

# Legal Prescriptions and the Effectiveness of Sanctions for Harassment and Malpractice in Traditional Medicine Clinics

Monita Tinting Sirenden, Fayola Issalillah, Yeni Vitrianingsih

Universitas Sunan Giri Surabaya, Indonesia

## ARTICLE INFO

### Article history:

Received 22 April

Revised 11 May

Accepted 20 May

### Key words:

Patient protection,

Traditional medicine,

Malpractice,

Harassment,

Legal sanctions,

Government regulation no. 103 of 2014,

Evidentiary challenges.

## ABSTRACT

This literature study examines the legal framework for protecting patients from harassment and malpractice in traditional medicine clinics in Indonesia, focusing on legal prescriptions and sanction mechanisms. The research employs a normative juridical method, analyzing primary and secondary legal sources. The findings indicate that patient protection is normatively regulated through a multi-layered framework encompassing administrative law (Government Regulation No. 103 of 2014 on Traditional Health Services), civil law (Civil Code and Consumer Protection Law), and criminal law (Criminal Code and Sexual Violence Crime Law). However, the effectiveness of these legal instruments is significantly constrained. Qualifying and proving malpractice elements within the unique context of diverse and less-standardized traditional practices poses a major challenge. Furthermore, the enforcement of administrative, civil, and criminal sanctions is hindered by weak inter-institutional coordination, limited supervisory capacity, substantial evidentiary barriers due to poor documentation, and profound socio-cultural obstacles such as stigma and community pressure. These factors collectively undermine the deterrent effect on perpetrators and the adequacy of remedies for victims. The study concludes that strengthening patient protection requires not only regulatory refinement but also systemic improvements in oversight implementation, law enforcement capacity, victim support systems, and public legal awareness.

## INTRODUCTION

The relationship between healthcare practitioners and patients, in all its forms, is built upon a foundation of trust and knowledge asymmetry. Patients surrender bodily autonomy and their well-being with the belief that practitioners will act in their best interests. In conventional medical practice, this fiduciary relationship has long been recognized and protected by strict ethical legal frameworks and an evolving malpractice law regime. The principle of *primum non nocere* (first, do no harm) and the obligation to obtain informed consent are cornerstones that safeguard patients' physical integrity and autonomy. However, when we enter the realm of traditional medicine, the regulatory and protection landscape becomes far more complex and often less clearly defined. Traditional medicine, which includes systems such as *jamu*, acupuncture, massage, and various local healing practices, constitutes an integral part of healthcare systems in

many countries, including Indonesia, and is officially recognized by the World Health Organization (WHO) and regulated within national policy frameworks (Alfarizi, 2022).

Traditional medical practice has unique characteristics that distinguish it from Western medicine (Nasrudin, 2021). Knowledge is often transmitted orally and empirically, procedural standards may vary significantly depending on the school or family lineage, and the boundaries of intervention may be less measurable in biomedical terms. While these characteristics enrich the diversity of health approaches, they also create vulnerabilities for patients. Information asymmetry between patients and traditional practitioners can be more extreme, given that such knowledge is often surrounded by an aura of local wisdom or spirituality that may discourage critical questioning from patients. Consultation spaces that are private in nature, sometimes even located in the practitioner's home,

\* Corresponding author, email address: [fayolaissalillah@gmail.com](mailto:fayolaissalillah@gmail.com)

increase the risk of patient isolation. In such environments, the potential for professional boundary violations, exploitation, and malpractice becomes real, yet mechanisms for detection, reporting, and legal enforcement are often not as comprehensive as those in the conventional medical sector. The legal rights of patients, including those from disadvantaged groups, must be guaranteed protection in every healthcare service provided (Noor et al., 2023).

Malpractice in traditional medicine can take many forms, ranging from misdiagnosis or improper therapy that causes physical injury, the use of hazardous substances that are not disclosed, unrealistic promises of recovery (violating the principle of informed consent), to financial exploitation (Yunanto & Helmi, 2024). A report by the WHO on traditional medicine has emphasized the importance of regulation to ensure safety, quality, and effectiveness, as well as to protect consumers from harmful practices and fraud. However, the most sensitive and trust-damaging violations involve abuse whether verbal, psychological, or sexual that occurs within the dynamics of an unequal therapeutic relationship. Such abuse represents a double betrayal: against the patient's body and against the ethics of healing that should be at the core of every healthcare interaction. In conventional medicine, such acts are classified as serious ethical violations and may be subject to legal sanctions. Studies on the falsification of health certificates from criminal law and professional ethics perspectives demonstrate that patient protection requires firm legal enforcement against various forms of violations (Hartika et al., 2023).

In Indonesia, recognition of traditional medicine is contained in Law Number 36 of 2009 concerning Health. Article 1 paragraph 17 defines traditional health practices as treatment and/or care using methods and remedies based on inherited experience and skills. This law opens the door for further regulation, including certification and standardization. Challenges and transformations in national health development from legal, service accessibility, and infectious disease management perspectives require serious attention from all stakeholders (Harianto et al., 2024). However, this law and its implementing regulations focus more on recognition, product standardization, and practitioner licensing. Regulations that specifically and operationally govern patient protection from malpractice and abuse in interactions within traditional medicine clinics remain very limited. The absence of a uniform national ethical guideline for traditional practitioners, complaint systems that are unfamiliar to the public, and clear and consistent sanction

mechanisms creates an ambiguous legal environment.

This legal ambiguity places patients of traditional medicine in a vulnerable position. When malpractice or abuse occurs, patients often face a dead end. They may hesitate to report incidents due to stigma, distrust of the formal legal system, or lack of awareness of their rights. On the other hand, practitioners who commit violations may continue operating without adequate accountability. Therefore, an in-depth examination of the existing legal construction is highly necessary. Such analysis needs to explore how legal prescriptions whether derived from general health law, criminal law, civil law, or professional ethics that may develop independently can and should be applied to protect patients in traditional medicine clinics. In addition, analyzing the effectiveness of available sanction mechanisms, whether administrative, civil, or criminal, is essential to understand the extent to which law can function as both a deterrent and a remedy for injustices occurring within this unique practice environment.

The first issue lies in the ambiguity surrounding the standard of conduct and negligence (standard of care) applicable to traditional medicine practitioners. In conventional medical malpractice, this standard is measured by what a prudent and competent doctor would do under the same circumstances (the prudent and competent doctor standard). This objective standard is supported by scientific evidence, clinical protocols, and professional recognition. Studies on misdiagnosis and the legal responsibility of doctors show that the aspects of information and communication between doctors and patients are crucial in healthcare systems (Setiyadi et al., 2023). However, establishing a similar standard for traditional medicine is extremely difficult. Diverse knowledge systems, non-universalized techniques, and variations in treatment philosophies make it highly subjective to determine whether a particular action constitutes malpractice. A practitioner may argue that their actions align with the school of practice or inherited knowledge they follow, while the patient suffers harm. Without a strong national professional body capable of establishing and enforcing a code of ethics and minimum practice standards, it becomes very difficult to prove negligence or deviation from accepted norms. The absence of clear standards creates a legal fog that shields unscrupulous practitioners and disadvantages patients seeking justice.

