

Doctor's Legal Responsibility in Telemedicine Services

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Keywords

*Telemedicine, Legal Responsibility,
Doctor.*

ABSTRACT

Religion has been linked to mental health over the years, but its connection to persecutory ideation remains unclear. In this study, Nassarawa State University students' persecutory ideation is examined in relation to religious characteristics as predictors. A cross-sectional survey design was used in the study. In the study, a sample of 162 individuals was chosen at random from the student body. Both the independent and dependent variables were measured with three standardized tools. The use of multiple regression analysis was used to formulate and test two hypotheses. However, the researchers discovered that students' thoughts of being persecuted were jointly and significantly predicted by both hell anxiety and demonic conflict ($F = 4.598$, $p=0.013$, $R^2 = 0.105$, $r=0.325$). Individually, that demonic struggle had significant contributions to the prediction of persecutory ideation. ($R^2= 0.342$, $t=2.844$; $P < 0.05$). Hell, anxiety did not significantly predict persecutory ideation. ($R^2= -0.043$, $t=-0.360$; $P > 0.05$). These findings recommended that religious authorities consider minimizing satanic and hell themes in their sermon and focusing on angels, heaven, forgiveness, and other positive concepts that promote a favorable perspective of God, thereby improving the mental health of its congregation. Additionally, psycho-spiritual therapy on the guidance of one's life by good supernatural beings like angels may assist in lessening religiously insured persecutory thinking.

INTRODUCTION

The emergence of new technology in the 21st century is strongly felt, including in the world of medicine where dictators are given the opportunity to provide services virtually (Menon et al., 2021; Rodriguez Socarrás et al., 2020; Rosemann & Zhang, 2022). This imaginative technological development is called Telemedicine (Cannavacciuolo et al., 2023; Datta et al., 2023; W. Zhang et al., 2022). With telemedicine, medical services are now increasing rapidly, including in Indonesia. Telemedicine according to Article 1 point 1 of the Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities is the provision of telemedicine services by doctors and dentists using information and communication technology, including the exchange of information on diagnosis, treatment, prevention of diseases and injuries, research and evaluation, and continuing education of health care providers for the benefit of improving individual and community health (Chauhan et al., 2022; Cushing, 2022; Elliott & Yopes, 2019;

Khodadad-Saryazdi, 2021).

Currently Indonesia has Law No. 29 of 2004 concerning Medical Practice, but in the law there is no regulation on the practice of medicine through Telemedicine (Primavita et al., 2021). Telemedicine in Indonesia is now present with various applications that act as telemedicine platforms such as Halodoc, Alodokter and others. This application is intended to be used as a means of communication or platform between doctors and patients. One of the uses of Telemedicine that is currently rife in Indonesia is live chat with doctors which can be done through the application. With this feature, users can comfortably consult directly with a doctor anytime and anywhere. However, telemedicine still has certain limitations. A study published in the ABC journal *Cardiol* (Moreira et al., 2021), as reported by the National Institutes of Health website, concluded that the main drawback of telemedicine is that doctors cannot see and examine patients in person. This limitation certainly affects the quality of diagnostics.

The concept of legal liability is the concept of responsibility (legal responsibility) that a person is legally responsible for certain actions or that he bears legal responsibility means that he is responsible for a sanction if his actions contradict (Anwar, 2013; Kelsen, 2019). Legal sanctions according to Mochtar Kusumaatmadja in a narrow sense are sanctions or punishments imposed on someone who violates the law more towards imposing criminal sanctions, but in a broader and more appropriate view legal sanctions in addition to criminal sanctions can also be incarnated in other forms, namely in the form of civil sanctions such as the obligation to pay compensation for actions that cause harm to others, and administrative sanctions (Kusumaatmadja, 2000). Doctors in providing telemedicine health services must be in accordance with applicable laws and regulations. It does not rule out the possibility that telemedicine health services provided by doctors have the opportunity for errors or omissions that can harm patients, so doctors must be legally responsible (Kaplan, 2020; Su et al., 2022; Symeonidis et al., 2023; J. Zhang et al., 2022).

