

Juridical Study of The 2024 Indonesian Presidential Candidate Debate Topics about Maldistribution and Shortage of Doctors in Indonesia After The Issuance of Law No. 17 of 2023 about Health

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Abstract

The 2024 Indonesian presidential candidate debate sharply highlighted the shortage of doctors which makes it difficult to resolve health problems in Indonesia. The standard used by the government is from WHO where 1 doctor for 1000 population. Even though the government itself, through Permenkumham No. 34 of 2016 has created its own standard with a ratio of 1:2500. The moratorium on the Faculty of Medicine was lifted to speed up the fulfillment of the number of doctors. One of the recommendations for lifting the moratorium is to build a medical faculty in an area that has a very wide ratio of doctors to residents. It turns out that many new medical faculties have been established on the islands of Java and Sumatra. Meanwhile, on the other hand, it is believed that the problem of maldistribution of doctors is the main problem and must be resolved first. The distribution of medical personnel according to data from the Ministry of Health still shows wide disparities between Java-Bali and outside the two islands. Responding to this problem, the government issued Circular Number HK.02.02/d/12012/2023 concerning Meeting the Needs of Medical Personnel in Hospitals. The conclusion reached was that to meet the needs of medical personnel in hospitals, the recruitment of medical personnel is within the hospital's authority without requiring recommendations from other parties and supported by credentials from the medical committee. This means that the government's obligations are handed over in full to the hospitals which will definitely give rise to new problems, namely static distribution.

Keywords: Moratorium, Maldistribution, Shortage of doctors

1. INTRODUCTION

Indonesia is currently holding a major 5-year event, namely the election of the president who will rule for the next 5 years (2024-2029). This event was attended by 3 pairs of contestants as presidential and vice presidential candidates where the final debate program included the topic of health. Discussion of this topic is very interesting because the solution to health problems still revolves around the curative side. In fact, the emergence of health problems is more influenced by factors outside the body such as the environment, lifestyle, relationships between humans, accidents and genetics. Various solutions were briefly explained by all the candidates, such as reducing the inequality of development between Java and outside Java which is the cause of disruption in the distribution of doctors, building modern hospitals and health centers and increasing the number of doctors by establishing a new Faculty of Medicine. to create a program of one village, one health facility and one health worker. If we conclude from the candidate debate, we can find 2 big things which are the main basis for solving health problems in Indonesia, namely; distribution problems (maldistribution) and a lack of available doctors. The Indonesian Ministry of Health in its 2019-2024 Strategic Plan has emphasized the importance of the distribution aspect of health workers. Indonesian Minister of Health Dr. Nila A. Moeloek, SpM (2016) stated that "currently Indonesia has an excess number of general practitioners but their distribution is not evenly distributed". In fact, since 2010, the Indonesian Medical Council (KKI) has recommended a moratorium on the establishment of a Faculty of Medicine. Which was then reinforced by the Circular Letter of the Director General of Higher Education, Ministry of Education and Culture No. 1061/E/T/2012 concerning a moratorium

on the establishment of new study programs. *Lex-specialist* then the Ministry of Research, Technology and Higher Education (Kemenristekdikti) issued a Circular Letter from the Minister of Research, Technology and Higher Education Number 1/M/SE/VI/2016 dated 14 June 2016 concerning Moratorium on the Opening of Medical Education Study Programs.

On the other hand, according to the Ministry of Health, the ratio between the number of doctors and the Indonesian population is 0.32:1000 people. Meanwhile, if you use WHO provisions, this condition is still below the standard, namely 1 doctor for 1000 residents (1:1000). This means that there is still a shortage of doctors in Indonesia and that is why the Ministry of Health is moving quickly to overcome this shortage. The Ministry of Health's quick movement to increase the number of doctors can be seen by the lifting of the moratorium on the establishment of new Medical Faculties through Minister of Education and Culture Decree Number 471/P/2022 concerning the Revocation of the Moratorium on Opening Medicine and Dentistry Study Programs. This Decree revokes the Circular Letter Minister of Research, Technology and Higher Education Number 1/M/SE/VI/2016 concerning Moratorium on the Opening of Medical Education Study Programs. The lifting of this moratorium is aimed at meeting the special needs of doctors/dentists and not for commercialization purposes. The establishment of a medical faculty must also be in an area that has a high ratio of doctors/dentists compared to population. However, it turns out that after the decision was issued, new medical faculties emerged, most of which were on the island of Java. Of course, this is contrary to the purpose of lifting the moratorium. Birth Law no. 17 of 2023 concerning health, is an omnibus law which revoked 11 other laws, as if to justify that the various existing regulations have so far been unable to overcome existing health problems. The omnibus law scheme in Indonesia is actually an adjustment on the rate of investment which leads to achieving the goal of making entry easier for foreign investors to carry out activities in Indonesia. Based on the information above, this research will analyze from a legal perspective in determining the main conditions at this time, whether there is maldistribution or the number of doctors is still insufficient, and what is the solution to the legislation after the emergence of Law no. 17 of 2023 concerning health.

