

## Urgency Analysis of Holistic Pain Services in The Dimensions of Medical and Jurisdictional Services

Malahayati Rusli Bintang<sup>1</sup>, Tasrif Hamdi<sup>2</sup>, Idham<sup>3</sup>, Chablullah Wibisono<sup>4</sup>

<sup>1</sup>Lecturer of the Faculty of Medicine, University of Batam,

<sup>2</sup>Lecturer of the Faculty of Medicine, University of North Sumatra,

<sup>3</sup>Dean of the Faculty of Law, University of Batam,

<sup>4</sup>Sharia Economics Professor Batam University,

### Abstract:

This journal is entitled "Analysis of the Urgency of Holistic Pain Services in the Perspective of Medical and Juridical Services." The formulation of the problem is the absolute urgency of holistic pain services in the dimensions of medical and juridical services?. This journal focuses on normative medical and juridical writing, relying on secondary data support. The analysis and methodology were carried out qualitatively, and the theoretical basis uses the theory of constitution by Herman Heller. The construction of the analysis results in this journal shows that pain measures in the medical dimension have a holistic relationship with juridical issues.

**Keywords:** Holistic Pain Services, Dimensions of Medical Services, Juridical.

### 1. PRELIMINARY

#### 1) Construction Background

This background section (Burhan Bungin, 2007) conveyed several fundamental, critical, and strategic things. This means that all the variables listed in the central theme are the title of this journal, namely the construction of the title: "Holistic Analysis of the Urgency of Pain Services in the Perspective of Medical and Juridical Services." Examining the construction of the journal-title in question, previously explained things that are fundamental in content related to chronic pain. In this regard, it is explained that chronic pain is defined as pain that is experienced continuously, lasts more than 12 (twelve) weeks, or lasts longer than the time it should take the patient to recover. The results of the study indicate that pain affects 1 (one) of 5 (five) adult patients, which limits the patient's ability to move. In the meantime, that pain is the most frequent reason that brings adult patients to hospitals or health facilities. There are two types of pain: acute pain and chronic pain. Acute pain, lasting less than 1 (one) month, and

usually caused by trauma or medical procedures such as surgery. What is meant by chronic pain is pain that lasts more than 3 (three) months, usually caused by risk factors for the underlying disease (<http://rsuddrloekmonohadi.kuduskab.go.id>).

In line with the explanation above, particularly related to the treatment of internal pain (Jimly Asshiddiqie, 2010), the juridical and constitutional dimensions are human rights. This means that handling pain, which is part of pain management, becomes an ethical responsibility of health workers and is an essential element of the ethical code. This is stated in several ethical code guidelines for health workers, including the American Medical Association states that "a doctor is obliged to treat pain experienced by a patient." Another guide, the World Health Assembly, states that "it is an ethical obligation of health professionals to treat pain." Another piece of evidence that pain management is a human right was presented by the World Health Organization (WHO). Meanwhile, WHO demands that a country fulfill the

community's need for access to health facilities and health services without discrimination and meet the needs of essential medicines needed by every citizen. This shows that WHO requires the country's Government to fulfill these points: pain management (<https://www.alodokter.com/pain-management>).

A fundamental explanation of holistic pain services will be presented in the following section of the substance described in the section above, which is integrated into the juridical dimension. In other words, pain services will be explained from a medical perspective, which is very closely related to the juridical dimension. This means that the holistic pain service has a relation/relationship with juridical/legal issues. This, in parallel, also relates to the presence of the State/Government in the context of fulfilling its obligations to protect all people, citizens, the nation, and the State of Indonesia based on mandates and orders (Idham, 2005) in a constitutional paradigm (constitutional of the paradigm). In other words, the state has an inherent and permanent obligation from the dimension of constitutionalism. Related to this, the meaning that is constitutionally desired, essentially, the state has a continuous obligation to protect the people and its citizens, to provide services and protection in terms of fulfilling the constitutional rights of the people in the context of providing guarantees and at the same time protection, in order to continue life and life. Indonesian citizens.

