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Optimising Telemedicine: Can it fulfil the right to healthcare in Indonesia?

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Abstract

Telemedicine, an innovation in information technology-based healthcare services, has emerged as a solution to address the challenges of equitable and high-quality healthcare access. However, many challenges and obstacles still hinder the provision of telemedicine to the public. This study will examine two main points in addressing these challenges and obstacles: the sustainable benefits of telemedicine in fulfilling the right to health and the ideal legal reconstruction governing it. The legal issues analysed concern the lack of comprehensive regulations and the need for a clear legal framework to protect patient rights, ensure data security, and provide service certainty. The method employed is normative research, incorporating literature reviews and regulatory analysis, as well as ethical and legal concepts related to telemedicine. The analysis results indicate that telemedicine provides sustainable benefits through improved access to healthcare services, cost efficiency, and enhanced service quality and patient satisfaction, thereby fulfilling the right to health. However, without a strong legal foundation, telemedicine practices can pose significant legal risks, particularly regarding malpractice and data protection. Therefore, an ideal legal framework is needed to regulate aspects of the doctor-patient relationship, rights and obligations, data protection, and independent oversight mechanisms. Telemedicine is a solution and innovation that offers sustainable benefits in supporting the effective fulfilment of the right to health, provided it is accompanied by adequate legal protection to ensure justice, certainty, usefulness, safety, and quality in digital healthcare services.

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INTRODUCTION

Development in Indonesia has brought changes to various aspects of community life, affecting not only the environment but also the values within society's social interaction order. National development serves as a strategic means to enhance community welfare, with the primary goal of developing well-rounded individuals to improve the overall welfare of all Indonesian

people.[1] On a practical level, basic capacity building aims to increase the population's productivity by improving knowledge and health status. There are two sectors the government needs to focus on to expand opportunities for its citizens to achieve a decent standard of living: education and health.[2] National development is a broad concept, so its implementation must be planned, comprehensive, phased, and continuous. This has become a sustainable development agenda that demands the Indonesian government move forward even further.

One of the main challenges in implementing the sustainable development agenda in Indonesia is changing the concept of integrated development and prioritising health as a key component of development management processes, encompassing inputs, processes, outputs, outcomes, and development impacts. From a futuristic perspective, the law must keep pace with the times and encompass new forms of legal and illegal activities that may arise in the future.[3] The existing development dynamics also have implications for the current healthcare system, including access to adequate healthcare services. This situation is important for understanding the urgency of health development in the current era of decentralisation and democratisation. Programs aimed at ensuring healthy lives, promoting well-being for all ages, strengthening social protection, and improving healthcare services are being implemented to achieve the Sustainable Development Goals (SDGs)[4] in the health sector, including those by Indonesia.

Health holds a central position in the SDGs agenda, specifically in the goal of "good health and well-being."[5] This target is closely linked to various other goals related to a country's health, including equal access to healthcare services. In fact, the SDGs represent a unique opportunity to promote public health through an integrated approach to public policy across various sectors. Thus, achieving health goals will require policy coherence to strengthen synergies between specific SDGs and minimise trade-offs. These SDGs represent a global and national commitment, including for Indonesia, aimed at improving people's welfare. This discussion relates explicitly to the health sector.[6]

As a developing country, Indonesia grapples with the issue of affordable and low-quality healthcare. Although the government is responsible for the state of society, healthcare services in Indonesia remain inadequate. Several factors contribute to the poor quality of healthcare services. The first is discrimination in service based on socioeconomic background, ethnicity,

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1 Agus Eko Sujianto et al., *Membangun Kesejahteraan Masyarakat Berbasis Kebijakan Pemerintah* (PT Literasi Nusantara Abadi Group, 2025).

2 Zahara Nampewo, Jennifer Heaven Mike, and Jonathan Wolff, "Respecting, Protecting and Fulfilling the Human Right to Health," *International Journal for Equity in Health* 21, no. 36 (2022): 1–13, https://doi.org/10.1186/s12939-022-01634-3.

3 Sri Hartini, Tedi Sudrajat, and Wasi Bintoro, "Model Perlindungan Hukum Terhadap Kebijakan Pelayanan Kesehatan Masyarakat Miskin Di Kabupaten Banyumas," *Jurnal Dinamika Hukum* 12, no. 3 (2012): 523–34, https://doi.org/http://dx.doi.org/10.20884/1.jdh.2012.12.3.124.

4 Mochammad Iqbal Fadhlurrohman, Eko Priyo Purnomo, and Ajree D Malawnai, "Analysis Of Sustainable Health Development In Indonesia (Sustainable Development Goal ' S)" 19, no. 2 (2020): 133–43, https://doi.org/https://doi.org/10.14710/jkli.19.2.133-143.

5 G Venkatesh, "A Brief Analysis of SDG 3 – Good Health and Well-Being – and Its Synergies and Trade-Offs with the Other Sustainable Development Goals," *Problemy Ekorozwoju –Problems Of Sustainable Development* 17, no. 1 (2022): 140–47, https://doi.org/https://dx.doi.org/10.35784/pe.2022.2.15.

6 Lawrence O Gostin et al., "The Legal Determinants of Health: Harnessing The Power of Law for Global Health and Sustainable Development," *Lancet (London, England)* 393, no. 30 January (2020): 1857–1910, https://doi.org/https://doi.org/10.1016/s0140-6736(19)30233-8.

religion, race, gender, and political views; second, the lack of certainty regarding the cost and time of service; third, unfriendly hospital service, which creates a negative image for the government; and finally, the low availability of healthcare.[7]

Indonesia certainly aligns with the SDGs agenda by ensuring justice and the well-being of its people in accessing healthcare services. One indicator of public health quality is the availability of healthcare services. All types of healthcare services are changing over time due to advancements. Additionally, advancements in information and communication technology (ICT) have impacted the healthcare sector, enabling changes in current healthcare service practices. In the healthcare sector, health organisations in both the public and private sectors must utilise ICT to enhance their operational efficiency, for example by providing telemedicine.

Telemedicine is a digital healthcare service that is also based on a legal relationship between doctor and patient, making it an electronic therapeutic transaction. Honesty between doctors and patients is one of the most important aspects of a therapeutic transaction. Therapeutic transactions have changed. Initially, the patient's position was considered unequal to the doctor's because the doctor was assumed to know the patient best. In this case, the patient's position was very passive and highly dependent on the doctor (*vertical paternalistic*).[8] The World Health Organisation (WHO) defines telemedicine as[9]

> "The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities."

