

Analysis of Ethical and Medicolegal Aspects in Health Insurance in Indonesia: A Scoping Review Approach

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ABSTRACT

The National Health Insurance (Jaminan Kesehatan Nasional/JKN) managed by BPJS Kesehatan aims to provide equal access for communities across the nation. However, its implementation faces various challenges related to ethical and medicolegal aspects, including service limitations, patient rights, and medical personnel responsibilities. The study aims to analyze the ethical and legal aspects within the National Health Insurance system in Indonesia. This study employs a scoping review method with the PRISMA-ScR approach. Literature searches were conducted through the PubMed and Garuda databases using the keywords National Health Insurance, BPJS Health, Medical Ethics, and Medicolegal. Articles included were those published within the last 10 years and relevant to the study topic. Our results indicate that some major challenges in health care services in Indonesia include limited health facilities, difficulty of access for communities in remote areas, and administrative issues in BPJS claims. From an ethical standpoint, the principle of justice is frequently debated due to the uneven distribution of services. From a legal perspective, ambiguity remains regarding the medicolegal responsibilities of health workers within the health insurance system, especially in relation to medical disputes and legal obligations in BPJS-based services. The implementation of BPJS Kesehatan thus faces ethical, legal, administrative, and service quality challenges. Therefore, policy evaluation, strengthened oversight, and improvements in legal protection and service quality are necessary to strengthen the system.

KEYWORDS national health insurance, bpjs, kesehatan, ethics, medical legal liability, indonesia



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INTRODUCTION

The healthcare service in Indonesia, primarily through the National Health Insurance/*Jaminan Kesehatan Nasional* (JKN) managed by the Social Health Insurance Administration Body/*Badan Penyelenggara Jaminan Sosial – Kesehatan* (BPJS Kesehatan), aims to provide every individual in Indonesia with access to adequate and affordable healthcare services. As part of the country's social security system, this program is designed to ensure that all segments of society receive comprehensive and equitable health protection. However, despite its noble objectives, its implementation faces various challenges, particularly related to ethical and medicolegal aspects (Janarthanan et al., 2024; Patra & Shaha, 2023; Pozgar, 2023; Szalados, 2021). One of the main challenges in implementing JKN is the disparity in access to healthcare services. Communities living in remote areas or regions with underdeveloped infrastructure often face difficulties in accessing adequate healthcare facilities.

This disparity creates inequalities in the quality of healthcare services received by the population, fundamentally contradicting the principles of equity in healthcare provision. Addressing this inequity in access is a critical issue that must be resolved promptly, especially considering Indonesia's expansive and diverse geographical and socio-economic landscape (Amirtha et al., 2024; Harsono et al., 2024; Putri, 2025; Syaban & Appiah-Opoku, 2024; Utomo et al., 2025). According to BPJS Kesehatan data from 2023, approximately 35% of health facilities in remote areas still lack adequate specialist services, with average waiting times of 4–6 weeks for specialist consultations compared to 1–2 weeks in urban areas. Furthermore, administrative claim processing takes an average of 14–21 days, significantly longer than the standard 7-day target, which particularly affects emergency care accessibility in underserved regions. As a result, many individuals have yet to fully experience the benefits of JKN, especially those residing in areas with limited healthcare facilities.

In ethical terms, the principle of justice is a critical concern. Justice in the context of healthcare demands an equitable distribution of services without any form of discrimination (Almgren, 2017). Ensuring equitable and fair distribution remains a priority in achieving comprehensive healthcare coverage for all sectors of society. Beyond ethical challenges, medicolegal issues also emerge as significant factors within the health insurance system. The legal responsibility of medical professionals in delivering healthcare services often becomes a sensitive issue, particularly within schemes such as JKN. Various problems related to medical accountability arise, especially concerning medical claims and disputes stemming from inconsistencies in service delivery.

