



**JLPH:**  
**Journal of Law, Politic  
and Humanities**

E-ISSN: 2962-2816  
P-ISSN: 2747-1985

<https://dinastires.org/JLPH>    [dinasti.info@gmail.com](mailto:dinasti.info@gmail.com)    +62 811 7404 455

DOI: <https://doi.org/10.38035/jlph.v6i3>  
<https://creativecommons.org/licenses/by/4.0/>

## Reconstruction of Telemedicine Regulations In The Indonesian Health Legal System Based on A Legal Pluralism Approach

Hawreyvian Rianda Seputra<sup>1\*</sup>, Setyarini<sup>2</sup>, Yuswanti<sup>3</sup>, Marsudi Dedi Putra<sup>4</sup>

<sup>1</sup> Wisnuwardhana University, Malang, Indonesia; [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)

<sup>2</sup> Wisnuwardhana University, Malang, Indonesia; [rini2yan@gmail.com](mailto:rini2yan@gmail.com)

<sup>3</sup> Wisnuwardhana University, Malang, Indonesia; [dr.yuswanti@gmail.com](mailto:dr.yuswanti@gmail.com)

<sup>4</sup> Wisnuwardhana University, Malang, Indonesia; [marsudiputra1976@gmail.com](mailto:marsudiputra1976@gmail.com)

\*Corresponding Author: [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)

**Abstract:** This research aims to analyze the urgency of reconstructing telemedicine regulations in Indonesia using the legal pluralism approach to create legal certainty that is adaptive to the development of digital health technology. The research method applied is normative law with a focus on the analysis of legal texts, laws and regulations, doctrines, and scientific publications related to the health legal system. Literature studies are used as a secondary data collection technique to map the current legal position as well as existing legislative gaps in the practice of remote health services. Qualitative juridical analysis was carried out to formulate normative solutions to strengthen the legal framework of telemedicine to suit the characteristics of legal science and social realities in Indonesia. The results of the study show that the current telemedicine regulations, including Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Permenkes Number 20 of 2019, are still global and delegative, causing uncertainty at the operational technical level. The absence of specific norms regarding remote diagnostic standards, remote therapy procedures, and limitations on non-face-to-face medical measures increases the risk of malpractice and uncertainty of the legal liability of health workers. The protection of patients' personal data has also not been regulated in detail, especially regarding the security mechanism for sensitive medical data and reporting obligations in the event of a digital information breach. Regulatory reconstruction based on legal pluralism is needed to integrate formal positive law, medical professional ethics, and information technology law into one harmonious legal system. Standardization that includes consultation procedures, electronic prescriptions, and effective supervision mechanisms will provide balanced legal protection for patients, medical personnel, and digital platform operators. Adaptive and flexible arrangements ensure that the law remains relevant to technological innovation without compromising the principles of justice and public safety.

**Keyword:** Telemedicine, Legal Pluralism, Health Regulation

### INTRODUCTION

The development of information and communication technology has significantly changed the face of health services, especially through the practice of telemedicine that allows

remote health services using digital media. The use of telemedicine in Indonesia has been increasing since the COVID19 pandemic, because it offers easy access to medical services without having to meet face-to-face at health facilities. This practically helps to answer Indonesia's geographical challenges as an archipelagic country while also saving time and cost of health services for people in various regions. However, on the one hand, the implementation of telemedicine presents complex legal issues because there is no strong and integrated regulatory framework in the national health legal system. Previous studies have shown that existing regulations are sectoral, partial, and do not cover many important aspects such as the protection of patients' personal data, legal certainty for health workers, and the standards of telemedicine practice itself (Romdlon et al., 2021).

The phenomenon of increasing the use of telemedicine in the last three years can be seen from various empirical facts both globally and nationally. Globally, the practice of telemedicine has experienced a significant surge since the pandemic and continues to survive as part of the digital healthcare system, marked by the increase in digital-based healthcare users in various countries and the adoption of remote health technology as the new standard of medical services. In Indonesia, a similar trend can be seen from the rapid growth of telemedicine users which has soared since the pandemic, even reaching an increase of up to 600% in access to digital health applications and tens of millions of users in a short period of time (Wardhani et al., 2025). In the early period of the pandemic alone, the number of telemedicine users was recorded to increase to around 15 million users in 2020 (Santoso et al., 2024), and continues to grow until it reaches more than 116 million users of digital health services by 2024 (Rimbun et al., 2024). Other data shows that around 57% of Indonesians have used telemedicine services, with a fairly regular frequency of use. This growth is also driven by the expansion of digital health platforms as well as the integration of telemedicine into the national healthcare system that has grown in recent years.

