

Legal Protection for Healthcare Workers in The Management of Infectious Diseases Under Health Laws and Regulations

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ABSTRACT

In medical emergencies, healthcare workers play a vital role in controlling infectious diseases, despite facing serious social, legal, and occupational health risks. During such situations, they often cope with extreme stress, social isolation, and potential legal claims arising from the care they provide. Therefore, ensuring legal protection for healthcare providers is a fundamental element in maintaining the continuity of high-quality and balanced health services. The purpose of this paper is to examine the forms of legal protection for medical workers in managing infectious disease outbreaks as regulated under the Health Quarantine Law. This study, entitled Legal Protection for Healthcare Workers in the Management of Infectious Diseases Under Health Laws and Regulations, highlights the framework of rights and obligations for healthcare personnel, as well as the state's responsibility in providing legal safeguards during quarantine-related interventions. The research adopts a normative legal research design, applying both statutory and conceptual approaches. Data were collected from primary legal sources, such as relevant health quarantine regulations and legislation governing medical personnel, as well as secondary sources including academic literature, scholarly journals, and expert commentaries, along with tertiary sources for supplementary context. The analysis was conducted qualitatively to provide a comprehensive understanding of how legal instruments protect healthcare workers during infectious disease outbreaks.

INTRODUCTION

As a fundamental pillar of human life, health is constitutionally guaranteed. Consequently, the state is responsible for protecting the population and ensuring access to high-quality healthcare services (Subekti et al., 2020; Diana et al., 2024). In the global context, the threat of infectious diseases has become increasingly complex due to rising population mobility, environmental changes, and intensified social interaction. The impact of infectious diseases is not limited to healthcare alone but extends into social structures, economic systems, and national security domains. Addressing such outbreaks effectively requires clear legal frameworks and guidelines, particularly those related to the safety and legal protection of frontline healthcare providers (Soekorini, 2017).

Healthcare workers play a vital role in the prevention, control, and management of infectious diseases. They operate in high-risk environments, facing both biological risks such as disease transmission and social risks such as stigma and discrimination. In Indonesia, the urgency of protecting healthcare workers became particularly evident following various outbreaks, including the COVID-19 pandemic. Many healthcare workers were infected and

even lost their lives while performing their duties. This situation underscores the importance of strong regulatory frameworks that provide legal safeguards, enabling healthcare personnel to perform their responsibilities confidently, without fear, and with assurance that their rights are protected by the state (Utoro, 2020).

Empirical data from the pandemic period show that thousands of healthcare workers across Indonesia were infected with COVID-19, and a significant number died while carrying out their professional duties. Records from the Indonesian Doctors Association (IDI) indicate that more than 700 doctors passed away by mid-2021, with similar impacts experienced by nurses and other healthcare personnel. This condition was further exacerbated by social stigma and discriminatory treatment, demonstrating that healthcare workers face not only medical risks but also serious psychological and social burdens (Pardede, 2021).

From a statutory perspective, Indonesia relies on Law Number 6 of 2018 concerning Health Quarantine as the primary legal instrument for managing infectious disease outbreaks. This law establishes the legal framework for quarantine enforcement, isolation procedures, screening mechanisms, and large-scale social restrictions such as PSBB. While it outlines the roles of healthcare personnel and the rights of citizens, its implementation reveals significant gaps, particularly regarding the legal and occupational protection of healthcare workers directly handling infectious patients (Sari et al., 2020).

The scope of legal protection for healthcare workers includes physical, social, financial, and legal safeguards in the course of their professional duties. The law explicitly mandates that the government is responsible for providing adequate facilities, personal protective equipment (PPE), and occupational health protections. However, in practice, issues such as shortages of equipment, delays in PPE distribution, and insufficient compensation for deceased or affected healthcare workers continue to occur. These conditions raise concerns regarding the effectiveness of the legal protections stipulated in the legislation (Sommaliagustina, 2021).

Beyond clinical protection, healthcare professionals require clear legal certainty regarding professional liability. During public health emergencies, they often face ethical and legal dilemmas, such as resource scarcity that forces delays in treatment decisions—situations that may trigger malpractice claims or lawsuits from patients' families. Therefore, regulations must clearly define the limits of healthcare workers' responsibilities in emergency contexts, ensuring they are not unjustly held liable for failures resulting from systemic limitations (Wahyuni et al., 2022).

Law Number 6 of 2018 also emphasizes community participation in supporting health quarantine measures. However, in practice, limited public understanding of health policies often leads to resistance against medical interventions and government programs. This increases the pressure on healthcare workers, who may become vulnerable to discrimination or even violence from individuals who lack awareness of the public health context (Tahir, 2023).

