

Legal Protection for Medical Personnel in Teleconsultation Services Through Telemedicine Applications

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Abstract

The development of information technology has driven the transformation of healthcare services towards a digital-based system, one of which is through telemedicine. The use of telemedicine in Indonesia is increasing because it can expand access to healthcare services, especially for communities facing geographical limitations and the distribution of medical personnel. However, the development of telemedicine has also given rise to various legal issues related to the legality of medical personnel's practice, the use of a Practice Permit (SIP), health data protection, and the division of responsibilities between medical personnel and telemedicine platform providers. This study aims to analyze the legal regulations for telemedicine in Indonesia and examine the forms of legal protection for medical personnel in teleconsultation services through telemedicine applications. The study uses a normative juridical method with a statutory and conceptual approach. The legal materials used consist of primary legal materials in the form of laws and regulations and secondary legal materials in the form of books, scientific journals, and relevant legal doctrines. The analysis is conducted qualitatively through the interpretation and synchronization of legal norms related to telemedicine. The research results show that telemedicine has obtained a legal basis through Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, the Electronic Information and Transactions Law, and the Personal Data Protection Law. However, there remains unclear regulations regarding the use of SIP in teleconsultation services, the jurisdictional boundaries of digital practices, and the division of legal responsibilities between medical personnel and telemedicine platforms. Therefore, strengthening and harmonizing regulations are needed to provide legal certainty and more effective protection for medical personnel in the provision of teleconsultation services based on telemedicine applications.

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1. INTRODUCTION

The development of information technology has driven the transformation of the health care system towards digital-based services, one of which is through telemedicine. The use of telemedicine is becoming increasingly important in the context of Indonesia as an archipelagic country facing the challenge of equal access to health services due to the limited distribution of medical personnel and health facilities. Telemedicine enables health services to be carried out without geographical boundaries through the use of communication and information technology, thereby increasing the accessibility,

efficiency, and quality of health services to the community. In line with the mandate of Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia, the state is obliged to ensure the implementation of equitable and accessible health services for all citizens (Asshiddiqie, 2015; WHO, n.d.).

The use of telemedicine in Indonesia shows a significant upward trend. The development of digital technology and the growing public demand for fast and efficient access to healthcare services have driven the adoption of telemedicine in various forms of healthcare. Various studies show that telemedicine has become an essential part of the modern healthcare system and has seen increased use since the COVID-19 pandemic (Ardyles & Ilyas, 2022; Murima et al., 2022; Wijaya et al., 2022). This situation drives the need for legal regulations that can guarantee legal certainty and protection for all parties involved in the provision of digital healthcare services.

Although telemedicine has been legally established through Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024, various legal issues remain in practice. Limitations on remote diagnosis, unclear division of responsibilities between medical personnel, healthcare facilities, and telemedicine platforms, and the risk of patient health data leakage are challenges that have the potential to give rise to legal disputes (Rustam & Sidipratomo, 2024; Zulkarnain & Budianto, 2024). Furthermore, technological developments, which are progressing faster than regulatory developments, mean that there are still areas of law that have not been comprehensively regulated, particularly regarding the legal protection of medical personnel in application-based teleconsultation services.

Several previous studies have examined the legal protection of medical personnel in telemedicine. Adam et al. (2024) found that Law Number 17 of 2023 concerning Health has provided a stronger basis for legal protection for doctors in therapeutic relationships through electronic media. Setyo (2024) showed that telemedicine regulations still face various challenges related to legal certainty and the protection of healthcare workers. Meanwhile, Sudradjat (2025) emphasized that there is not yet a guarantee of fully adequate legal protection for specialist doctors in the implementation of telemedicine in Indonesia. These findings indicate a continuing normative gap regarding the form and scope of legal protection for medical personnel in teleconsultation services through telemedicine applications.

Based on these conditions, this study aims to analyze the legal regulations for telemedicine in Indonesia and examine the forms of legal protection for medical personnel in the provision of teleconsultation services through telemedicine applications. This article is expected to provide theoretical contributions to the development of digital health law studies, particularly regarding the theory of legal protection in telemedicine practices, as well as provide practical contributions in the form of conceptual recommendations for strengthening regulations to achieve legal certainty, protect the medical profession, and improve the quality of digital health services in Indonesia.