A comparative analysis of existing literature reveals distinct research approaches (Chukwuere, 2023; Geremew et al., 2024; Mattke et al., 2021). Studies by Ibrahim (2021) and Kusuma et al. (2021) primarily focused on policy effectiveness and administrative aspects, while research by Hidayat et al. (2020) and Pipit Mulyah et al. (2020) examined ethical dimensions but with limited scope on medicolegal integration. Unlike previous studies that typically addressed either ethics or legal aspects separately, this research bridges the gap by systematically examining the interconnected relationship between ethical principles and medicolegal practices within JKN implementation. Most prior research concentrated on program effectiveness metrics without comprehensively analyzing how ethical dilemmas directly impact the legal responsibilities of healthcare providers and service quality outcomes.

Previous studies indicate that unclear regulations regarding the legal responsibilities of medical professionals often lead to confusion in carrying out professional duties, thereby increasing the burden on both healthcare providers and patients. Moreover, other research highlights that the complexity of BPJS Kesehatan administrative claims often leaves patients and healthcare workers struggling to access their rights promptly, directly impacting service quality (Alamsyah & Setiawan, 2025; Praja et al., 2024).

The existing research gap highlights the urgent need for a deeper understanding of how ethical and medicolegal aspects affect the implementation of Indonesia's National Health Insurance (JKN). To date, most studies have primarily focused on policy and program effectiveness without thoroughly examining the ethical dilemmas faced by medical personnel or the legal challenges encountered in healthcare service delivery. Furthermore, the limited literature systematically addressing various ethical and medicolegal challenges within JKN

underscores the necessity for a more comprehensive approach (Hossain et al., 2025; Widjaja et al., 2025).

Overall, the ethical and medicolegal aspects of Indonesia's health insurance system require more serious attention to ensure that health insurance provides quality, fair, and lawful services. Based on the challenges identified, this study aims to delve deeper into the problems in JKN implementation and to identify solutions that could improve the quality of the healthcare system in Indonesia.

If ethical and medicolegal issues remain unresolved, the consequences may include increased service inequities, leading to 40% higher treatment dropout rates in remote areas; growing patient complaints (currently 15,000 annual complaints to BPJS); and heightened legal risks for healthcare professionals, with malpractice claims increasing by 25% annually since 2020. These unresolved problems undermine public trust in the healthcare system and jeopardize the fundamental right to health for millions of Indonesians. This study systematically investigates the ethical dilemmas and medicolegal challenges in the implementation of JKN, an area that has received limited attention in previous studies. The novelty of this research lies in providing a comprehensive framework that integrates both ethical and legal perspectives to understand their combined impact on healthcare service quality and accessibility. Based on the challenges faced, this study aims to analyze how ethical and medicolegal aspects influence equitable access to healthcare services under JKN, with the specific objective of identifying key barriers and developing evidence-based recommendations for policy improvement. The benefits of this research include offering policymakers actionable insights to enhance JKN implementation, supporting healthcare professionals in navigating ethical-legal complexities, and ultimately improving healthcare outcomes for Indonesian communities.

METHOD

This study is a scoping review aimed at exploring and analyzing literature related to ethical and medico-legal aspects in health service assurance in Indonesia. This method was chosen because it enables mapping of key concepts in a complex field and identifying existing research gaps.

The study follows PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) in identifying, selecting, and synthesizing literature.

Table 1. Inclusion and Exclusion Criteria

Criteria	Description
Inclusion Criteria:	<ol style="list-style-type: none"> 1. Articles discussing ethical and medicolegal aspects of healthcare services in Indonesia. 2. Articles published in the last 10 years (2014-2024). 3. Articles in Indonesian or English. 4. Type of publication: scientific journals, government reports, theses, or relevant health policies.
Exclusion Criteria:	<ol style="list-style-type: none"> 1. Articles discussing health insurance systems outside Indonesia without relevance to the local context. 2. Articles focusing solely on technical aspects of healthcare services without addressing ethical and legal dimensions.

3. Articles with low methodological quality or those not available in full-text format.

Source: Authors' elaboration based on PRISMA-ScR guidelines

Literature searches were conducted using various databases to obtain relevant references on the research topic. The method involved a combination of keywords with Boolean operators (AND, OR) to refine the search results and align them with the research objectives. Several key terms used in this process included National Health Insurance, BPJS Health, Medical Ethics, Medikolegal, Legal Responsibility, and Health Workers. Articles found were selected based on predetermined inclusion and exclusion criteria.

