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An analysis of opening medical records of covid-19 patients by doctors based on bioetics principles in Indonesia

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Abstract
This study aims to analyze how doctors open the medical records of COVID-19 patients based on bioethics principles and Minister of Health Regulation No. 36 of 2012 concerning Medical privacy. The research method used is a normative juridical research method with a statutory approach and a conceptual approach. With secondary data sources obtained from laws, books and other literature. The secondary data obtained were then arranged sequentially and systematically for further analysis using qualitative methods. The results of the first study showed that, There are 3 (three) main principles of bioethics applied in opening medical records of COVID-19 patients by doctors, the three principles are the principle of confidentiality, the principle of beneficence and the principle of non-maleficence. The principle of confidentiality underlies the relationship between the patient and the doctor to keep the information contained in the medical record as a medical privacy. The application of the principle of confidentiality to medical records is not absolute when dealing with the principles of beneficence and non-maleficence, where all things are measured based on considerations of benefit and harm. The principle of non-maleficence grants permission to open the medical records of COVID-19 patients considered an ethical action aimed at preventing and overcoming the COVID-19 outbreak so as not to pose a danger to the safety of the wider community. The results of the second study, Minister of Health Regulations no 36/2012 provides more detailed arrangements regarding the opening of medical records by mentioning 4 (four) reasons it is allowed. However, Minister of Health Regulations RK 36/2012 does not stipulate clear arrangements regarding the scope of medical records that can be opened during an outbreak. The Indonesian Doctors Association through the Honorary Council for Medical Ethics has issued Decree Number 015/PB/K.MK.K./03/2020 concerning Fatwa on Medical Ethics, Health Policy, and Research in the Context of the COVID-19 Pandemic.
It is recommended to doctors, in opening the medical records of COVID-19 patients, doctors need to explain to patients about the certainty that their medical records will be given to the government to prevent and overcome the spread of COVID-19. Then to the public, it is hoped that the opening of the medical records of COVID-19 patients should not be responded to negatively socially so that it has an impact on the isolation of patients and even their families. COVID-19 is a disease not a curse or a criminal act against the patient's will. As well as the Decree of the Medical Ethics Honorary Council Number 015/PB/K.MKEK/03/2020 concerning the Fatwa of Medical Ethics, Health Policy, and Research in the Context of the COVID-19 Pandemic, it can be proposed as a law to deal with the possibility of the same epidemic, of a kind and others in the future.

Keywords: medical records, covid-19, principles of bioethics, medical privacy

Introduction
Maintaining medical records is the duty of the medical profession in the field of health services according to the Hippocratic oath which is the basis for the oath of doctors throughout the world. This obligation is not only a professional obligation but also a moral obligation based on the moral norms that have been a guide for doctors from time immemorial which states "everything I see and hear in my practice I will keep as a secret". However, in addition to maintaining medical records, as regulated in the Regulation of the Minister of Health Number 36 of 2012 concerning Medical privacy (hereinafter referred to as Minister of Health Regulations no 36/2012) medical records can be opened in the event that it is for the benefit of the patient's health, fulfilling requests from law enforcement officials in the context of law enforcement, patient requests or based on the provisions of laws and regulations. One of the public interests as referred to by Minister of Health Regulations no 36/2012 is the threat of extraordinary events/infectious disease outbreaks and threats to the safety of others individually or in the community. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), better known as Corona Virus Disease (hereinafter referred to as COVID-19) is a pandemic outbreak or infectious virus with characteristics of mild disorders of the respiratory system, severe lung infections, up to Dead.
Since the first time COVID-19 was identified in the territory of the Unitary State of the Republic of Indonesia in March 2020. The Indonesian government in order to prevent and overcome the spread of COVID-19 began to

form various efforts and strategies. Various legal rules have been enforced from the central government to local governments to tackle the spread of COVID-19. Starting from Presidential Decree Number 11 of 2020 concerning the Determination of the COVID-19 Public Health Emergency (hereinafter referred to as Presidential Decree 11/2020) and Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of COVID-19 (hereinafter referred to as PP 21/2020). Various ways and efforts have been made to prevent and cope with the spread of COVID-19 to the community, ranging from quarantine policies, policies with large-scale social restrictions in terms of direct or face-to-face activities through work from home to the implementation of restrictions on community activities (PPKM).

