



## Reconstruction of legal protection regulations for doctors in providing high-risk health services based on the value of justice

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### Abstract

Services for high-risk patients are oriented to be able to optimally provide services and patient care by using resources, medicines and equipment according to applicable standard guidelines. The purpose of this study is to analyze and find legal protection regulations for doctors in providing high-risk health services that are not yet based on justice values, to analyze and find legal protection regulations for doctors in providing weaknesses in legal protection regulations for doctors in providing high-risk health services at this time, to analyze the reconstruction of legal protection regulations for doctors in providing high-risk health services based on justice values. The research method uses the positivism paradigm, with a sociological juridical approach method, and descriptive research type. Types and sources of data using secondary data in the form of primary legal materials, secondary legal materials, and tertiary legal materials. The data collection method uses literature, and qualitative analysis methods. The results of the study are: 1). The regulation of legal protection of doctors in providing high-risk health services has not been based on justice that the patient due to his ignorance of what is meant by medical risk and malpractice so that it raises speculation that the doctor is always wrong if at the time of providing health services and treatment to the patient causes things that are not desired such as adding a disease or maybe even losing his life. 2). The weaknesses of legal protection regulations for doctors in providing high-risk health services currently consist of aspects of legal substance, legal structure, legal culture. The weaknesses of the substance aspect, in the implementation that there is no legal firmness that can be related to the legal protection of doctors even though in substance it has been emphasized that there is legal protection for doctors in carrying out the medical profession. The weakness of the legal structure aspect is that the difficulties faced in law enforcement by law enforcers are generally at the level of understanding. The weakness of the legal culture aspect is that the need for socialization and education to the community, although some people already understand, but often the views of the community are still subjective. 3). The reconstruction of legal protection regulations for doctors in providing high-risk health services based on the value of justice consists of value reconstruction and norm reconstruction. The value reconstruction to be achieved in this study is that the regulation of legal protection of doctors in providing high-risk health services that were not based on justice is now based on justice. The norm reconstruction is Reconstruction of Law Number 17 of 2023 concerning Health Article 273, Regulation of the Minister of Health of the Republic of Indonesia Number 290 / Menkes / PER / III / 2008 concerning Approval of Medical Actions Article 3 Paragraph 1.

**Keywords:** Reconstruction, regulation, legal protection, health services

### Introduction

Health care service is the right of everyone guaranteed in the 1945 Constitution to make efforts to improve health status both individually, as well as groups or society as a whole. The definition of health services according to the Ministry of Health of the Republic of Indonesia in 2009 (Depkes RI) contained in the Health Law on health is any effort organized alone or jointly in an organization to maintain and improve health, prevent and cure diseases and restore health, individuals, families, groups or communities. Health care for all citizens is the responsibility of the government as mandated in the law. One form of health service is public service. However, it cannot be denied that health services, especially from the public sector, still have many obstacles and barriers, especially in terms of service quality. In Law No. 23/1992 on health, it is stipulated that every individual, family and community has the right to obtain protection of their health, and the state is responsible for regulating the fulfillment of the right to a healthy life for its population, including for the poor and disadvantaged. Power in health care lies with the central and regional governments, and with the upper social classes who have the authority to make choices on alternative health services.

Legal Aid can be broadly defined as an effort to assist the poor in the field of law <sup>[1]</sup>.

The government cooperates with hospitals throughout Indonesia to provide maximum health services for the community, and facilitate financing with the help of social health insurance for the people, so that there is no reason for the community not to get health insurance from the state.

In addition, the organization of hospitals facilitates public access to health services, provides protection for the safety of patients, the community, the hospital environment and human resources in hospitals, improves quality and maintains hospital service standards and provides legal certainty to patients, the community and human resources and hospitals <sup>[2]</sup>.

One form of public health service in hospitals is the provision of medical services for patients who need care and treatment by health workers. Medical services are an effort or activity to prevent, treat disease, and restore health on the basis of the relationship between medical services and individuals in need <sup>[3]</sup>. The doctors who integrate in the hospital are to perform medical services.

