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Strategies for Managing Chronic Diseases Based on the Perspective of Bioethics and Human Rights Within the Framework of Health Law of The Republic of Indonesia Number 17 on year 2023

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Abstract: The increasing prevalence of chronic diseases in Indonesia requires serious attention to management strategies. This study aims to analyze chronic disease management strategies within the framework Health Law of the Republic of Indonesia Number 17 on year 2023 incorporating bioethical perspectives and human rights (HR). The approach ensures that health policies address not only technical and administrative aspects but also respect ethical values and justice. Using a qualitative method with a policy analysis approach, the research involves literature review, regulation analysis, and in-depth interviews with health and legal experts. The findings highlight bioethical principles, such as patient autonomy, equitable access to healthcare, and non-maleficence, which are key in supporting fair and inclusive policies. Furthermore, the right to health as part of HR emphasizes the importance of providing equitable services, particularly for vulnerable groups like chronic disease patients. The study concludes that the implementation of Health Law of the Republic of Indonesia Number 17 on year 2023 should consistently adhere to bioethics and HR principles to create a holistic, just healthcare system.

Keyword: Chronic Diseases, Bioethics, Human Rights (HR), Health Law, Health Strategies.

INTRODUCTION

Chronic diseases are health conditions that persist over a long period (usually more than six months), are progressive in nature, and require ongoing medical care. Examples of chronic diseases include hypertension, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), asthma, and cancer. The problem formulation contains article questions that must be explained in the discussion and answered in the conclusion. Some of the impacts of chronic diseases on individuals include decreased physical ability, pain, chronic fatigue, psychological disorders, reduced quality of life, high treatment costs, social isolation due to physical limitations, and disease-related stigma. The impacts on families and society include high expenses for care and medication that can affect family financial stability, family members

sacrificing personal time and work to care for patients, increased national healthcare costs for treating and managing chronic diseases, and reduced workforce productivity as many individuals are unable to work optimally. (Putri, S. R., & Yuliani, A., 2020)

Non-Communicable Diseases (NCDs) in Indonesia have shown a significant upward trend in recent years. Data from the 2018 Basic Health Research (Riskesmas) revealed an increase in the prevalence of several chronic diseases compared to the 2013 Riskesdas. The prevalence of cancer rose from 1.4% to 1.8%, stroke from 7% to 10.9%, and chronic kidney disease from 2% to 3.8%. Additionally, the prevalence of diabetes mellitus based on blood sugar tests increased from 6.9% to 8.5%, and hypertension based on blood pressure measurements rose from 25.8% to 34.1%. (National Health Report, 2023)

The increasing prevalence of NCDs is closely related to changes in lifestyle, such as high smoking rates, lack of physical activity, and low consumption of fruits and vegetables. Since 2013, the prevalence of smoking among adolescents aged 10–18 years has steadily risen, from 7.2% (Riskesdas 2013) to 9.1% (Riskesdas 2018). The proportion of insufficient physical activity also increased from 26.1% to 33.5%. Additionally, more than 95.5% of Indonesians aged over 5 years consume less than five servings of fruits and vegetables per day. This trend also affects the productive age group. The Ministry of Health noted a shift in chronic kidney disease prevalence to the productive age group, with a prevalence of 3.85% in urban areas and 3.84% in rural areas. Furthermore, the prevalence of NCDs has also increased among the 10–14 age group, with the most common diseases being stroke and heart disease. This rising trend in NCD prevalence demands serious attention for its management and prevention, considering its significant impact on the quality of life and the economic burden on the nation.

Human Rights (HR) play a crucial role in ensuring healthcare services, including : HR demands that all individuals, regardless of their social, economic, or geographical background, have access to healthcare services, Every patient has the right to dignified treatment, including the protection of medical information confidentiality, Patients are entitled to receive clear and transparent information about their medical condition and available treatment options, HR ensures equitable distribution of healthcare resources, particularly in times of crisis or resource limitations. The consequences of healthcare without an HR perspective include discrimination in access to healthcare services, violations of privacy, and decision-making without patient consent.