As an effort to prevent and handle the spread of COVID-19, tracing people interacting with people confirmed to have COVID-19 (contact tracing) requires the support of all parties, especially the person in charge of patient care or the head of health care facilities. Public health facilities play an important role in supporting the prevention and control of the spread of COVID-19. Health facilities and all parties involved in medical services have access to patient identification information, the results of history taking, physical examination, supporting examinations, diagnosis, treatment and/or medical action, and other matters relating to patients either confirmed COVID-19 (positive) or not confirmed COVID-19 (negative). In the condition of a patient who is confirmed to be COVID-19 (positive), the person in charge of patient care or the head of the health care facility has the authority to provide this information to the authorized institution so that it can be published as public information. This is in line with the explanation of the Indonesian Ministry of Health that the transmission of COVID-19 is mainly from symptomatic people (symptomatic) to other people who are at a close distance (1 meter) through droplets/particles filled with water that come out during respiratory symptoms (coughing or sneezing). People with symptoms affect the mucosa (mouth and nose) or conjunctiva (eyes) or contaminated objects containing droplets.

After a person has symptoms due to being infected with COVID-19, the need for contact tracing becomes very important from the point of view of dealing with people who interact with infected people so that it does not spread further and from the side of prevention so that other people are alert to maintain their health. In this regard, the Ministry of Health of the Republic of Indonesia affirms that there are 3 (three) main stages, finding suspected cases (probable), isolation (isolate) and laboratory examination (test). Contact tracing of people with confirmed patients with symptoms needs to be quarantined for 14 days followed by a swab test (RT-PCR). The role of the person in charge of patient care or the head of health care facilities in the prevention and control of COVID-19 is a legal issue that still poses an ethical dilemma. The disclosure of patient identity information and medical records of confirmed COVID-19 patients is basically part of the information that must be kept confidential under the laws and regulations. Legally, the law prohibits the act of opening medical records. The laws that prohibit the act of opening medical records are as follows:

1. Law Number 44 of 2009 concerning Hospitals (hereinafter referred to as the Law on Hospitals 44/2009).
2. Law Number 14 of 2008 concerning Public Information Disclosure (hereinafter referred to as UU KIP 14/2008).
3. Law Number 29 of 2004 concerning Medical Practice (hereinafter referred to as the RK Law 29/2004).
4. Regulation of the Minister of Health Number 36 of 2012 concerning Medical privacy (hereinafter referred to as Minister of Health Regulations of Medical Privacy 36/2012).
5. Decree of the Minister of Health of the Republic of Indonesia Number434/Men.Kes/SK/X/1983 concerning the Enforcement of the Indonesian Medical Code of Ethics (hereinafter referred to as KODEKI).

The above law prohibits the act of opening medical records, because opening medical records is considered unlawful and violates medical ethics. Then if it is related to the rights of patients to their medical privacy as regulated in legislation, the act of opening medical records belonging to patients infected with COVID-19 can also cause its own problems. Whereas the safety and prosperity of the people is the main goal of the state, as written in the fourth paragraph of the opening of the 1945 Constitution of the Republic of Indonesia (UUD NRI 1945), which essentially states that the state must guarantee to protect the entire Indonesian nation as the highest law is the safety of the people (Salus Populi Suprema Lex Esto). Taking into account the problems that have been described, further studies will be carried out on the act of revealing the identity and medical records of COVID-19 patients by doctors based on bioethical principles and Minister of Health Regulations Medical privacy 36/2012 as a violation of patient rights or vice versa.