Although Law Number 36 of 2009 concerning Health and several of its derivative regulations have provided a legal umbrella for health services in general, telemedicine as a form of digital service is still not explicitly regulated with clear and detailed provisions. These fewer specific arrangements create gaps in harmonization and implementation in the field, sometimes leading to different interpretations between parties regarding the implementation of telemedicine. The integration of regulations between formal health law and laws that live in community practice also shows the need for a comprehensive approach in laying a valid legal basis so that telemedicine can run according to the rules of law and professional ethics (Watulingas et al., 2023).

This situation is increasingly complex because telemedicine procedures and mechanisms are directly related to the ethical aspects of the medical profession, information technology aspects, and consumer protection which are interrelated but have not been completely regulated holistically under one legal umbrella. On the one hand, people need fast and easily accessible medical services; On the other hand, health workers such as doctors and other professionals also need legal certainty so that they do not feel disadvantaged or burdened with disproportionate legal risks due to telemedicine practices. The imbalance between the needs of digital health services and existing legal provisions indicates an urgent need to restructure and reconstruct telemedicine regulations in Indonesia.

The approach of legal pluralism is a relevant perspective in this study, because the phenomenon of telemedicine is not only influenced by formal positive laws alone, but also by legal practices that live in society, including social norms, values, and expectations inherent in the interaction between patients and health care providers. Legal Pluralism in Indonesia is a treasure trove of legal knowledge that explores the phenomenon of the complexity of the diversity of the Indonesian legal system which has unique characteristics to solve the complexity of legal problems in a diverse society (Putra, 2025). Legal pluralism places various

legal sources, both formal and informal, as co-existing parts in building a legal system that is more adaptive to social and technological changes. With this approach, the research is expected to be able to provide a more comprehensive picture of how telemedicine regulation should be shaped to suit the social reality and legal needs in Indonesia. The approach to legal pluralism provides new insights in the reconstruction of telemedicine regulations to ensure that the applicable law is not just a norm on paper, but also relevant in implementation.

Given the urgency of developing telemedicine as one of the important pillars in the modernization of national health services and the normative challenges faced, this research is very important to conduct. The ideal regulatory draft must be able to answer various legal issues that arise, ranging from legal certainty, personal data protection, medical professional accountability, to effective supervision and law enforcement mechanisms. The reconstruction of telemedicine regulations is not only to improve existing legal norms, but also to create a health legal system that is more responsive to technological developments and the needs of society. Thus, this research seeks to formulate normative solutions and policy recommendations so that telemedicine can grow and develop safely, effectively, and have a positive impact on all stakeholders.

## METHODS

The method used in this study is normative legal research that focuses on the analysis of legal texts as the main basis for the development of legal thinking to answer research problems. Normative legal research is an approach that examines written legal materials such as laws and regulations, legal doctrines, expert opinions, and relevant scientific publications (Askin & Masidin, 2023). The focus of this research on the reconstruction of existing legal norms and rules allows researchers to systematically explore rules, understand legislative gaps, and formulate strong normative solutions in order to strengthen the legal framework of telemedicine in Indonesia according to the characteristics of law as a dogmatic and conceptual discipline.

The data collection technique in this study is carried out through *library research* to obtain secondary data that is relevant for normative analysis. Secondary data sources collected include scientific journals, legal reference books, scientific articles, legal documents related to telemedicine and health law, as well as other relevant scientific works that can describe the current legal position as well as various academic views on telemedicine. Books and journals are used as secondary legal materials to explain applicable legal norms, principles, and principles and support the interpretation of primary data in the form of regulations that apply in Indonesia related to telemedicine.

After the collection of legal materials from journals, books and regulations is carried out, the data analysis technique used is qualitative and normative juridical analysis to examine these legal materials in detail and systematically. The analysis is carried out by classifying, interpreting, and interpreting legal norms found in laws and regulations and legal literature, then comparing and synthesizing the findings to answer the formulation of the research problem. This analytical approach places the legal text as the main subject of study and relates it to relevant legal theories and principles so that it can produce strong normative recommendations on the form of reconstruction of telemedicine regulations in accordance with the applicable legal values and the social reality of law in Indonesia.

