



## Reconstruction of regulations on the provision of drugs mixed by medical personnel based on value of justice

**Himawan Purwo Handuto<sup>1</sup>, Teguh Prasetyo<sup>2</sup>, Maryanto<sup>3</sup>**

<sup>1</sup> Doctorate Student of Faculty of Law Sultan Agung Islamic University Semarang, Indonesia

<sup>2</sup> Faculty of Law Universitas Pelita Harapan Tangerang, Indonesia

<sup>3</sup> Faculty of Law Sultan Agung Islamic University Semarang, Indonesia

### Abstract

Fundamentally, in Indonesia the activities of storing drugs, dispensing and delivering drugs to patients are activities that are also carried out by medical personnel. However, in Law No. 29 of 2004 and Article 108UU No. 36 of 2009 jo. The MK Decision No.12 / PUU-VIII / 2010, activities to store drugs, mix and deliver drugs to patients become constitutional slices of medical personnel and constitutional authority become the professional authority of a pharmacist. But in practice these drugs are often used not in an emergency. Seeing from the problem presented above, the writer discussed the problem in this article with the main problems studied, are How is law enforcement for violations of direct drug administration by medical personnel in Indonesia today and How is the reconstruction of direct drug administration arrangements by medical personnel based on the value of dignified justice. The main problem is studied using Socio-Legal research approach and hermeneutics, which is based on legal norms and the theory of the existing legal enforceability. Thus in the writing of this article researchers used the approach of Socio-Legal by reviewing the juridical law from the standpoint of sociology and Hermeneutics.

Research shows that in law enforcement for violations of the provision of mixed drugs by medical personnel in Indonesia, there are currently weaknesses in the form of a legal vacuum, namely the absence of a strict formulation of regulations in the applicable legislation accompanied by criminal sanctions for doctors who provide mixed drugs to patients for certain cases outside of medical emergencies, so that people who are sick can quickly and easily get the drug after a check from a doctor practicing independently and there is protection for doctors who provide the drug. Therefore, the ideal construction of direct drug administration arrangements by medical personnel is to reform the legal substance component, strengthen the legal structure component and strengthen the legal culture component that is clearly present in Pancasila as a Volksgeist and its values derived in the applicable laws and regulations. If that is done, there will be restoration of the Pancasila, compliance with Pancasila in line with dignified justice as the Ideal Fundamentally, in Indonesia the activities of storing drugs.

**Keywords:** reconstruction, drugs, medical personnel, justice value

### Introduction

The practice of pharmacy in Indonesia has been narrowly explained in Article 35 letter i and letter j of Law Number 29 of 2004 concerning Medical Practices (Law No.29 of 2004) which reads:

1. Storing drugs in the amount and type permitted; This provision is intended to give authority for doctors and dentists to store drugs other than injectable drugs in an effort to save patients. The drug is obtained by a doctor or dentist from a pharmacist who has permission to manage a pharmacy. The amount of medicine provided is limited to the service requirements.
2. Mixing and delivering drugs to patients, for those who practice in remote areas where there are no pharmacies.

Basically the activities of storing drugs, dispensing, and delivering drugs to patients are activities that are also carried out by medical personnel. However, in Law No. 29 of 2004 and Article 108 of Law No. 36 of 2009 jo. The MK Decision No.12 / PUU-VIII / 2010, activities to store drugs, mix and deliver drugs to patients become constitutional slices of medical personnel and constitutional authority of the profession of a pharmacist.

In this regard, in the event that there is no pharmacist as a

pharmaceutical professional or pharmacy technical staff assigned to assist pharmacists in carrying out pharmaceutical practices, medical personnel can carry out activities to store drugs, mix and deliver drugs to patients with conditions:

1. Storing drugs can be permitted if:
  - a) Types of drugs other than injectable drugs are permitted in order to support the implementation of their duties in emergencies that threaten life safety and immediate medical action is needed to save the patient.
  - b) The drug is obtained by a doctor or dentist from a pharmacist who has permission to manage a pharmacy.
  - c) The amount of medicine provided is limited to the service requirements.
2. For mixing and delivering medicine to patients, can be permitted by medical personnel who open practices in remote areas where there are no pharmacies.

