



LEGAL ANALYSIS OF TELEMEDICINE IN INDONESIA FROM THE PERSPECTIVE OF MEDICAL ETHICS AND PATIENT RIGHTS

Rohadi, M. Fakh, Sunaryo
Universitas Lampung, Indonesia

Abstract

This study examines the legal aspects of telemedicine in Indonesia from the perspective of medical ethics and patient rights. Using a normative qualitative approach through literature review, the research analyzes regulations governing telemedicine, personal data protection, and medical ethical principles. The analysis reveals that although telemedicine has the potential to improve healthcare access, existing regulations need to be strengthened to ensure patient rights protection and optimal application of medical ethics. The study recommends developing more comprehensive regulations and enhancing education for healthcare professionals and the public regarding telemedicine.

Keywords:

Telemedicine, Medical Ethics, Patient Rights.

How to cite: Rohadi, R., Fakh, M., & Sunaryo, S. (2025). LEGAL ANALYSIS OF TELEMEDICINE IN INDONESIA FROM THE PERSPECTIVE OF MEDICAL ETHICS AND PATIENT RIGHTS. *GPH-International Journal of Social Science and Humanities Research*, 8(05), 68-73.
<https://doi.org/10.5281/zenodo.15539660>

Background

The advancement of digital technology has brought significant transformations in the healthcare sector, particularly through the emergence of telemedicine. In Indonesia, this practice has become increasingly utilized since the COVID-19 pandemic as a solution to the limitations on physical interaction between healthcare providers and patients (Ministry of Health of the Republic of Indonesia, 2020). Telemedicine enables healthcare services to be delivered remotely through electronic media; however, it also presents various legal and ethical challenges that require further examination.



This work is licensed under Creative Commons Attribution 4.0 License.

Ethically, the practice of telemedicine necessitates adaptations in the application of fundamental principles of medical ethics, such as autonomy, informed consent, and confidentiality (Notoatmodjo, 2020). Interactions that were once direct and personal have shifted to digital formats, thereby increasing the risk of miscommunication and violations of patient privacy.

From a legal perspective, the primary regulatory framework for telemedicine in Indonesia is Minister of Health Regulation No. 20 of 2019. However, this regulation primarily focuses on inter-facility service provision (business-to-business) and does not explicitly govern direct interactions between physicians and patients via general digital platforms (Fitriana, 2022). This has resulted in a legal vacuum concerning medical liability and comprehensive protection of patient rights (Satriyo, 2021).

Furthermore, Law No. 29 of 2004 on Medical Practice and Law No. 36 of 2009 on Health have not yet been adequately adjusted to address the evolving dynamics of digital-based healthcare services (Dewi, 2020). Such regulatory incongruities may lead to legal uncertainty, adversely affecting both patients and medical professionals in relation to their rights, obligations, and legal protections.

Given the importance of safeguarding patient rights and upholding professional ethics, a legal analysis of telemedicine in Indonesia from the perspective of ethics and patient rights is imperative in order to realize a fair and patient-safety-oriented digital healthcare system (Aulia, 2022).

Research Method

This study uses a normative qualitative approach with a library research method. The data consist of primary legal documents such as laws and regulations related to telemedicine, medical ethics, and patient rights, as well as secondary data from academic literature.

Data collection was conducted by reviewing official documents and credible academic sources. Data analysis employed content analysis to interpret and evaluate the applicable legal provisions and ethical principles in telemedicine practice in Indonesia.

This study is limited to document and literature review without involving field research or interviews. Data validity is ensured by using official sources and cross-checking among references.

Discussion

Telemedicine, as a form of remote healthcare service utilizing information and communication technology, has rapidly developed in Indonesia, especially during the COVID-19 pandemic which limited face-to-face medical consultations. Telemedicine enables doctors and patients to interact without physical presence, thereby expanding access to healthcare, particularly in remote and underserved areas. However, this development raises

complex legal and ethical issues that require in-depth analysis to ensure patient protection and quality medical services.