## RESULTS AND DISCUSSION

### **Current Provisions of Telemedicine Law in the Indonesian Health Legal System and Current Regulatory Deficiencies**

The provisions of the telemedicine law in Indonesia began to become clearer after Law Number 17 of 2023 concerning Health (Health Law) was passed and took effect from August

8, 2023, replacing various previous laws including Law No. 36 of 2009 concerning Health and a number of other related laws that were repealed at the same time by this Law. In this new Health Law, telemedicine is mentioned as part of digital health services that can be carried out by formal health service facilities and health workers who have a valid practice license in accordance with the provisions of the law. Articles related to telemedicine allow health service facilities to provide telemedicine services both between facilities and between facilities and the community, as long as it is carried out by medical professionals or health workers who are licensed to practice and follow the provisions of the implementation regulations regulated through Government Regulations (Arif, 2024).

The Health Law also provides legal recognition for the practice of telehealth and telemedicine as part of the national health service system, so that the practice is no longer in the legal vacuum as before when it was only partially regulated by sectoral regulations such as the previous Permenkes. This arrangement includes the form of service, the scope of service, and the legal legitimacy that remote consultation through electronic media is part of patient services. These provisions began to fill a long-standing legal vacuum when online doctor-patient practice has grown rapidly since the COVID-19 pandemic, but the relevant legal umbrella is still weak and limited (Andrianto & Athira, 2022).

Although the Health Law has recognized telemedicine, technical operational provisions are still generally stipulated and delegative to implementing regulations such as Government Regulation Number 28 of 2024 concerning the Implementation of Law Number 17 of 2023. This government regulation outlines aspects of telehealth and telemedicine management, including the implementation, requirements for health facilities that provide digital services, and the use of electronic systems that must be registered according to the provisions. However, the clarity of basic norms often requires further interpretation at the technical level so that the complexity of implementation in the field still faces uncertainty, especially in the sense of how service quality standards, provisions regarding electronic patient consent, and the division of responsibility between health facilities and electronic system operators are legally positioned (Ariyanto et al., 2025).

The definition of telemedicine in the Health Law is still relatively global or broad, so it does not yet detail how remote medical interaction through various modes of digital communication should be carried out at a measurable and legally safe level. Existing norms have not regulated in detail the quality of services such as remote diagnostic standards, remote therapy procedures, service response times, restrictions on the types of actions that can be performed without face-to-face, as well as prescription delivery mechanisms or digital pharmacy services which are critical parts of telemedicine services. The regulatory differences between services between facilities, which have been discussed more frequently in various previous regulations, and direct services to the general public through commercial digital platforms still require sharpening of legal norms (Bonsapia & Jumiran, 2025).

The Health Law and its implementing Government Regulation also do not fully contain clear provisions related to the protection of patient personal data in telemedicine, although this aspect is one of the most crucial legal issues in digital health technology. The general provisions on health information systems in the Health Law apply, but do not provide detailed parameters regarding data security mechanisms, patients' rights to digital privacy, the duration of electronic medical records storage, and reporting obligations in the event of data breaches. This problem is particularly relevant considering that telemedicine services process sensitive personal and medical data through digital channels, creating risks for patients and service providers if data protection does not meet the legal standards required by broader data protection regulations (Candra et al., 2024).

In terms of professional legal responsibility, this new regulation has not yet clarified in detail the legal consequences for misdiagnosis or malpractice that occurs in telemedicine, so

the implementation of these services is vulnerable to giving rise to legal dispute cases that do not have clear resolution guidelines. The general provisions on the liability of healthcare workers in the Health Act remain in place, but do not yet offer specific rules or dispute resolution procedures tailored to the nature of remote services. This aspect is of important concern because in telemedicine, medical procedures often rely on limited information without physical examinations, which poses challenges in setting evidentiary standards and proving professional wrongdoing before the law (Dharma, 2020).