Based on what is described above, researchers are very interested in exploring regulatory synchronization and forms of physician responsibility in telemedicine services. So the writing team conducted a study entitled "Legal Responsibility Of Doctors In Telemedicine Services".

METHODS

The approach used is a normative juridical approach method with research specifications in the form of inventory research on laws and regulations (positive law), research on the level of legal synchronization, and findings in concerto. The research location was carried out at the Center for Scientific Information, Faculty of Law, Swadaya Gunung Jati University Cirebon, UPT Library of Swadaya Gunung Jati University Cirebon. Data sources are taken from secondary data with literature study data collection methods and data processing methods using data reduction, data display and data categorization, which are presented using narrative text data presentation methods that are analyzed normatively qualitatively, content analysis and comparative analysis.

RESULTS

Synchronization of Doctors' Legal Responsibility Arrangements in the Implementation of Telemedicine

The definition of synchronization according to the Big Dictionary Indonesian is about

synchronizing, synchronizing, and adjusting. Thus, synchronization means at the same time, simultaneously, in line, aligned, appropriate, and aligned. Synchronization activities are the alignment and harmony of substance in various laws and regulations related to laws and regulations related to existing laws and regulations that regulate a particular field so that it does not overlap and complement each other. The synchronization used in this study is vertical synchronization which aims to see whether a law that applies to a particular area of life does not conflict with each other when viewed from a vertical angle or hierarchy of existing laws and regulations.

The level of synchronization of the regulation of doctors' legal responsibilities in telemedicine services will be analyzed with several theories, including legal theory and regulatory hierarchy of Hans Kelsen, Hans Nawiasky and Law No. 12 of 2011 concerning the establishment of Law as amended by Law No. 15 of 2019.

Theories on the order of the formation of laws and regulations include the level theory (Stufentheorie) proposed by Hans Kelsen. Hans Kelsen argues that legal norms are tiered and multi-layered in a hierarchy, in the sense that a lower norm applies, originating and based on a higher norm. Higher norms apply, originate, and are based on higher norms, and so on, until a norm cannot be traced further and is hypothetical and fictitious, namely the basic norm (Grundnorm).

This theory was developed by Hans Nawiasky, according to him, in addition to layered and layered and tiered legal norms, the legal norms of a country are grouped and the grouping of legal norms of a country includes four main groups, namely:

Kelompok I : Staatsfundamentalnorm (norma fundamental negara)

Group II : Staatgrundgesetz (Basic Rules of the State)

Group III : formellgesetz (Formal Law")

Group IV : Verordnung en Autonome Satzug (Implementing Rules/Autonomous rules)

Article 7 of Law No. 12 of 2011 concerning Lawmaking is amended by Law No. 15 of 2019 concerning Amendments to Law No. 12 of 2011 concerning the Establishment of Laws and Regulations, which contains:

1. Types and hierarchies of legal regulation consist of:
 - a. Constitution of the Republic of Indonesia Year 1945.
 - b. Decrees of the People's Consultative Assembly.
 - c. Government Laws/Regulations in Lieu of Law.
 - d. Government Regulations.
 - e. Presidential Regulation.
 - f. Provincial Local Regulations; and
 - g. District/City Regulations.
2. The legal force of laws and regulations is in accordance with the hierarchy as referred to in paragraph (1).

Article 8 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations as amended by Law Number 15 of 2019, specifies that:

- a. Types of laws and regulations other than those referred to in Article 7 paragraph (1) include regulations stipulated by the People's Consultative Assembly, House of Representatives, Regional Representative Council, Supreme Court, Constitutional Court, Audit Board, Judicial Commission, Bank Indonesia, Ministers, agencies, institutions, or commissions at the same level established by Law or the Government by order of the Law, Provincial People's Representative Council, Governor, Regency/City People's Representative Council, Regent/Mayor, Village Head or equivalent.