Legal analysis concerning the protection of healthcare personnel is essential due to its intersection with justice, regulatory clarity, and practical implementation. This study aims to assess whether Law Number 6 of 2018 provides an adequate legal safety net and how effectively it is implemented during crises. Such evaluation is crucial to ensure that frontline

healthcare workers can perform their duties optimally under the assurance of strong legal protection (Zendrato et al., 2022).

Furthermore, this study arises from the need to formulate actionable policy and regulatory improvements for government authorities. Strong legal guarantees not only protect healthcare workers from occupational risks but also enhance the overall quality of healthcare delivery. Ensuring that medical personnel feel secure and protected enables them to contribute more effectively to controlling infectious diseases (Risnain et al., 2023).

Accordingly, this study focuses on the legal protection framework for frontline healthcare workers dealing with infectious diseases under Law Number 6 of 2018 concerning Health Quarantine. This topic is prioritized due to the strategic importance of healthcare personnel within the health system and the necessity of clear statutory protection in addressing infectious disease threats (Disease & Dari, 2019).

Evidently, legal protection for healthcare workers is both a normative requirement and a pressing practical issue related to national resilience. Therefore, a comprehensive legal analysis is required to evaluate the effectiveness of existing regulations, identify implementation challenges, and propose strategic improvements. The findings are expected to contribute to the modernization of health law in Indonesia.

This study focuses on the regulatory framework governing legal protection for healthcare professionals managing infectious diseases under health law, as well as protection mechanisms for personnel infected during service. It aims to examine the legal basis and practical implementation of such protections. Theoretically, this analysis is expected to enrich public health law and occupational protection scholarship, particularly in assessing the alignment between legislative intent and field implementation. Practically, this study is expected to provide policy recommendations for government decision-makers, increase healthcare workers' awareness of their legal protections, and enhance public understanding to foster greater respect and support for healthcare personnel managing communicable diseases.

METHOD

Research Type

This study employed a normative juridical research design, grounded in primary legal materials, with a focus on analyzing legal theories, concepts, doctrines, and statutory instruments. The research was conducted as a desk study or literature-based approach, involving the review of textbooks, legislation, and other relevant documentary sources.

Problem Approach

The study utilizes a combination of statutory and conceptual approaches. The statutory lens is applied by reviewing every piece of legislation and regulation connected to the legal questions at hand. This enables the researcher to investigate how well different laws align and harmonize with one another, both vertically through levels of government and horizontally across agencies, to achieve a complete understanding of the legal systems in place. Various pertinent legal provisions are examined to uncover the statutory foundation regulating the focus of the study.

The project also utilizes a conceptual framework, an approach that builds upon the theoretical views, academic doctrines, and concepts developed over time in legal jurisprudence. This specific strategy is deployed when current legislation and regulations do

not offer definitive rules or leave room for diverse understandings of a particular legal challenge. Through a conceptual approach, the researcher studies the opinions of legal experts, legal principles, legal theories, and concepts related to the issues being studied to build systematic and comprehensive legal arguments. Thus, the conceptual approach is expected to provide a strong basis for thinking in analyzing and answering the formulation of problems in research.

Legal Ingredients

This project relies on secondary data as the critical information extracted from literature reviews, such as textbook resources. The associated legal texts include:

1. Primary legal material: binding, such as:
 - a. Constitution 1945
 - b. Law Number 6 of 2018 concerning Health Quarantine.
 - c. Law Number 36 of 2009 concerning Health.
 - d. Law Number 36 of 2014 concerning Health Workers.
 - e. Law Number 29 of 2004 concerning Medical Practice.
 - f. Government Regulation Number 40 of 1991 concerning Infectious Disease Outbreak Control.
 - g. Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the context of accelerating the handling of Covid-19.
2. Sources of secondary legal material clarify and expand upon primary legal materials, drawing from academic literature, published articles, research outcomes, and alternative scientific works tied directly to the investigation.
3. Tertiary legal materials offer supporting clarifications for both primary and secondary laws, consisting of general Indonesian language dictionaries, specialized legal terminology dictionaries, and comprehensive encyclopedias.