Provisions regarding telemedicine in various laws and regulations in Indonesia are not only contained in Law Number 17 of 2023 concerning Health, but are also spread across a number of sectoral regulations that have previously regulated certain aspects of digital health services. One of the regulations that specifically regulates telemedicine is the Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities. In this provision, telemedicine is regulated as a medical consultation service between health service facilities carried out through information technology, with the affirmation that the practice must ensure the quality of service and patient safety and be carried out by authorized medical personnel. More detailed provisions regarding the rights and obligations of providers and requesters of telemedicine services are listed in Article 18 paragraphs (1) and (2), which affirm the legal relationship between the parties in the provision of these services (Mustar & Nashihuddin, 2019).

Telemedicine regulation is also closely related to regulations in the field of electronic systems and health information. The provisions in Government Regulation Number 71 of 2019 concerning the Implementation of Electronic Systems and Transactions and its derivative regulations place electronic system operators as the parties responsible for the security, reliability, and data protection in digital services, including telemedicine-based health services. This norm forms the legal basis for the obligation to protect patient data in telemedicine practice, although it does not specifically mention telemedicine as the primary regulatory object. These obligations include the protection of electronic information, personal data management, and legal responsibility in the event of a system failure or data leak that is detrimental to service users.

Although telemedicine has been recognized in order to provide easy access to health services in Indonesia, existing regulations still need to be refined to answer practical needs in the field, especially related to the integration between health aspects and technology law. A more detailed policy is needed to provide legal certainty for patients, health workers, health care facilities, and electronic system operators so that telemedicine services can run safely, effectively, and responsibly in accordance with the principles of patient rights and public safety. The development of more detailed norms should be able to close the remaining legal loopholes and develop clear operational standards for future telemedicine services in Indonesia.

### **The Impact of Ambiguity in Telemedicine Regulations on Patient Rights, Health Worker Responsibilities, and Personal Data Protection in Telemedicine Practice**

The lack of clarity on telemedicine regulations in Indonesia has had a significant impact on patients' rights, especially with regard to ensuring safety, quality of service, and legal protection of their personal information. Although telemedicine offers the convenience of remote consultations, patients are often in a weak position because there are no regulations that clearly protect patients' rights to the information they provide during telemedicine services, such as the confidentiality of medical data, standard service guarantees, and compensation mechanisms in the event of losses due to digital service errors. The risk of patient data leakage in telemedicine services is a real threat as many digital platforms are still vulnerable to cyberattacks or misuse of information, and the provisions to protect patient data specifically in telemedicine have not been fully regulated in one strongly binding regulation. This causes

patients to often not know what their rights are to the data they provide, as well as what actions they can take in the event of a privacy breach or error in telemedicine services (Hayati, 2025).

The next impact on patients' rights is uncertainty about the quality of services they receive through telemedicine. Many telemedicine services do not have clear operational standards regarding the process of remote medical consultation, diagnosis, or treatment that conforms to national and international medical standards. This lack of clarity in standards leaves patients vulnerable to inconsistent quality of service, making the potential for malpractice or misdiagnosis a real risk. Patients are often unaware of the grievance or compensation procedures if they have a service experience that is detrimental or adversely affects their health. The absence of a clear and easily accessible complaint mechanism makes the patient's position even weaker and less legally protected (Iswandari et al., 2024).

On the other hand, regulatory ambiguity also has an impact on the responsibilities of health workers in telemedicine practice. Many medical personnel working through telemedicine platforms have not yet received firm legal guidelines on the limits of professional liability when providing remote services. When there are no regulations that concretely govern liability or one of them is a digital medical service contract, healthcare workers often face uncertain legal risks in the event of misdiagnosis or treatment that harms patients. This can cause concern among professionals, which can lead to reluctance to provide telemedicine services for fear of unclear lawsuits (Saputra & Yustanti, 2026).

The absence of clear and integrated arrangements between health regulations and information technology laws also makes it difficult to resolve disputes between patients and healthcare providers. When there is a case of violation of consumer rights or medical malpractice through telemedicine, the dispute resolution mechanism is still partial and inconsistent, because most of the rules are still scattered in various laws that have not been integrated. As a result, patients and healthcare workers do not have the same legal guidelines on the legal procedures to be pursued or what institutions are authorized to handle such disputes, so often legal disputes have to be resolved traditionally through public civil channels without specific standards governing the specifics of telemedicine (Kristianti et al., 2025).