In this regard, telemedicine is a healthcare service that strongly supports healthcare efforts in society and, more broadly, the nation's health. In the Health Law, the provision of health services can utilise information and communication technology. The utilisation of information and communication technology can be implemented, among other things, through telemedicine, which provides clinical services to those in need, especially patients.

Research on the urgency of implementing telemedicine to ensure equitable access to and fulfilment of the health rights of the Indonesian public has also been conducted by several researchers. One such study was conducted by Rinna Dwi Lestari[10], entitled 'Reconstructing Legal Protection Regulations for Doctors and Patients in Healthcare Services via Telemedicine Based on the Principle of Justice'. This study examines the legal protection regulations for doctors and patients in telemedicine-delivered healthcare services from the perspective of Law No. 29 of 2004 on the Practice of Medicine and Law No. 36 of 2009 on Health. The results of his research indicate that firstly, legal protection for doctors and patients in healthcare services delivered via telemedicine is not yet based on the principle of justice, as there is currently no overarching legal framework in place, given that healthcare services delivered via telemedicine

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7 Esterlita Nova Yaser Rantung; Toar Neman Palilingan; Theodorus H.W. Lumonon, "Tanggung Jawab Negara Atas Pemenuhan Kesehatan Di Bidang Ekonomi, Sosial Dan Budaya," *Jurnal Ilmu Hukum Legal Opinion* I, no. 4 (2023).

8 Zaeni Asyhadie, *Aspek-Aspek Hukum Kesehatan Di Indonesia* (Jakarta: Radjawali Press, 2018).

9 WHO, "Opportunities and Developments in Member States," vol. 2 (Geneva, 2008).

10 Rinna Dwi Lestari, "Rekonstruksi Regulasi Perlindungan Hukum Bagi Dokter dan Pasien Dalam Pelayanan Kesehatan Melalui Telemedicine Berbasis Nilai Keadilan", Disertasi PSDIH Universitas Islam Sultan Agung, (2023).

carry high risks; secondly, there are regulatory shortcomings in the regulation of telemedicine in terms of substance, structure and legal culture; thirdly, the reconstruction of legal protection regulations for doctors and patients in healthcare services delivered via telemedicine should be based on the values of justice as enshrined in Pancasila.

Mohammad Syarif Hidayat also conducted another study[11], entitled "Reconstruction of Legal Protection Regulations for Telemedicine Patients Based on the Value of Justice". His research focused on analysing legal protections for telemedicine patients, with an emphasis on the value of justice. The results of the study concluded that: firstly, legal protection regulations for telemedicine patients are not yet based on the principle of justice; given the absence of specific telemedicine regulations governing the practice between doctors and patients, legal protection remains inadequate and injustices may arise should problems occur; secondly, there are weaknesses in the regulations both in terms of substance where the provisions of Article 25 of Law No. 17 of 2023 are far from adequate and in terms of structure, namely the presence of numerous factors hindering service delivery; thirdly, the telemedicine regulatory framework needs to be overhauled in terms of both values and norms to ensure fairness in medical practice via telemedicine, whether between healthcare facilities, or between healthcare facilities or doctors and patients.

Jiani Yu[12] also conducted further research, titled "The Growth and Impact of Telemedicine Services: Evidence from the Minnesota All-Payer Claims Database". The study's discussion of the growth and impact of telemedicine services draws on the telemedicine funding system in Minnesota, where an evaluation of policy, particularly funding, will help assess telemedicine uptake across all US states. The results of the study indicate that firstly, the rapid growth in the use of telemedicine in Minnesota necessitates a focus on categorising the types of telemedicine services by examining patterns of telemedicine use and funding across the states; secondly, direct-to-consumer (DTC) telemedicine still requires further assessment regarding the extent to which it can replace face-to-face services, particularly in relation to specific conditions such as urinary tract infections; thirdly, there is a need for an evaluation of the expansion of telemedicine use, primarily in terms of funding policies and categorisation across all states, including service providers, to ensure it operates effectively.

The difference between these three studies and the research outlined in this article lies in the analytical focus on the sustainable benefits of telemedicine in Indonesia. Indonesia, with its archipelagic geography and still relatively high demographic growth, requires equitable access to healthcare services. The provision of these healthcare services is the responsibility of the state, as enshrined in the Indonesian Constitution. The concept of sustainable benefits, derived from the legal principle of utility and aimed at establishing a regulatory framework, can provide legal certainty and justice. This is examined in the light of the current legislation on telemedicine, namely Law No. 17 of 2023 on Health and Government Regulation No. 28 of 2024 on the Implementing Regulations for Law No. 17 of 2023 on Health. The regulations currently in place in Indonesia are not yet considered optimal for governing telemedicine

[11] Mohammad Syarif Hidayat yang berjudul "Rekonstruksi Regulasi Perlindungan Hukum Bagi Pasien Telemedicine yang berbasis Nilai Keadilan", Disertasi PSDIH Universitas Islam Sultan Agung, (2024).

[12] Jiani Yu, "The Growth And Impact Of Telemedicine Services: Evidence From The Minnesota All Payer Claims Database", The Degree Of Doctor Of Philosophy, University Of Minnesota, (2019).

services; therefore, it is necessary to first formulate comprehensive regulatory policies to ensure these services deliver sustainable benefits for patients throughout Indonesia.

Providing healthcare services through telemedicine will undoubtedly offer numerous benefits to the community, such as making healthcare more accessible to people in both large cities and remote areas. Initially, telemedicine was implemented to address uneven access to healthcare services due to the difficulty of obtaining conventional healthcare; however, the pandemic has recently revolutionised telemedicine, necessitating a reconsideration of post-pandemic regulations. Then, from a time perspective, this telemedicine service is more effective and efficient because it can save time for patients who have limited time to access conventional healthcare services; for example, someone who is active/working all day only has access to healthcare services in the afternoon, while public services are sometimes already closed at that time. Telemedicine services can overcome this disadvantage.

Telemedicine is an IT-based healthcare service that positively impacts healthcare, offering significant benefits for sustainable health development by enhancing existing primary healthcare services.[13] The implementation of telemedicine, viewed in terms of integrating legal and developmental dynamics in healthcare services, is not intended to replace existing types of healthcare. Conversely, this technological revolution in telemedicine services within healthcare is expected to expand Indonesia's current public health development and ultimately become an ideal healthcare service that meets patient needs. Of course, we must balance these developments with adequate and comprehensive legal regulations. Therefore, based on the background provided, two main legal issues need to be studied and examined: first, it is essential to assess the benefits of telemedicine services in their implementation thoroughly; and second, understanding the existing legal values can help formulate an ideal legal concept for telemedicine services that effectively fulfills the right to health.