Bioethics is a branch of philosophy that helps address moral dilemmas in medical practice, ensuring that healthcare services are conducted with clear moral principles. The principles of bioethics in healthcare include: Beneficence (every medical action must aim to enhance the well-being of the patient), Nonmaleficence (healthcare professionals must avoid actions that could potentially harm the patient), Autonomy (patients have the right to make decisions regarding their health based on adequate information), Justice (healthcare services must be provided fairly and without discrimination).

Health Law of the Republic of Indonesia Number 17 on year 2023, enacted on August 8, 2023, regulates various aspects of the healthcare system in Indonesia, including the management of chronic diseases. One of the significant changes in this law is the shift in focus from curative treatment to promotive and preventive efforts. Minister of Health Budi Gunadi Sadikin emphasized that preventive interventions are more effective and efficient in maintaining public health, especially in reducing the burden of chronic diseases. Prevention costs are considered significantly lower than the treatment costs of chronic diseases. Health Law of the Republic of Indonesia Number 17 on year 2023 also prepares a resilient healthcare system to address various challenges, including the increasing prevalence of chronic diseases. This includes improving the efficiency and transparency of healthcare financing and addressing the shortage of competent healthcare professionals in managing chronic diseases. Through Health Law of the Republic of Indonesia Number 17 on year 2023, the Indonesian government aims to enhance the management of chronic diseases by emphasizing prevention, facilitating

access to healthcare services, and strengthening the national healthcare system. These measures are expected to reduce the burden of chronic diseases in society and improve the quality of life for patients.

Based on the explanation above, the objective of this research is to analyze strategies for managing chronic diseases from the perspectives of bioethics and human rights by identifying and evaluating the approaches implemented in addressing chronic diseases in Indonesia. Additionally, the study examines the relevance and implementation of Health Law of the Republic of Indonesia Number 17 on year 2023 in supporting effective, ethical, and human rights-based management of chronic diseases.

METHOD

The research methodology employs a qualitative approach as it focuses on analyzing legal texts, bioethical principles, and human rights implications in health policies. This approach is utilized to explore the meaning, context, and relationships among concepts within the study of bioethics and human rights. The research involves analyzing legal documents, such as Health Law of the Republic of Indonesia Number 17 on year 2023, as well as literature on bioethics and human rights relevant to the management of chronic diseases. The primary data consists of the full text of Health Law of the Republic of Indonesia Number 17 on year 2023, while secondary data is derived from scientific journal articles on bioethics and human rights in the context of health. Data collection techniques include gathering information from scientific literature relevant to bioethics, human rights, and health policies; reading and interpreting articles within Health Law of the Republic of Indonesia Number 17 on year 2023 to evaluate their alignment with bioethical principles and human rights.

RESULTS AND DISCUSSION

Strategies for Managing Chronic Diseases in Health Law of the Republic of Indonesia Number 17 on year 2023

Managing chronic diseases in Indonesia faces several challenges, such as the increasing prevalence and mortality rates of diabetes, hypertension, cancer, and cardiovascular diseases. This has led to a double burden of disease, where both chronic and infectious diseases remain major issues. Many regions in Indonesia, particularly remote areas, experience limited access to healthcare facilities, medical personnel, and adequate treatment for chronic diseases. Chronic diseases require long-term and expensive treatments, and many patients lack sufficient health insurance coverage, despite the existence of the National Health Insurance (JKN) program. (National Health Report 2023)

The 2023 National Health System Report highlights the unequal distribution of healthcare infrastructure, such as hospitals and medical equipment, which can hinder early detection and management of chronic diseases. Government policies, such as Health Law of the Republic of Indonesia Number 17 on year 2023, often encounter implementation barriers at the regional level, including inter-agency coordination and suboptimal budget allocation. Patients with chronic diseases, such as HIV/AIDS and cancer, frequently face stigma that limits their access to healthcare services. Indonesia is also facing a shortage of healthcare professionals with specialized expertise in managing chronic diseases, such as oncologists, nephrologists, or cardiologists. (National Health Report 2023)

