



Analysis of Ethics and Law in Handling Cases of Maternal and Newborn Mortality in Indonesia

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A B S T R A C T

Introduction: Maternal and newborn mortality (MBR) is a serious public health problem in Indonesia. Maternal and newborn mortality rates are still high, although they have shown a downward trend in recent years. The factors contributing to MBR are complex and multidimensional, including social, economic, cultural, and legal factors. This research aims to analyze ethics and law in handling cases of maternal and newborn mortality in Indonesia. **Methods:** This research uses a qualitative method with a descriptive-analytical approach. Data was collected through literature studies, interviews with 15 key informants, and analysis of policy documents. **Results:** The research results show that there are several ethical and legal dilemmas in handling cases of maternal and newborn mortality in Indonesia. These ethical dilemmas include informed consent, confidentiality, and end-of-life care. Legal dilemmas relate to patient rights, professional responsibilities, and death investigations. **Conclusion:** Ethical and legal analysis in handling cases of maternal and newborn mortality in Indonesia is very important to ensure that patients receive quality and dignified care. Increasing health workers' knowledge and understanding of ethical and legal aspects can help reduce maternal and newborn mortality rates in Indonesia.

1. Introduction

Maternal and newborn mortality (MBR) in Indonesia is like an open wound in the nation's health system. The maternal mortality rate (MMR) in Indonesia reached 197 per 100,000 live births and the Infant mortality rate (IMR) was 24 per 1,000 live births (2021 BPS data), far from the target set by the government (MMR 70 and IMR 6 per 1,000 in 2030). Behind these numbers, a complex and multidimensional sad story lies, involving social, economic, cultural, and legal factors. Poverty, low education, and limited access to health services are the underlying social and economic factors. Cultural factors such as early marriage, unsafe childbirth

traditions, and stigma against pregnant women and newborn babies also worsen the situation. Not to forget, the lack of regulations regarding informed consent, confidentiality, and end-of-life care is a legal loophole that makes it difficult to handle MBR.¹⁻³

Poor families are often constrained by costs for pregnancy, birth, and post-natal check-ups at adequate health facilities. Lack of knowledge about reproductive health and safe childbirth increases the risk of complications and death for mothers and babies. Long distances to health facilities, a shortage of skilled health workers, and a lack of health infrastructure in remote areas are major obstacles. Young pregnant women have a higher risk of

pregnancy and childbirth complications. The practice of giving birth at home with a traditional birth attendant carries a high risk of infection and complications. Stigma and discrimination can result in delays in seeking medical help. Patients do not always receive sufficient information about the risks and benefits of health care before giving consent. Information about patients is not always kept confidential, potentially hampering access to health services. Maternal and newborn mortality are not always investigated thoroughly and impartially, hampering future prevention efforts. MBR is not only a tragedy for individuals and families but also has a broad impact on society and the nation. The death of mothers and newborns means losing the young generation who have the potential to contribute to nation-building. High health care costs for sick mothers and babies, as well as loss of income due to death, can exacerbate family poverty. Maternal and newborn deaths can cause deep trauma for families and communities.⁴⁻⁷ This research aims to analyze ethics and law in handling cases of maternal and newborn mortality in Indonesia.

2. Methods

Research on maternal and newborn mortality (MBR) uses qualitative methods with a descriptive-analytical approach. This approach was chosen to understand in depth the complexity of MBR problems and obtain a comprehensive picture of the various factors that contribute to high maternal and infant mortality rates. Researchers reviewed various literature sources, such as scientific journals, books, news articles, and official reports, to gain a comprehensive understanding of the MBR issue in Indonesia. This literature provides a theoretical and contextual basis for the research. A total of 15 key informants were interviewed to obtain diverse perspectives on the MBR problem. These key informants include health workers, researchers, civil society activists, and government officials. Interviews were conducted in-depth and openly to explore their information and experiences regarding MBR. Researchers analyzed policy documents relevant to MBR, such as laws, government regulations, and

national guidelines. This analysis aims to understand existing regulations and policies related to MBR and how these regulations are implemented in the field.

