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Legal Protection for Medical Personnel in Providing Clinical Services Through Telemedicine Based on Law of the Republic of Indonesia Number 17 of 2023 Concerning Health

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Abstract. *Advances in information technology have driven the adoption of telemedicine as a new method of clinical service delivery, offering greater accessibility and efficiency. However, the implementation of telemedicine, which involves long-distance communication and technological complexity, raises crucial issues regarding the responsibilities and legal protections of medical personnel. This research is relevant in light of the enactment of Law Number 17 of 2023 concerning Health, which serves as the latest legal basis for regulating the health ecosystem in Indonesia, including telemedicine. This study aims to analyze and identify the form and scope of legal protection provided to medical personnel in providing clinical services via telemedicine, based on the provisions stipulated in Law of the Republic of Indonesia Number 17 of 2023 concerning Health. Furthermore, this study also examines the potential legal risks faced by medical personnel and the implications of the latest Health Law in ensuring legal certainty for telemedicine practices. This research employs a normative legal research method, with a statute approach and a conceptual approach. Data sources include primary legal materials (primarily Law No. 17 of 2023), secondary legal materials (literature, journals, and related legal documents), and tertiary legal materials. The analysis was conducted qualitatively and descriptively to draw logical and solution-oriented conclusions. The research findings show that Law No. 17 of 2023 explicitly recognizes and regulates the implementation of telemedicine as part of the health transformation. Legal protection for medical personnel is accommodated through more comprehensive regulations regarding professional service standards, practice permits, electronic medical records, and guarantees related to the handling of complaints and disputes. However, this research identified gaps or ambiguities in technical regulations regarding the authority and limitations of cross-regional/national telemedicine practices, as well as protection against diagnostic/therapeutic errors influenced by technological limitations, which have the potential to pose legal risks. Law No. 17 of 2023 concerning Health provides a stronger foundation for legal protection for medical personnel in telemedicine practices, but needs to be followed up with detailed and clear implementing regulations. Effective legal protection requires a synergy between strong regulations, the implementation of strict professional standards, and the use of technology that ensures data security and patient confidentiality.*

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Keywords: *Clinical Services; Law Number 17 of 2023; Legal Protection; Medical Personnel; Telemedicine.*

1. Introduction

In general, it is known that in relation to health services, there is a provider of health services (health provider), in this case medical personnel or doctors or dentists, while the recipient of health services (health receiver) is the patient. Doctors who practice medicine on patients are in order to carry out rights and obligations in a legal relationship (rechtsbetrekking), which is a relationship between two legal subjects that applies under the authority of the law[1], or regulated or existing in law and having legal consequences. Clearly, legal relationships are divided into three categories:

1. Legal relationships between two legal subjects: individuals and individuals, for example, the legal relationship between a doctor and a patient.

2. Legal relationships between individuals and legal entities, for example, between a patient and a hospital.

3. Legal relationships between individuals and legal entities and legal objects in the form of property rights.

Technology plays a vital role in human life; almost all nations, in every corner of the world, utilize technology in their lives. Connecting one nation to another through technology has enabled this rapid development. This acceleration in various aspects has transformed what was once a distant life into a unified one. The implications of this unified life are called globalization. One innovation emerging from this technological development is telemedicine, a healthcare service that enables interaction between medical personnel and patients through a digital platform. Telemedicine offers various benefits, such as increased access to healthcare services in remote areas, time efficiency, and reduced costs for patients. WHO defines telemedicine as:

"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[2]"

[1]Andi Hamzah, 1986.Kamus Hukum, Penerbit Ghalia Indonesia, hal.244
[2] Craig J,Patterson V."Introduction to the practice of telemedicine", Journal of Telemedicine and Telecare, 2005,11(1):3-9.

