



Medical Students and the Hope of Health Justice

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Abstract: This research uses a qualitative library research approach to examine the disparity in healthcare access and its impact on health equity in Indonesia. The study focuses on the concepts of health access and health equity, particularly in addressing the challenges faced by marginalized communities in remote and rural areas, such as Papua, compared to more developed urban regions like Jakarta. By analyzing secondary data, including legal documents like the 1945 Constitution of Indonesia and Law No. 17 of 2023 concerning Health, along with scholarly articles and NGO reports, the research aims to highlight systemic barriers such as geographical, financial, and service quality limitations. The study emphasizes the importance of equitable access to healthcare as a critical component of achieving health equity. The findings suggest that while significant progress has been made, much remains to be done to address these disparities and ensure that all citizens, regardless of their social or geographic status, have equal opportunities to achieve optimal health. This research also explores the role of healthcare professionals, community service programs, and innovations in health technology as solutions to these challenges.

Keyword: Health Equity, Healthcare Access, Qualitative Research.

INTRODUCTION

Imagine two portraits of pregnant women: one living in a remote village in Papua, and the other in Jakarta. In Papua, a mother risks her life, traveling for hours by boat and on foot just to reach the nearest community health center. Upon arrival, her hopes are dashed; obstetricians are unavailable, and emergency facilities are extremely limited. Meanwhile, a pregnant woman in Jakarta can easily choose one of the many large hospitals with complete facilities and specialists on call within minutes. These two contrasting realities are not mere stories, but a stark reflection of the injustice and wide disparity in access to healthcare in Indonesia, even after eight decades of independence. <-look for similar cases

Health is a fundamental human right guaranteed by the 1945 Constitution and reaffirmed in Law Number 17 of 2023 concerning Health. The state holds the primary obligation to realize the highest possible level of health for all citizens (Kurnia, 2007). However, the government cannot fight this enormous task alone (Sisman, 2023). This is where a calling arises. To bridge this gap, collaboration from various parties is needed. Law and medical students, as future frontliners of the nation's health, have a crucial role to play in

this struggle—educating the public, promoting disease prevention, and developing innovations to realize a healthy and equitable Indonesian society (Aisyi, 2023). Because, without equitable health, justice is merely a pipe dream.

METHOD

This research employs a qualitative research method, specifically using the library research approach, to explore the disparity in healthcare access and its impact on health equity in Indonesia. The focus is on analyzing existing literature and secondary data from various sources such as books, legal documents, academic articles, government policies, and reports related to healthcare access and equity.

Library research is an effective method for understanding complex issues like health equity, as it allows for the examination of previously conducted studies, theoretical frameworks, and historical context. The data is gathered through thorough literature review, including legislative documents such as the 1945 Constitution of Indonesia and Law No. 17 of 2023 concerning Health, which guarantees the right to health for all citizens, and relevant academic sources that discuss the concepts of health access and equity (Budiarsih, 2025; Sutan & Al-Hamdi, 2020). By reviewing the policy and healthcare system structure, this approach allows for the identification of existing gaps and the systemic barriers that hinder equitable healthcare delivery, especially in rural and remote regions like Papua, as compared to more developed urban areas like Jakarta.

The research also involves analyzing scholarly opinions and reports from non-governmental organizations (NGOs) that highlight the role of health workers, community service programs, and health-tech innovations in bridging the healthcare gap. This allows the researcher to build a comprehensive understanding of both the current challenges and potential solutions to ensure equitable health access for all Indonesians.

Through this approach, the study aims to contribute to the ongoing discourse on health equity in Indonesia and offer insights into how law and policy can be better aligned to achieve health justice.

RESULTS AND DISCUSSION

Realizing Healthy Access for the Community

To address the problem, we must first understand it. This gap is rooted in two key concepts: health access and equity.

Health equity is its primary goal, a principle that everyone, regardless of social, economic, ethnic, or geographic status, has a fair opportunity to achieve their full health potential (Budiarsih, 2025). This does not mean that everyone will be equally healthy, but that everyone should have an equal opportunity to be healthy. Specifically, health equity focuses on eliminating systemic barriers that cause health disparities, such as poverty, discrimination, and lack of access to basic services (Sutan & Al-Hamdi, 2020). To achieve this justice, the path must be taken through equitable access to health care.

Access to healthcare is not simply about building community health centers. It is a multidimensional system that encompasses (Maulany et al., 2021; Cahya, 2023):

1. Physical Accessibility: How easy it is to reach health facilities from where you live.
2. Financial Affordability: The ability to pay for services, either through insurance (such as BPJS) or personal expenses.
3. Availability: Sufficient health workers, medicines, and medical equipment.
4. Acceptability: Services that respect the patient's culture, gender, and beliefs.

If health equity is the goal (that everyone has an equal opportunity to be healthy), then equitable access to health care is one of the main ways to achieve it. In Indonesia, the path to equitable access remains steep and fraught with systemic barriers that perpetuate inequity.

