

A Preventive Pattern Of The Hiv And Aids For The Protection Of Human Rights In The Indonesian Therapeutic Transaction

Munawar Kholil, S.H., M.H.; Kukuh Tejomurti, S.H., LL.M*

Faculty of Law, Universitas Sebelas Maret
**Corresponding Author Email: Munawar Kholil*

Abstract: This article aimed to analyse the regulations related to the government's efforts in formulating the HIV and AIDS prevention in order to protect human rights in the transaction therapeutic, and describe aspects of confidentiality when someone decides to undergo an HIV test and to know protection for health workers which may be infected with HIV while doing the job. This research uses a normative legal research methods to the data drawn from observation, interviews and the implementation of Focus Group Discussion with the hospital, health workers, people living with HIV and AIDS and their families. The Results showed that although the Security Confidentiality Examination Results Patient (medical records) PLHIV are already guaranteed in various laws and regulations, all actors (stakeholders) must have a legal culture both in implementing various laws and regulations regarding confidentiality examination results (records medical) so that Indonesia as a state law can be said to be consistent with the statement "state law" contained in Article 1 (3) the 1945 Constitution of The Republic of Indonesia.

Keywords: AIDS, Human Rights and Therapeutic Transactions

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I. INTRODUCTION

HIV (Human Immunodeficiency Virus) is a disease that attacks the body's system. Human Immunodeficiency Virus is a virus that causes the immune system to decrease, or even disappear. AIDS (Acquired Immuno Deficiency Syndrome) is a symptom of the symptoms that occur as a result of the immune system by the HIV virus. Essentially HIV is a virus that attacks the immune system, and AIDS is a symptom of the symptoms that occur as a result of the outbreak of people because of the HIV virus. Human Rights (Human Rights) the rights of human beings from birth until she died, and Human Rights is a right that should be protected by the State of Indonesia as stipulated in the constitution of the Republic of Indonesia, namely the Constitution of the Republic of Indonesia one of which Article 28A, which reads " Everyone has the right to live and to defend life and living. "So that with this article 28A of the Constitution of the Republic of Indonesia, the Republic of Indonesia is obliged to keep the human rights of each and every citizen of the Republic of Indonesia. Not only the people of Indonesia, but also the world was also uphold the existence of human rights itself with the Universal Declaration Of Human Rights 1948, the world was also recognizes the protection on Human Rights.

Therapeutic transaction is a trust relationship between two people is the healer and the patient. (Yunanto, 2011: 7) trades therapeutic as has been mentioned above sutau agreement made by the physician or in this case the doctor and patient. In general, the therapeutic transaction is a process conducted among patients who give confidence to physicians to keep confidential information about the disease or condition suffered by the patient. So doctors have an obligation to maintain the confidentiality of health information neighbor or illness of the patient. The emergence of such a relationship is because the patient was seeking help to cure the disease, in this case the doctor or hospital. (Yunanto, 2011: 7). Thus, this article propose three (3) issues as follows:

1. What aspects of confidentiality when someone decides to undergo HIV testing and AIDS?
2. How is the protection of healthy living for health workers who may be infected with HIV while doing the job?
3. How does the mapping model of HIV and AIDS in an effort to protect human rights in the therapeutic transaction?

II. LITERATURE REVIEW

1. Overview of HIV and AIDS

Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome (abbreviated as AIDS) is a collection of symptoms and infections (or: syndrome) resulting from the destruction of the human immune system caused by HIV infection; [1] or infection of other viruses that attack similar to other species (SIV, FIV, etc.) . Virusnya own called the Human Immunodeficiency Virus (or abbreviated as HIV) is the virus that weakens the immunity in the human body. People affected by this virus will be susceptible to opportunistic infections or tumors susceptible. Although there has been handling can slow the spread of the virus, but the disease is not really able to disembuhkan.HIV and similar viruses are generally transmitted through direct contact between the skin layers (mucous membrane) or the bloodstream with a bodily fluid containing HIV , such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. [2] [3] Transmission can occur through sexual intercourse (vaginal, anal, or oral), blood transfusion, contaminated hypodermic needles, between mother and baby during pregnancy, childbirth, or breastfeeding, as well as other forms of contact with the bodily fluids (<http://id.wikipedia.org/wiki/AIDS>).