From a juridical perspective, Indonesia's legal basis for telemedicine is still relatively new and limited. Minister of Health Regulation No. 20 of 2019 is the first regulation governing electronic medical services, including telemedicine (Ministry of Health RI, 2019). This regulation stipulates the procedures for doctors providing medical services via electronic media, obligations to maintain patient data confidentiality, and provisions related to electronic informed consent.

However, this regulation is normative and does not provide detailed provisions concerning doctors' legal responsibilities or telemedicine service providers in case of malpractice. For example, there are no special provisions governing evidentiary standards in telemedicine malpractice disputes or alternative dispute resolution mechanisms (Anggraeni & Supriyanto, 2021).

In addition, the Electronic Information and Transactions Law No. 11 of 2008 regulates electronic document validity, electronic transactions, and electronic data protection (ITE Law, 2008). However, the ITE Law is still considered insufficiently specific for digital health services and does not specifically regulate medical ethics and professional standards. The Indonesian Medical Ethics Council (DEKI) and the Indonesian Medical Council (KKI) also have roles in supervising ethics and medical professionalism in telemedicine, but their institutional roles and guidelines specific to telemedicine remain limited.

Article 4 of Law No. 36 of 2009 on Health stipulates that everyone has the right to obtain accurate and clear information about their health condition (Health Law, 2009). In telemedicine, this patient right must be fulfilled even though interactions occur virtually. Information must be delivered transparently, including explanations of procedures, benefits, risks, and limitations of remote services (Ramadhani, 2021).

Furthermore, Article 29 of Law No. 27 of 2022 on Personal Data Protection requires data controllers, including telemedicine service providers, to maintain the confidentiality and security of patient data to prevent misuse (PDP Law, 2022). In telemedicine practices, digital medical data is vulnerable to leakage and misuse risks, thus requiring robust data security systems and regular audits.

From a contract law perspective, the relationship between patient and doctor in telemedicine can be viewed as an electronic healthcare service agreement subject to Article 1320 of the Civil Code concerning the validity requirements of agreements, including consent and lawful object (Civil Code, 1847). Informed consent is a critical aspect as a manifestation of the patient's agreement to receive electronic services.

Medical ethics, as regulated in the Indonesian Medical Code of Ethics and the Bioethical Principles by Beauchamp and Childress (2019), serves as a key reference in telemedicine

practice. The principles of beneficence and non-maleficence require doctors to provide the best care while avoiding harm to patients.

In telemedicine, the limitation of physical examinations poses challenges to accurate diagnoses, increasing malpractice risks (Pujiono, 2020). This requires doctors to exercise greater caution and transparency regarding the limitations of the services provided.

The principle of autonomy requires that patients receive sufficient information to make informed decisions, including risks and possible failures of telemedicine (Dewi, 2021). Without fulfillment of this principle, telemedicine services may violate patient rights.

The principle of justice must also be observed, ensuring equitable access to telemedicine services without discrimination against populations with limited digital access, such as rural or economically disadvantaged groups (Sari, 2022).

Doctors' legal liability in telemedicine should be viewed within the frameworks of medical malpractice regulated under the Civil Code, Criminal Code, and professional regulations. If misdiagnosis or improper treatment occurs, doctors may face civil and/or criminal liability.

However, the nature of telemedicine relying on electronic communication raises evidentiary challenges. For instance, how to prove the standard of care and reasonableness of medical actions performed without direct physical examination? (Hidayat, 2021). Hence, regulation defining minimum standards of telemedicine practice and dispute resolution mechanisms, such as mediation or alternative dispute resolution, is crucial to prevent prolonged conflicts and preserve doctor-patient relationships (Handayani, 2022).

Given current regulatory gaps, the government needs to strengthen the legal framework of telemedicine by including detailed provisions on:

- a. Service standards that doctors and providers must comply with;
- b. Supervision and accreditation mechanisms for telemedicine providers;
- c. Procedures for handling malpractice disputes and consumer protection;
- d. Data security standards in compliance with the PDP Law;
- e. Obligations for education and training of medical personnel and public awareness on telemedicine use.