Table 2 below shows the keywords and Query strategies used to search for literature in the selected databases.

Table 2. Keywords and Queries

Database	Keywords and Queries
PubMed	Keywords: Jaminan Kesehatan Nasional, Etika Kedokteran, BPJS Kesehatan, Medikolegal, Tanggung Jawab Hukum, Tenaga Kesehatan, JKN. Query: (“Jaminan Kesehatan Nasional” OR “BPJS Kesehatan”) AND (“Etika Kedokteran” OR “Medikolegal”) AND (“Tanggung Jawab Hukum” OR “Tenaga Kesehatan” OR “JKN”).
Garuda	Keywords: Jaminan Kesehatan Nasional, BPJS Kesehatan, Etika Kedokteran, Medikolegal, Hukum Kesehatan. Query: (“BPJS Kesehatan” OR “Jaminan Kesehatan Nasional”) AND (“Etika Kedokteran” OR “Hukum Kesehatan”) AND (“Tanggung Jawab Hukum” OR “Profesionalisme Tenaga Kesehatan”).
Portal Nasional (Sinta, Neliti, DOAJ Indonesia)	Keywords: Jaminan Kesehatan Nasional, BPJS Kesehatan, Etika Kedokteran, Medikolegal, Tanggung Jawab Hukum. Query: (“Jaminan Kesehatan Nasional” OR “BPJS Kesehatan”) AND (“Medikolegal” OR “Hukum Kesehatan”) AND (“Tanggung Jawab Hukum” OR “Profesionalisme dalam Pelayanan Kesehatan”).

Source: Authors' search strategy development

Literature selection process includes:

1. Identification: Initial searches were conducted using predetermined keywords across various databases.
2. Screening: Titles and abstracts of articles were reviewed to assess their relevance to the research topic.
3. Eligibility: Articles that passed the initial selection were further examined based on their full text to ensure alignment with inclusion and exclusion criteria.
4. Data Synthesis: Qualifying articles were analyzed qualitatively to identify key themes related to ethical and medico-legal aspects of the healthcare insurance system in Indonesia.

The following table outlines the literature selection stages based on the PRISMA-ScR framework:

Table 3. Literature Selection Process

Steps	Number of Articles	Description
Identification	325	Articles Discovered from the Database Used
Screening	97	Relevant articles after title and abstract review
Eligibility	50	Articles reviewed for full text
Final articles	20	Articles used in the analysis

Source: Authors' analysis based on PRISMA-ScR methodology

Data were analyzed descriptively using a thematic analysis approach, which involves categorizing information into several main themes: inequality in access to healthcare services within JKN, ethical principles in the distribution of health services, legal responsibility of medical personnel within the BPJS Healthcare system, and legal administration and regulation in JKN-based services.

RESULT AND DISCUSSION

Based on the summary of existing research data, several important findings have emerged regarding ethical, legal, and service quality issues within the BPJS Kesehatan system, highlighting the significant challenges faced by healthcare workers, patients, and service providers. These studies illustrate the complexity of the system and how various problems arise from the implementation of policies and regulations that remain suboptimal. The most prominent issues include ethical concerns, legal obligations for healthcare workers, service access, and dispute resolution mechanisms that require further improvement.

A. Ethical and Justice Dilemma in BPJS Healthcare Services

One of the main findings of this study is the ethical dilemma often faced by healthcare workers in providing services to BPJS patients. Resource limitations and treatment restriction policies that prioritize cost over clinical needs make it difficult for many patients, especially in remote areas, to access the necessary services. This creates uncertainty about how the principles of justice, and the best interests of patients, can be properly applied. Patients who should receive treatment according to medical needs often face longer waiting times or even inadequate care. This inevitably raises concerns about the principles of beneficence and justice in medical decision-making.

