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Juridical Review of the Inconsistencies in Medical Practice Licensing in the Implementation of Telemedicine from the Perspective of Indonesian Health Law

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ABSTRACT

This study aims to identify and analyze the legal inconsistencies in medical practice licensing within the implementation of telemedicine services in Indonesia. As the use of telemedicine continues to grow as an alternative means of delivering remote healthcare, various legal challenges have emerged, particularly concerning the validity of medical practice licenses across different jurisdictions, violations of standard operating procedures, and potential misuse of patient data. This research provides a comprehensive examination of the legal implications that may affect three key entities: doctors, other healthcare professionals, and telemedicine service providers. The analysis is conducted through the lens of civil, criminal, and administrative malpractice frameworks.

The study also reviews relevant national regulations governing telemedicine practices, including the Medical Practice Law, the Health Law, Ministry of Health Regulations (Permenkes), and the Electronic Information and Transactions Law (ITE Law). The findings reveal significant legal gaps, especially in the recognition of practice licenses across regional boundaries, patient data security, and accountability in digital health services. This research offers legal policy recommendations, such as regulatory harmonization, strengthened oversight mechanisms, and enhanced legal capacity-building for healthcare professionals involved in telemedicine practices.

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1. INTRODUCTION

The development of technology in recent times has been remarkably rapid, especially in the era of Industry 4.0, where digitalization has become a central tool in nearly every aspect of society. Technology has become deeply embedded in this digital age, influencing and integrating into all areas of life, including education, social interactions, culture, and even healthcare. Technology is a broad and rapidly evolving concept. According to Melvin Kranzberg, technology is never neutral; it is both shaped by and shaping the culture and life of society. In essence, technology can be defined as the

application of scientific knowledge to daily human activities.

One of the most visible signs of technological advancement can be seen in the field of information and telecommunications, particularly in its application to healthcare. The progress in information and communication technology (ICT) has brought significant transformations to the healthcare sector—one notable development being telemedicine. Telemedicine refers to a form of health-related ICT that enables patients to consult with medical professionals remotely, without the need to physically visit healthcare facilities. According to the World Health Organization (WHO), telemedicine practices can be classified into two types: asynchronous and synchronous. The main difference lies in the method of data transmission required during online consultations. In asynchronous telemedicine, patient data can be sent to the doctor via email. The doctor then reviews the information and subsequently provides a diagnosis.

Telemedicine services function as a healthcare delivery method that considers geographical distance and utilizes modern information and communication technologies. These services are particularly beneficial for communities located far from healthcare facilities. Healthcare service units provide telemedicine as an innovative solution to enhance healthcare access for the public.

Health, by its nature, is a fundamental right of every Indonesian citizen. This is affirmed in the 1945 Constitution of the Republic of Indonesia, Article 28H Paragraph (1), which states: "Every person shall have the right to live in physical and spiritual prosperity, to have a place to live, and to enjoy a good and healthy environment, and shall have the right to obtain health care." Based on this provision, it is evident that every citizen The State of Indonesia guarantees the right of every citizen to access proper healthcare facilities, whether they reside in urban centers or remote and underdeveloped areas. However, achieving equitable healthcare distribution across the country remains a significant challenge due to various obstacles, including inadequate infrastructure, limited human resources, financial constraints, and geographical barriers that hinder direct service delivery by healthcare professionals to healthcare facilities.

The government has made various efforts to realize healthcare equity, both by improving physical healthcare facilities and through the integration of technology-based services aimed at expanding access to healthcare for the public. Telemedicine represents one of the government's initiatives to enhance healthcare services, especially in areas with limited access to conventional healthcare. In Indonesia, telemedicine has gained legal recognition through various regulations, including Law Number 17 of 2023 on Health, which emphasizes the importance of utilizing technology in health services.