The second issue concerns overlapping and gaps in jurisdiction in law enforcement. For example, a case of sexual harassment in a traditional massage

clinic may be viewed through three different yet overlapping legal lenses: general criminal law (the Criminal Code provisions on indecent acts), health law (violations of therapeutic ethics), and consumer protection law (violations in the provision of services). However, the criminal law process may be hindered by difficulties in obtaining evidence and the trauma experienced by victims. Administrative sanctions imposed by the health office may be too lenient or difficult to enforce due to the lack of routine supervision. Civil legal action through a lawsuit based on unlawful acts requires legal knowledge and resources that victims often do not possess. Furthermore, it is unclear which institution should serve as the first entry point for patient complaints. Should it be the police, the health office, consumer protection agencies, or professional organizations of traditional medicine practitioners? This confusion often leaves victims uncertain about where to begin, resulting in many cases that are never reported or followed up.

The third issue relates to the specific vulnerabilities of patients and cultural barriers in accessing justice. Patients who seek traditional medicine often come from communities with strong beliefs in such practices, or they are individuals who have become disappointed with conventional medicine and are in a state of desperation. These psychological and physical vulnerabilities can be exploited by unethical practitioners. Social support plays an important role in reducing anxiety, for example among pregnant women before childbirth, indicating that psychological aspects must also be considered in health recovery (Issalillah & Khayru, 2022). Furthermore, therapeutic relationships in traditional medicine are often framed within a teacher–student relationship or involve spiritual elements, which may create highly unequal power dynamics and discourage patients from reporting abuse due to feelings of disrespect or fear of spiritual consequences. Barriers related to language, education, and access to formal legal assistance further aggravate the situation. As a result, although patients normatively possess rights protected by the constitution and positive law, in practice their access to legal remedies remains very limited. This cycle reinforces impunity and hinders the creation of a traditional medicine ecosystem that is safe, trustworthy, and accountable.

The importance of this study is driven by the increasing integration of traditional medicine into national and global healthcare systems. In its Traditional Medicine Strategy 2014–2023, the World Health Organization (WHO) emphasizes the need

for regulations that ensure patient safety and service quality. Countries, including Indonesia, are currently in the process of developing and strengthening regulatory frameworks for traditional practitioners and products. In this regulatory momentum, the issue of patient protection from malpractice and abuse must become a central consideration rather than merely a secondary effect. Integrating strong protection mechanisms and sanctions from the outset of regulatory design will be far more effective than attempting to patch them later after a public trust crisis occurs. Critical academic studies can provide the evidence and recommendations needed by policymakers to design a comprehensive system.

At the societal level, awareness of patient rights and intolerance toward abuse in healthcare services continues to grow. Movements such as #MeToo have highlighted the abuse of power in various professional contexts, including medicine. This wave of awareness must also extend to the realm of traditional medicine, a sector that serves millions of people but often escapes strict public scrutiny. This research can contribute to community empowerment by clarifying patients' legal rights and the available pathways to defend those rights. By documenting and analyzing gaps in legal protection, this study can serve as an advocacy tool for civil society organizations and victim groups to encourage necessary reforms.

From the perspective of justice and equality in access to law, this issue touches on a fundamental principle. Every individual, regardless of whether they choose conventional or traditional medicine, is entitled to equal legal protection from harm and abuse. Allowing a large healthcare sector to operate within a vague or weak legal framework creates systemic injustice. Patients of traditional medicine, who often come from particular economic or social groups, must not become second-class citizens in terms of legal protection. The impact of social inequality on public health also needs to be analyzed to identify appropriate policy solutions (Nalin et al., 2022). Therefore, reviewing and strengthening legal prescriptions and sanction mechanisms is not merely a technical issue of health regulation but a moral and constitutional imperative to ensure that the law protects everyone fairly and effectively, wherever they seek healing.

This research aims to comprehensively analyze the legal framework for protecting patients from abuse and malpractice in traditional medicine clinics in Indonesia. Specifically, the study seeks to examine the applicable legal prescriptions, including criminal, civil, and administrative law, that can be applied to

protect patients. Furthermore, the research will analyze the challenges in qualifying and proving elements of malpractice and abuse within the unique and diverse standards of traditional medical practice. The third objective is to evaluate the effectiveness of various available legal sanction mechanisms whether administrative sanctions from the government, civil compensation, or criminal penalties in creating deterrent effects and delivering justice for victims. Theoretically, this study is expected to develop an understanding of how malpractice law principles and consumer protection concepts can be applied and adapted within the realm of traditional medicine. Practically, the research findings are expected to provide recommendations for policymakers, health regulators, and professional ethics code developers to strengthen a patient protection system that is fair, accessible, and effective within the traditional medicine sector.

## RESEARCH METHOD

This study is a normative legal literature review employing a qualitative approach, designed to investigate, interpret, and synthesize legislation and academic thought related to the research topic. The data sources used are entirely secondary and are classified into primary and secondary legal materials. Primary legal materials include relevant Indonesian legislation, such as the Health Law, the Criminal Code, the Civil Code, the Consumer Protection Law, and derivative regulations at the governmental and ministerial levels governing the practice of traditional medicine. Secondary legal materials consist of textbooks on health law and medical ethics, national and international scientific journal articles, previous research findings, and official publications from institutions such as the Food and Drug Supervisory Agency as well as professional organizations. Data collection was conducted through systematic searches in legal databases, university digital libraries, and accredited journal repositories.

The analytical technique applied in this research is qualitative content analysis with a legal interpretative approach. This method was chosen due to its ability to extract meaning, identify normative patterns, and develop an in-depth understanding of legal and academic texts. The analytical process follows the stages described by methodological scholars such as Bryman (2016) and Elo and Kyngäs (2008). The initial stage involved intensive and repeated reading of all materials to gain a comprehensive understanding of the regulatory landscape. Subsequently, a coding

process was carried out on the texts to identify meaningful units related to the research questions, such as “definition of traditional malpractice,” “elements of harassment,” “standard of care,” “types of administrative sanctions,” and “civil litigation mechanisms.” These codes were then grouped into broader thematic categories, which were continuously refined and interconnected to build coherent legal arguments.

The validity and reliability of the synthesis in this study were maintained through data source triangulation and procedural rigor. Triangulation was carried out by comparing and confirming interpretations from various types of sources, including legislation, academic literature, and court decisions (where available). The systematic and well-documented analytical process allows for an audit trail of the reasoning employed. This study also applies methods of legal interpretation, including grammatical, systematic, and teleological interpretation, to understand the intent and purpose of the legal norms examined. Through this rigorous methodological approach, the research aims to produce a critical, structured, and evidence-based review of the strengths and weaknesses of the current legal regime in protecting patients of traditional medicine, while also providing a solid foundation for future policy recommendations.