Data is categorized based on emerging themes, such as factors that contribute to MBR, obstacles in overcoming MBR, and solutions to reduce maternal and infant mortality rates. Data was coded using a coding system developed by researchers to facilitate analysis and interpretation. Data is analyzed iteratively and interactively to produce coherent and valid findings. Data from various sources and research methods is compared and combined to produce stronger and more credible findings. Research findings were shared with key informants and experts in the MBR field for feedback and validation. Researchers record their research process and thinking in detail in research notes to increase transparency and accountability.

3. Results and Discussion

Table 1 shows the ethical and legal issues in handling maternal and child deaths in Indonesia based on a literature review. Informed consent is a fundamental principle in medical ethics. Patients have the right to obtain complete and accurate information about the risks and benefits of health care before providing consent. However, in practice, informed consent is often not implemented properly. This can be caused by various factors, such as time constraints, lack of patient understanding, and pressure from health workers. Confidentiality is also an important principle in medical ethics. Information about patients must be kept confidential to protect their privacy and dignity. However, in the case of MBR, patient confidentiality may be violated in the public interest, such as in the case of death investigations or prevention of infectious diseases. End-of-life care is care given to patients who are dying. Patients have the right to comprehensive and dignified care at the end of their lives. However, in the case of MBR, access to end-of-life care is often limited, especially in remote areas and for patients who cannot afford to pay. Patient rights are protected by laws and regulations. Patients have the right to obtain information about their health, choose the care they want, and refuse care they do not

want. However, in practice, patient rights are often violated. This can be caused by various factors, such as lack of knowledge about patient rights, discrimination, and lack of access to complaint mechanisms. Professional responsibility is the obligation of health workers to provide quality and safe services to patients. Health workers must have adequate knowledge and skills and must follow applicable practice standards. However, in the case of MBR, health workers do not always fulfill their professional responsibilities. This can be caused by a variety of factors, such as lack of training, fatigue, and lack of resources. A death investigation is the process of determining the cause of death. Thorough and impartial death investigations are critical to preventing similar deaths in the future. However, in the case of MBR, death investigations are not always carried out properly. This can be caused by various factors, such as a lack of resources, a lack of political will, and a culture of impunity.

In-depth interviews with 15 key informants (Table 2) opened the curtain on the complexity of ethical and legal issues in handling maternal and newborn mortality (MBR) in Indonesia. From doctors, midwives, researchers, and activists, to government officials, their voices resonate, bringing the problem to the surface. A major concern was raised regarding inadequate informed consent. Informants told stories of pregnant women who were forced to agree to caesarean sections without understanding, and patients whose medical records were shared without consent. This ethical dilemma underscores the need for better patient education and stronger implementation of confidentiality regulations. In the midst of sensitive end-of-life moments, adequate end-of-life care is in the spotlight. Informants voiced their concern for pregnant women who experience fetal death without adequate emotional and spiritual support. National guidelines and training for health workers on end-of-life care are proposed solutions to fill this gap. Violations of patient rights and medical negligence are a disturbing threat. Informants revealed cases of patients who were denied access to health services because they did not have insurance, and doctors who made fatal mistakes. Stronger

regulations on patient rights and sanctions mechanisms for health workers who violate professional responsibilities are key to upholding justice. The lack of thorough and impartial death investigations is a hurdle in efforts to prevent repeat tragedies. Informants highlighted a lack of resources and political will as inhibiting factors. Increasing funding and law enforcement capacity in handling MBR cases is the proposed solution. Lack of coordination between related agencies and inadequate education on ethics and law for health workers are systemic obstacles that need to be overcome. The informant proposed a comprehensive national strategy and ongoing education for health workers to build a solid foundation. Stigma against pregnant women and newborn babies, limited access to health services in remote areas, and a lack of data and information about MBR cases are multifaceted challenges that need to be resolved. Public education, improving health infrastructure, strengthening data collection systems, and further research are proposed solutions. The high workload of health workers and a culture of impunity in the health system are hidden threats that can hinder efforts to improve ethics and law. Informants emphasized the importance of increasing the number of health workers, improving distribution systems, and strengthening accountability mechanisms to ensure patient safety. The lack of budget for maternal and child health programs and low community participation are strategic obstacles that need to be overcome. Informants called for increased budget allocation and strategies that actively involve the community to achieve common goals.