The issue of personal data protection is one of the most crucial impacts of the lack of clarity on telemedicine regulations, especially because health data is very sensitive information and prone to misuse. Existing telemedicine regulations do not explicitly require high security standards for the management of patient data, while the Personal Data Protection Act already regulates general principles of data protection but does not specifically direct the protection of medical data in digital healthcare. The absence of such norms increases the risk of leakage of patient medical information, unauthorized access by third parties, or the use of data outside of the patient's consent, all of which can produce material and non-material consequences that harm individuals as data subjects (Lestari, 2021).

Another disadvantage experienced by patients due to regulatory uncertainty is uncertainty regarding patients' rights to consent and control over their personal data when using telemedicine services. Many patients do not understand how their data is processed, stored, or shared by the telemedicine service provider or digital platform they use. When consent is electronically made without a clear explanation, patients do not gain adequate control over their information, including the right to withdraw consent, know how data is used, and be aware of the risks associated with the use of such data by third parties. This kind of uncertainty can trigger insecurity and reduce public trust in telemedicine services themselves (Littik et al., 2024).

The cumulative result of this ambiguity is the inequality in legal protection between patients and health workers or telemedicine platform operators. Patients tend to be inadequately protected when faced with rights violations, data insecurity, or digital malpractice due to the lack of regulations that detail the entire situation. Meanwhile, healthcare workers are also in a

legally uncertain position when it comes to practicing telemedicine because their guidelines and limits of responsibility are not explicit. This imbalance creates a great risk for all parties involved in telemedicine services and makes ideal legal protection an urgent need that has not been fully met.

### **Reconstruction of Telemedicine Regulation in Indonesia Based on a Legal Pluralism Approach to Create More Comprehensive and Adaptive Legal Certainty to the Development of Digital Health Technology**

The reconstruction of telemedicine regulations in Indonesia requires an approach that combines various applicable legal sources and legal principles that live in society so as to create a more comprehensive legal framework that is responsive to the development of digital health technology. The current telemedicine regulations are still scattered and partial, so they have not been able to produce strong legal certainty for patients, health workers, and digital service providers. The approach of legal pluralism places formal positive laws, professional rules, principles of medical ethics, and social values that develop in public health practice as complementary sources of law so that telemedicine regulations are not only fixated on the text of the law, but also consider the real legal needs in society. This kind of approach views that law is not only a written norm, but also a living and developing value, practice, and settlement mechanism at various levels of Indonesian law, so as to strengthen the legitimacy of telemedicine regulations to be reconstructed (Makarim & Wijayanto, 2024).

The reconstruction of telemedicine regulations needs to expand the scope of law that has been limited to implementing laws and regulations only so that it includes medical profession law, the principle of patient rights, and rules on information technology and personal data protection, which have been standing alone. The new regulations must be able to harmonize all these norms so that there are no overlaps, legal vacancies, or different interpretations by stakeholders in the field. The current regulatory ambiguity has shown that the legal framework for telemedicine has not been able to answer legal issues such as: who is responsible for digital misdiagnosis, how the protection of patients' rights to personal data is fulfilled, and how telemedicine operational standards are set nationally. The approach to legal pluralism opens up the possibility of integrating positive law, professional ethical rules, and technological regulatory norms in one mutually supportive legal system, so that every aspect of digital medical services has a strong legal umbrella (Mursalat et al., 2022).

The reconstruction of telemedicine regulations based on a legal pluralism approach will encourage clear standardization of various elements of telemedicine services, including remote consultation procedures, electronic prescribing mechanisms, electronic medical documentation obligations, and professional responsibilities of medical personnel. Such integrated regulations will clarify the boundaries of safe telemedicine practices and protect patients' rights to the quality of services they receive, while emphasizing the legal obligations of the health workers involved, so that there are no legal loopholes that can cause losses to any party. The reconstruction process must also take into account the value of medical ethics and human rights principles, such as the principles of informed consent, data privacy and confidentiality, as well as the principle of non-discrimination against patients using telemedicine services, so that all relevant legal components are on the same footing.