2. METHOD

This research uses a normative juridical approach with the type of library legal research. The normative juridical approach was chosen because the research focuses on the analysis of legal norms governing the implementation of telemedicine and legal protection for medical personnel in teleconsultation services through telemedicine applications. Normative legal research positions law as a norm or rule that applies in society, so that the objects of study include laws and regulations, legal principles, doctrines, and decisions relevant to the issues studied (Marzuki, 2017; Mukti & Yulianto, 2012; Putra et al., 2026).

The research was conducted through a literature review conducted during the research preparation process in 2026. The research focused on legal regulations regarding telemedicine and the forms of legal protection for medical personnel in the provision of telemedicine application-based teleconsultation services in Indonesia. The study examined various legal instruments governing healthcare services, information technology, and personal data protection.

The research data sources consist of primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials include the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, Law Number 27 of 2022 concerning Personal Data Protection, Law Number 1 of 2024 concerning the Second Amendment to the Electronic Information and Transactions Law, Government Regulation Number 28 of 2024, and various other regulations related to telemedicine. Secondary legal materials were obtained from books, scientific journals, previous research results, and legal doctrines relevant to the research focus, while tertiary legal materials were used to assist in the search and understanding of primary and secondary legal materials (Marzuki, 2017; Santoso et al., 2022).

Data collection was conducted through a document study method by identifying, inventorying, classifying, and reviewing various legal sources related to telemedicine and the legal protection of medical personnel. Because this study is normative legal research, it did not use the population, sample, or research instruments commonly found in empirical research. The focus of the study was directed at analyzing the substance of applicable legal norms and their relevance to the practice of teleconsultation through telemedicine applications (Indraswara, 2025).

Data analysis was carried out qualitatively through legal interpretation (*legal interpretation*), synchronization of laws and regulations, and legal construction of various norms related to the implementation of telemedicine. The collected data were analyzed using deductive reasoning, namely by examining general legal provisions and then applying them to specific problems that are the focus of the research. Through this method, this study seeks to produce a systematic analysis of telemedicine regulations and the forms of legal protection for medical personnel in teleconsultation services based on telemedicine applications (Marzuki, 2017; Santoso et al., 2022).

3. RESULTS AND DISCUSSION

A. Legal Regulations for Telemedicine in Indonesia

The development of telemedicine in Indonesia is part of the transformation of the healthcare system, driven by advances in information and communication technology and the need to expand access to healthcare services for the public. As an archipelagic nation with an uneven distribution of healthcare facilities and medical personnel, Indonesia is utilizing telemedicine as a tool to overcome geographical barriers in healthcare delivery. In its early stages of development, telemedicine was primarily used to support communication between healthcare facilities *teleconference*, consultations between doctors, and the exchange of health data through electronic media. However, with increasing support for digital technology and government health policies, telemedicine has become part of broader healthcare practices (Wijaya et al., 2022).

These changes show that the development of health technology is taking place faster than the formation of regulations that govern it, thus giving rise to a phenomenon *law lag*. As stated by Roscoe Pound, this situation is evident in the lack of comprehensive regulations regarding the legality of practice, the authority of medical personnel, and legal protection mechanisms in the early stages of telemedicine's

development. Furthermore, digital transformation has also shifted the pattern of legal relationships in healthcare services from conventional therapeutic relationships to relationships involving medical personnel, patients, and digital platforms as electronic system providers (Suar, 2021). This development was further accelerated by the COVID-19 pandemic, which has driven increased use of telemedicine as a safe and efficient alternative to healthcare services when in-person interactions are limited (Murima et al., 2022).

The increased use of telemedicine during and after the pandemic demonstrates that digital health services have been institutionalized within the national health system and are no longer positioned as a temporary solution. This situation drives the need for a strengthened legal framework that can guarantee legal certainty in various aspects of telemedicine implementation, including the legality of medical personnel practices, the validity of electronic documents, the protection of personal data, and the division of legal responsibilities among the parties involved (Zulkarnain & Budianto, 2024).

The recognition of the use of information technology in healthcare services through Law Number 17 of 2023 concerning Health confirms that telemedicine has gained normative legitimacy within the Indonesian healthcare legal system. From a progressive legal perspective, this development demonstrates that the law must be able to adapt to changing societal needs and technological developments in order to continue to function as a means of protection and legal certainty (Rahardjo, 2014). Therefore, telemedicine regulations need to be built on the principles of legal certainty, benefit, and justice to create a balance of protection between patients, medical personnel, and digital platform providers. Thus, the development of telemedicine not only reflects advances in healthcare technology but also demonstrates a legal construction process aimed at establishing a digital healthcare system that provides legal certainty and protection for all parties involved.