Legal Material Collection and Processing Procedures

All relevant legal materials are acquired via a comprehensive literature review, a process utilized in this study to gather diverse datasets, legal codes, scholarly journals, and other scientific treatises connected to the core issues and subjects under investigation. Following the successful collection of the legal sources, the processing of these materials is organized and conducted using a multi-step framework as follows:

1. The process of data examination entails verifying that all gathered legal materials are comprehensive and subsequently restructuring the information into more accessible sentences.
2. During the systematization stage, the author filters the collected legal materials, categorizes them based on their respective legal classifications, and systematically organizes the resulting data. This layout is structured logically, which means that meaningful correlations and interdependencies are maintained between the various legal sources.
3. During the dethesis phase, the writer outlines the results of the investigation derived from the acquired legal materials and then performs a detailed evaluation.

Once the legal materials are processed, the next step is their analysis through a detailed review of the existing library resources, specifically by interpreting and outlining the utilized legal materials based on the theories, doctrines, and norms connected to the subject.

Legal Material Analysis

Following the collection and inventory phase, the legal materials are processed and evaluated thoroughly to attain pragmatic truth and harmony. The systematically organized primary, secondary, and supporting materials are then scrutinized using legal theories, core concepts, established principles, and academic literature to formulate answers for the target legal dilemmas.

RESULT AND DISCUSSION

Legal Protection Arrangements for Health Workers in Handling Infectious Diseases Based on Law Number 6 of 2018 concerning Health Quarantine

According to Article 1 number (1) of the Health Quarantine Law, health quarantine represents an action to avert and resist the introduction or spread of diseases and public health risks that threaten to cause an emergency. Expressis verbis, the clause indicates that managing a disease outbreak is carried out by conducting health quarantines. On a political level, this approach was created to satisfy a specific right of Indonesian citizens, which is the right to optimal health (Sari et al., 2025). According to Article 28H, paragraph 1 of the Indonesian 1945 Constitution, all citizens possess the right to physical and mental well-being, proper housing, a healthy environment, and access to medical care. This mandate is reinforced by Law Number 39 of 1999 regarding Human Rights, specifically Article 9, paragraph 3, which explicitly guarantees that every individual is entitled to a clean and safe environment (Marwiyah, 2015).

According to Roscoe Pound's concept of social engineering, the law acts as an instrument for societal renewal and is expected to actively reshape community values. To shield the public from criminal acts, legislators must carefully draft criminal provisions and evaluate how they will impact daily life, particularly in areas like the health sector. This meticulous approach ensures that criminal justice policies remain clear and precise, preventing the ambiguity and uncertainty that often hinder law enforcement (Agita, 2025).

The determination of criminal punishments for legally defined offenses is known as penal policy, a concept that explores the most effective ways to structure sanctions within legal frameworks (Borman, 2017). According to Ivo Lapenna, whose work was referenced by (Galenso, 2023), criminal law policy functions as a segment of a community's general policy. The core focus is on minimizing criminal behavior through the use of all necessary measures and plans. These various solutions for tackling crime can be separated into two major groups: actions that prevent crime from happening and actions that repress it after it occurs. According to Ivo Lapenna, criminal law policy is a segment of a community's general public policy that seeks to suppress crime by utilizing every practical tool. Consequently, the counter-measures for these illegal acts are divided into preventive strategies and repressive interventions.

Marc Ancel pointed out that contemporary criminal science is made up of three distinct fields: criminology, criminal law, and penal policy. In his view, penal policy functions as both a science and an art, serving the highly practical objective of drafting legislation, enforcing statutes, and executing judicial rulings. Barda Nawawi Arief explains in his book that criminal law policy serves as a literal translation of penal policy, a concept that is also sometimes called criminal law politics. Because penal policy, criminal law policy,

and strafrechts politiek all convey the exact same idea, they are frequently translated as either criminal law politics or criminal law policy. This terminology ultimately stems from the English word policy and the Dutch word politiek (Safitri, 2021)

The provided description demonstrates that penal policy represents a deliberate effort to create criminal laws and regulations that match contemporary circumstances, spanning both current legal frameworks (*ius constitutum*) and upcoming legal developments (*ius constituendum*). Furthermore, criminal law policy is fundamentally intertwined with criminalization strategies as part of the broader process of reforming the penal system.

According to point b of the considerations for the Health Quarantine Law, the legislation was created to counter the health risks brought on by modern transportation technology and open global markets. These modern realities increase the speed at which old and new illnesses spread, creating potential public health crises. To combat this, the law calls for a well-coordinated, comprehensive effort to prevent diseases and manage health risks, which must be supported by resource mobilization, public participation, and global cooperation. To combat this, the law calls for a well-coordinated, comprehensive effort to prevent diseases and manage health risks, which must be supported by resource mobilization, public participation, and global cooperation.

