, 31}

A doctor must act carefully, especially during the Covid-19 pandemic. Doctors can several things include minimizing the number of patients they meet in face-to-face consultations, using consultation facilities via telephone or video, maintaining physical distancing, wearing appropriate PPE, and maintain their health. Doctors must always maintain physical distancing in the practice place because they may not realize that the patient being treated is a Covid-19 carrier. A study in the journal Lancet found no evidence that the current policy to the physical distance of at least 1 meter has a significant correlation with a great reduction in infection, and a distance of 2 meters may be more effective, as applied in some countries. The main benefit of physical distancing is to prevent further transmission. Physical distancing refers to avoiding direct physical contact. Surely, it cannot be done completely by doctors in practice places. Therefore they must also be disciplined

to always wash their hands and maintain cleanliness and use PPE, eat nutritionally, always maintain immunity, and always adhere to a healthy lifestyle. Protecting health workers is a public health priority. Perception of health's professional field about there is no enough support from medical institutions and public health authorities. Raise the need for immediate implementation of a strategy to protect health workers during the Covid-19 pandemic. The death of health workers, including doctors become a problem during the Covid-19 pandemic. The doctor threatened to stop working because of the lack of PPE because if he contracted the disease, besides endangering the doctor, he could also endanger the next patient, also endanger the family at home. All doctors expressed their anxiety about bringing the disease to their families. Policymakers should monitor doctors' health and proactively address concerns related to the safety of the doctor and his family. It is required an effective procedure to protect the doctor from the infections. Apart from having standard procedures and health facility readiness and equal distribution of medical devices, the government needs to pay more attention to human resources readiness. The Success of health service delivery depends on human resources (doctors) as a front guard in dealing with Covid-19. Besides, it is also influenced by the availability of operational standards and health facilities. Although the number of health resources, sufficient health service availability, information systems, management procedures, and clinical governance are important in pandemic handling.^{32, 33, 34, 35, 36, 37, 38}

Doctors must always wear PPE according to the standards when performing medical procedures. The Indonesian Doctors Association had issued a statement letter on March 27, 2000, demanding the government and health facilities to ensure PPE's availability in handling Covid-19. If it is not available, medical workers are asked not to treat the patient first. PPE is a doctor's right and must be fulfilled for the sake of safety and to work following the standards as mandated in Article 50 letter (b) of Act Number 29 of 2004 on Medical Practice, which states that a doctor or dentist in carrying out the medical practice has the right to provide medical services according to professional standards and standard operating procedures. The Covid-19 pandemic

situation opens up various problems in the health sector, which shows that there are many gaps in health services that need to be repaired, especially in terms of protecting health workers from being exposed to infections, especially doctors who are at the forefront of the fight against disease outbreaks. Various considerations in the health sector are urgently required in adapting to new habits during the Covid-19 pandemic. Therefore, a team of doctors in a pandemic mitigation Covid-19, Management board of Indonesian Doctors Association has developed doctor protection guidelines in the era of Covid-19 to prevent further victims, especially among doctors (see table 1 discussion).

The doctor's private practice has risks to human resources' safety and health in the practice place, patients, patient companions, visitors, and the surrounding community, especially during the Covid-19 pandemic. Based on data published in various mass media, several doctors who died were doctors who opened private practices. So, the doctor could not know that patients accessing health services are carriers of Covid-19. Doctors must prioritize the aspect of precaution in carrying out their profession, including always washing hands and maintaining cleanliness. It is necessary to take protective measures starting from technical controls, administration, and personal protective equipment. Technical control is managing designated tools and/or the workplace. This risk control protects workers including their workplace.^{39, 40.}