The development of telemedicine in Indonesia has driven a paradigm shift in health services from a conventional model to digital technology-based health services, which has legal consequences for the national health legal system. From the perspective of a state based on the rule of law, the implementation of telemedicine must have a clear legal basis as an implementation of the principle of legality and the principle of legal certainty. Telemedicine is not only understood as a health technology innovation, but also as a legal instrument that connects the state, medical personnel, health care facilities, patients, and electronic system providers in a complex legal relationship. The position of telemedicine in the national health system is rooted in the recognition of the right to health as a constitutional right as guaranteed in Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia, which emphasizes the state's responsibility to provide adequate health services for all citizens. Within the framework of the welfare state, the use of health technology through telemedicine is a form of government intervention to expand access to health services, particularly for communities facing geographical barriers and limited health facilities. Therefore, telemedicine has a strategic function as an instrument for equitable health services and a means of fulfilling the public's right to health (Asshiddiqie, 2015; Santoso, 2022).

Normative recognition of telemedicine is further strengthened through Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024, which positions telemedicine as part of information technology-based health services. These two regulations provide legal legitimacy for the implementation of digital health services while still requiring compliance with professional standards, service standards, patient safety, data security, professional codes of ethics, and the

principle of prudence in medical practice. Thus, the use of technology does not eliminate the professional responsibility of medical personnel or the state's obligation to ensure the quality of health services. Telemedicine regulations also serve as legal protection instruments, providing clarity regarding the legality of medical procedures, the legal relationship between medical personnel and patients, and the mechanisms for implementing digital health services (Zulkarnain & Budianto, 2024; Rustam & Sidipratomo, 2024).

From the perspective of legal protection theory, the existence of service standards and professional standards is a form of preventive legal protection that aims to prevent disputes through the establishment of clear norms (Hadjon, 1987). In addition, the development of telemedicine demonstrates the importance of an adaptive legal approach to digital transformation as stated in progressive legal theory, so that telemedicine regulations not only function as an instrument for legalizing health technology, but also as a means of realizing legal certainty, benefits, and justice for all parties involved in digital health services (Rahardjo, 2014).

The development of telemedicine as part of the transformation of digital healthcare services is not only within the scope of health law, but is also closely related to the legal regime of information technology because the entire service process is carried out through electronic systems and digital media. These characteristics cause telemedicine to form a new legal relationship involving medical personnel, patients, and digital platforms as electronic system providers. From an information technology law perspective, telemedicine is a form of utilization of communication and information technology that must be implemented based on the principles of legality, legal certainty, security, and protection of the rights of all parties (Makarim, 2019). Therefore, the implementation of telemedicine cannot be separated from regulations regarding electronic systems, electronic information, electronic documents, and digital space governance as regulated in Law Number 11 of 2008 concerning Information and Electronic Transactions, as last amended by Law Number 1 of 2024. The presence of the ITE Law provides legitimacy to the use of electronic systems in various sectors, including healthcare, so that telemedicine has a legal basis for implementing teleconsultations, exchanging medical information, using electronic prescriptions, and managing digital medical records. Furthermore, the recognition of electronic information and electronic documents as valid legal evidence strengthens legal certainty in therapeutic relationships conducted through digital media (Subekti, 2005). In this context, telemedicine demonstrates the integration between health law and information technology law necessary to ensure the legality of technology-based healthcare services.

Another important aspect of telemedicine is the management of electronic medical records and the responsibilities of electronic system providers. Electronic medical records serve not only as an administrative instrument but also as a medical communication tool and legal evidence documenting the relationship between medical personnel and patients in digital health services (Zulkarnain & Budianto, 2024). Therefore, telemedicine platform providers have a legal obligation to ensure the electronic systems they use operate reliably, securely, and responsibly in accordance with the provisions of the ITE Law. From a legal liability theory perspective, this obligation creates legal consequences if a system failure, data leak, or misuse of health information occurs that results in harm to service users (Kelsen, 2006).

Considering that health data is specific personal data with a high level of sensitivity, electronic system security is an integral part of protecting privacy and human rights. From a legal protection theory perspective, regulations regarding

electronic systems, electronic documents, and the responsibilities of electronic system providers constitute a form of preventive legal protection aimed at preventing disputes through clear norms and a clear division of responsibilities (Hadjon, 1987). Therefore, the success of telemedicine implementation is determined not only by the technological advances used but also by the effectiveness of the integration between health law and information technology law in providing legal certainty and protection for medical personnel and patients.