Referring back to (Noeng Muhadjir, 1998), the central theme, which is also the title of this journal, scientifically, it should be questioned whether the treatment of pain management in question has received guaranteed protection from the State/Government through the Social Security Administering Body (BPJS)?. Based on the results of field studies, the answer is that the

treatment and treatment of pain in question have not fully received social security from the State/Government. These circumstances, situations, and conditions encourage the author's motivation to analyze this journal. The author assumes and presents a hypothesis if the State/Government is present proactively to protect by providing social security to all Indonesian citizens who suffer from such pain in the dimension of constitutionalism.

## 2) Formula Construction

Based on several variable constructions as contained in this journal's main theme/title and integrated (Soejono, Abdurrahman, 2002) with the constructions described in the background section above, the construction of the problem formulation will be analyzed. It will be discussed in the following section. In this journal, the formulation of the problem is: What is the Real Urgency of Holistic Pain Services in the Dimensions of Medical and Juridical Services?.

To analyze the construction of the formulation of the problem from the methodological aspect will be carried out using a qualitative approach, and at the same time as an analytical knife, using the foundation of constitutional theory and constitutionalism.

## 2. LITERATURE RESOURCES

Specifically, regarding the literature review, which will be used to analyze the construction of the problem formulation, it will use secondary data. Meanwhile, it is explained that the secondary data (Noeng Muhadjir, 2002) are indirect data obtained from respondents. The author obtained the secondary data through a study of the library (library research).

The author uses all of the secondary data as materials to analyze the construction of the problem, as mentioned in the section above. The secondary data in question consists of primary, secondary, and tertiary legal materials. In essence, all secondary data related to the central theme and/or title of this journal will be used by

the author as a basis for analyzing the construction of the problem.

### **3. TYPES, WRITING METHODOLOGY, AND THEORETICAL FOUNDATIONS**

This section will explain the type, methodology, and theoretical basis. Specifically, this type of journal writing focuses on (Soerjono Soekanto, 1990) the normative type of writing. While the methodology used is to use a qualitative approach. The theoretical basis, namely as an analytical tool to review and/or dissect the construction of the formulation of the problem, is to use the theoretical basis of constitutional law by Herman Heller. He asserts that the constitution is broader than the constitution and states that the constitution is not only juridical but also sociological and political.

Relevant to the explanation above, through the theoretical basis used as one of the analytical tools to analyze the construction of the problem, it is hoped that the results of the analysis can provide accountability for (Jujun S. Suriasumantri, 1999) the truth in the dimensions of the nature of science, which is related to accountability from the dimensions and/or aspects of ontology, epistemology, and axiology.

### **4. ANALYSIS/DISCUSSION**

In this section and/or content analysis and/or discussion, in essence, an explanation related to the construction of the problem formulation as mentioned in the section above will be presented, namely how the urgency of holistic pain services in the dimensions of medical and juridical services is. For this reason, especially in the context of carrying out the analysis, it will be divided into two sub-sections, as further explained in the section below.

#### **1. Holistic Pain Services in the Perspective of Pain Management Regulation**

Regarding the content that will be analyzed in this section, the meaning and/or definition of pain will be explained earlier. Medically, what is meant by pain is a condition where a person feels uncomfortable and/or uncomfortable or unpleasant feelings caused by tissue damage that has been damaged or which has the potential to be damaged. Meanwhile, it is explained that the discomfort can be numbness, heat, tingling, pain such as being stabbed, electric shocks, mild stimuli that trigger pain, and tingling (<https://www.sehatq.com/disease>).

In line with the explanation above, that pain is not only caused by peripheral nerve damage. Damage and injury to the brain and spinal cord also cause nerve pain. This type of nerve pain must also be seen from the type of nerve affected. Pain is associated with many diseases. Many diseases can cause pain in the nerves, such as HIV infection, herpes, cancer injury, diabetes, autoimmune diseases, suppression of nerve roots in the spine, and vitamin B6 and B12 deficiency.

