




Equality of Justice for Honorarium Differences in Carrying out the Medical Profession: Binary Contamination Efforts

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Abstract. The state of binary opposition in every social relationship is one of the causes of the emergence of injustice in the effort to obtain a decent livelihood. The loss of equality of justice in achieving a decent livelihood – in carrying out the process of specialist doctors, is precisely caused by the imbalance in the formulation of legal norms legitimized by power through the activities of forming laws and regulations based on monologue reasoning. Until, there is an inequality between one Specialist Doctor and another Specialist, just because it works non-linearly in a hospital that has certain specialties. This study aims to analyze the government's injustice in determining income in the form of honorarium for specialist doctors in hospitals labeled Special Hospitals in Indonesia. The problem to be studied in this study is related to efforts to carry out binary contamination of the discourse of honorarium inequality among fellow specialists. This research uses legal research methods with a multidisciplinary approach, namely a legal approach and a socio-political science approach. The results of this study show a difference in honorarium payments for fellow doctors who have the status of specialist doctors and work in government special hospitals by designating non-specialist doctors based on the specificity of the hospital specialties as marginalized binary opposition through the Minister of Health Regulation. The Minister of Health Regulation is a symbolic dominance for Specialist Doctors who work in Special Hospitals but is not linear with their specificity.

Keywords: honor doctor, binary opposition, specialist doctor

1. Introduction

The determination of wage rates to workers is a guarantee of decent livelihood to workers[1], it is contained in international conventions on economic, social and cultural rights, States parties to the agreement seek to guarantee equal rights of men and women in enjoying the economic, social and cultural rights set forth in the treaty. Equality in the provision of wages is one of the efforts to fulfill workers' rights within the scope of economic rights[2], to carry out life guarantees from the organizers to their workers. The fulfillment of these rights is also one of the actions that should be done, and there must be no difference in the fulfillment of rights, because workers

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have the same right to obtain wages[3], excluded if there are differences in position, position, duration of work and similar things that are situational.

Economic, social and cultural rights also apply to health workers without distinction, this applies the principle of Non-Discrimination. All workers should be treated fairly and equally[4]. The establishment of wage rates that take into account economic rights is an important part of equitable economic policy[5]. This should involve legislation, collective labor agreements and government cooperation with trade unions to ensure the protection of workers' economic rights. Wage differences occur for specialist health workers, these wage differences, made in regulations made by the government so as to harm the economic rights that should be obtained by workers, with situations that do not meet the situation factors for the fulfillment of wage differences.

Monologue reasoning in making regulations can certainly harm some parties because there is no contradiction which should be a view to find a solution in solving it. It is important for the government and relevant institutions to conduct an analysis of the honorarium system[6], taking a fair approach in determining wages for health workers and ensuring that the wages given to health workers can reflect the value of their work and contribution to the health system. It can also involve relevant agencies in making improvements in regulations, communication between governments and medical personnel, and improvements to these regulations can encourage the quality and participation of medical personnel in the health system[7]. Inequality of legal norms in making regulations[8] honorarium for health workers will provide unequal or discriminatory treatment due to the imbalance of legal norms imposed on a group (health workers).

The inequality of legal norms towards the economic rights[9] of health workers reflects social, political and economic dynamics. The need for a fair, inclusive and balanced legal system so that human rights and principles of justice are respected and defended[10]. Efforts to overcome the injustice of honorarium against health workers. In the injustice of honorarium to health workers can cause significant economic inequality and lead to unequal opportunities and access to resources. Norms and cultures that are detrimental to certain working groups, Conflicts and crises, lack of legal protection and inequalities in policies and regulations. In the face of injustice in the regulations formed, it is important to carry out transparency and participation of health workers' unions in the process of formulating regulations and ensure that the regulations have met aspects and take into account the interests of all parties, Revision and reform of regulations that are fair and responsive to the needs of the community can help overcome negative impacts and build a more just and effective system.