B. Legal Risks and Responsibilities of Healthcare Workers

Another crucial issue is the ambiguity regarding the legal responsibility of healthcare workers within the BPJS system. Many doctors and healthcare professionals feel inadequately protected by the existing legal framework, even when they have followed the correct procedures. This lack of clarity creates legal uncertainty, potentially leading to medical disputes and malpractice claims. Although there are regulations intended to protect both parties—patients and healthcare workers—the oversight and implementation are often ineffective. This situation increases the risk of legal actions that may disadvantage healthcare workers, particularly in situations where resources and time are limited.

C. Administrative and Doctor-Patient Communication Barriers

The complex and time-consuming administrative processes of BPJS is one of the biggest barriers to providing optimal patient care. Many patients struggle to access healthcare services due to the complex administrative procedures. On the other hand, doctors also face challenges in delivering adequate care because of limited time resulting from high workloads. The limited time affects the quality of communication between doctors and patients, often leading to patient dissatisfaction. Poor communication impacts the quality of medical decisions made and, in some cases, can strain the relationship between healthcare providers and patients.

D. Legal Protection and Patient Satisfaction

Many studies indicate that the protection mechanisms for healthcare workers, especially doctors, are not yet optimal. This poses a problem, considering the risk of legal claims arising from the uncertainty of healthworker's obligations and rights within the BPJS system. From the patient's perspective, they often feel dissatisfied with BPJS services, particularly regarding long waiting times, limited access to specialist care, and the quality of treatment that does not meet expectations. This dissatisfaction contributes to a low level of patient trust in the BPJS system as a whole.

E. Regulatory Enforcement and Misuse of the BPJS System

Despite various regulations aimed at regulating and monitoring the implementation of BPJS, numerous abuses within the system have been found, both from medical personnel and healthcare providers. Cases of BPJS claim fraud often go undetected or are not met with strict sanctions. Law enforcement against these violations is perceived as inconsistent and fails to deter offenders. This undermines the integrity of the BPJS system and reduces public trust in its effectiveness in providing fair and quality healthcare services.

F. Implications for Policy and Regulation

Several studies highlight the importance of improving BPJS policies, particularly regarding treatment restrictions and the unequal distribution of healthcare services. The government and relevant stakeholders need to pay greater attention to the fundamental principles of medical ethics in BPJS policies, such as justice, patient autonomy, and beneficence. Ensuring equitable distribution of healthcare services is crucial so that access is not limited to certain areas only. Additionally, more attention should be given to ensuring that patients receive their rights to treatment without unfair or medically inappropriate restrictions.

Based on these findings, it is clear that the BPJS system requires comprehensive evaluation and updates. Stricter regulatory enforcement, improvements in administrative processes, and strengthened legal protection for healthcare workers are essential steps to enhance the quality and integrity of services within the BPJS system. If these measures are implemented, BPJS is expected to become more effective in providing quality and equitable healthcare services for all Indonesians.