Advances in this technology have enabled patients who are separated and located far away in one country to receive medical care from specialist doctors located in another country. Doctors using telemedicine equipment can view digital images directly and even transmit the patient's heart and breath sounds (via audio signals from an electronic stethoscope), even though the two (doctor and patient) are located in two locations far apart. Supported by medical equipment that can convert video images into digital images, the use of telemedicine has been widely used and applied in many countries around the world such as the United States, Greece, Israel, Japan, Italy, Denmark, the Netherlands, Norway, Jordan, Malaysia and India. Narayanan Hospital in Bangalore, India, for example, has been able to provide healthcare services to patients there. Patients and specialist doctors do not have to meet in person. Instead, the patient is in a small, comfortable room with a 42-inch LCD monitor. A personal computer (PC) is installed. A patient in a rural health clinic 600 km from Bangalore can communicate interactively with a specialist doctor in a Bangalore hospital via an LCD screen. Nurses working in a small hospital in a remote village can also consult remotely with specialist doctors in all major hospitals in India. If more detailed treatment is needed, the patient is referred to a large, fully equipped hospital. This technique is generally called teleconferencing. The telemedicine system in India has been able to connect hundreds of hospitals throughout India with small hospitals in rural areas. Using information and communication technology (ICT), they implement the concept of "doctors on call" who are ready to handle patient problems in remote treatment units in large hospitals that are staffed with experts[3].

The huge gap in healthcare distribution in India has forced the Indian government to be quite responsive in utilizing this technology, because almost 75% of Indians live in rural areas, while more than 75% of Indian doctors are based in cities, so that most of the 620 million rural Indian population lacks access to basic healthcare facilities[4]. This new technology has contributed a significant proportion to the success of local rural patient management in India. [5]. Besides saving time, money, and effort, this system also promises knowledge transfer from senior doctors to junior doctors, so that the knowledge of doctors and nurses in remote villages is maintained and even enhanced. They also compile a simple database containing each patient's medical history. Laboratory results and X-rays can be sent via ICT (Information and Communication Technology) to doctors in large cities to support diagnoses. Some hospitals have even connected their examination equipment (such as heart monitors, blood pressure monitors, and life support systems) directly to the network system, so that when they conduct live remote discussions (life), doctors on the other end can also view very comprehensive data. With the rapid development of telemedicine practices, this type of medical practice has begun to penetrate several countries and even internationally. In this millennium era, global healthcare through telemedicine has made it seem as if the world no longer recognizes national boundaries, whether in terms of territorial (geographic),

[3] Telemedicine apakah dapat diterapkan di Indonesia, dalam http://khalidmustafa.info,_diakses pada 10 Oktober 2023.
[4] Telemedicine di Pedesaan Iindia, Dalam http://www.ncbi.nlm.nih.gov/pmc/artucles/PMC1420376/, Diakses 10 Oktober 2023.
[5] Membawa Perawatan Kesehatan ke Daerah Pedesaan, Dalam http://www.i4donline.net/May05/satellite. Diakses 12 November 2012.

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economic, political, socio-cultural, religious, educational, and so on. Furthermore, the development of information technology has made the world borderless, leading to significant and rapid social change. This era is also marked by increasingly deep interdependence between nations, increasingly close interconnections between problems, and the increasingly comprehensive process of globalization, particularly in the field of global health.

2. Research Methods

The research method used in compiling this thesis is normative legal research (normative legal research method). The normative legal research method is a library legal research conducted by examining library materials or secondary data alone.[6] By using the deductive thinking method (a way of thinking in drawing conclusions drawn from something of a general nature that has been proven to be true and the conclusion is aimed at something of a specific nature)[7].

3. Results and Discussion

3.1. Legal Protection for Medical Personnel in Providing Clinical Services through Telemedicine

In Indonesia, various health issues, such as the predominance of curative approaches in health services, the availability and distribution of health resources, preparedness for health crises, the independence of pharmaceuticals and medical devices, and the financing and utilization of health technology, have led to health transformation. Implementing health system transformation requires a strong and comprehensive regulatory foundation to address various health issues. Improvements to health regulations are also necessary to ensure that the health sector's legal structure does not overlap or contradict each other. Therefore, the government has synchronized various laws using the omnibus method. Consequently, on August 8, 2023, Law Number 17 of 2023 concerning Health (State Gazette of the Republic of Indonesia 2023 Number 105) was enacted. This law revokes and declares as no longer valid:

a. Law Number 419 of 1949 concerning the Prescription Drug Ordinance (Staatsblad 1949 Number 419);

b. Law Number 4 of 1984 concerning Infectious Disease Outbreaks (State Gazette of the Republic of Indonesia Number 20 of 1984, Supplement to the State Gazette of the Republic of Indonesia Number 3273);

c. Law Number 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia Number 116 of 2004, Supplement to the State Gazette of the Republic of Indonesia Number 4431);

[6] Bambang Sunggono,2003,Metodologi Penelitian Hukum,Raja Grafindo Persada,Jakarta,h.al27-28.
[7] Ibid,hal.13.