The development of telemedicine as a form of digital technology-based healthcare has transformed the collection, processing, storage, and exchange of patient health data, shifting from a conventional system based on physical documents to an electronic system integrated through an information network. This transformation offers various benefits, such as increased service efficiency, easier access to health information, and expanded medical service coverage. However, the digitalization of healthcare also increases the risk of data misuse, unauthorized access, and the leakage of sensitive health information. Therefore, protecting health data is a fundamental aspect of telemedicine, as it directly relates to patients' privacy rights and the security of health information. From a human rights perspective, health data is a form of personal data with special characteristics because it contains information about a person's health condition, medical history, diagnosis, and medical procedures. Protection of this data is part of the right to privacy, which must be guaranteed by the state through the establishment of adequate regulations. This commitment is realized through Law Number 27 of 2022 concerning Personal Data Protection, which categorizes health data as specific personal data requiring a higher level of protection than general personal data. These regulations provide a clear legal basis for data subject rights, data controller obligations, and data processing principles that must be adhered to in the implementation of telemedicine. Thus, health data protection serves not only as an administrative mechanism but also as a legal instrument to ensure respect for privacy rights and legal certainty in digital health services (Kelsen, 2006; Locke, 1690/1988; Radbruch, 1961).

In addition to protecting patient rights, managing health data in telemedicine is also closely related to the obligation to maintain medical confidentiality, the security of electronic medical records, and the responsibility of electronic system providers. Electronic medical records serve a crucial function as documentation of therapeutic relationships, a means of medical communication, and legal evidence in the event of a dispute over healthcare services (Zulkarnain & Budianto, 2024). Therefore, telemedicine platforms, as providers of electronic systems, are obligated to ensure the security, reliability, and continuity of the systems used in accordance with the provisions of the Electronic Information and Transactions Law. These obligations include protection against unauthorized access, system disruptions, cyberattacks, and potential health data leaks that could harm both patients and medical personnel. From a legal liability theory perspective, failure to fulfill these obligations can result in legal consequences in the form of administrative, civil, or other forms of liability in accordance with applicable laws and regulations (Kelsen, 2006). Although health data protection has a strong legal basis, implementation challenges remain, including increasing cybersecurity threats and the complexity of data management by various parties involved in the telemedicine ecosystem. Therefore, strengthening digital health data governance and electronic system security is an important part of preventive legal protection, which aims to guarantee security, confidentiality, and legal certainty for all parties in the provision of telemedicine services (Hadjon, 1987).

The development of telemedicine in Indonesia has prompted the formation of a regulatory framework encompassing various legal regimes, ranging from health law, state administrative law to information technology law. Normatively, telemedicine regulations are spread across Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, Law Number 27 of 2022 concerning Personal Data Protection, and the Electronic Information and Transactions Law and its amendments. This diversity of legal instruments demonstrates the multidimensional nature of telemedicine, requiring regulatory harmonization for its effective implementation.

From a legal systems theory perspective, the effectiveness of a regulation is greatly influenced by the quality of the legal substance governing a particular field (Friedman, 1975). Although telemedicine has gained normative legitimacy through the Health Law and Government Regulation No. 28 of 2024, various issues remain regarding the vertical and horizontal synchronization between provisions governing digital health services. Several important aspects, such as the use of a Practice Permit (SIP) in teleconsultation services, the jurisdictional boundaries of digital practice, the responsibilities of telemedicine platform providers, and operational standards for digital health services, have not been explicitly and comprehensively regulated. Consequently, there is the potential for multiple interpretations that can lead to legal uncertainty in their implementation. From a legal certainty perspective, unclear and non-harmonized norms have the potential to reduce the effectiveness of legal protection for medical personnel, patients, and electronic system providers (Radbruch, 1961; Soekanto, 2014).

Apart from the issue of regulatory synchronization, telemedicine regulations in Indonesia also still face challenges in the form of unclear norms (*vague norms*) and legal vacuum (*legal vacuum*) arising from technological developments that outpace the development of regulations. One of the most prominent issues is the lack of regulations that clearly define the concept of digital practice and the mechanism for using SIP in application-based healthcare services. This situation creates uncertainty regarding the scope of medical personnel's authority in providing cross-regional services through telemedicine. Furthermore, there are no detailed regulations regarding the division of responsibilities between medical personnel, healthcare facilities, and digital platforms in the event of disputes or losses arising from teleconsultation services. This phenomenon reflects what Satjipto Rahardjo calls the legal delay in responding to social and technological developments (Rahardjo, 2014).