These barriers can be described as follows (Setyowati, 2022; Badame et al., 2024; Gunawan et al., 2024):

| Obstacle | Description |
|---------------------------------------|--|
| Geographical | Many people in remote, island, and border areas (DTPK) have difficulty reaching health facilities due to long distances, difficult terrain, and limited or expensive transportation. |
| Uneven Distribution of Health Workers | Most specialist doctors and skilled health workers are concentrated in large cities on Java Island, while other areas experience shortages. |
| Financial Limitations | Despite BPJS Kesehatan (Indonesian Health Insurance), unforeseen costs (such as transportation and accommodation) still burden the poor. Furthermore, not all services or medications are fully covered. |
| Different Quality of Service | Facilities, technology, and drug availability in community health centers in remote areas are often far behind those in hospitals in big cities. |
| Lack of Information and Education | The level of public understanding about preventive health, when to seek medical help, and how to use BPJS is often still low, especially among people with limited education levels. |

Behind all the challenges, there must be a burning hope. There are many unsung heroes working tirelessly in the field, including (Susanto, 2017):

1. Doctors and Healthcare Workers in Remote Areas: These include Nusantara Sehat doctors or non-permanent employees (PGTT) who bravely dedicate themselves to remote community health centers. They not only treat patients but also spearhead health education for the community, despite limited facilities.
2. Non-Profit Organizations (NGOs): For example, the Caring Doctors Foundation (doctorSHARE) with its floating hospitals that reach remote islands, providing free medical services to those isolated from healthcare access.
3. Health Tech Innovators: Founders of health-tech startups like Halodoc and Alodokter have created effective telemedicine solutions. Their platforms bridge the distance, enabling patients in remote areas to receive consultations from specialist doctors in urban areas.
4. Community Health Cadres: At the grassroots level, mothers working in integrated health post (Posyandu) cadres are agents of change. They are at the forefront of health outreach, nutrition monitoring, and toddler immunization.

They have proven that change is more than just a dream. The question is, how can we, as medical students, contribute to this struggle?

Students as Agents of Change

Armed with idealism, energy, and knowledge, students are not mere spectators. They are agents of change—pioneers ready to drive solutions. This strategic role can be realized through two main, intersecting channels: advocacy and community service (Oktaviani & Dharin, 2022; Husada Borneo College of Health Sciences, 2023).

1. The Role of Advocacy: Changing the System from the "Top"

Advocacy is an effort to encourage changes in systems and policies to better support health justice.

- a) Research and Critical Studies: Conducting in-depth, data-driven research to map the root causes of inequality and provide targeted policy recommendations to the government.

- b) Digital Campaign and Public Education: Leveraging the power of social media to remove information barriers and spread awareness about patient rights, the importance of disease prevention, and how to utilize BPJS services.
- c) Public Discussions and Hearings: Organizing forums to voice community aspirations directly to policy makers, such as representatives of the Regional People's Representative Council or the Health Department.

2. The Role of Community Service: Creating Real Impact from the "Bottom"

This pathway focuses on direct action to provide real impact that can be felt by the community.

- a) Community Service Program (KKN) Thematic Health: Implementing specific programs in a village, for example focusing on handling stunting or sanitation, to directly address geographical barriers.
- b) Become a Health Volunteer: Join an NGO to get involved in community service, free health check-ups, or accompany patients from underprivileged families, so you can ease their financial burden.
- c) Peer Education: Becoming a trusted source of information for the surrounding community, providing a correct understanding of crucial issues such as reproductive health, the dangers of smoking, and mental health.

Medical students can be agents of change, that is, individuals or groups who pioneer, encourage, and drive positive change in an environment or society. They not only possess innovative ideas but are also able to inspire, motivate, and organize others to participate in the process. An agent of change has the following characteristics (Mashuri et al. 2023; Daher, 2020):

- a) Innovative and Creative: Able to see problems from new angles and create effective solutions.
- b) Inspirational: Able to communicate their vision clearly so that others are motivated to follow.
- c) Proactive: Not waiting for others to move, but taking the initiative to start change.
- d) Wide Networking: Able to build relationships and collaboration with various parties to achieve common goals.

The idea that medical students can be agents of change will remind us of a sentence often uttered in Bung Karno's speeches, which often emphasized the role of youth as the driving force of revolution, so that Bung Karno said: "Give me 10 youths, I will undoubtedly shake the world." This quote is taken from Soekarno's speech in 1964. This quote not only shows his belief in the power of youth, but also in their capacity to bring about major changes (Adisendjaja, 2015).

Of course, students are closely associated with Sukarno's definition of "youth." Since the independence movement, students have been a core group driving change. Here are the reasons why students and youth, in this context, have been intertwined:

1. Intellectuals and Agents of Change

Sukarno strongly believed in the role of the educated class. Students, as part of a highly educated youth group, possess the critical awareness, idealism, and knowledge to analyze national problems and formulate solutions. They are agents of change capable of bringing and disseminating new ideas to society.

2. Revolutionary Spirit and Energy

The main characteristics of youth emphasized by Sukarno were tireless enthusiasm, courage, and strong idealism. These characteristics are strongly associated with students, who, from the past to the present, have often been at the forefront of voicing the people's aspirations and criticizing unjust policies.

3. Key Role in the History of the Movement

Indonesian history records the crucial role of students in many important events, from the Rengasdengklok Incident to the 1998 Reformation. They are a group that clearly proved that "ten young people" alone can "shake the world" (in this case, the nation's political and social world).

When Sukarno spoke of "youth," he was not only referring to youth in general, but specifically highlighting the strategic role of educated youth, of which students were the main representatives, including medical students.

"Equipped with these characteristics, students are not just future doctors, but future leaders ready to drive change. Now is the time to choose: where will you begin your journey as an agent of change?".

CONCLUSION

Being an agent of change means being innovative, inspiring, proactive, and collaborative. These characteristics must be instilled in every medical student. The journey to becoming a doctor is not only about mastering clinical skills, but also about understanding the pain of suffering caused by systemic injustice.

The gap in healthcare access in Indonesia is an old wound that must be healed together. Medical students are in a unique position to be drivers of change. Through advocacy and community service, they not only treat patients individually but also contribute to "healing" the nation's healthcare system. The hope for a healthy and equitable Indonesian society rests on the shoulders of this new generation: doctors who are not only clinically astute but also socially minded and ready to fight on the front lines of humanity.

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