Nevertheless, the law lacks specificity in regulating protections for both healthcare providers as service executors and patients as service recipients. The government has also issued expanded regulations on telemedicine through Government Regulation No. 28 of 2024, which in Article 562 stipulates that medical and health professional providing telemedicine services must possess valid STR (Registration Certificate) and SIP (Practice License). Furthermore, the following article mandates that specific regulations concerning STR and SIP in the implementation of telemedicine will be governed by a Ministerial Regulation.

Previous regulations, such as Government Regulation No. 20 of 2019, also fail to explicitly address practice licensing rules for medical professionals involved in telemedicine services. The regulatory framework for telemedicine in Indonesia remains limited. Even with the enactment of PP No. 28 of 2024 as an implementing regulation of Law No. 17 of 2023, the issue of specific legal provisions regarding SIP in telemedicine practice has not been adequately addressed. This regulatory gap may lead to

the emergence of medical disputes during the implementation of telemedicine.

Numerous medical disputes have emerged from the delivery of telemedicine services in the community, particularly regarding the legal authority of doctors to provide services based on their SIP, their clinical privileges, and their defined working hours. These issues pose significant dilemmas due to the ineffectiveness and ambiguity of existing regulations.

Based on the explanation above, this study aims to analyze the juridical aspects of the inconsistency of doctors' practice licenses (SIP) in the implementation of telemedicine in Indonesia, viewed through the lens of existing regulations, including national health laws and relevant ministerial regulations. This research is expected to provide comprehensive policy recommendations to support the development of safe, lawful, and socially responsive telemedicine practices in Indonesian healthcare services.

2. LITERATURE REVIEW

The evolution of telemedicine as a healthcare delivery model has become increasingly relevant in Indonesia's efforts to improve equitable access to health services. Various academic and legal sources have contributed to the discourse on the legal validity and implications of medical practice licenses (SIP) in telemedicine. According to Kranzberg (1986), technology inherently influences and is influenced by societal and cultural contexts. This underscores the necessity for legal frameworks to adapt to technological progress, particularly in healthcare were telemedicine bridges geographic and infrastructural barriers.

Telemedicine is legally recognized under several Indonesian regulations, including Law No. 17 of 2023 on Health, Government Regulation No. 28 of 2024, and Minister of Health Regulation No. 20 of 2019. These laws form the foundation of telemedicine governance but present significant gaps in ensuring consistent application across regions, especially regarding SIP requirements. WHO (2010) defines telemedicine as a remote clinical service facilitated by digital communication technologies, reinforcing its role in enhancing access to care. However, in the Indonesian context, the regulatory ambiguity about cross-regional SIP validity remains a central concern.

Research by Suwandi (2024) highlights the risk of legal violations when doctors operate outside their registered locations or use unapproved platforms. The lack of clarity in SIP regulation raises the possibility of civil, criminal, and administrative malpractice, particularly in cases involving misdiagnosis, unauthorized data disclosure, or unlicensed practice. The Indonesian Medical Council Regulation No. 47 of 2020 mandates that doctors performing telemedicine services must possess both STR (registration certificate) and SIP, yet enforcement remains inconsistent.

Putrie and Sulistiadi (2022) further emphasize telemedicine's strategic role during crises such as the COVID-19 pandemic. Nevertheless, the rapid digital transformation has outpaced regulatory reforms, leaving unresolved questions on legal liability, data security, and patient protection. Additionally, the ITE Law No. 1 of 2024 plays a role in addressing digital evidence and data privacy, yet its application in the telehealth domain remains underdeveloped.

In conclusion, the literature reveals a strong consensus on the potential of telemedicine but also underscores the urgent need for regulatory harmonization. A consistent legal framework that governs SIP across digital platforms and regional boundaries is essential to mitigate malpractice risks and uphold patients' legal rights. A multidisciplinary approach—integrating law, ethics, and digital security—is required to ensure the safe, legal, and accountable delivery of telemedicine in Indonesia.