This study focuses on the problem of inequality in the right to an adequate livelihood as one of the economic rights, especially in the medical profession. The medical profession is divided into several parts including general practitioners and specialists. Specialist doctors themselves are divided into several specialties of understanding science to deal with certain diseases. Within the framework of binary

opposition[11], this occurs in article 14 paragraph (1) letter b of Permenkes Number 52 of 2016, which states that the INA-CBG rates of our Harapan heart and blood vessel hospitals, Dharmais cancer hospitals, children's hospital rates and our Mother of Hope, and are affirmed through article 16 paragraph (1) of Permenkes Number 52 of 2016 which states that special hospitals, In addition to those mentioned in Article 14 paragraph (1) letter b, for services that are in accordance with their specificity, tariff groups based on the specified hospital apply. Of course this can be seen that there is injustice in setting different rates, but basically hospitals other than those mentioned in article 14 paragraph (1) point b are special hospitals as well. The need to advocate for equality in treatment and compensation between equal groups of health workers taking into account equal roles and contributions in specificity. By conducting an in-depth review of policies affecting medical personnel honorariums and ensuring that they respect fair differences by involving health workers, medical institutions, and governments in discussions to address honorarium differences with a fair and inclusive approach with the aim of creating a fairer and more equal honorarium system for doctors who have similar qualifications, responsibilities, and working conditions.

In terms of monologue reasoning, of course, this aspect is not considered as one of the efforts to approach policies that will be implemented in certain professions, because of the lack of transparency. Differences in honorarium can be caused by non-transparent or discriminatory practices. If there is a preference or bias towards a particular group, this can affect policy. Unilateral policy refers to decisions or actions taken by one party without involving or considering the views or input of the other parties involved or affected[12]. This can happen in a variety of contexts, including in government environments, These unilateral policies often result in losses due to lack of transparency, engagement and accountability that can lead to unintended impact or disapproval. Institutions that issue policies or laws without involving the participation of the community or other stakeholders can create discontent or protest of certain groups, the binary opposition framework is also one of the causes of injustice.

In the context of governance, practices that promote transparency, participation and open communication are often considered preferable. Encouraging discussion and consultation before making important decisions can prevent equity differences, prevent conflict and create sustainable solutions. The tariff difference contained in the Law of the Minister of Health No. 56 of 2014 Article 14 Paragraph (1) Letter b is a form of real inequality due to the special classification of special hospital rates, but only certain hospitals have INA-CBG rates. The tariff inequality will certainly affect services to services and professional performance of health workers, because of the inequality of honorarium for health workers.

As for the previous study entitled "Government Obligations on the Right to Compensation for Health Services for Doctor Internship" by Dzulqarnain Andira[13], Mokhamad Kohoirul Huda and Sulaksono, which discussed the government's obligation to the right to remuneration for health services Doctors or specialists who graduated from medicine both at home and abroad recognized by the Government of the Republic of Indonesia in accordance with laws and regulations, this is stated in

Article 53 of the Law. In the Health Law, it is any activity and or series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of public health in the form of disease prevention, health improvement, disease treatment and health recovery by the government and / or the community. Regarding the rewards or services of health services for health workers themselves, it is regulated in article 27 paragraph 1 of Law number 36 of 2009 concerning health, health workers are entitled to benefits and legal protection in carrying out their duties in accordance with their profession. The government has the obligation and responsibility to provide fair legal protection and certainty, legal certainty and justice are needed for health workers in fulfilling their rights to health services.

In a previous study entitled "Reconstruction of Social Welfare for Health Workers in Hospitals" by Yuki Firia Maatisya and Aris Prio Agus Santoso[14] stated that efforts to reconstruct social welfare, especially for health workers in hospitals so as to support the implementation of social justice for health workers in hospitals so as to be able to support the implementation of social justice for health workers between others by rearranging regulations on social welfare, rearranging regulations on employment, rearranging regulations on job creation, rearranging *Hospital By Laws* by emphasizing the function of hospitals in protecting with welfare for all parties related to Rumah Sakit, presenting regulations on wage standards for hospitals and other health facilities and creating a law enforcement system for hospitals as well as other health service facilities that are negligent in providing protection and welfare for all parties concerned.

2. Problems

Based on the descriptions above, as a limitation in this study, the researcher proposed a problem formulation, namely "How do you build an equality of honorarium as a form of justice in terms of upholding economic rights in the health sector?"

3. Method

This research uses legal research methods based on literature studies by utilizing linguistic approaches—as well as Legal Science approaches, from Deconstruction Theory to reveal the meaning of being marginalized and dominated.

