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Principles of Anti-Discrimination and Fairness in Health Services: A Study of Regulations and Practices for Patients with Infectious Diseases in Indonesia

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ABSTRACT

The principles of non-discrimination and justice are the main pillars in the provision of healthcare services in Indonesia, particularly for patients with infectious diseases such as HIV, tuberculosis, and other infectious conditions. This study discusses how the guarantee of the right to health as a human right has been strictly regulated in various regulations, ranging from the 1945 Constitution, Law Number 17 of 2023 on Health, to a number of implementing regulations related to infectious disease control. The application of the non-discrimination principle requires every healthcare facility and medical professional to provide equal and dignified treatment without reinforcing stigma or creating barriers to access. The principle of justice is realized in the form of proportional resource allocation, fair and transparent service procedures, as well as corrective mechanisms for patients who experience discriminatory treatment. This study recommends strengthening regulatory implementation, educating medical personnel, and continuous supervision to ensure the creation of an inclusive and equitable health system.

INTRODUCTION

Hospitals and other healthcare facilities in Indonesia hold a central role as the forefront in upholding Human Rights (HAM) in the health sector. The guarantee of the right to receive equal healthcare for all citizens is constitutionally regulated in Article 28H of the 1945 Constitution of the Republic of Indonesia and reinforced in various derivative regulations. In practice, fair and humane healthcare is often juxtaposed with challenges of discrimination, one of which concerns patients with infectious diseases such as HIV/AIDS, Tuberculosis, and Hepatitis. Amidst the progress of civilization and the medical revolution, stigma and unequal treatment toward these groups remain a real problem. Medical discrimination is not merely an ethical issue, but also a fundamental issue reflecting the success of the national legal system in protecting the rights of all citizens (Artono, 2022). This challenge becomes increasingly complex along with the emergence of various obstacles in national health development, both from the aspect of service accessibility and the legal renewal of infectious disease management (Harianto et al., 2024).

The roots of discrimination against patients with infectious diseases originate not only from social and cultural biases but also from deficiencies in regulations and the implementation of existing laws in the health sector. Although there is a sufficiently firm normative prescription in Law Number 36 of 2009 concerning Health regarding the rights of all citizens regardless of disease status, many patients with infectious diseases still face obstacles and discriminatory treatment when accessing healthcare services. With global pandemics and infectious disease cases now transforming into cross-generational challenges, the urgency of legal protection for infectious patients is receiving increasing attention at the national legal level (Romero et al., 2023). In this context, the strengthening of legal norms governing collective obligations between the government and the community in suppressing the spread of infectious diseases becomes a foundation that cannot be ignored (Pereira et al., 2023).

Discrimination often arises due to risk perception and fear of transmission that exceeds rational medical considerations. A lack of

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understanding among healthcare workers and facility managers regarding anti-discrimination principles leads to patient rejection, unauthorized data disclosure, and restrictions on certain service access for infectious disease groups. This contradicts the principles of justice, non-discrimination, and patient privacy as emphasized in the national constitution and implementing regulations in the health sector. Implementing anti-discrimination legal instruments in the medical field requires not just regulation, but also the internalization of values at every level of health practice. This lack of understanding frequently leads to violations of professional ethics and health law, which in the medical criminal law spectrum can be categorized as a form of professional responsibility deviation (Hartika et al., 2023).

Indonesia's position as a country that has ratified international conventions related to Human Rights and possesses an increasingly varied domestic legal infrastructure does not fully guarantee substantial protection for patients with infectious diseases. The state's commitment to the principle of equal rights is sometimes thwarted by cultural pressure, stigmatization, and discriminatory service practices at the micro level. Thus, a critical and hermeneutic reading of legal products alongside implementation practices in the field is highly relevant to ensure the fulfillment of the fundamental rights of these vulnerable groups. This research employs a normative juridical approach to explore the interconnectedness between human rights principles, the principle of justice in healthcare services, and the technical regulations applicable in Indonesia. This juridical approach is also important to examine the extent to which the constitutional rights of patients, especially vulnerable and impoverished groups, receive guaranteed equal legal protection in the domestic healthcare service system (Noor et al., 2023).