3. METHODS

This study employs a normative legal research method, which focuses on the examination of applicable legal norms, including statutory regulations and legal doctrines. This method is utilized to analyze telemedicine services and medical practice licenses (Surat Izin Praktik or SIP) in the context of healthcare service delivery. The primary legal references used in this study include Law No. 17 of 2023 on Health, its implementing regulation Government Regulation (PP) No. 28 of 2024, Government Regulation No. 20 of 2019 on the implementation of telemedicine in healthcare facilities, and Law No. 1 of 2024 concerning Electronic Information and Transactions (ITE Law).

The research adopts a conceptual approach, which discusses legal concepts and theories relevant to telemedicine and medical licensing, with a prescriptive character, aiming to provide recommendations. The analysis is directed toward addressing the fundamental regulatory issues concerning the issuance and recognition of medical practice licenses in the implementation of telemedicine. The ultimate goal is to offer legal suggestions for the development and refinement of regulations to ensure legal certainty, protection, and accountability in telemedicine services.

4. RESULTS AND DISCUSSION

4.1 Definition and Legal Regulation of Telemedicine in Indonesia

Definition of Telemedicine

The term telemedicine originates from the Greek words "tele", meaning "distance", and "medis" (medical), referring to healthcare services carried out by medical professionals within healthcare facilities. Based on this etymology, experts define telemedicine as a form of health information technology that enables healthcare professionals to provide medical services to patients through technology-based platforms, without spatial limitations, or in other words, remotely.

According to the American Academy of Family Physicians, telemedicine—also referred to as online consultation—is defined as the practice of using technology to deliver healthcare services over a distance. In this context, a doctor in one location uses communication technology to treat a patient in a different location.

The World Health Organization (WHO) defines telemedicine as the remote delivery of healthcare services using modern information and communication technologies (ICT) aimed at treating patients, while also enhancing access to healthcare and medical information.

Based on the descriptions above, telemedicine can be understood as the provision of long-distance healthcare services by utilizing information and communication technologies. This allows doctors and patients to interact virtually—via telephone, video call, or email—to conduct consultations, diagnoses, or even medical treatments.

Types of Telemedicine:

Based on its implementation, telemedicine can be categorized into two main concepts:

1) Real-Time (Synchronous)
   This is the simplest form of telemedicine, involving live communication between healthcare providers and patients. It may use basic tools such as video calls or more complex technologies like surgical robots. In this model, both the patient and the healthcare provider are present simultaneously, interacting at a specific time using communication technologies that enable real-time medical services.
   An example of synchronous telemedicine is the use of a tele-otoscope, which allows a doctor to visually examine a patient's ear canal remotely.
2) Store-and-Forward (Asynchronous)
   This model involves the collection and transmission of medical data (such as images, text, or lab results) to a healthcare provider, who will later

evaluate the data offline. Although not conducted in real time, this type of telemedicine still requires the involvement of both the medical professional and the patient in the care process.

Specialists such as dermatologists, radiologists, and pathologists commonly use asynchronous telemedicine. In this method, electronic medical records (EMRs) play a central role in the transmission and analysis of clinical information.

Legal Regulation of Telemedicine in Indonesia

4.1.1 Law No. 17 of 2023 on Health

Several important provisions within Law No. 17 of 2023 outline the legal framework for telemedicine in Indonesia:

- Article 1, Point 22 defines telemedicine as the provision and facilitation of clinical services through telecommunications and digital communication technologies. This article emphasizes that telemedicine is part of broader initiatives to incorporate information and communication technology (ICT) into healthcare delivery.
- Article 25, Paragraph (5) refers to government regulations as the legal instrument to further detail and standardize the implementation of ICT in healthcare efforts. This ensures legal certainty and improved quality in health services across the nation.
- Article 172 stipulates that healthcare facilities may offer telemedicine services either independently or in collaboration with registered electronic system providers. The services may include:
  - Telemedicine interactions between different healthcare facilities (e.g., hospital-to-hospital consultations);
  - Telemedicine services between healthcare facilities and the general public, such as online doctor consultations.