Doctors in carrying out their duties have noble reasons, namely to maintain a person's body healthy or to nourish the

body of someone who is sick or at least reduce the suffering of a sick person. The professional work of a doctor is based on two main behavioral principles, namely the sincerity to do for the good of the patient and there is no intention to harm, injure or even harm the patient. As part of a sense of responsibility and as a manifestation of these two main behaviors, health workers are obliged to respect patient rights.

The rights of patients that must be respected by doctors and other health workers consist of the right to be treated, the right to receive treatment by doctors who make professional decisions ethically and freely. Another right that must be respected from patients is the right to be protected in terms of health services that have been entrusted by a health worker so that the work of a health worker deserves legal protection to a certain extent. This means that a health worker in carrying out his duties must be in accordance with predetermined limits so as not to get sued or sued in front of the court <sup>[4]</sup>.

The regulation of health services for the community in Indonesia is philosophically derived from Article 34 paragraph (1) of the 1945 Constitution of the Republic of Indonesia which stipulates health services as the responsibility of the state, and Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which stipulates the right of citizens to obtain health services. Both Articles are the embodiment of the Precepts of Fair and Civilized Humanity and the Precepts of Social Justice for All Indonesian People. The provision of health services is related to the values that uphold the dignity of Indonesian human beings, while the determination of the right to obtain health services is a manifestation of the Precepts of Social Justice which embodies equity <sup>[5]</sup>.

Health care in hospitals begins with a therapeutic transaction between doctors and patients. In hospital health care efforts, health workers such as doctors, nurses, radiologists, occupational therapy, physical therapy, laboratories, nutritionists and social workers have a direct relationship with patients <sup>[6]</sup>. High-risk services are services that require complex equipment for the treatment of life-threatening diseases, risk of treatment hazards, potential harm to patients or toxic effects of high-risk drugs <sup>[7]</sup>. Similarly, patients who are frightened, confused or comatose are unable to understand the care process when care needs to be delivered quickly and efficiently. Hospitals also provide a wide variety of services, some of which are high-risk because they require complex equipment, necessary for the treatment of life-threatening diseases (dialysis patients), the nature of the treatment (use of blood or blood products), the potential for harm to the patient or the toxic effects of high-risk drugs (e.g. chemotherapy).

Care for high-risk patients is oriented to optimally provide services and patient care by using resources, medicines and equipment according to applicable standard guidelines. Care for high-risk patients must also be supported by the use of PPK, and other regulations and care plans, Clinical Pathway.

Doctors in providing high-risk health services require medical action approval. Informed consent or approval of medical action or approval of medical action is an agreement made by the patient or his family, to give permission to the doctor to conduct a series of examinations, determine a diagnosis, conduct physical examinations and medical support and perform certain medical actions to the

patient. The consent is given by the patient or his family after going through a balanced two-way interpersonal communication process. In the communication process, the doctor provides an explanation or medical information to the patient regarding the diagnosis of the disease and the procedure for medical action; the purpose of the medical action taken; alternative actions and their risks; risks and complications that may occur; and prognosis of the action taken, while the patient can question things that are considered unclear, question the doctor's experience in handling the same case as experienced by the patient, question possible risks, question other alternative actions with all the advantages and disadvantages and question the possible amount of costs that must be borne by the patient. Consent to medical treatment given by the patient or their family must be free from intervention, pressure or fear. Whatever the patient decides must be respected.

Based on the background description above, the author is interested in writing a dissertation entitled "Reconstruction of Legal Protection Regulations for Doctors in Providing High Risk Health Services Based on Justice Values".

### Research methods

In this research the author uses the positivism paradigm, a paradigm that views that legal science only deals with laws and regulations. Law as something that must be applied, and is more likely not to question the value of justice and its usefulness to society. The study of law and its enforcement only revolves around what is right and what is not right, what is wrong and what is not wrong and other forms that are more prescriptive.

The type of research used in completing this dissertation is descriptive analytical juridical research method, which is research conducted by examining library materials (secondary data) or library legal research <sup>[8]</sup>, then described in the analysis and discussion. The research approach used in this research is sociological legal research or commonly called *sociological juridical* research. In this research, law is conceptualized as an empirical symptom that can be observed in real life.

The types of data used are primary and secondary data. To obtain primary data, researchers refer to data or facts and legal cases obtained directly through research in the field including information from respondents related to the object of research and practices that can be seen and related to the object of research. This secondary data is useful as a theoretical basis to underlie the analysis of the main issues in this study.

