



Health Law Reform in Ensuring Physician Competency Based on the Integration of Ethics, Discipline and Science for Global Welfare

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Abstract: Doctors are a fundamental aspect in ensuring the quality of health services, as well as being an integral part of the protection of the right to health as guaranteed in the constitution and international human rights instruments. However, medical practice still faces various challenges, ranging from disparities in the quality of medical education, weak competency test mechanisms, to the lack of optimal integration of professional ethics, discipline, and science in the health legal system. This condition poses a risk to patient safety and reduces public trust in medical services. This research aims to analyze the need for health law reform in ensuring the competence of doctors, as well as formulate an integration model between ethics, discipline, and science as the main pillars of equitable and well-being oriented medical professional governance. The method used is normative legal research with legislative, conceptual, and comparative approaches. Primary and secondary legal data are analyzed qualitatively through the study of doctrines, norms, and practices of the governance of the medical profession in various countries. Health law reform needs to be directed at strengthening regulations on physician competency standards, transparent certification and recertification mechanisms, and professional supervision systems that are integrated between ethics, discipline, and law. The integration model can be an instrument to ensure that every doctor has measurable competence, maintained professional ethics, and clear legal responsibilities in healthcare practice. Ensuring the competence of doctors through health law reform based on the integration of ethics, discipline, and science is a strategic step to improve the quality of medical services, strengthen patient protection, and realize global justice and welfare.

Keywords: Health Law, Physician Competence, Patient Protection, Global Welfare

INTRODUCTION

Health is a fundamental human right that cannot be separated from the right to live with dignity as stipulated in Article 28H paragraph (1) of the 1945 Constitution, which affirms that every person has the right to physical and spiritual prosperity, a place to live, and a healthy

environment and healthcare services (Undang-Undang Dasar Tahun 1945, n.d.). The state has a constitutional responsibility to establish a national health system that not only guarantees access to health services, but also ensures the quality, ethics and professionalism of health workers. In an era of globalisation and advances in medical science, the demands on doctors' competence are becoming increasingly complex, encompassing interrelated scientific, moral and social dimensions.

The enactment of Law No. 17 of 2023 on Health is an important milestone in the reform of Indonesian health law. This law replaces a number of previous regulations, including Law No. 29 of 2004 on Medical Practice and Law No. 36 of 2009 on Health, with the spirit of deregulation and simplification of norms. One of the strategic aspects of this law is the strengthening of governance of medical and health personnel, particularly in ensuring professional competence through a system of licensing, recertification, and guidance. However, this legal reform still poses serious challenges in terms of the integration of professional ethics, professional discipline, and medical science, which are the three fundamental pillars of a doctor's competence.

Doctors are a fundamental aspect in ensuring the quality of health services and are an integral part of the protection of the right to health as guaranteed in the constitution and international human rights instruments. The role of doctors is not limited to providing medical services, but also as the spearhead in fulfilling citizens' rights to the highest possible level of health, as affirmed in Article 28H paragraph (1) of the 1945 Constitution and Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) (United Nations, 1966). However, medical practice in Indonesia still faces various serious challenges, ranging from disparities in the quality of medical education between universities, weak national competency testing mechanisms, to the suboptimal integration of professional ethics, discipline, and science in the health law system. These disparities not only affect the quality of medical personnel, but also pose risks to patient safety and reduce public confidence in medical services. Therefore, legal and governance reforms of the medical profession are needed to harmonise these three dimensions of ethics, discipline, and science into a comprehensive and accountable health law system..

