

RINGKASAN

Salah satu sarana yang dapat digunakan sebagai perlindungan baik bagi keselamatan pasien maupun dokter adalah Surat Persetujuan Tindakan Medik atau form “*Informed consent*”. Namun pada kenyataan di lapangan sarana tersebut masih dipandang sebelah mata oleh para petugas kesehatan, sehingga kelengkapan dan kebenaran pengisiannya masih di bawah standar yang diharapkan.

Mengingat Surat Persetujuan Tindakan Medik merupakan bagian dari rekam medik, maka kelengkapan dan kebenaran pengisiannya perlu mendapat perhatian sepenuhnya. Secara etis pasien harus mengetahui apa yang akan dilakukan terhadapnya karena pasien mempunyai hak untuk menerima informasi yang sejelas-jelasnya mengenai pelayanan kesehatan yang diterimanya, sedangkan dari sudut pandang dokter dan tim medis, merupakan kewajiban untuk memberikan pelayanan kesehatan yang sebaik-baiknya kepada pasien.

Hasil evaluasi yang dilakukan oleh Panitia Medik Dokumen Medik Kedokteran RSUD Dr. Soetomo pada tahun 2002 menunjukkan 50 % Surat Persetujuan Tindakan Medik yang belum diisi dengan lengkap dan benar.

Sehubungan dengan hal tersebut diatas telah dilakukan penelitian eksplanasi asosiatif secara *cross sectional* terhadap 469 petugas kesehatan yang bekerja di unit kerja pelayanan rawat inap di RSUD Dr. Soetomo yang terdiri dari 26 Supervisor, 235 Dokter PPDS 1 dan 208 Perawat untuk mengukur tingkat kepatuhan dalam melengkapi Surat Persetujuan Tindakan Medik yang dihubungkan dengan tingkat

pengetahuan tentang Surat Persetujuan Tindakan Medik dan Rekam Medik dan kemauan dalam melaksanakan tugas dan fungsi.

Hasil analisis penelitian menunjukkan hasil yang berbeda diantara ketiga kelompok petugas kesehatan tersebut. Untuk kelompok supervisor hasil analisis menunjukkan tidak terdapat hubungan yang bermakna antara pengetahuan dengan kepatuhan ($p=0,153$, $p>0,05$) namun terdapat hubungan yang bermakna antara kemauan dengan kepatuhan ($p=0,019$ $p<0,05$). Untuk kelompok Dokter PPDS 1 hasil analisis menunjukkan tidak terdapat hubungan yang bermakna antara pengetahuan dengan kepatuhan ($p=0,799$, $p>0,05$) dan kemauan dengan kepatuhan ($p=0,308$, $p>0,05$), sedangkan pada kelompok perawat tidak terdapat hubungan yang bermakna antara pengetahuan dengan kepatuhan ($p=0,444$, $p>0,05$) namun terdapat hubungan yang bermakna antara kemauan dengan kepatuhan ($p=0,001$, $p<0,05$).

Kesimpulan yang dapat diambil dari penelitian ini adalah bahwa tidak selalu seseorang yang memiliki tingkat pengetahuan dan kemauan yang baik akan memiliki tingkat kepatuhan yang baik pula. Dengan demikian ada faktor lain yang mempengaruhi tingkat kepatuhan selain faktor pengetahuan dan kemauan tersebut, sesuai dengan teori perilaku tindakan beralasan yang menyatakan bahwa seseorang akan melakukan sesuatu perbuatan apabila ia memandang perbuatan itu positif dan bila ia percaya bahwa orang lain ingin agar ia melakukannya. Tergantung pada norma yang dianut oleh kelompoknya.

ABSTRACT

Informed consent is the process by which a fully informed patient can participate in choices about her health care. It originates from the legal and ethical right the patient has to direct what happens to her body and from the ethical duty of the physician to involve the patient in her health care. The most important goal of informed consent is that the patient has an opportunity to be an informed participant in his health care decisions.

Informed consent is more than simply getting a patient to sign a written consent form. It is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention.

Informed consent protects the patient by providing him/her with complete information on which to make an informed decision. Informed consent usually also protects doctor from liability (with exceptions) provided that the procedure is properly execute according to the prevailing standard of care and without negligence. The adults patient's power to consent is very broad. Inadequate provision of information, however may invalidate the consent.

Compliance is usually defined as a technical problem that is a theoretical in nature ; that is to say compliance is a problem associated with getting the patient to behave in accord with medical advice. Compliance should be thought of as construct not unlike intelligence.

The letter of informed consent is an important document that should be paid more attention in filling completely by the health personnel who responsible to, but it is depend on their willingness to do.

This research intends to know about factors influencing the compliance of the health personnel to process the letter of informed consent. The population this research was 469 of Dr. Soetomo Hospital health personnel who were working at inpatient department, consist of 26 supervisors, 235 specialist students and 208 nurses. The goal of this research is to measure their compliance rate in filling informed consent related to the knowledge about the informed consent and medical record and willingness to do their duty.

The result of this research indicate that for supervisors there were no significant correlation between knowledge toward the compliance but there were significant correlation between willingness toward the compliance, there were no significant correlation between knowledge and willingness of specialist students toward the compliance. For nurses there were no significant correlation between knowledge toward the compliance but there were significant correlation between willingness toward the compliance

Key words : informed consent, knowledge, willingness, compliance.

SUMMARY

One of facility that can be used as the guard both for patient and doctor is the letter of "informed consent". But in fact that facility is still seeing as unimportant thing by the health worker, so the completion and the truth of it's filling is still under standard.

Informed consent is a part of medical record, so the compliance in filling completely and truly became more important. Ethically patient should know about what would to like do to them, because patient has right to receive information about the health service before the health worker do the medical treatment to them. In the other side doctor and medical team have duty to serve the patient better.

Evaluation which is done by the Medical Committee of Medical Record of Dr. Soetomo Hospital in 2002 show that approximately 50 % informed consent is still not complete and true yet.

As a matter above, we conducted the explanatory research to 469 of Dr. Soetomo Hospital health personnel who were working at inpatient department, consist of 26 supervisors, 235 specialist students and 208 nurses to measure their compliance rate in filling informed consent which related to the knowledge about the informed consent and willingness to do their duty.

The result show that level of knowledge of the health personnel of Dr. Soetomo hospital about the informed consent and the standard of procedure of informed consent could be categorized good, level of willingness of the supervisor and nurses group to process the informed consent and doing their duty could be categorized good, but for specialist student could be categorized bad. Level of

compliance rate of health personnel about the process of informed consent and doing their duty could be categorized in good.

Conclusion of this research is for supervisors there were no significant correlation between level of knowledge toward the compliance ($p=0,153$, $p>0,05$) but there were significant correlation between willingness toward the compliance ($p=0,019$, $p<0,05$). For specialist students there were no significant correlation between level of knowledge ($p=0,799$, $p>0,05$) and level of willingness ($p=0,308$, $p>0,05$), toward the compliance rate to process informed consent, and for nurses there were no significant correlation between knowledge toward the compliance ($p=0,444$, $p>0,05$) but there were significant correlation between willingness ($p=0,001$, $p<0,05$) toward the compliance.