Amidst the dynamic development of national regulations, the need for legal protection for patients with infectious diseases is overshadowed by legal instrument gaps and implementation inconsistencies at the practical level. Regulations that are overly technical without a human rights dimension often fail to embrace the real needs of vulnerable groups. The aspiration for a fair health system that adheres to non-discrimination principles still requires further negotiation through policy reformulation based on human rights and distributive justice principles. This policy reformulation also encompasses the arrangement of medical information regulations and the protection of patient rights as health service consumers to avoid legal deviations (Sahidu et al., 2023).

Discrimination in healthcare services toward patients with infectious diseases in Indonesia has been systematically identified in various academic studies. Practices of differentiation in the form of inpatient rejection, consultation limitations, or disclosure of medical history without permission clearly violate the patient's right to health and privacy. The issue of discrimination becomes a serious concern because it damages the basic principle of medical justice, reduces patient participation in treatment, and impacts public trust in healthcare service institutions. Furthermore, psychological burdens, feelings of alienation, and anxiety regarding social acceptance worsen the patient's quality of life. Current research confirms that this discrimination does not only impact individuals but also lowers the effectiveness of national infectious disease control programs. This psychological impact emphasizes that social pressure and environmental stigma are primary determinants that trigger stress vulnerability and a drastic decline in the patient's mental condition (Issalillah & Aisyah, 2022).

At the operational level, fair access to healthcare for patients with infectious diseases is hindered by administrative mechanisms that sometimes do not accommodate the specific needs of these groups. Bureaucratic constraints, minimal information, and a lack of support facilities often exacerbate existing discrimination. The professional loyalty of healthcare workers is tested between ethical demands and the social stigma attached to infectious diseases. The systemic implications of discriminatory policies toward patients with infectious diseases not only violate ethics and law but also threaten the collective goals of public health efforts. Managing this operational aspect is crucial because the quality of administrative services and health facilities directly determines patient satisfaction and comfort in receiving care (Darmawan et al., 2022).

The need for strengthening anti-discrimination legal instruments in the health sector becomes increasingly apparent when linked to the wave of new infectious disease spreads and changing transmission patterns. Although Law Number 39 of 1999 concerning Human Rights and various health sector rules already regulate anti-discrimination principles, their implementation still leaves various obstacles. A lack of legal supervision, weak complaint instruments, and inter-agency coordination become gaps that often exacerbate discriminatory treatment in healthcare services. Academic studies underline the importance of regulatory harmonization and a law enforcement system that is sensitive to the diverse needs of patients with infectious diseases. The urgency of this harmonization becomes more pressing when reflecting on experiences in handling global outbreaks, where fast preventive interventions and *preventive modalities* are highly needed to protect vulnerable groups such as pregnant women (Issalillah, 2021).

The problem of discrimination against patients with infectious diseases is not merely a technical problem, but part of national concern for fulfilling justice for all citizens. Given the increasing trend of infectious diseases in several regions, the relevance of studying anti-discrimination laws in healthcare services becomes even stronger to be tested and deepened. This deepening is important considering that the clinical manifestation of a chronic infectious disease often has systemic interconnectedness that worsens the overall health status if treatment rights are hindered (Issalillah, 2022).

Discrimination is not only contrary to legal values living in society but also threatens the sustainability of social security systems and the state's efforts to ensure the health of all people. Increasing regulatory knowledge and sensitivity to aspects of justice becomes an urgent need, especially for policymakers and healthcare workers on the front lines. Ultimately, the fulfillment of the right to fair service will lead to the optimization of patient satisfaction, which is heavily influenced by the quality of service as well as the affordability of health facility locations in various regions (Mardikaningsih, 2022).

The research problems to be addressed in this study are as follows: 1) How is the principle of legal limits for non-discrimination in healthcare services towards patients with infectious diseases implemented in Indonesia? and 2) How is the principle of justice implemented in healthcare services for patients with infectious diseases according to regulations and practices in medical facilities?

The objective of the research is to explain and legally analyze the principle of non-discrimination in healthcare services for patients with infectious diseases, as well as to review the actualization of justice in services in accordance with applicable regulations. The primary contribution of this research is to reinforce the guarantee of human rights protection and provide scientific recommendations for strengthening the legal system and the practice of justice in the healthcare service sector.