To date, the development and enforcement of the medical profession's code of ethics has been carried out by the Medical Ethics Council (MKEK) under the auspices of the Indonesian Medical Association (IDI) (Wasahua & Stefanny Aurellia, 2025). The MKEK has the authority to investigate and rule on violations of the Indonesian Medical Code of Ethics (KODEKI), particularly those relating to violations of morality, integrity, and social responsibility of doctors towards their patients and colleagues. Meanwhile, professional discipline falls under the authority of the Professional Disciplinary Council (MDP) or the former Indonesian Medical Disciplinary Council (MKDKI), which was established by law. The MDP is tasked with enforcing disciplinary practices, such as negligence in diagnosis, medical procedure errors, or practices beyond competence. Unfortunately, the functional relationship between the MKEK and the MDP still operates separately, even though both are oriented towards the same goal, namely ensuring the quality and accountability of the medical profession.

This overlapping phenomenon is evident in a number of cases of medical malpractice in Indonesia. For example, the case of malpractice at Siloam Hospital Karawaci, where a doctor was suspected of performing a surgical procedure incorrectly, causing the patient to suffer permanent organ damage (Online, 2009). This case gave rise to a dualistic process: on the one hand, it was examined by the MKEK in relation to professional ethics because it was considered that the medical risks had not been explained transparently; on the other hand, it was reported to the MKDKI because it was considered that the doctor had acted outside the standards of competence. The difference in perspective between these ethical and disciplinary

institutions highlights a systemic gap between ethical and legal mechanisms, leading to protracted resolution processes and blurring the public's understanding of professional accountability.

Another more recent case is that of Dr Terawan Agus Putranto, who in 2018 was given a severe ethical sanction by the Central Medical Ethics Council (MKEK Pusat) because his brain washing method was deemed to be contrary to professional ethical principles and had not been scientifically recognised by the international medical community (Tim Okezone, 2022). Administratively and disciplinarily, the MDP did not impose any sanctions because no disciplinary violations were found based on positive law. This case sparked widespread public debate about the boundaries between scientific innovation, ethical violations, and disciplinary violations. From a legal perspective, this incident highlights the urgency of integrating ethics, discipline, and science into a coordinated health law system, so that there is no disparity between moral values and legal norms that erodes public trust in the medical profession.

In addition to the issue of institutional dualism, the dynamics of healthcare globalisation and technological advances also reinforce the need for healthcare law reform. The practice of telemedicine and artificial intelligence in healthcare raises new questions about how to assess doctors' competence when practice is conducted across regions and is digital-based. This is where the importance of a legal framework that is not only adaptive to technology but also affirms universal principles of professional morality lies. The WHO, through its Global Health Workforce Strategy 2030, emphasises the importance of ethical governance and continuous professional development for doctors around the world so that their competence is not only measured by their degrees and licences, but also by their integration of science, humanitarian ethics, and social responsibility (McIsaac et al., 2024).

In the national context, health law reform must also be directed towards creating harmonisation between professional regulatory bodies. The MKEK and MDP should not operate in separate parallel lines, but rather within a coordinated and integrated framework supported by clear legal norms. This integration model has been implemented in several countries, such as the General Medical Council (GMC) in the United Kingdom, which combines ethical, disciplinary, and scientific aspects into a multi-layered oversight system that ensures transparency and public accountability. Indonesia can adopt a similar model by adapting it to the values of Pancasila, local wisdom, and the national legal framework as stipulated in Law No. 17 of 2023 on Health.

Therefore, health law reform in ensuring doctor competency based on the integration of ethics, discipline, and science is a necessity that cannot be delayed. This reform is expected to build a comprehensive health law system, where every doctor is not only measured by their adherence to medical procedures, but also by their moral maturity, professional integrity, and contribution to global community welfare. This integration is a tangible manifestation of the spirit of global health justice and the implementation of Pancasila values in a modern, humanistic, and equitable health law system.

METHOD

This study utilises a normative juridical method (Marzuki, 2011). Sulistyowati Irianto and Shidarta define normative juridical research as research that aims to discover legal norms and principles in legislation, jurisprudence, and expert opinions through literature studies (Shidarta, 2011). The normative legal research method is an approach that focuses on the study of legal materials through literature studies, using secondary data as the main basis for analysing legal issues (Sunggono, 2016) with a focus on health law reform in ensuring the competence of doctors based on the integration of ethics, discipline and science for global welfare.