2. Overview of Health Care Indonesia

Health care (health care services) is an effort that can be done to improve the health of both individuals, groups, or society as a whole. According Lavey and Loomba (Veronica, 2002: 78), who referred to health services is any attempt either held their own or together within the organization to improve and maintain health, prevent, prevent disease and restore health are directed against individuals, group or community, but in the Law Number 32 of 1992 do not regulate the formulation of the understanding of the health service. Act only formulate as: "health effort is all activities to maintain and improve health by governments and / or public (Article 1, paragraph 2). Furthermore formulated in article 10 that:

"To achieve optimal health status for the community, organized health efforts to approach maintenance, health promotion (promotion), disease prevention (preventive), the healing of disease (curative), and restoration of health (rehabilitative) carried out a thorough, integrated and sustainable. "

3. Transaction Therapeutic

Transaction therapeutic is a term derived from the two words that make it up, that said transaction and said therapeutic. Said transaction means an agreement "overeenkomst" the written form (Soerjono Soekanto, 1989: 14), while the therapeutic word comes from the Latin term "Therapetic" which means healer, which in English becomes "Therapeulist" or "Therapetic Agent". Thus, the therapeutic transaction is a transaction (agreement) to determine or find the most appropriate therapy for the patient by the physician (Hermien Hadiati Koeswadji, 1989: 101).

III. RESEARCH METHODS

This study is a normative legal research with the data obtained from observation, interviews and the implementation of Focus Group Discussion with the hospital, health workers, people living with HIV and AIDS and their families. Data to be collected consist of primary data and secondary data. The definition of primary data in the form of information about the informant, places and events (through a site inspection). Informant may consist of doctors, hospital managers, patients data patient's family. In addition, it will also be interviewed with the parties engaged in health agency in Solo Raya. Secondary data is in the form of a variety of relevant documents from various institutions related to HIV/AIDS prevention.

ANALYSIS

1. Aspects Confidentiality When Someone Deciding To Undergo HIV tests and AIDS

Based on the first phase of the research, it is known that HIV stands for Human Immunodeficiency Virus. This virus attacks the immune system. This virus weakens the body's ability to fight infection and disease and AIDS is a symptom of the symptoms that occur as a result of the outbreak of people because of the HIV virus.

The spread of HIV / AIDS in Surakarta, Central Java increasingly worrying. It was indicated that the number of patients from year to year increase. Data local Health Department said that in 2010 the number of patients as many as 129 people, and then increased to 162 in 2011. The next year increased to 187 people, and in 2013 there were 244 people. And for 2015 the number of patients increased to 300 people.

The increasing number of cases of HIV / AIDS in Surakarta until now to make HIV / AIDS epidemic increasingly feared in the community. This makes an increase in AIDS Commission (KPA) Surakarta must be able to respond and carry out the service on HIV / AIDS which is adequate both in terms of prevention, treatment and care in an effort to reduce the rate of progression of HIV / AIDS contained in Surakarta.

Several modes of transmission of HIV / AIDS is as follows:

1. Through sexual pathway

One couple who have sexual intercourse with HIV will transmit the virus to their partner.

2. Through the HIV infected blood

The blood of people with HIV / AIDS can be transmitted through blood transfusions, surgical tools, syringes, razors, and so on.

3. Through mothers with HIV / AIDS

A mother with HIV / AIDS can infect babies born through the placenta

How to prevent HIV / AIDS can be performed with the way:

1. In connection with sexual intercourse

Do not change partners in sex, use a condom if you do not know that the couple sex relationships are at risk or not at risk of HIV / AIDS.

2. In relation to the handling of blood

Sterilize tools such as needles, razors, tattoo needles, acupuncture needles, and so forth. Using gloves for health care workers or those who perform tasks related to the blood. Test donated blood prior to transfusion and blood.