Further details regarding Pain Management Regulation will be explained in connection with the preceding. In this regard, it is appropriate to present an explanation of the definition of chronic pain beforehand. In the medical dimension, chronic pain is defined as pain that is experienced continuously, lasts more than 12 (twelve) weeks, or lasts longer than the time it should take until the patient recovers. The results of the study indicate that pain affects 1 (one) of 5 (five) adult patients, which limits the patient's ability to move (Kress HG, Aldington D, et al., 2014).

In the meantime, that pain is the most frequent reason that brings adult patients to hospitals or health facilities. There are 2 (two) types of pain in this connection, namely acute pain, which lasts less than 1 (one) month, usually caused by trauma or medical actions such as surgery. Chronic pain lasts more than 3 (three)

months and is usually caused by an underlying disease risk factor.

Relevant to the explanation above, pain treatment is a human right. For this reason, the implementation of pain management is the ethical responsibility of health workers and is an essential element of the ethical code of health workers. This is stated in several ethical code guidelines for health workers, including the American Medical Association states that "a doctor is obliged to treat pain experienced by a patient."

At the same time, it is also stated in other guidelines, namely: The World Health Assembly states that "it is an ethical obligation of health professionals to treat pain." Another piece of evidence that pain management is a human right was presented by the World Health Organization (WHO). This case demands a country to meet the community's needs for access to health facilities and health services without discrimination and meet the needs of essential medicines needed by every citizen. This shows that WHO requires the Government of a country to fulfill these points, one of which is pain management (Brennan F, Lohman D, Gwyther L, 2019).

In connection with the above explanation, furthermore, in this section, an explanation will be presented: how is Pain Management Regulation in Foreign Countries?. To answer the question, an explanation can be given that many challenges are found in the formation of integrated pain management, both in terms of physical and psychological. Meanwhile, The Canadian Pain Task Force uses several approaches to create effective pain management (The Canadian Pain Task Force, 2020), including: -Patient-centred care; -Community-based care; -Innovative models; - Interprofessional teams; -Clinics supporting transitions; -Common, centralized, and clear referral pathways.

They are related to the above that other research shows that the most effective approach to pain management is

patient-centered. Although it is stated that patients with severe acute pain or chronic pain can affect the patient's ability to make decisions, the study results show that the patient-centered approach remains the most effective method. This method is the method of choice in pain management because it is more efficient, safer, and in line with the main principles in the philosophy of the medical world (Charvalho AS, Pereira SM, et al., 2018).

Relevant to the explanation above, pain is a biopsychosocial phenomenon. Therefore pain management must consist of a multidisciplinary team such as Trained Medical Consultants, Nurses, Physiotherapists, Psychiatrists, Pharmacists, and Occupational Therapists. Besides forming a multidisciplinary team, another critical point in pain management is forming a treatment plan. The treatment plan for pain management is formed based on the quality of the pain experienced by the patient. The use of opioids is the leading choice in dealing with chronic pain by considering the risk factors that can arise due to the use of opioids, the optimum and maximum doses used, or interactions with other drugs that the patient is currently taking (Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies,

In the meantime, it was explained that opioids are the most widely used drugs in treating chronic pain, but there is a high risk of abuse or overdose. This is one of the challenges to medical services related to pain management. For this reason, strict regulation is needed for monitoring the use of opioids for pain management (Andraka-Christou B, Rager JB, et al., 2018). Other studies have shown that opioids as a pain management option increase the rate of opioid abuse and even death. The results showed an increase in the number of deaths due to opioid overdose from 2006 and reached its peak in 2011 when 5.4 per 100,000 people died from an opioid overdose.

Above therefore, strict regulation and monitoring of pain medical services need to be established and enforced (Dowel D, Zhang K, et al., 2016). One of the regulations governing pain management clinics that apply in America at this time still does not cover essential matters regarding the regulation of prescribing patients' painkillers. This is thought to be one of the reasons for the high number of opioid abuse, especially in America, which increases the death rate due to opioid overdose (Public Health Law, Menu of Pain Management Clinic Regulation, 2012). Recommendations for pain opioids are those over the age of 18 (eighteen) years, patients with acute or chronic pain, pain due to cancer, or palliative therapy. A screening method was used for the assessment of pain in patients.