## RESULT AND DISCUSSION

### Legal Construction of Patient Protection from Harassment and Malpractice in Traditional Medicine

Legal protection for patients receiving traditional medicine is an important issue within Indonesia’s healthcare service system. Legal protection for patients from harassment and malpractice in traditional medicine clinics in Indonesia derives from a layered normative framework that includes administrative law, civil law, and criminal law. The administrative foundation and its recognition are explicitly regulated in Law Number 36 of 2009 concerning Health, which serves as the constitutional basis for all healthcare services in Indonesia. This law recognizes traditional health practices as part of health service delivery that must be developed and supervised by the government. Article 1 paragraph 17 of the Health Law provides a formal definition of traditional health practices, while Articles 59 and 60 stipulate that community cultural traditions in the health sector may be preserved, but traditional healing that utilizes technology must obtain permission from the government. Legal protection for patients against negligence by healthcare providers is a fundamental aspect that must be guaranteed in every healthcare

service system, including in the domain of traditional medicine (Lethy et al., 2023).

These provisions create the first administrative obligation for traditional practitioners and clinics: the requirement to obtain a practice license. This obligation is not merely a formality but serves as the entry point for state supervision over the safety and feasibility standards of practice. Without a license, a practice may be considered illegal, and any harm that arises can more easily be associated with a violation of this fundamental legal obligation. Through this administrative construction, the state positions practice licensing as an initial instrument to ensure patient safety and the accountability of service providers.

Regulation at the statutory level is further elaborated through implementing regulations that are technical and operational in nature. From the perspective of administrative law, Government Regulation Number 103 of 2014 concerning Traditional Health Services operationalizes the mandate of the Health Law. This regulation serves as the main instrument that specifically regulates licensing procedures, competency requirements, and service standards. In terms of patient protection, the regulation requires every Traditional Health Practitioner to possess competency proven by certification, and clinics or practice locations must meet certain facility and infrastructure standards. The legal rights of persons with disabilities in accessing healthcare services demonstrate that clear and accessible information is an essential element in an inclusive health system (Subiakso et al., 2023).

Violations of administrative provisions under this regulation, such as practicing without a license or competency certificate, may result in administrative sanctions in the form of written warnings, temporary suspension of licenses, or permanent revocation of licenses. This mechanism provides the government particularly the Health Office with the authority to undertake corrective and preventive actions. If a clinic is found to engage in serious harassment or malpractice, the revocation of administrative permits can terminate its operations, thereby preventing further victims. However, the effectiveness of these administrative sanctions largely depends on the capacity and willingness of supervisory authorities in the field to conduct routine monitoring and respond promptly to complaints. This condition indicates that administrative protection depends not only on legal norms but also on the effectiveness of institutional oversight at the implementation level.

In addition to administrative supervision, the legal relationship between patients and traditional

medicine practitioners also generates civil law consequences. In the realm of civil law, the relationship between patients and traditional medicine practitioners can be qualified as a reciprocal healthcare service agreement. Patients receiving traditional healthcare services have the right to obtain explanations regarding the services provided, request the opinion of health practitioners, receive services according to their needs, refuse complementary treatment actions, and access their health records. Meanwhile, patients are obliged to provide honest information, comply with the recommendations and regulations of the health facility, and pay compensation for the services received (Siswanto et al., 2022).

Patients pay a certain amount of money sometimes even in the form of goods in exchange for therapy or treatment services. Therefore, the provisions of the Civil Code concerning obligations and breach of contract apply. Traditional practitioners have an obligation to deliver their services in good faith and in accordance with the nature of the agreement. Malpractice, such as therapeutic errors that cause injury, may be considered a breach of contract because the practitioner fails to provide the promised performance (medical services) that meet objective safety standards.

An even stronger legal basis may be found in Article 1365 of the Civil Code concerning unlawful acts. Any act that violates the law and causes harm to another person obliges the responsible party to compensate for the damage caused. Acts of sexual or psychological harassment within the therapeutic space clearly constitute violations of a patient's personal rights to safety and dignity, which are protected by law. On this basis, victims may claim compensation for both material damages (medical expenses, economic losses) and immaterial damages (emotional suffering and trauma). Civil law mechanisms thus provide an avenue for victim recovery by placing the patient's losses at the center of legal accountability.

Consumer protection law further expands the basis of liability for providers of traditional healthcare services. Law Number 8 of 1999 concerning Consumer Protection provides an additional civil legal basis that is highly relevant in this context. Traditional medicine clinics, particularly those that operate as legal entities or with a profit orientation, can be categorized as business actors providing services. Article 4 of the Consumer Protection Law guarantees consumers the right to comfort, security, and safety in the consumption of goods and/or services. Article 7

obliges business actors to provide guarantees for the goods and/or services they offer. If a therapeutic action turns out to constitute harassment, or if a herbal remedy causes poisoning, this represents a direct violation of the obligation to ensure service safety. Consumer protection in the healthcare sector, including the legal responsibility of pharmacists, also requires strict supervision by the government (Setiawan et al., 2023).

Furthermore, Article 19 of the Consumer Protection Law establishes strict liability for business actors to compensate for losses resulting from defects in services. In this context, the concept of “defect” may be interpreted broadly to include therapeutic procedures that are harmful or exploitative. Article 19 paragraph (3) stipulates that compensation must be provided within seven days after the transaction (Widyorini & Hartati, 2023). The Consumer Protection Law also provides a relatively faster dispute resolution mechanism through the Consumer Dispute Settlement Agency (BPSK), which may serve as an alternative forum for victims in addition to the district court. The existence of this law strengthens the position of patients through more progressive compensation mechanisms and relatively accessible dispute resolution procedures.

When violations extend beyond the administrative and civil domains, criminal law functions as the ultimate instrument of protection for patients. In cases of harassment, particularly sexual harassment, criminal law provides the principal repressive mechanism. Provisions within the former Criminal Code, especially Article 285 concerning rape, Article 289 concerning indecent acts against a helpless person, and Article 294 concerning abuse of authority to commit indecent acts, may be applied. The element of “abuse of circumstances” in Article 289 is particularly relevant considering the vulnerable position of patients who are ill and dependent on practitioners. If harassment occurs through violence or threats, Article 285 may apply. Article 294 specifically targets officials or individuals entrusted with the care of others who commit indecent acts, which by analogy may apply to practitioners entrusted with patient care.

In addition, the Health Law itself in Article 190 (under Law Number 36 of 2009) threatens imprisonment for any person who intentionally conducts traditional healthcare services without a license and causes the transmission of disease, serious injury, or death. This provision may be used to prosecute severe malpractice resulting in fatal consequences. These criminal provisions affirm that traditional medicine practices do not exist outside

the reach of the state’s repressive legal framework.

The reformulation of national criminal law also influences the approach to cases of malpractice and harassment in healthcare services. Recent developments in criminal law with the enactment of Law Number 1 of 2023 concerning the new Criminal Code bring significant changes. The new Criminal Code introduces a special chapter on Crimes Against the Body (Chapter XVII) and expands regulations concerning sexual harassment. Article 415 regulates non-physical sexual harassment (verbal and non-verbal), while Article 416 addresses physical sexual harassment. Ethical and legal considerations in the dissemination of accident victim information through digital media demonstrate that the protection of data and personal information is important in all aspects of life (Muhammad et al., 2023).