2. METHODOLOGY

Data support for one of the candidate pairs was obtained from the Ministry of Health which stated that currently there is a shortage of doctors so they are making a program to increase the number of doctors by opening new Medical Faculties. The figure mentioned is fantastic, namely 300 faculties New medicine. The Indonesian Doctors Association (IDI) stated that this was excessive and could lead to intellectual unemployment. For hospital data, there are 44,485 specialist doctors on duty at hospitals. There was an addition of 927 people from the previous year 2021. Just like other health worker distribution problems, the number of specialist doctors also shows disparities between the western and eastern regions. Most of the specialist doctors who provide services at hospitals are concentrated in western regions such as DKI Jakarta, West Java and East Java. Meanwhile, West Papua, West Sulawesi and North Maluku have the fewest number of specialist doctors. In Law no. 17 of 2023 explicitly states that there are several things to consider when placing medical personnel or doctors in an area.

3. RESULTS AND DISCUSSION

In accordance with the provisions of Article 275 paragraph (1) letter h of Law Number 7 of 2017 concerning General Elections, the General Election Commission (KPU) facilitates the holding of debates for Presidential Candidates (capres) and Vice President (wapres) 5 times, 3 times for Candidates The President and twice for Vice Presidential Candidates are all funded by the APBN. During the campaign period, this debate was facilitated by the KPU and held in Jakarta as regulated in Article 50 paragraph (1) of KPU Regulation Number 15 of 2023 concerning General Election Campaigns. Even if the discussion is about health issues in the last Presidential Candidate Debate on Sunday, February 4 2024, it was deemed that it had not touched the root of the problem because of the substance discussed in the Presidential Candidate debate is still dwelling on the surface and has not touched the root of the structural problems, but there is an interesting thing that is being discussed further at the national level, namely the dichotomy between maldistribution of doctors or the lack of doctors. Due to the excessive number of general practitioners and the problem of uneven distribution, since 2010, the Indonesian Medical Council (KKI) has recommended a moratorium on the establishment of Medical Faculties. Then a Circular Letter from the Director General of Higher Education, Ministry of Education and Culture, was issued No. 1061/E/T/2012 concerning a moratorium on the establishment of new study programs to strengthen the KKI recommendations. Furthermore, *lex-Specialist* issued a Circular Letter from the Minister of Research, Technology and Higher Education Number 1/M/SE/VI/2016 dated 14 June 2016 concerning the Moratorium on Opening Educational Study Programs. According to the KBBI, the definition of a moratorium is a postponement or postponement. The reason for issuing this moratorium for Medical Faculties is because the number of general

practitioners is already excessive, while specialist doctors are still lacking, many remote areas still do not have doctors due to uneven distribution and there are still many Medical Faculties that are accredited C so they need more assistance to improve the quality of the graduates. The cause of the maldistribution of doctors in Indonesia is mainly due to geographical reasons where Indonesia has various areas that are difficult to reach, so that these areas do not attract the interest of doctors to work for long periods of time. In terms of economic capacity, there are regions with very strong economic strength, but there are also regions that are very underdeveloped. This situation causes a shortage of doctors in an area and conversely, there is a buildup of doctors in certain areas. According to Law no. 17 of 2023 concerning health, the distribution of health workers is an obligation of the central government which is made based on planning together with local government. This distribution must be even and based on the needs of the community and region. However, in reality, not all people in this country can obtain adequate health services. The Ministry of Health's 2022 Health Profile data reveals the fact that the number of community health centers in Indonesia is 10,374 community health centers. Of that number, only 33.7% had enough doctors, while 11.3% of community health centers experienced a shortage of doctors. However, the number of puskesmas that experienced excess doctors was 55% of the puskesmas. This means that more than 5,000 community health centers are experiencing excess doctors due to maldistribution.