4. Discussion

4.1. Jacques Derrida's Deconstruction Theory

Jacques Derrida or better known simply 'Derrida', is a French philosopher, who was born in 1930 in El Bair near Al Jazair and is of Jewish descent from both parents.[15] As a philosopher, Derrida did not escape the influence of his predecessors, such as

Husserl, Ferdinand de Saussure, Nietzsche, and Martin Heidegger as well as several philosophers belonging to the modern era, such as Immanuel Kant, Hegel, even going back to the era of Aristotelian thought. Based on the originality of Derrida's criticism of logocentrism, one aspect that will be used as one of the analytical knives in this study is Derrida's study of Binary Opposition in Language aimed at criticizing Ferdinand de Saussure. In general, however, to understand Derrida's version of deconstruction, it refers to McQuillan's view by enumerating five steps, namely:[16]

- a. Deconstruction as not a way or method but rather a reading event. There is no set of rules, criteria, procedures, programs and sequences of steps and theories to follow in deconstruction;
- b. Deconstruction concerns the contamination of binary oppositions-oppositions, pairs of opposite meanings;
- c. Deconstruction interests the marginalized and instability;
- d. Deconstruction is history, therefore, the term favored in binary opposition occurs in history; and
- e. Deconstruction does not distinguish text and context because the so-called context does not exist outside the text, but rather already exists in the text and is accessible in that text.

Deconstruction challenges a centralized, rounded mode of meaning that the text might want or that is deliberately overtly generated by the logical relationships of the text. When applying deconstructive reading, it becomes clear that the power of the "unspeakable" text does not always go hand in hand with that dominant reading. That power is logic that is downplayed as secondary meaning, logic that at times jeopardizes the building of the text or produces ambiguous paradoxes, which undermine the dominant reading. The logic of the game shaped by deconstructive reading suggests that a text may deny something it asserts, although often that denial is implicit and vague. Denial, which tries to be hidden with one dominant reading, makes the meaning no longer singular, but compound and widens in other directions, to telos that can no longer be controlled.[17]

This opposition in linguistics goes side by side with the same thing in the western philosophical tradition. In this binary opposition, according to the western philosophical tradition, the terms of the first employer are superior to the second subordinate/employee. The second terms are false representations of the former or are inferior. This tradition is called logocentrism and is used to explain the assumption of privilege in the first term and the "harassment" of the second term.[18]

The concept of Binary Opposition, according to Rocky Marbun,[19] is an attempt by Derrida to dismantle the metaphysics of presence as a 'myth' in modernity that is a legacy of western philosophy. Derrida attempts to point out the existence of a false consciousness contained in the metaphysics of that presence, as something of a 'common sense', and tries to shake that consciousness with a premise that there is

another meaning that is cast aside as something 'other' in its entirety with a 'central' meaning.

Another way of doing deconstruction is to use the key ideas of deconstruction. Through these key ideas, hierarchical relations between elements in the text systematically contaminate each other. In other words, the process of destabilization of the text structure occurs in this process. The text is in crisis. At the moment of crisis displayed "other logic" or "new" elements that cannot be returned to the previous hierarchical relationship. The crisis in the vision of deconstruction is interpreted more as an opportunity for the emergence of the "other" than chaos. The "other logic", or "new" element, must come from the material and economic resources of the text itself. Figuratively speaking, the reading is like a parasite that eats from the flesh of the text while spawning critical things in the text.[20]

Referring to the above, the binary opposition that occupies the position of 'the other' and is seen as a parasite, for Derrida is a text that must be allowed to speak in order to contaminate other texts that dominate. Thus, false consciousness in the metaphysics of presence is shaken by the appearance of other texts that were not previously taken into account with the context in which they appeared. However, Derrida's deconstruction does not mean that it removes its existing meaning.