- b. Laws and regulations as referred to in paragraph (1) are recognized for their existence and have binding legal force to the extent ordered by higher laws and regulations or established by authority.

Telemedicine uses information and communication technology using data transfer in the form of video, sound, and images carried out in real time using video-conferencing supporting technology. Health services that can be done with Telemedicine are helpful for patients who have a place to live far from health facilities. These health services start from consultation, diagnosis to medical action.

The results of positive legal research and inventory that have been carried out based on the identification, correction, and organization of positive legal norms related to the legal responsibility of doctors in Telemedicine services are as follows:

1. Article 4, Article 7, Article 9 of the Indonesian Medical Council Regulation Number 74 of 2020 concerning Clinical Authority and Practice of Medicine Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia regulates the obligations and prohibitions for doctors in telemedicine services. Indonesian Medical Council Regulation Number 74 of 2020 concerning Clinical Authority and Medical Practice Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia if interpreted with Article 8 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations as amended by Law Number 15 of 2019, then Indonesian Medical Council Regulation Number 74 of 2020 concerning Clinical Authority and Medical Practice Through telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia as the lowest regulation is recognized for its existence and has binding legal force. This normative fact, if interpreted with the theories of Hans Kelsen and Hans Nawiasky, then the Indonesian Medical Council Regulation Number 74 of 2020 concerning Clinical Authority and Medical Practice Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia must be sourced and not conflict with higher regulations, namely the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 about the Implementation of Telemedicine Services Between Health Service Facilities.
2. Article 17 paragraph (2), Article 18 paragraph (2) of the Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities regulates the obligations of doctors as requesters and consultation providers in health service facilities. Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities if analyzed by Article 8 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations, it can be interpreted that the formal structure of the Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities is recognized for its existence and has binding legal force. Based on these normative facts, if interpreted with the theories of Hans Kelsen and Hans Nawiasky, the Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities must be sourced and not conflict with higher regulations in accordance with the hierarchy of laws and regulations, namely Law Number 36 of 2009 concerning Health. Law No. 36 of 2009 concerning Health is listed in view as the legal basis for the establishment of Minister of Health Regulation No. 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, but Law No. 36 of 2009 does not mention medical personnel and only mentions health workers. Constitutional Court Decision No. 82/PUU-XIII/2015 determines that medical personnel are not included in health workers, so doctors as medical personnel are not regulated in Law No. 36 on Health.
3. Article 29, Article 31, Article 35, Article 36, Article 41, Article 44, Article 45, Article 46, Article 48,

Article 49, Article 51, Article 66, Article 69, Article 75, Article 76, Article 79 of Law No. 29 of 2004 concerning Medical Practice regulates the obligations, authorities, and sanctions of doctors if they violate these regulations. The legal responsibility of doctors in telemedicine services is guided by Law Number 29 of 2004 concerning Medical Practice because doctors are human resources in telemedicine services. Law Number 29 of 2004 concerning Medical Practice can be interpreted systematically based on Article 7 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 7 of Law Number 12 of 2011 concerning The establishment of laws and regulations and has been amended by Law Number 15 of 2019, then Law Number 29 of 2004 concerning Medical Practice is a valid and binding law, because Law No. 29 of 2004 concerning Medical Practice is included in the type and hierarchy of laws and regulations.

Article 8 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 10 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations and amended by Law No. 15 of 2019 specifies that:

- 1) The content material that must be regulated by law contains:
 - a) Further regulation of the provisions of the 1945 Constitution of the Republic of Indonesia;
 - b) Order an Act to be governed by an Act.
 - c) Ratification of certain international treaties.
 - d) Follow-up on the Constitutional Court's decision; and/or
 - e) Fulfillment of legal needs in society.
- 2) Follow-up to the decision of the Constitutional Court as referred to in paragraph (1) point d is carried out by the DPR or the President.