From a legal protection perspective, incomplete regulations have the potential to weaken the preventive function of legal protection, which should provide certainty before disputes arise (Hadjon, 1987). Therefore, legal reform is needed through regulatory harmonization, the development of more specific technical provisions, and strengthened intersectoral coordination to build a digital health legal system that is adaptive, responsive, and capable of providing legal certainty for all parties involved in the implementation of telemedicine. The experiences of other countries that have regulated digital health worker licensing, electronic identification, and telehealth standards in more detail can also be used as a reference in developing telemedicine regulations in Indonesia.

B. Legal Protection for Medical Personnel in Teleconsultation Services via Telemedicine Applications

The development of telemedicine has changed the pattern of legal relations in healthcare services by introducing a teleconsultation model that allows interactions between medical personnel and patients to be conducted electronically without the physical presence of the parties. Despite changes in service facilities, the position of

medical personnel in teleconsultation has essentially not undergone any substantive changes because they still function as health service providers who exercise professional authority based on registration and practice permits in accordance with statutory provisions. From the perspective of the theory of authority, medical actions can only be carried out based on the authority granted by law, so the use of digital technology does not eliminate the legal requirements inherent in the medical profession (Hadjon, 1987). The legal relationship formed in teleconsultation remains based on a therapeutic relationship born of patient trust in the professional competence of medical personnel and results in reciprocal rights and obligations between the parties (Nasution, 2017).

From a civil law perspective, this relationship can be understood as a form of obligation born through agreement, including agreements made electronically, thus having the same legal consequences as conventional health services. The character of this legal relationship remains effort commitment or an agreement of endeavor, which places a duty on medical personnel to provide the best possible effort in accordance with professional standards without guaranteeing specific results (Subekti, 2005). However, the limitations of physical examinations in teleconsultation pose a higher risk than in-person services, so medical personnel are required to apply the principle of prudence more strictly in every professional action they take.

In addition to the legal relationship between medical personnel and patients, telemedicine has also given rise to new legal relationships involving digital platforms as electronic system providers. The presence of telemedicine platforms has led to the development of legal relationships in healthcare services from bilateral to multi-party relationships involving medical personnel, patients, and digital application providers. The relationship between medical personnel and platforms is generally established through a contractual relationship that is subject to the principle of freedom of contract, but must still comply with applicable health and information technology laws.

As an electronic system provider, telemedicine platforms are obligated to provide a reliable, secure, and accountable system in accordance with the provisions of the Electronic Information and Transactions Law. Therefore, they cannot be positioned as mere passive intermediaries in the provision of digital health services (Makarim, 2019). Consequently, the division of responsibility in teleconsultation must be determined based on the source of each party's legal obligations. Errors stemming from the actions of medical professionals remain the responsibility of the medical personnel, while losses arising from electronic system failures or data leaks can give rise to liability for the platform provider (Kelsen, 2006). This situation indicates that the development of telemedicine requires an adaptive and progressive legal approach to accommodate changing patterns of legal relations in digital health services while providing legal certainty and adequate protection for all parties involved (Rahardjo, 2014).

The use of a Practice Permit (SIP) in telemedicine services has become one of the most crucial legal issues in the development of digital healthcare in Indonesia. The current legal system for medical practice is fundamentally based on the conventional healthcare paradigm, which links a practice permit to the existence of a physical practice. Meanwhile, telemedicine presents a healthcare service model delivered electronically, enabling medical professionals to provide services to patients without geographic limitations. These differing characteristics raise questions about the adequacy of the SIP's legal framework to accommodate digital application-based teleconsultation practices.

From an administrative law perspective, a SIP is a licensing instrument that grants legality and authority to medical personnel to practice their profession and serves as a means of state oversight of the provision of health services (Hadjon, 1987). Therefore, the existence of a SIP is not only related to administrative aspects but also functions as a legal protection instrument that determines the legality of medical personnel's practice. Although Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 have recognized telemedicine as part of the national health care system, both regulations have not provided specific provisions regarding the relationship between a SIP and the concept of a digital practice site. As a result, there is uncertainty regarding whether telemedicine platforms can be equated with practice sites like conventional health care facilities and the extent to which a SIP issued based on a physical location can be used in application-based teleconsultation services (Zulkarnain & Budianto, 2024).