3. With regard to transmission through the placenta

For mothers or women who have been positively infected by HIV / AIDS supposed to not bear children.

The provision of health information systems by health care providers is an obligation established by law and must be complied with. With the development of the health information system will improve access, quality, documentation, and function-sungsi other health services.

However, this case raises legal issues that are serious enough if it turns out the information referred to concerns about the health condition of a person (patient). Information regarding the personal data of patients in matters relating to confidential patient (medical secret / confidential medical). Patient medical confidentiality is a right that must be respected. If this is violated, the legal liability will arise in the form of sanctions for those who open it. Given the importance of medical confidentiality that is one of the patients' rights, the right to arrange a medical secret is in the laws and regulations in the areas of health, Law Number 29 of 2004 on The Medical Practice. Guarantees the protection of medical secrecy is also regulated in the Law of Transparency of The Public Information, which states that information concerning a person's health data is information that is "excluded" in this kind of public information.

Health information is private is data and good health are outlined in the medical record as well as known, seen, or heard by health workers as stipulated in the Regulation of the Minister of Health (*Permenkes*) Number 269 of 2008 on Medical Record. This means that the information is public health that can be opened to the public, while the health of the private information should not be opened to the public. On the Freedom of Information Law expressly stipulated that public information can be provided or disclosed to the public are exempt information relating to the rights of personal information relating to professional secrecy. Especially for the health sector, information that should not be given to the public is a person's health condition data.

Patient health data is recorded in a file called a medical record that has a value of confidentiality. Provision of medical records defined in the Health Ministry Decree Number 269 of 2008 on the Record Medic. According to this regulation in the mean medical record is a file containing records and other documents including patient identification, examination, treatment given, as well as actions and other services that have been given to patients. Note the writings made by a doctor or dentist about the actions undertaken to patients in the context of health care. In *Permenkes* also states that the content belongs to the patient's medical record *adalah*, while the document is owned health care facilities.

Guarantees the protection of medical records provided for in Article 79 of the Medical Practice Law, paragraph(b) in the formulation of criminal sanctions which states that: "Punishable by imprisonment for a maximum of 1 (one) year or a maximum fine of Rp. 50,000,000.00 (fifty million rupiah), any doctor or dentist who deliberately do not make medical records referred to in Article 46 Paragraph (1) ".

The legal basis of the regulation of medical secrecy stipulated in the Law on Medical Practice and Law Number 36 of 2009 on Health. The provisions of Article 48 of the Medical Practice Act states that:

1. Any doctor or dentist in performing medical practice must keep confidential medical
2. The secret of medicine can be opened only for the sake of the health of patients, request of law enforcement officials in the context of law enforcement, the patient's own request, or based on statutory provisions.
3. Further provisions concerning medical confidentiality stipulated in the Ministerial Regulation.
4. Protection of right to a healthy life for health workers who may be infected with HIV while doing the job

2. Protection of right to a healthy life for health workers who may be infected with HIV while doing the job Pursuant to Article 1 paragraph 1 of Law Number 36 Year 2014 on Health Workers, is a Health Workers, is every person devoted to the health sector and have knowledge and / or skills through education in the field of

healthcare for certain types require the authority to conduct health efforts, which included into the medical personnel are doctors, dentists, specialists and dental specialists.

In action the management of patients with HIV / AIDS through medical procedures, Health Workers need a guarantee relating to the dangers of the disease that they handle, because of the handling procedures were carried out, could pose a risk for contracting the virus.

Based on research, it is known that, in order Indonesian positive law, there are several laws relating to the legal protection of medical personnel in melakaikan practice, and can be implemented also in the management of patients with HIV / AIDS, among others, as follows:

- a. Law Number 36 of 2014 on The Medicals
- b. Law Number 44 of 2009 on the Hospital
- c. Law Number 29 of 2004 on Medical Practices
- d. Government Regulation Number 32 of 1996
- e. Regulation of the Minister of Health of the Republic of Indonesia Number 58 of 2014 on Standards of Pharmaceutical Services in Hospital

a. Law Number 36 of 2014 on the Health Workers,

In Chapter IX of the Rights and Duties of Health Workers, Article 57 of Law Number 36 of 2014 it is mentioned that health workers have the right to obtain legal protection throughout the duties in accordance with the Professional Standards, Standards of Professional Services, and Standard Operating Procedures, and also to obtain protection for the safety and occupational health. In the general provisions of Law Number 36 of 2014 it was explained that professional standards are limits the ability of minimal form of knowledge, skills and professional conduct that must be controlled and owned by an individual to be able to perform professional activities in the community independently made by professional organizations in health, then Standard Service Professions is guidelines followed by health personnel in the health service, Standard Operating Procedure is a set of instructions / steps are standardized to complete work process certain routine by providing the right steps and best based on consensus to carry out various activities and functions of the service made by Health Care Facilities based on Professional Standards.

b. Law Number 44 of 2009 on The Hospital

Law Number 44 of 2009 on the Hospital Gazette of the Republic of Indonesia of 2009 Number 153 Issued to conduct health efforts. Efforts organized approach to health maintenance, health promotion (promotion), disease prevention (preventive), the healing of disease (curative), and restoration of health (rehabilitative), which implemented comprehensive, integrated, and sustainable. Aiming to achieve optimal health status for the community

c. Law Number 29 of 2004 on Medical Practices

Medical Practice Act promulgated on 6 October 2004. The Medical Practice Act was enacted to regulate medical practice in order to provide protection to patients, maintain and improve the quality of medical services and provide legal certainty to the public, doctors and dentists ,

Explanation of article 50 and article 51 above, The term "professional standards" is limit the ability (knowledge, skills and professional attitude) the minimum that must be controlled by an individual to be able to perform professional activities in the community independently made by professional organizations while Referred to as "standard operating procedure" is a set of instructions / standardized steps to complete a certain routine work process.

d. Government Regulation Number 32 of 1996 on Health Workers

Government Regulation Number 32 of 1996 consists of 11 chapters 37 chapters. Provisions contained in Regulation Number 32 of 1996 relating to legal protection against health workers contained in Chapter V of Professional Standards and Legal Protection of the tetr dapat in article 24, which reads:

(1) The legal protection given to health workers who perform their duties in accordance with professional standards of health personnel.

(2) Implementation of the provisions referred to in paragraph (1) shall be made by the Minister.

Explanation of Article 24 above, the legal protection here eg security in carrying out the task of his profession, protection against harmful circumstances that may threaten the safety or mental well as natural or man-made.

e. Regulation of the Minister of Health of the Republic of Indonesia Number 58 Year 2014 on Standards of Pharmaceutical Services in Hospital

In relation to the protection of the health worker during a medical procedure, described in this rule mengeneai preferentiv steps to protect the health personnel at the time of medical procedures associated with hospital pharmacy services, namely through risk management.

Risk management is an activity undertaken of Pharmaceutical Services for the identification, evaluation, and reduce the risk of accidents to patients, health professionals and the patient's family, as well as the risk of loss in an organization.

Risk management is the management of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables done in several steps:

1. Determine the context of risk management in the management process of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables.

2. Identify Risks

Some of the risks that could potentially occur in the management of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables include:

- a. imprecision of planning needs for Pharmaceutical Preparations, Medical Devices, Medical Materials and Consumables for a certain period;
- b. procurement of Pharmaceutical Preparations, Medical Devices, Medical Materials and Consumables not through official channels;
- c. procurement of Pharmaceutical Preparations, Medical Devices, Medical Materials and Consumables were not / are not registered;
- d. delays in meeting the needs of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables;
- e. booking error Pharmaceutical Preparations, Medical Devices, Medical Materials and Consumables such as specification (brand, dosage, dosage form) and quantity;
- f. imprecision of allocating funds that have an impact on compliance / availability of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables;
- g. storage inaccuracies that could potentially damage and errors in administration;
- h. physical loss of traceability;
- i. labeling that is unclear or incomplete; and
- j. faults in the distribution.