To address the various challenges in managing chronic diseases, Health Law of the Republic of Indonesia Number 17 on year 2023 emphasizes the importance of this issue by outlining several comprehensive strategies, including: Shifting the focus from treatment to prevention by adopting a preventive approach, particularly to reduce the prevalence of chronic diseases, Improving access to healthcare services by facilitating the public's ability to obtain the necessary medical care, Preparing a robust healthcare system to effectively tackle various challenges, Enhancing efficiency and transparency in healthcare financing, Developing the

national health industry by utilizing advanced health technologies. (National Development Planning Agency (Bappenas), 2020)

Implementation of Bioethics Principles

The principles of bioethics serve as guidelines to ensure that healthcare services provided to patients with chronic diseases are delivered fairly, ethically, and humanely. The application of the four main principles of bioethics in managing chronic diseases is as follows: (Beauchamp, T. L., & Childress, J. F., 2019)

The Principle of Autonomy

This principle gives patients the right to make informed and voluntary decisions regarding their care, including therapy choices and long-term planning. It also provides education to patients about the disease they are suffering from, available therapy options, and the benefits and risks of these treatments. Additionally, this principle respects the patient's preferences, including their decision to refuse or discontinue treatment. An example of this principle in practice is when a patient with chronic kidney failure is given the option of hemodialysis, peritoneal dialysis, or kidney transplantation, while considering their personal preferences. (Beauchamp, T. L., & Childress, J. F., 2019)

The Principle of Beneficence

This principle provides medical interventions with the goal of improving the patient's quality of life, including symptom management, complication prevention, and psychosocial support. An example of the application of this principle is offering a cardiac rehabilitation program for post-heart attack patients to prevent recurrence and enhance their quality of life. (WHO, 2023)

The Principle of Non-Maleficence

The application of this principle involves avoiding medical actions that could harm the patient, both physically and psychologically, including overmedication or administering therapies that are not indicated. It also includes monitoring the side effects of medications or medical procedures in patients with chronic diseases and taking a palliative approach for patients with a poor prognosis, rather than invasive treatments that could worsen their condition. An example of applying this principle is delaying certain cancer therapies for elderly patients with frail conditions to avoid the risk of fatal side effects. (Quill, T. E., & Byock, I. R., 2000)

The Principle of Justice

This principle ensures equal access to healthcare services for all patients, regardless of social, economic, or geographical status; it provides fair distribution of healthcare resources, including medical equipment, medications, and care facilities for patients with chronic diseases; and offers community-based services for patients in remote areas. An example of applying this principle is the implementation of the BPJS Health program, which covers long-term therapy costs for chronic conditions such as diabetes and hypertension. (Ministry of Health of the Republic of Indonesia, 2023)

Human Rights Implementation

The enforcement of Human Rights (HR) in healthcare services in Indonesia is based on strong legal foundations, both in international and national instruments. In this context, Health Law of the Republic of Indonesia Number 17 on year 2023 serves as one of the primary legal frameworks that ensures the right to health and the state's responsibility for providing quality, equitable, and accessible healthcare services. The basic principle of human rights in health, where the right to health is globally recognized in Article 12 of the International Covenant on

Economic, Social, and Cultural Rights (ICESCR), which has been ratified by Indonesia, includes fair access to healthcare services without discrimination, quality services, and adequate healthcare facilities. The implementation of healthcare services in Indonesia, where the Health Law of the Republic of Indonesia Number 17 on year 2023 emphasizes the importance of equitable access to healthcare, especially for vulnerable groups such as the poor, remote areas, and patients with chronic diseases. This is applied through the National Health Insurance (JKN) Program by BPJS, which covers treatment for chronic diseases such as diabetes and hypertension. (Ministry of Health of the Republic of Indonesia, 2023)