According to Chris Barker,[21] deconstruction aims to dismantle a text to find out and show the assumptions held by the text. Deconstructing in the sense of dismantling hierarchical binary oppositions, such as speech-writing, reality-appearance, intellect and others that function to guarantee truth by denying the inferior partner in each binary opposition. Jacques Derrida's tendency toward deconstruction, according to John Lechte, was philosophically the impetus for deconstruction not only to show the laws of thought were incomplete. However, the clear tendency in his work is to generate influence and open up new areas in the world of philosophy so that it continues to be a place for creativity and new discoveries.[22]

Derrida's strategy of deconstructing binary opposition is done by reversing and continuing the hierarchy of binary opposition using language as an intermediary. Deconstruction as a critical method for understanding the metaphorical and figurative elements contained in the text. The task of deconstruction is to dispel the western metaphysical idea that ratio can be separated from language and language is considered a reflection of truth. Through deconstruction, Derrida dismantled and reinterpreted modern thought and gave birth to new texts.[23]

4.2. Functionalization of deconstructive theory in conducting binary contamination of the discourse of inequality of honorarium of specialist doctors in special hospitals

Social relations, in the view of Jacques Derrida, will always be in a tension of meaning that is not egalitarian. There will always be a binary pole or opposition that dominates the other pole. In this case, it is a *das sein* where there is a state of hospital practice in which there is hegemony a state of binary opposition that marginalizes "the Other" Specialists from being voiceless, in a triadic relationship between

Specialty Hospitals, Specialty Doctors, and 'Ordinary' Specialists. In binary opposition, one element is privileged, while the other element is marginalized. The two inner elements are also arranged based on certain boundaries that make the two elements separate[20]. Binary opposition is the core of the system of difference on which structural thinking is based. Binary opposition has always been a cornerstone of western philosophy. For example, the word "signifier" will be binary with the word "sign" (signer/sign), the word "true" is binary with the word "false" (true/false), the word "male" is binary with "female" (male/female).

This opposition in linguistics goes side by side with the same thing in the western philosophical tradition. In this binary opposition, according to the western philosophical tradition, the terms of the first—employer, are superior to the second—subordinate/employee. The second terms are false representations of the former or are inferior. This tradition is called logocentrism and is used to explain the assumption of privilege in the first term and "harassment" of the second term[18].

If in Derrida's deconstruction, which aims to dismantle binary opposition in displaying and presenting inferior elements in binary opposition as something worth listening to[24]. Thus, in this study, the researcher followed in Derrida's footsteps to expose the inferior element—which is not revealed in the track record of written rules, as a decisive position in granting egalitarian economic rights in the professional community of Specialist Doctors.

What Derrida wanted for the domination of the Superior Binary Opposition "the Central", was to marginalize this position[25] by accommodating the voices echoed by "the Other". Such a strategy of reversal[26], in Derrida's view, is not intended to eliminate the existence of the meaning of "the Central" by "the Other". However, it attempts to allow the meaning of "the Other" to dialogical to the meaning of "the Central".

The helplessness of "the Other" as a Specialist Doctor in a Special Hospital—for example a Cancer Hospital, towards a Cancer Specialist, has been dominated by a power relationship through a law that positions Cancer Specialists as recipients of privileges through differences in honorarium. Therefore, the Deconstruction Theory proposed by Derrida, does not want the loss of the existence of "the Central", but wants to do binary contamination through language strategies.

The concern about inequality in the awarding of honorariums from some doctors, seems to refer to arrangements that occur in some countries that seem fairer. For example, guidelines for the amount of honorarium/incentives for doctors in the UK depend on treatment activities[27]. Meanwhile, in the United States using an honorarium mechanism based on the specialty of its hospitals by distinguishing itself from General Hospitals. This means that Specialist Doctors are only available in Specialist Hospitals based on their specialization[28].

Deconstruction, theoretically, is constructed to infinitely find a wide variety of meanings. Thus, a dominating meaning must be dialogued with the semiotic model. That is, the Government in giving meaning to an arrangement has ignored signs and symbols that have internationally reduced imbalances through a convention that it has ratified itself.

5. Conclusion

The dominating condition that mainstreams Specialized Specialists in Special Hospitals over "the Other" Specialists who receive smaller honorariums. The silencing of this inferior position is naturalized through the Minister of Health Regulation Number 56 of 2014 concerning Hospital Classification and Licensing, which is contrary to the equality of the right to earn a decent income. Therefore, there should be equality between every Specialty Doctor regardless of the specificity of the Hospital where he practices medicine.

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