IV. HIV AND AIDS PREVENTION FOR THE PROTECTION OF HUMAN RIGHTS IN THE TRANSACTION THERAPEUTIC

Countermeasures are all efforts and activities undertaken efforts to prevent the dissemination of HIV-AIDS in the community, including prevention, treatment, and rehabilitation. In order to combat HIV and AIDS in the region is essential for the establishment of Regional Regulation to organize a follow-up response to HIV and AIDS in karanganyar.

Moving the Regional Regulation on HIV and AIDS is the responsibility of government agencies, private sector, NGOs, family, and everyone, including people living with HIV. The local government must always seek to develop policies that ensure the effectiveness of efforts to address HIV infection and AIDS in order to protect everyone, including vulnerable groups of HIV infection and AIDS. HIV and AIDS is based on the noble values of humanity and respect for the dignity of human life.

HIV and AIDS are managed in an integrated manner and in accordance with their respective areas of work related units. In order to streamline the response to HIV and AIDS in an integrated and coordinated need to set up an agency for the coordination of Narcotics, Psychotropic Substances and Additives (drugs) and HIV and AIDS with the Decree of the Head of Regional.

Furthermore, the mechanism of prevention of HIV - AIDS through:

a. HIV testing services;

HIV testing services performed to diagnose HIV infection and to provide correct information to the person concerned (informed consent) accompanied by appropriate counseling before and after the test is performed. HIV tests conducted in the laboratory owned by the government or private designated

b. Referral Treatment;

All means of primary health care, referral and support government and private property may not refuse to provide health services to HIV-infected patients.

c. Information HIV status;

In general, the HIV status of a person shall be kept confidential, except:

- 1) if there is consent / permission in writing from the person concerned;
- 2) if there is consent / permission from parents or guardians of children who are not old enough, disability or unconscious;
- 3) if the judge's decision ordering one's HIV status can be opened;
- 4) if there is interest medical referral or medical services, with communication between a doctor or health facility where people with HIV-AIDS are treated

d. Network development;

Network development conducted in support of implementing the following activities:

- 1) the epidemiological surveillance of HIV, AIDS and Behavior;
- 2) fostering universal precautions in health facilities;

- 3) support, care, and treatment for people living with HIV;
- 4) 100% condom use and sterile injecting equipment in the high-risk groups.

e. Information;

In general, information related to HIV status is limited. But for health workers is possible to open such information with the consent of the concerned people living with HIV to their sexual partners or users shared injecting equipment, if:

- 1) people living with HIV has received sufficient counseling, but do not want or are not empowered to tell their sexual partners or users shared injecting equipment;
- 2) health worker or counselor has informed on that for the sake of the health of people living with HIV should be notified to their sexual partners or users shared injecting equipment;
- 3) there is an indication that there has been transmission to a partner;
- 4) for the purpose of providing medical support and care to their sexual partners or users shared injecting equipment.

Furthermore, the HIV-AIDS prevention, Government is obliged to:

- a. government protect personal rights, civil rights and the rights of PLWHA, including the protection of confidentiality of HIV status;
- b. conduct life skills education to prevent HIV infection and drug use carried out by competent personnel through the school and outside the school started the base rate to the government-owned universities or private;
- c. Countermeasures carry sexually transmitted infections (STIs) in an integrated manner, and periodically in places of high risk behaviors, including the use of condoms must be 100%;
- d. push for counseling and voluntary HIV testing, especially for high-risk groups;
- e. hold anti-retro viral drugs and drugs for opportunistic infections that are effective, cheap and affordable;
- f. provide specific health services in primary health care, referral and support public and private;
- g. implement universal precautions in all health facilities owned by the Government and private sector in order to protect health workers and the public from the spread of infection;
- h. implementing standards for HIV screening for all blood to be transfused, and tissues of the body that will be donated to others;
- i. carrying out surveillance of HIV and AIDS and Behavior;
- j. establish a referral system with Moewardi Hospital to carry out treatment, integrated treatment, and provide education and training for health workers.

In contrast to HIV-AIDS community is obliged to:

- a. accept the existence of people living with HIV and do not discriminate;
- b. active role in HIV and AIDS prevention programs include counseling outreach activities of high-risk groups as well as assistance to people living with HIV in coordination with relevant agencies.