The integration of legal pluralism in regulatory reconstruction will also bring legal norms that are adaptive to technological changes so that the resulting laws or regulations do not quickly become obsolete or outdated when telemedicine technology develops rapidly. The rapidly changing nature of digital technology demands flexible regulations while still ensuring legal certainty, so policymakers need to include periodic evaluation mechanisms or regulatory updates that are responsive to health technology innovations. This can be done by establishing general legal principles in a permanent law, while technical operational provisions can be

regulated through implementing regulations that are easier to update according to the latest technological conditions. This kind of approach synergizes legal stability with the need for technological innovation, so that telemedicine can develop without sacrificing aspects of justice and legal protection for all parties involved.

The reconstruction process must also include strengthening data governance and protecting patient privacy, which is one of the most pressing issues in telemedicine services. The new regulation should refer not only to health law, but also to the legal framework of information technology and personal data protection that aims to provide guarantees for the storage, use, and access of patients' medical data, as well as accountability mechanisms in the event of a breach. The approach of legal pluralism allows for harmonization between general legal principles and specific rules that apply in information technology, so that the protection of patient data in telemedicine does not depend only on a single legal device, but is part of a mutually reinforcing legal system. This kind of arrangement will increase public confidence in telemedicine as a safe and legally guaranteed health service (Putri et al., 2025).

The need for reconstruction of telemedicine regulations also includes the establishment of effective oversight and law enforcement mechanisms, including institutions or bodies that are authorized to monitor the implementation of service standards and handle complaints from patients or health workers. The approach of legal pluralism recognizes that in addition to written law, the community's evolving practices, customs, and social norms also play a role in overseeing the implementation of telemedicine, so that oversight institutions not only refer to formal provisions, but also consider best practices that develop in society. Regulations that reconstruct the relationship between formal supervisors and social mechanisms in the field will result in higher legal certainty and encourage more effective accountability for the implementation of telemedicine services (Brahmana & Karo, 2023).

The provisions of the articles that regulate telemedicine in various laws and regulations show that the regulations are still widespread and have not been systematically integrated. In the Regulation of the Minister of Health Number 20 of 2019, the regulation of telemedicine is focused on services between health facilities, where several articles regulate the scope of services, facility requirements, and the mechanism for implementing information technology-based services. The provisions of Article 3 and Article 4 affirm that telemedicine is carried out to improve access and quality of health services, while Articles 9 to 13 regulate forms of services such as teleradiology, teleconsultation, and telemonitoring. This norm shows that telemedicine is still positioned as a support service between facilities, not as a direct service based on a digital platform to the wider community (Kuntardjo, 2020).

More specific arrangements related to legal relations in telemedicine can be seen in the provisions of Article 18 paragraphs (1) and (2) of the Minister of Health Regulation Number 20 of 2019 which affirms the rights and obligations between providers and requesters of telemedicine services. This provision is the basis for legal relations in telemedicine practice, although it has not yet comprehensively regulated patient protection and legal responsibilities of medical personnel. The arrangement shows that the aspects of professional responsibility and legal protection are still general and have not touched in detail on dispute resolution mechanisms or evidentiary standards in the case of remote medical services (Mustar & Nashihuddin, 2019).

In conclusion, the reconstruction of telemedicine regulations based on legal pluralism will produce a legal framework that is inclusive, responsive, and adaptive to the needs of the times, and can ensure that telemedicine remains on a legal path that upholds the rights of patients, the professional responsibility of health workers, and the security of personal information. This approach not only strengthens the law as a formal instrument, but also bridges formal law with practices that occur in society so that each party involved in telemedicine has clear and legally protected guidelines. As a result, telemedicine can develop

as an integral part of a modern, safe, and equitable national health service system for all levels of Indonesian society.

## CONCLUSION

Telemedicine regulations in Indonesia have undergone development through recognition in various laws and regulations, especially after the enactment of Law Number 17 of 2023 concerning Health and its implementing regulations. The arrangement has provided a legal basis for the practice of telemedicine as part of digital health services, but it is still common, dispersed, and has not been systematically integrated. The lack of detailed norms related to service standards, legal liability, personal data protection, and dispute resolution mechanisms has caused legal certainty for patients, health workers, and digital service providers to not be fully realized. This condition shows that there is a gap between the rapid development of telemedicine practices and the readiness of the legal system that regulates them.