Based on various practices of medical personnel in Batang District, there are 134 specialist doctors/ general practitioners/ dentists who practice in health care facilities in Batang District. A total of 104 general practitioners and

dentists practice independently and all doctors give mixed drugs to patients. This is due to the limited number of pharmacists, drug stores, pharmacies, and pharmaceutical technical personnel in Batang Regency. Based on data collected from the Batang Health Office, the number of pharmacists, drug stores, pharmacies, and pharmacy technicians per 2017 is as follows <sup>[1]</sup>:

**Table 1:** Number of Pharmacy, Pharmacists, and Pharmaceutical Workers in Batang District who Work in Hospitals and Health Centers in 2018

Category	Number of People
Pharmacy	68
Pharmacists	57
Pharmacy Personnel	48

**Source:** Batang Regency Health Profile in 2018

Based on the data above, it is known that the number of pharmacist staff working in hospitals and health centers in 2018 is as many as 57 people. The pharmaceutical power ratio per 100,000 population is only 7.54%. This percentage decreased when compared to 2017 with a percentage of 8.27%. This figure is still below the standards set by the Central Java Province of 7.54% and the WHO standard of 10 per 100,000 population <sup>[2]</sup>.

Meanwhile, the ratio of pharmacy according to WHO must be synchronized with the ratio of pharmacists to the population so that it can be assumed to determine the achievement of proper pharmacy services. Based on the provisions issued by the Ministry of Health in 2012 it was known that, the ratio of pharmacists to the total population was said to meet if the value reached 12: 100,000 population <sup>[3]</sup>. When referring to the data table above, it can be calculated that the ratio of pharmacy services is 68 (number of pharmacies): 756,079 (population) so that a ratio of 1: 11,118 or 9: 100,000 is found. Thus it can be concluded that the ratio of pharmacies to the total population in Batang has not been fulfilled.

In addition, based on supervision and coaching data conducted by the District Health Office of Batang, it is known that 70% of pharmacists are not present during their practice hours at the pharmacy and about 60% of pharmacists are weak in the administration of carrying out their duties as a pharmacist such as the absence of a drug order <sup>[4]</sup>.

The problems mentioned above suggest that the direct administration of drugs to patients by doctors is common in Batang District. Although the main obstacle is not the maximum implementation of pharmaceutical services lies in the lack of pharmaceutical and pharmacy staff, doctors who administer mixed drugs to patients can get caught in the law if doing so in a non-medical emergency. The above conditions have clearly violated many pharmaceutical regulations as regulated in Article 77 of Law No. 36 of 2014 which states that: "Every recipient of health services who are harmed due to errors or negligence of health workers

can request compensation in accordance with statutory provisions."

In addition to matters as regulated in Article 77 of Law No. 36 of 2009, a medical worker who violates operational service standards and pharmaceutical standards will be subject to sanctions in the form of administrative sanctions as stipulated in Article 82 and criminal sanctions as stipulated in Article 83 through Article 86 of Law No. 36 of 2009.

Medical personnel such as doctors and dentists in the practice of giving drugs mixed to patients / the public also violate the rules of drug administration as stated in Law No. 36 of 2009 and PP No. 51 of 2009.

Seeing from the problem presented above, the writer discussed the problem in this article with the main problems studied, as follows:

1. How is the law enforcement for violation of mixed drugs by medical personnel in Indonesia currently ?
2. How the reconstruction of arrangements for administering mixed drugs by medical workers based on values of justice?

### Method of Research

The paradigm used in this research is the paradigm of constructivism. Constructivism is a paradigm that is almost the antithesis of understanding that lays observation and objectivity in finding a reality or science. This paradigm of looking at social science as a systematic analysis of the socially meaningful action through direct observation and detailed on the relevant social actors create and maintain or manage their social world. The method of Research approach used in writing this article is a qualitative research. Writing aims to provide a snapshot of a society or a particular group of people or a picture of a symptom or between two or more symptoms. Further, this research seeks to explain postulates fully investigated in accordance with the findings in the field <sup>[5]</sup>.