### Discussion

#### 1. Regulation of Legal Protection of Doctors in Providing High-Risk Health Services Has Not Been Based on Justice

According to Article 53 paragraph (1) of Law No.36 of 2009 concerning Health, it is stated that health services consist of: individual health services and public health services. Individual health services are more aimed at curative (healing) and rehabilitative (recovery / returning patients to their social life). While public health services are aimed at promotive (maintenance and improvement of health) and preventive (disease prevention). In health services there is such a thing as medical action, which is one of the activities part of health services provided by health workers to achieve healing of disease and restoration of

health carried out based on professional standards and standard operational procedures for medical action. In order to carry out health services, health workers / health professionals are needed, which are divided into 2 (two) namely Curative-Rehabilitative and Promotive-Preventive.

The doctors / dentists who integrate in the Hospital are to perform health services. Health service efforts carried out by doctors in hospitals are principally due to an employment relationship, which is based on a contract. By contract, medical personnel become members of the hospital staff <sup>[9]</sup>. Nevertheless, with the advancement of science, especially in the field of medicine and with the increasing number of specializations of doctors / dentists, it is possible for doctors / dentists who are not medical staff of the hospital concerned to perform health services at the hospital. Therefore, doctors who perform health services in hospitals can be divided into two, namely doctors who have the status of employees (employees) and guest doctors (independent contractors) <sup>[10]</sup>.

As a professional, a doctor in carrying out his duties is bound by a medical code of ethics, which controls his behavior, which is based on the Indonesian Code of Medical Ethics (KODEKI), through Skep.PBIDI No.111/PB/A.4/02/2013. KODEKI regulates general obligations as a doctor (article 1-article 13), doctor's obligations to patients (article 14-article17), doctor's obligations to colleagues (article 18-article 19), and doctor's obligations to themselves (article 20-article 21). In health services, the issue of professional ethics has long been endeavored so that it can actually develop and be attached to every attitude and action of a doctor / dentist. This is because the code of ethics in legal life plays a very important role in many matters relating to health law, which shows that the code of ethics gives a positive meaning to the development of law, for example regarding the actions of a doctor / dentist issuing a "Doctor's Certificate" for the benefit of the trial.

Law enforcement is a process of activities or activities, one of which is carried out by law enforcers (POLRI / PPNS Investigators, Prosecutors and Judges) <sup>[11]</sup>. Disciplinary Responsibility in Health Services The determinant of a violation of the discipline of a doctor / dentist is MKDKI through complaints from patients or families of patients who feel malpractice has occurred. Where the MKDKI imposes sanctions for violations of the professional discipline of a doctor / dentist through proof at the MKDKI trial, as stipulated in Perkonsil No.3 of 2011 concerning the Organization and Administration of MKDKI, while the cases that are tried violate or not, MKDKI uses the basis of Perkonsil No.4 of 2011 concerning Professional Discipline of Doctors and Dentists. If in the trial at MKDKI it turns out that a doctor / dentist is proven to have violated professional discipline for the reported malpractice case, the doctor will receive disciplinary responsibility, as stated in Article 69 of Law No.29 of 2004 concerning Medical Practice.

The regulation of legal protection of doctors in providing high-risk health services has not been fair justice is that patients due to their ignorance of what is meant by medical risk and malpractice so that it raises speculation that doctors are always wrong if at the time of providing health services and handling of patients cause things that are not desired such as adding a disease or maybe even losing their lives. In medicine, we often hear the term Informed Consent which means informed consent or in other terms the approval of

medical action, the regulation is contained in Article 39 and Article 45 of Law Number 29 of 2004 concerning Medical Practice which contains that before medical action is taken between the doctor and the patient, everything for the action must obtain the consent of the patient and his family, then the second is Contribution Negligence or the patient is also guilty, which means that the patient does not explain properly about the condition of the history of the disease he has experienced or the drug allergy he is suffering from, causing unwanted circumstances by the doctor and patient, Third, *Volenti Non Fit Iniura* or *Assumption of Risk* is an old doctrine in law, an assumption that is already known in advance that there will be a high medical risk to the patient if medical action is taken on him and the doctor and other medical personnel have provided complete explanations and information and the patient or his family has agreed that if the risk occurs, the doctor and other medical personnel cannot be blamed. However, in reality doctors have not received optimal legal protection, because doctors often face lawsuits by patients or families.