The legal guidelines governing criminal acts related to health quarantines are located within Articles 90 to 94, with Article 93 sparking widespread public debate. This specific article explicitly details the criminal penalties for individuals who breach health quarantine rules by categorizing the violations into two distinct types of offenses. The opening section covers anyone who fails to adhere to the health quarantine measures mentioned in Article 9, paragraph 1. Crucially, the initial element of Article 93 is classified as a formal offense, meaning the illegal conduct is evaluated solely based on the action itself (Trihandini, 2020).

The Health Quarantine Law serves as a legal mechanism to manage non-natural disasters that escalate into public health emergencies. According to Article 1, number 1 of the law, health quarantine involves actions taken to block or prevent the movement of illnesses and health risk factors that could trigger an emergency. Article 1, number 2 clarifies that a public health emergency is an exceptional crisis defined by the spread of contagious diseases or hazards originating from nuclear radiation, biological pollution, chemical contamination, bioterrorism, or unsafe food. These threats pose severe health risks and carry the potential to spread across regional or national borders.

Under the current legal framework, all Indonesian citizens are required to take part in health quarantine efforts. This obligation is anchored in Article 9, paragraph 1 of the Health Quarantine Law, which dictates that every individual must adhere to quarantine directives. Consequently, this legal mandate implies that every citizen shares the responsibility of preventing the introduction or spread of diseases that could lead to a public health crisis.

The criminal enforcement policy for non-compliance with health quarantine measures is fundamentally heavy-handed. Instead, law enforcement agencies and relevant authorities should focus heavily on prevention, which aligns with the principle of *ultimum remedium*, where criminal penalties are treated strictly as a last resort. Given that the country would be operating under a health emergency, typical penal enforcement can occasionally be set aside. The primary focus must remain on stopping the transmission of contagious illnesses by maximizing the core responsibilities of both medical personnel and law enforcement officers.

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As outlined in Article 2 of the Health Quarantine Law, the legal framework rests on the principles of protection and state sovereignty. Under the principle of protection, the law aims to safeguard the public from diseases and potential health hazards capable of causing an emergency. Meanwhile, the principle of state sovereignty ensures that national priorities are maintained and that the country takes part in controlling health emergencies of international concern. Since both concepts prioritize preventive measures to avert a public health emergency, the decision to enforce criminal sanctions against individuals who breach quarantine regulations should not be the first choice made by law enforcement.

Ensuring healthcare professionals have legal safeguards while combating infectious diseases is a critical issue within the Indonesian health law system, especially since the passage of the 2018 Health Quarantine Law (Law Number 6 of 2018). The state established this law to manage public health emergencies and block the rapid spread of transmissible diseases between regions and nations. Given that medical workers operate as the primary line of defense with a highly strategic function, guaranteeing their legal protection is an indispensable requirement (Febryaningsih, 202).

Law Number 6 of 2018 grants the government the necessary legal authority to enforce health quarantines using measures like home quarantine, regional lockdown, hospital quarantine, and large-scale social restrictions (PSBB). Throughout these operations, healthcare professionals bear the direct responsibility of detecting cases early, treating patients, and halting the transmission of the illness. As a result, legal safeguards for these professionals must extend beyond basic workplace safety to guarantee absolute legal certainty as they perform their official duties (Munandar et al., 2021).

A specific type of legal protection outlined in this legislation is the guarantee that medical personnel will be shielded from the hazards of disease transmission, which includes receiving proper personal protective equipment (PPE) and working in suitable medical facilities. This requirement falls under the state's duties regarding the obligations of both central and regional governments when executing health quarantines. Consequently, the government must act as both an overseer and an operator, ensuring that the rights of healthcare workers are completely upheld throughout a health crisis (Asmarida & Simarmata, 2024).

Legal protection is similarly evident within the framework of professional accountability. Because healthcare professionals frequently operate under stressful, high-risk conditions, the possibility of medical errors cannot be entirely eliminated. Consequently, the Health Quarantine Law must be viewed in tandem with other statutes, such as Law Number 17 of 2023 concerning Health, which safeguards medical staff provided they adhere to professional standards, standard operating procedures, and ethical codes. This ensures that frontline workers face no immediate criminal liability for actions taken in good faith to save lives during a medical crisis (May et al., 2021).

Legal protection aspects also include protection from violence, discrimination, and social stigma that are often experienced by health workers when dealing with infectious diseases. In practice, it is not uncommon for health workers to face rejection from the public, even acts of violence, due to concerns about disease transmission. Therefore, the state through the legal apparatus must provide security guarantees, both preventively and

repressively, against all forms of threats that can hinder the implementation of the duties of health workers (Mandey et al., 2021).