This ambiguity of norms is increasingly apparent in the practice of cross-regional teleconsultation, which allows medical personnel to provide services to patients in various regions without clear administrative boundaries. Under these conditions, the concept of jurisdiction of practice, inherent in SIP, becomes difficult to implement because regulations do not explicitly define the scope of medical personnel's authority in the digital space. From a legal certainty perspective, the lack of clarity regarding the digital practice space, the legality of SIP use in telemedicine, and the limits of the parties' responsibilities has the potential to give rise to multiple interpretations and increase the risk of legal disputes (Radbruch, 1961). Furthermore, the legal relationship in telemedicine, which involves medical personnel, patients, and digital platforms, creates a more complex construction of responsibility than in conventional healthcare. Therefore, clarity regarding the legality of practice is crucial for determining the limits of authority and accountability of each party. From a legal protection perspective, clear regulations regarding the use of SIP in telemedicine constitute a form of preventative legal protection aimed at providing legal certainty before disputes arise (Hadjon, 1987).

Meanwhile, a progressive legal approach emphasizes that law must be able to adapt to social changes and technological developments to keep up with emerging practices in society (Rahardjo, 2014). Therefore, harmonization and updating of regulations regarding the use of SIP in telemedicine are urgently needed to create a digital healthcare system that provides legal certainty, professional protection for medical personnel, and guarantees of patient safety in digital application-based teleconsultation services.

Preventive legal protection is an important instrument in ensuring the security and legal certainty for medical personnel before any disputes or legal violations occur. In the context of telemedicine, the need for preventive protection becomes increasingly important because the use of digital technology presents various new legal risks, such as limitations on physical examinations, the potential for misdiagnosis, disruptions to electronic systems, and threats to the security of patient health data. According to Hadjon (1987), preventive legal protection is realized through the establishment of clear norms, procedures, and standards so that legal subjects understand their rights and obligations before legal conflicts arise. In the implementation of telemedicine, preventive protection is reflected in the regulation of professional standards, standard operating procedures (SOPs), the legality of medical personnel practices, health service documentation mechanisms, and the use of informed consent. Professional standards and SOPs serve as guidelines that limit and direct the actions of medical personnel to ensure they remain in line with professional competence and patient safety principles.

In addition, recognition of informed consent, electronic documents, and electronic data as valid legal evidence under the Electronic Information and Transactions Law provides legal protection for medical personnel in conducting teleconsultations. The existence of these instruments aligns with the principle of legal certainty, which requires clear norms that can serve as guidelines for the implementation of digital health services (Radbruch, 1961). Thus, preventive legal protection functions not only as a means of controlling telemedicine practices but also as a mechanism for preventing disputes through the establishment of clear and measurable legal standards (Rustam & Sidipratomo, 2024).

In addition to service standards and electronic consent mechanisms, preventative legal protection for medical personnel is also realized through electronic medical records, ownership of a Registration Certificate (STR), a Practice License (SIP), and compliance with the professional code of ethics. Electronic medical records serve an important function as a means of documenting health services and as a legal means of proof in the event of a dispute between medical personnel and patients (Zulkarnain & Budianto, 2024). Meanwhile, the STR and SIP are legal instruments that demonstrate the competence and authority of medical personnel in carrying out health care practices, including teleconsultation services (Hadjon, 1987).

Nevertheless, the development of telemedicine presents challenges related to the compatibility of the SIP concept, which has been based on physical practice locations, with the characteristics of digital health services that recognize no conventional spatial boundaries. In addition to administrative legal aspects, professional codes of ethics continue to serve as moral guidelines governing the obligations of medical personnel to maintain patient confidentiality, professional independence, and patient safety in the digital environment. From a progressive legal perspective, legal protection for medical personnel must continue to evolve in line with technological changes and societal needs to continue to provide certainty and fairness in modern health care practices (Rahardjo, 2014). Therefore, the effectiveness of preventive legal protection in telemedicine depends on the integration of regulations, professional standards, digital documentation systems, practice legality, and professional codes of ethics, which together form a comprehensive legal protection system for medical personnel in the digital health era.

Repressive legal protection is a protection mechanism provided after a legal violation or dispute occurs, with the aim of providing certainty regarding the rights, obligations, and responsibilities of the parties involved. In the context of telemedicine, repressive protection plays a crucial role because the legal relationship between medical personnel and patients has the potential to give rise to more complex disputes than in conventional healthcare due to the involvement of electronic systems and digital platforms in the service process.