The element of “abuse of a relationship arising from circumstances, position, or employment” within the context of sexual harassment further clarifies criminal liability for practitioners who harass their patients. In addition, the new Criminal Code continues to include provisions on assault (Article 351), which may be applied when malpractice results in physical injury. Thus, the new Criminal Code provides a more modern and specific criminal instrument for prosecuting perpetrators of harassment within therapeutic settings, including traditional therapy. These changes reflect a shift in the criminal law paradigm toward protection that is more sensitive to power relations within healthcare service contexts.

The main issue arises at the stage of proof and assessment of fault. Although the legal framework appears comprehensive, there are fundamental challenges in applying malpractice standards to traditional medicine. In both criminal and civil law, determining fault often depends on the violation of an “applicable professional standard.” In modern medicine, such standards are relatively measurable based on evidence-based scientific knowledge. In contrast, professional standards in traditional medicine are highly diverse, decentralized, and often based on local wisdom or particular schools of practice. This situation creates difficulties in proof. A practitioner may argue that their actions conform to the knowledge or tradition they follow.

To address this issue, administrative regulations such as Government Regulation Number 103 of 2014, which requires competency certification, should serve as a reference for minimum standards. If a certified practitioner performs actions that significantly deviate from the material covered in their certification or from the professional code of

ethics, such deviation may serve as evidence of negligence. However, if the practitioner is not certified and operates within a highly localized knowledge system, legal assessment becomes highly complex and subjective.

Regarding the practice of healthcare services without competence, criminal sanctions and/or fines may be imposed when healthcare practitioners do not possess a Registration Certificate (STR) and Practice License (SIP/SIK). Criminal sanctions are stipulated in Article 85 paragraph (1) and Article 86 paragraph (1) of Law Number 36 of 2014, which impose fines of up to 100 million rupiah (Payasan et al., 2022). This situation demonstrates the need to strengthen minimum standards capable of bridging the diversity of traditional practices with legal certainty.

Another crucial aspect of patient protection is the fulfillment of the right to informed consent. The principle of informed consent, which is a pillar of modern health law, also faces challenges in the context of traditional medicine. This concept is implicitly recognized in the Health Law, which guarantees patients the right to information. However, questions arise regarding the form and depth of information that must be provided by a traditional healer, such as a *sinshe* or *tabib*. The regulation of medical product advertising and patient protection as consumers of health services also requires attention within a broader legal framework (Sahidu et al., 2023). Information regarding risks is often not based on clinical trials but rather on empirical experience.

More problematically, in cases where harassment is disguised as therapy for example, so-called “aura cleansing” involving sexual contact valid consent cannot exist because the information provided is fundamentally deceptive. In such cases, the absence of valid informed consent may serve as a strong basis for both civil claims (unlawful acts) and aggravated criminal liability, since the act is carried out through deception that traps the victim in a state of ignorance. In this context, informed consent functions as an ethical and legal boundary that cannot be negotiated in any form of therapeutic practice.

Theoretically, these three legal regimes are designed to operate in an integrated and mutually reinforcing manner. The interaction between these legal frameworks should ideally strengthen one another. For instance, a report of harassment submitted to the police (criminal pathway) should trigger an investigation by the health authority (administrative pathway) concerning the perpetrator’s practice license. A criminal judgment that has obtained permanent legal force can also

serve as primary evidence in civil litigation for compensation. Analysis of electronic medical records from the perspective of health law shows that proper documentation is essential to protect both patient rights and healthcare providers (Kholis et al., 2023).

However, in practice, coordination between law enforcement institutions such as the police, prosecutors, and courts and health authorities is often weak. Victims frequently must undergo separate and repetitive legal processes, which may intensify their trauma. In addition, social stigma and skepticism among law enforcement officials regarding the legitimacy of traditional medicine sometimes result in reports of harassment or malpractice not being taken seriously. Such cases may be treated merely as ordinary civil disputes, or the victim may even be blamed for “choosing the wrong treatment.” These weaknesses in coordination may ultimately undermine the effectiveness of the legal protection framework that has been normatively designed.

Patient protection in traditional medicine is therefore a multidimensional issue that requires consistent legal implementation. Overall, Indonesian positive law actually provides a relatively comprehensive set of legal instruments to protect patients receiving traditional medical treatment. This protection operates in multiple layers, beginning with administrative regulations aimed at preventing illegal and incompetent practices, complemented by civil mechanisms for compensation, and reinforced by criminal sanctions for the most serious prohibited acts.

Nevertheless, the effectiveness of this protection does not lie solely in the completeness of statutory provisions but in their implementation. The primary challenges involve harmonizing the application of standards within a highly diverse practice environment, strengthening coordination and the capacity of administrative supervision, and ensuring victims’ access to justice through the dissemination of their rights and the availability of legal assistance. Without serious efforts at the implementation level, patients of traditional medicine will remain in a vulnerable position, with legal protection that is more symbolic than real. Strengthening implementation therefore becomes a fundamental prerequisite for ensuring that legal protection truly functions as a concrete safeguard for patients.

### **Qualification and Proof of Malpractice and Harassment in the Context of Traditional Practice Standards**

Legal assessment of traditional medicine practices

requires an analytical framework that is sensitive to their unique characteristics and normative sources. The qualification of malpractice in traditional medicine requires a fundamentally different approach from malpractice in conventional medicine. Although the core violation remains the same namely the failure to meet the applicable standard of care resulting in harm the parameters for determining such standards cannot simply be imported from evidence-based medical practice. The regulation of traditional medicine through telemedicine also demonstrates that technological innovation must be balanced with regulations that protect patients (Sasmita et al., 2023).

The primary objective reference is Government Regulation Number 103 of 2014 concerning Traditional Health Services. This regulation distinguishes three types of services: empirical traditional services, complementary traditional services, and integrated services combining traditional and conventional healthcare. Each category carries different implications for determining applicable standards. For empirical traditional services, standards largely refer to rules, norms, and procedures that have been passed down through generations within certain communities and whose benefits and safety are empirically recognized. Therefore, the qualification of malpractice must consider whether the practitioner deviates from those recognized traditional rules.

For example, if within a particular traditional massage lineage there exists a prohibition against massaging certain areas of the body for patients with specific symptoms, and that prohibition is violated resulting in injury, such conduct may be qualified as a breach of the applicable standard. This approach demonstrates that standards in empirical services are contextual and rooted in recognized community practices. The complexity of determining standards increases further when traditional practices intersect with technology or modern medicine. In complementary and integrative traditional services, the applicable standards are higher because they involve the use of technology or a combination with modern medical practices. In such cases, compliance with Standard Operating Procedures (SOPs) established by the government or professional associations becomes essential. Government Regulation No. 103 of 2014 requires Traditional Health Practitioners (TKT) operating in these categories to possess specific competencies. Legal protection for nurses in hospital medical practice similarly illustrates that both healthcare professionals and patients require legal certainty (Yulius et al., 2023).