RESEARCH METHODS

This research was conducted using a combination of normative legal research and empirical methods. The normative legal research component refers to literature research, a theoretical study of references and other scientific literature related to the culture, values, and norms prevalent in the social situation being studied.[14] This research study will theoretically examine the relationship between the value of legal utility and telemedicine services in fulfilling the right to health. The aim is to address a problem through a critical, in-depth analysis of the appropriate legal utility of implementing telemedicine, ensuring that existing values inform the formulation of an ideal legal concept for telemedicine. These library materials, literature, and references serve as sources of ideas or inspiration that can spark new thoughts or inquiries regarding the research object. The analysis in this study is inductive, beginning with the presentation of specific statements and then drawing a specific conclusion from them to a general outcome that can be applied to Indonesia's telemedicine scheme.

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[13] Andreas Hellstrom Henrietta Arwin, Arni Halldorsson, "Advancing Relational Primary Healthcare : Four Triadic Components of the Digital Face-to-Face Professional Service Encounter," *European Management Journal*, no. 30 November 2024 (2024), https://doi.org/https://doi.org/10.1016/j.emj.2024.11.009.

[14] Soerjono Soekanto, *Penelitian Hukum Normatif* (Jakarta: Rajawali Press, 2013).

ANALYSIS AND DISCUSSION

Telemedicine Is a Sustainable Benefit in Fulfilling the Right to Health in Indonesia

The basic principle of health development is the value of truth, norms, and core rules derived from the philosophy and culture of the Indonesian nation, which serve as the foundation for thinking and acting in health development.[15] Health development can be achieved, among other things, by providing satisfactory access to healthcare services. This approach is in accordance with the Constitution of the Republic of Indonesia, which states that every person has the right to a prosperous life, both physically and spiritually, to reside in a good and healthy environment, and to receive quality healthcare services. Therefore, providing access to healthcare services is one way to fulfil the right to health.

The right to health is a fundamental part of human rights, encompassing equal access to safe, quality, and affordable healthcare services, as well as relevant information.[16] Fulfilling these rights includes, among other things, access to facilities, financing, quality care, and a healthy environment that supports public health. Healthcare services cannot be taken lightly, as they aim to uphold the highest health standards for the Indonesian people. Today, advancements in information technology have a profound impact on the healthcare sector, significantly influencing the legal system and introducing new ways healthcare affects society. One notable example is telemedicine, a digital healthcare service approach that is gaining popularity.[17]

The implementation of telemedicine in Indonesia is considered advantageous, given Indonesia's thousands of islands, inadequate infrastructure and transportation, and a limited number of doctors/medical personnel. In light of this, implementing telemedicine will enable the government to meet the healthcare needs of its citizens, especially those in remote/isolated areas.[18] Ghantia asserts that telemedicine encompasses various aspects, including patient care, education, research, administration, and public health.[19] Telemedicine in Indonesia experienced rapid development during the COVID-19 pandemic, leading to the emergence of various telemedicine services. Although telemedicine actually existed long before the pandemic, it was still relatively new. Currently, telemedicine services offered by providers such as Halodoc and Alodokter are being increasingly utilised. The implementation of digital healthcare service applications without specific laws and regulations heightens the risk of potential problems.[20]

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[15] Widya Hapsari Murima et al., "Telemedicine Use in Health Facility during Covid-19 Pandemic: Literature Review," *Indonesian Journal of Health Administration* 10, no. 2 (2022): 251–60, https://doi.org/10.20473/jaki.v10i2.2022.251-260.

[16] Slim Oktapani Ardiansyah, "Politics Of Law The Fulfillment Of The Right To Health For The Indonesian People Based On The Sjsn Law And Bpjs Law," *Jurnal IUS Kajian Hukum Dan Keadilan* 8, no. 1 (2020): 164–79, https://doi.org/https://doi.org/10.29303/ius.v8i1.707.

[17] Raviv Suman Abid Haleem, Mohd Javaid, Ravi Pratap Singh, "Telemedicine for Healthcare: Capabilities, Features, Barriers, and Applications," *Sensors International* 2, no. January (2021): 1–12, https://doi.org/https://doi.org/10.1016/j.sintl.2021.100117.

[18] Irma Dewayanti and Sunny Ummul Firdaus, "Telemedicine in Indonesia: Perspective of Ethic, Discipline and Law," *Proceedings of the International Conference for Democracy and National Resilience 2022 (ICDNR 2022)* 1 (2023): 3–15, https://doi.org/10.2991/978-2-494069-75-6.

[19] M Syahnan Harahap, "Konsepsi Hukum Yang Ideal Bagi Negara Kesatuan Republik Indonesia," *Jurnal Ilmiah Hukum Dirgantara* 10, no. 1 (2019): 81–86.

[20] Charles Amirul Hanif, Muhamad Amirulloh, and Helitha Novianty Muchtar, "Reliability and Security in the Implementation of Digital Health Service Application with the Application of 'Reliability Certification or

Although specific regulations governing telemedicine already exist, the convenience of providing digital healthcare services does not mean the government is immune to various problems and obstacles. These obstacles include the development of telecommunications infrastructure, the uneven distribution of internet networks in Indonesia, the availability of qualitative and quantitative human resources, inadequate and incomplete security regulations, and an unclear service financing system. This raises concerns that telemedicine may not be of sufficient quality or have a significant enough impact on society, particularly for patients who use the service.[21]

However, whether the benefits of implementing telemedicine can truly realise digital healthcare services capable of protecting patients in Indonesia requires a philosophical exploration of the legal value of these benefits within Indonesia's legal and societal context. A philosophical perspective on something brings us closer to philosophical thought. Reflecting on legal philosophy is crucial in examining the extent to which law can be applied in everyday life and in highlighting the discrepancies between legal theory and practice. In principle, what is regulated by law should align with the ideals of that law, as stated in the doctrine of the rule of law (*Idee Des Recht*), which identifies three elements of the rule of law that must be present in proportion: legal certainty, justice, and utility. This aligns with Radbruch's assertion that there are three fundamental values in law: justice (*Gerechtigkeit*), legal certainty (*Rechtssicherheit*), and utility (*Zweckmassigkeit*).[22]

We can also identify these three objectives as the goals of law. However, whether that purpose is intended for humans or not, law is not humanity's purpose; it is merely a tool for achieving goals within society and the state. The purpose of law can be seen in its role in protecting human interests. In relation to the implementation of telemedicine, this discussion will focus on the philosophical aspects of its legal benefits. In essence, law encompasses everything that benefits the people. The aspects of justice, certainty, and benefit form an integral whole in realising the ideal of law. [23]Although benefit is considered a complement[24] to justice and legal certainty, it is undoubtedly an important point in creating an ideal law. The law's goal is utility, so it must be directed toward something beneficial.