The approach in this study using the Socio-Legal approach and hermeneutics, which is based on legal norms and the theory of the existing legal enforceability. Thus in the writing of this article, researchers used the approach of Socio-Legal <sup>[6]</sup> reviewing the juridical law from the standpoint of sociology and Hermeneutics (in everyday terms is defined as the "Interpretation Understanding".

### Research Result and Discussion

#### 1. Law Enforcement For Violation Of Mixed drugs By Medical Personnel In Indonesia Currently

Giving mixed drugs can basically only be done by a doctor when in an emergency. Understanding Emergency Services is a medical action needed by emergency patients in immediate time to save lives and prevent disability. While what is meant by emergency is a clinical condition that requires immediate medical treatment for saving lives and preventing disability. (Paragraph 3)

According to the American Hospital Association (AHA) the emergency situation is:

*An emergency is any condition that in the opinion of the*

<sup>1</sup>Batang Government, (2017), Strategic Plan for Batang District Health Office year 2017-2022 2017-2022, p.11-13..

<sup>2</sup>Batang Government, (2018), Health Profile of Batang Regency in 2018.

<sup>3</sup>Muhammad Zaini dkk, Analisis Niat Konsumen dalam Pemanfaatan Pelayanan Apotek, *Jurnal Manajemen dan Pelayanan Farmasi*, Volume 4 Nomor 1-Maret 2014, p.19.

<sup>4</sup>Interview with Dr. Zunuron, Head of Health Services at Batang District Health Office on Friday, January 6, 2019.

<sup>5</sup>Altherton & Klemmack dalam Irawan Soehartono,(1999), *Metode Penelitian Sosial Suatu Teknik Penelitian Bidang Kesejahteraan Sosial Lainnya*, Bandung, Remaja Rosda Karya, p. 63.

<sup>6</sup> Alimuddin,(2018), *Aplikasi Pembaharuan Hukum dalam Teori Socio Legal Studies*, Dirjen Badan Peradilan., [www.badilag.net](http://www.badilag.net), Accessed December 26, 2018. (IUM Malaysia)

*patient, his family, or whoever assumes the responsibility of bringing the patient to the hospital-requires immediate medical attention. This condition continues until a determination has been made by a health care professional that the patient's life or well-being is not threatened*<sup>[7]</sup>.

Based on this, it can be drawn that the Emergency Level in medical field are divided into four state as follows:

- a) Emergency, i.e. Patients who are suddenly in a state of emergency or will become critical and endangered their lives and / or limbs will become disabled if they do not get immediate help. For example a patient with AMI (Acute Myocardial Infarction) heart disease.
- b) Non-emergency, i.e. the patient is in a life threatening condition but does not require emergency measures. for example patients diagnosed with advanced cancer.
- c) Emergency but not serious, i.e. the patient comes with a condition not life threatening but requires immediate action. For example: a wounded patient without bleeding.
- d) Not Emergency and Not Serious, i.e. Patients who do not experience emergency and do not require immediate action / emergency. For example a cough patient, a cold who comes to the Emergency Department, then is asked to wait until the other patient is treated.

Doctors in practicing medicine have the authority to store drugs in the number and type permitted as regulated in the provisions of Article 35 of Law Number 29 Year 2004 concerning Medical Practices as an effort to save patients. Decree of the Minister of Health number HK.01.07 / MENKES / 263/2018 concerning the List of Drugs for Medical Emergency in Independent Practices which can guarantee the quality, safety, and efficacy / benefits of the drug, which can be stored as needed. However, this regulation is not yet fully known to the doctor, it seems that the doctor is not very interested in reading it because the practice of administering mixed drugs to the patient after checking with a doctor of independent practice already exists since then until now.