Based on the explanation presented in the section above, it can be concluded that the service for holistic pain management is the responsibility of health workers and the responsibility of the state. From a medical point of view, Holistic pain services aim to reduce the complaints experienced by patients to improve the patient's ability to carry out daily activities through the administration of drugs. Meanwhile, it can be concluded that pain services from a juridical dimension are the responsibility of the state through the establishment of regulations, especially in the aspect of implementing a pain management practice system,

## **2. Pain Services from the Juridical Dimension**

Holistic service actions, especially those related to medical, also have a relationship with juridical content. This is also closely related to the presence of the state in the context of fulfilling its obligations to protect the citizens, the nation, and the State of Indonesia by the mandate and orders based on the constitutional paradigm. In this context, the state has an inherent and permanent obligation from the dimension of constitutionalism. This means that the state continuously must

protect its people in terms of granting rights and at the same time protecting their constitutional rights in order to continue their life and life as people, citizens, and the Indonesian nation (<https://ejournal3.undip.ac.id/index.php/upper>).

Referring back to the main variables as stated in the title of this journal, namely from the juridical dimension, the point is to reaffirm that the state has permanent responsibility to protect its people in the health sector. At the same time, it is explained that the health sector is a big circle in a systems approach to ensure the sustainability of the life of the Indonesian people. Meanwhile, pain services are a sub-system of overall health services, especially (M.Solly Lubis, 2002) in the dimensions of the National Life System (Sisnas), which includes the fields of Ideology, Politics, Economics, Social Culture, and National Security Defense (Ipoleksosbudhankamnas). ).

In this spectrum, the state has simultaneous obligations, and both must be carried out simultaneously in the context of fulfilling their constitutional obligations. State constitutional obligations, specifically in pain management and integrated with the juridical dimension, one of the inherent obligations of the state is to fulfill its obligations as mandated in Article 1 paragraph (2) of the 1945 Constitution of the Republic of Indonesia, which affirms that sovereignty is in the hands of the people and is implemented according to the constitution.

Related to the above, the construction of legal norms mandated by Article 1 paragraph (2) of the 1945 Constitution of the Republic of Indonesia is actually in the approach (Idham, 2016) to the legal politics paradigm, especially in the philosophical dimension, contains mandates and orders to the state in the context of the pain service, as follows:

- a. The State/Government, in the service of pain, must provide guarantees for the

realization and, at the same time, strengthen the understanding of people's sovereignty. This means that the state must be present permanently and sustainably to provide pain services to all its people. Indeed, the state's obligation in question is responsible for all forms of public money expenditure originating from the State Budget and Revenue (APBN). In this case, the author again emphasizes that the APBN is people's money. Concretely, it can be explained that all the costs used by the state (M.Solly Lubis, 2000) provide public services in the health sector, of course including pain services, through a constitutionalism approach. All costs spent by the state are derived from the money and sweat of the Indonesian people. These paradigmatic matters are also closely related to the accountability of the three aspects of the nature of science, which in this context is also an effort to account for the essence of truth. The three aspects of the nature of science include accountability from the ontology aspect (about what), epistemology (related to the process), and axiology (about usefulness). From the aspect and dimension of benefit accountability, at this point, the state has to spend people's money sourced from the APBN, which is actually in the implementation of pain services. The state must be accountable from the axiological aspect (utility).