Mapping the risk level of contracting the SARS-CoV-2 virus for doctors is divided into 4 groups. It is a) low risk, it is doctors with no services or direct contact with suspected/probable/confirmed Covid-19 patients, for example, a) Doctors in management, b) Moderate risk, it is doctors who provide services or direct contact with patients whose status is not yet known to be infected with Covid-19, c) High risk, it is doctors who provide services for suspected/probable/confirmation of Covid-19 but do not include aerosol action, d) Very high risk, it is doctors who carry out aerosol treatment services for suspected/probable/confirmed Covid-19 patients, as well as doctors who take respiratory specimens (nasopharynx and oropharynx) and autopsy. Based on the mapping above, private practice doctors are

considered to have moderate risk. Moderate risk handled by technical control in the form of good room ventilation, a mica/glass barrier on the doctor's office table, and a 1-meter distance marker between the doctor's table and the patient's chair. Administrative control can be carried out by triage of patients with anamnesis and temperature checks, limiting the doctor's practice to one place to avoid fatigue due to long working hours and cross infection between health facilities during the pandemic, limiting communication time or direct consultation with patients for a maximum of 15 minutes. If it requires more time, they can use online media (telemedicine), and also policy settings related to infection control in patients such as limiting the number of visitors and providing a 1-meter distance marker on the patient's waiting chair. The above control measures will automatically have an impact on the standard of medical services performed by a doctor in private practices, starting from the limited interview process, reduced patient physical examination time, and the presence of a mica/glass partition between doctor and patient and the distance sitting will also affect psychologically to the doctor and the patient. This is a necessity to be done during this pandemic to reduce the risk of being exposed to Covid-19, especially for doctors in private practice.

Conclusion

Covid-19 pandemic in Indonesia has taken many casualties, include health and medical workers. In this case, doctors on the frontline as one of them in the handling of dissemination of Covid-19. Covid-19 pandemic, as called non-natural disasters, had initiated a policy to restrict health services to reduce the impact of deaths on doctors, especially when practicing in private practice places. Restrictions in doctors' services in the private practice is based on Article 57 paragraph (4) of Act Number 36 the Year 2014 on Health Workers stated that health workers in giving health service are entitled to protection to the safety and occupational health, treatment following to the human dignity, morals, decency, and religious values. Thus, the law has protected medical and health workers' rights due to the Covid-19 pandemic to get protections on human dignity and recognition of human rights in the form of the right to obtain health insurance. On the other hand,

the Indonesian government needs to issue implementing regulations and technical instructions from the Act of Health Workers related to the occupational safety and health of medical workers/doctors in a disaster.