The primary legal materials used were the 1945 Constitution of the Republic of Indonesia and Law No. 17 of 2023 on Health, while secondary legal materials included legal doctrines, academic literature, and scientific articles. All of these documents were used to explore and analyse the legal issues under study. The research procedure began with identifying relevant regulations and legal documents, followed by the collection and analysis of these legal materials. The data obtained was then analysed using a qualitative approach, namely by observing the data obtained and linking each piece of data with the provisions and legal principles related to the issues under study. The data collection technique used is legal research in the form of library research, which involves collecting, studying, and analysing legislation related to health law. In this study, the scope of the research will be conducted by drawing on legal principles, both written and unwritten positive law.

RESULT AND DISCUSSION

1. The Urgency of Health Law Reform in Ensuring Doctor Competence Based on the Integration of Ethics, Professional Discipline, and Science in the Era of Health Globalisation

Health law reform is a national priority in responding to the challenges of globalisation and the increasing complexity of medical practice. Changes in the healthcare landscape require a legal system that not only regulates normatively but also ensures the integration of ethics, professional discipline and science in the provision of medical services. This effort is in line with the constitutional mandate that health is a human right that must be guaranteed by the state through the implementation of a health system that is fair, transparent, and accountable. To fulfil this basic right, the state has an obligation to implement health development. From the perspective of state administrative law, this responsibility is carried out through the government's function of planning, regulating, and implementing development in the health sector. The task of regulation is not only through the formulation of laws by the House of Representatives and the Central Government, but also through regulations from the central and regional governments and through law enforcement mechanisms (Irsan & Utama, 2016).

The health sector plays an important role in national development. Health development is an effort undertaken by all components of the Indonesian nation with the aim of increasing awareness, willingness, and ability to live healthily for every individual. This aims to achieve the highest possible level of public health as an investment in the development of socially and economically productive human resources (Arvianti et al., 2021). Health development is one of the elements of general welfare that must be realised by the government in accordance with the ideals of the Indonesian nation as stated in the preamble to the 1945 Constitution, namely to protect the entire Indonesian nation and all of Indonesia's bloodshed and to promote general welfare, educate the nation, and participate in establishing world order based on freedom, eternal peace, and social justice (Asyhadie, 2017).

The task of regulating health development is not only carried out through the formulation of laws by the House of Representatives and the central government, but also through the formulation of regulations by the central and regional governments, as well as law enforcement. The constitution guarantees the right to a healthy life for every Indonesian citizen. The International Health Regulations (IHR) are an international regulatory instrument that is binding on member and non-member countries of the World Health Organisation (WHO). Health development is an integral part of national development that can be achieved by involving intelligent and healthy human resources, as well as with the support of health planning and adequate resource allocation (Hasanuddin, 2018).

National development that focuses on health must make a positive contribution to shaping a healthy environment and behaviour. In an effort to maintain and improve the

highest possible level of public health, every activity is carried out based on the principles of non-discrimination, participation and sustainability, with the aim of developing Indonesia's human resources and increasing the nation's resilience and competitiveness in national development. Every health problem that occurs in Indonesian society causes considerable economic losses for the country, and every effort to improve public health is also an investment in national development (Simon et al., 2022).

A doctor or the medical profession is a medical or dental occupation carried out based on scientific knowledge, competence obtained through tiered education, and a code of ethics that serves the community (Buamona, 2015). In other words, a doctor is a medical school graduate who is an expert in diseases and their treatment. Doctors, as professionals, are responsible for every medical action (doctor) performed on patients. In carrying out their professional duties, they are guided by good intentions, namely striving earnestly based on their knowledge, which is grounded in the doctor's oath, medical code of ethics, and professional standards to heal or help patients (Nuraeni et al., 2020). Competence is a set of knowledge, skills, and behaviours that must be possessed, internalised, and mastered in carrying out professional duties. Meanwhile, a doctor's competency test is the collection of evidence related to a doctor's suitability to practise medicine (fit for practice) by a professional organisation in accordance with laws and regulations (KKI, 2019).