In order to streamline the program of prevention and control of HIV-AIDS in the Region had established the National AIDS Commission (KPA) area. In general the formation of the Regional KPA has the objective:

- 1) Reduce the rate of transmission of HIV / AIDS;
- 2) Creating an atmosphere conducive environment to facilitate the holding of prevention, treatment and comprehensive care of people with HIV / AIDS;
- 3) Increase the ability of countermeasures to prevent, treat, and care and support to people living with HIV and AIDS; and
- 4) Increase coordination and cooperation among government sectors, NGOs and the private sector, and donors in order to facilitate implementation of the activities.

To achieve these objectives, it has KPADs principal tasks as follows:

- 1) Develop a policy plan prevention and control of AIDS;
- 2) Carry out epidemiological observations in population groups at high risk of contracting and becoming transmitting / AIDS spreader;
- 3) Provide counseling and how to prevent AIDS danger to the community;
- 4) To disseminate information about AIDS through a variety of media in relation to the news accurately and quickly and does not cause unrest in the general population;
- 5) Establish working groups consisting of: The working group counseling and education, surveillance Working Group, Working Group pomberdayaan people living with HIV / AIDS, and group treatment of HIV / AIDS; and

6) Reporting and responsible for the implementation of tasks to the Regent.

In order to prevent and control HIV / AIDS in the region, it would require several strategies, among others:

- 1) Advocacy to various parties in the response to HIV / AIDS;
- 2) Improving the quality, quantity and performance of all parties involved in the response to HIV / AIDS;
- 3) Optimizing the role and functions of the Regional KPADs by integrating cross-sector and NGOs concerned with HIV / AIDS;
- 4) The fulfillment of infrastructure, facilities, and programs to support HIV / AIDS prevention;
- 5) Conduct communication and dissemination of information to the public through religious leaders and community leaders;
- 6) Promote the reduction of stigma and discrimination against people living with HIV;
- 7) Empowering families and communities, including people living with HIV;
- 8) To coordinate with institutions / agencies, both within and outside the region; and
- 9) Develop Regional Regulations and budgeting Regions budget for the implementation of prevention and control of HIV / AIDS.

Policy on HIV / AIDS in the region that can be done include:

- 1) Efforts to combat HIV / AIDS as much as possible is done to reduce the problem of HIV / AIDS;
- 2) management efforts HI / AIDS conducted a thorough, continuous, and integrated;
- 3) Priority activities of HIV / AIDS is high-risk behavior change on vulnerable groups, groups at risk of contracting and contracting group and PLWHA (People Living with HIV / AIDS); and
- 4) Development of Regional regulations and consistent application in support of HIV / AIDS.

Some programs and activities in the prevention and control of HIV-AIDS in the Region is the Concerned Citizens AIDS (WPA). WPA is expected to reduce transmission of the disease. WPA serves as an early detection of the spread of HIV / AIDS in the community. AIDS care cadres will monitor groups classified as high risk, such as drug users, commercial sex workers (CSWs)

During this financial support related to the prevention, outreach and treatment, among others derived from:

- a. For GF-ATM through SSF GF- Support Fund until 2015;
- b. HCPI (HIV Corporate Program Of Indonesia) to access PTRM Manahan in health centers for IDUs, who also collaborated with the NGO Natural Partners in mentoring fellow IDUs;
- c. NGO that supports the program in the NAC Region such as: Natural Partners, Spek Ham, Brother Foundation, L-PASKA, HIWASO, Lantern, KDS Soloplus and Style Mahardika and KEY POPULATIONS group in Surakarta (KPA Surakarta 2013).

During this time performed for prevention and control of HIV and AIDS in the Region includes three (3) components, namely:

- a. KPA (AIDS Commission) Area as program coordinator job it is to coordinate activities related to HIV and AIDS in the Region;
- b. Health Department in charge of service, care and treatment as well as closer on core populations or high-risk group (Risti);
- c. Spek NGOs - Human Rights, Lantern, Style Mahardika, Gessang. IPPA Solo and Hiwaso, Natural Partners, in charge of: providing data and guidance on a group of IDUs, FSWs, MSM and Transgender that will accompany these key populations, considering the target to be achieved is the decrease in the number of STIs and HIV and AIDS from key populations in question.