The implementation of Human Rights (HR) in the management of chronic diseases includes: providing healthcare facilities that are easily accessible to the community, both in urban areas and remote/rural areas; the existence of a National Health Insurance (JKN) program that covers services and treatment for chronic diseases; providing healthcare for patients with chronic diseases without discrimination based on age, gender, economic status, or ethnicity; strengthening government regulations to ensure inclusive and equitable healthcare services; targeting vulnerable age groups or people with disabilities in providing healthcare for patients with chronic diseases; supplying essential medications for patients with chronic diseases such as insulin and antihypertensive drugs; improving access to diagnostic technologies, such as laboratories for blood sugar testing in diabetes patients; providing palliative care for patients with advanced-stage chronic diseases to improve their quality of life; enforcing ethical standards in providing healthcare services; providing psychosocial support for patients with advanced-stage chronic diseases and their families; involving the community in planning and evaluating health programs, such as in the formulation of policies for patients with infectious diseases, and providing platforms for complaints to ensure that healthcare services for patients with chronic diseases are delivered according to HR standards. (Adhitya, I. A., & Hidayat, N., 2021)

The challenges in implementing Human Rights (HR) in providing services to patients with chronic diseases include: limitations in infrastructure in remote areas, disparities where patients from lower economic backgrounds often face barriers in accessing healthcare services, a shortage of competent healthcare professionals to handle patients with chronic diseases, and a lack of awareness regarding Human Rights (HR) in the healthcare management of patients with chronic diseases.

To improve healthcare services based on Human Rights (HR) in providing care for patients with chronic diseases, a holistic approach is required. The following actions are taken to provide such services:

1. Providing equitable access to healthcare services by improving the distribution of primary healthcare facilities in rural and remote areas, expanding the National Health Insurance (JKN) program by ensuring coverage for chronic diseases, and developing telemedicine to reach patients with chronic diseases living in remote or hard-to-reach areas. (Universal Health Coverage (UHC) and Noncommunicable Diseases, 2020).
2. Improving public health literacy by enhancing education for the community on the prevention and management of chronic diseases through community-based campaigns, incorporating human rights-based health education into school curricula, and programs related to healthcare worker training.
3. Enhancing the capacity of healthcare workers by providing training on bioethical principles and human rights, and offering incentives to healthcare workers who are willing to work in remote areas or regions with high needs. (Health Law of the Republic of Indonesia Number 17 on year 2023)
4. Establishing a complaint and monitoring system with a quick response mechanism to address cases of patient rights violations.

5. Providing affordable medications and medical technologies by ensuring the availability of essential medicines for chronic diseases at affordable prices, and enhancing international cooperation for the import of relevant medical technologies.

Optimizing the implementation of Human Rights in chronic disease care requires synergy between government policies, adequate resources, and effective oversight of the services provided.

Implementation of Health Law of the Republic of Indonesia Number 17 on year 2023 and the Gaps and Challenges in the Field

Health Law of the Republic of Indonesia Number 17 on year 2023 emphasizes the role of the Indonesian government in improving healthcare infrastructure, including the development of healthcare facilities across Indonesia, particularly in remote areas, in accordance with Article 9 of Law No. 17 of 2023. An example of this is the regional hospital development program and the procurement of advanced medical equipment. The implementation of the National Health Insurance (JKN) program ensures that all citizens, especially vulnerable groups, have access to essential healthcare services. Continuous training for medical personnel is provided to enhance the quality of care, as stated in Article 11 of Law No. 17 of 2023. The government must ensure oversight of healthcare services through independent regulatory bodies. (Gostin, L. O, 2008).