## 2. Weaknesses of Current Regulations on Legal Protection of Doctors in Providing High-Risk Health Services

### a. Weaknesses of Legal Substance

The weakness of the substance aspect, in terms of implementation, is that there is no legal firmness that can be related to the legal protection of doctors even though in substance it has been emphasized that there is legal protection for doctors in carrying out the medical profession. Doctors who practice medicine in accordance with professional standards and standard operating procedures, this is what is called medical risk. The form of therapeutic transactions is Informed Consent or approval of medical action has a dual function. However, it is still not uncommon for doctors to face lawsuits from patients. In addition, it is necessary to realize that the current health law regulations have not fully accommodated the problems that arise in the field of health services.

### b. Weaknesses of Legal Structure

The weakness of the legal structure aspect is that the difficulties encountered in law enforcement by law enforcers are generally at the level of understanding, meaning that the lack of ability or knowledge of law enforcement officials on health law in this context is usually found problems between ethics and law.

### c. Weaknesses of Legal Culture

The weakness of the legal culture aspect is that the need for socialization and education to the community, although some people already understand, but often the views of the community are still subjective.

## 3. Reconstruction of Legal Protection Regulations for Doctors in Providing High Risk Health Services Based on the Value of Justice

### A. Foreign Country Review of Legal Protection Regulations for Doctors in Other Countries

#### 1. Singapore

Quoting from the Private Hospitals and Medical Clinics Act Chapter 248, Singapore sets regulations in aspects including interpretation or interpretation of the content or context of the Private Hospitals and Medical Clinics Act

Administration of the Act and appointment of officers, Licenses for private hospitals, medical clinics, clinical laboratories and health care companies, license renewal applications and issuance, differentiation or classification of hospitals, bookkeeping or registration, suspension and revocation of licenses, Appeals (in the event of legal problems or violations of the law in accordance with the provisions of this law). The hospital regulations in Singapore also regulate inspections, searches, seizures and the legal powers of law enforcement. It also regulates the confidentiality of information which then includes any provisions that become exceptions, including when it comes to law enforcement, it is justified for law enforcement to convey information that was originally determined to be confidential, for example, all kinds of medical records or information obtained from hospitals, medical clinics, laboratories or health care facilities. Furthermore, it is discussed if it is justified in submitting information that must be kept confidential if it concerns enforcement criteria in the fields of dangerous diseases, abortion, human organ transplants, health product laws, drug laws. Then there are procedural and instrumental provisions as well as penal provisions. Criminal law reform must essentially be a manifestation of changes and reforms to the various aspects and policies that underlie it<sup>[12]</sup>.

In the Private Hospitals and Medical Clinics Act Chapter 248 there is a fundamental point about the narrowing of the Hospital not only as a legal entity that is subject to national legal regulations but also emphasizes the broad authority of the law enforcement apparatus, especially in the field of state health to ensure the implementation of what is regulated in Singapore's legal regulations Singapore regulations provide affirmation if the Director of Health and legal subjects designated as infrastructure apparatus have full authority in ensuring the implementation of all things that are aspired or things that have become regulations in the implementation of hospitals and all matters concerning administration.

## 2. Malaysia

Some of the laws and regulations governing the implementation of registration and licensing of doctors include:

1. ACT 50/1971 on Medical ACT
2. Medical Regulation 1974 On Regulations, Saving and Repeal
3. 1993 Regulation on Medical Setting of Examination for Provisional Registrations
4. Malaysian Medical Council Regulation 1986 on Medical Instrumens (Exemptions)
5. ACT 586/1998 on Private Healthcare Facilities and Services ACT Malaysia has had regulations on the practice of medicine since 1971, while Indonesia has only had a GCPL for the first time since the enactment of Law No. 29/2004 on the Practice of Medicine and Dentistry.