The benefit of law is a value that must be considered, as everyone anticipates benefits from its implementation, particularly in the context of telemedicine. In reality, the principle of utility enables providers and institutions to apply the ethical knowledge and skills they use daily, simply by shifting their focus and readjusting principles to emphasise autonomy and enhance

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Electronic Certification' Based on Indonesian Law," *Padjadjaran Jurnal Ilmu Hukum* 8, no. 3 (2021): 417–38, https://doi.org/10.22304/pjih.v8n3.a6.

21 Pengurus Besar Ikatan Dokter Indonesia, *Rekomendasi Ikatan Dokter Indonesia Untuk Masa Depan Digitalisasi Kesehatan Di Indonesia* (Jakarta, 2018).

22 Satjipto Rahardjo, *Ilmu Hukum, Bandung* (Bandung: Citra Aditya Bakti, 2012).

23 Sekar Balqis Safitra Rizki Wahyudia Putri, "Analisis Teori Tujuan Hukum Gustav Radbruch Dalam Kedudukan Majelis Penyelesaian Perselisihan Medis Dalam Undang - Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *Sanggaji: Jurnal Pemikiran Syariah Dan Hukum* 8, no. 2 (2024): 315–26, https://doi.org/https://doi.org/10.52266/sangaji.v8i2.3463.

24 Tata Wijayanta, "Asas Kepastian Hukum Keadilan Dan Kemanfaatan Dalam Kaitannya Dengan Putusan Kepailitan Pengadilan Niaga," *Jurnal Dinamika Hukum* 14, no. 2 (2014): 216–26, https://doi.org/http://dx.doi.org/10.20884/1.jdh.2014.14.2.291.

justice, ultimately benefiting public health and the population as a whole,[25] with the hope that the laws that have been enacted will not cause unrest in society or be useless for the needs of the community. Satjipto Raharjo[26] asserts that while justice is a primary value, other values, such as utility (*doelmatigheid*), also play a significant role.

Benefit is always associated with Jeremy Bentham's utilitarian theory. The theory of utilitarianism, conceived by Jeremy Bentham (also John Stuart Mill and Rudolf von Jhering), was a reaction against the concept of natural law in the eighteenth and nineteenth centuries. The term "the greatest happiness of the highest number"[27] is often associated with happiness determined by the number of people, implying that the majority's level of happiness influences how the law is formed. According to Bentham, the purpose of law is to provide the greatest possible benefit and happiness to the greatest number of citizens. Therefore, the concept places usefulness as the primary goal of law. Benefit is defined as happiness in realising individual and societal well-being, so legislation must achieve four goals: a. to provide subsistence; b. to provide abundance; c. to provide security; and d. to attain equity.[28] According to Bentham, when drafting laws, lawmakers must focus on finding means to achieve beneficial outcomes. The legislator must consider whether the actions he wishes to prevent are evils or crimes.[29]

The utility of implementing telemedicine can be examined from the perspective of legal philosophy. In essence, scientific activity is driven by questions based on three fundamental issues: What do we want to know, how do we obtain knowledge (methods/processes/procedures), and what is the value of that knowledge (what is it for)? These three concepts form an important foundation for understanding philosophy, specifically ontology, epistemology, and axiology.[30] Ontology deals with the true nature of something. Epistemology examines human knowledge, including its origins, its validity, and its structure. Axiology deals with values in relation to human behaviour. That value encompasses both good and evil as well as right and wrong.

The essence of telemedicine, when viewed through the lens of health law, is that it is a rapidly developing form of digital healthcare, driven by worldwide advancements in information technology. In medicine, it is sometimes linked to rulers' efforts to control individuals, for example, the need for doctors to help injured people.[31] This suggests that there is a legal basis for healthcare services. The state's original goals must serve as the philosophical foundation for evaluating the effectiveness of laws implementing telemedicine. Indonesia is a welfare state, as stated in the fourth paragraph of the Preamble to the 1945 Constitution of the

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[25] Laura Vearrier, "Utilitarian Principlism as a Framework for Crisis Healthcare Ethics," *HEC Forum* 33, no. 1 (2021): 45–60, https://doi.org/https://doi.org/10.1007/s10730-020-09431-7.

[26] Rahardjo, *Ilmu Hukum, Bandung*.

[27] Arief Sidharta, *Refleksi Tentang Struktur Ilmu Hukum Bandung: Mandar Maju, 2009,Hlm. 39.*, Cetakan Ke (Bandung: Mandar Maju, 2009).

[28] Indra Rahmatullah, "Filsafat Hukum Utilitarianisme: Konsep Dan Aktualisasinya Dalam Hukum Di Indonesia," *Adalah: Buletin Hukum Dan Keadilan* 5, no. 4 (2021): 1–16, https://doi.org/https://doi.org/10.15408/adalah.v5i4.22026.

[29] Zainal B Septiansyah and Muhammad Ghalib, "Konsepsi Utilitarianisme Dalam Filsafat Hukum Dan Implementasinya Di Indonesia," *Ijtihad: Jurnal Hukum Islam Dan Pranata Sosial* 34, no. 1 (2018): 27–34.

[30] Jujun S. Suriasumantri, *Filsafat Ilmu : Sebuah Pengantar Populer* (Jakarta: Pustaka Sinar Harapan, 2009).

[31] Veronica Komalawati, *Peranan Informed Concent Dalam Transaksi Terapeutik (Persetujuan Dalam Hubungan Dokter Dan Pasien): Suatu Tinjauan Yuridis* (Bandung: Citra Aditya Bakti, 2002).

Republic of Indonesia. This philosophy is reflected in the State's Objectives, which are "...to protect all of the Indonesian people and all of Indonesia's blood, to promote general welfare, to educate the nation's life, and to realise social justice..." The welfare state is a development model that focuses on improving community welfare by giving the state a greater role in providing social services to its citizens.