In addition, this law emphasizes the principle of social justice by ensuring that vulnerable groups, such as low-income communities, the elderly, and people with disabilities, have the right to adequate healthcare services. By incorporating a bioethical and human rights-based approach, this regulation also encourages the development of policies focused on the sustainability of treatment, long-term management of chronic diseases, and the availability of affordable medicines and healthcare technologies. Overall, Health Law of the Republic of Indonesia Number 17 on year 2023 serves as the legal foundation that supports the creation of an inclusive, responsive, and adaptive national healthcare system to address the challenges of chronic diseases. (Ministry of Health of the Republic of Indonesia, 2023)

The implementation of Health Law of the Republic of Indonesia Number 17 on year 2023 in the field faces numerous challenges, with a gap between policy and reality. One of the issues is the policy's emphasis on the importance of promotive and preventive activities, while in practice, there is a lack of infrastructure in primary healthcare facilities such as community health centers (puskesmas) and integrated health posts (posyandu) to carry out these activities. There is also a gap in socialization, as the public has limited understanding of the law due to insufficient knowledge and government outreach. This Health Law aims to improve public access to healthcare, especially for early detection and treatment of chronic diseases, but in practice, significant gaps remain. For example, healthcare services are still concentrated in urban areas, while remote or rural areas often lack adequate healthcare facilities. Additionally, many people still face difficulties accessing the government's National Health Insurance (JKN) program or are not registered as beneficiaries. The government has also set regulations on the consumption of sugar, salt, and fat (GGL), but in practice, there are several gaps. Processed food products with high GGL content are still circulating without strict supervision, public education on the importance of reading food labels is still low, and some food and beverage producers have yet to comply with the regulations issued by the government.

CONCLUSION

The management of chronic diseases from the perspective of bioethics and human rights within the framework Health Law of the Republic of Indonesia Number 17 on year 2023 creates a healthcare system that is just and sustainable in Indonesia. Strategies for managing chronic diseases include: a) Applying bioethical principles such as autonomy, beneficence, non-maleficence, and justice in medical decision-making. b) Enhancing the fulfillment of human

rights, particularly for vulnerable patient groups, through equitable, fair, and accessible healthcare services. c) Implementing strategies in chronic disease management that consider various factors, including social, economic, and cultural factors. d) Conducting continuous oversight and evaluation in the implementation of Health Law of the Republic of Indonesia Number 17 on year 2023.

REFERENCE

- Adhitya, I. A., & Hidayat, N. (2021). The implementation of the right to health in healthcare policies in Indonesia: A human rights perspective. *Indonesian Journal of Human Rights*, 13(2), 105-117.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics* (8th ed.). Oxford University Press.
- Gillon, R. (1994). Medical ethics: Four principles plus attention to scope. *BMJ*, 309(6948), 184-188. <https://doi.org/10.1136/bmj.309.6948.184>
- Gostin, L. O. (2008). *Public Health Law: Power, Duty, Restraint* (2nd ed.). University of California Press.
- Law No. 17 of 2023 on Health. Jakarta: Ministry of Health of the Republic of Indonesia
- Ministry of Health of the Republic of Indonesia. (2023). *National Health Report 2023*. Jakarta: Ministry of Health of the Republic of Indonesia.
- National Development Planning Agency (Bappenas). (2020). *National Strategy for the Management of Non-Communicable Diseases in Indonesia*. Jakarta: Bappenas.
- Putri, S. R., & Yuliani, A. (2020). Bioethical approach in medical decision-making: A case review of chronic disease patients. *Indonesian Journal of Medical Ethics*, 5(3), 45-60.
- Quill, T. E., & Byock, I. R. (2000). *Palliative Care in Chronic Illness*. *New England Journal of Medicine*.
- Universal Health Coverage (UHC) and Noncommunicable Diseases, 2020. Retrieved from <https://ncdalliance.org/why-ncds/universal-health-coverage-uhc>
- UN Office of the High Commissioner for Human Rights (OHCHR). (2021). *The right to health*. Retrieved from <https://www.ohchr.org/en/issues/health>
- Widyastuti, E., & Kurniawan, H. (2022). Analysis of national health policies on chronic diseases: A case study in Indonesia. *Journal of Health Policy*, 8(1), 25-36.
- World Health Organization (WHO). (2014). *Global status report on noncommunicable diseases 2014*. Geneva: WHO Press.
- World Health Organization (WHO). (2023). *Ethics and health*. Retrieved from <https://www.who.int/health-topics/ethics>.