Law Number 29 of 2004 concerning Medical Practice if interpreted systematically based on Article 8 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 10 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations and has been amended by Law No. 15 of 2019, then the law is valid and binding, because this law based on its content material has qualified as law, which is a further regulation of the provisions of the Constitution of the Republic of Indonesia Year 1945. This is evidenced by the legal basis for the establishment of Law Number 29 of 2004 concerning Medical Practice, namely Article 20 and Article 21 paragraph (1) of the Constitution of the Republic of Indonesia Year 1945.

Law No. 29 of 2004 concerning Medical Practice in considering that it only included the 1945 Constitution and did not include the Health Law that was in force at that time, namely Law No. 23 of 1992 concerning Health. This shows that the Medical Practice Law and the Health Law are not synchronized, which is formally unrelated, but when viewed from the services provided by doctors as medical personnel in telemedicine services, including in health services regulated in the Health Law.

4. Article 2, Article 20, Article 23, Article 26, Article 27, Article 29, Article 31, and Article 32 of the Minister of Health Regulation Number 2052/MENKES/PER/X/2011 concerning License to Practice and Implementation of Medical Practice regulate the authority, obligations of doctors and sanctions for doctors if they violate these regulations. When viewed from Article 8 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations as amended by Law No. 15 of 2019, it can be interpreted that the Minister of Health Regulation Number 2052/MENKES/PER/X/2011 concerning Licenses to Practice and the Implementation of Medical Practice is a regulation that occupies the lowest degree that is recognized for its existence and has binding legal force. The normative facts above if interpreted with the theories of Hans Kelsen and Hans Nawiasky, then the birth of the

Minister of Health Regulation Number 2052/MENKES/PER/X/2011 concerning Permission to Practice and the Implementation of Medical Practice is a further regulation of Law Number 29 of 2004 concerning Medical Practice. This is evidenced that from one of the legal bases for the establishment of the Minister of Health Regulation Number 2052/MENKES/PER/X/2011 concerning Permission to Practice and Implementation of Medical Practice in considering that the Regulation of the Minister of Health Number 2052/MENKES/PER/X/2011 concerning Permission to Practice and Implementation of Medical Practice is an implementation of Article 38 paragraph (3) and Article 43 of Law Number 29 of 2004 concerning Medical Practice.

5. Article 15, Article 32, Article 36, Article 37, Article 38, Article 39, Article 48, Article 51 paragraph (2), Article 52 paragraph (2), (3), (4) of Law Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 regulates the obligations of doctors as operators of electronic systems in telemedicine services and sanctions against doctors if they violate these regulations. Based on the regulation of Article 7 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 7 paragraph (1) and paragraph (2) of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations and amended by Law Number 15 of 2019, it can be interpreted that Law Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 is one type of hierarchy of laws and regulations and has binding legal force. Law Number 11 of 2008 concerning Electronic Information and Transactions can be interpreted with Article 8 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 10 of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations and has been amended by Law Number 15 of 2019 that Law Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 can be declared a valid and binding law because it has fulfilled the requirements for the formation of laws and regulations. This is evidenced by the material content of Law Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 qualifies as law based on Article 8 of Law Number 10 of 2004 concerning the Establishment of Laws and Regulations as replaced by Article 10 paragraph (1) letter a of Law Number 12 of 2011 concerning the Establishment of Laws and Regulations and has been amended by Law Number 15 of 2019, namely further regulation of the provisions of the Constitution of the Republic of Indonesia Year 1945. Law No. 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 in view of including Article 5 paragraph (1) and Article 20 of the Constitution of the Republic of Indonesia Year 1945 as the legal basis. Based on these normative facts, it can be interpreted with the theory of Hans Kelsen and Nawiasky that Law No. 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016 has harmony with the laws and regulations above. The regulation is the Constitution of the Republic of Indonesia Year 1945. This can be seen from the consideration considering that Article 5 paragraph (1) and Article 20 of the Constitution of the Republic of Indonesia Year 1945 are the basis for the establishment of Law Number 11 of 2008 concerning Information and Electronic Transactions as amended by Law No. 19 of 2016. The level of synchronization of the regulation of doctors' legal responsibilities in telemedicine services as explained in advance will be clearer if displayed in the form of pyramids as follows:

1. 1945 Constitution

- 1) Law Number 29 of 2004 concerning Medical Practice
- 2) Law No. 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016

- 3) Indonesian Medical Council Regulation Number 74 of 2020 concerning Clinical Authority and Medical Practice Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia
- 4) Regulation of the Minister of Health of the Republic of Indonesia Number 2052/MENKES/PER/X/2011 concerning License to Practice and Implementation of Doctor Practice
- 5) Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities

The order above shows that regulations related to doctors' legal responsibilities in telemedicine services have shown their existence. Vertical synchronization. That is, the arrangements governing the legal responsibilities of doctors in telemedicine services that have a lower degree do not conflict with the regulations that have a higher degree. In addition, regulations with a higher degree become the basis or source of the formation of regulations with a lower degree.

Law No. 29 of 2004 concerning Medical Practice in considering that it only included the 1945 Constitution and did not include the health Law that was in force at that time, namely Law No. 23 of 1992 concerning Health. This shows that the Medical Practice Act and the Health Law are not synchronized, formally unrelated. This is reinforced by Constitutional Court Decision Number 82/PUU-XIII/2015 determining that medical personnel are not included in health workers. Therefore, Law No. 36 of 2009 concerning Health cannot be the legal basis for the legal responsibility of medical personnel in telemedicine services, but when viewed from the services provided by doctors as medical personnel in telemedicine services, including in health services regulated in the health Law.

Forms of Legal Responsibility of Doctors in Telemedicine Services

According to the Big Indonesian Dictionary (KBBI), responsibility is the obligation to bear something. Something if something happens can be sued, blamed, and sued. Meanwhile, according to case law, responsibility arises from the consequences of a person's freedom of action which is associated with morality in doing an act (Notoatmodjo, 2010). Based on the study results, the form of doctor responsibility for telemedicine services in the Indonesian legal structure can be in the form of liability according to civil law, criminal law and administrative law:

1. Civil Liability

Article 1365 of the Civil Code stipulates that for every unlawful act that causes harm to another person, the person who caused the loss because of his fault must compensate for the loss. Based on the regulation, it can be understood that if a doctor in telemedicine services makes a mistake resulting in losses to customers, then the doctor is obliged to compensate losses that customers must bear. Article 1366 of the Civil Code states that everyone is responsible, not only for the losses caused by the event but also for the losses caused by his negligence or negligence. Under this provision, it is conceivable that if a doctor in telemedicine is negligent and causes harm to the client/patient, he will have to compensate that client/patient. Based on the results of the research in the Regulation of the Minister of Health Number 2052/Menkes/Per/X/2011 concerning Permission to Practice and Practice Medicine, Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Organizations, Indonesian Medical Council Regulation Number 74 of 2020 Related to Clinical Competence and Medical Practice of Telemedicine During the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia, There is no regulation on the civil responsibility of doctors in telemedicine services. The civil responsibility of doctors in telemedicine services can be based on Article 66 of Law No. 29 of 2004 concerning the practice of medicine which stipulates that everyone

who knows or has an interest is harmed by the actions of doctors or dentists in telemedicine. Practicing medicine can complain in writing to the Chairman of the Honorary Board of Indonesian Medical Disciplines, complaints do not eliminate the right of everyone to report suspected criminal acts to the authorities and/or claim civil losses to the court and Articles 38 and 39 of Law Number 11 of 2008 concerning Information and Electronic Transactions as amended by Law Number 19 of 2016 which states that everyone may file a lawsuit against the party that organizes the electronic system and/or uses information technology that causes losses. Based on some of these articles, it can be interpreted that patients as recipients of health services and parties whose interests are harmed by the actions of doctors or dentists in carrying out telemedicine practices can apply for compensation and if the doctor is proven not to fulfill or negligent in carrying out the obligations of practicing medicine, the doctor must be directly responsible for indemnifying the loss.