According to Hadjon (1987), repressive legal protection is realized through dispute resolution mechanisms available within the legal system, both through judicial institutions and other settlement mechanisms. In telemedicine practice, disputes can arise from allegations of malpractice, dissatisfaction with health services, misinterpretation of digital medical information, or disruptions to electronic systems that affect the quality of service. However, the legal relationship between medical personnel and patients is essentially an effort commitment or an agreement of efforts, so that medical personnel are only obliged to provide the best efforts according to professional standards and competencies they have without guaranteeing certain results (Subekti, 2005).

Therefore, failure to achieve the desired outcome does not automatically constitute legal liability for medical personnel if their actions were in accordance with professional standards, service standards, and the principle of prudence. In this context, repressive legal protection serves to ensure that every dispute is assessed objectively based on professional standards and applicable legal provisions.

Repressive protection for medical personnel in telemedicine can take the form of civil, criminal, or administrative liability, or resolution through professional ethics mechanisms. Civil liability can only be imposed if there is evidence of a violation of legal obligations that results in harm and is causally related to the medical personnel's actions (Kelsen, 2006). Meanwhile, criminal liability must be based on an element of fault in accordance with the principle of *no punishment without guilt*, so not every medical error can be classified as a criminal offense. In telemedicine, the assessment of suspected errors must also consider the technological limitations and characteristics of digital healthcare services, which differ from face-to-face services (Rustam & Sidipratomo, 2024).

Furthermore, medical personnel may still be subject to administrative sanctions if they violate obligations related to registration, practice permits, or service standards as stipulated in Law Number 17 of 2023 concerning Health. Beyond formal legal mechanisms, repressive protection is also realized through the resolution of professional ethics that function to maintain the integrity and professionalism of medical personnel in dealing with ethical issues that arise in the digital healthcare environment. Thus, the repressive legal protection system in telemedicine is not only oriented towards imposing sanctions, but also functions to ensure justice, legal certainty, and balanced protection for medical personnel and patients in the provision of information technology-based teleconsultation services (Hadjon, 1987).

The use of a Practice Permit (SIP) in telemedicine services raises legal issues related to the suitability of the medical practitioner licensing system to the characteristics of digital healthcare services. Normatively, a SIP is an administrative legal instrument that grants medical personnel the legality and authority to practice their profession based on requirements stipulated by statutory regulations. However, the SIP construction developed in conventional healthcare systems focuses on the existence of a physical practice location, while telemedicine allows healthcare services to be delivered through a digital space that is not limited by a specific geographic region. This situation creates uncertainty regarding the relationship between the SIP and the concept of a digital practice location in teleconsultation services.

From a preventive legal protection perspective, the law should provide clear norms regarding the scope of SIP use so that medical personnel obtain legal certainty before carrying out telemedicine practices (Hadjon, 1987). Although Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 have recognized telemedicine as part of the national healthcare system, these regulations do not explicitly regulate the use of SIP in digital practice. As a result, there is a lack of clarity regarding norms (*vague norms*) regarding the legality of cross-regional teleconsultation, the status of telemedicine platforms as healthcare services, and the limits of medical personnel's authority in providing app-based services. This situation indicates that the development of health technology has not been fully accompanied by the establishment of norms capable of providing legal certainty for telemedicine practices (Radbruch, 1961; Zulkarnain & Budianto, 2024).

From a progressive legal perspective, the use of SIP in telemedicine should not be understood narrowly based on an administrative paradigm that focuses solely on the physical location of healthcare services. The primary function of SIP is to ensure that

medical personnel possess the competence, registration, and legal authority to provide healthcare services. Therefore, the focus of regulation should be on the legality of professional authority, not solely on the location of conventional practice (Rahardjo, 2014).

The lack of regulatory clarity regarding the use of SIP in telemedicine has the potential to create legal uncertainty for medical personnel, particularly regarding the legality of cross-regional services, the division of responsibilities in legal relationships involving digital platforms, and the risk of disputes arising from differing interpretations of the scope of practice permits. Furthermore, the complexity of the legal relationship between medical personnel, patients, healthcare facilities, and electronic system providers further heightens the need for regulations that are more adaptive to developments in healthcare technology.

Therefore, strengthening legal protection for medical personnel requires regulatory updates that specifically address the concept of digital practice sites, the mechanism for using SIPs in teleconsultations, and the division of authority and responsibilities among parties within the telemedicine ecosystem. Therefore, regulatory harmonization is necessary not only to ensure legal certainty but also to realize a digital healthcare system that is effective, equitable, and responsive to technological developments and the needs of modern society.