The state's objectives, enshrined in the 1945 Constitution, reflect Pancasila as the *Philosofishe Gronslag*[32] of the Indonesian state.[33] Pancasila, as stated in the Preamble of the 1945 Constitution, serves as the fundamental principles that precede and accompany the Proclamation of Independence, namely: natural and moral rights to independence, humanity, and justice; independence, unity, justice, and prosperity; religious belief and freedom; the goals of the state, the principles of state politics, and the state constitution. Therefore, the Preamble of the 1945 Constitution is the fundamental basis of the state and represents the spiritual foundation of Pancasila, the legal order of Indonesia, and underlies Indonesian positive law. The series of laws mentioned above is ultimately consolidated into a unified legal system that is in effect at a specific time and throughout the territory of the Republic of Indonesia, referred to as the Indonesian legal order.[34]

This is certainly in line with the provisions of Article 28 H paragraph (1) of the 1945 Constitution, which mandates that every citizen is entitled to receive healthcare services fairly, regardless of a person's social and economic status. This obligation is further emphasised in Article 34, paragraph (3) of the 1945 Constitution, which states, "The state is responsible for providing adequate healthcare and public service facilities." The Universal Declaration of Human Rights by the United Nations (UN) in 1948 (which Indonesia signed) and Article 28 H of the 1945 Constitution of the Republic of Indonesia stipulate that health is a basic right of every individual and all citizens.[35] Therefore, from the perspective of fulfilling citizens' basic right to health, the government is responsible for guaranteeing adequate access to healthcare services so that every citizen can receive decent, optimal healthcare.

In an effort to respect, protect, and fulfill its obligations, the state implements human rights norms, and the right to health must adhere to the following principles:[36]

1. *Availability* of healthcare services, where the state is required to have several healthcare services for the entire population;
2. *Accessibility*. Healthcare facilities, goods, and services must be accessible to every person without discrimination within the country's jurisdiction. Accessibility has four

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[32] Pancasila serves as the spiritual foundation for the governance of the Republic of Indonesia, as stated in the Preamble of the 1945 Constitution.*"...maka disusunlah Kemerdekaan Kebangsaan Indonesia itu dalam UUD Negara Republik Indonesia yang terbentuk dalam suatu susunan Negara Indonesia yang berkedaulatan rakyat dengan berdasar kepada Ketuhanan Yang Maha Esa, Kemanusiaan yang Adil dan Beradab, Persatuan Indonesia, Kerakyatan yang dipimpin oleh Hikmat Kebijaksanaan dalam Permuyawaratan/ Perwakilan, serta dengan mewujudkan suatu Keadilan Sosial bagi Seluruh Rakyat Indonesia.*"

[33] Kaelan, *Filsafat Pancasila : Pandangan Hidup Bangsa Indonesia* (Yogyakarta: Paradigma, 2009).

[34] Kaelan.

[35] Fheriyal Sri Isriawaty, "Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang Undang Dasar Negara Republik Indonesia Tahun 1945," *Jurnal Ilmu Hukum Legal Opinion* 3, no. 2 (2015): 1–10.

[36] Muhammad Japar et al., "Hukum Kesehatan Ditinjau Dari Perlindungan Hak Asasi Manusia," *Jurnal Interpretasi Hukum* 5, no. 1 (2024): 952–61, https://doi.org/https://doi.org/10.22225/juinhum.5.1.9290.952-961.

interconnected dimensions: non-discriminatory, physically accessible, economically affordable, and access to information for seeking, receiving, and disseminating health-related ideas and information.

3. *Acceptance*. All healthcare facilities, goods, and services must be accepted by medical ethics and be culturally appropriate, for example, respecting individuals' cultures, local wisdom, and minority groups, as well as being sensitive to gender and life cycle requirements. It is also designed to respect the confidentiality of health status and improve the health status of those in need.
4. *Quality*. In addition to being culturally acceptable, healthcare facilities, goods, and services must be scientifically and medically appropriate and of high quality. This requires, among other things, medically qualified personnel, scientifically recognised, non-expired medications, and hospital equipment, safe, potable drinking water, and adequate sanitation.

Therefore, in this case, as a logical consequence of the legal framework for patient protection, the state has three obligations regarding the right to health: to respect it, to protect it, and to fulfil it.[37]

When linked to the value of legal utility, the implementation of telemedicine is a digital health service expected to provide the most tremendous possible benefits. Generally, healthcare services aim to improve the health status of individuals, groups, or society as a whole. The usefulness of law can be achieved in society, according to Jeremy Bentham, only if it provides the most significant benefit to the largest number of people.[38] In other words, the law must be based on benefits for the happiness of society. The benefits of law in the social order of life include, among others, ensuring that telemedicine is a suitable and adequate form of healthcare for all Indonesians.

According to Sudikno Mertokusumo, society expects benefits from the law's implementation.[39] Since law is for humans, its implementation must provide benefits or usefulness to society. We must ensure that the law's implementation does not cause unrest within the community. The implementation of telemedicine as a form of digital healthcare will undoubtedly bring significant changes to the current healthcare model, especially in Indonesia. Telemedicine is a rapidly developing digital healthcare service that provides accessibility and efficiency in healthcare.

Telemedicine is an innovative solution for effectively and efficiently monitoring and evaluating the delivery of healthcare services. Legal development as a means of societal renewal is essential for accelerating societal progress and should ideally align with the implementation of telemedicine. Such an initiative can offer a glimpse into the development of healthcare services that can improve healthcare quality in Indonesia. The implementation of telemedicine is undoubtedly in line with the country's goals as stated in Paragraph IV of the Preamble to the 1945 Constitution of the Republic of Indonesia.

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[37] Japar et al.

[38] Bernard L.Tanya, *Teori Hukum: Strategi Tertib Manusia Lintas Ruang Generasi* (Yogyakarta: Genta Publishing, 2006).

[39] Sidharta, *Refleksi Tentang Struktur Ilmu Hukum Bandung: Mandar Maju, 2009, p39.*

Telemedicine has the potential to promote the sustainable fulfilment of the right to health by expanding access to healthcare services, maintaining the quality of care, and reducing long-term costs for patients. Sustainable benefits are created when telemedicine implementation focuses not only on consultations but also integrates an efficient referral system, secure data management, and sustainable financing through insurance schemes and national health insurance programs. In the context of the right to health, telemedicine can expand access (without requiring long journeys to healthcare facilities), improve continuity of care for chronic diseases, and facilitate more transparent health information for patients. However, these sustainability benefits require a clear policy framework for the protection of personal data, the accountability of medical/healthcare personnel, standard operating procedures, and the interoperability of related technology systems across service support applications and electronic medical record systems. Without consistent policy support, adequate technological infrastructure, and digital literacy for both patients and service providers, the potential of telemedicine to fulfil the right to health could be limited, and it risks widening inequalities if access to technology is uneven. Therefore, the sustainability of telemedicine as a means of fulfilling the right to health depends on the synergy among regulations that promote equitable access and sustainable financing, and the implementation of human rights-oriented, high-quality, and data-protected clinical practices.