Identify literature with PRISMA Flowchart do mapping and collecting literature

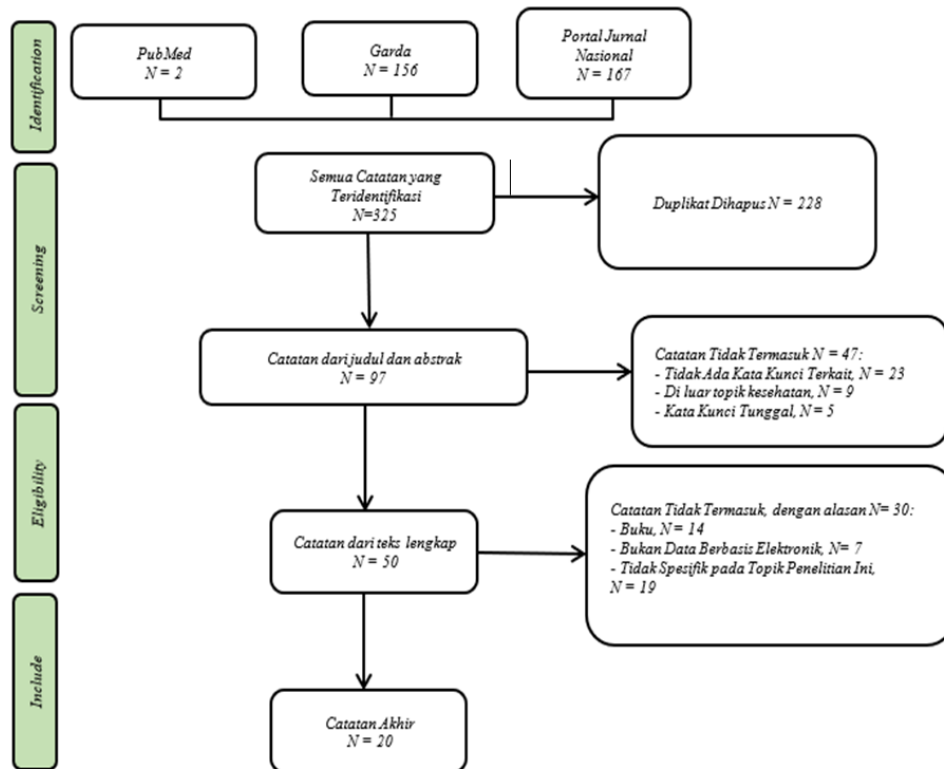


Figure 1. PRISMA Flowchart

Source: Authors' analysis following PRISMA-ScR guidelines

Table 4. Final Article Data Extraction (Summary Research)

No	Title	Purpose	Intervention /Strategy	Results
1	<i>Dilema Etika dalam Pelayanan BPJS Kesehatan</i> /Ethical Dilemmas in BPJS Healthcare Services	Analyze ethical conflicts faced by healthcare workers in BPJS	Ethical decision-making framework	Ethical dilemmas often arise due to resource limitations, patient autonomy conflicts, and cost-focused treatment restrictions.
2	<i>Tanggung Jawab Hukum Tenaga Kesehatan dalam BPJS</i> / Legal Responsibilities of Healthcare Workers in BPJS	Assess doctors' legal obligations within BPJS	Legal framework analysis	Many doctors face unclear legal responsibilities, increasing risks of medical disputes and lawsuits.
3	<i>Hak Pasien dan Pertimbangan Etis dalam BPJS</i> / Patient Rights and Ethical Considerations in BPJS	Investigate patient rights violations and ethical issues in BPJS	Patient rights advocacy	Patients frequently struggle to access care, raising concerns about justice, beneficence, and autonomy.
4	<i>Risiko Medikolegal bagi Tenaga Kesehatan dalam BPJS</i> / Medicolegal Risks for Healthcare Workers in BPJS	Evaluate malpractice risks doctors face in BPJS	Case study analysis	High administrative burdens and treatment restrictions increase legal risks for healthcare workers.
5	<i>Pengawasan Etik dalam Jaminan Kesehatan Nasional (JKN)</i> / Ethical Oversight in the National Health Insurance (JKN)	Assess effectiveness of ethical oversight in BPJS	Policy evaluation	Ethical oversight remains weak, leading to abuse of services and patient refusals.