Seen through an administrative legal lens, health workers gain protection from the precise operational procedures and jurisdictions outlined in health quarantine mandates. Because every medical action taken to curb transmissible illnesses must align with official state policy, practitioners are afforded solid legal justification for their conduct. This systemic clarity serves as an important defense against the penalization of health workers who are actively operating according to valid administrative instructions and protocols (Lintang & Triana, 2021).

In practice, safeguarding medical personnel legally is still hindered by multiple structural challenges. One major hurdle is the sub-optimal cooperation between federal and regional authorities in ensuring safety and resources for frontline staff. Additionally, the existing legal framework contains normative gaps and vague guidelines concerning accountability mechanisms in times of crisis, creating a high risk of inconsistent enforcement due to varied interpretations of the law.

Thus, it can be understood that the regulation of legal protection for health workers in handling infectious diseases based on Law Number 6 of 2018 concerning Health Quarantine has basically provided a fairly comprehensive legal framework. However, the effectiveness of such protection is highly dependent on implementation in the field, synergy between institutions, and other technical and operational regulatory support. Therefore, it is necessary to strengthen regulations and policies that are more responsive and adaptive to the dynamics of health emergencies, to ensure that health workers can carry out their duties optimally with adequate legal protection guarantees (Hertanto & Sitabuana, 2022).

The concept of legal protection represents a collection of diverse legal mechanisms designed to safeguard human rights, as well as the rights and duties that develop from interactions between individuals acting as legal entities. Simply put, this concept demonstrates the core function of law, which is to establish a framework that delivers justice, stability, predictability, public utility, and harmony. Ultimately, the idea of safeguarding citizens through the legal system stems directly from the foundational principles of acknowledging and protecting fundamental rights.

Legal protection of doctors is a key focus for understanding the complexities and challenges in medical practice. Doctors, as healthcare providers, often face the risk of discrimination and lawsuits, especially when the results of treatment do not meet the patient's expectations. The importance of realizing that failure to cure is not a criminal act and that any medical attempt has a risk of failure needs to be the basis of public understanding. In addition, legal protection is not only a necessity for doctors but also involves patient safety. The paradigm that doctors are individuals with unlimited abilities and that treatment outcomes always achieve healing need to be changed. Patients also have a role in their own responsibility for their own health, in accordance with the principle of Article 4 of the Health Law. The understanding that doctors operate within limits and that patients have the right to choose and refuse actions needs to be improved. In the context of communication, communication barriers between doctors and patients can put psychological pressure on doctors and reduce the quality of health services. However, Article 189 of the Health Law

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provides for the division of communication responsibilities between hospitals and patients, helping to reduce the burden on doctors in this situation.

Implementation of legal protection for health workers in infectious disease management practices in Indonesia

The framework of legal protection involves every effort made to grant rights and extend assistance so that victims and witnesses experience a sense of safety. Providing legal safety to crime victims is a way to protect the community, and it can take several forms, including the distribution of restitution, compensation, access to healthcare, and legal aid. Under Article 28D, paragraph 1 of the 1945 Constitution, all individuals possess the right to equitable legal recognition, guarantees, safeguards, certainty, and equal standing. This is reinforced by Article 5, paragraph 1 of Law Number 39 of 1999 on Human Rights, which states that everyone is a legal subject who has the right to claim and obtain uniform treatment and protection that respects their inherent human dignity before the law (Daeng et al., 2023).

In an emergency situation, it is very possible that health workers are demanded by a situation whose actions are high-risk as quickly as possible in an effort to save them. As an example of this high-risk medical action is to deal with infectious diseases, infectious diseases in general can be found in various clinical manifestations as a result of the disease process in individuals, starting from invisible clinical symptoms (inapparent infection) to severe conditions accompanied by complications and ending in disability or death (Pratiwi et al., 2020).

In the cycle of an infectious disease, the final resolution is either healing or mortality. Medical staff operating on the front lines are frequently exposed to these pathogens, putting them at immediate risk of infection. Lacking proper protection, healthcare personnel can easily turn into sources of disease transmission inside clinics and hospitals, which further complicates the broader epidemiological situation. Ensuring access to high-quality health is a basic human right that drives social welfare, enabling effective healthcare development that fosters public awareness, motivation, and the skills needed to live healthily (Restu et al., 2018).

