



Travel Clinic and Indonesian Hospital Code of Ethics

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ABSTRACT

In 2022, COVID-19 cases are still reported occurring in Bali, however, the number of cases as well as its severity are no longer concerning as in 2020 and 2021. Bali has been reopened for both domestic as well as international tourists. Tourism begins to rise up and consequently, it brings about economics recovery. Various events, which are commonly abbreviated as MICE (meeting, incentive, conference, and exhibition), were and are planned to be hold in Bali. They continue taking place until they reach their peak during G20 Summit. Ubud, as one of tourist destinations in Bali, also rises up. The purpose of this community service program is to prepare Sanjiwani General Hospital to establish travel clinic through empowerment of its employees tailored to their backgrounds. The partner in this program is employee group who is broadly categorized into clinical and non-clinical groups. Clinical group consists of general practitioners, nurses, and pharmacists. Non-clinical group consists of administration staff and marketing staff. We initiated the program by conducting grand round, document assessment, and interview with several employees to get a glimpse of current situation so that we could provide training and education based on our findings. The situational analysis revealed that employees had not implemented travel medicine practice in accordance with international standard. Moreover, employees had not exposed with hospital code of ethics issues by Indonesian Hospital Association. We proceeded with workshop regarding travel medicine referring to the body of knowledge introduced by The National Travel Health Network and Centre (NaTHNaC) for clinical group and hospital ethical codes referring to hospital ethical codes introduced by The Indonesian Hospital Association for non-clinical group.

Keywords: Hospital Code of Ethics, Travel Clinic.

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1. INTRODUCTION

In the realm of healthcare, understanding the evolution of medical institutions and the ethical frameworks that govern them is paramount. This study delves into the intersection of two critical aspects: The Travel Clinic's development within a historical hospital context and its alignment with the Indonesian Hospital Code of Ethics. While the hospital's rich history encompasses transformative phases and varied accreditation levels, this paper will succinctly highlight key points, allowing us to concentrate on the central research theme: the ethical dimensions of the Travel Clinic in accordance with Indonesian healthcare guidelines. The Sanjiwani General Hospital began as a polyclinic since 1955. Subsequently, it successively became a class D regional general hospital in 1970, a class C regional general hospital in 1993, and finally a class B general hospital in 2002 to now. From 2001 until now, the Sanjiwani General Hospital belongs to the Gianyar Regency Government. On 6 February 2008 until now, it has become regional public service agency (badan layanan umum daerah or commonly abbreviated as BLUD). In 2015, the Sanjiwani General Hospital passed accreditation survey conducted by the hospital accreditation commission (Komisi Akreditasi Rumah Sakit or commonly abbreviated as KARS) with the predicate of paripurna.

The vision of the Sanjiwani General Hospital is to make the Sanjiwani General Hospital the leader in health, education and research services, as well as health technology. The mission of Sanjiwani General Hospital is: (1) to provide quality health services and effective, efficient, and accountable financial management; and (2) realizing the quality of education and research in the fields of health and human resources with superior performance. At the end of 2023, the Sanjiwani General Hospital will develop a travel clinic.

Based on discussions with the hospital director, the problem in the healthcare service is that healthcare professionals have not been exposed to travel medicine according to the international standards (Bazemore & Huntington, 2009; Hatz & Chen, 2018; Murray, 2020; Sanford et al., 2016; Shepherd & Shoff, 2011; Zappas et al., 2019). The problem faced in the field of management, especially in the field of marketing, is that staff

have not been exposed to the Indonesian hospital code of ethics (known as KODERSI which stands for Kode Etik Rumah Sakit Indonesia) (Dhindya Puspa Hidayat, 2018; Mas'uul & Marwati, 2020).

Table 1. Problems and Solutions

Problem	Solution	Achieve-ment Indicator
Healthcare Service		
Do not have knowledge about travel medicine according to the body of knowledge from International Society of Travel Medicine (ISTM) and National Travel Health Network and Centre (NaTHNaC)	Education on travel medicine according to the body of knowledge from ISTM and NaTHNaC. Participants: community service partners. Venue: Sanjiwani General Hospital Frequency: three times. Educator : dr. Indra and dr. Pradnya	All community service partners are exposed to travel medicine knowledge.
Do not have skills in applying knowledge about travel medicine according to the body of knowledge from ISTM and NaTHNaC	Training and assistance in the application of knowledge about travel medicine according to the body of knowledge from ISTM and NaTHNaC. Participants: Community service partners. Location: Sanjiwani Hospital. Frequency : three times. Tutor: dr. Indra and dr. Pradnya	All community service partners are exposed to a simulation of travel medicine implement-tation.
References for Travel Medicine (Jay Keystone) is unavailable	Provision of Travel Medicine references (Jay Keystone)	A Travel Medicine book (Jay Keystone) is available at the Sanjiwani General Hospital
Manajerial Areas (Marketing)		
Do not have knowledge about marketing according to the Indonesian hospital code of ethics (<i>kode etik rumah sakit Indonesia</i> or	Counseling on the Indonesian hospital code of ethics (KODERSI). Participants: Community service partners. Location: Sanjiwani Hospital. Frequency: once Counselor: Aditya Mantara and dr. Indra	All community service partners are exposed to KODERSI

commonly abbreviated as KODERSI)		
Do not have skills in implementing KODERSI in marketing	Training and mentoring on the application of KODERSI in marketing Participants: Community service partners. Location: Sanjiwani General Hospital. Frequency: once. Trainer and mentor: Aditya Mantara and dr. Indra	All community service partners are exposed to the implementation of KODERSI in marketing

In order to empower the healthcare professionals at Sanjiwani General Hospital, it is necessary to provide mentoring on travel medicine referring to NaTHNaC and technical guidance to apply this knowledge when providing services to tourists. Managerial staffs need to be given counseling about the hospital's code of ethics referring to the KODERSI and technical guidance to apply this knowledge in marketing strategies for tourists. The purpose of this community service program is to prepare Sanjiwani General Hospital to establish travel clinic through empowerment of its employees tailored to their backgrounds.