Giving mixed drugs by doctors so far most or even almost all of them are drugs that are not in the list of the Decree of the Minister of Health number HK.01.07 / MENKES / 263/2018 regarding the List of Drugs for Emergency Medicine but in practice these drugs are often used not in a state emergency. The factors that influence doctors still continue to administer mixed drugs by medical personnel are:

### **Judicial Factor**

In juridical terms, there are no specific provisions governing censorship by independent practice physicians. The form of existing provisions is about pharmacy work standards at pharmacies, which must be used by doctors or other health workers when administering mixed drugs by them.

The Constitutional Court's ruling on judicial review Article 108 of the Health Act has binding legal force. But for health workers who do not understand the language of the law, will provide a different interpretation of the intent of the decision. Likewise with the technical regulations of Article 108 of the Health Law, which is mentioned in paragraph (2) of Article 108 of the Health Law has not been specifically made, in accordance with the needs of remote areas in Batang Regency and elsewhere.

Law Number 36 of 2014 concerning Health Workers Article 63 paragraph (1) regulates the provision of mixed drugs for health workers other than doctors, who can provide services outside their authority in certain circumstances. The explanation states that certain conditions are conditions where there are no health workers who have the authority to take necessary health care actions and are not possible to be referred, nurses or midwives can provide medical and / or pharmacy services within certain limits. Certain limits in this provision are not explained in this regulation, and this article requires a ministerial regulation be made to carry out professionalism outside the authority of health workers. But the regulation in question does not yet exist.

### **Technical Factor**

Technical factors that influence doctors to administer mixed drugs by medical personnel in Batang Regency, consist of :

- a) Supervision from Professional Organizations and Government

Implementation of giving the drug in mixed by personnel of medical in Batang affected by the lack of supervision of professional organizations in this regard IDI. Physician practice independently as a board member of professional organizations also undertake administration of the drug are mixed by personnel of medical in the practice. This is a weakness in professional organizations to enforce medical services in accordance with ethics and doctor competency standards. Sanctions and reprimand not done by a professional organization for medical practice administration of the drug is mixed had already commonplace performed and the patient can more easily and quickly obtain the drug as well as get an explanation drugs that mixed from the doctor who examined.

Supervision of the government, the District Health Office of Batang never perform supervision of the administration of the drug are mixed by personnel of medical. Even though doctors violate applicable regulations but still meet patients' rights of obtaining drugs by quickly and easily.

- b) Pharmaceutical Services that are not optimal

Interviews from the leader of IDI obtained that pharmacists do not always exist in the pharmacy. Drug services are mostly carried out by pharmacist assistants. There are still pharmacies that use personnel outside the pharmacist's assistant to carry out drug services. This situation affects the ability of officers to provide information that should be the competence of pharmacists. Pharmacy officials' consideration that patients who bring prescriptions have obtained drug information from doctors and to avoid the long queue of customers who buy drugs without a prescription makes the officers do not convey the information that should be given.

This results in more complete drug information received by patients at the doctor's office giving the impression to patients that the drug service at the doctor's office by giving mixed drugs is faster than the pharmaceutical services at the pharmacy.

- c) Cooperation with BPJS which allows administration of the drug are mixed by Medical personnel

Doctors who collaborate with BPJS are allowed to provide drugs and administer mixed drugs by medical personnel in a cooperation agreement between BPJS and the family doctor. Payment by capitation given to doctors is a fee for health services and drugs that doctors can use in service to patients. Doctors who worked with BPJS will choose to

<sup>7</sup> Mancini MR, Gale AT.(1981), *Emergency care and the law*. Maryland: Aspen Publication;

administration of drug is mixed by personnel medical to reduce the cost of medical expenses. If the doctor gives a prescription to a pharmacy, then the doctor will pay the cost of the drug that should be obtained at a low price, plus the cost of the pharmacy's profit. So that doctors will incur greater costs.