Before obtaining a medical degree, medical students must complete academic and professional stages before taking the Medical Student Competency Test (UKMPPD). After graduating with a bachelor's degree in medicine (S.Ked) and meeting competency standards, students continue their professional education with various assessments, such as stage examinations and Objective Structured Clinical Examinations (OSCE). Once declared competent, they can then take the UKMPPD, which includes a theory exam (MCQ) and clinical practice (OSCE). However, this professional education process faces challenges, particularly in terms of supervising the quality of clinical learning. The location of teaching hospitals, which are often far from campuses, makes supervision and management of clinical rotations difficult, thereby impacting students' readiness for the UKMPPD (Humas.FKU, 2025).

The failure of most medical students to meet the UKMPPD graduation standards indicates structural problems in the system of professional medical education development and quality assurance in Indonesia. This is not solely the responsibility of educational institutions, but also reflects the weak role of the state in ensuring uniform competency standards, accreditation of teaching hospitals, and mechanisms for supervising the clinical learning process. Therefore, health law reform is urgently needed to strengthen the governance of medical education through more stringent regulations on the accountability of educational institutions, clinical supervision systems, and state involvement in ensuring the quality of graduates. The integration of professional ethics, discipline, and science must begin at the stage of medical education, so that the development of competencies is not only technical in nature but also reflects the moral values, social responsibility, and professional integrity expected of a doctor.

Health law reform is an inevitability amid globalisation, advances in medical technology, and the increasing complexity of challenges in health services. In this context, ensuring the competence of doctors can no longer be measured solely in administrative and technical terms, but must be based on the integration of professional ethics, professional discipline, and science as a unified system. Ethics form the moral foundation of the profession, discipline functions as an instrument of supervision and enforcement of responsibility, while science is the source of professional legitimacy that ensures medical actions are based on scientific evidence and the latest scientific standards (Suhaid et al., 2022). If these three elements operate independently, they will only result in a partial health

law system that is vulnerable to abuse of authority and a decline in the quality of medical services.

The enactment of Law No. 17 of 2023 on Health is an important milestone in the realisation of a modern and integrated national health law system. However, the substance of the norms in the law still faces challenges in terms of synchronisation with the ethical and professional disciplinary mechanisms that have long been implemented by professional organisations, such as the Medical Ethics Council (MKEK) and the Professional Disciplinary Council (MDP). Until now, these two institutions have carried out their functions of moral and professional oversight of doctors separately, which often leads to overlapping in the enforcement process. In a number of cases, such as the ethical case of Doctor Terawan Agus Putranto (2018) and the case of malpractice at Siloam Karawaci Hospital (2016), there has been a dualism of jurisdiction between the ethical and disciplinary spheres, which has led to legal uncertainty and a decline in public trust in the medical profession. This phenomenon indicates that health law reform is not only necessary to update the substance of regulations, but also to unify the fragmented professional oversight system.

The urgency of health law reform has also arisen due to changes in the global landscape of medical services. The emergence of telemedicine, robotic surgery, and the use of artificial intelligence (AI) in medical diagnosis has created a new dimension in medical practice that demands an update of the concept of professional competence. In the era of healthcare globalisation, doctors not only interact with patients physically, but also in digital spaces across jurisdictions (Anwar, 2023). This situation raises new legal issues, such as medical data protection, legal responsibility in online services, and the limits of professional competence across countries. Therefore, health law must evolve from a traditional paradigm to an adaptive legal paradigm that is able to adapt to technological advances without losing its humanitarian ethical values and principles of professional responsibility.