The state must implement telemedicine to fulfil the right to health by providing adequate healthcare facilities, prioritising the values of Pancasila, as stated in the Preamble of the 1945 Constitution. This also leads to the conclusion that telemedicine is expected to be a solution and an innovation in digital healthcare services that can create a sustainable health status for the Indonesian people, reflecting the values of Pancasila and the 1945 Constitution, which are based on legal benefits for the Indonesian people and the state.

The Ideal Concept of Law in Telemedicine Holds Sustainable Value for Fulfilling the Right to Health

Telemedicine is one form of implementing e-health,[40] and its organisational concept requires clarification, considering the complexity of the various aspects involved. The advent of telemedicine is transforming healthcare services for the community, enabling diagnoses to be provided without limitations of space, time, or distance. This makes healthcare services more adaptable for the community through telemedicine.

Healthcare services via telemedicine are in high demand, both in urban areas and in remote regions that are difficult to reach through conventional face-to-face care.[41] Telemedicine can help address some of the challenges associated with limited healthcare facilities, geographical location, transportation constraints, and high costs. This advantage stems from the ease and speed with which it is used. Telemedicine is particularly important given the archipelago's challenging geographical conditions, limited transportation options, and the scarcity of medical

[40] Anthony Jnr Bokolo, "Application of Telemedicine and E-Health Technology for Clinical Services in Response to COVID - 19 Pandemic," *Health and Technology* 11, no. 2 (2021): 359–66, https://doi.org/10.1007/s12553-020-00516-4.

[41] Agus Riyanto, "Faktor-Faktor Yang Mempengaruhi Pelaksanaan Telemedisin (Systematic Review)," *Jurnal Manajemen Kesehatan Indonesia* 9, no. 1 (2021): 165–74, https://doi.org/https://doi.org/10.33560/jmiki.v9i2.337.

personnel.[42] The fact that Indonesia is an archipelago nation presents unique challenges to healthcare development, as it entails high infrastructure costs and faces many health problems similar to those in developing countries. Therefore, healthcare development in Indonesia requires a tailored approach suited to its unique characteristics. One solution to address health issues in Indonesia is telemedicine. As a result, to resolve its legal issues, complete and precise regulations must be created.

Initially, Indonesia did not regulate the implementation of telemedicine in a separate law. There are no specific regulations governing online healthcare practices (services), particularly regarding equipment standards, online prescriptions, and protection against abuse in online health consultation services (telemedicine).[43] However, telemedicine is regulated only in a few regulations, namely the Indonesian Minister of Health Regulation Number 20 of 2019 (Permenkes Number 20 of 2019) concerning the Implementation of Telemedicine Services between Healthcare Facilities, which was established on July 31, 2019. This regulation was issued because various efforts are being made to bring specialised healthcare services closer and improve the quality of healthcare services at healthcare facilities, especially in remote areas. One of these efforts is the use of health information technology through inter-facility consultation services via telemedicine. Therefore, special regulations are necessary for telemedicine services between healthcare facilities to ensure that these services are safe, high-quality, non-discriminatory, and effective, prioritising patients' interests and safety.

However, the implementation of telemedicine has actually grown during the Covid-19 Pandemic as one of the efforts to overcome the transmission of Covid-19 so that the government issued regulations related to this telemedicine during the handling of Covid-19, namely the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 / MENKES / 4829/2021 concerning Guidelines for Health Services through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic which is emphasised by the Regulation of the Indonesian Medical Council Number 74 of 2020 concerning Clinical Authority and Medical Practice through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia (Perkonsil No. 74 of 2020). During the pandemic, healthcare facilities providing telemedicine services can utilise applications they have developed themselves or in collaboration with other government or private entities.[44]

The regulations regarding telemedicine historically refer to the Republic of Indonesia Law Number 36 of 2009 concerning Health and also the Republic of Indonesia Law Number 29 of 2004 concerning Medical Practice. In reality, neither of these laws specifically mandates how telemedicine should be implemented. The end of the pandemic has made the rules for telemedicine services, especially those implemented during it, irrelevant. However, if you look

[42] Nurfanida Librianty Pukovisa Prawiroharjo, Peter Pratama, "Layanan Telemedis Di Indonesia : Keniscayaan, Risiko, Dan Batasan Etika," *Jurnal Etika Kedokteran Indonesia* 3, no. 1 (2019): 1–9, https://doi.org/10.26880/jeki.v3i1.27.

[43] Irma Dewayanti and Sunny Ummul Firdaus, "Telemedicine in Indonesia: Perspective of Ethic, Discipline and Law."

[44] Harahap, "Konsepsi Hukum Yang Ideal Bagi Negara Kesatuan Republik Indonesia."

closely, telemedicine use increased by up to 78.8% after the COVID-19 pandemic ended.[45] Additionally, Permenkes Number 20 of 2019 provides insufficient guidelines for implementing telemedicine in Indonesia due to its lack of detail. The lack of explanation regarding registration and financing rules is one of the shortcomings of this ministerial regulation. If implementing regulations do not clarify this health minister's regulation, telemedicine services may become "moribund," preventing equitable healthcare services in Indonesia.

Conceptually, this Ministerial Regulation positions telemedicine as part of the national healthcare system, which must adhere to the principles of patient safety, quality of care, effectiveness and non-discrimination. Telemedicine is not regarded as a complete substitute for face-to-face care, but rather as a complementary service that expands the reach of healthcare provision. This is reflected in the scope of services covered, which includes teleradiology, tele-electrocardiography, obstetric tele-ultrasound, and clinical teleconsultations. Consequently, this regulation provides a clear legal framework for remote consultations, whilst also paving the way for innovation in digital healthcare services.