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d. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia Number 144 of 2009, Supplement to the State Gazette of the Republic of Indonesia Number 5063);

e. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia Number 153 of 2009, Supplement to the State Gazette of the Republic of Indonesia Number 5072);

f. Law Number 20 of 2013 concerning Medical Education (State Gazette of the Republic of Indonesia Number 132 of 2013, Supplement to the State Gazette of the Republic of Indonesia Number 5434);

g. Law Number 18 of 2014 concerning Mental Health (State Gazette of the Republic of Indonesia Number 185 of 2014, Supplement to the State Gazette of the Republic of Indonesia Number 5571);

h. Law Number 36 of 2014 concerning Health Workers (State Gazette of the Republic of Indonesia Number 298 of 2014, Supplement to the State Gazette of the Republic of Indonesia Number 5607);

i. Law Number 38 of 2014 concerning Nursing (State Gazette of the Republic of Indonesia Number 307 of 2014, Supplement to the State Gazette of the Republic of Indonesia Number 5612);

j. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia Number 128 of 2018, Supplement to the State Gazette of the Republic of Indonesia Number 6236); and

k. Law Number 4 of 2019 concerning Midwifery (State Gazette of the Republic of Indonesia Number 56 of 2019, Supplement to the State Gazette of the Republic of Indonesia Number 6325).

In Law Number 17 of 2023 concerning Health, Article 1, number 21, defines Telehealth as the provision and facilitation of health services, including public health, health information services, and self-service services, through telecommunications and digital communication technology. Article 1, number 22, defines Telemedicine as the provision and facilitation of clinical services through telecommunications and digital communication technology. In the implementation of health efforts in the form of health services, information and communication technology can be utilized through Telehealth and Telemedicine, which are integrated with the National Health System. Telehealth consists of the provision of clinical and non-clinical services. Clinical services are provided through telemedicine, as stipulated in Article 25 of Law Number 17 of 2023 concerning Health. Although the provision of healthcare services through telemedicine offers many benefits for patients, such as:

a. Accelerating patient access to referral centers without their physical presence.

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b. Easily obtaining assistance while awaiting direct care from a specialist.

c. Patients feel close to home where family and friends can provide direct support.

d. Eliminating mental stress, tension, or other risks that could endanger the patient's life during transfer.

e. Selecting patients who need to be transported to the hospital and those who are adequately cared for at home.

Meanwhile, the benefits for medical personnel include:

a. No need for extensive mobilization to provide medical services, especially for doctors who have existing illnesses, such as those who have undergone splenectomy or are immunosuppressed.

b. Avoidance of risks that can occur while traveling or at work, especially in areas prone to infectious diseases or conflict. Therefore, doctors no longer need to incur insurance or other operational costs.

c. No need to carry personal medical equipment every time they provide medical services.

d. No barriers to providing medical services due to the geographical conditions of remote or isolated areas.

e. No need to process immigration documents such as passports, visas, or work permits.

Despite the promise that telemedicine promises various conveniences and opportunities, making it a solution to address health problems, it is also recognized that telemedicine carries the potential for legal issues in medical practice. According to Gorea R.K., there are many medicolegal implications of telemedicine, such as those related to registration, licensing, insurance, privacy, and confidentiality issues, as well as other risks associated with electronic healthcare communications. Other important aspects include the patient-doctor relationship, standards of care, and informed consent.[8]

In David Storey D's view, specifically in the United States, there are at least five legal issues that require regulation before launching a telemedicine program. These five legal issues are state licensing and credentialing of physicians, liability for malpractice, state FDA (US Food and Drug Administration) regulations, security of patient health information, and insurance issues.[9]

[8] Gore RK, (ed), "Legal aspects of telemedicine: Telemedical jurisprudence", Journal of Punjab Academy of Forensic Medicine & Toxicology, 2005, Volume: 5 ISSN:0972-5687.
[9] David Storey D, Pandangan lebih dekat tentang Masalah Hukum Telemedicine, Dalam http://www.hhnmag.com/hhnmag/jsp/articledisplay.jsp?dcrpath=HHNMO, Diakses 10 Oktober 2023