Method

The research method used is a normative juridical research method. Normative legal research or also called library law research is legal research carried out by examining library materials or secondary data only (Soerjono Soekanto and Sri Mamuji, 2009, pp. 13-14). The approach used in this research is a statutory approach and a conceptual approach. The legal approach is an approach that is carried out by reviewing and analyzing all relevant laws and regulations related to the legal issues being handled (Bambang Sunggono, 2015, p. 91). Conceptual approach (conceptual approach) is a type of approach in legal research that provides an analytical point of view of problem solving in legal research seen from the aspects of the legal concepts that lie behind it, or even can be seen from the values contained in the norming of a regulation in relation to concepts concept used. This study uses the theory of legal certainty and legal benefits.

Bioethical Principles as the Foundation for Opening Medical Records of COVID-19 Patients

There are 3 (three) main principles of bioethics that are applied in the opening of medical records of COVID-19 patients by doctors, the two principles are the principle of confidentiality, the principle of beneficence and the principle of nonmaleficence. The principle of confidentiality underlies the relationship between the patient and the doctor to keep the information contained in the medical record as a medical privacy. The application of the principle of confidentiality to medical records is not absolute when dealing with the principles of beneficence and nonmaleficence. Confidentiality means confidentiality, in the principle of confidentiality the patient's identity and medical records must be maintained as a form of patient privacy. Everything contained in the patient's medical record should only be read in the context of the patient's treatment. No one can obtain such information unless authorized by the patient with proof of consent.

The obligation to keep secrets in the practice of medicine has long been recognized. The concept of confidentiality is a form of respect for doctors for the rights and dignity of patients. The medical profession is a noble profession and its honor is maintained in carrying out its professional duties. Efforts to maintain the honor of the doctor's profession are carried out by taking a doctor's oath or doctor's appointment before carrying out his profession. The significance of this doctor's oath does nopatient t only apply to the medical profession itself but to humanity, patients, colleagues and for oneself. In this case, the principle of confidentiality is the basis for medical ethics to maintain any information related to the condition, services and health information of patients by doctors. However, under certain conditions, the principle of confidentiality in medical practice cannot be fully applied, especially when dealing with public safety.

Like the case of COVID-19 found in the community, if the medical record of a COVID-19 patient is not opened by a doctor, it will have a bad impact on the community. In cases like this, doctors will usually experience a dilemma, namely opening the patient's medical record or not. Doctors feel that opening medical records belonging to COVID-19 patients would violate their oath or code of ethics, whereas medically, the patient's illness is an epidemic of infectious diseases that can harm others. Therefore, it is necessary to understand the right ethical principles by reviewing the purpose and basis of the confidentiality principle. It must be remembered that the underlying principle of confidentiality is respect for human dignity, who has the right to confidentiality, while the other goal is to create prosperity in society.

If the medical record of a COVID-19 patient is opened by a doctor, it will certainly make the patient feel uncomfortable and can trigger conflict in society. But in this case, what must be considered is the comparison of the magnitude of the loss to the community if the medical records of COVID-19 patients are not opened (nonmaleficence) and the magnitude of the benefits felt by the community if the medical records are opened (beneficence). When the goodness of one patient actually brings badness to the wider community, it must be considered to prioritize the higher interests, namely the good of the community (bonum commune). In fact, human dignity more broadly can be appreciated through this ethical principle.

An interesting reflection is that a person's privacy and confidentiality must be maintained or not for the good of society, thus respect for human dignity cannot be ignored. The basic principles of bioethics are respect for autonomy (respect for autonomy), beneficence (bring benefits), nonmaleficence (no harm), and justice. When one's autonomy is maintained, there is a moral obligation that this autonomy does not bring harm to others. If someone defends his rights but thereby violates the rights of others or actually brings badness to others, then it is unethical. Justice for benefits also applies in this case, so that the benefits that one person gets do not actually become a danger to others.