The reconstruction of telemedicine regulations through a legal pluralism approach offers a more comprehensive renewal direction by integrating positive law, medical professional ethics, as well as information technology norms and social values that live in society. This approach is able to produce a legal framework that is more adaptive, flexible, and responsive to the development of digital health technology while providing balanced legal protection for all parties involved. Integrated regulations based on legal pluralism are expected to clarify the operational standards of telemedicine, strengthen data protection and patient rights, and affirm the professional responsibility of health workers so that telemedicine can develop safely, effectively, and fairly in the Indonesian health legal system.

## REFERENCES

- Andrianto, W., & Athira, A. B. (2022). Telemedicine (Online Medical Services) dalam Era New Normal Ditinjau Berdasarkan Hukum Kesehatan (Studi: Program Telemedicine Indonesia/Temenin di Rumah Sakit Dr. Cipto Mangunkusumo). *Jurnal Hukum & Pembangunan*, 52(1). <https://doi.org/10.21143/jhp.vol52.no1.3331>
- Arif, J. (2024). Telemedicine dan Transformasi Sistem Hukum Kesehatan Berbasis Digital di Indonesia: Dialektika Perlindungan Hukum Pasien dan Tenaga Kesehatan. *Khairun Law Journal*, 8(1), 40–53. <https://doi.org/10.33387/klj.v8i1.9098>
- Ariyanto, C., Gimán, A. W., Triana, G. A., Akbar Pratama, P., Muhafid, M., & Prayuti, Y. (2025). Kebutuhan Reformasi Hukum Terhadap Perlindungan Dokter Dalam Memberikan Pelayanan Kesehatan Online (Telemedicine) Pasca Pandemi Covid-19. *Jurnal Impresi Indonesia*, 4(6), 2082–2090. <https://doi.org/10.58344/jii.v4i6.6650>
- Askin, Moh., & Masidin. (2023). *Penelitian Hukum Normatif*. Prenada Media.
- Bonsapia, M. & Jumiran. (2025). Aspek Hukum Telemedicine di Indonesia. *The Juris*, 9(1), 259–268. <https://doi.org/10.56301/juris.v9i1.1636>
- Candra, M., Shasmita, S., Chandra, E., Matheus, J., & Gunadi, A. (2024). Pengembangan Sistem Telemedicine: Upaya Mewujudkan Kesejahteraan Masyarakat di Bidang Kesehatan pada Era Society 5.0. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 8(2), 294–303. <https://doi.org/10.24912/jmishumsen.v8i2.29519.2024>
- Dharma, A. A. G. S. S. (2020). Pengaturan Pelayanan Kesehatan yang di lakukan oleh Dokter Melalui Telemedicine. *Jurnal Magister Hukum Udayana (Udayana Master Law Journal)*, 9(3), 621. <https://doi.org/10.24843/JMHU.2020.v09.i03.p12>
- Hayati, M. (2025). Efektivitas Pelayanan Kesehatan di Daerah Terpencil Indonesia melalui Telemedisin: Review Literatur Sistematis. *MEJORA Medical Journal Awatara*, 3(1), 84–90. <https://doi.org/10.61434/mejora.v3i1.279>

