

ABSTRAK

Penerapan *respect for autonomy* yang kurang terlaksana, berdampak terhadap terlambatnya kasus yang seharusnya dirujuk, biaya kesehatan tinggi, tingkat keparahan penyakit tinggi, dan disabilitas. *Respect for autonomy* yang tidak dilaksanakan, akan memengaruhi kualitas pelayanan kesehatan, kepatuhan pasien terhadap pengobatan di fasilitas kesehatan tingkat pertama (FKTP) dan rumah sakit rujukan. Oleh karena itu, diperlukan penelitian untuk mengetahui penerapan *respect for autonomy* pada proses pelayanan rumah sakit dalam sistem jaminan kesehatan nasional.

Penelitian dilakukan dengan pendekatan kualitatif deskriptif. Dilakukan *purposive sampling-non probability sampling* dengan menggunakan quota sampling. Pengambilan data dilakukan dengan wawancara mendalam semi structured dengan 18 orang yang terdiri dari pasien poli rawat jalan dan rawat inap yang dirujuk dari FKTP, dokter umum FKTP, dokter spesialis di rumah sakit rujukan, manajemen RSBB dan staf BPJS cabang Depok. Analisis data disajikan dalam deskripsi ekstensif yang dilengkapi sudut pandang landasan teoritis berdasarkan tema-tema yang muncul dengan melakukan reduksi data, display data, verifikasi dan pengambilan kesimpulan.

Hasil penelitian ini menunjukkan penerapan prinsip aliran etika *respect for autonomy* belum sepenuhnya diterapkan di FKTP dan FKTL yang diteliti. Persetujuan tindakan medis dan pengobatan di FKTP, hanya secara lisan. Beberapa jenis pengobatan, tindakan medis, proses rujukan yang akan dijalani itu tidak bisa memilih. Tidak pernah diadakan sosialisasi program BPJS tentang regulasi jaminan kesehatan. Hampir semua fasilitas pengobatan yang diberikan oleh klinik/puskesmas/rumah sakit, sangat kurang. Peranan tenaga medis di FKTP dan FKTL dalam menghormati keinginan dan keputusan pasien yang belum maksimal, masih menonjolkan sisi paternalistik, sehingga masih banyak pasien yang tidak paham dengan pengobatan dan tindakan medis. Pihak manajemen FKTP dan FKTL terbentur dengan obat-obat yang diberikan kepada pasien harus sesuai dengan standar formularium nasional, pasien harus beberapa kali datang ke rumah sakit karena berobat di beberapa poli rawat jalan harus dalam waktu yang berbeda.

Kata kunci: *respect for autonomy*, proses pelayanan rumah sakit, sistem jaminan kesehatan nasional

ABSTRACT

Lack of implementation of respect for autonomy results in delays in cases that should be referred, high health costs, high disease severity, and disability. Respect for autonomy that is not implemented will affect the quality of health services, patient compliance with treatment at first level health facilities (FKTP) and referral hospitals (FKTL). Therefore, research is needed to find out the implementation of granting autonomy in the process of hospital services in the national health insurance (BPJS) system.

The research was conducted with a descriptive qualitative approach. Purposive sampling-non-probability sampling was carried out using quota sampling. Data collection was carried out using semi-structured in-depth interviews with 18 people consisting of outpatient polyclinics and inpatient referrals from FKTP, FKTP general practitioners, specialists at referral hospitals, Bhayangkara Brimob hospital administrators and BPJS officers from the Depok branch. Data analysis is presented in a broad description equipped with a theoretical view based on the themes that emerged by carrying out data reduction, data display, verification and conclusions.

The results of this study indicate that the application of the ethical principle of respect for autonomy has not been fully implemented in the FKTPs and FKTLs studied. Approval of medical action and treatment at the FKTP, only orally. Several types of treatment, medical procedures, referral processes that will be undertaken cannot be selected. There has never been socialization about the BPJS program regarding health insurance regulations. Almost all treatment facilities provided by clinics/puskesmas/hospitals are lacking. The role of medical staff at FKTP and FKTL in respecting the patient's wishes and decisions is not maximized, they still prioritize the paternalistic side, so that there are still many patients who do not understand medical treatment and procedures. The management of FKTP and FKTL for drug collisions given to patients must comply with national formulary standards, patients must come to the hospital several times because treatment at several outpatient polyclinics must be at different times.

Keywords: respect for autonomy, hospital service process, national health insurance system