Malpractice occurs when a TKT performs actions outside the scope of their certified competence or violates the applicable SOPs. For example, an acupuncture therapist who lacks the competence to perform spinal manipulation but nevertheless performs a rough manipulation causing a pinched nerve has clearly acted outside the accepted scope of acupuncture practice. Consequently, the qualification of malpractice depends heavily on determining the scope of competence and the applicable standards that should be followed based on the classification of services and the practitioner's certification. This clarification of classification highlights the crucial role of certification and regulation as primary benchmarks of professional accountability.

The consequences of these differing standards are also reflected in the construction of civil lawsuits. The elements that must be proven in civil claims based on unlawful acts (Article 1365 of the Civil Code) require a shift in emphasis in the traditional medicine context. The element of an "unlawful act" can be fulfilled by demonstrating a violation of provisions contained in the Health Law and Government Regulation No. 103 of 2014. Such violations do not necessarily involve deviation from biomedical science; rather, they may consist of noncompliance with administrative and procedural requirements mandated by sectoral regulations.

Regulation concerning the ethical and legal aspects of medical record documentation by physicians illustrates that proper documentation is essential for maintaining accountability in healthcare services (Mubarak et al., 2023). For instance, the use of tools or herbal preparations that are not registered or do not meet safety standards set by the government constitutes a formal unlawful act. The element of "damage" must still be proven concretely, whether in the form of physical, psychological, or financial loss.

The most challenging element is the "causal relationship" between the unlawful act and the resulting damage. This is where expert testimony often becomes central in disputes between victims and practitioners. The victim must demonstrate that the harm suffered for example kidney failure was caused by a particular herbal remedy administered by the practitioner, rather than by a pre-existing medical condition or other treatments. Consequently, the focus of proof shifts from absolute scientific validity to compliance with the applicable legal norms governing the practice.

Causality issues carry serious implications for the need for expert testimony. Proving a causal relationship often requires expert

testimony. However, difficulties arise in determining who qualifies as an expert in traditional medicine. Can an internal medicine specialist serve as a competent expert to assess the side effects of a herbal remedy? Or is a pharmacologist specializing in medicinal plants needed to understand the dosage and interaction of active compounds? The dilemma that arises is whether the uniqueness and complexity of traditional medical malpractice cases justify deviations from the evidentiary requirements commonly applied in other civil cases (Cek, 2020). In judicial practice, courts may rely on *visum et repertum* issued by forensic doctors to prove physical injury, but such reports generally only state the presence or absence of wounds or pathological conditions, rather than establishing their causal connection with a specific traditional treatment. The absence of officially recognized “traditional medicine experts” within the judicial system poses a significant obstacle. Government Regulation No. 103 of 2014 actually opens opportunities by mandating supervision and guidance by designated institutions, yet these institutions have not generally been utilized as providers of expert testimony in court. This institutional gap weakens the victim’s position in proving their claims legally.

In harassment cases, particularly sexual harassment, the legal qualification is more universal; however, the evidentiary process still faces unique challenges within the traditional treatment setting. Harassment, especially sexual harassment, is often wrapped in rituals or stages of therapy that are portrayed as sacred or confidential. Practitioners may use narratives such as “chakra cleansing,” “energy transfer,” or “healing rituals” to legitimize inappropriate physical contact. The protection of patient rights from legal and medical ethical perspectives in Indonesia shows that ethical violations can have legal consequences (Herisasono et al., 2023). In such cases, the key element of proof lies in the absence of valid informed consent and the lack of therapeutically accountable relevance. Victims must demonstrate that the explanation given prior to the procedure was vague, misleading, or not provided at all. Evidence may include the victim’s testimony about what was explained, or the absence of written records regarding the therapy plan and consent as required under service standards. The perpetrator’s behavioral patterns can also serve as strong supporting evidence; if more than one victim reports similar experiences, this strengthens the allegation that the acts were intentional and not part of legitimate therapy. This approach places the substance of the act above the symbolic or spiritual claims put forward by the perpetrator.

Beyond harassment, the criminal dimension of malpractice also requires contextual assessment. Proving elements of intent (*dolus*) or negligence (*culpa*) in criminal malpractice requires a contextual approach. To establish negligence, prosecutors must demonstrate that the practitioner failed to exercise due care in accordance with the standards of their profession. Legal protection for the implementation of immunization in cases of adverse events following immunization shows that legal responsibility of health workers is crucial (Riyanto et al., 2023). The standard of “due care” for a traditional bone-setter (*tukang urut*) is certainly different from that for an orthopedic doctor. These standards may be derived from several sources: first, ethical codes or practice standards issued by relevant traditional medicine professional associations (if any); second, Government Regulation No. 103 of 2014 and its implementing regulations, which establish general obligations such as not harming patients and referring them to other health facilities when necessary; and third, general practices commonly observed among competent practitioners in the same field. If it can be proven that the practitioner acted far below these common standards—for example, by administering herbal remedies in extremely high doses that are uncommon within their community—then the element of negligence may be fulfilled. This assessment confirms that criminal standards still rely on the reasonableness of practice within its contextual framework.

Another serious challenge arises at the stage of factual evidence gathering in the field. The most significant practical obstacle in evidence gathering is the lack of documentation. Unlike electronic or written medical records in hospitals, consultations and treatments in traditional clinics often leave no detailed records. There may be no written anamnesis, formal diagnosis, treatment plan, or medication records. When disputes arise, this situation severely disadvantages victims because they struggle to prove what actually occurred, what type of therapy was administered, and what explanations were given by the practitioner. Government Regulation No. 103 of 2014 actually anticipates this issue by requiring Traditional Health Practitioners (TKT) to record the services they provide. However, its implementation in practice remains far from satisfactory. As a result, evidentiary processes often rely almost entirely on oral testimonies between the victim and the practitioner, turning the case into a “swearing contest” that is difficult for judges to resolve. The absence of documentation significantly exacerbates the imbalance of power between victims and practitioners.

Given these circumstances, evidentiary approaches cannot be applied in a fragmented manner. To overcome these evidentiary challenges, an integrative strategy is necessary. At the investigation stage, investigators need to collaborate with local health authorities to inspect clinics, secure remaining herbal remedies or equipment used, and identify additional witnesses such as current or former patients. Expert examinations from multiple disciplines may also be required, for example involving medical doctors to confirm physical injuries and traditional medicine experts to assess deviations from established standards. Research on service quality and patient satisfaction in public health services shows that complete and integrated information significantly influences public trust (Khayru & Issalillah, 2022). At the judicial stage, judges need to deepen their understanding of the characteristics of traditional medicine practices, possibly by requesting expert testimony from academics or senior practitioners recognized for their integrity. Courts may also apply a reversal of the burden of proof in certain matters, such as licensing and professional competence, requiring the accused practitioner to demonstrate that they have fulfilled all administrative requirements and acted in accordance with applicable standards. Such strategies open the possibility for more balanced legal protection for victims.