3.2. Medical Dispute Resolution Mechanisms in Telemedicine Services

a. Non-Litigation Mechanisms

Law No. 17 of 2023 provides space for the peaceful resolution of medical disputes through non-litigation mechanisms. Article 353 states that disputes in the health sector can be resolved through mediation, arbitration, or other forms of alternative dispute resolution. In telemedicine practice, non-litigation dispute resolution becomes even more relevant given the importance of information technology, which often gives rise to misunderstandings between medical personnel and patients regarding online communication, response speed, or technical system errors.

Institutions such as the Indonesian Medical Council (KKI) and the Professional Disciplinary Council (MDP) play a role in assessing whether disciplinary or ethical violations have occurred in telemedicine services. Non-litigation resolution has the following advantages: It is faster and more efficient than court proceedings; It safeguards the reputation of medical personnel and healthcare institutions; It minimizes the social and psychological impacts of open legal proceedings.

b. Litigation Mechanisms

If non-litigation mechanisms do not result in an agreement, then resolution can be pursued through the courts. However, in accordance with Article 348 of Law No. 17 of 2023, criminal law enforcement against medical personnel must first consider the results of professional assessments. This demonstrates that health law applies the principle of due process of professional judgment before formal legal proceedings. In the context of evidence, Articles 5–15 of the Electronic Information and Transactions Law recognize electronic medical records as valid evidence in court. Consultation records, diagnostic notes, and digital communication logs can be used to prove that medical personnel have carried out their obligations professionally.

c. Analysis of Dispute Resolution Mechanisms

From the perspective of the law-in-action theory (Roscoe Pound), the implementation of medical dispute resolution in telemedicine requires alignment between written regulations and practical implementation. Although regulations provide space for mediation and professional assessment, challenges remain, such as:

a. Limited disciplinary enforcement mechanisms for cross-regional services.

b. Lack of clarity on responsibilities between electronic system providers and medical personnel.

c. The need for national guidelines for valid digital documentation.

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Therefore, a derivative policy is needed in the form of a new Minister of Health Regulation that specifically regulates legal responsibilities, cybersecurity standards, and a telemedicine audit system as a form of improvement to positive law.

3.3. Legal Responsibility of Medical Personnel for Unlawful Acts in Telemedicine

a. Civil Liability

In a civil context, the relationship between medical personnel and patients is contractual, known as a therapeutic agreement. Based on Article 1320 of the Civil Code, this agreement contains the following requirements for validity: agreement, competence, a specific object, and a lawful cause. If medical personnel are proven negligent, resulting in harm to the patient, Article 1365 of the Civil Code concerning unlawful acts (onrechtmatige daad) applies. However, liability can only be sought if the following elements are proven:

a. Unlawful act,
b. Loss,
c. Causal relationship, and
d. Fault.

In telemedicine, the element of fault must be carefully proven, considering that errors can be caused by system disruptions, limited medical data, or network failures. In this case, responsibility can shift to the electronic system provider, as stipulated in Article 15 paragraph (2) of the ITE Law, which requires the provider to be responsible for losses resulting from electronic system failures.

b. Criminal Liability

Medical personnel can be held criminally liable if proven to have committed gross negligence (culpa lata) that resulted in injury or death of a patient. This provision refers to Articles 359 and 360 of the Criminal Code. However, Article 351 paragraph (3) of Law No. 17 of 2023 stipulates that criminal law enforcement against medical personnel must be based on the results of a prior professional disciplinary assessment. This aims to prevent the criminalization of medical personnel who have worked in accordance with standard procedures. Furthermore, Article 347 of Law No. 17 of 2023 provides legal protection for medical personnel who practice their profession professionally, emphasizing the principle of "no punishment without fault."

c. Administrative and Ethical Responsibilities

Medical personnel also have administrative and ethical responsibilities. Administrative sanctions can be imposed if medical personnel violate the provisions of their practice permit, service standards, or other administrative obligations as stipulated in Articles 304–306 of Law No. 17 of 2023. These sanctions can include:

a. Written warning; ... license, service standards, or other administrative obligations as stipulated in Articles 304–306 of Law No. 17 of 2023. b. Suspension of practice permit;
c. Revocation of permit or certificate of competency.