b. The presence of the state is indispensable in the service of pain. In this case, it is once again emphasized that based on the paradigmatic constitutional mandate to confirm that Indonesia is a state of law, one of its characteristics is to protect Human Rights (HAM). This is intended based on the mandate and orders of Article 28A of the 1945 Constitution of the Republic of Indonesia, which explicitly states: "everyone has the right to live and has the right to defend his life and life." Furthermore, Article 28G

paragraph (1) of the 1945 Constitution of the Republic of Indonesia states that "everyone has the right to protect himself, his family, honor, dignity, and property under his control, and has the right to a sense of security and protection from the threat of fear to do or not do something which is a human right." Then it is continued in Article 28H paragraph (1) which states that "everyone has the right to live in physical and spiritual prosperity, to live, and to have a good and healthy living environment and has the right to obtain health services," and in paragraph (3) it states that "everyone people have the right to social security that enables their full development as human beings with dignity." Finally, Article 28I paragraph (5) states that "to uphold and protect human rights by the principles of a democratic rule of law, the implementation of human rights is guaranteed, regulated and outlined in laws and regulations. About this, especially the construction of the mandate of the very paradigmatic constitution, namely in the perspective of the implementation of human rights, in essence, it can be concluded that the state must be present in a concrete, permanent, and sustainable manner, especially in terms of providing medical pain services to fulfill its obligations from the constitutionalism dimension. Specifically regarding this matter, and if examined carefully and thoroughly as stated in Law Number 36 the Year 2009 concerning Health, State Gazette Year 2009 Number 144, and Supplement to State Gazette Number 5063, that is one of the basic construction considerations/ the consideration,

c. The presence of the state in the context of providing pain services to all citizens in a paradigmatic constitutional manner is also integrally and permanently attached to Manan, H. Abdul, (2018), upholding the principles of the rule of law. In the constitutional approach,

especially in the aspect of implementing the practice of governance management systems, especially those related to public services in the health sector, the state must be present naturally and concretely in people's lives to provide pain management services for all people, citizens and the nation of Indonesia. In its implementation, it must affirm the principle that Indonesia is a state of law and through the application of the principle of constitutionalism in a responsible manner based on the mandate and orders of Article 1 paragraph (3) of the 1945 Constitution of the Republic of Indonesia which states that the State of Indonesia is a state of law. In this regard, especially in the context of affirming the principle of the rule of law in question, the presence of the state in the dimension of providing pain services to its citizens, in parallel with its embodiment, must at the same time affirm the "Principles and Characteristics of Indonesia as a state of law." Construction (Guidelines for Penalization of the 1945 Constitution of the Republic of Indonesia by order of Chapters, Articles, and Paragraphs, 2010) The principle of the rule of law contains three essential pillars to be implemented in the implementation system in the management dimension of public services, including in the field of health services and pain management. , namely: (1) carrying out firmly and legally responsible as a commander in carrying out aspects of public services, including when the state provides pain services to its citizens. In other words, the state must give high priority to upholding and enforcing concrete laws in the field (supreme of law); (2) The State/Government, in the context of providing pain services to all its citizens, must prioritize equality before the law (equality before the law). This means that the state embodies the actions and services for pain and is not

allowed to provide discriminatory services; and (3) that the State/Government, in carrying out pain services to its citizens, must prioritize the realization based on the due process the law. Carrying out pain services to all Indonesian citizens means that the state must prioritize law enforcement in terms of pain services. The implementation process must be based on and guided by all provisions and laws, and regulations. Still related to the above, in the context of confirming Indonesia as a state of law, especially in carrying out pain services to all people, in its implementation, it must also refer to and be based on the "Characteristics of the rule of law." The state must implement three essential pillars of the rule of law: (1) consistent and responsible implementation of human rights. The embodiment of this rule of law, especially in constitutionalism, cannot be denied and avoided by the state. This includes the provision of pain services to all Indonesian people because the substance in a constitutional paradigm is a human right of all the people, society, and nation of Indonesia; (2) in the context of carrying out pain services to all Indonesian people, the State/Government must be present naturally and concretely to protect all Indonesian people, namely in strengthening the characteristics of the rule of law related to the realization of an Independent Court and Judge. The construction of the phrase Independent Courts and Judges, in this case, means the position and position of the State/Government in the context of carrying out the pain services; and (3) In its implementation, it must prioritize and be guided by positive sources of law, namely to realize the characteristics of this third state of law, namely in terms of "implementation of the principle of legality."