### Social Factor

The social factor is the state that gain influence from the people are causing doctors do *direct drug administration*. The social factors that influence doctors to *administer mixed drugs by them* are:

#### a) Geographical Conditions

Batang geographical conditions are more many areas of rural than in urban areas makes distribution of pharmacies less evenly. Pharmacy is a lot in urban area. So if the doctor collaborates with a pharmacy, the costs incurred by the patient will increase. Because they have to pay the doctor's examination fees and pharmacist services<sup>[8]</sup>.

The difference in location between a pharmacy and a doctor's practice is a consideration for patients. Lack of transportation within the city will be difficult for patients who do not have a vehicle to go to the pharmacy to take drugs.

#### b) Patient's Desire

From all patients interviewed, the results were obtained that all respondents wanted to obtain drug services in the practice. With more practical reasons, and patients do not need to spend extra costs as a cost to go to the pharmacy. Patients do not feel deprived of their rights if the drug service is carried out by nurses at the doctor's office.

The results of interview respondents that when patients buy drugs at the pharmacy, patients only receive information about how to use the drug, and the price of the drug. So that for patients the drug services that have been carried out in the same doctor's practice are even better than pharmacy services at the pharmacy. From the patient's explanation, the researcher concluded that the patient did not receive pharmacy services at the pharmacy according to the standards of the pharmaceutical professional profession, namely information or education about the drug.

If the doctor does not provide medicine at the practice and must take the drug to the pharmacy, the patient is better to buy mixed drugs to the pharmacy. Thus the patient does not need to pay for doctor's examination services. Practical choice is taken into consideration by the patient. Because doctors and drug services are separate, more time will be spent and patients will incur costs for examination and pharmacy benefit costs.

#### c) Economic motives of doctors

If the doctor prepares his own medicine at the practice, in addition to examination services, the doctor will benefit at that time also from the sale of the drugs provided. From the results of interviews conducted, doctors give the price of drugs the same as the price of a pharmacy, so that doctors benefit from the difference between the Purchase of drugs with the selling price to patients. There are also doctors who

mixed add drugs with a certain nominal of the capital spent without considering whether ultimately the price of the drug given by the doctor is cheaper or even more expensive than the retail price at the pharmacy, provided the doctor does not experience losses.

### 2. How the reconstruction of arrangements for administering mixed drugs by medical workers based on values of justice

The provision of individual health services conducted by independent practice doctors in Indonesia has been carried out since the Dutch East Indies government established medical education in Indonesia began in the mid-19th century by the Dutch East Indies government which was motivated by the views of the Dutch East Indies government on the existence of shamans in Indonesian society which tend to be negative, in the case of an epidemic, the existence of shamans is not even reliable at al.<sup>[9]</sup>

*School Tot Opleiding Van Indische Artsen* (School of Indian Medical Education), or also known by its abbreviation STOVIA, is a school for the education of indigenous doctors in Batavia in the Dutch East Indies era. With the Governor's Decree dated June 5, 1853 No. 10 of them were granted the title of Javanese Doctor. In the *Healers on the Colonial Market* historian Liesbeth Hesselink said "All alumni of the Java Medical School, including those who open their own medical practices, were supervised by European doctors who were responsible to the Health Service"<sup>[10]</sup>.

Patients who seek treatment at independent doctor's practice in any area throughout Indonesia, until now are accustomed to receiving medical practice services after being examined by a doctor, will get the drugs needed by patients related to the treatment process of the disease. The system of examining all drugs in an independent doctor's practice is recognized as making it easy for patients, because patients do not need to go to the pharmacy to buy medicine, which is sometimes quite far away. Furthermore, it is considered to be more efficient in terms of time, the costs incurred by patients become cheaper, because the costs for the benefits of the pharmacy do not need to be paid by the patient.