- Iswandari, H. D., Erawati, A. D., Sugiharto, S., & . H. (2024). Reconstructing Legal Frameworks for Safeguarding Telemedicine Consumers. *International Journal of Religion*, 5(11), 4309–4315. <https://doi.org/10.61707/kdp0eq44>
- Juliansyah Yugis Saputra & Dyah Ersita Yustanti. (2026). Peran Hukum Kesehatan dalam Penyelenggaraan Pelayanan Kesehatan di Indonesia pada Layanan Telemedicine. *Desentralisasi : Jurnal Hukum, Kebijakan Publik, Dan Pemerintahan*, 3(1), 75–81. <https://doi.org/10.62383/desentralisasi.v3i1.1526>
- Kristianti, N., Yanuar, F., Ardiansyah, D., Putri, M. A., Parman, P., & Prayuti, Y. (2025). Hukum Perlindungan Konsumen pada Telekonsultasi Kesehatan. *RIGGS: Journal of Artificial Intelligence and Digital Business*, 4(4), 1495–1501. <https://doi.org/10.31004/riggs.v4i4.3537>
- Kuntardjo, C. (2020). Dimensions of Ethics and Telemedicine in Indonesia: Enough of Permenkes Number 20 Year 2019 As a Frame of Telemedicine Practices in Indonesia? *SOEPRA*, 6(1).
- Lestari, R. D. (2021). Perlindungan Hukum bagi Pasien dalam Telemedicine. *Jurnal Cakrawala Informasi*, 1(2), 51–65. <https://doi.org/10.54066/jci.v1i2.150>
- Littik, T. P., Sugianto, S., Prasetyo, T., & Agus, T. (2024). Harmonisasi Pelaksanaan Peraturan Perundang-Undangan Tentang Telemedicine untuk Menjawab Perkembangan Perusahaan Teknologi Kesehatan di Indonesia. *Jurnal Cahaya Mandalika ISSN 2721-4796 (Online)*, 2662–2675. <https://doi.org/10.36312/jcm.v3i3.3661>
- Makarim, M. H., & Wijayanto, E. (2024). Digital-Based Health Law System Transformation in Indonesia: Legal Protection for Patients and Healthcare Workers. *Dialogia Iuridica*, 16(1), 027–048. <https://doi.org/10.28932/di.v16i1.9422>
- Mursalat, M. H., Fakhriah, E. L., & Handayani, T. (2022). Problematika Yuridis dan Prinsip Perlindungan Hukum dalam Pelayanan Kesehatan Jarak Jauh Menggunakan Teknologi Informasi dan Komunikasi. *Jurnal Poros Hukum Padjadjaran*, 4(1), 94–111. <https://doi.org/10.23920/jphp.v4i1.986>
- Mustar, M., & Nashihuddin, W. (2019). Dokter Pustaka: Layanan Informasi Online Bidang Kesehatan Alumni Fakultas Kedokteran, Kesehatan Masyarakat dan Keperawatan Universitas Gadjah Mada Yogyakarta. *Lentera Pustaka: Jurnal Kajian Ilmu Perpustakaan, Informasi dan Kearsipan*, 5(2).
- Putra, M. D. (2025). *Pluralisme Hukum di Indonesia*. Unidhapress.
- Putri, N. N., Syarifah, M. C., Farindra, I., & Suwito4, B. E. (2025). Sytematic Literature Review: Tinjauan Etik, Hukum, Dan Efektivitas Terhadap Layanan Kesehatan Berbasis Online (Telemedicine). *Jurnal Ners*, 9(4), 5881–5889. <https://doi.org/10.31004/jn.v9i4.49953>
- Reisia Palmina Brahmana & Rizky Karo Karo. (2023). Penerapan Telemidisin Di Indonesia Berbasis Nilai Teori Keadilan Bermartabat: Pengaturan dan Peran Dokter. *Jurnal Lemhannas RI*, 10(4), 1–13. <https://doi.org/10.55960/jlri.v10i4.365>
- Rimbun, L. R., Marisi, E. L. D., & Hidayati, T. (2024). Tantangan Keamanan Data dalam Telemedicine Implikasi Terhadap Privasi Pasien dan Kepercayaan dalam Layanan Kesehatan Digital: Systematic Review. *MAHESA : Malahayati Health Student Journal*, 4(10).
- Romdlon, M. A., Adi, L. K., & Kurniawan, A. A. (2021). Telemedicine dalam Konstruksi Hukum di Indonesia. *Kosmik Hukum*, 21(2), 142. <https://doi.org/10.30595/kosmikhukum.v21i2.10597>
- Santoso, B. S., Budiyantri, R. T., & Nandini, N. (2024). Analisis Pemanfaatan Layanan Telemedicine Pasca Pandemi Covid-19 di Jawa Tengah. *Jurnal Manajemen Kesehatan Indonesia*, 12(2).

- Wardhani, A., Permanasari, F. G., Letare, Y. N., & Ernungtyas, F. (2025). Telemedicine in the Health Communication Industry: A Systematic Review and Implications for Indonesia. *Asian Journal of Social and Humanities*, 3(12).
- Watulingas, A. M., Kristanto, E. G., & Waha, C. J. J. (2023). Implementasi Perlindungan Hukum Profesi Dokter Terhadap Layanan Telemedicine di RSUP Prof. Dr. R. D. Kandou Manado. *Medical Scope Journal*, 5(2), 247–252. <https://doi.org/10.35790/msj.v5i2.46257>