Key Points Related to Telemedicine Regulation Based on Article 172 of the 2023 Health Law:

a. Healthcare Facilities May Provide Telemedicine Services
   Healthcare facilities are permitted to organize telemedicine services either independently or in collaboration with electronic system providers.
b. Scope of Telemedicine Services
   Telemedicine services may include:
   - Services between healthcare facilities (e.g., inter-hospital consultations);
   - Services between healthcare facilities and the public (e.g., online doctor consultations for patients).
c. Integration with the National Health Information System
   Telemedicine services must be integrated into the National Health Information System (NHIS) to ensure interoperability, data standardization, and effective coordination.

4.1.2 Law No. 1 of 2024 on Electronic Information and Transactions (ITE Law)

Law No. 1 of 2024 serves as the second amendment to Law No. 11 of 2008 on Electronic Information and Transactions, regulating various aspects of the utilization of information technology and electronic transactions in Indonesia. Although the law does not explicitly mention "telemedicine," several articles are highly relevant to the legal framework of remote healthcare services:

- Article5:
  Recognizes electronic information and/or documents, as well as their printed versions, as valid legal evidence. This article provides the legal basis for digital medical records, online consultations, and electronic prescriptions used in telemedicine services.
- Article15:
  Addresses data privacy protection and system security. It obligates electronic system operators to safeguard users' personal data. In the context of telemedicine, this implies that service providers must ensure patient data

security and prevent unauthorized access.

- Article13A:
  Introduces regulations concerning electronic certification and digital identity. These are essential for verifying the identities of both doctors and patients participating in telemedicine, thereby enhancing trust and security in digital interactions.
- Article40:
  Grants the government the authority to supervise the operation of electronic systems, including telemedicine platforms. This supervision ensures that service providers comply with established data protection and cybersecurity standards. The law also regulates legal responsibilities and sanctions for parties that misuse electronic information—including the unauthorized distribution of personal data—ensuring that such violations are subject to legal penalties.

4.1.3 Minister of Health Regulation No. 20 of 2019 on the Implementation of Telemedicine Services Between Healthcare Facilities

According to Article 1(1) of this regulation, telemedicine is defined as a remote healthcare service conducted by licensed healthcare professionals using communication technology platforms. The scope of services includes diagnosis, treatment, disease prevention, evaluation, research, and education—all aimed at improving public health.

Article 2: States that telemedicine services may only be carried out by healthcare personnel who possess a valid Practice License (SIP) and are affiliated with a licensed healthcare facility (Fasyankes). This provision ensures that telemedicine is conducted in accordance with professional standards, prioritizing patient safety, and aligning with operational procedures, service standards, and competency requirements.

a. Further Legal Provisions on Telemedicine in Indonesia

According to Article 13(1) in conjunction with Article 1 points 9 and 10 of Minister of Health Regulation No. 20 of 2019, both the initiating and receiving healthcare facilities in a telemedicine consultation must obtain permission from the Directorate General of Health Services. A digital platform is legally recognized as a telemedicine provider only if it has been officially registered and meets all regulatory requirements.

Patient rights and obligations in telemedicine services are outlined in Article 18(1) of the same regulation:

a. Rights of the Requesting Healthcare Facility in conducting telemedicine:

1) To receive consultation responses and/or expertise in accordance with applicable standards;
2) To receive accurate, clear, accountable, and honest information regarding the consultation results or expert opinion.

b. Obligations of the Requesting Healthcare Facility:

1) To transmit medical information (including images, imaging data, text, biosignals, videos, and/or audio) using electronic transmission technology in compliance with quality standards;
2) To maintain patient data confidentiality;
3) To provide patients with information that is accurate, clear, accountable, and honest regarding the consultation or expert feedback.

While Article 15(3) states that consultation costs are to be borne by the requesting healthcare facility, the regulation lacks detailed provisions on financing, which may hinder implementation, especially due to high maintenance costs of telemedicine infrastructure.