The implementation of independent physician practice emphasizes easy access and saves the cost of health services. This implementation runs until now with regulations that have not been able to protect both doctors and patients. The state must take part in providing the welfare of its people with the birth of the Welfare State in Indonesia which has been a responsibility that has been carried out since the formation of the Indonesian State. The state thinks of prosperity without the state, citizens leave elements of economic development in general. Prosperous conditions occur when human life is safe and happy because the basic needs for nutrition, health, education, shelter, and income can be met and when people in a state of illness can more quickly access health services. The legal system of each country must be guided by the Basic Law which is derived from the ideological values of each country. So that this adoption will limit Indonesia with the legal culture of the Indonesian people. Therefore, the implementation of

<sup>8</sup> Mustajab, (2013), Analisis Yuridis Hubungan Hukum Antara Dokter Dan Pasien Dalam Peyanan Kesehatan, Jurnal Ilmu Hukum Legal Opinion Edisi 4, Volume 1, Tahun 2013.

<sup>9</sup> Liesbeth Hesselink, (2009), *Genezers op de koloniale markt: Inheemse dokters en vroedvrouwen in Nederlandsch oost-indië, 1850-1915*, Amsterdam, Amsterdam University Press, p. 85-86

<sup>10</sup> <https://historia.id/sains/articles/candradimuka-dokter-jawa-PRgLk> accessed 20 December 2019.

administering mixed drugs by medical personnel cannot be implemented in accordance with the objectives of the State listed in the opening paragraph of the 1945 Constitution, which is to provide welfare to all Indonesians in a fair manner based on Pancasila with 45 points stipulated by TAP MPR No. 1 of 2003 as indicators of implementation and success of Government programs For the success of programs listed in the national health system as the embodiment of the first, second and fifth Pancasila precepts. The values contained in the first precept include (1) the Indonesian people declare their belief and piety towards God Almighty; (2) Indonesian people believe in and fear God Almighty, in accordance with their respective religions and beliefs on the basis of fair and civilized humanity; (3) Developing a respectful attitude towards respecting and cooperating between followers of different religions with different believers towards God Almighty; (4) Fostering harmony in life among fellow believers and beliefs in Godhead. Therefore, in the program of giving medicine mixed by medical staff, it must be implemented as a form of piety to God Almighty who teaches mutual love, mutual help and help and is avoided from service on the basis of religious adherents. The second principle of Pancasila contains values, among others (1) Recognizing and treating humans according to their dignity and dignity as creatures of God Almighty; (2) Recognizing the equality, equality of rights and basic human rights of all human beings, without discrimination of ethnicity, ancestry, religion, beliefs, gender, social position, skin color and so on; (3) Carrying the attitude of loving each other human beings; (4) Carrying mutual tolerance and tolerance: (5) Carrying out arbitrary attitudes toward others; (6) Upholding human values; (7) Love doing humanitarian activities. Based on the fifth precepts of Social Justice for All Indonesian People, their implementation must refer to the 11 points of the Pancasila of the precepts as indicators of success, namely: (1) Developing noble deeds, which reflect family and mutual cooperation attitudes and atmosphere; (2) Developing a fair attitude towards others; (3) Maintaining a balance between rights and obligations; (4) Observing the rights of others; (5) Likes to give help to others so that they can stand on their own; (6) Not using property rights for businesses that are extortion of others: (7) Not using property rights for things that are extravagant and luxurious lifestyle; (8) Not using property rights for things that are contrary to or in the interest of my mother; (9) Likes to work hard; (10) Likes to appreciate the work of others that is beneficial to the progress and prosperity of the people; (11) Likes to carry out activities in bringing about equitable progress. The linkages of the Pancasila items of the First, Second Precepts and Fifth Precepts are progressing to restore the behavior and manners of Indonesian citizens to conform to the philosophy and culture of the Indonesian nation which, according to the author's observations that at this time there has been liberalization and led to individualistic beings. Referring to the implementation of the Independent Practices of Doctors who still have weaknesses that cause the implementation in the community can not be optimally implemented properly, then found the substance of the legal substance that needs to be reconstructed because in real time the administration of mixed drugs to patients is done by medical personnel, but in the legal regulations it is not

allowed, even though it is recognized that it can benefit patients.

