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**STUDY OF THE HEALTH PROFESSIONAL CODE OF ETHICS
BETWEEN EXPECTATIONS AND REALITY: CASE REVIEW**

ABSTRACT

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The professional code of ethics is a comprehensive and integrated guideline about attitudes and behaviors that a person should have as health workers . Health workers should study, understand, and apply the ethics, morals, and values of the code of ethics so that in carrying out professionalism it does not cause conflict and cause negligence in carrying out medical actions that can cause legal dilemmas.

The purpose of this study was to determine the code of ethics of the health profession between expectations and reality.

This study used a descriptive research design with an *analytical survey research method*. The sampling technique used a random sampling technique.

Research results show Midwives' knowledge of the code of ethics is above the average 51% and below the average is 49%. There are two ethical cases that occurred, namely the village midwife collecting fees during postpartum and infant visits (KN and KF) and performing infusions in all normal deliveries.

It is recommended for midwives to add information about the code of ethics for midwives.it is associated with ethical cases that

Key word : Midwifery, health, ethics .

A. INTRODUCTION

Code of ethics are norms that must be heeded by every profession in carrying out their professional duties and life in society. Code of ethics is a professional characteristic that is sourced from internal and external values of a discipline and is a comprehensive knowledge of a profession that provides guidance for members in carrying out professional service. (Soepardan, 2007). The professional code of ethics is a comprehensive and integrated guideline regarding the attitudes and behaviors that a health worker should have.

The profession of health workers in its implementation must comply with the code of ethics set by the profession in addition to basing on service standards set by laws and regulations. (Turingsih, 2012) Health workers should study, understand, and apply the ethics, morals, and values of the code of ethics so that in carrying out professionalism it does not cause conflict and cause negligence in carrying out medical actions that can cause legal dilemmas.

With a good understanding of the code of ethics and applying it in everyday life, it is hoped that ethical dilemmas can be minimized and legal dilemmas do not occur. Lack of knowledge of health workers about regulations in the health sector, causing fear of midwives in making decisions and causing negligence in carrying out medical actions causing legal dilemmas. (Amila, 2017) This

study of the code of ethics of the health profession between expectations and reality aims to see further how the formulation of the code of ethics is seen from the form, nature, purpose, and cases that occur in various health workers. The study of the code of ethics for health workers is expected to be able to contribute to the development of health resources and education of health workers under the auspices of the Poltekkes, the Ministry of Health, Semarang in particular and the education of other health workers.

Health workers should study, understand, and apply the ethics, morals, and values of the code of ethics so that in carrying out professionalism it does not cause conflict and cause negligence in carrying out medical actions that can cause legal dilemmas. Lack of knowledge of health workers about regulations in the health sector, causing fear of midwives in making decisions and causing negligence in carrying out medical actions causing legal dilemmas. (Amila, 2017)

This study aims to determine the code of ethics of the health profession between expectations and reality with the specific aim of identifying midwives' knowledge of the midwife's code of ethics

and ethical cases that have occurred in the practice of midwifery services

B. RESEARCH METHODOLOGY

The design used in this study was descriptive research. with an analytical survey. The variables in this study were the knowledge of the midwife about the code of ethics and ethical cases in midwifery. The population in this study were all midwives in the Banyumas district. There are 890 midwives on duty in the Banyumas Health Service Area. The sampling technique used is *random sampling*. The sample taken in this study was 100 midwives to obtain data on the knowledge of midwives regarding the code of ethics of midwives. Data on ethical cases will be collected through interviews with IBI management. The instruments used a questionnaire about the knowledge of midwives on the code of ethics of midwives and a literature study of ethical cases that had occurred in midwife services. The data collected in the form of primary data, which is obtained directly from the respondents in the form of a questionnaire on the knowledge of midwives on the code of ethics of midwives. While secondary data was taken from records of ethical cases that had occurred in midwife services and in-depth interviews with IBI administrators.

C. Research Results and Discussion

of Knowledge of Midwives

The results of research on knowledge of midwives about the code of ethics are presented in the following table:

Table 1 Frequency distribution of knowledge of midwives about the code of ethics

Midwives knowledge of the code of ethics	F	%
Above average	51	51
Below average	49	49
Total	100	100

Source: Primary Data Processed in 2021

Midwives' knowledge of the code of ethics is more than the average 51% and below the average is 49%. The results of this study indicate that the knowledge of midwives about the code of ethics is above average.