Ethical Clearance : Nil

Conflict of Interest : Nil

Source of Funding : Self Funding

Acknowledgement : Nil

References

1. Aziza L, et.al. *Guidelines for the Prevention and Control of Coronavirus Disease (COVID-19)*. Kementerian Kesehatan RI Direktorat Jenderal Pencegahan dan Pengendalian Penyakit (P2P). Jakarta. 2020.
2. Annisa Istiqamah Ahmad, Tri Setiawaty, Rosmala Nur, Rahman Kadir., Clinical Characteristic of Covid-19 Infection in Pediatrics: A Systematic Review. *Indian Journal of Forensic Medicine & Toxicology*. October-December 2020: 14(4): 7856-7860.
3. Safrizal ZA, et.al., *General Guidelines for Dealing with the COVID-19 Pandemic for Local Governments; Prevention, Control, Diagnosis and Management*. Kemendagri. 2020.
4. Erlina Burhan, Agus Dwi, et.al., *Covid-19 Management Guidelines*, PDPI, PERKI, PAPDI, PERDATIN, IDAI. Jakarta. 2020.
5. Riyanti D, Jonatan L, Davin S, et.al., Review, and Analysis of Current Responses to COVID-19 in Indonesia: Periode of January to March 2020, *Elsevier Progress in Disaster Science*. 2020: 6: 24-30.
6. Indonesian Doctor Association. 324 Medical Personnel Died, The Highest Still in East Java. Retrieved from <https://m.republika.co.id/berita/qkutf349/idi-324-tenaga-medis-wafat-tertinggi-masih-di-jawa-timur>. In accessed on 6 Desember 2020.
7. The Doctor Mitigation Team in the Covid-19 Pandemic. *Guidelines for Doctor Protection Standards in the Covid-19 Era*. PB IDI. Jakarta. 2020.
8. Tri Setyawati, Virginia, Rosa Dwi Wahyuni, Sumarni, Rosmala Nur. The Effectiveness and Safety of Convalescent Plasma as a Therapy for COVID-19 Patients: A Literature Review. *Indian Journal of Forensic Medicine & Toxicology*, October-December 2020: 14(4) : 7852-7855.
9. Nur Rohim Yunus, Annissa Rezki. Lockdown Enforcement Policy in Anticipation of Corona Virus Covid-19 Spread. *SALAM*. 2020: 7 (3): 227-238, DOI: 10.15408/sj.sbs.v7i3.15083-227 .
10. Ers. Is Covid-19 the same as SARS? Retrieved from <https://infeksiemerging.kemkes.go.id/uncategorized/apakah-covid-19-sama-seperti-sars>. In accessed on 15 Desember 2020.
11. Darmin Tuwu. Government Policies in Handling the Covid-19 Pandemic. *Journal Publicuh*. 2020: 3 (2): 267 -278. DOI:10.35817/jpu.v3i2.12535.
12. Utami, S. D. *Webinar Material, The Effects of the Covid 19 Pandemic on Mental Disorders for Communities and People with Covid 19*. Webinar Material. 8 Mei 2020.
13. Abdullah, I. *Psychological Trauma : Theory, Research, Practice, and Policy COVID-19 : Threat and Fear in Indonesia*. Jakarta. 2020.
4. Kukuh Tejomurti, et al., Application of Parallel Importation and Voluntary in The Covid-19 Vaccines as a Strategy for for Handling the Health Emergency Situations in Indonesia. *Hang Tuah Law Journal*. 2020: 4 (2): 1-12.
5. Tri Rejeki Andayani. Sources of Information and the impact of the application of social and physical restrictions during the COVID-19 Pandemic: An exploratory study in Indonesia. *Jurnal Psikologi Sosial*. 2020: 20 (10): 229. DOI: 10.7454/jps.2020.xx,
6. *Dumilah A., Misnaniarti, Siti Khodijah P., et.al., Local Initiatives In Preventing Coronavirus Based On Health Policy Per In* accessed on *ceptive. Journal of Indonesian Health Policy and Administration*.2020: 5 (2): 66.
17. Dun. Committee for Handling Covid-19 and National Economic Recovery, Covid-19 Distribution Map. Retrieved from <https://covid19.go.id/peta-sebaran-covid19>. In accessed on 8 Desember 2020.
18. The Doctor Mitigation Team in the PB IDI Pandemic. *Guidelines for Doctor Protection Standards in th* In accessed on *e Covid-19 Era*. PB IDI, Jakarta, 2020.