Relevant to the explanation above, in this section, we will re-explain specifically the steps (Moh. Mahfud MD, 2017) in legal politics, especially in the context of the formation of legislation (law-making process) related to the evolution (change) of regulations on pain clinics in Indonesia. From a positive legal perspective, specifically regarding the regulation of pain clinics in Indonesia, the legal arrangements have not been fully and comprehensively regulated in a particular product regarding pain clinics. The current regulation of pain clinics is still incompletely regulated because the legal norms are still embedded in incomplete content, namely in the Regulation of the Ministry of Health, which is stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 519/MENKES/PER/III/2011 concerning Guidelines for the Implementation of Anesthesiology and Intensive Therapy Services in Hospitals. Parallel to the above explanation, analysis can be given, especially in the construction and evolution of regulations on pain clinics in Indonesia. In the opinion of the author, the Indonesian nation and state, of course, in this case, the Ministry of Health of the Republic of Indonesia, must immediately carry out the process (Idham, 2010) the formation of comprehensive legislation (law-making process) specifically regarding the implementation and management of pain clinics in Indonesia. Due to the unique legal arrangements regarding pain clinics in Indonesia, the medical content material is closely related to all dimensions of health services. In the context of its formation, the Government must establish it in the scale and/or level of Government Regulation (PP). Why should it be in PP form? Because in the perspective of the hierarchy of laws and regulations, namely based on the mandate and provisions of Law Number 12 of 2011 concerning the Establishment of Legislation, State Gazette of 2011 Number 82, Supplement to State Gazette Number

5234, in conjunction with Law Number 15 of 2019, concerning Amendments to Law Number 12 of 2011 concerning the Establishment of Legislation, State Gazette of 2019 Number 183, Supplement to the State Gazette Number 6398, so that the said legal arrangement can bind the public, indeed must be formed at least in the form of a Government Regulation (PP). This is also very necessary in a formal juridical manner when the Ministry of Health of the Republic of Indonesia allocates a budget sourced from the APBN to implement and manage pain clinics in Indonesia.

In line with the explanation above, specifically regarding the current regulations, of course, the ones that have been issued by the Government, in this case by the Ministry of Health of the Republic of Indonesia and their legal arrangements, are still regulated in a vague and not comprehensive manner, namely as contained in the Regulation of the Minister of Health of the Republic of Indonesia. Number HK.02.02./Menkes/251/2015 concerning National Guidelines for Anesthesia Medicine and Intensive Therapy Services. The following regulation regarding pain management is also not yet regulated holistically and comprehensively. This means that the regulation regarding the management of pain is still embedded in the product of the legal regulation of the Indonesian Medical Council, namely as stated in the Decree of the Indonesian Medical Council Number 40/KKI/KEP/IV/201812 concerning the Ratification of the White Paper on Interventional Pain Management in Different Fields of Medical Specialization. From several steps and policies on pain management regulations, which have been regulated in several applicable laws and regulations (*ius constitutum*), the norms of legal regulation are still very vague. This means that pain management has not been integrated holistically with other subspecialists. It is seen that the granting of clinical authority for pain intervention management (Interventional Pain

Management) is carried out by specialist doctors and sub-specialists of the type of specialization. Different subspecialties require a white paper referred to in the Indonesian Medical Council Regulation Number 42 of 2016 concerning Validation of the Same Competence in Competency Standards for Different Specialization Fields for Doctors and Dentists.

In other words, the existing product of pain regulation, there is still a legal vacuum (Recht vacuum). With the regulatory conditions regarding pain that is not yet comprehensive, in fact, in the field, there are obstacles in medical services in pain management. For example, there is a sharing of competencies found in the field or the world of medical practice so that everyone feels capable and worthy of providing pain services. This obstacle, of course, will result in confusion in the management of pain from the aspect of clinical authority. Other Salman HR, (2016), the Government will immediately establish the legal arrangements to construct a more comprehensive legal norm, permanently integrated with all fields of health services related to the benefits of pain services. The following legal vacuum from existing pain service regulation products is related to the state's obligation to provide health services to all citizens of the nation and the State of Indonesia. Things that happen in the field that so far from the results of the pain service actions referred to not all can be served by the state in the context of comprehensive and comprehensive pain services. Related to this, it can be stated related to the legal vacuum, specifically related to the financing of health services related to pain services. This means that the legal vacuum is due to incomplete legal arrangements regarding the provision of Health Insurance as regulated in Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System, State Gazette of 2004 Number 150, Supplement to State Gazette Number 4456. Concretely, the legal