From a legal perspective, Permenkes Number 20 of 2019 stipulates that telemedicine services may only be provided by healthcare professionals who hold a practising licence and operate within authorised healthcare facilities. Every medical procedure performed via telemedicine must be documented in the electronic medical record, thereby ensuring accountability, legal protection for patients, and compliance with professional standards. This provision demonstrates the regulatory framework's alignment with the principles of lex certa and lex scripta, namely legal certainty and administrative order in medical practice. From an axiological perspective, this regulation holds strategic value in strengthening the national health system. Firstly, it serves as an instrument to ensure equitable access to healthcare services, particularly for communities in 3T areas (frontier, remote, and underdeveloped). Secondly, it provides an ethical and professional framework for healthcare professionals to utilise technology without compromising service standards. Thirdly, it opens opportunities for integrating telemedicine with the national health information system, including electronic health records and the use of artificial intelligence to support diagnosis.

Permenkes Number 20 of 2019 serves as the normative and operational foundation for the implementation of telemedicine in Indonesia. This regulation can be analysed as part of the transformation of the health system towards the digital age, whilst also reflecting the need for legislation that adapts to technological developments and public demands. Nevertheless, this regulation does not yet fully address the complexities of digital healthcare practices in Indonesia. Whilst this regulation provides initial legitimacy, its scope remains limited to telemedicine between healthcare facilities and thus does not accommodate direct consultations between doctors and patients via online applications, which are now becoming increasingly widespread. From a legal perspective, a notable weakness is the absence of provisions for patient data protection. Telemedicine relies heavily on the exchange of electronic information, yet this Ministerial Regulation does not set out detailed security standards regarding encryption, storage or access to data. Consequently, there is a risk of leaks of personal health

[45] Aulia Permata Seviera, "Hambatan Telemedicine Pada Masa Pandemi COVID-19 Di Indonesia_ Literarure Review," *Syntax Literate: Jurnal Ilmiah Indonesia* 9, no. 7 (2024), https://doi.org/https://dx.doi.o/10.36418/syntax-literate.v9i7.15800.

data, which could raise legal and ethical issues. Furthermore, this regulation fails to clearly outline the funding mechanisms for telemedicine, whether through the National Health Insurance (BPJS) or private insurance, thereby creating uncertainty for patients and healthcare professionals regarding service costs.

From a sociological perspective, this regulation has not yet addressed the specific competencies required of healthcare professionals in telemedicine. The Minister of Health Regulation merely requires a licence to practise, without specifying the additional skills needed for remote communication, the use of technology, and clinical assessment based on digital data. This has the potential to lower the quality of care and increase the risk of misdiagnosis. Furthermore, this regulation is insufficiently responsive to the latest technological developments, such as artificial intelligence, big data, wearable devices, and mobile health apps, meaning it will quickly become outdated and irrelevant in the ever-evolving landscape of digital innovation. From an axiological perspective, another weakness is the lack of provisions regarding ethics and legal liability. The Ministerial Regulation does not specify in detail who is liable for medical malpractice in telemedicine, given the limitations of remote communication. This lack of clarity creates legal uncertainty for healthcare professionals whilst reducing protection for patients.

To provide a strong legal basis for addressing healthcare issues, the Government and the House of Representatives (DPR) have passed Law Number 17 of 2023 concerning Health, which serves as an "omnibus law"[46]for regulating healthcare law, including the affirmation of telemedicine services. However, the Health Law does not yet comprehensively cover telemedicine, as it still requires additional rules, which were later established by Government Regulation of the Republic of Indonesia Number 28 of 2024 on the rules for Law Number 17 of 2023 concerning Health. While the Health Regulation establishes a fundamental framework for telemedicine regulation, the implementation of telemedicine still requires more specific implementing regulations. Therefore, regarding telemedicine, the existing implementing regulations remain in force, even though they inadequately address the growing presence of telemedicine in today's society. Therefore, an ideal legal framework for implementing telemedicine is necessary, including more comprehensive regulations, as telemedicine significantly enhances access to healthcare services in Indonesia.

Telemedicine has the potential to be a healthcare service revolution capable of sustainably improving the health of the Indonesian population. However, telemedicine in healthcare requires systematic regulation and an ideal implementation framework to provide appropriate legal protection for the public. Discussing the ideal concept of telemedicine implementation involves understanding the legal framework. An ideal law must originate from society, be based on national, religious, and customary values, be non-discriminatory, and ensure that every citizen is subject to the same legal system. The content of national law can foster a safe, joyful, and prosperous atmosphere while also providing legal protection for the state and the

[46] I Nyoman Bagiastra, "The Idea of The Health Omnibus Law as a National Legal Policy in an Effort to Increase Public Health Degrees in Indonesia," *Jurnal Penelitian Hukum De Jure* 23, no. 1 (2023): 33, https://doi.org/10.30641/dejure.2023.v23.33-46.

nation.[47] Therefore, ideal law is always based on the public's (society's) desires. In-depth knowledge of the facts occurring in society is crucial for those who wish to create laws and promote justice within it.[48] The Preamble of the 1945 Constitution indicates that legal facts represent legal ideals (*Idee des Rechts*),[49] demonstrating that national law must provide legal protection for both the homeland and the state, while also ensuring a safe, happy, and prosperous environment for society.

The ideal concept of law in the provision of telemedicine also needs to be considered at this time, given that existing regulations are not yet optimal in regulating and providing legal protection for patients. Examining this ideal regulatory framework enables us to apply the concept of ideal regulation to telemedicine. More comprehensive legal regulations are needed. The ideal concept of law is insufficient as a means of improving community welfare; ideal law alone is not enough, but it must be accompanied by bureaucratic empowerment, effective law enforcement, community supervision, and adequate infrastructure.[50] Therefore, the ideal legal concept for implementing telemedicine can be understood as a legal order concept that derives from the values of community life within a legal system. Paul Scholten[51]believed that law is a system, meaning all rules are interconnected and arranged systematically, and that for specific cases, general rules can be found to bring them back to their principles.

A legal system is a unified set of interconnected and cooperating legal components that work together to achieve the goals of law: justice, order, and benefit to the social life of the community.[52] The efficacy of health regulation enforcement reveals a paradox between the organisation's normative commitment and practical realities, including the complexity of intergovernmental coordination, insufficient healthcare personnel, and the unequal distribution of healthcare facilities.[53] Therefore, the ideal concept of telemedicine implementation can be analysed through the legal system framework presented by Lawrence M. Friedman, which comprises three components: legal structure, legal substance, and legal culture.[54] The ideal concept of telemedicine implementation can be examined from these three components.