Adequate safety measures for healthcare staff positively impact the overall standard of clinical services. Medical practitioners who operate with a sense of security are better equipped to deliver excellent patient care. Establishing specialized legal and physical protections for these professionals is crucial for minimizing fatalities within the healthcare workforce. When properly shielded, these workers can perform at their peak to control and prevent the spread of infectious illnesses, actively teaching communities about safety protocols and running trace operations to sever transmission chains. Therefore, ensuring their safety yields major benefits for society as a whole (Budiastuti & Susanti, 2023).

The government has set various standards to protect health workers. This includes setting working hours, hygiene procedures, and the use of PPE. Adhering to these standards not only protects healthcare workers but also ensures that they can work in a safe and healthy environment. Because health workers have a very important role in efforts to improve the quality of health services, the risk of exposure to infectious diseases occurs when health workers perform health services in hospitals, infectious diseases that are large in Indonesia and have a bad and prolonged impact on the sufferers are HIV/AIDS and Hepatitis B. Legal

protection against the problem of contracting HIV/AIDS and Hepatitis B in the provision of health services for workers health is a serious matter (Disantara et al., 2024).

Legal protection of workers encompasses many elements and highly varied health disciplines. All legal aspects in legal arrangements in health law regulations are legal tools that specifically determine the position of health workers in the legal protection of health workers (Hasrul, 2020). Good health services are a shared responsibility between hospitals and the government as well, Where what is meant by this context is that the government has an important role in providing legal protection to health workers, legal protection from the government needs to provide clear regulations, this is important to ensure that health workers are not only protected from potential lawsuits but as a result of medical actions taken from the situation emergency, but also to get assurance of their work safety (Chusni & Anggraeni, 2023).

To fulfill its duty to protect medical personnel and guarantee their workplace health and safety, the Indonesian government enacted Law Number 17 of 2023 regarding Health alongside Government Regulation Number 28 of 2024, which serves as its implementing regulation. Through these legal frameworks, the state bears the responsibility to ensure that all citizens can access safe, high-quality healthcare services.

To protect medical personnel, the state is responsible for establishing explicit regulatory guidelines that ensure comprehensive workplace and legal safety. When healthcare workers are backed by reliable legal safeguards, they can deliver care without the fear of liability arising from high-risk situations, such as treating highly contagious illnesses. Because these professionals encounter heightened dangers during epidemiological crises, Law Number 17 of 2023 concerning Health, alongside Government Regulation Number 28 of 2024, was specifically drafted to offer them a more unified and extensive system of protection (Sommaliagustina, 2021).

This legal framework derives its authority from the 1945 Constitution of the Republic of Indonesia, which emphasizes the state's fundamental duty to safeguard all citizens, including the healthcare workforce. Accordingly, authorities bear the responsibility of securing the legal immunity and physical safety of medical personnel on duty. These regulations are tailored to provide a transparent system governing the rights, responsibilities, and legal safeguards available to health workers, ensuring they are insulated from unnecessary liability when treating transmissible illnesses during public crises (Nursofwa et al., 2020).

As the implementing mechanism for Law Number 17 of 2023 on Health, Government Regulation Number 28 of 2024 is designed to optimize current clinical services across the country. This policy was issued to resolve systemic vulnerabilities in the Indonesian health sector, particularly amid the growing prevalence of infectious and chronic diseases. With this legislative overhaul, the administration is committed to enhancing the broader medical landscape, ensuring heightened attention is given to high-risk procedures like managing contagious outbreaks, which are explicitly addressed under articles 721 and 728 of Government Regulation Number 28 of 2024.

1. Article 721 : While engaged in professional practice, medical personnel and healthcare workers are entitled to specific rights:

- a. Receive legal safeguards while performing their responsibilities as long as their conduct aligns with established professional criteria, clinical service protocols, standard operating procedures, and ethical codes, while also addressing the medical requirements of the patient.
 - b. Gather full and precise information directly from the patient or family members.
 - c. Receive fair pay, service rewards, and performance bonuses in line with legal and regulatory guidelines.
 - d. Obtain safeguards related to safety, occupational health, and general security.
 - e. Acquire medical insurance and employment coverage that comply with statutory and regulatory standards.
 - f. Receive protection from any treatment that violates human dignity, morals, decency, and socio-cultural values.
 - g. Obtain recognition or an award in line with legal and regulatory guidelines.
 - h. Gain the chance to advance professionally by developing their skills, scientific expertise, and career pathways.
 - i. Refuse any requests from the patient or others that conflict with professional criteria, service protocols, standard operating procedures, ethical guidelines, or legal regulations.
 - j. Receive other lawful rights according to statutory and regulatory provisions.
2. Article 728 :
- a. (1). Implementing the safety, workplace health, and security protections specified in Article 72I letter d serves to support healthcare practitioners in adhering to professional standards, service standards, and standard operating procedures.
 - b. (2). Protections for safety, workplace health, and security as outlined in paragraph (1) are to be executed jointly with the occupational safety and health framework run by:
 - 1) Hazard control in the workplace
 - 2) prevention of diseases, including occupational diseases and work accidents
 - 3) Health Promotion
 - 4) Disease management
 - 5) Health restoration; and workplace safety.³⁴