Implementing an integrated regulatory model is essential so that telemedicine becomes not only a digital health solution but also operates within clear legal and ethical boundaries (Ministry of Health RI, 2022). Public education regarding patient rights and proper telemedicine usage is essential to prevent patient harm due to lack of understanding. The public must be informed about how to file complaints, refuse services, and procedures to report violations (Yuliani, 2023). Similarly, healthcare professionals should receive training on telemedicine ethics and regulations to provide services professionally and responsibly (Kusuma, 2021).

Conclusion

Telemedicine in Indonesia holds great potential to expand access and improve healthcare quality. However, its complex legal and ethical aspects require comprehensive regulation and strict oversight to protect patient rights and maintain service quality. Strengthening regulations, personal data protection, enforcement of legal responsibilities, and education for both medical personnel and society are keys to the successful implementation of telemedicine in Indonesia.

References:

- Anggraeni, R., & Supriyanto, B. (2021). Legal Protection of Patients in Telemedicine Services. *Journal of Health Law*, 12(1), 55-70.
- Aulia, N. (2022). *Perkembangan Telemedicine dan Urgensi Regulasi Etis di Indonesia*. Universitas Indonesia.
- Beauchamp, T.L., & Childress, J.F. (2019). *Principles of Biomedical Ethics*. New York: Oxford University Press.
- Dewi, L. M. (2020). *Ketimpangan Regulasi Praktik Kedokteran dan Telemedicine di Indonesia*. Jurnal Hukum Kesehatan, 6(1), 45–58.
- Dewi, L.K. (2021). Informed Consent in Telemedicine in Indonesia. *Journal of Medical Ethics*, 5(1), 20-35.
- Fitriana, F. (2022). *Telemedicine dan Tantangan Etika di Era Digitalisasi Kesehatan*. Laporan MBKM FKM UNAIR.
- Handayani, T. (2022). Dispute Resolution Mechanisms for Telemedicine in Indonesia. *Medico-Legal Journal*, 6(2), 78-90.
- Hidayat, A. (2021). Legal Aspects of Malpractice in Telemedicine. *Indonesian Medical Law Journal*, 3(1), 44-60.
- Kementerian Kesehatan RI. (2020). *Panduan Praktik Telemedicine di Indonesia*.
- Kominfo. (2023). *Guidelines for Personal Data Security in Digital Services*. Jakarta: Ministry of Communication and Informatics RI.
- Kusuma, E. (2021). Medical Ethics Education in the Digital Era. *Indonesian Medical Education Journal*, 9(1), 33-47.
- Ministry of Health Republic of Indonesia. (2019). *Minister of Health Regulation No. 20 of 2019 on Electronic Medical Services*.
- Ministry of Health Republic of Indonesia. (2022). *Guidelines for Telemedicine Implementation in Indonesia*.
- Notoatmodjo, S. (2020). *Etika dan Hukum Kesehatan*. Jakarta: Rineka Cipta.
- Pujiono, A. (2020). Diagnostic Challenges in Telemedicine. *Indonesian Medical Journal*, 8(2), 101-109.
- Ramadhani, N. (2021). Patient Rights in the Era of Telemedicine. *Indonesian Health Law Journal*, 7(2), 67-80.
- Republic of Indonesia. (2008). *Law No. 11 of 2008 on Electronic Information and Transactions*.
- Republic of Indonesia. (2009). *Law No. 36 of 2009 on Health*.

- Republic of Indonesia. (2022). *Law No. 27 of 2022 on Personal Data Protection*.
- Sari, D. (2022). Justice in Access to Digital Health Services. *Public Health Journal*, 16(3), 143-155.
- Satriyo, A. (2021). *Perlindungan Data Pribadi dalam Telemedicine: Perspektif Hukum Kesehatan di Indonesia*. Jurnal Hukum dan Kesehatan, 8(2), 101-114.
- Sutanto, H. (2019). *Medical Ethics and Patient Data Protection*. Jakarta: RajaGrafindo Persada.
- Wicaksono, D. (2020). Medical Data Confidentiality in Telemedicine. *Journal of Health Technology*, 4(1), 15-28.
- Yuliani, S. (2023). The Role of Public Education in Telemedicine Usage. *Health Communication Journal*, 11(1), 55-68.