4.1.4 Government Regulation No. 28 of 2024 on the Implementation of Law No. 17 of 2023 on Health

This Government Regulation governs several aspects of healthcare services, including telemedicine. Key provisions on telemedicine include:

Article 558 outlines the scope of telemedicine implementation as follows:

a. Telemedicine includes services between healthcare facilities and between healthcare facilities and individuals (patients);
b. Services between healthcare facilities are intended for diagnosis, clinical management, and/or disease and injury prevention;
c. Services provided by healthcare facilities to individuals also aim at diagnosis, treatment, and prevention;
d. Healthcare facilities may provide telemedicine independently or in cooperation with registered electronic system providers;
e. Eligible healthcare facilities include:
   - Hospitals
   - Community Health Centers (Puskesmas)
   - Clinics
   - Independent Practices (by doctors or health professionals)
   - Health Laboratories
   - Pharmacies
f. Facilities providing telemedicine must comply with infrastructure, service types, human resources, and clinical standards.

Article 561 outlines three main types of telemedicine services:

a. Teleconsultation:
   Remote clinical consultations to support diagnosis and/or provide recommendations for treatment plans.
b. Telepharmacy:
   Pharmaceutical services provided remotely via communication technology and information systems.
c. Other Telemedicine Services:
   Other forms of remote consultations aligned with developments in medical science and technology.

Per Article 558(5), only licensed healthcare facilities may operate telemedicine services. These facilities must first obtain a healthcare service license before applying for telemedicine permits.

Facilities are required to meet several conditions, including:

- Infrastructure (facilities, equipment, systems);
- Types of healthcare services;
- Human resources (licensed professionals);
- Clinical standards, which include:
  - Standard operating procedures (SOPs);
  - Effective communication between provider and patient;
  - Ensuring patient confidentiality.

Technically, telemedicine providers must prepare dedicated physical space or separate rooms for telemedicine services. They may develop their own applications or use third-party systems (governmental or private). Custom-developed apps must be registered with the Ministry of Health and comply with relevant regulations.

Providers must also ensure the availability of:

- Licensed medical personnel (with valid STR and SIP),
- Support staff, and
- Standardized clinical procedures to ensure service quality and patient safety.

4.1.5 Indonesian Medical Council Regulation No. 47 of 2020

On Clinical Authority and Medical Practice Legal protection for patients in telemedicine is emphasized in Articles 3(2), 3(4), and 7 of this regulation. Key principles include patient confidentiality, the requirement of a valid Registration Certificate (STR) and Practice License (SIP), and the maintenance of medical records.

- Article 3(2): Telemedicine or teleconsultation services provided by physicians and dentists must uphold the principle of patient confidentiality.

- Article 3(4): Physicians and dentists conducting telemedicine services must possess both STR and SIP, and must be affiliated with a licensed healthcare facility as regulated by law.

This means that personal medical information is strictly confidential and may only be accessed by the doctor and the patient. STR is issued by the Indonesian Medical Council, ensuring the legitimacy and legal standing of a medical practitioner. This legal framework protects patients from impersonation or malpractice by unlicensed individuals and guarantees that licensed doctors can legally perform medical procedures and consultations—even in a digital setting.

4.2 Identification of Legal Violations Based on Literature Review and Case Studies

In relation to the issue raised by the author regarding the medical practice license (SIP) in telemedicine services, it is important to note that the SIP plays a crucial role as the legal foundation authorizing a physician to deliver medical care. Following the enactment of Government Regulation No. 28 of 2024, there is still no provision that explicitly and comprehensively regulates the validity of SIP in the context of telemedicine services.

This legal gap has led to several mismatches and potential violations, particularly in the following areas:

1) Mismatch between the physical location stated in the SIP and the actual service delivery location, which in telemedicine is often digital, online, and crosses jurisdictional boundaries.
2) Physicians providing services to patients from or through healthcare facilities not listed in their SIP, raising concerns over the legality and accountability of such practices.
3) Provision of telemedicine services by doctors without proper registration on official Ministry of Health (Kemenkes) platforms or outside of registered healthcare facilities, which violates the procedural and regulatory requirements for licensed medical services.