No	Title	Purpose	Intervention /Strategy	Results
6	<i>Kendala Administratif dan Etik dalam Klaim BPJS/</i> Administrative and Ethical Barriers in BPJS Claims	Identify administrative barriers in BPJS from an ethical viewpoint	Qualitative study	Complex claim procedures limit patient access to necessary healthcare services.
7	<i>Implementasi Prinsip Etika Kedokteran dalam Sistem BPJS/</i> Implementation of Medical Ethics Principles in BPJS	Evaluate the application of medical ethics in BPJS services	Observational study	Key ethical principles like justice and patient autonomy are often overlooked in BPJS.
8	<i>Peran Regulasi dalam Menjamin Keadilan dalam BPJS Kesehatan/</i> Role of Regulation in Ensuring Justice in BPJS	Analyze regulatory effectiveness in ensuring equitable service	Regulatory analysis	Service access disparities persist, especially in remote areas, despite regulations.
9	<i>Sengketa Medik dalam Sistem Jaminan Kesehatan Nasional/</i> Medical Disputes in the National Health Insurance System	Examine medical dispute cases within BPJS	Legal case studies	Disputes often stem from patient misunderstandings about BPJS service limits.
10	<i>Perlindungan Hukum bagi Dokter dalam Sistem BPJS/</i> Legal Protection for Doctors in BPJS	Identify legal protection mechanisms for doctors in BPJS	Legal policy analysis	Legal protections for doctors are insufficient, raising risks of lawsuits against healthcare workers.
11	<i>Aspek Hukum dalam Penyelesaian Sengketa BPJS Kesehatan/</i> Legal Aspects of BPJS Dispute Resolution	Review mechanisms for resolving disputes among patients, doctors, and BPJS	Health law approach	Dispute resolution needs improvement due to bureaucracy harming both healthcare workers and patients.
12	<i>Etika Distribusi Sumber Daya Kesehatan dalam BPJS/</i> Ethical Distribution of Healthcare Resources in BPJS	Study resource distribution in BPJS from a social justice perspective	Health policy analysis	Unequal service distribution raises ethical concerns about justice in healthcare access.
13	<i>Peran Informed Consent dalam Layanan BPJS/</i> Role of Informed Consent in BPJS Services	Analyze importance of informed consent in BPJS	Literature review and interviews	Informed consent is often inadequately obtained, especially when treatment options are limited by BPJS policies.
14	<i>Penyalahgunaan Sistem BPJS oleh Penyedia Layanan Kesehatan/</i> Fraud in BPJS System by Healthcare Providers	Evaluate potential fraud in BPJS from medicolegal perspectives	System audit and interviews	Many fraud cases occur in claims by medical staff and healthcare facilities, causing legal and ethical problems.
15	<i>Hubungan Antara Kualitas Pelayanan dan Kepatuhan Etik dalam BPJS/</i> Relationship Between Service Quality and Ethical Compliance in BPJS	Study the link between healthcare workers' ethical compliance and BPJS service quality	Correlational study	Service quality often declines due to administrative pressures and service restrictions under BPJS.
16	<i>Tanggung Jawab Rumah Sakit dalam Pelayanan BPJS/</i> Hospital Responsibility in BPJS Services	Review hospitals' legal responsibilities within BPJS	Legal study and interviews	Hospitals struggle to balance financial constraints with compliance to BPJS policies.

No	Title	Purpose	Intervention /Strategy	Results
17	<i>Komunikasi Dokter-Pasien dalam Sistem BPJS/</i> Doctor-Patient Communication in BPJS	Evaluate doctor-patient communication effectiveness in BPJS ethically	Observational study	Limited consultation time due to high workload negatively impacts doctor-patient communication.
18	<i>Kepuasan Pasien terhadap Pelayanan BPJS Kesehatan/</i> Patient Satisfaction with BPJS Services	Assess patient satisfaction from ethical and legal perspectives	Patient satisfaction survey	Many patients feel dissatisfied, especially due to long waits and limited specialist access.
19	<i>Penerapan Etika Profesi dalam Kebijakan BPJS/</i> Application of Professional Ethics in BPJS Policy	Examine how BPJS policies affect medical professional ethics	Policy study	Some BPJS policies conflict with core medical ethics, especially regarding treatment limitations.
20	<i>Penegakan Sanksi Hukum bagi Penyedia Layanan yang Menyalahi Aturan BPJS/</i> Enforcement of Legal Sanctions for BPJS Rule Violations	Study effectiveness of legal sanctions for BPJS violations	Legal case studies	Sanctions against rule violations are inconsistent and lack deterrent effect.