As the implementation of Law No. 17 of 2023 concerning Health, the explanatory notes of Government Regulation No. 28 of 2024 seek to ensure clear benchmarks for health services, workforce management, and the protection of active health workers, highlighting Article 72I which grants legal protection to medical professionals during their duties. This protection includes critical legal protections in infectious disease situations, as healthcare workers are often faced with difficult decisions that can pose risks to both them and patients. With this legal protection, health workers can feel safer to take risky actions such as dealing with infectious diseases (Wijayanti, 2023).

In the context of handling infectious diseases, health workers often face high risks both in terms of exposure to infections and work accidents, with clear arrangements regarding occupational safety protection, it is hoped that these risks can be reduced through hazard control and disease prevention. The author's analysis indicates that article 728 of government regulation no. 28 of 2024 establishes an all-inclusive legal safeguard for Indonesian health workers, particularly during infectious disease outbreaks, and notes that incorporating

occupational health and safety along with structured risk management will allow personnel to work with greater safety and efficiency.

The state is responsible for establishing policies and rules that reinforce the prevention and management of infectious diseases, which covers workplace safety standards for medical personnel and the supply of sufficient facilities. Within Government Regulation No. 28 of 2024, which implements Law No. 17 of 2023 on Health, Articles 721 and 728 offer explicit legal safeguards for healthcare staff performing medical procedures that expose them to occupational hazards like infectious disease management.

Hospitals are health service facilities that have risks to occupational safety and health, so efforts to control the safety and health of the hospital are needed, to avoid various risks where these efforts are related to legal protection regulations in Article 721 and Article 728 of Government Regulation No. 28 of 2024 concerning the Implementation of Law No. 17 of 2023 concerning Health.

Hospitals as institutions that supervise medical personnel and health workers to provide health services, are responsible for all events that occur in the hospital, one of which is regarding the responsibility of legal protection in accordance with regulations that have been created by the state. One form of hospital obligation is to guarantee occupational safety and health for medical personnel, which is part of the form of legal protection and rights for health workers that have been regulated in laws and regulations (Masri, 2022).

Legal protection is all efforts that can ensure legal certainty, so that it can provide legal protection to health workers if their actions are at high risk when handling infectious diseases. One form of hospital's obligation is to guarantee occupational safety and health for medical personnel, this is a form of protection from the hospital. Ensuring the occupational safety and health of medical personnel in hospitals is also a form of obligation from hospitals, one of which is legal responsibility as it is known that hospitals are legal subjects (private and public legal entities) that have the authority to carry out legal acts and these acts bear risks and must be legally accountable (Japar et al., 2024).

Consequently, meeting hospital occupational safety and health (K3RS) standards represents an institutional obligation, encompassing a hospital's duties to its entire workforce as well as the maintenance of its facilities and infrastructure. This research intends to examine and determine the legal framework governing hospital responsibility for the workplace safety and health of practitioners delivering medical services, focusing on the core principles of liability that can be legally enforced against hospitals as healthcare facilities executing public health efforts.

Hospital accountability for occupational safety and health (K3RS) within clinical services, particularly regarding infectious disease management, is mandated by Government Regulation No. 28 of 2024. This policy serves to execute Law No. 17 of 2023, highlighting K3RS as a fundamental element of risk mitigation and secure healthcare delivery. By adhering to the directives in Articles 721 and 728 of Government Regulation No. 28 of 2024, medical centers can elevate care quality while shielding both healthcare professionals and patients from contagious threats, thereby establishing a secure and healthy institutional environment.

The enforcement of legal protections for health workers dealing with contagious outbreaks in Indonesia is not simply a theoretical matter, given that real-world circumstances

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significantly dictate its success. Even though statutory provisions are established under Law Number 6 of 2018 regarding Health Quarantine and backed by Law Number 17 of 2023 regarding Health, putting these protections into practice often meets with structural hurdles that highlight a disconnect between *das sollen* (what ought to be) and *das sein* (what actually occurs).