vacuum that occurs from regulations regarding pain management is related to the lack of comprehensive nomenclature related to "Coding Diagnostics" and actions related to special pain services that all disciplines can use to have competence in pain services. In its application, the author suggests to the State/Government to realize the theory of constitutional law by Herman Heller.

## 5. CLOSING

Based on the analysis mentioned above, in the following section, a conclusion and a suggestion will be presented on pain management for the Indonesian nation and society from the constitutional analysis. That is, the critical part is the conclusion and suggestion that the author can convey to the State/Government that in the handling, implementation, and management of pain in Indonesia, it can be conveyed, namely: First, that the legal regulation regarding pain in Indonesia, especially in the context of affirming the principle of sovereignty of the people in the field of health services, and at the same time to confirm that Indonesia is a state of law, the regulation of pain management in question must be immediately formed by the Government at least in the status of Government Regulation (PP). Establishment of the construction of legal norms,

**Second**, the void regarding pain management, especially there are still several other fields of medical services that are not yet included in the scope and services of pain, for that on an urgent occasion, the Government must immediately include in a complete, comprehensive manner all aspects and dimensions of services that are substantially medically related. With the scope of pain management. Third, in the context of comprehensive pain management and to improve the quality of medical services to the community, it must be strictly regulated regarding the competency qualifications of medical

personnel who can provide pain relief. This means that the qualifications of competency standards are firm and clear whose competency standards are regulated in a comprehensive form of a Regulation of the Ministry of Health of the Republic of Indonesia. In this section, <https://www.sehatq.com/article/manajemen-nyeri>).

## 6. BIBLIOGRAPHY

### 1. Books

1. Abdul Manan, "The Role of Law in Economic Development First Edition," Jakarta: Prenadamedia Group, 2018.
2. Andraka-Christou B, Rager JB, Brown-Podgorski B., "Pain Clinic Definitions in the Medical Literature and US State
3. Laws: an Integrative Systematic Review and Comparison, substance abuse Treatment, Prevention, and Policy", 2018.
4. Brennan F, Lohman D, Gwyther L., "Access to Pain Management as a Human Right," *AJPH: Pain Management*, 2019.
5. Burhan Bungin, "Qualitative Research Methodology", Jakarta: Rineka Cipta, 2007.
6. Carvalho AS, Pereira SM, Jacomo A, Magalhaes S, Araujo J, Marrero PH, et al., "Ethical Decision Making in Pain Management a Conceptual Framework, *Journal of Pain Research*," 2018.
7. Dowel D, Zhang K, Noonan RK, Hockenberry JM., "Mandatory Provider Review and Pain Clinic Laws Reduce the Amounts of Opioid Prescribed and Overdose Death Rates," *HealthAffairs*: 35, 2016.
8. Idham, "Paradigm of Law Formation." Yogyakarta: Land Policy Partner Indonesia, 2005.
9. -----, "The Law of Political Paradigm for the Formation of Laws to Strengthen the Principle of Sovereignty
10. The People and Indonesia as the State of Law", Bandung: Alumni 2010.
11. -----, "The Political Paradigm of Land Registration and Land Consolidation in the Free Trade Zone (FTZ) Perspective in Bintan Regency," Bandung: Alumni, 2016.
12. Jimmy Asshiddiqie and Ali Safa'at, "Hans Kelsen's Theory of Law," Jakarta: Secretariat General & Registrar of the Republic of Indonesia Constitutional Court, 2006.
13. Jimmy Asshiddiqie, "Indonesian Constitution and Constitutionalism," Jakarta: Sinar Graphics, 2010.
14. Kress HG, Aldington D, Alon E, Coaccioli S, Collett B, Coluzzi F, et al., "A Holistic Approach to Chronic Pain Management that Involves All Stakeholders: Change is Needed, Current Medical Research & Opinion," 2014.
15. Lubis, M. Solly, "Politics and Law in the Reformation Era" Bandung: Mandar Maju, 2000.
16. -----, "National System", Bandung: Mandar Maju, 2002.
17. Moh. Mahfud MD, "Legal Politics in Indonesia", Jakarta: Raja Grafindo Persada, 2017.
18. Noeng Muhadjir, "Philosophy of Science, Comparative Functional Systematic Study," Yogyakarta: Rake Sarasin, 1998.
19. -----, "Qualitative Research Methodology", Yogyakarta: Rake Sarasin, 2002.
20. The Salman, HR, "Legal Philosophy of Development and Problem Dynamics," Bandung: Refika Aditama, 2016.
21. Soejono, Abdurrahman, "Legal Research Methods", Jakarta: Rineka Cipta, 2002.
22. Soerjono Soekanto, "Summary of Empirical Legal Research Methodology," Jakarta: Ind-Hill Co, 1990.