In cases where the right of a COVID-19 patient to have their medical records protected, it will pose a danger to other people, especially the wider community, because the disease is an infectious disease outbreak and can endanger the community, then there is an ethical and legal obligation for doctors to open it. But ethically, the patient's rights must be respected. So that if a medical record must be opened to certain parties or to the public, there are limitations that must be considered, not opened as widely as possible. In addition, although the act of opening a patient's medical record is legally permitted, it must be accompanied by an understanding from the patient about the importance of this action being carried out. , and to maintain the patient's trust in the doctor.

In the case of patients diagnosed with COVID-19, the principle of confidentiality becomes a dilemma. With a number of risks that occur due to the disclosure of personal medical data to Persons Under Monitoring (ODP), Patients Under Supervision (PDP), positive patients and recovered patients, many of them were evicted from their homes and even to the refusal of funerals for patients who died due to positive for COVID-19. As a result, patients often ask doctors to keep their identity or illness a secret from anyone.

Some patients even don't want to see a doctor for fear of knowing their disease. Economic factors also affect this, because if someone is found to be suffering from COVID-19, then he or she must self-isolate which means losing their livelihood during the isolation period. This is one of the grounds for doctors to keep the patient's medical privacy, namely because of the patient's right or autonomy over the confidentiality of his illness. In the case of COVID-19, the spread of the virus related to interactions between humans makes problems that occur not only related to individuals but to society or communities. If someone suffers from COVID-19, then the surrounding community will definitely be affected. Patients have the potential to be a source of virus transmission, so members of the public who have close contact with patients must be traced or traced. If the patient who is confirmed positive for COVID-19 is unknown, then tracing cannot be done either.

Contact tracing on confirmed COVID-19 patients also aims to find people who have the potential to suffer from COVID-19 so that the sick can be treated and the chain of transmission can be broken. Thus, the principle of

beneficence also applies to the disclosure of medical privacy for COVID-19 patients. In this case, it is necessary to consider prioritizing a higher interest or good, namely the common good (bonum commune) because by doing so, human dignity more broadly can be respected through this ethical principle. A patient's medical record can be disclosed with certain considerations, but must still pay attention to the patient's right to be kept confidential even though it is not absolute. This disclosure limitation refers to information that is important to uphold the principles of beneficence and non-melaficence for the community. Information outside the public's interest does not need to be disclosed.

The process of disclosing medical privacy must also be considered carefully, that is, it is disclosed to the authorities, or those directly involved, namely to the local health office or local health center, local community leaders, and families. The information provided to the government is closely related to the duties and responsibilities of the government in providing optimal health services to the community. This government responsibility is at least related to providing vaccinations as the government's responsibility to protect public health and all health and legal services on the one hand and on the other hand providing up-to-date information regarding the conditions of transmission of COVID-19. The community around the patient's location can find out information about the existence of community members who are positive for COVID-19 at the discretion of the local community leader, in a mutually agreed manner, not through open announcements that do not pay attention to ethical values. Thus, the disclosure of medical privacy from a patient must still observe ethical principles and only aim for the good/public interest, namely for disease control or breaking the chain of transmission through contact tracing.

Based on this understanding, medical records of patients in the context of infectious diseases that endanger the community, for example COVID-19 can be opened only for ethical and legal considerations. The opening of this medical record must pay attention to ethical principles and still respect human dignity through the right to medical confidentiality. When one interest is against another interest, the higher interest must be prioritized, namely the common good (bonum commune) while respecting personal interests as far as possible within certain limits. In terms of human rights, the disclosure of medical privacy in the public interest is not a violation. This is because the right to life as the main right is not violated, especially if it is carried out to defend the right to life and the lives of others.