In this context, the integration of ethics, discipline, and science is a fundamental necessity. Ethics acts as a moral compass that guides doctors' behaviour to remain oriented towards humanitarian values, such as respect for autonomy, beneficence, non-maleficence, and justice. Professional discipline functions as a legal control mechanism that ensures that all medical actions are carried out in accordance with valid competencies and procedures. Meanwhile, science plays a role in ensuring that medical practice is always based on research, innovation, and internationally recognised scientific standards. When these three aspects are united within a strong legal framework, a health system is formed that not only guarantees patient safety but also increases public trust in medical personnel.

From a health law policy perspective, the integration of ethics, discipline, and science reflects a shift from a retributive to a restorative legal paradigm. This means that the focus of health law is no longer merely to punish doctors who violate the law, but to build a system of guidance and prevention of violations through continuous improvement of professionalism. This model has been implemented in the United Kingdom through the General Medical Council (GMC), which combines ethical and disciplinary functions in a single supervisory body, emphasising moral education and continuing professional development for doctors (Prihatiningsih, 2020). Indonesia can adopt similar principles through the establishment of a coordination mechanism between the Ministry of Health, MKEK, and MDP within a more responsive legal framework. In addition, health law reform also has a global justice dimension..

In the era of globalization, the inequality of access to medical personnel between developed and developing countries has become one of the most serious issues. The WHO, through its Global Health Workforce Strategy 2030, emphasises the importance of fair, transparent and universally ethical medical profession governance. Indonesia, as part of the global community, has a moral and legal responsibility to ensure that doctors are not only

competent for the national community, but also able to contribute to the global health system through ethical and humanitarian-oriented practices. Thus, health law reform is part of humanitarian diplomacy that strengthens Indonesia's position in realising global health equity. Based on this description, the urgency of health law reform in ensuring the competence of doctors is not only technocratic, but also ideological and moral. This reform must be directed towards the formation of an integrative legal model, in which positive legal norms, medical ethical principles, and professional discipline are united in a coherent system. Only through this integrative approach can health law optimally fulfil its function of protecting patients, ensuring the professionalism of doctors, and promoting global welfare and health equity for all humankind, in line with the ideals of universal humanity and the mandate of the Indonesian constitution.

2. Model for Strengthening Health Law Norms to Achieve Global Well-being and Health Justice for All Humanity

Strengthening health law norms is essentially an effort to build a legal system that is not only regulatory but also transformative, capable of responding to global humanitarian challenges through a paradigm of universal justice and welfare. In the global context, health is no longer understood as merely a domestic issue for a country, but rather as a global public good that demands shared responsibility from all nations in the world (Mahendradhata et al., 2021). This principle is in line with the mandate of the World Health Organisation (WHO), which emphasises that health is a basic right of every human being without discrimination based on race, gender, social status or nationality. Therefore, the formulation of health law norms at the national level, including in Indonesia, must be directed towards achieving global health justice that is oriented towards the welfare of all humankind.

Health law reform through Law No. 17 of 2023 on Health is the first step towards a more integrated health law system that is adaptive to the changing times. In order for the norms in the law to truly guarantee global justice and welfare, a model of legal strengthening is needed that does not solely rely on administrative aspects, but also on moral values, professional integrity, and the social responsibility of medical personnel. In this case, the law must act as an instrument of guidance, not just an instrument of coercion. This means that health regulations must facilitate the growth of a professional culture that upholds human ethics, professional discipline, and scientific progress.

An ideal model for strengthening health law norms can be built through an integrative approach between three main dimensions, namely: (1) medical ethics, (2) professional discipline, and (3) medical science. Ethics serve as the moral foundation that guides the behaviour of medical personnel in respecting human dignity and upholding the principles of beneficence (doing good), non-maleficence (not causing harm), autonomy (respecting patient rights), and justice. Professional discipline enforces standards of competence and legal responsibility so that every medical action can be held accountable normatively. Meanwhile, science plays a role in ensuring that medical practice is always based on scientific evidence and technological innovations that are safe for patients. These three dimensions must be bound together in a harmonious legal system to prevent overlap between ethical institutions such as the MKEK, disciplinary institutions such as the MDP, and the state legal system represented by the Ministry of Health and law enforcement agencies.

