

Violations and Supervision of Practice Nameboards Dentists Reviewed from the Code of Dental Ethics Indonesia and Regional Regulations

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Abstract

The nameplate of a dental practice serves as an important means of information for the public. The rules on the procedure for making this practice nameplate are regulated in Kodekgi (Indonesian Dental Code of Ethics). However, violations of the code of ethics related to this nameplate are often found. In addition, comprehensive supervision of these ethical rules is certainly needed. This study aims to identify and analyze the violations that occur and the effectiveness of the supervision carried out. The research method applied in this research paper is qualitative. Data were collected through direct observation and interviews with several dentists and health supervisors. The results of the study showed that there were various violations, such as lack of appropriate information, making nameplates that differ from the provisions, and not including professional identities. Supervision carried out by related institutions is still not optimal, with many nameplates that do not comply with the established standards. This study concludes that increased supervision and socialization of the code of ethics and regional regulations are needed to ensure that the nameplate of dental practice functions properly as an accurate and reliable information tool.

Keywords: Supervision of practice nameboards, Dentist reviewed, Dental ethics

INTRODUCTION

A dentist's practice nameplate is a tool used to inform the existence of dental and oral health services by a dentist at the place or building, also as a marker of identity and important information related to the doctor's practice, such as the dentist's name, title, type of service, and practice hours. of course, this is an important form of visual communication for the community. Considering the importance of the function of the practice nameplate, it is necessary to have norms or rules that become the standard for making practice nameplates that serve as guidelines for all dentists in Indonesia. PDGI (Indonesian Dentists Association) as a professional organization of Indonesian dentists has formulated the Indonesian Dental Code of Ethics (KODEKGI) as a guideline for the attitudes, actions and behavior of dentists throughout Indonesia in order to protect the public and maintain professional standards. In the explanation of Article 3 on Professional Independence, paragraph 7 explains in detail about the Dentist Practice Nameplate, namely:

- a) Personal practice nameplate including neon box measuring 40X60 cm, maximum 60X90 cm. The writing contains the name, and or legal professional title in accordance with the SIP, practice days and hours, Practice Permit Number, Practice Address and practice telephone number (if any).
- b) Group practice nameplate The size of the practice nameplate must not exceed 250x100cm. The writing contains the name of the group dentist/specialist practice (eg Ibnu Sina), days and hours of practice, address, telephone number, Business License and Type of service.
- c) Apart from the writing in (a) and (b), it is not permitted to add other writing or images, except those created by PDGI.
- d) In certain cases, arrows may be installed to indicate the direction of the practice, with a maximum of two practice name boards.
- e) Basic white nameplates, black writing and if necessary, the nameplates may be provided with non-advertising lighting.

f) If deemed necessary, the practice nameplate can be in English.

Ideally, all the provisions contained in the Code of Dentistry are guidelines for dentists in Indonesia in making practice nameplates. However, in fact, violations of these provisions often occur. Research data from the MKEKG (Dental Ethics Honorary Council) of Sleman Regency stated that violations of the size of the nameplate installation that did not comply with the Code of Dentistry (violating point a) amounted to 26.87% of individual dentists and 70.59% of group dentists. Violations of the basic color of the nameplate for individual dentists were 11.94% and for group practices 20% (violating point e). The type of violation of not listing the day/hour of practice on the nameplate (point b) carried out by individual dentists was 7.46% while for group dentists it was 2.35%. Individual dentists who did not include SIP (violating point a) amounted to 74.63%, while for group practices it was 25.37%. Then the largest number of Code of Dental Practice violations was in terms of not including an address (point a) as many as 85.07% of individual dentists and 41.18% of group practicing dentists (Fajaryanti, 2011). Although violation of the code of ethics is not a violation of the law, the sanctions of which are only administrative sanctions which may not be considered too serious by dentists, the code of professional ethics is a norm set by a professional group that directs and gives instructions to its members, how to act while ensuring the morals of the profession in society, and is also needed as a means of social control and preventing misunderstandings and conflicts. (Abdulkadir, 2006). From this theory we can conclude that the code of ethics as a norm is something that must be implemented, ideally sanctions are seen only as reminders with the aim of maintaining the moral integrity of the nobility of the profession and maintaining order both internally in the organization and in the wider community.

METHODOLOGY

The research method used is a qualitative method, by conducting direct observation of practice nameplates in several cities such as Pekanbaru, Padang, Siantar, Jakarta and Medan. Data were collected through two methods: direct observation of practice nameplates and interviews with several dentists and PDGI administrators, secondary data were taken from the dentist code of ethics document and other relevant data.