2. METHOD

Community Service Framework.

Mentoring on travel medicine referring to NaTHNaC was given offline at Sanjiwani General Hospital by Dr. Made Indra Wijaya, MARS., PhD., FISQua. The material was compiled together with Dr. Luh Gede Pradnyawati, M.Kes. The target participants were healthcare professionals which include doctors, nurses, midwives, and pharmacists/pharmacy assistants (10 participants). Mentoring was given for 90 minutes by taking themes in The National Travel Health Network and Center (NaTHNaC). Counseling on Indonesian Hospital Code of Ethics (KODERSI) was given offline at Sanjiwani General Hospital by I Made Aditya Mantara Putra, S.H., M.H. The material was prepared in collaboration with Dr. Made Indra Wijaya, MARS., PhD., FISQua. The target participants are managerial staffs which include administrative staff and marketing staff (5 participants). Counseling was given for 90 minutes on the KODERSI as compiled and published by Indonesian Hospital Association (Perhimpunan Rumah Sakit Seluruh Indonesia or commonly abbreviated as PERSI).

Travel medicine technical guidance was provided after the education in the form of cases that occurred to tourists in a private hospital in Badung Regency during the last twenty years before the COVID-19 pandemic. KODERSI technical guidance was given after counseling in the form of cases of ethical violations in hospital marketing that have occurred over the last twenty years based on reports from the Hospital Ethics Codec Council (Majelis Kode Etik Rumah Sakit or commonly abbreviated as MAKERSI).

Data Analysis

There was no pretest and posttest in this community service program. The ability of the Sanjiwani general hospital employees, both healthcare professionals and managerial staffs, was assessed using a rapid ethnographic assessment (REA) approach (Leslie et al., 2014b, 2014a). REA before the community service program was carried out during interviews as well as medical record study. Post-community service REA was carried out after the mentoring, counseling and technical guidance ended, in the form of debriefing with community service partners based on the material they got. The impression obtained after community service was compared to the impression obtained before community service.

3. RESULTS AND DISCUSSION

The community service was held on Tuesday, 19 October 2022. Field surveys, document searches, and group interviews were conducted from 08:30 – 10:30. Mentoring for healthcare professionals was given at 10:45 – 12:15, followed by technical guidance at 12:15 – 13:15. The event continued with lunch break at 13:15-14:00. Community service ended up with counseling and technical guidance for managerial staffs regarding marketing in line with KODERSI.

Travel medicine material was delivered by Dr. Made Indra Wijaya, MARS., PhD. It was previously reviewed by Dr. Luh Gede Pradnyawati, MKes. Material related to the Indonesian hospital's code of ethics was

evaluated and delivered by I Made Aditya Putra, SH., MH. Community service with healthcare professionals and managerial staffs at Sanjiwani General Hospitals was shown in Figure 1.



Figure 1. Community service conducted at Sanjiwani General Hospital

During interviews with community service partners, the community service team assessed their level of knowledge using a rapid ethnographic assessment (REA) approach. REA results are used when providing technical guidance. Mentoring and technical guidance is delivered by applying interactive principles and focusing on community service partner. At the end of this session, the community service team conducted a question-and-answer session to get the impression that there was an increase in the knowledge of the community service partner compared to before receiving mentoring and technical guidance. The approach used is the REA approach. From the REA before and after mentoring, it can be concluded that there was an increase in knowledge regarding travel medicine referring to the knowledge framework from NaTHNaC and the hospital code of ethics referring to KODERSI.

In December 2022, the community service team evaluated the results of the travel clinic technical guidance (travel clinic). The evaluation found that the community service partner had used the NaTHNaC Travel Health Pro website as a reference in implementing pretravel consultations. The obstacle faced was that pretravel consultation was still not a necessity for the people who were going to travel. Travel medicine consultation mostly focused on during-travel consultation. Post-travel consultations were usually for patients with complaints of fever. Routine post-travel consultations were not yet a necessity for the people in Gianyar either.

4. CONCLUSION

From the community service program at Sanjiwani General Hospital it can be concluded as follows:

1. Mentoring and technical guidance related to travel medicine which refers to NaTHNaC for the healthcare professionals at Sanjiwani General Hospital resulted in improvement in the knowledge and skill as expected evaluated through rapid ethnographic assessment (REA).
2. Counseling and technical guidance related to marketing in accordance with KODERSI for the managerial staffs at Sanjiwani General Hospital resulted in improvement in the knowledge and skill as expected evaluated through rapid ethnographic assessment (REA).
3. The evaluation conducted one month after the mentoring, counseling, and technical guidance found that the community service partners had implemented what they got during the community service program.

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