In accordance with the laws and regulations used as a reference related to the registration and licensing of doctors and the results of interviews with health officials in Negeri Pulau Pinang, it can be concluded as follows:

1. The Medical Practice Act is based on ACT (5)/1971 and consists of seven sections and 44 articles.

2. Of the various things contained in ACT (50)/1971 that distinguish it from Indonesian laws and regulations, namely:
  - a. Temporary registration solely for the purpose of gaining experience and as a condition of being registered as a full registration
  - b. Temporary registration for medical practitioners coming from outside Malaysia and valid for three years
  - c. Full registration i.e. a person has sufficient qualifications and competence declared by the council.
  - d. Annual Certificate / license to practice doctor is only valid for one year and must be renewed every December 31 in the current year
  - e. The competency test is conducted for every doctor who applies for a certificate of registration either temporary registration or full registration as well as an annual certificate organized by a committee established by the Malaysian Medical Council.
  - f. To obtain a competency recommendation, several written and oral tests issued by the Qualification Board established by the Malaysian Medical Council must be taken.
  - g. Malaysian Medical Council has disciplinary jurisdiction
  - h. In exercising its disciplinary jurisdiction, the council may impose penalties.
  - i. An opportunity is given to doctors who are found to have committed a disciplinary offense by the Council to appeal against the Council's decision.
  - j. The existence of a committee for the initial examination of violations of the discipline of the medical profession with clear procedures as stated in ACT (50)/1971 article 36 to article 386 and 1974 Regulations article 261.
  - k. Registration of Medical Practice is regulated in 1974 regulations

l. Determination of Members of the Malaysian Medical Council through selection based on applications for nomination of Council members in accordance with the procedures set out in the 1974 regulations

m. The issue of medical practice registration fees is formally prescribed in the 1974 regulations viz:

- a. A temporary registration fee of 20 ringgit,
- b. Full registration fee of 100 ringgit,
- c. An annual certificate fee of 50 ringgit, and
- d. Temporary certificate of practice at 50 ringgit.

n. In the 1974 regulations, there is a procedure for the stages of organizing an investigation if there is a complaint/information of a violation of medical discipline. The organization of the investigation is carried out by the preliminary investigation committee established by the Council.

## 3. Japan

In Japan, health care services at hospitals and doctors' offices are the same for all insurance systems. Payment is in the form of fee for service, but has been partially used as a bundled payment in the Health Insurance for Elderly. Each medical treatment price is listed by the insurer on the fee schedule based on the recommendations of the Central Social Insurance Medical Council determined by the government. The price of prescription drugs that can be claimed by medical facilities is based on standardized drug prices. There are similarities between Japan's health

insurance and Indonesia's, in that the cost of caring for the elderly population tends to be high. This is related to the pattern of degenerative diseases and the high proportion of the elderly population in Japan. However, what is different is that health insurance in Japan does not recognize a referral system, residents are free to choose health services at first-level doctors or clinics, or directly to hospitals. However, health insurance in Japan does not cover normal deliveries, while in Indonesia it covers all deliveries, both normal and surgical (SC) with medical indications.

**B. Reconstruction of Regulatory Values for Legal Protection of Doctors in Providing High Risk Health Services Based on Justice Values**

The value reconstruction to be achieved in this study is that the regulation of legal protection of doctors in providing high-risk health services that was not based on justice is now based on justice.

**C. Reconstruction of Regulatory Norms for Legal Protection of Doctors in Providing High Risk Health Services Based on Justice Values**

The regulation of health services for the community in Indonesia is philosophically derived from Article 34 paragraph (1) of the 1945 Constitution of the Republic of Indonesia which stipulates health services as the responsibility of the state, and Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which stipulates the right of citizens to obtain health services. Both Articles are the embodiment of the Precepts of Fair and Civilized Humanity and the Precepts of Social Justice for All Indonesian People. The provision of health services is related to the values that uphold the dignity of Indonesian human beings, while the determination of the right to obtain health services is a manifestation of the Precepts of Social Justice which embodies equity<sup>[13]</sup>.