Opening of Medical Records of COVID-19 Patients According to the Regulation of the Minister of Health Number 36 of 2012 concerning Medical Privacy

Its unique medical privacy is definitively not regulated in either the PK Law or the Health Law. In fact, Minister of Health Regulations RK 36/2012 provides the definition. Article 1 point 1 Minister of Health Regulations RK 36/2012 Medical privacy is defined as "data and information about a person's health that is obtained by a health worker when carrying out his job or profession". Meanwhile, "medical record" is understood as "a file containing records and documents regarding patient identity, examination, treatment, action, and other services provided to patients, including in electronic form". At a glance, both medical privacy and medical records have similarities in terms of the substance of information about patient health information. The difference is that medical records are more systematically recorded or documented regarding patient personal data and services provided to patients. Thus, both medical privacy and medical records basically concern the patient himself and his health which must be kept confidential by the doctor/health worker or hospital.

The scope of the medical record includes data and information regarding the patient's identity, patient's health (results of history taking, physical examination, supporting examination, diagnosis, treatment and/or medical action), other matters relating to the patient. Medical privacy can be sourced from the patient, the patient's family, the patient's introduction, a certificate of consultation or referral, or other sources. Minister of Health Regulations RK 36/2012 expands the obligation to keep medical privacy to the disclosure or disclosure of medical privacy carried out by the person in charge of patient care. In the event that the patient is handled/treated by the team, the team leader is authorized to reveal medical privacy. In the event that the team leader is unavailable, the disclosure of medical privacy can be carried out by one of the appointed team members.

Minister of Health Regulations 36/2012 provides more detailed regulations regarding the disclosure of medical records compared to the Health Law, Medical Practice Law and Hospital Law. In addition to mentioning 4 (four) reasons that are allowed to reveal Medical privacy, Minister of Health Regulations 36/2012 provides details on the reasons based on statutory regulations.

The first reason, the opening of medical records for the benefit of the patient's health includes:

a. the interests of health maintenance, treatment, healing, and patient care; and
b. administrative purposes, insurance payments or health financing guarantees.

The opening of the medical record as referred to in letter a above is carried out with the consent of the patient, both in writing and by the electronic information system. The consent of the patient is stated to have been given at the time of registration of the patient at the health care facility. In the event that the patient is unable to give consent, then the consent can be given by the closest family or caregiver. For example, for a patient who requires a referral for health services, his/her medical privacy can be disclosed or conveyed from the health worker who made the referral to the health worker who received the referral; for supporting examinations (eg laboratory), medical privacy can be conveyed between health workers who carry out supporting examinations; and so on as long as it is related to the patient's health interests. Including the interest in upholding ethics/discipline is the

internal interest of health workers which is carried out by the Professional Ethics Honorary Council (MKEK)/Indonesian Medical Discipline Honorary Council (MKDKI).
The second reason is that the opening of medical records to fulfill requests from law enforcement officials in the context of law enforcement can be carried out in the process of investigation, investigation, prosecution, and court hearings. The opening of the medical record can be through the provision of data and information in the form of visum et repertum, expert statements, witness statements, and/or medical summaries. Requests for the disclosure of medical privacy to fulfill the request of law enforcement officials in the context of law enforcement must be made in writing from the authorized party. In the event that the disclosure of medical privacy is carried out on the basis of a court order or in a court session, the entire medical record can be provided.
The third reason is that the disclosure of medical privacy on the basis of the patient's own request can be done by providing data and information to the patient either orally or in writing. The patient's closest family can obtain data and information on the patient's health, unless stated otherwise by the patient. The patient statement is given at the time of patient admission. Conditions like this are in the case of the patient giving consent for his medical privacy to be disclosed. For example, a patient needs a medical resume to reimburse his health insurance, so in this case the patient has agreed to have his medical privacy opened so that it can be accessed by the health insurance for the reimbursement process.
The fourth reason is the disclosure of medical privacy based on the provisions of laws and regulations. Related to this condition, there are several regulations governing the disclosure of medical privacy, including:

1. Law of the Republic of Indonesia Number 36 of 2009 concerning Health;
2. Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals;
3. Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers;
4. Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing;
5. Regulation of the Minister of Health of the Republic of Indonesia Number 36 of 2012 concerning Medical privacy;
6. Regulation of the Minister of Health of the Republic of Indonesia Number 269 of 2008 concerning Medical Records;
7. Government Regulation of the Republic of Indonesia Number 10 of 1966 concerning Obligation to Keep Medical privacy;
8. Government Regulation of the Republic of Indonesia Number 26 of 1960 concerning Pronunciation of Doctor's Oath;
9. Article 322 and Article 224 of the Criminal Code;
10. Article 170 paragraph (1) of the Criminal Procedure Code;
11. Article 1909 of the Civil Code
12. Autonomous Law in the form of a Code of Ethics (for doctors it is the Indonesian Medical Code of Ethics).

Arrangements regarding medical records are very complex, ranging from those that are Lex Generalis to those that are Lex Specialis. In fact, the Criminal Code (KUHP) and the Criminal Procedure Code (KUHAP) can be applied in terms of medical records, even though the two regulations never mention the term "doctor". The Criminal Code emphasizes that it is a legal obligation to keep medical records and will be given legal sanctions for doctors who violate the obligation to keep medical privacy. Meanwhile, Article 224 of the Criminal Code is also a legal obligation that regulates the position of doctors when summoned by the court and conveys medical privacy. In medical legal terminology, this is known as Spreekplicht. In this dilemmatic situation, there is a conflict between the legal obligation to keep medical records and the legal obligation to open medical records.
The solution is, doctors can apply and ask judges for consideration regarding medical privacy that can be conveyed in the trial process and medical privacy that cannot be conveyed in the trial process as regulated in Article 170 paragraph (1) of the Criminal Procedure Code. This is in Health Law terminology referred to as Verschoningsreht van de Arts.
The provisions for opening medical records in accordance with Minister of Health Regulations RK 36/2012 are carried out without the patient's consent in the interest of enforcing ethics or discipline, as well as in the public interest. Disclosure of medical privacy in the interest of upholding ethics or discipline as mentioned above is given at a written request from the Honorary Council for Professional Ethics or the Indonesian Medical Discipline Honorary Council. The opening of medical records in the context of the public interest as referred to above is carried out without revealing the patient's identity. These public interests include:

a. Medical audits;
b. Threat of Extraordinary Events/infectious disease outbreaks;
c. Health research for the benefit of the state;
d. Education or use of information that will be useful in the future; and
e. Threats to the safety of others individually or in society.

In the case of disclosing medical privacy for the purposes as referred to in letter b and letter e above, the patient's identity may be disclosed to the institution or authorized party to carry out follow-up actions in accordance with the provisions of the legislation.
In line with what was stated by Professor HJJ Leenen in his book entitled "Gezondheidszorg en Recht een Gezondheidsrechtellyke Studie", doctors are allowed to disclose medical privacy in the case where regulated by

law, if the patient endangers the public or endangers others, if the patient has social rights. , if clearly given permission by the patient, if the patient gives the impression to the doctor that he consents, if it is in the public interest or higher interests. The understanding of "in the context of the public interest" as the reason for the disclosure of medical privacy has a very close relationship if it is associated with the COVID-19 pandemic conditions faced by the Indonesian people. The COVID-19 pandemic, as emphasized by the government, is a health emergency as regulated in the Health Quarantine Law and the Infectious Disease Outbreak Act. Two government regulations provide the initial juridical basis for the implementation of Health Quarantine during the COVID-19 Pandemic, Presidential Decree No. 11 of 2020 concerning the Establishment of a Covid-19 Public Health Emergency (Keppres 11/2020) and Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions. in the Context of Accelerating the Handling of COVID-19 (PP 21/2020).