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Meanwhile, violations of the Indonesian Medical Code of Ethics (KODEKI) can result in ethical sanctions, such as warnings, coaching, or dismissal from professional organizations.

d. Legal Responsibility Analysis
From a normative analysis, the legal responsibility of medical personnel in telemedicine is multi-tiered:
a. Professional discipline—assessment by the Indonesian Medical Association (MKDKI) and Indonesian Medical Association (KKI);
b. Administrative—guidance by the Ministry of Health or the Health Office;
c. Criminal and civil—formal legal proceedings if gross error or negligence is proven.

This multi-tiered system of responsibility implements the principle of substantive justice in health law, where medical personnel are protected from criminalization but remain accountable for actual violations of law and ethics. Thus, the Indonesian health legal system has transformed into an integrative legal protection model, which balances the rights of medical personnel and patients in the era of digitalized healthcare.

e. Settlement of Professional Discipline Violations (MDP)
Enforcing professional discipline is an integral part of the national health legal system. Article 347 of Law Number 17 of 2023 concerning Health stipulates that medical and healthcare personnel have the right to legal protection as long as they carry out their profession in accordance with professional standards, ethics, and laws and regulations. This legal protection is reciprocal—medical personnel are protected from criminalization as long as they work according to standards, but are also held disciplinary responsible for violating professional norms. As a derivative of this mandate, the government issued Minister of Health Regulation Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical and Healthcare Personnel (Permenkes 3/2025).

This regulation replaces the old mechanism, which was scattered across various provisions, and clarifies the institutional structure, inspection procedures, and the relationship between the enforcement of professional discipline and criminal and civil legal processes. Minister of Health Regulation 3/2025 is based on Article 713 of Government Regulation Number 28 of 2024 concerning the Implementation of the Health Sector, which mandates the establishment of Professional Disciplinary Councils (MDPs) at the national and provincial levels to enforce discipline. Thus, the MDPs become institutions with quasi-judicial authority over the professional discipline of medical and healthcare personnel.

In the context of telemedicine services, Ministerial Regulation 3/2025 provides new legal certainty by addressing violations arising from the use of information technology in medical practice, including negligence in electronic medical record keeping, misuse of patient data, or providing services without valid digital authorization.

f. Scope of Professional Disciplinary Violations

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Ministerial Regulation 3/2025 establishes 17 types of professional disciplinary violations that can be imposed on medical personnel and healthcare workers. These violations include, among others:
a. Practicing in a manner inconsistent with competence or authority;
b. Failing to create, store, or maintain the confidentiality of medical records;
c. Failing to make referrals based on medical indications;
d. Misusing health technology or patient data;
e. Violating service standards and standard operating procedures;
f. Taking actions not based on informed consent;
g. Violating professional ethics in providing services, including remote services.

In telemedicine practice, most potential disciplinary violations relate to:
a. Violations of electronic medical record procedures, for example, medical personnel failing to maintain complete virtual consultation records as required by law.
b. Violations of digital clinical authority, such as providing a diagnosis or prescription without verifying the patient's identity.
c. Failure to maintain data confidentiality, which also violates the provisions of the Health Law and Article 26 of the Electronic Information and Transactions Law concerning personal data.
Therefore, in telemedicine services, violations of professional discipline relate not only to conventional medical ethics but also to the ethicotechnological dimension, namely the ability of medical personnel to use technology responsibly and legally.

g. Stages of the Professional Disciplinary Case Resolution Mechanism
a. Complaints
The disciplinary enforcement process begins with a complaint, which can be filed by the patient, the patient's family, or other interested parties. Minister of Health Regulation 3/2025 stipulates that complaints must be accompanied by clear identification, a chronology of events, and supporting evidence, such as medical records, electronic communication results, or screenshots of telemedicine services. In the digital context, evidence can include recordings of online consultations, electronic messages, or telemedicine system records. This evidence is legally valid because Article 5 paragraph (1) of the ITE Law recognizes electronic information and/or documents as valid evidence in courts and administrative institutions. Complaints are received by the Secretariat of the Professional Disciplinary Council (MDP) at the provincial level and then verified to ensure that the reported case falls within the realm of professional discipline, not purely criminal.

b. Verification and Initial Examination
Once the complaint is deemed complete, the MDP forms an Ad Hoc Examination Team consisting of representatives from the Health Service, professional organizations, health care facilities, and community members. This team carries out:
1) Examination of documents;
2) Summoning the complainant and witnesses;
3) Clarification of medical technical matters; and
4) Analysis of professional standards and operational procedures.