23. Suriasumatri, Jujun S, "Science in the Perspective of a Collection of Essays on the Nature of Science," Jakarta: Indonesian Torch Foundation, 1999.
- 2. Laws and Regulations and Other Secondary Data**
1. 1945 Constitution of the Republic of Indonesia.
  2. Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System, Gazette
  3. State of 2004 Number 150, Supplement to the State Gazette Number 4456.
  4. Law Number 36 of 2009 concerning Health, State Gazette of 2009 Number 144, and Supplement to the State Gazette Number 5063.
  5. Law Number 12 of 2011 concerning the Establishment of Legislation, Gazette
  6. State Year 2011 Number 82, Supplement to the State Gazette Number 5234, in conjunction with Law Number 15 of 2019, concerning Amendments to Law Number 12 of 2011 concerning the Establishment. Legislation, State Gazette of 2019 Number 183, Supplement to the State Gazette Number 6398.
  7. Regulation of the Minister of Health of the Republic of Indonesia Number 519/MENKES/PER/III/2011 concerning Guidelines Implementation of Anesthesiology and Intensive Therapy Services in Hospitals.
  8. Regulation of the Minister of Health of the Republic of Indonesia Number HK.02.02./Menkes/251/2015 concerning Guidelines National Service for Anesthesia and Intensive Therapy.
  9. Decree of the Indonesian Medical Council Number 40/KKI/KEP/IV/201812 Concerning the Ratification of the White Paper Interventional Pain Management in Medical Specialties.
  10. Indonesian Medical Council Regulation Number 42 of 2016 concerning Validation of Equal Competence in
  11. In Competency Standards in Different Specialization Fields for Doctors and Dentists.
  12. The Canadian Pain Task Force, Working Together to Better Understand, Prevent, and Manage Chronic Pain: What We Heard, 2020.
  13. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps/Inconsistencies, and Recommendations, 2019.
  14. Public Health Law, Menu of Pain Management Clinic Regulation, 2012.
  15. National Center for Injury Prevention and Control, Updating 2016 CDC Guideline Prescribing Opioids for Chronic Pain: background, 2021.
  16. American Academy of Family Physicians Chronic Pain Toolkit, 2003.
  17. Faculty of Pain Medicine, Core Standards for Pain Management Services in the UK, 2015.
- 3. Website/Internet**
1. <https://ejournal3.undip.ac.id/index.php/jppmr/article>.
  2. <https://rsud.purworejokab.go.id/ppid/wp-content/uploads.pdf>.
  3. <http://rsudrloekmonohadi.kuduskab.go.id/?p=2869>.
  4. <https://simdos.unud.ac.id/uploads.pdf>.
  5. <https://www.alodokter.com/pain-management>.
  6. <https://www.sehatq.com/disease/nyeri-kronis>.
  7. <https://www.sehatq.com/article/manajemen-nyeri>.