Overall, this discussion illustrates a complexity that cannot be simplified. In conclusion, the qualification and proof of malpractice and harassment in traditional medicine constitute a complex legal process that requires adaptation of general legal principles. This process must translate abstract standards of "due care" and "competence" into the reality of practices that are highly diverse and often undocumented. Studies on patient satisfaction based on service quality and health facility location show that accessibility and service quality strongly influence public trust (Mardikaningsih, 2022). The success of this process depends on three key pillars: first, the existence and enforcement of clear and operational sectoral regulations (such as Government Regulation No. 103 of 2014); second, the development of the capacity of law enforcement and judicial institutions to understand the ecosystem of traditional medicine; and third, the improvement of documentation culture and accountability among traditional practitioners themselves. Without progress in these three areas, victims of harassment and malpractice in traditional clinics will continue to face significant barriers in proving the truth and obtaining justice, even though

their rights are normatively recognized by law. It is at this point that the greatest challenge in the legal protection of traditional medicine patients lies.

### **Effectiveness of Legal Sanction Mechanisms for Perpetrators of Harassment and Malpractice in Traditional Clinics**

Evaluating legal sanctions requires an approach that is not only normative but also functional in practice. The effectiveness of legal sanction mechanisms must consider two primary objectives: creating a deterrent effect that prevents perpetrators and others from committing similar violations, and providing adequate remedies for victims to restore their condition, both materially and immaterially. The transformation of health services through artificial intelligence demonstrates that technological innovation can help improve the quality and accessibility of healthcare services (Khayru, 2022). Among the three layers of sanctions, administrative sanctions regulated in Government Regulation No. 103 of 2014 concerning Traditional Health Services have the potential to serve as a rapid and direct preventive tool. The authority of local governments to issue warnings, suspend, or revoke the Identification Certificate for Traditional Health Practitioners (*Surat Tanda Pengenal Tenaga Kesehatan Tradisional - STPT*) and clinic operational permits constitutes an intervention that can immediately halt dangerous practices. The effectiveness of these sanctions, however, depends heavily on proactive and responsive supervisory capacity. In reality, the supervisory function of district or municipal health offices over traditional clinics is often suboptimal due to limited human resources, budget constraints, and competing priorities. Many traditional clinics operate without permits or exceed the scope of their licenses without detection. Consequently, the threat of administrative sanctions loses its credibility as a deterrent factor. Deterrence arises only when perpetrators believe their violations will be detected and lead to serious consequences. This uncertainty causes administrative sanctions to often remain merely regulatory provisions on paper without real coercive force in practice. This situation demonstrates that the speed of administrative sanctions does not always correspond to their strength as preventive tools.

While administrative sanctions are oriented toward prevention, civil sanctions place greater emphasis on victim recovery. Civil sanctions, which aim to provide remedies to victims, face different challenges. In theory, compensation obtained through lawsuits based on Article 1365 of the Indonesian Civil

Code or the Consumer Protection Law can be comprehensive, covering the costs of further medical treatment, loss of income, and compensation for emotional suffering. The implementation of positive Indonesian law in combating fraud and forgery in health insurance demonstrates the importance of protecting both the industry and consumers (Setiawan et al., 2023). However, the effectiveness of civil sanctions as a remedial mechanism is significantly weakened by barriers to access to justice. Victims of harassment or malpractice in traditional clinics often come from lower- to middle-income groups with limited legal literacy. In some cases, the consequences of medical malpractice are not firmly addressed by the relevant authorities, further reinforcing perceptions of impunity within society (Farias & Catherine, 2023). The lengthy and complex civil litigation process, which requires legal representation and court fees, becomes a major obstacle. Moreover, even if the victim wins the lawsuit, the enforcement of the judgment to compel the perpetrator to pay compensation may become another problem if the perpetrator lacks sufficient assets or deliberately transfers their property. Thus, although civil sanctions in the form of compensation appear conceptually fair, in practice they often fail to function as an effective recovery channel for most victims, rendering their remedial function largely illusory. These structural barriers make civil justice difficult to access for those who most need legal protection.

Unlike civil sanctions, criminal sanctions primarily focus on punishment and general deterrence. Criminal sanctions are often considered the strongest deterrent instrument because they involve the threat of deprivation of liberty through imprisonment. In cases of sexual harassment, the enactment of Law No. 12 of 2022 on the Crime of Sexual Violence (*Undang-Undang Tindak Pidana Kekerasan Seksual – UUU TPKS*) provides a more modern and comprehensive legal framework compared to the previous Criminal Code. This law can be used to prosecute practitioners who abuse therapeutic relationships to commit harassment, carrying severe criminal penalties. Patients' intentions to visit hospitals are influenced by various factors, including viral marketing and word of mouth, which highlight the importance of reputation and public trust (Taufik et al., 2022). However, the effectiveness of criminal sanctions as a deterrent largely depends on the certainty of enforcement. If perpetrators believe that the likelihood of being reported, arrested, and punished is low, even severe criminal penalties will not create fear. In the traditional medicine sector, low reporting rates due

to stigma, trauma, and distrust of the legal system significantly reduce this certainty. In addition, investigation and prosecution processes involving the technical complexity of traditional medical practices often encounter obstacles due to difficulties in obtaining sufficient evidence and expert testimony, resulting in many cases that lack the evidentiary quality required to proceed to court. This situation illustrates that the severity of criminal penalties does not always correspond to their deterrent power.

Ideally, these three types of sanctions should operate in an integrated framework that reinforces one another. The interaction among administrative, civil, and criminal sanctions should create a mutually supportive system; however, in practice, a disconnect often occurs. A case of harassment reported to the police should automatically trigger an administrative review by the health office regarding the perpetrator's practice license. In reality, coordination between the police and the health authorities is often weak. As a result, criminal proceedings may move forward independently while the perpetrator continues to operate their practice because their administrative license has not yet been revoked. Conversely, administrative revocation of licenses by health authorities is rarely followed by criminal reporting, even when the violations also fulfill the elements of a criminal offense. The absence of synergy weakens the cumulative effect of these sanctions. Perpetrators may experience only one form of consequence, reducing the severity of the punishment and weakening the deterrent message conveyed to society. This disconnection diminishes the role of sanctions as a comprehensive instrument of social control.

The effectiveness of sanctions must also be assessed from the perspective of the victim's overall experience. From the victim's viewpoint, the effectiveness of a sanction mechanism is measured by its ability to provide holistic recovery. Civil sanctions are designed to provide material remedies, while criminal sanctions primarily focus on punishing the perpetrator. However, victims of harassment and malpractice often require more than financial compensation or the imprisonment of the offender. They need psychological recovery, assurance that the perpetrator will not repeat the same actions against others, and social recognition that they are innocent victims. The equalization of access to healthcare services through telemedicine demonstrates the importance of innovation in reaching communities across different regions (Khayru & Issalillah, 2022). Conventional legal sanction mechanisms, both civil and criminal, are

generally not designed to address these immaterial needs. Law No. 12 of 2022 on the Crime of Sexual Violence (TPKS Law) has introduced important breakthroughs by regulating victims' rights to assistance, protection, and recovery, including restitution and rehabilitation. However, the implementation of these victim-recovery provisions in cases occurring within traditional clinics still needs to be tested. The availability of psychosocial services and accessible legal assistance for victims in various regions will be crucial in determining whether the mechanisms provided by the TPKS Law can deliver more meaningful remedies. Without meaningful recovery, legal sanctions risk losing their relevance for victims.