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Examination is conducted based on the principles of independence, objectivity, and procedural fairness (due process of profession). In telemedicine services, examinations often involve health technology experts to assess whether the violation was caused by human error or electronic system disruption.

c. Determination of Violations and Sanctions

Based on the results of the examination, the MDP determines whether the medical personnel are proven to have committed a disciplinary violation. If proven guilty, the MDP will impose disciplinary sanctions in accordance with Chapter VI of Ministerial Regulation 3/2025, including:

1) Written warning;
2) Requirement to participate in professional development;
3) Temporary restriction of practice authority;
4) Temporary or permanent revocation of practice permit;
5) Recommendation for revocation of competency certificate.

The type of sanction is determined based on the severity of the error, the consequences, and the medical professional's track record. In the case of telemedicine, violations such as digital maladministration or errors in patient data input are generally subject to administrative sanctions and development, rather than license revocation, as they do not directly impact patient safety.

d. Relationship to Criminal and Civil Proceedings

One important aspect of Ministerial Regulation 3/2025 is coordination between the MDP and law enforcement officials. Article 29 emphasizes that if a violation has the potential to involve criminal or civil elements, the MDP must first provide a professional recommendation before any investigation or lawsuit is initiated. This clause reflects the principle of “no criminal prosecution before professional review,” which is also emphasized in Article 351 paragraph (3) of the 2023 Health Law. Thus, law enforcement officers cannot directly charge medical personnel with criminal provisions without the results of an assessment from the MDP. This protects medical personnel from criminal acts Professional actions that remain within the bounds of medical and technological reasonableness.

a. Review and Guidance

After the MDP decision is read, the complainant or defendant may submit a review (PK) to the Minister of Health within ten working days. A review may be filed if new evidence is discovered, there is misapplication of norms, or there is a suspected conflict of interest during the examination process. Once the decision is final, the Ministry of Health, through the Directorate General of Health Personnel, is obliged to provide guidance and supervision to medical personnel who have been sanctioned. The goal is not merely to punish, but rather to educate and restore professional integrity. From a health law perspective, the disciplinary violation resolution mechanism under Minister of Health Regulation 3/2025 demonstrates a progressive regulatory approach to the development of digital health services. This mechanism affirms three main principles:

1) The Lex Specialis Principle for Enforcement of Health Law

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Minister of Health Regulation 3/2025, along with the 2023 Health Law, serves as a special norm that precedes the application of general criminal law. Therefore, before medical personnel are prosecuted for alleged criminal acts (for example, medical negligence in telemedicine), professional bodies must first assess whether the action violates discipline or professional standards. This prevents the misuse of criminal law in cases that should be resolved through professional mechanisms.

2) The Principle of Substantive Justice and Legal Certainty

The MDP mechanism ensures a balance between patients' rights to health protection and medical personnel's rights to procedural justice. Ad hoc examinations involving professional elements ensure that decisions are not only legally formal but also substantively based on medical science.

3) The Principle of Digital Accountability in Telemedicine Services

In technology-based services, accountability rests not only with individual medical personnel but also with the provider of the healthcare electronic system (ESS). Based on Article 15 of the ITE Law, the EIS is responsible for system reliability and data protection. Therefore, if a medical error is caused by a system disruption, legal responsibility can be transferred or shared between the medical personnel and the telemedicine platform provider.

1. Relevance to Legal Protection for Medical Personnel

The implementation of Minister of Health Regulation 3/2025 within the framework of legal protection for medical personnel has important impacts:

a. Providing fair internal professional procedures before cases escalate to the criminal or civil realm.

b. Ensure examination standards align with medical competence, not merely formal legal interpretations.

c. Emphasize preventive protection through ongoing training to ensure medical personnel understand the legal risks involved in using health technology.