RESEARCH METHOD

This study employs a normative juridical approach with a qualitative literature study type as an effort to examine legal principles, regulations, and the implementation of justice in healthcare services for patients with infectious diseases in Indonesia. The exploration strategy for sources is conducted by collecting primary literature in the form of laws, government regulations, ministerial regulations that are still in effect, as well as scientific publications registered in global databases such as PubMed, Scopus, and Google Scholar. In addition, academic reference books from the last two decades published by university presses and official research institutions are also used as comparative sources to obtain a comprehensive, relevant, and scientifically valid picture (Soejono & Abdurrahman, 2003).

Thematic synthesis is applied to all literature reviewed, using an open coding approach to identify thematic patterns related to non-discrimination principles, the principle of justice, and regulatory implementation in healthcare facilities. Inclusion criteria include references that contain normative discussions regarding health law, non-discrimination, access for patients with infectious diseases, and the implementation of justice in medical services in Indonesia. Meanwhile, exclusion criteria are documents and publications containing unverified secondary data, references from blogs or popular news sources, and regulations that have been revoked or are no longer in effect. After collection, each source is systematically reviewed and compiled into a synthesis matrix to compare legal substance, implementation experience, as well as institutional analysis of healthcare services or law enforcement.

Research quality assurance is carried out through source triangulation, reference validation based on DOI or ISBN, as well as comparison of thematic codes between authors (*peer debriefing*) in accordance with legal research methodology (Salim, 2014). The study results are also compared with similar findings from countries with contemporary legal systems to ensure the relevance and contribution of the findings to the development of health law in Indonesia. The analysis stages are carried out periodically so that the drawing of conclusions avoids individual interpretation bias and obtains scientific substance accuracy.

RESULT AND DISCUSSION

Principles and Legal Limits of Anti-Discrimination Legislation in Healthcare Services for Patients with Infectious Diseases

The national legal framework emphasizes the importance of equality in the provision of healthcare services for all citizens. Normatively and juridically, the anti-discrimination principle in healthcare services towards patients with infectious diseases in Indonesia is rooted in a firm constitutional foundation. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia asserts that everyone has the right to obtain healthcare services without exception (Refisyanti, 2022). This right to health is recognized as an integral part of human rights, meaning the state has an obligation to ensure the fulfillment of this right without any distinction based on disease status, including for patients with HIV/AIDS, tuberculosis, and other infectious diseases. This principle demands equal and dignified treatment for all patients in need of healthcare services. This statement indicates that the guarantee of equal treatment serves as a strong foundation for the fulfillment of every patient's health rights. This constitutional protection is crucial considering that the dynamics of national health development continue to face significant challenges regarding equitable accessibility and the legal renewal of infectious disease management (Harianto et al., 2024).

Recent legal regulations provide a strong affirmation regarding the obligation of equal healthcare services for all patients. The core principles of anti-discrimination are set forth in more detail in Law Number 17 of 2023 concerning Health. This law reinforces that everyone has the right to safe, quality, and non-discriminatory healthcare services. This is reflected in Article 189 of the Health Law, which states that one of the obligations of a Hospital is to "Provide safe, quality, non-discriminatory, and effective healthcare services by prioritizing the interests of patients in accordance with Hospital service standards" (Cahyani et al., 2024). This provision places infectious disease patients as parties who are fully equal to other patients, meaning all healthcare facilities and medical personnel are prohibited from refusing, reducing the quality of, or treating patients differently due to their infectious disease status. This law also emphasizes the importance of protecting patient health data confidentiality to avoid social stigma or discrimination resulting from the disclosure of sensitive information without consent. The above description shows that legal certainty is an important foundation for the creation of fair and non-discriminatory healthcare services.

Legal provisions concerning hospital services provide firm boundaries against practices that potentially harm patients. Furthermore, Law Number 44 of 2009 concerning Hospitals serves as the basis for the hospital's obligation to organize fair and non-discriminatory services. Article 29 of this law states that hospitals are obligated to provide emergency services without requiring a down payment and may not refuse patients in emergency conditions. This obligation applies to all patients, including those with infectious diseases, so any form of healthcare service refusal in emergency situations is against the law and potentially threatens the patient's right to life. This statement confirms that compliance with emergency service rules is an important element for the protection of every patient's right to life. This commitment is in line with the legal accountability principle of health facilities in providing palliative care for terminal-phase patients to guarantee the fulfillment of human rights at the end of life (Wahyusetiawan et al., 2024).