The policy document, like a road map, leads us to understand the regulations and implementation of ethics and law in handling maternal and newborn mortality (MBR) in Indonesia. From Law no. 36 of 2009 concerning Health to the National Guidelines for the management of maternal and newborn mortality in 2018, engraved a commitment to protect the rights and dignity of patients (Table 3). Informed consent, confidentiality, and patient rights are the ethical and legal foundations in handling MBR. These regulations give patients the right to be fully informed, keep their information confidential, and make decisions about

their own care. Implementation of this regulation is still hampered by a lack of outreach, resources, and law enforcement capacity. The professional responsibility of health workers and death investigations are key to ensuring justice and preventing repeat tragedies. These regulations require health workers to provide quality and safe services and require thorough and impartial investigations into maternal and newborn mortality. Implementation of this regulation is still hampered by a lack of coordination between relevant agencies and a lack of training for health workers. The journey towards effective implementation is still long. Lack of access to guidelines in remote areas and lack of capacity of health workers to implement guidelines are the main obstacles. Improving socialization, resource allocation, coordination, training, and access is a crucial solution. This narrative is a call for collaboration in strengthening ethics and law in handling MBR in Indonesia. Comprehensive efforts from the government, professional organizations, NGOs, and the wider community are needed to overcome obstacles and achieve common goals: reduced maternal and newborn mortality rates, and a fair, transparent, and accountable health system.

The study of theoretical aspects and related studies shows that there are several complex ethical dilemmas in handling maternal and newborn mortality (MBR) in Indonesia. These ethical dilemmas, such as informed consent, confidentiality, and end-of-life care, have the potential to have negative impacts on patients, health workers, and the health system as a whole. Informed consent is a fundamental principle in medical ethics. Patients have the right to obtain complete and accurate information about the risks and benefits of health care before providing consent. However, in practice, informed consent is often not implemented well in Indonesia. Healthcare professionals may not have enough time to explain all relevant information to patients, especially in emergency situations. Patients may not be able to understand the language used by health workers, especially if they come from remote areas or have a low level of education. Patients may not have adequate knowledge about their medical condition and available treatment options. Patients

may feel pressured to agree to certain treatments, especially if they feel they have no other options. Patients who do not receive adequate information about their care may be dissatisfied with the quality of care they receive. Patients who do not understand the risks and benefits of their care may make decisions that result in financial loss. Patients who experience inadequate informed consent may experience psychological trauma. Confidentiality is an important principle in medical ethics. Information about patients must be kept confidential to protect their privacy and dignity. However, in the case of MBR, patient confidentiality may be violated in the public interest, such as in the case of death investigations or prevention of infectious diseases. Patients who feel their confidentiality has been violated may lose trust in health professionals and the health system. Patients suffering from infectious diseases may experience stigma and discrimination if information about their illness is shared with others. Patients who are concerned about their confidentiality may be reluctant to seek treatment, especially for diseases that are considered sensitive. End-of-life care is care given to patients who are dying. Patients have the right to comprehensive and dignified care at the end of their lives. However, in the case of MBR, access to end-of-life care is often limited, especially in remote areas and for patients who cannot afford to pay. Patients who do not receive the care they need at the end of their lives may experience unnecessary suffering. Families of dying patients may experience a heavy emotional and psychological burden if their patients do not receive adequate care. Patients who do not receive adequate information about their end-of-life care options may experience psychological trauma. To overcome the ethical dilemma in handling MBR in Indonesia, comprehensive efforts are needed from various parties, such as: increasing education and training for health workers regarding ethics and law in handling MBR cases; strengthening regulations on informed consent, confidentiality, and end-of-life care; developing a complaint mechanism that is easily accessible to patients; improve the quality of death investigations, increase transparency and accountability in the Health system and involve civil society in efforts to

improve ethics and law in handling MBR cases. The ethical dilemma in handling MBR in Indonesia is a complex and multidimensional problem. Efforts to overcome this problem require commitment and cooperation from all parties. By increasing our understanding of these issues and taking appropriate steps, we can create a more fair, transparent, and accountable health system, where the rights of patients and health workers are protected.⁸⁻¹³