The development of telemedicine as part of the transformation of the digital healthcare system demands the establishment of a legal framework that is more adaptive to technological changes and societal needs. Although telemedicine has gained normative legitimacy through Law No. 17 of 2023 concerning Health and Government Regulation No. 28 of 2024, various legal issues remain that could potentially reduce the effectiveness of legal protection for medical personnel, particularly regarding the use of Practice Permits (SIP) in digital application-based teleconsultation services.

From a preventive legal protection perspective, the existence of clear norms is a primary requirement for providing certainty regarding the rights, obligations, and limits of authority of medical personnel before disputes arise (Hadjon, 1987). However, the current construction of a SIP, which is still oriented towards the concept of a physical practice location, is not yet fully able to accommodate the characteristics of digital health services that are cross-regional and not bound by a specific geographic space. Therefore, the ideal concept of legal protection for medical personnel needs to be directed towards a reformulation of SIP regulations that are no longer solely based on physical location, but rather oriented towards the legality of professional authority and recognition of electronic practice spaces as part of the modern health care system. This approach is in line with progressive legal theory, which positions law as an instrument that must evolve in line with social change and technological progress in order to continue to be able to realize legal certainty, benefit, and justice (Rahardjo, 2014; Radbruch, 1961).

In addition to reformulating the SIP regulations, the ideal concept of legal protection for medical personnel in telemedicine also requires harmonization of health and information technology regulations and the reconstruction of legal relationships that arise within the digital healthcare ecosystem. Telemedicine is not only subject to the health legal regime but is also closely related to the regulation of electronic systems and the protection of personal data, thus requiring synchronization between the various legal instruments governing these areas. From a legal systems theory perspective, the effectiveness of a regulation is largely determined by the integration of the legal substance governing a particular field (Friedman, 1975). Therefore, strengthening legal protection for medical personnel needs to be realized through the development of

regulations that provide more detailed provisions regarding the legality of digital practices, cross-regional services, the division of responsibilities between medical personnel and telemedicine platforms, digital service oversight mechanisms, and electronic documentation governance.

In addition to regulatory aspects, institutional strengthening through coordination between the government, professional organizations, data protection agencies, and electronic system providers is also a crucial factor in ensuring effective legal protection. Therefore, the ideal model of legal protection for medical personnel in telemedicine is oriented not only toward establishing new norms but also toward developing an integrated, adaptive digital health legal system capable of providing legal certainty and balanced protection for all parties involved in the provision of technology-based healthcare services.

4. CONCLUSION

This research demonstrates that telemedicine has gained normative legitimacy in the Indonesian legal system through Law No. 17 of 2023 concerning Health, Government Regulation No. 28 of 2024, the Electronic Information and Transactions Law, and the Personal Data Protection Law. These regulations affirm that telemedicine is part of the national healthcare system, utilizing information technology to expand access to healthcare services and support digital health transformation.

However, research findings indicate that existing regulations are not yet fully capable of providing legal certainty for all aspects of telemedicine implementation. The main issue lies in the lack of clarity regarding the use of Practice Permits (SIP) in teleconsultation services, the jurisdictional boundaries of digital practice, the division of responsibilities between medical personnel and telemedicine platforms, and the operational standards for digital health services. This situation creates the risk of legal uncertainty that could potentially impact legal protection for both medical personnel and patients.

Theoretically, this study strengthens the relevance of Philipus M. Hadjon's legal protection theory and Satjipto Rahardjo's progressive legal theory in explaining the need to develop regulations that adapt to developments in health technology. Practically, the results of this study provide a conceptual basis for policymakers to strengthen the harmonization of telemedicine regulations and develop more comprehensive technical provisions to ensure legal certainty, health data security, and the protection of medical professionals.

This research's scientific contribution lies in its integrative analysis of the relationship between the legality of medical personnel practices, the use of SIPs, and legal protection in telemedicine-based teleconsultation services. This study complements previous research, which generally focused only on general aspects of telemedicine or health data protection without specifically examining the legal implications of SIP use in teleconsultation practices.

Further research is recommended to develop empirical studies on the implementation of telemedicine in various health care facilities, the effectiveness of legal protection for medical personnel in digital practice, and telemedicine regulatory models implemented in various countries as comparative material in the development of a digital health legal system in Indonesia.

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