Non-legal factors also play a significant role in determining whether state sanctions function effectively. Cultural and socioeconomic dynamics substantially influence the effectiveness of all sanction mechanisms. In many communities, traditional medicine practitioners are regarded as respected, even sacred, figures. Reporting them to the police or bringing them before a court may be perceived as disrespectful or contrary to tradition. Social pressure from families and communities to resolve disputes informally is often very strong. Victims, who may also belong to the same community, face the risk of social exclusion or blame. In such circumstances, the threat of state-imposed legal sanctions becomes less meaningful because victims must confront more immediate and intimidating social sanctions. As a result, many cases that should be addressed through legal channels are instead resolved outside the judicial system in ways that may be unfair to victims and fail to prevent repeat offenses. The dominance of local social norms often undermines the protective function of formal law.

Addressing these barriers requires reforms that go beyond partial improvements. To enhance effectiveness, a more integrated and victim-centered approach is necessary. First, the coercive power of administrative sanctions must be strengthened through more routine, transparent, and participatory supervision, involving the community in monitoring traditional clinics. Accessible, secure, and integrated complaint systems connecting health offices and law enforcement agencies must be established. Legal guarantees for children's rights in education and health also constitute an important part of broader social protection (Hariani et al., 2021). Second, victims' access to civil justice should be facilitated through free legal assistance (*pro bono* services) and simplified litigation procedures for certain cases. Legal aid institutions such as Legal Aid Foundations (LBH) can

play a more active role in this regard. Third, criminal law enforcement must be supported by enhancing the capacity of investigators and prosecutors to understand the dynamics of traditional medicine practices and violence within therapeutic settings. The establishment of interdisciplinary expert teams combining forensic specialists and traditional medicine experts within law enforcement institutions could help address evidentiary challenges. This approach places victims at the center of the sanction system rather than treating them merely as objects of procedural processes.

Ultimately, the effectiveness of sanction mechanisms must be evaluated based on their real-world impact. At present, the three layers of legal sanctions face serious implementation challenges: administrative sanctions are weakened by limited supervision, civil sanctions remain difficult to access, and criminal sanctions suffer from uncertainty in enforcement. The legal implications and challenges associated with using medical records as evidence in the Indonesian judicial system also demonstrate the critical importance of procedural and evidentiary aspects in enforcing health law (Ustani et al., 2024). As a result, the deterrent effect for perpetrators remains minimal, and meaningful remedies for victims are difficult to obtain. This cycle perpetuates impunity and the vulnerability of patients. Reform is therefore required not only at the level of substantive law but, more importantly, at the structural and cultural levels: strengthening supervisory institutions, improving interagency coordination, empowering victims through legal awareness, and transforming social norms that shield wrongdoing under the guise of tradition. Only through comprehensive reform across these three dimensions can legal sanction mechanisms truly function as effective protection for patients of traditional medicine. Without such systemic change, legal sanctions will continue to lag behind the realities faced by victims.

## CONCLUSION

The study concludes that Indonesia already has a layered legal framework to protect patients in traditional medicine clinics through administrative, civil, and criminal law. Key regulations such as the Health Law and Government Regulation No. 103 of 2014 establish requirements for practitioner competence, licensing, and patient safety. Criminal law can address harassment and serious malpractice, while civil law allows victims to claim compensation. However, the effectiveness of this legal protection remains limited due to difficulties in applying

malpractice standards within diverse traditional practices, challenges in proving causation, lack of documentation, weak coordination between institutions, and socio-cultural barriers such as stigma and community pressure.

The findings imply the need for stronger regulatory implementation and institutional capacity. Policymakers should develop clearer operational guidelines, improve supervision systems, and create integrated complaint mechanisms. Law enforcement agencies need better capacity and expert support in handling cases involving traditional medicine. Professional associations should strengthen ethical standards and disciplinary systems, while the public should be encouraged to improve legal and health literacy.

To enhance legal protection, several strategies are recommended: issuing more operational ministerial regulations, establishing integrated victim support services, strengthening training for health officials and investigators, conducting public awareness campaigns on patient rights, and encouraging future empirical research to better understand victim experiences and improve regulatory models.

## REFERENCES

- Alfarizi, M. (2022). Pengobatan Komplementer Alternatif Lokal dan Potensinya di Indonesia dalam Perspektif Kesehatan dan Ekonomi: Kajian Literatur Sistematis. *Salus Cultura Jurnal Pembangunan Masyarakat dan Kebudayaan*, 2(2), 138-50.
- Bryman, A. (2016). *Social Research Methods* (4th ed.). Oxford University Press, Oxford.
- Cek, N. (2020). The Standards of Proof in Medical Malpractice Cases. *Medicine, Law & Society*, 13(2), 173-196.
- Elo, S., & Kyngäs, H. (2008). The Qualitative Content Analysis Process. *Journal of Advanced Nursing*, 62(1), 107-115.
- Farias, V., & Catherine, J. (2023). Medical Malpractice: Ethical, Legal, and Social Aspects. *Disertation*, Central University of Venezuela Faculty of Legal and Political Sciences Center for Postgraduate Studies Doctorate in Sciences, major in Law.
- Hariani, M., Aliyah, N. D., & Issalillah, F. (2021). Legal Guarantee of Children's Rights in Education and Health. *Journal of Social Science Studies*, 1(2), 177-180.
- Harianto, A. V., Vitrianiingsih, Y., Issalillah, F., & Mardikaningsih, R. (2024). Challenges and Changes Concerning National Health Development in Indonesia: Legal Perspectives, Service Access, and Infectious Disease Management. *International Journal of Service Science, Management, Engineering, and Technology*, 5(2), 22-26.
- Hartika, Y., Saputra, R., Pakpahan, N. H., Darmawan, D., & Putra, A. R. (2023). A Study on the Falsification of Health Certificates: Perspective of Criminal Law and Professional Ethics. *Journal of Social Science Studies*, 3(2), 175-180.
- Herisasono, A., Darmawan, D., Gautama, E. C., & Issalillah, F. (2023). Protection of Patient Rights in the Perspective of Law and Medical Ethics in Indonesia. *Journal of Social Science Studies*, 3(2), 195-202.
- Issalillah, F. & R. K. Khayru. (2022). The Role of Social Support in Reducing Anxiety Among Pregnant Women Before Childbirth. *Studi Ilmu Sosial Indonesia*, 2(2), 19-28.
- Khayru, R. K. & F. Issalillah. (2022). Service Quality and Patient Satisfaction of Public Health Care. *International Journal of Service Science, Management, Engineering, and Technology*, 1(1), 20 – 23.
- Khayru, R. K. & F. Issalillah. (2022). The Equal Distribution of Access to Health Services Through Telemedicine: Applications and Challenges. *International Journal of Service Science, Management, Engineering, and Technology*, 2(3), 24–27.
- Khayru, R. K. (2022). Transforming Healthcare: The Power of Artificial Intelligence. *Bulletin of Science, Technology and Society*, 1(3), 15-19.
- Kholis, K. N., Chamim, N., Susanto, J. A., Darmawan, D., & Mubarak, M. (2023). Analyzing Electronic Medical Records: A Comprehensive Exploration of Legal Dimensions within the Framework of Health Law. *International Journal of Service Science, Management, Engineering, and Technology*, 4(1), 36-42.
- Lethy, Y. N., Issalillah, F., Vitrianiingsih, Y., Darmawan, D., & Khayru, R. K. (2023). Legal Protection for Patients Against Negligence of Medical Personnel. *International Journal of Service Science, Management, Engineering, and Technology*, 4(2), 39-43.
- Mardikaningsih, R. (2022). Patient Satisfaction Based on Quality of Service and Location. *Journal of Islamic Economics Perspectives*, 4(1), 31-37.
- Mubarak, M., Darmawan, D., & Saputra, R. (2023). Legal and Ethical Arrangements for Medical Record Filling by Doctors: A Normative Study. *Bulletin of Science, Technology and Society*, 2(1), 33-38.
- Muhammad, A. I., Saputra, R., Pakpahan, N. H., Darmawan, D., & Khayru, R. K. (2023). Ethics and Legality in the Dissemination of Information on Traffic Accident Victims Through Digital Media. *Journal of Social Science Studies*, 3(2), 235-244.
- Nalin, C., Saidi, S. A. B., Hariani, M., Mendrika, V., & Issalillah, F. (2022). The Impact of Social Disparities