2. Criminal Liability

Regulation of the Minister of Health Number 2052/Menkes/Per/X/2011 concerning Permission to Practice and Implementation of Medical Practice, Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, Regulation of the Indonesian Medical Council Number 74 of 2020 concerning Clinical Authority and Medical Practice Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia, there are no rules regarding the criminal liability of doctors in Telemedicine services. The legal responsibility of doctors in Telemedicine services is found in Law No. 29 of 2004 concerning Medical Practice, and Law No. 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 of 2016. The criminal liability of doctors in telehealth services can be based on Article 75, Article 76, Article 79 of the Law on Medical Practice No. 29 of 2004, which states that:

Article 75

- a. Every doctor or dentist who intentionally practices medicine without having a registration certificate as referred to in Article 29 paragraph (1) shall be punished with a maximum imprisonment of 3 (three) years or a maximum fine of Rp100,000,000.00 (one hundred million rupiah).
- b. Any foreign doctor or dentist who intentionally practices medicine without having a temporary registration certificate as referred to in Article 31 paragraph (1) shall be punished with a maximum imprisonment of 3 (three) years or a maximum fine of Rp100,000,000.00 (one hundred million rupiah).

Article 76

Every doctor or dentist who intentionally practices medicine without having a license to practice as referred to in Article 36 shall be punished with a maximum imprisonment of 3 (three) years or a maximum fine of Rp100,000,000.00 (one hundred million rupiah).

Article 79

Sentenced to a maximum imprisonment of 1 (one) year or a maximum fine of Rp. 50,000,000.00 (fifty million rupiah), any doctor or dentist who:

- a) intentionally not installing signage as referred to in Article 41 paragraph (1);
- b) intentionally not making medical records as referred to in Article 46 paragraph (1); or
- c) intentionally fail to fulfill the obligations referred to in Article 51 letter a, letter b, letter c, letter d, or letter e.

Doctors in telemedicine services as one of the providers of electronic information if they violate the prohibition mentioned above, will get criminal sanctions as stipulated in Article 48,

Article 51 paragraph (2), Article 52 paragraph (2), (3), (4) of Law Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law Number 19 of 2016 as follows:

Article 48

- a. Any person who fulfills the elements as referred to in Article 32 paragraph (1) shall be sentenced to a maximum imprisonment of 8 (eight) years and/or a maximum fine of Rp2,000,000,000.00 (two billion rupiah).
- b. Any person who fulfills the elements as referred to in Article 32 paragraph (2) shall be sentenced to a maximum imprisonment of 9 (nine) years and/or a maximum fine of Rp3,000,000,000.00 (three billion rupiah).
- c. Any person who fulfills the elements as referred to in Article 32 paragraph (3) shall be sentenced to a maximum imprisonment of 10 (ten) years and/or a maximum fine of Rp5,000,000,000.00 (five billion rupiah).

Article 51

Any person who fulfills the elements as referred to in Article 36 shall be punished with a maximum imprisonment of 12 (twelve) years and/or a maximum fine of Rp12,000,000,000.00 (twelve billion rupiah).