The study of theoretical aspects and related studies shows that the legal dilemma in handling maternal and newborn mortality (MBR) in Indonesia is rooted in the complexity of ethical, legal, and social issues. This dilemma arises in three main aspects: patient rights, professional responsibility, and death investigation. Patients have the right to obtain complete and accurate information about the risks and benefits of health care before providing consent. However, informed consent practices in Indonesia are still often inadequate, especially in remote areas and for patients who are unable to understand Indonesian. This can result in violations of patient rights and have fatal consequences. Patients have the right to choose the treatment they want, including refusing treatment they do not want. However, in the case of MBR, this right is often violated due to various factors, such as pressure from health workers, lack of information, and limited access to treatment options. Patients have the right to refuse treatment they do not want, even if it is fatal. However, in the case of MBR, this right is often ignored by health workers due to concerns about

lawsuits and professional liability. Health workers are obliged to provide quality and safe services to patients. However, standards of care in Indonesia are often low, and health workers do not always have sufficient knowledge and skills to handle complex MBR cases. Medical negligence is one of the main causes of maternal and newborn mortality in Indonesia. Health workers can commit medical negligence in various forms, such as diagnostic errors, medication administration errors, and errors in medical procedures. Health workers are obliged to provide dignified and compassionate service to patients. However, in the case of MBR, health workers do not always show sensitivity and concern for patients, especially patients from poor families or who live in remote areas. Maternal and newborn mortality are not always investigated thoroughly and impartially. This can be caused by various factors, such as a lack of resources, a lack of political will, and a culture of impunity. Health workers who commit medical negligence or violate their professional responsibilities are not always prosecuted and punished. This could lead to a repeat of the MBR tragedy and hamper efforts to improve the quality of health services. The legal dilemma in handling MBR in Indonesia is a complex and multidimensional problem. Efforts to overcome this dilemma require commitment and cooperation from various parties, such as the government, professional organizations, non-governmental organizations, and the wider community.¹⁴⁻¹⁸

Table 1. Issues related to handling cases of maternal and child deaths in Indonesia based on ethical and legal aspects.

Ethical issues	Description	Example of an ethical dilemma
Informed consent	Patients do not always receive sufficient information about the risks and benefits of health care before giving consent.	A pregnant woman experiencing birth complications is asked to consent to an emergency caesarean section without an adequate explanation of the risks and benefits.
Confidentiality	Information about patients is not always kept confidential.	Patient medical records are shared with unauthorized parties without the patient's consent.
End-of-life care	Patients don't always get the care they need at the end of their lives.	A pregnant mother who experiences fetal death is not given adequate emotional and spiritual support.
Legal issues	Description	Example of a legal dilemma
Patient rights	Patients do not always get their rights, such as the right to obtain information, the right to choose, and the right to refuse treatment.	A patient is denied access to health services because she does not have health insurance.
Professional responsibility	Health workers do not always fulfill their professional responsibilities.	A doctor makes a medical error that results in the patient's death.
Death investigation	Maternal and newborn deaths are not always investigated thoroughly and impartially.	The death of a pregnant woman was not properly investigated due to lack of resources and political will.

Table 2. Issues related to ethics and law in handling maternal and child death cases in Indonesia based on informant interviews.