Based on the information above, a summary of the reconstruction is presented in the table below:

**Table 1:** Reconstruction of Legal Protection Regulations for Doctors in Providing High Risk Health Services Based on the Value of Justice

No.	Construction	Weaknesses	Reconstruction
1	Law No. 17 of 2023 Concerning Health Article 273 Paragraph 1 Letter a 1. Medical and Health Workers in carrying out their practice have the right: a. Receive legal protection as long as carrying out duties in accordance with professional standards, professional service standards, standard operational procedures, and professional ethics, as well as Patient Health needs;	Not yet justice-based	Reconstruction of Law Number 17 of 2023 Concerning Health Article 273 Paragraph 1 Letter a by adding the words at the end of the sentence "proportionally and based on the value of justice" 1. Medical and Health Workers in carrying out their practice have the right: a. Receive legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, standard operational procedures, and professional ethics, as well as Patient Health needs, proportionally and based on the value of justice.
2	Regulation of the Minister of Health of the Republic of Indonesia Number 290/Menkes/PER/III/2008 concerning Approval of Medical Actions Article 3 Paragraph 1 1. Every medical action that contains high risk must obtain written consent signed by the person entitled to give consent.	lack of clarity and firmness in terms of substance	Reconstruction of the Regulation of the Minister of Health of the Republic of Indonesia Number 290/Menkes/PER/III/2008 concerning Approval of Medical Actions Article 3 Paragraph 1 by adding at the end of the sentence, "as a sign of agreement between both parties, both doctors and patients or families." 1. Every medical action that contains high risk must obtain written consent signed by those entitled to give consent as a sign of agreement between both parties, both doctors and patients or families.

**D. Cover Conclusion**

The regulation of legal protection of doctors in providing high-risk health services has not been based on justice that patients due to their ignorance of what is meant by medical risk and malpractice so that it raises speculation that doctors are always wrong if at the time of providing health services and handling of patients cause things that are not desired such as adding a disease or maybe even losing their lives. Weaknesses from the aspect of substance, in the implementation that there is no legal firmness that can be related to the legal protection of doctors even though in substance it has been emphasized that there is legal protection for doctors in carrying out the medical profession. The weakness of the legal structure aspect is that the difficulties faced in law enforcement by law enforcers are generally at the level of understanding, meaning that the lack of ability or knowledge of law enforcement officials on health law in this context is usually found to be a problem between ethics and law. The weakness of the legal culture aspect is that the need for socialization and education to the community, although some people already understand, but often the views of the community are still subjective. The reconstruction of legal protection regulations for doctors in providing high-risk health services based on the value of justice consists of value reconstruction and norm reconstruction.

The value reconstruction to be achieved in this study is that the regulation of legal protection of doctors in providing high-risk health services that was not based on justice is now based on justice.

Reconstruction of Law Number 17 of 2023 Concerning Health Article 273

Paragraph 1 Letter a by adding the words at the end of the sentence "proportionally and based on the value of justice, Reconstruction of the Regulation of the Minister of Health of the Republic of Indonesia Number 290/Menkes/PER/III/2008 concerning Approval of Medical Actions Article 3 Paragraph 1 by adding at the end of the sentence, "as a sign of agreement between both parties, both doctors and patients or families."

**References**

1. Agung IM. Understanding the Covid-19 Pandemic from a Social Psychology Perspective. Psychobulletin: Scientific Bulletin of Psychology, 2020, 1(2).
2. Ahmad Muntolib, Sri Endah Wahyuningsih. The Role of Legal Aid in the Criminal Justice Process in Blora Regency, Khaira Ummah Law Journal, 2017, 12(3)
3. Aktariyani T, Darwito Rimawati, Trisnantoro L. Legal Safeguards of Residents in Handling Covid-19 in Indonesia. Journal of Indonesian Health Policy: JKKI, 2020, 09(04).
4. Armeilia D. Legal Protection and the Right to Occupational Safety for Health Workers Due to the