In the practice of handling infectious diseases, especially since the occurrence of a global pandemic such as COVID-19, health workers are in a very vulnerable position. They face not only medical risks in the form of disease exposure, but also legal, social, and psychological risks. The implementation of legal protection in this context can be seen from several main aspects, namely the protection of work safety, professional protection, and protection from discriminatory and violent acts (Nurhalimah, 2020).

First, from the aspect of occupational safety, the state through the government has tried to provide personal protective equipment (PPE), health facilities, and incentives for health workers. However, in the early phases of handling the pandemic, many reports showed limited PPE and inadequate facilities. This reflects that the implementation of state obligations as stipulated in the law is not fully optimal. In such conditions, health workers are still required to carry out their duties even though the protection provided has not been maximized, thus creating a risk of violating the right to occupational safety.

Second, in the aspect of professional protection, health workers basically have the right to legal protection as long as they carry out their duties according to professional standards and operational procedures. In practice, there are still concerns among health workers about potential lawsuits, especially in emergency situations that force them to make quick decisions with limited facilities and information. Some cases show a tendency to criminalize or report health workers for alleged medical negligence, even if these actions are carried out in emergency situations. This shows that the implementation of professional legal protection has not fully provided a sense of security for health workers.

Third, in terms of social protection, health workers in practice often face negative stigma from society. During infectious disease outbreaks, it is not uncommon for health workers to be seen as “carriers of disease”, resulting in social rejection, exclusion, and even acts of violence. In this context, legal protection should be present in the form of law enforcement against perpetrators of discrimination and violence, as well as public education to eliminate stigma. However, law enforcement on these cases is still relatively limited and has not provided a significant deterrent effect.

Fourth, the implementation of legal protection is also related to administrative and policy aspects. Health workers in carrying out their duties often depend on government policies that are dynamic and change according to the development of the situation. Policy ambiguity or inconsistencies can cause confusion in the field and potentially put health workers in a legally vulnerable position. Therefore, clarity of technical regulations and inter-agency coordination are important factors in ensuring effective legal protection.

In addition, it should be noted that legal protection for health workers is not only the responsibility of the government, but also involves the role of health institutions, professional organizations, and the community. Hospitals and health care facilities must ensure clear operational standards and internal protections for health workers. Professional organizations

also have a role in providing advocacy and legal assistance for their members who face legal problems (Sari et al., 2025).

Overall, the implementation of legal protection for health workers in the practice of handling infectious diseases in Indonesia still faces various challenges, both in terms of the availability of facilities, legal certainty, and social conditions of the community. Although a legal framework is available, its effectiveness is highly dependent on government commitment, the quality of inter-agency coordination, and public legal awareness. If this condition is not improved, then health workers will continue to be in a vulnerable position, even though they are the main actors in maintaining public safety.

CONCLUSION

Based on the findings and discussion presented earlier, the following conclusions were drawn: the statutory safeguards for healthcare workers managing infectious diseases in Indonesia are generally comprehensive under Law Number 6 of 2018 concerning Health Quarantine and Law Number 17 of 2023 concerning Health, covering occupational health, professional protection, and safe working conditions. However, implementation in practice reveals a persistent gap between legislative intent and field realities, driven by limited resources, regulatory inconsistencies, and insufficient protection against everyday clinical risks. The enforcement of legal protections for healthcare workers managing infectious disease outbreaks has not yet been fully effective due to ongoing social stigma, risks of criminal liability, and weak legal responses to acts of hostility and discrimination. To address these issues, it is essential to develop more adaptive policy strategies, strengthen inter-institutional collaboration, and engage communities alongside relevant stakeholders to ensure that healthcare personnel are adequately protected during service delivery.

Based on these conclusions, the author recommends that state authorities strengthen the implementation of Law Number 6 of 2018 concerning Health Quarantine and Law Number 17 of 2023 concerning Health by establishing clearer and more operational technical regulations related to healthcare worker protection during infectious disease outbreaks. Key priorities include ensuring the availability of adequate personal protective equipment (PPE), safeguarding occupational health standards, and enforcing robust legal protections to prevent the criminalization of healthcare professionals acting in accordance with established professional standards. To ensure the safety of healthcare workers, stronger coordination is required among central and regional governments, healthcare institutions, and professional associations, particularly in providing legal assistance and establishing effective reporting mechanisms for incidents of violence or discrimination. Furthermore, government institutions should actively promote public education to reduce stigma against healthcare workers while strengthening law enforcement against any actions that compromise their safety and professional dignity.

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