In this context, health law reform must be directed towards strengthening regulations that guarantee the ongoing competency standards of doctors through transparent certification and recertification mechanisms based on public accountability. Professional supervision also needs to be integrated into a coordinated system covering ethical, disciplinary and legal aspects so that any professional misconduct can be dealt with fairly, consistently and objectively. This integration model serves not only as a means of fostering the moral and

professional integrity of medical personnel, but also as a legal instrument to ensure that every doctor has measurable competence, upholds professional ethics, and has clear legal responsibility for every medical action they take.

In addition to institutional harmonisation, strengthening health law norms also requires reconstructing the principles and mechanisms of professional accountability. In many cases, such as the ethical case of Doctor Terawan and the malpractice case at Siloam Hospital, there appears to be a lack of coordination between ethical norms and positive legal norms, creating uncertainty for the public and for doctors themselves. Therefore, it is necessary to develop a legal model that places ethics and discipline as an integral part of the national health law system. This can be done through the establishment of a National Medical Professional Accountability Council, which functions to integrate the recommendations of the MKEK, MDP, and government health authorities so that any ethical or disciplinary violations can be resolved in a coordinated, transparent, and fair manner.

At the global level, the strengthening of health law norms must also take into account the principles of international solidarity and distributive justice, especially in the context of the availability of medical personnel, equitable service distribution, and access to medicines and health technology. The concepts of One Health and Universal Health Coverage (UHC) promoted by the WHO can be used as a reference for Indonesia in designing socially equitable health policies (Sakti Hadiwijyo & Hergianasari, 2021). The state must ensure that health laws not only protect the interests of the medical profession, but also the rights of the community to obtain safe, affordable, and quality services. Thus, the law serves as a means to balance the rights and obligations between medical personnel, the state, and the community.

A globally oriented model for strengthening health law norms must be based on a progressive legal approach as taught by Satjipto Rahardjo, namely that law should not be understood merely as rigid normative texts, but rather as a living social tool that supports humanity and welfare (Hazmi, 2024). In the progressive view, law must be able to move in line with moral dynamics, scientific developments, and the needs of modern humans. This view rejects legal formalism that only emphasises procedural compliance without considering the value of public welfare.

In the context of modern medicine, the progressive legal paradigm is highly relevant because advances in biotechnology, artificial intelligence, and the digitisation of health services have fundamentally changed the face of medical practice. Therefore, Indonesia's health law system must evolve from a mere administrative tool into an integrative, humanistic, and adaptive legal system that unites professional ethical values, legal disciplinary norms, and scientific principles of medicine into a single, comprehensive regulatory framework. Law should not only function as a means of control (law as control), but also as a means of fostering and enhancing the professionalism of medical personnel (law as guidance).

An integrative health law model places professional ethics, legal discipline, and science as the three main pillars of quality assurance in health services.

- a. Professional ethics serve as a moral compass that guides doctors to always respect human dignity and uphold the principles of beneficence, non-maleficence, autonomy, and justice.
- b. Legal discipline serves to enforce professional responsibility and accountability so that every medical action complies with positive legal standards.
- c. Science provides professional legitimacy, ensuring that every medical practice is based on scientific evidence and accountable technological innovation.

These three pillars support each other to form a comprehensive, transparent, and accountable health law system. This integration model also serves as a strategic instrument to ensure that every doctor has measurable competence, upholds professional ethics, and has clear legal responsibilities in healthcare practice. Through a coordinated legal mechanism

between ethical institutions, professional disciplinary bodies, and state authorities, the law can serve as a bridge between medical professionalism and patient protection. On the other hand, this integration reinforces the principle of continuing professional development (CPD), which requires medical personnel to update their knowledge and skills in line with developments in medical science and global community needs (Handoyo, 2016).