These things are in the form of obtaining special allowances or incentives, security guarantees, support for infrastructure and medical equipment, extraordinary promotions, and protection in carrying out duties, career development and support in providing education. According to Health Minister Budi Gunadi, currently the number of doctor graduates in Indonesia is only 12,000 per year from 93 Medical Faculties. Indonesia lacks 140,000 doctors, meaning that the shortage of doctors can only be filled in the next 10 years. This requires a significant increase in numbers. The Ministry of Health is now collaborating with the Ministry of Education, Culture, Research and Technology (Kemendikbudristek) to accelerate meeting the needs of doctors in Indonesia. This collaboration will increase the student admission quota for undergraduate medical programs, specialist doctor programs, and additional specialist doctor study programs through the academic health system. Apart from that, a commitment was made to accelerate the fulfillment of the needs of lecturers in teaching hospitals through several initiatives, including the allocation of LPDP scholarships. The Minister of Health's statement is supported by 2022 Health Profile data which states that there is still a shortage of doctors in Indonesia. The ratio of doctor availability to population is around 0.32:1000, still below the WHO standard which states that the ideal condition is 1 doctor for 1000 population (1:1000). There are several theories for determining the ratio of the availability of doctors to the population, some are from WHO with the ideal condition of 1 doctor for 1000 population (1:1000). This is the most popular, the *Graduate Medical Education National Advisory Committee (GMENAC)* with a ratio of 1: 100,000 and Permenkumham No.34 in 2016 with a ratio of 1:2500. According to reports from the 2022 Health Profile data, the number of doctors in Indonesia as of 2022 is 176,110 doctors. This is equivalent to 12.23% of all health workers. Of this number, the majority are general practitioners 61% or 106,717; specialist doctors 24% (42,434), dentists 13% (23,844), and specialist dentists 2% (3,115). However, if we look at the number of medical personnel who have active STR in Indonesia as of 31 December 2022 is 230,564 doctors. The details are 144,903 general practitioners, specialist doctors (45,078), dentists (35,811), and specialist dentists (4,772). The difference in data on the number of doctors is because the number of doctors in this report is only the number of doctors who work in government-owned health facilities, from community health centers to hospitals. If there is a shortage of 140,000 doctors and we use Permenkumham No. 34 of 2016 (1:2500) as a reference, then of course fulfillment will not take 10 years. Especially if the reference for the number of doctors uses the number of active STRs. This means that the addition of a Faculty of Medicine as stated in the Presidential Candidate debate is still not very *urgent*. Efforts that can still be made are to increase the number of students at the A-accredited Medical Faculty or improve the quality of graduates by increasing the accreditation of the Medical Faculty from C to B. Even if there is a need to add a new Medical Faculty, it is best to follow the recommendations for the reasons for lifting the moratorium Minister of Education and Culture Decree Number 471/P/2022 concerning the Revocation of the Moratorium on Opening Medical and Dentistry Study Programs, where establishments are carried out in areas that really need medical personnel, not in areas that already have many Medical Faculties, such as Java and Sumatra. In Law no. 17 of 2023 concerning Health states that the planning, procurement and utilization of Medical Personnel and Health Personnel is the responsibility of the Government, both Central and Regional. What is done is in the form of regulation, coaching, supervision, and improving the quality and competence of Medical and Health Personnel in accordance with the needs of the community and region.

The welfare of Medical and Health Personnel as well as the protection of Patients and Health Human Resources is also part of the government's responsibility. However, unfortunately, ensuring the continued welfare of doctors working in regional areas, especially in remote areas, especially regarding incentives, is not protected in this law. This means that there are no strict sanctions for regions that decide or stop providing

incentives for doctors after serving in that region. As proof, we can see that in several regions the incentives for doctors have been removed, as a result there has been a wave of demonstrations from doctors demanding welfare. This guarantee of certainty must be provided by the central government so that doctors, especially specialists, remain comfortable working in peripheral areas. To speed up the distribution of doctors, the Ministry of Health through the Directorate The General of Health Services issued a Circular Letter from the Director General of Health Services Number HK.02.02/d/12012/2023 concerning Fulfilling the Needs of Medical Personnel in Hospitals, which is a derivative regulation from Law no. 17 of 2023 concerning health. In this Circular it is stated that the recruitment of medical personnel in hospitals is the authority of the owner or head/director/main director of the hospital. The recruitment process for medical personnel in hospitals does not require recommendations from professional organizations, collegiums and/or specialist/subspecialist doctors who have worked in hospitals. Next, the Medical Committee carries out credentials to obtain recommendations for a list of clinical privileges *and* the doctor/dentist can work after receiving the recommendations from the Medical Committee. Based on this circular, the provision of doctors is no longer completely regulated by the government, but the authority lies with the hospital leadership or owner to determine this. Moreover, the emphasis in the circular letter is that recommendations from professional organizations are not required for recruitment. The main function of the existence of professional organizations is to control ethics. This means that what is needed is only scientific recommendations but not ethics. The government's role should be in Article 202 of Law no. 17 of 2023 concerning Health to ensure sustainability health development in the regions by meeting the needs of Medical Personnel and Health Personnel regarding the number, type, competence and distribution evenly without interference by other parties.

4. CONCLUSION

Health problems in Indonesia include the lack of availability of doctors and the maldistribution of existing doctors. Maldistribution does not only occur in poor and developing countries, but also occurs in developed countries, even such as the United States. Doctors don't want to lose *their skills and clinical sense* if they stay too long in areas with minimal infrastructure. The distribution of doctors in the regions has obstacles, namely first, infrastructure factors, second, limited access to information and medical equipment, and third, the problem of career paths. The four obstacles are related to incentives, especially guarantees of continuity from the central government. Providing incentives can also be undesirable because of minimal work facilities. The addition of a Medical Faculty should be in areas that really need the availability of doctors. So that the opportunity for local sons to become doctors is more open. And the area can meet the need for the number of doctors. The government's role in providing medical education in the regions is to provide educational funding assistance and guarantee a career either in the region or abroad. The government's role in procuring doctors, especially in the regions, must be maintained. Releasing it completely to hospitals, especially private hospitals, will result in the industrialization of health. And then it will give rise to a static distribution.

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