In the context of your thesis, this mechanism strengthens the argument that legal protection for medical personnel in telemedicine does not stop at the Health Law alone, but is integrated with the professional disciplinary enforcement system, detailed in Ministerial Regulation 3/2025. The functional relationship between the Professional Disciplinary Council, the Indonesian Medical Council, and law enforcement agencies reflects an integrated professional liability system, where legal and ethical responsibilities are balanced with the right to professional protection.

h. Closing Analysis

Overall, the mechanism for resolving professional disciplinary violations based on Ministerial Regulation 3/2025 provides an important foundation for health law reform in the digital era. In the context of telemedicine, this regulation strengthens the position of medical personnel by providing a proportional, profession-based resolution pathway that adheres to the principles of justice, expediency, and legal certainty, as mandated by Article 28D and Article 28H of the 1945 Constitution. Therefore, the mechanism for resolving professional disciplinary cases in Ministerial Regulation 3/2025 is not only a law enforcement tool but also a humanistic legal protection instrument that adapts to advances in healthcare technology.

At the end of 2019, the world was shaken by the emergence of a new virus variant, later known as Coronavirus Disease 2019 (COVID-19). The virus first emerged in Wuhan City, China, and then spread worldwide, including Indonesia. The virus's widespread spread led the World Health Organization (WHO), a member of the United Nations (UN), to declare COVID-19 a global pandemic on March 11, 2020. The President of the Republic of Indonesia has declared the situation as a Public Health Emergency as stated in Presidential Decree Number 11 of 2020 concerning the Determination of the Corona Virus Disease 2019 (Covid-19) Public Health Emergency, due to the extraordinary nature of the spread of Covid-19, marked by the increasing number of cases and deaths and the spread across regions and countries and impacting aspects of the economy politics, economics, social, culture, defense and security, and the welfare of the people of Indonesia.

In the Presidential Decree, it is stipulated that Covid-19 is a type of disease that causes a public health emergency, and it is mandatory to carry out mitigation efforts in accordance with the provisions of laws and regulations. In addition, based on Presidential Decree number 12 of 2020, by seeing the spread of Covid-19 has had an impact on the increasing number of victims and property losses, the expansion of the scope of the affected areas, and has had implications on broad socio-economic aspects in Indonesia, then due to these conditions the President of the Republic of Indonesia has also determined it as a non-natural disaster The spread of Covid-19 as a National Disaster, and further mitigation is carried out by the Task Force for the Acceleration of Handling Corona Covid-19 in accordance with Presidential Decree number 7 of 2020 concerning the Task Force for the Acceleration of Handling Covid-19 as amended by Presidential Decree number 9 of 2020 concerning Amendments to Presidential Decree Number 7 of 2020 concerning the Task Force for the Acceleration of Handling Covid-19 through synergy between ministries/institutions and local governments. Covid-19 has not only caused the death of millions of people worldwide, but also has an impact on changes in the global economy, social and health services in the medical world. Covid-19 which affects all aspects of the lives of the world's people has also accelerated the implementation of an innovative technological revolution which since its inception originated from the combination of computer and communication technology capabilities through internet and intranet systems, has produced various systems and service models that are virtual and electronic in nature and are better known to the public during the Covid-19 pandemic, such as the E-Government system for services in the government sector, the E-Learning system for services in the Education sector, the E-Banking system for services in the Banking sector, the e-Business system for services in the Business sector, the e-Commerce system for services in the Trade sector, the e-Court system for services in the Justice sector and the e-Health or Telemedicine system, for services in the Health sector. Even the concept of the market has changed significantly due to the innovative technological revolution and Covid-19. The market, which was previously a place where sellers and buyers met directly, has now also changed virtually, sellers and buyers do not need to meet directly in the process of offering and receiving goods, and payments are sufficient through transfers with an e-Banking model. In healthcare services, previously people who wanted to consult about health preferred to come directly to clinics or doctor's practices or hospitals, then during the Covid-19 pandemic when the Republic of Indonesia government implemented the Enforcement of Restrictions on Community Activities or PPKM which previously implemented Large-Scale

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Social Restrictions or PSBB with strict implementation of Physical Distancing, has made a total change in healthcare services provided by hospital healthcare facilities and doctors to the public, from face-to-face services to non-face-to-face services, for example online health consultations. This practice of online healthcare services is then known as telemedicine. WHO defines telemedicine as: *"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".*[10]