The strengthening of these legal norms has a strong constitutional basis as mandated by the Preamble to the 1945 Constitution, namely to protect the entire Indonesian nation and promote general welfare. Juridically, Law No. 17 of 2023 on Health provides a new legal framework for the development of medical and health personnel. This set of norms explicitly contains the principle of integration between the legal, ethical and scientific dimensions. However, its implementation still requires institutional strengthening and a system of coordination between authorities to avoid dualism between the Medical Ethics Council (MKEK) and the Professional Disciplinary Council (MDP). Reformulation can be carried out through the establishment of a National Medical Professional Accountability Council, which functions to integrate the results of ethical, disciplinary, and competency assessments into a single legal system that is transparent, objective, and fair.

Furthermore, the strengthening of global-oriented health legal norms must be in line with the Sustainable Development Goals (SDGs) agenda, particularly Goal 3 (Good Health and Well-Being) and Goal 16 (Peace, Justice, and Strong Institutions) (Rusydiana et al., 2023). This principle emphasises that health development cannot be separated from legal justice and strong institutional governance. Through the application of an integrative and humanistic legal model, Indonesia not only strengthens its national health legal system but also contributes to the achievement of global health justice, a cross-border health justice that places the right to health as a universal human right.

In a comparative context, the model of integration between ethics, discipline, and medical science proposed in this study is similar to the medical profession oversight system in the United Kingdom through the General Medical Council (GMC), which combines ethical, disciplinary, and competency development functions in a single transparent and accountable regulatory body. A similar model is also applied in the United States through the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB), which emphasise continuing professional development (CPD) based on public accountability. The FSMB is committed to supporting medical boards across all states, territories, and the District of Columbia in the United States. This institution plays a role in assisting its member boards in carrying out their mandate to protect public health, safety, and welfare through effective regulation, standardised licensing systems, and appropriate disciplinary mechanisms for doctors, physician assistants, and other healthcare professionals (Boards, n.d.).

Lessons learned from both systems show that institutional integration in the governance of the medical profession can minimise jurisdictional conflicts between ethical and legal institutions, while strengthening public trust in the medical profession. Therefore, this comparative approach provides an empirical basis for the establishment of a National Medical Professional Accountability Council as an adaptive model in line with the values of Pancasila and the Indonesian legal system. Furthermore, the global dimension of this model for strengthening health law norms affirms Indonesia's relevance in efforts to achieve global health justice and equitable global welfare. The integration of law, ethics, and science in the medical profession development system not only improves the quality of national health services but also strengthens international solidarity in the equitable distribution of medical personnel and access to quality health services.

Thus, the ideal model for strengthening health law norms in Indonesia is one that places law as a vehicle for harmonising professional morality and scientific rationality. This model establishes a balance between legal protection for patients, professional accountability for

doctors, and the state's responsibility to guarantee public health. This legal reform, based on universal human values, is expected to bring about global welfare, strengthen public trust in the medical profession, and position Indonesia as an active participant in international efforts to achieve health justice and equity for all humanity.

CONCLUSION

The urgency of health law reform in ensuring the competence of doctors based on the integration of ethics, professional discipline, and science in the era of health globalisation lies in the importance of establishing an adaptive and equitable legal system to address the complexities of modern medical practice. This reform aims to unite ethics, discipline, and science within a single legal framework so that doctors have high professional competence, moral responsibility, and legal awareness. A model for strengthening health law norms to achieve global welfare and health justice for all humanity must be built through the integration of professional ethics, legal discipline, and medical science within a transparent and accountable system. This model is implemented through the establishment of the National Medical Professional Accountability Council as a coordinating body between the MKEK, MDP, and the government, adopting best practices from other countries such as the General Medical Council (GMC) in the United Kingdom and the Federation of State Medical Boards (FSMB) in the United States, which combine ethical, disciplinary, and continuing professional development functions. This approach strengthens professional accountability, protects patients, and brings Indonesian health law in line with global standards to achieve universal health justice and welfare.

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