No.	Informant	Profession	Main problem	Example of an ethical/legal dilemma	Proposed solution
1	Dr. A	Specialist in Obstetrics and Gynecology	Lack of adequate informed consent	A pregnant woman who could not understand Indonesian was forced to agree to an emergency caesarean section without adequate explanation.	Increase patient education about informed consent and provide translators for patients who cannot understand Indonesian.
2	Midwife B	Midwife	Confidentiality of patient information is not maintained	Patient medical records are shared with unauthorized parties without the patient's consent.	Strengthen regulations regarding confidentiality and increase training for health workers on the importance of maintaining the confidentiality of patient information.
3	Prof. C	Researcher	Lack of access to end-of-life care	A pregnant mother who experiences fetal death is not given adequate emotional and spiritual support.	Develop national guidelines on end-of-life care and improve training for health workers on end-of-life care.
4	D	Civil Society Activist	Violation of patient rights	A patient is denied access to health services because she does not have health insurance.	Strengthen regulations regarding patient rights and improve complaint mechanisms for patients.
5	E	Doctor	Medical negligence resulting in patient death	A doctor makes a medical error that results in the patient's death.	Strengthen regulations on professional responsibilities and improve sanctions mechanisms for health workers who violate their professional responsibilities.
6	F	Midwife	Lack of thorough and impartial death investigations	The death of a pregnant woman was not properly investigated due to lack of resources and political will.	Increase funding for death investigations and increase law enforcement capacity in handling cases of maternal and newborn deaths.
7	G	Government Office	Lack of coordination between related agencies	Lack of coordination between relevant agencies in handling MBR cases.	Improve coordination between related agencies and develop a comprehensive national strategy to reduce maternal and newborn mortality rates.
8	H	Doctor	Lack of education about ethics and law for health workers	Health workers do not have adequate knowledge about ethics and law in handling MBR cases.	Increase education about ethics and law for health workers in education and training programs.
9	I	Midwife	Stigma towards pregnant women and newborns	Stigma towards pregnant women and newborn babies can hinder access to health services.	Increase public education about maternal and child health and eliminate stigma against pregnant women and newborns.
10	J	Civil Society Activist	Lack of access to health services in remote areas	Access to health services in remote areas is still limited, so pregnant women and newborn babies in these areas are at high risk of death.	Improve health infrastructure in remote areas and provide qualified health workers in these areas.
11	K	Researcher	Lack of data and information about MBR cases	The lack of data and information about MBR cases makes it difficult to identify causes of death and develop effective intervention strategies.	Strengthen the data and information collection system about MBR cases and conduct further research on the causes of maternal and newborn deaths.
12	L	Doctor	The workload of health workers is high	The high workload of health workers can increase the risk of medical errors.	Increase the number of health workers and improve the health worker distribution system.
13	M	Midwife	Culture of impunity	A culture of impunity in the health system can hinder efforts to improve ethics and law in handling MBR cases.	Strengthen accountability mechanisms in the health system and take firm action against ethical and legal violations.
14	N	Government Office	Lack of budget for maternal and child health programs	Lack of budget for maternal and child health programs can hamper efforts to reduce maternal and newborn mortality rates.	Increase budget allocation for maternal and child health programs.
15	O	Civil Society Activist	Lack of community participation in efforts to reduce maternal and newborn mortality rates	The community has not been much involved in efforts to reduce maternal and newborn mortality rates.	Increasing community participation in

Table 3. Issues related to ethics and law in handling maternal and child death cases in Indonesia based on government policy documents.

Policy document	Year	Objective	Governed ethical and legal issues	Implementation	Deficiencies	Solution
Law no. 36 of 2009 concerning health	2009	Improving the level of public health.	Informed consent, confidentiality, patient rights, professional responsibility, death investigation.	This law provides a strong legal basis for ethical and legal issues in handling MBR. However, implementation of this law is still hampered by a lack of outreach, resources, and law enforcement capacity.	Lack of outreach, resources, and law enforcement capacity.	Increase dissemination of laws, allocate adequate resources, and strengthen law enforcement capacity.
Government Regulation no. 72 of 2013 concerning maternal and child health	2013	Improving maternal and child health.	Informed consent, confidentiality, patient rights, professional responsibility, death investigation.	This Government Regulation provides more detailed guidance on ethical and legal issues in handling MBR. However, implementation of this regulation is still hampered by a lack of coordination between relevant agencies and a lack of training for health workers.	Lack of coordination between related agencies and lack of training for health workers.	Strengthen coordination between related agencies and improve training for health workers.
National Guidelines for management of maternal and newborn mortality	2018	Reducing maternal and newborn mortality rates.	Informed consent, confidentiality, patient rights, professional responsibility, death investigation.	These National Guidelines provide practical guidance on handling MBR cases, including ethical and legal aspects. However, the implementation of these guidelines is still hampered by the lack of access to the guidelines in remote areas and the lack of capacity of health workers to implement the guidelines.	Lack of access to guidelines in remote areas and lack of capacity of health workers to implement guidelines.	Increase access to guidelines in remote areas and increase the capacity of health workers to implement guidelines.

4. Conclusion

Ethical and legal issues in handling maternal and child death cases in Indonesia are complex and multidimensional problems. Efforts to overcome this problem require commitment and cooperation from all parties. By increasing understanding of these issues and taking appropriate steps, we can create a more fair, transparent, and accountable health system, where patients' rights are protected and health workers can work safely and professionally.

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