Legal substance refers to the entirety of legal rules, both written and unwritten, including legal principles and norms, as well as court decisions, which serve as a guide for society and

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47 Ais Surasa, Santi Suryani, and Hisam Ahyani, "Idealitas Penegakan Hukum Yang Baik (Ideal) Menurut Gaya Moral Di Indonesia," *Jurnal Syari,Ah Dan Hukum* 3, no. 2 (2022): 105–18, https://doi.org/https://doi.org/10.20885/mawarid.vol3.iss2.art4.

48 Harahap, "Konsepsi Hukum Yang Ideal Bagi Negara Kesatuan Republik Indonesia."

49 Yuliati Setyawan, Fadjar Ramdhani, Sudarsono, "Inconsistency of the Concept of Legal Protection of Traditional Cultural Expressions with Theory of Legal Ideals," *De Jure: Jurnal Hukum Dan Syari'ah* 13, no. 1 (2021): 126–39, https://doi.org/http://dx.doi.org/10.18860/j-fsh.v13i1.10025.

50 Harahap, "Konsepsi Hukum Yang Ideal Bagi Negara Kesatuan Republik Indonesia."

51 Muhammad Ridwan Hidayat, Suteki Suteki, and Jean Claude Geofrey, "Legal Wisdom in Indonesian Legal System : Toward Progressive Law Enforcement," *Jurnal Justisi* 10, no. 3 (2024): 518–34, https://doi.org/https://doi.org/10.33506/js.v10i3.3198.

52 Mateja Cehulic, "Perspectives of Legal Culture : A Systematic Literature Review," *Croatian Sociological Review* 51, no. 2 (2021): 257–82, https://doi.org/10.5613/rzs.51.2.4.

53 Junaidi Lubis Novita Listyaningrum, Sukadi, "Legal Perspectives on Healthcare Inequality in Indonesia," *KARSA Journal of Social and Islamic Culture* 2, no. 1 (2023): 272–96, https://doi.org/http://dx.doi.org/10.19105/karsa.v33i1.20302.

54 Lawrence M. Friedman, *Sistem Hukum: Perspektif Ilmu Sosial*, ed. M. Kho (Bandung: Nusa Media, 2009).

the government and are derived from the legal system.[55] In the provision of telemedicine, comprehensive regulations can govern and set limits on how telemedicine should be conducted, such as the requirements for medical procedures, the types of illnesses, the medical and healthcare personnel who can provide healthcare services through telemedicine, licensing, accreditation, the privacy and confidentiality of patients' electronic medical records, standard operating procedures (SOPs) including monitoring and evaluation of the provision, jurisdictional authority, and liability in case of malpractice.

Legal structure refers to the legal institutions that support the enforcement of the legal system.[56] This section addresses the legal order, including legal institutions, law enforcement agencies, and their respective powers, as well as the legal instruments, processes, and performance in implementing and enforcing the law. Given the obstacles identified in the previous discussion on implementing telemedicine, follow-up is necessary. This includes improving the infrastructure supporting telemedicine services, such as internet connectivity, which is required uniformly across Indonesia, and fostering a synergistic relationship among the various organisational elements involved in telemedicine implementation, as Fanyankes has done. However, in reality, other parties are also participating, such as the growing healthcare industry.

Legal culture refers to the ideas, values, thoughts, opinions, and behaviors of members of society in the application of law. [57]This is related to public awareness, understanding, and acceptance of the laws imposed on them. Legal culture, as part of the legal system, requires that law be seen not only as a set of rules on paper but also understood as a social reality that exists in society. Therefore, when implementing telemedicine, it is also crucial to raise legal awareness among both healthcare professionals and the public by emphasising its role as a current supporting tool for healthcare services.

CONCLUSION

Assessing the benefits of telemedicine services holds great academic and practical significance, as it is not merely a technical evaluation but also a reflection on the transformation of the healthcare system towards the digital age a multidisciplinary process that examines the relevance of health technology to philosophical values, legal certainty, social justice and economic efficiency. This evaluation forms the basis for the development of more comprehensive, adaptive digital health policies focused on patient protection. The value of telemedicine lies in its role as a digital healthcare innovation, providing an efficient and effective solution for tracking and evaluating the delivery of healthcare services. The provision of telemedicine, which offers sustainable benefits to society and the nation, is part of Indonesia's Sustainable Development Goals (SDGs) in the health sector. Such an initiative is

[55] Dewa Gede Sudika Mangku Erika, "Politik Hukum Pancasila Dalam Paradigma Nilai-Nilai Sosial Kultural Masyarakat Indonesia," *Pandecta* 9, no. 80 (2014): 32–49, https://doi.org/https://doi.org/10.15294/pandecta.v9i1.2856.

[56] Batahan Fransciskus Sihombing, "Indonesian Law : Development and Renewal," *Beijing Law Review* 15, no. 1 (2024): 1–34, https://doi.org/10.4236/blr.2024.151001.

[57] Ratna Deliana Erawati Henny Saida Flora, Mac Thi Hoai Thuong, "The Orientation and Implications Of New Criminal Code: An Analysis Of Lawrence Friedman's Legal System" 11, no. 1 (2023): 114–25, https://doi.org/https://doi.org/10.29303/ius.v11i1.1169.

undoubtedly in line with the country's goals, as stated in Article 28 H paragraph (1) of the 1945 Constitution. The Preamble of the 1945 Constitution included the implementation of telemedicine as part of the fundamental values of Pancasila. This notion relates to advancing public welfare, particularly in health, as part of implementing health laws.

The ideal legal framework for telemedicine services that effectively fulfil the right to health must be built on a multidimensional foundation: philosophical, legal, sociological and technological. Philosophically, telemedicine must serve as a means of distributive justice, ensuring that every citizen, whether in urban or remote areas, has access to high-quality healthcare services. From a legal perspective, regulations must provide legal certainty, strict protection of patient data, and clear accountability mechanisms in the event of medical errors. This includes integration with the Personal Data Protection Act and arrangements for funding through the National Health Insurance (BPJS) or private insurance, so that telemedicine does not impose additional financial burdens on patients. From a sociological perspective, the ideal legal framework must guarantee equitable access by addressing the digital divide. Digital health literacy programmes and infrastructure development must be part of the regulations, so that telemedicine truly functions as a tool for equity rather than widening inequality. Meanwhile, from a technological perspective, regulations must set standards for system security and the interoperability of electronic health records, whilst also opening up opportunities for the use of cutting-edge technologies such as artificial intelligence, big data and wearable devices. Telemedicine, as an innovation in digital healthcare services, has the potential to improve public health in Indonesia sustainably.

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