Given these issues, the potential for legal violations in the implementation of telemedicine within healthcare facilities is significant. Such violations may involve civil, criminal, or administrative liability, depending on the nature of the misconduct. These violations directly implicate both the medical personnel as service providers and the patients as recipients of care.

Below are some specific forms of legal violations that may arise:

4.2.1 Civil Malpractice (Tort Liability)

This occurs when a patient suffers material or immaterial loss due to medical negligence, such as misdiagnosis or improper treatment, delivered by a physician who lacks a valid and legally recognized SIP. In such cases, the patient may pursue civil claims for damages, arguing that the service was delivered by an unauthorized practitioner and thus lacked legal standing.

Example:

A doctor issues an antibiotic prescription via an online consultation. The patient experiences a severe allergic reaction. Upon investigation, it is found that the doctor does not possess a valid SIP at the facility used as the service base.

The patient may file a civil lawsuit for unlawful acts (*tort*) under Article 1365 of the Indonesian Civil Code (KUHPerdata).

4.2.2 Criminal Malpractice

Occurs when:

a. A doctor provides medical services without a valid SIP, potentially constituting illegal medical practice;
b. Gross negligence or actions result in serious injury or death;
c. The doctor violates patient privacy or leaks personal medical data through digital platforms, which may be prosecuted under Law No. 1 of 2024 (ITE Law).

4.2.3 Administrative Malpractice

Occurs when:

a. A doctor provides telemedicine services without having an SIP valid for the relevant service location;

b. Sanctions may include:
   - Administrative warnings by the local Health Office or the Indonesian Medical Council (KKI);
   - Revocation of SIP or STR under Ministerial Regulation No. 20 of 2019 and Government Regulation No. 28 of 2024.

4.3 Legal Responsibilities of Each Actor in Telemedicine Services

In telemedicine implementation, several key actors bear distinct yet interconnected legal responsibilities. The misalignment of a doctor's SIP within this framework gives rise to different forms of legal liability based on each actor's role and function:

4.3.1 Doctors

Legal Responsibilities:

a. Administrative:

Providing services without a valid SIP or practicing outside the authorized jurisdiction may result in:

- Warnings,
- Suspension of the SIP, or
- Revocation of the STR.

b. Civil:

If a patient suffers harm due to negligence or misdiagnosis, the doctor may be sued under Article 1365 of the Civil Code for unlawful acts (tort liability).

b. Criminal:

Practicing without a license or causing serious harm (e.g., injury or death) can lead to criminal prosecution under the Penal Code (KUHP) or the ITE Law, especially in cases involving data breaches.

4.3.2 Healthcare Facilities (Fasyankes)

Legal Responsibilities:

a. Must ensure that collaborating doctors possess valid SIPs and that telemedicine services are conducted in accordance with standard operating procedures (SOPs) and relevant regulations.
b. If a facility knowingly permits unauthorized practice, it may also be held civilly and administratively liable.

   Sanctions:
   - Administrative warnings;
   - Revocation of operational permits;
   - Civil lawsuits filed by harmed patients.

4.3.3 Telemedicine Platform Providers

Legal Responsibilities:

a. Responsible for ensuring secure systems, protection of patient data, and verifying the licenses of medical personnel.
b. Allowing unlicensed doctors to practice may result in criminal and administrative sanctions, especially in cases of privacy violations or data breaches.

4.3.4. Ministry of Health and Indonesian Medical Council (KKI)

Roles and Responsibilities:

a. Serve as regulators and supervisors of telemedicine services;
b. Responsible for issuing licenses, establishing regulatory mechanisms, and developing national SOPs for telemedicine practice;
c. Failure to regulate or supervise effectively may contribute to legal uncertainty and weaken patient protection.