Source: Authors' synthesis from reviewed literature (2014-2024)

The BPJS Kesehatan system is an Indonesian government program aimed at providing equitable and affordable access to healthcare services for all levels of society. Through this system, it is hoped that people can obtain guarantees for receiving medical care without being burdened by high costs. However, despite its noble goals, BPJS Kesehatan faces various challenges that hinder the achievement of its objectives (Sutan and Al-Hamdi, 2020). One of the main challenges is the ethical dilemma faced by healthcare workers when resources are limited. When medical resources are scarce, healthcare workers often must choose between providing optimal treatment for one patient or meeting the treatment quotas set by the broader system. In many cases, medical decisions are often based more on cost-effectiveness considerations than on the patient's clinical needs, which can undermine the principles of justice and the best benefits in treatment (Pipit Muliya, dkk, 2020a).

The principles of medical ethics are highly significant in this context, as healthcare workers must balance between medical interests and professional morality. Three core principles of medical ethics often tested in health assurance systems like BPJS are: justice, beneficence (doing good), and non-maleficence (avoiding harm). In practice, many healthcare workers face ethical dilemmas in their efforts to maximize limited resources while still fulfilling their obligation to provide the best care for patients (Hidayat, H., Setyawan, D. and Sulistyaningsih, 2020). This primarily occurs in remote areas, where access to medical facilities and resources is extremely limited, reducing the quality of services and disadvantaging patients most in need of care. These limitations can lead to inequities in access to healthcare services, which contradict the principles of social justice that should be part of health insurance system.

Medico-legal is a term that refers to legal issues related to medical practice. Within BPJS Kesehatan, many healthcare professionals feel unclear about their legal responsibilities, especially when medical disputes or malpractice claims arise. In this context, it is important to understand that the BPJS system not only bears responsibility for providing medical services

but also offers legal protection to medical professionals in carrying out their duties. Medico-legal risks faced by healthcare workers include legal claims of negligence or malpractice, which may occur due to unclear regulations or patients' lack of awareness regarding BPJS service limitations. Although BPJS Kesehatan regulates various aspects of healthcare services, the unclear implementation of policies often adds to the confusion. This can further increase uncertainty for healthcare professionals in delivering medical services (Kusuma, M., Wijayanti, D. and Pramono, 2021).

On the other hand, health insurance within BPJS Kesehatan not only cover the aspect of services but also has the mission to protect the rights of patients and medical workers. Health insurance aims to ensure that all layers of society, without exception, can access the healthcare services they need. However, in practice, the distribution of healthcare services is often uneven. Many patients, especially in remote areas, still face difficulties in accessing the medical services. Complicated administrative processes, long waiting times, and unclear procedures in BPJS claims become major obstacles for patients in receiving timely and quality healthcare services (Sari, R.D. and Widodo, 2019). This left potentials to worsen patient dissatisfaction and undermine the integrity of the BPJS system itself.

Moreover, the misuse of BPJS claims by medical personnel and healthcare facilities has also become a significant issue. This malpractice occurs when medical personnel or healthcare facilities submit claims that do not match the services provided, aiming to gain personal benefits. Enforcement of sanctions against these violations remains weak and inconsistent, making the BPJS system vulnerable to abuse. These incidents not only harm the BPJS system but also erode public trust in the integrity of the healthcare services offered. Therefore, BPJS policy reforms are necessary to improve the distribution of services and introduce stricter and more effective regulations to ensure fairness and efficiency within this healthcare guarantee system (Abdurrahman, 2022).

CONCLUSION

The implementation and management of *BPJS Kesehatan* under *Jaminan Kesehatan Nasional* (JKN) face persistent challenges rooted in ethical dilemmas, unclear medicolegal responsibilities, and administrative barriers that undermine equitable healthcare access, particularly for vulnerable populations. Key issues include resource allocation driven more by cost-effectiveness than clinical need, regulatory ambiguities that burden healthcare providers, weak enforcement mechanisms, and patient dissatisfaction with service quality, further aggravated by misuse of claims. Addressing these problems requires stronger oversight, legal protection for medical professionals, and policy reforms to enhance both service efficiency and patient trust. Future research should focus on developing integrated ethical-legal frameworks and evidence-based policy models that balance clinical priorities with financial sustainability while safeguarding patient rights and provider responsibilities within Indonesia's health insurance system.

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