This research is also in line with the research of Sulastri, 2021 which shows that respondents have sufficient knowledge (77.6%) and good attitudes (90.6%) towards ethics and patient rights.

In the midwifery profession, observing legal and ethical issues in professional practice should be emphasized. Legal and ethical advances in midwifery have increased the need for midwives to be aware of patient rights. between the level of knowledge and student attitudes towards ethics and patient rights.

Ethics is needed in social life, in the state to the international level. Ethics is a system that regulates how humans should get along. Ethics in its development greatly affects human life. Ethics gives humans an orientation on how they live their lives through a series of daily actions. That means ethics helps humans to take appropriate attitudes and act in this life.

Ethics ultimately helps us to make decisions about what actions we need to take and what we need to understand together that these ethics can be applied in all aspects or sides of human life. Likewise with the midwifery profession, a guide is needed for members of the profession on how they should carry out their profession, namely provisions on what members of the profession can and cannot do, not only in carrying out their professional duties but also regarding behavior in daily interactions in the community. society, which in this case is the code of ethics of the midwifery profession.

Awareness of professional ethics must also be owned by midwifery education students. Most of the students have a good attitude, but sufficient knowledge of ethics and patient rights and not a significant relationship. As prospective midwives who will work in the community, they must understand the role of their functions and competencies that must be possessed, be aware of the development of the midwife profession, especially in the development of midwifery education because being a professional midwife must pass through education levels . professional midwife by taking all actions in accordance with midwifery ethics. (Nuryuniarti, R., & Septiani, 2017).

The midwife's knowledge of ethics is also important in the decision-making process. Decision making is a basic and integral part of the practice of a profession and its existence is very important because it will determine the next course of action. In midwifery practice, midwives are often faced with dilemmatic problems, meaning that difficult decisions are made related to ethics which often have legal implications. The legal dilemma faced by midwives is the lack of knowledge of midwives about midwifery regulations, causing fear of midwives in making decisions and this can lead to negligence in providing medical treatment. Meanwhile, the ethical dilemma is that all midwives have difficulty convincing the patient's family to make a referral in the event of an emergency, thus making the midwife act outside her authority. (Amila, 2017)

The accuracy of midwives in making decisions is determined by their educational background, environment, place of work, and facilities owned by their place of service. At present, there are several midwives working at BPS who do not have a ratified Standard Operating Procedure (SOP), sometimes

even not having a clear SOP. This is further exacerbated by accusations by the public today, namely, if the midwife does not handle cases properly, they are considered unskilled, but if there is a fatality due to inappropriate decisions, they will be prosecuted for violating the law.

The midwife is one of the health workers who has an important position. and strategically, especially in reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Midwives provide continuous and comprehensive midwifery services focusing on aspects of prevention, promotion based on standards of midwifery practice that contain the authority and values of a code of practice ethics in accordance with midwifery practice standards.

Decision making is an effort to achieve goals by using a systematic process. Effective problem solving and decision making is predicted that individuals must have critical abilities and develop themselves with guidance and role models in their work environment. A common cause of failure to solve problems is not correctly identifying the problem. Therefore, problem identification is the most important step. The quality of the results depends on the accuracy in identifying the problem. A midwife must have the courage to make decisions and be responsible for the consequences of the risks that arise as a consequence of the decisions that have been taken. Decision making is a systematic approach to the nature of a problem that is focused on solving the problem as soon as possible. In conditions like this, individuals must have the ability to think critically by using valuable education and experience that is quite effective in problem solving. Decision making in problem solving is a fundamental skill for health practitioners, especially

in midwifery care, not only influencing the process of managing midwifery care, but is important for improving the ability to plan for change. Midwives in all clinical positions must have the ability to solve problems and make effective

Decision making is an effort to achieve goals using critical, analytical and systematic thinking processes. A common cause of failed problem solving is the lack of precise identification of the problem. There are several things that need to be considered in decision making that decision making does not occur by chance, decision making is carried out on a certain systematic, the problem must be clearly known, problem solving must be based on facts that have been systematically collected and a good decision is a decision that is chosen from various alternatives. has been carefully analyzed. Decision making can cause various problems, including inaccurate decisions, not implementing decisions, inability to carry out work and the emergence of resistance to the emergence of decisions. Decision making is a systematic approach to the nature of a problem that is focused on solving problems as quickly as possible when individuals must have critical thinking skills in using valuable and effective education and experience in problem solving. A midwife must have the courage to make decisions and take responsibility for the consequences of the risks that arise from the decisions that have been taken. (Mufdlilah, 2014)

Ethical Cases

The results of research on ethical cases that have occurred are village midwives collect fees during postpartum and infant visits (KN). and KF). Midwives also perform infusions in all normal deliveries and collect payments to patients during office

hours while carrying out the midwife's main duties and responsibilities.