If you look closely, the choice of the term "health emergency in the form of Large-Scale Social Restrictions" is regulated in the Health Quarantine Law. The existence of this Health Quarantine Law will further serve as a reference for both central and regional governments in setting health policies during the COVID-19 pandemic. However, this does not mean that the Infectious Disease Outbreak Law does not apply. The emphasis on the regulation of the Infectious Disease Outbreak Law is more emphasized on the prevention and control of infectious disease outbreaks. The understanding of "communicable disease outbreaks" is defined as the occurrence of an outbreak of an infectious disease in the community whose number of sufferers has significantly increased beyond the usual situation at a certain time and area and can cause havoc." If it is understood from the purpose of the Law on the Outbreak of infectious diseases to protect the population from calamity or illness and even death, this is in accordance with the data on handling COVID-19.

The Central Information Commission issued additional guidelines to prevent the misuse of personal data of positive COVID-19 subjects, namely issuing Circular Letter Number 2 of 2020 concerning Public Information Services in Public Health Emergency Periods due to COVID-19. This circular regulates the limits of data that may be provided to the public regarding information services related to COVID-19, which includes the type of disease, its distribution, the area of the fire center, and its prevention. Submission of information is carried out in a strict and limited manner while protecting the personal data of People under Monitoring (ODP), Patients under Supervision (PDP), positive patients, and people who are declared cured.

Minister of Health Regulations RK 36/2012 does not stipulate clear arrangements regarding the scope of medical records that can be opened during an outbreak. The Indonesian Doctors Association through the Central Medical Ethics Honorary Council on March 27, 2020 has issued the Decree of the Medical Ethics Honorary Council Number 015/PB/K.MKEK/03/2020 concerning the Fatwa on Medical Ethics, Health Policy, and Research in the Context of the COVID-19 Pandemic. For the purposes of tracing disease, the MKEK Decree Regarding Revision of Medical Ethics Fatwa, Health Policy and Research in the Context of a Pandemic provides guidance regarding the act of revealing the identity and medical records of patients or people with or without clinical symptoms with a diagnosis of COVID-19 (confirmed cases) under certain circumstances. can be disclosed as limited to name, gender, brief health status (died/clinically critical/severe/recovered) age and limited chronology only relevant to transmission, for example the description of the location of potential transmission for the purpose of public awareness and contact tracing (epidemiological investigation). The detailed clinical information, comorbidities, and management should not be disclosed. Exceptions can only be made in accordance with the provisions of the applicable laws and regulations.

Conclusion

There are 3 (three) main principles of bioethics that are applied in the medical opening of COVID-19 patients by doctors, the two principles are the principle of confidentiality, the principle of beneficence and nonmaleficence. The principle of confidentiality underlies the relationship between the patient and the doctor to keep the information contained in the medical record as a medical privacy. The application of the principle of confidentiality to medical records is not absolute when dealing with the principle of nonmaleficence. The principle of nonmaleficence grants permission to open the medical records of COVID-19 patients, this is considered an ethical action aimed at preventing and overcoming the COVID-19 outbreak so as not to pose a danger to the safety of the wider community. Minister of Health Regulations 36/2012 provides a more detailed regulation regarding the opening of medical records by mentioning 4 (four) reasons it is allowed. However, Minister of Health Regulations RK 36/2012 does not stipulate clear arrangements regarding the scope of medical records that can be opened during an outbreak. The Indonesian Doctors Association through the Honorary Council for Medical Ethics has issued Decree Number 015/PB/K.MK.K./03/2020 concerning Fatwa on Medical Ethics, Health Policy, and Research in the Context of the COVID-19 Pandemic. The fatwa provides guidelines regarding the act of revealing the identity and medical records of patients or people with or without clinical symptoms with a diagnosis of COVID-19 (confirmed cases).) limited age and chronology only relevant to transmission, for example the description of the location of potential transmission for the purpose of public awareness and contact tracing (epidemiological investigations). The detailed clinical information, comorbidities, and management should not be disclosed. Exceptions can only be made in accordance with the provisions of the applicable laws and regulations.

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