Furthermore, in order to make early detection of the victims of the deadly disease should be considered for clinical voluntary counseling and testing (VCT). Related to this, the Government should also set up regional health centers, clinics, and hospitals to increase voluntary counselling and testing clinics or VCT for HIV-AIDS sufferers.

The problem faced by the region in the context of HIV / AIDS related in a region are concerned: regulatory issues, limited budget / funding and public awareness. Furthermore, concerning the issue of regulation in the Kingdom, especially in Karanganyar Solo, Klaten, Wonogiri until now not have local regulations that become a legal umbrella in the response to HIV / AIDS. These conditions impact mitigation efforts can not be implemented by institutionalized, systematic, comprehensive, participatory and sustainable. Therefore, taking into account these conditions, it is deemed urgent to establish local regulations in the form of a Local Regulation on Prevention and Control of HIV / AIDS in these areas.

V. CONCLUSION

1. When Someone Confidentiality decide To Undergo HIV tests and AIDS is set in the laws and regulations in the field of health, for example: in the Law on Medical Practice, Law on Public Information, Penal Code, and Permenkes. The provisions of the Law on Public Information (KIP), which states that information concerning a person's health data is information that is "excluded" in this kind of public information. Regulation of the Minister of Health (Permenkes) Number 269 of 2008 on Medical Record also set the privacy aspects of the medical records of a person's health;
2. Protection of right to a healthy life for health workers who care for patients with HIV and AIDS has been set in the rules and regulations, among others, in Law Number 29 Year 2004 on the Practice of Medicine Law Number 44 of 2009 on Hospitals, Law Number 36 of 2014 on The Medicals, Government Regulation Number 32 of 1996 on Health Workers, and the Regulation of Minister of Health of the Republic of Indonesia Number 58 of 2014 on Standards of Pharmaceutical Services in Hospitals. Each hospital must carry out operational standards specified in these regulations so that health personnel (medical personnel) have the guarantee of protection of healthy living.
3. A preventive pattern include: 1) Advocacy to various parties in the response to HIV / AIDS; 2) Improving the quality, quantity and performance of all parties involved in the response to HIV / AIDS; 3) Optimizing the role and functions of the Regional KPADs by integrating cross-sector and NGOs concerned with HIV / AIDS; 4) The fulfillment of infrastructure, facilities, and programs to support HIV / AIDS prevention; 5) Conduct communication and dissemination of information to the public through religious leaders and community leaders; 6) Promote the reduction of stigma and discrimination against people living with HIV; 7) Empowering families and communities, including people living with HIV; 8) To coordinate with institutions / agencies, both within and outside the region; 9) Develop Regional Regulations and budgeting Regions budget for the implementation of prevention and control of HIV / AIDS; 10) formed groups Citizens AIDS Care (WDA) in the villages. The problem faced by the region in the context of HIV / AIDS related in a region are concerned: regulatory issues, limited budget / funding and public awareness.

SUGGESTION

1. Although Assurance Inspection Results Patient Confidentiality (medical records) PLHIV are already guaranteed in various laws and regulations, all actors (stakeholders) must have good legal culture in implementing various laws and regulations regarding confidentiality examination (medical records) Indonesia as a country so that the law can be said to be consistent with the statement "state law" contained in Article 1 (3) RI State Constitution of 1945;
2. Every hospital both public hospitals and private hospitals should always obey the law (legislation) regarding the protection of medical personnel who care for patients living with HIV. The hospital not only for profit alone but pay less attention to labor protection aspects of medical work in the hospital so that the integrity of the hospital can be properly maintained;
3. In connection with some models of HIV and AIDS prevention strategies, especially the formation of local regulations in the context of HIV and AIDS prevention efforts in these areas should be implemented in practice well not only as a formal rule, but the material substance to be actually implemented.

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