There are people who ask through the regent's complaint booth why the village midwife in the morning wears the official uniform but collects payment during patient visits to the field in her village working area. The case occurred around January 2021.

The case was found based on the results of the input to the complaint booth of the Banyumas regent. Only the village midwife was involved. Then the Midwife Committee Team collects data by clarifying it to the person concerned. The midwife admitted that during the visit, the midwife withdrew the village midwife's fees because the midwife gave her vitamin medicine that she bought herself. A briefing was carried out by the ethics committee team by explaining that midwives were asked to distinguish whether to serve during office hours, i.e. 07.15 to 14.15 WIB or PMB had to open a practice after office hours, postpartum medicines purchased by themselves were used when opening PMB.

After holding a meeting and collecting data, the midwife was given a coaching sanction at the Health Office for 3 months, due to violating the code of ethics that was not in accordance with ADART and PMK no 28 of 2019, that the midwife's authority was to provide services to mothers and children and family planning according to arbitrariness. The midwife's mistakes were: violating human rights, taking payments during office hours, giving intravenous infusions for every normal delivery, for personal gain not because of indications

. The ethical case obtained from the research tells about two things, namely village midwives collect payments during postpartum and infant visits (KN and KF) and perform infusion in all normal deliveries.

Looking at the existing cases, it can be said that in carrying out their duties, midwives do not adhere to altruistic principles. *Altruism (sincerity)* is an attitude and behavior that is always required of every midwife in carrying out her professional services. The midwife's sincerity in providing services can be seen from the feeling of being willing to help others by prioritizing the interests of others (mother and children, family and society) beyond their own interests. This indication of sincerity can be seen from the willingness to sacrifice (take risks), help selflessly, empathize, help without coercion, accept and give criticism (Tanjung, 2015).

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From the reasons given by the midwife, it seems that the midwife does not apply the sincerity model in midwifery services. The sincerity model stems from problems in childbirth, maternal, child and family health. Midwives make sure there are problems that need help. Based on competence and code of ethics, moral responsibility and professional responsibility emerge. Taking into account the need for supporting resources and the availability of funds, the midwife makes a decision to provide assistance. In that

case, the midwife only had the excuse of charging her for giving her the vitamins she bought herself.

In the process of giving help, sincere behavior can be seen from the midwife's smile, willing to sacrifice, selfless, empathetic and do help without coercion. After giving help, the midwife feels the satisfaction of serving, and in turn the sincerity behavior of the midwife can be felt, experienced and observed by the mother, child, family and community (Tanjung, 2015). In this case, the ethics committee team was briefed by explaining that midwives were asked to distinguish whether to serve during office hours, i.e. 07.15 to 14.15 WIB or PMB had to open a practice after office hours, postpartum medicines purchased by themselves were used when opening PMB.

In carrying out their profession, midwives apply an attitude of professionalism. In this case, the midwife can be said to be unprofessional because she collects fees during office hours. In contrast to research conducted by midwives, professionalism is the basis for the social contract between the midwife profession and the community so that professionalism is a very important professional behavior. Midwives in carrying out their professionalism in independent practice are regulated by laws and regulations. The value of the professionalism of midwives is contained in positive law, namely the code of ethics for the profession of responsibility, collaborating and making appropriate referrals, continuing education, being competent, and providing advocacy. However, there were cases in midwives related to professionalism.