Article 52

- a. Suppose the acts referred to in Articles 30 to Article 37 are directed against Computers and/or Electronic Systems as well as Electronic Information and/or Electronic Documents belonging to the Government and/or used for public services. In that case, the principal penalty is punished with a principal crime plus one-third.
 - b. If the acts referred to in Articles 30 to Article 37 are directed against Computers and/or Electronic Systems as well as Electronic Information and/or Electronic Documents belonging to the Government and/or strategic agencies, including but not limited to defense institutions, central banks, banking, finance, international institutions, aviation authorities are threatened with a maximum penalty of the principal criminal threat of each Article plus two-thirds.
 - c. If a criminal act as referred to in Article 27 to Article 37 is committed by a corporation, it shall be punished with the principal crime plus two-thirds.
3. Administrative Liability

Regulation of the Indonesian Medical Council Number 74 of 2020 concerning Clinical Authority and Practice of Medicine Through Telemedicine during the Corona Virus Disease 2019 (COVID-19) Pandemic in Indonesia, Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities and Law of the Republic of Indonesia Number 11 of 2008 concerning Electronic Information and Transactions as amended by Law No. 19 In 2016, it did not regulate administrative sanctions for doctors in telemedicine services. Regulations that regulate administrative responsibilities and can be applied to doctors in Telemedicine services are the Regulation of the Minister of Health of the Republic of Indonesia Number 2052/MENKES/PER/X/2011 concerning Licenses to Practice and Implementation of Doctor Practice and Law No. 29 of 2004 concerning Medical Practice. Article 31 and Article 32 of the Regulation of the Minister of Health Number 2052/MENKES/PER/X/2011 concerning License to Practice and Implementation of Medical Practice which specifies that:

Article 31

- a. In the context of guidance and supervision, the Head of the District/City Health Office may take administrative action against violations of this Ministerial Regulation.
- b. Administrative sanctions as referred to in paragraph (1) may be in the form of verbal, written

warnings up to the revocation of the SIP.

- c. The Head of the District/City Health Office in providing administrative sanctions as referred to in paragraph (2) can first hear the considerations of professional organizations.

Article 32

The Head of the District/City Health Office may revoke the SIP of Doctors and Dentists in the following cases:

- a. Based on MKDKI recommendations.
- b. STR Doctor and Dentist revoked by KKI.
- c. the place of practice is no longer by its SIP; and/or
- d. Professional organizations revoked the recommendation through a hearing conducted specifically for it.

Suppose a doctor violates the regulations related to authority and obligation in Law No. 29 of 2004 concerning Medical Practice. In that case, the doctor must be legally responsible by obtaining administrative sanctions based on the following:

Article 66

Any person who knows or whose interests are harmed by the actions of a doctor or dentist in carrying out the practice of medicine may complain in writing to the Chairman of the Honorary Board of Indonesian Medical Disciplines.

Article 69

- a. The decision of the Indonesian Medical Discipline Honor Council binds doctors, dentists, and the Indonesian Medical Council.
- b. Results As it means in verse (1), gets in the form of being found not guilty or imposing disciplinary sanctions.
- c. Disciplinary sanctions, as referred to in paragraph (2), may be:
 - 1) provision of written warnings.
 - 2) recommendation for revocation of registration certificate or license to practice; and/or
 - 3) Obligation to attend education or training in medical or dental educational institutions.

CONCLUSION

The research reveals several key findings related to regulating doctors' legal responsibilities in Telemedicine services within the Indonesian legal framework. The study emphasizes a significant vertical synchronization in the regulations governing doctors' obligations across various levels of Telemedicine services, indicating a foundational alignment between lower and higher qualifications. Notably, Law No. 29 of 2004 precedes the health Law of 1992, underscoring a lack of formal synchronization between laws governing medicine and health. The Constitutional Court's decision challenges the classification of health workers as medical personnel in telemedicine, posing a legal question. Furthermore, the delineation of physician responsibility in telemedicine encompasses civil law liability, criminal liability, and administrative legal responsibility, as outlined by various legal provisions. However, specific regulations addressing administrative sanctions for doctors in telemedicine services are absent in the current legal landscape. Therefore, there is a need for further development and clarification in the legal framework to address the nuances of telemedicine practices, particularly in relation to the responsibilities and liabilities of doctors providing services in this evolving healthcare.

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