4.4 Legal Sanctions by Type of Malpractice

4.4.1 Civil Malpractice

Legal Basis:

Article 1365 of the Indonesian Civil Code (KUHPerdata) – *Unlawful Acts (Perbuatan Melawan Hukum)*.

Example:

A patient sues for damages due to misdiagnosis or unauthorized sharing of medical data.

Sanctions:

Compensation for material and immaterial losses.

4.4.2 Criminal Malpractice

Legal Basis:

- Penal Code (KUHP) – Articles 359, 360;
- ITE Law – Articles 30–32, 45;
- Health Law No. 17 of 2023.

Example:

Negligence resulting in death, or unauthorized disclosure of patient data.

Sanctions:

Imprisonment and/or fines.

4.4.3 Administrative Malpractice

Legal Basis:

- Medical Practice Law;

- Ministerial Regulation No. 2052/MENKES/PER/X/2011.

Example:
Practicing without an SIP, or failing to report practice to the Health Office.
Sanctions:

- Revocation of SIP,
- Official warnings,
- Suspension of application or platform license.

4.5 Legal Policy Recommendations to Mitigate Violation Risks

1) Amend SIP and STR Regulations to specifically accommodate telemedicine practice;
2) Establish special cross-regional licensing mechanisms for remote practice;
3) Strengthen health information systems and data protection infrastructure;
4) Mandate adoption of ISO 27001 or equivalent cybersecurity standards for telemedicine service providers;
5) Conduct public legal education and awareness campaigns on health law;
6) Enhance legal and ethical training for doctors and healthcare professionals on telemedicine-related legal issues;
7) Ensure regular oversight and audits of digital platforms by the Ministry of Health and the Indonesian Medical Council (KKI);
8) Develop a national Standard Operating Procedure (SOP) for telemedicine, to be used as a binding guideline by all stakeholders involved in the provision of telemedicine services.

5. CONCLUSION

1) The inconsistency of medical practice licenses in telemedicine constitutes a legal violation that may result in juridical consequences in the form of civil, criminal, or administrative malpractice. A physician who provides services beyond the authorized scope of their practice license without a clear legal basis may be subject to civil lawsuits for patient harm, administrative sanctions by the Indonesian Medical Council, and potentially criminal charges in cases of gross negligence or data privacy violations.
2) The legal framework governing telemedicine in Indonesia remains fragmented and lacks explicit regulation concerning cross-regional practice legality, digital legal accountability mechanisms, and consistent protection of patient data across different platforms.
3) The three main actors involved in telemedicine services—physicians, other healthcare professionals, and telemedicine service providers—carry distinct yet interconnected legal responsibilities. The absence of clear Standard Operating Procedures (SOPs) and legal coordination among these parties increases the risk of legal violations and patient harm.
4) Several actual cases have demonstrated that non-compliance with licensing requirements or procedural violations in telemedicine can lead to legal action, encompassing ethical violations, administrative penalties, and even criminal prosecution.

RECOMMENDATIONS

1) The government should urgently revise or develop specific regulations on telemedicine, including provisions for cross-regional practice licensing mechanisms and clearer operational legal requirements for healthcare professionals offering remote services.
2) The Ministry of Health and the Indonesian Medical Council must enhance oversight of telemedicine practices by implementing mandatory registration and digital auditing of medical licenses (SIP) for all professionals engaging in telemedicine.
3) A stronger patient data protection system must be established in telemedicine services. This includes requiring service providers to adopt digital security standards equivalent to conventional healthcare services and comply with both the Electronic Information and

Transactions Law (ITE Law) and the Personal Data Protection Law (PDP Law).

4) It is essential to increase legal and ethical training for healthcare professionals involved in telemedicine to ensure that they understand the legal limitations, administrative duties, and professional responsibilities within the digital context.
5) Public awareness campaigns are needed to educate society on patients' rights in telemedicine services, including the right to information, the right to data confidentiality, and the right to receive care from licensed and competent medical practitioners.

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