19. Mit, IDI's C In accessed on OVID-19 pandemic records health worker death rates as of December 2020, up to 342 people. Retrieved from <https://tirto.id/idi-catat-angka-kematian-nakes-per-desember-2020-naik-jadi-342-jiwa-f7MY>. In accessed on 8 Desember 2020.
20. Anonim. The Worst Death of Indonesian Medical Personnel in the World. Retrieved from <https://mediaindonesia.com/humaniora/333367/indeks-kematian-tenaga-medis-indonesia-terburuk-di-dunia>. In Accessed on 15 Desember 2020.
21. E B Ing, Q (A) Xu, A Salimi, Physicians deaths from coronavirus (COVID-19) disease, Oxford University Press Public Health Emergency Collection.2020.
22. Faura Dea Ayu Pinasti. Analysis of the Impact of the Corona Virus Pandemic on the Level of Public Awareness in Implementing Health Protocols. *Welness and Healhty Magazine*. 2020: 2 (2): 237-249.
23. Chen, X., Ran, L., Liu, Q., Hu, Q., et al., Hand Hygiene, Mask-Wearing Behaviours, and its Associated Factors during the COVID-19 EPIDEMIC: A Cross-Sectional Study among Primary School Students in Wuhan, China. *International Journal of Environmental Research and Public Health*, 17(9), 2-11, <https://doi.org/10/3390/ijerph17082893>.
24. Dhanasari V., *Family Physician Professional Standards*. PP PDKI, Jakarta, 2006.
25. Syafrida, Larang H., Together Against the Covid-19 Virus in Indonesia. *SALAM* . 2020: 7(6): 505.
26. The Doctor Mitigation Team in the PB IDI Pandemic. *Guidelines for Doctor Protection Standards in th In accessed on e Covid-19 Era*. PB IDI, Jakarta, 2020.
27. Hadiyanto. The Role of Doctors in Primary Services in the Era of the COVID-19 Pandemic . *Kedokteran dan Kesehatan*. 2020: 7(3) 18.
28. Theresia Louize P, Yosia Hetharie., Legal Protection of Work Safety for Health Workers Due to the Covid-19 Pandemic. *SASI*. 2020: 26 (2): 283.
29. Anak Agung. Juridical Aspects of Legal Protection and Fulfillment of Rights of Persons with Disabilities, *Pandecta*. 2018: 13 (1): 50-62.
30. Dian R. Legal Protection for Doctors Against Treatment of Covid-19 Patients in Hospitals. *Legal Standing*. 2020: 4 (2): 20.
31. Long H Nguyen, David A Drew, et.al., Risk of Covid-19 among frontline health care workers and the general community: a prospective cohort study masks, and eye protection to prevent a person to person transmission of SARS-COV-2 dan COVID-19: a systematic review and meta-analysis, *The Lancet*, Vol. 5, Issue 9, July 2020.
32. Azeem M, Mariam M, Bharat P, Protecting the Health of Doctors during The Covid-19 Pandemic, *British Journal of General Practise*, 70 (695), 2020: 269.
33. Derek K Chu, Prof Elie A, et.al., Physical distancing, face masks, and eye protection to prevent a person to person transmission of SARS-Cov-2 and COVID-19: a systematic review and meta-analysis, *The Lancet*, Vol. 395, Issue 10242, June 27, 2020.
34. Imam Agus, Nur Ariska, Herd Immunity and Covid-19 In Indonesia, *Jurnal Teknologi Laboratorium*, Vol.9, No.1, Special Edition 2020: 21-28.
35. Diego D, Fernando D, Personal Safety during the COVID-19 Pandemic: Realities and Perspectives of Healthcare Workers in Latin America, *Internationa Journal of Environmental Research and Public Health*, Volume 17, Issue 8, April 2020.
36. Uzma Urooj, Asma Ansari, et.al, Expectations, Fears, and Perceptions of doctors, *Pak J Med Sci*. 2020. S37-S42.
37. Siti Setiati, Muhammad KA, Covid-19 and Indonesia, *Acta Med Indonesia, Journal of Internal Medicine*, Vol 52, Number 1, January 2020: 87.
38. Muchammad Iqbal F., Fajar R., Deni S., Preparedness for Handling the COVID-19 Pandemic in Indonesia, *Jurnal Administrasi Kesehatan Indonesia*.2020: 8 (2):195.
39. Ong Argo, Thaan Neet, Legal Protection For Doctor And Medical Staff In The Pandemic Period Of Covid-19 (An Overview Of Indonesia From International Perspective), *Jurnal Pembaharuan Hukum*. 2020: 7(1): 23.
40. Andriani Yulianti. Standardization and Protocol of Protection for Doctors. Retrieved from <http://www.mutupelayanankesehatan.net>, In accessed on 1 Desember 2020.