The results of the study are indicators of the professionalism of midwives in Indonesia, namely professional code of ethics, responsibility, collaboration and appropriate referrals, continuing education, competence and advocacy. In the practice of

independent midwives, they have implemented professionalism but there are still some cases that occur because there are indicators that cannot be implemented. Professional values in Islam are the practice of behaving and behaving according to the example of the Prophet, namely siddiq, fathonah, amanah and tabligh. The value of professionalism in Islam with the value of positive legal professionalism has similarities and differences. There is a need for a transcendental-based concept of midwifery professionalism, namely professionalism that is sourced from Islamic values, especially the Koran. Transcendental-based midwives' professionalism includes piety to Allah SWT, working with expertise, working with honesty. (Damayanti, 2021)

Professional ethics of doctors is regulated in the Indonesian Medical Code of Ethics which is intended to maintain a doctor-patient relationship of trust. Adequate knowledge of the code of ethics creates an attitude that is in accordance with the provisions that should be carried out, so that it is expected to be able to reduce the risk of friction that leads to violence. This study aims to determine whether there is a relationship between knowledge of the Indonesian Medical Code of Ethics and the incidence of violence in clinical education. The results of data analysis on 54 research subjects showed a negative relationship between knowledge of the medical code of ethics and the incidence of violence in clinical education vehicles ($r=-0.313$, $p= 0.021$). In simple linear regression analysis, there was an influence between the two variables ($r^2=0.098$, regression coefficient= -0.364 , $p<0$)>Conclusions: There is a statistically significant relationship and influence between knowledge of the medical code of ethics and the incidence of violence in clinical education vehicles with weak strength. and the direction of negative correlation.

The resolution of ethical cases in Banyumas Regency is that after holding a meeting and collecting data the midwife is given a coaching sanction at the Health Office for 3 months, due to violating the code of ethics that is not in accordance with ADART and PMK no 28 of 2019, that the midwife's authority is to provide services to mothers and children and family planning according to arbitrariness. The midwife's faults are: violating human rights, collecting payments during office hours, giving intravenous infusions at every normal delivery, for personal interests not because of indications.

Settlement of disputes in the health sector, especially disputes between midwives and patients according to Law No 36 of 2014 concerning Health Workers, must be resolved out of court. Settlement out of court is an alternative dispute resolution model that relies on mediation, conciliation and negotiation. Law Number 8 of 1999 concerning Consumer Protection established the Consumer Dispute Settlement Agency (BPSK) and gave the authority to BPSK to resolve any disputes between business actors and consumers outside the court by means of mediation, conciliation and negotiation on the condition that the settlement in out of court does not eliminate the criminal element if during the mediation or negotiation process a criminal act is found.

Dispute resolution through BPSK provides an understanding. that health workers, including providers of health facilities legally as business actors and recipients of health services as consumers (subjects of civil law). Meanwhile, health services are the object of civil law. This research is a descriptive type of normative legal research. To analyze the legal provisions for dispute resolution in the health sector, a statute approach is used by synchronizing the health worker law with the consumer protection law and a case

approach. Both approaches are based on the theory of legal certainty from Gustav Radbruch, to illustrate that dispute resolution outside the court is a dispute resolution model that is able to provide a sense of justice and legal certainty for the disputing parties ([Af, Aslam](#) 2016).

Efforts to resolve the case are also in accordance with the results of the study which stated that there was a significant relationship between knowledge about acts of negligence on the part of midwives and the types of settlement efforts to be taken through the Midwifery Code of Ethics Council and Mediation efforts with the same value $p = 0.001 < 0.05$. . while the value of the relationship between knowledge and settlement efforts with civil law is $p = 0.047 < 0.05$, and the criminal path is $p = 0.019 < 0.05$, it can be concluded that there is a significant relationship, the results of the study found that there was a significant relationship between attitudes regarding acts of negligence on the part of midwives with the type of settlement that will be pursued through the Midwife's Code of Ethics Council and Mediation efforts with the same value, namely: $p = 0.001 < 0.05$.

The results of this study indicate that respondents who have a positive attitude about the act of negligence in the midwife's professional duties will take the type of non-litigation settlement effort, the results of the study between attitudes and settlement efforts by civil law are $p = 0.11 > 0.05$, and the criminal route $p = 0.067 > 0.05$, it can be concluded that there is no significant relationship. The level of knowledge about efforts to resolve through non-litigation channels with the less category is 62.5% smaller than the sufficient knowledge category as much as 66.7% in inpatient and outpatient health center midwives at Wonosobo District Health Center in 2012 (Bharyo, 2013)

Conclusion

Knowledge of midwives about the code of ethics, there are more than the average 51% and those below the average are 49%. There are two ethical cases that occurred, namely the village midwife collecting fees during postpartum and infant visits (KN and KF) and performing infusions in all normal deliveries. It is recommended for midwives to add information about the code of ethics for midwives. For educational institutions to add to the treasury of sources of information related to the code of ethics for health workers and in further research on the application of midwifery ethics it is associated with ethical cases that occur

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