Based on the studies conducted as previously described, the following findings can be identified as follows :

1. Decree of the Minister of Health number HK.01.07 / MENKES / 263/2018 concerning List of Drugs for Medical Emergency in Independent Practices of Doctors Referring only to the implementation of medical emergencies for Independent Practices of Doctors;
2. The weak legal structure of the Minister of Health Regulation Number 2052 / MENKES / PER / X / 2011 regarding Licensing and Implementation of Medical Practices There are still many legal interpretations for medical personnel to store and administer drugs in quantities and types that comply with the standards; and dispensing and delivering drugs to patients, for those who practice in remote areas where there are no pharmacies.
3. Weak Legal Culture: Weakness in substance and legal culture causes weak legal culture that causes people not to bother buying drugs at the pharmacy after being examined by medical personnel.

By adhering to these findings, the reconstruction provided is the direct administration of drugs by medical personnel to reform the legal substance component, the strengthening of the legal structure component and the strengthening of the legal culture component that clearly exists in Pancasila as a Volksgeist and its values derived in applicable laws and regulations. If this is done then there will be restoration of the Pancasila, compliance with Pancasila as the Ideal Construction Direct delivery of drugs by dignified Justice Value-based medical personnel.

After the reconstruction of three legal components, namely the strengthening of the legal substance component, the strengthening of the legal structure component and the strengthening of the legal culture component, the Ideal Construction of Mixed Drug Administration to the patient by the medical staff and the Proposed Reconstruction of Mixed Drug Administration By Medical Personnel to the patient in the name of dignified justice.

## Conclusion

1. In Law Enforcement on Violations of Mixed Drug Administration by Medical Personnel in Indonesia Currently There are weaknesses in the form of legal vacuum, namely the absence of a strict formulation of regulations in the applicable legislation along with criminal sanctions for doctors who provide mixed drugs to patients for certain cases outside of medical emergencies, so that people who are sick can quickly and easily get the drug after a check from a doctor practicing independently and there is protection for doctors who provide the drug.
2. The ideal construction of mixed drug administration arrangements by medical personnel is to reform the legal substance component, strengthen the legal structure component and strengthen the legal culture component that is clearly present in Pancasila as a Volksgeist and its values derived in the applicable laws

3. and regulations. If that is done, there will be restoration of the Pancasila, the Ideal Construction of Mixed Drug Administration to the patient by the medical staff and the Proposed Reconstruction of Mixed Drug Administration By Medical Personnel to the patient in the name of dignified justice.

### References

1. Alimuddin, Aplikasi Pembaharuan Hukum dalam Teori Socio Legal Studies, Dirjen Badan Peradilan, 2018. [www.badilag.net](http://www.badilag.net), Accessed 26, 2018. (IIUM Malaysia)
2. Altherton, Klemmack dalam Irawan Soehartono. Metode Penelitian Social Suatu Teknik Penelitian Bidang Kesejahteraan Social Lainnya, Bandung, Remaja Rosda Karya, 1999.
3. Batang Government. Strategic Plan for Batang District Health Office year 2017-2022 2017-2022, 11-13.
4. Batang Government. Health Profile of Batang Regency in, 2018.
5. Interview with Dr. Zunuron, Head of Health Services at Batang District Health Office on Friday, 2019.
6. Liesbeth Hesselink, Genezers op de koloniale markt: Inheemse dokters en vroedvrouwenin Nederlandsch oost-indië, Amsterdam, Amsterdam University Press, 2009, 1850-1915.
7. Mancini MR, Gale AT. Emergency care and the law. Maryland: Aspen Publication, 1981.
8. Muhammad Zaini dkk, Analisis Niat Konsumen dalam Pemanfaatan Pelayanan Apotek, Jurnal Manajemen danPelayanan Farmasi, 2014, 4(1).
9. Mustajab, Analisis Yuridis Hubungan Hukum Antara Dokter Dan Pasien Dalam Peyanan Kesehatan, Jurnal Ilmu Hukum Legal Opinion Edisi, 2013, 4:1.
10. <https://historia.id/sains/articles/candradimuka-dokter-jawa-PRgLk> accessed 20 December 2019.