- on Public Health: An Analysis of Service Access, Quality of Life, and Policy Solutions. *Journal of Social Science Studies*, 2(1), 39-46.
- Nasrudin, J. (2021). *Refleksi Keberagamaan dalam Sistem Pengobatan Tradisional-Rajawali Pers*. PT. Raja Grafindo Persada, Jakarta.
- Noor, A., Herisasono, A., Hardyansah, R., Darmawan, D., & Saktiawan, P. (2023). Juridical Review of the Rights of Indigent Patients in Health Services in Indonesia. *Journal of Social Science Studies*, 3(2), 253-258.
- Payasan, L. G., Runturambi, A. J., & Sulhin, I. (2022). Doctors say "Not only me": Medical Malpractice as a Professional Crime in the Internet Medical Era. *International Journal of Science and Healthcare Research*, 7(4), 326-333.
- Republik Indonesia. (1999). *Undang-Undang Nomor 8 Tahun 1999 tentang Perlindungan Konsumen*. Lembaran Negara Republik Indonesia. Jakarta.
- Republik Indonesia. (2009). *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*. Lembaran Negara Republik Indonesia. Jakarta.
- Republik Indonesia. (2014). *Peraturan Pemerintah Nomor 103 Tahun 2014 tentang Pelayanan Kesehatan Tradisional*. Lembaran Negara Republik Indonesia. Jakarta.
- Republik Indonesia. (2022). *Undang-Undang Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual*. Lembaran Negara Republik Indonesia. Jakarta.
- Republik Indonesia. (2023). *Undang-Undang Nomor 1 Tahun 2023 tentang Kitab Undang-Undang Hukum Pidana*. Lembaran Negara Republik Indonesia. Jakarta.
- Republik Indonesia. *Kitab Undang-Undang Hukum Perdata*. Jakarta.
- Republik Indonesia. *Kitab Undang-Undang Hukum Pidana*. Jakarta.
- Riyanto, A., Rezza, M., Noor, A., Darmawan, D., & Yulius, A. (2023). Legal Protection for the Implementation of Immunization in Post-Immunization Adverse Incidents. *Bulletin of Science, Technology and Society*, 2(3), 21-27.
- Sahidu, S., Putra, A. R., & Darmawan, D. (2023). Medical Advertising Regulations and Patient Protection as Consumers of Healthcare Services. *Journal of Social Science Studies*, 3(1), 331-342.
- Sasmita, B., Darmawan, D., & Khayru, R. K. (2023). Telemedicine Regulation in Indonesia: Enhancing Patient Safety and Protection. *International Journal of Service Science, Management, Engineering, and Technology*, 4(3), 29-35.
- Setiawan, R. A., Khayru, R. K., Mardikaningsih, R., Issalillah, F., & Halizah, S. N. (2023). Implementation of Indonesian Positive Law in Combating Fraud and Forgery in Health Insurance and Protection against Industrial Losses. *Journal of Social Science Studies*, 3(1), 271-280.
- Setiawan, S., Hardyansah, R., Khayru, R. K., & Putra, A. R. (2023). Consumer Protection in the Health Sector: The Legal Responsibilities of Pharmacists. *Journal of Studies, Social Science* 3(2), 131-138.
- Setiyadi, G. B., Negara, D. S., Khayru, R. K., Darmawan, D., & Saputra, R. (2023). Misdiagnosis and Legal Liability of Doctors: A Normative Juridical Study in the Indonesian Health System. *Journal of Social Science Studies*, 3(2), 215-220.
- Siswanto, B., Setiawati, S., & Riyanto, O. S. (2022). Juridical Aspects of Complementary Traditional Medicine in Indonesia. *International Journal of Educational Research and Social Sciences*, 3, 468-75.
- Subiakso, A., Juliarto, T. S., Darmawan, D., Sisminarnohadi, S., & Romli, R. I. A. (2023). Legal Rights in Access to Health Services for Persons with Disabilities. *Bulletin of Science, Technology and Society*, 2(3), 15-20.
- Taufik, E. R., Hasan, S., Titin, T., Singagerda, F. S., & Sinambela, E. A. (2022). Hospitals Visit Intention and Visit Decision: How the Role of Viral and Word of Mouth Marketing?. *Frontiers in Public Health*, 10, 948554.
- Ustani, T., Vitrianingsih, Y., & Mardikaningsih, R. (2024). Legal Implication and Challenge of Using Medical Record as Evidence in the Indonesia's Justice System. *Bulletin of Science, Technology and Society*, 3(1), 40-45.
- Widyorini, S. R., & Hartati, S. (2023, April). Traditional Medicine and Consumer Legal Protection. In *International Conference on Law, Economics, and Health*. Atlantis Press.
- World Health Organization. (2013). *WHO Traditional Medicine Strategy: 2014-2023*. World Health Organization, Geneva.
- Yulius, A., Mubarak, M., Hardyansah, R., Darmawan, D., & Yasif, M. (2023). Legal Protection for Nurses in Medical Practice in Hospitals. *International Journal of Service Science, Management, Engineering, and Technology*, 4(3), 18-22.
- Yunanto, A., & Helmi, S. H. (2024). *Hukum Pidana Malpraktik Medik, Tinjauan dan Perspektif Medikolegal*. Penerbit Andi, Yogyakarta.

\*Sirenden, M. T., Issalillah, F., & Vitrianingsih, Y. (2024). Legal Prescriptions and the Effectiveness of Sanctions for Harassment and Malpractice in Traditional Medicine Clinics, *Journal of Social Science Studies*, 4(2), 247 - 260.