- Covid-19 Pandemic. *Al-Adl Journal of Law*, 2021, 13(2).
5. Atiekah N. Legal Protection of Occupational Safety and Health for Medical and Health Workers During the Covid-19 Pandemic from the Perspective of Positive Law and Islamic Law. Bachelor thesis, Sharia Economic Law IAIN Sheikh Nurjati Cirebon, 2021.
  6. Deddy Rashid. Doctor Malpractice in the Perspective of Criminal Law in Indonesia, Thesis, University of Indonesia, Jakarta, 2000.
  7. Luthvi Febryka Nola, Integrated Legal Protection Efforts for Indonesian Migrant Workers (TKI), *Journal of State of Law*, 2016, 7(1).
  8. Ni Luh Dina Yuliana and I Nyoman Bagiastra, Legal Protection for Patients Who Suffer Losses Due to Misdiagnosis in Online Health Service Platforms, *Journal of Kertha Wicara, Faculty of Law, Udayana University*, 2021, 10(8).
  9. Indonesian Association of Radiation Oncology Specialists (PORI), PORI Teleradiotherapy Policy during the Covid-19 Pandemic, 2020.
  10. Pukovisa Prawiroharjo, Peter Pratama, and Nurfanida Librianty, Telemedicine Services in Indonesia: The inevitability, Risks, and Ethical Limitations, *Indonesian Journal of Medical Ethics*, 2019, 3(1).
  11. Rinna Dwi Lestari, Legal Protection for Patients in Tele-medicine, *Journal of Information Horizons*, 2021, 1(2).
  12. Sri Endah Wahyuningsih. Urgency of Indonesian Materiel Criminal Law Reform Based on the Values of God Almighty, *Journal of Legal Reform*, 2014, I(1).
  13. Sri Endah Wahyuningsih, Rismanto, Criminal Law Enforcement Policy Against Money Laundering in the Framework of Criminal Law Reform in Indonesia, *Journal of Legal Reform* 46, 2015, II(1).
  14. Sri Hartini, Tedi Sudrajat, Rahadi Wasi Bintoro. Model of Legal Protection of Health Service Policies for the Poor in Banyumas Regency, *Journal of Legal Dynamics*, 2012, 12(3).
  15. Valen Nainggolan, Tundjung Herning Sitabuana. Health Insurance for Indonesian People According to Health Law, *Sibatik Journal*, 2022, 1(6).
  16. Maskawati, Andriani Misdar, Muji Iswanty. Health Law, Ethical and Juridical Dimensions of Health Care Liability, First Printing, Litera and Republik Institute, Yogyakarta, 2018.
  17. Reni Agustina Harahap. Legal & Health Ethics, First Edition, First Printing, Merdeka Kreasi, Medan, 2021.
  18. Zahir Rusyad. Patient Protection Law, The Concept of Legal Protection of Patients in Fulfilling Health Rights by Doctors and Hospitals, First Printing, Setara Press, Malang, 2018.
  19. Amir Ilyas, Criminal Liability of Doctors in Medical Malpractice in Hospitals, First Printing, Rangkang Education and Republik Institute, Yogyakarta, 2014.
  20. Ediwarman. Monograph, Legal Research Methodology, Medan: Postgraduate Program Univ. Muhammadiyah North Sumatra, Medan, 2010.
  21. Soekanto S, Herkutanto, Surjaman T. Introduction to Health Law. Remadja Karya, 1987.
  22. Guwandi J. Doctors and Hospitals. Faculty of Medicine, University of Indonesia, 1991.
  23. Zahir Rusyad, Patient Protection Law, The Concept of Legal Protection of Patients in Fulfilling Health Rights by Doctors and Hospitals, First Printing, Setara Press, Malang, 2018.
  24. Constitution of the Republic of Indonesia, 1945.
  25. Law No.17 of 2023 on Health.
  26. Government Regulation No. 28 of 2024 Concerning the Implementing Regulations of Law No. 17 of 2023 Concerning Health.
  27. Ihsanuddin, "One Year of Jokowi and His Speech on Omnibus Law on Job Creation Bill, <https://nasional.kompas.com/read/2020/10/20/06255981/setahun-jokowi-dan-pidatonya-soal-omnibus-law-ruu-cipta-kerja?page=all> accessed on January 7, 2024
  28. Adinda Pryanka, "Ciptaker Bill Covers 76 Laws, Including Taxation," <https://republika.co.id/berita/qhp6w9354/ruu-ciptaker-cakup-76-undangundang-termasuk-taxation> accessed on January 7, 2024
  29. Gaudensius Suhardi, "Regulatory Obesity," [https://mediaindonesia.com/podiums/detail\\_podiums/1671-obesitas-regulasi](https://mediaindonesia.com/podiums/detail_podiums/1671-obesitas-regulasi) accessed on January 7, 2024.