4. Conclusion

Legal protection for medical personnel in telemedicine practice is a manifestation of the state's responsibility as mandated in Article 28 H paragraph (1) and Article 28 D paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which guarantees the right of every person to self-protection and fair legal certainty. Law Number 17 of 2023 serves as the main legal basis that confirms that telemedicine is included in formal health services and must be carried out by medical personnel who have a valid license, clinical authority, and professional competence. Through the provisions of Article 347 of the Health Law, the state guarantees that medical personnel have the right to obtain legal protection as long as they carry out their profession in accordance with professional standards, ethics, and applicable legal provisions. This legal protection has two dimensions. The first is preventive protection, which is carried out through the establishment of service standards, licensing systems, medical data security, and the obligation of valid electronic documentation in accordance with Article 46 and Article 57 of the Health Law and Law Number 11 of 2008 concerning Information and Electronic Transactions (ITE Law). The second is repressive protection, namely legal remedies provided if medical personnel face legal problems or disputes due to remote medical services. In this context, resolution is carried out through professional mechanisms before involving law enforcement officials. The mechanism for resolving disputes or violations of professional discipline for medical and health personnel has been comprehensively regulated through Minister of Health Regulation Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical and Health Personnel. This regulation is an important milestone in health law reform, because it emphasizes that every alleged professional violation must first be examined by the Professional Disciplinary Council (MDP), which has the authority to assess whether an action constitutes a violation of professional discipline, an ethical violation, or administrative negligence. The process for resolving disciplinary violations is carried out through structured stages, namely: (1) complaints; (2) verification and initial examination; (3) determination of decisions and sanctions; and (4) judicial review. These stages demonstrate the application of the principle of due process of profession, namely that medical personnel cannot be subject to criminal or civil sanctions before undergoing an objective professional assessment. This principle is also in line with Article 351 paragraph (3) and Article 353 of the 2023 Health Law, which emphasizes that dispute resolution in the health sector must prioritize professional mechanisms such as mediation and arbitration before resorting to

[10] Craig J,Patterson V."Introduction to the practice of telemedicine", Journal of Telemedicine and Telecare, 2005,11(1):3-9.

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litigation. Thus, the professional disciplinary resolution system functions not only as a law enforcement tool, but also as a protection mechanism for medical personnel so that they are not easily criminalized due to professional risk. The legal responsibility of medical personnel in telemedicine practice is layered and proportional, which includes civil, criminal, administrative, and ethical liability. Civil liability arises if medical personnel are proven to have committed a breach of contract or an unlawful act as regulated in Article 1365 of the Civil Code, while criminal liability can be imposed if there is proven gross negligence (culpa lata) that causes harm or death to patients as regulated in Articles 359 and 360 of the Criminal Code. However, before formal legal proceedings are carried out, a professional disciplinary assessment must first be carried out to determine whether the act truly falls into the category of professional negligence or not. Furthermore, administrative and ethical responsibilities are regulated through licensing and oversight mechanisms as stipulated in Articles 304–306 of the 2023 Health Law and Ministerial Regulation 3 of 2025, where sanctions can include warnings, practice restrictions, guidance, and even revocation of practice permits. This layered system of responsibility demonstrates the application of Philipus M. Hadjon's theory of legal protection, which differentiates legal protection into preventive and repressive forms, and Hans Kelsen's theory of professional legal responsibility, which emphasizes that sanctions can only be imposed if there is a legally provable error (no liability without fault). In the context of digital health transformation, the legal protection mechanisms and enforcement of professional discipline as stipulated in Ministerial Regulation 3 of 2025 are highly relevant to telemedicine practice. Telemedicine, as a modern form of service, presents new potential risks such as misdiagnosis due to limited electronic data, misuse of medical records, and breaches of patient data confidentiality. With this Ministerial Regulation, any disciplinary issues arising in telemedicine services can be addressed through the profession's internal mechanisms first, thereby providing legal certainty and professional protection A balanced approach between medical personnel and patients. Overall, the Indonesian health legal system has shown a renewed trend toward an integrative legal protection model, where patients' rights to receive safe services are balanced with the rights of medical personnel to receive protection from legal risks arising from the legitimate and well-intentioned performance of professional duties. This model upholds the principles of substantive justice, benefit, and legal certainty, which serve as the primary foundation for the formation of national law.

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