RESULTS AND DISCUSSION

As previously discussed, the nameplate of the dental practice is regulated by PDGI as the only professional organization through Kodekgi which aims to protect the public and maintain professional standards, on the other hand Kodekgi is also a guideline on how dentists should introduce themselves and their practices to the public. It is very unfortunate from the research data above, we can conclude that until now there are still many dentists who violate professional ethics by making nameplates that do not comply with the provisions formulated in Kodekgi. From the author's observation, many dentists ignore the provisions regarding the size and design of the practice nameplate. Some practices use nameplates that are too large or conspicuous, shaped like teeth, and some even display photos of the dentist, which can be considered a form of excessive advertising. This is certainly contrary to the principle of medical ethics which prioritizes patient interests over commercial interests. On the other hand, this problem also causes conflict and unrest among dentists themselves, where dentists who comply with the Kodekgi rules feel that dentists who violate the rules by making larger and more conspicuous nameplates have committed unfair actions that may have implications for misunderstandings and conflicts. Whereas the function of the code of ethics is as a means of control, preventing interference from other parties, and also as a prevention of misunderstandings and conflicts (Sumaryono, 1995). Another problem related to this is that supervision related to these violations is also considered to be very weak, as indicated by the absence of official data from the PDGI Executive Board regarding the number of violations of dental practice nameplates, or the number of dentists who have been punished/sanctioned.

Considering that the problem of violating the rules on practice nameplates is not simple, more comprehensive supervision is needed, not only from the professional organization in this case PDGI, but also from the community, if necessary supervision from the Mayor through the extension of the Health Service and the Investment and One-Stop Integrated Service Office of the Regency/City. Why does the author consider it necessary to involve the two related agencies in the function of monitoring ethical violations? None other than because based on Law 17 of 2023 which is the latest Health Law, regarding licensing of Medical Personnel and Health Personnel in the provisions of Articles 263 to 266 and Article 449 which are explained in more detail in the Circular of the Indonesian Minister of Health (SE No.HK.02.01/MENKES/6/2024), it is explained that the Practice Permit (SIP) for health workers is issued by the Head of the Health Service or the Head of the One-Stop Integrated Investment Service of the Regency/City, with 2 requirements, namely STR (Registration Certificate) and a Certificate of Place of Practice. From the data above, we can see that the one who issues the Practice Permit (SIP) for health workers (in this article, the health workers in question are dentists) is the Health Service

or the Regency/City One-Stop Integrated Investment Service. So ideally, the Service that issues the permit should also actively supervise the rules that are the requirements of the permit. Pekanbaru Mayor Regulation (PERWAKO) No. 15 of 2019 concerning Delegation of Licensing and Non-Licensing Authority to the Head of the Plantation Service.

Capital and One-Stop Integrated Services, in CHAPTER IV concerning Technical Guidance and Supervision, Article 4 paragraph (1) states that technical regional apparatus in accordance with their main tasks, functions and authorities carry out guidance and supervision. In paragraph (3) Guidance and supervision reports from Technical Regional Apparatus as referred to in paragraph (1) must be submitted to the Mayor through the Regional Secretary and copied to the Head of the Civil Service Police Unit periodically at least once a month and/or at any time if necessary. From the above regulations, it is explicitly clear that the Health Service or the Regency/City Investment and One-Stop Integrated Services Service is also responsible for supervising violations of the rules on dental practice nameplates, in order to regulate and enforce the rules and regulations of norms and laws in Indonesia. But once again, the rules that have been made very well and structured have not been optimally implemented in the field. In fact, again the author has not found any data indicating any reports or actions that have been taken against violations of the rules on dental practice nameplates, this certainly shows that the coaching and supervision functions that have been mandated through this statutory norm have not been enforced. In fact, the district/city government has the Civil Service Police as an instrument that can be maximized to enforce these rules.

CONCLUSION

Violation of the provisions of the dental practice nameplate is a serious problem that needs to be addressed comprehensively. Strict and consistent supervision, strict enforcement of rules from Professional Organizations and Health Services or Investment and Integrated One-Stop Services Offices of Districts/Cities, as well as ongoing education for dentists and the public are important steps to ensure compliance with applicable norms and rules. Thus, it is hoped that dental practices can run in accordance with the expected ethical and professional standards, and increase public trust in dental and oral health services in Indonesia.

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