Sectoral rules also provide strengthening for the obligation of equal healthcare services for all patients. The anti-discrimination principle is also regulated more specifically in sectoral regulations, for example, in the Minister of Health Regulation Number 21 of 2013 concerning HIV and AIDS Management. This regulation explicitly prohibits healthcare workers and healthcare facilities from refusing service, differentiating service, or performing actions that reinforce stigma or discrimination against HIV/AIDS patients. All patients have the right to obtain adequate healthcare services without different treatment from the medical service side or health institutions. This statement shows that compliance with service standards is the key to achieving health access that is free from discrimination. Additionally, preventive intervention and the provision of fast *preventive modalities* at the sectoral level have proven very crucial, reflecting the need for extra protection for vulnerable groups such as pregnant women when facing epidemic risks (Issalillah, 2021).

Technical regulations further strengthen the guarantee of equal service for infectious disease patients. Similar protection can be found in the Minister of Health Regulation Number 67 of 2016 concerning Tuberculosis Management. The regulation asserts that tuberculosis patients have the right to obtain equal healthcare service access, including access to standard treatment and therapy.

All hospitals, community health centers (*puskesmas*), and healthcare workers are obligated to provide non-discriminatory services so that successful infectious disease control can be achieved nationally. This statement confirms that consistent application of service standards is an important factor for the effectiveness of tuberculosis control nationally. The success of this technical regulation integration also requires certainty that the hospital's information system operations run reliably, considering that digital system failures can trigger service disruptions that harm patient rights (Yatno et al., 2023).

Regulations concerning infectious disease control demonstrate the need for caution when the state balances individual rights and public interest. In its implementation, legal boundaries for the anti-discrimination principle can arise when the state must protect public health interests on a broad scale. The state is given a legal basis by Law Number 17 of 2023 to implement isolation, quarantine, or movement restriction measures for infectious disease patients to prevent transmission. Such administrative actions are not a form of discrimination but are procedures that are legally valid to maintain public safety. However, the implementation of these restriction measures must still maintain patient rights, such as the right to medical treatment, confidentiality, and humane treatment. This statement shows that policy success is heavily determined by the ability to maintain public safety without reducing the patient's basic rights. In this dimension, the existence of legal norms functions to bind the joint obligation between government apparatus and social communities in complying with infectious disease prevention protocols (Pereira et al., 2023).

Infectious disease control provisions demand clarity of legal basis so that every restriction action remains within valid corridors. These legal boundaries confirm that movement restrictions or isolation actions can only be conducted based on medical considerations and valid law, and are implemented proportionally according to the level of transmission risk. Patient rights, including the right to clear information, the right to privacy, and the right to access decent treatment, are still recognized and protected while those actions take place. This statement shows that the success of restriction implementation is heavily influenced by the guarantee of patient rights protection during the ongoing process. Compliance with these valid corridors is also important to prevent potential professional deviations, such as the practice of forging health certificates which violates medical ethics and criminal law (Hartika et al., 2023).

The fulfillment of health rights demands a guarantee of equal treatment for all patients without exception. The non-discrimination principle in healthcare services is a principle derived from Human Rights. This principle must become the foundation in the implementation of healthcare services, so that everyone must be treated equally and humanely and not discriminatively (Yustina & Kusumaningrum, 2019). The anti-discrimination principle in healthcare services not only functions as a legal protection instrument for individuals but also becomes the foundation in maintaining public trust in the national health system. Injustice and discriminatory treatment tend to cause patients to be reluctant to seek treatment and worsen infectious disease epidemics. Therefore, the non-discrimination commitment is an integral part of the public health strategy. This statement shows that the success of public health efforts is heavily influenced by the consistent application of the equality principle in every service.

Improving the quality of healthcare services demands professional competence that is in line with the value of equality. Furthermore, all healthcare workers are required to understand and apply these principles professionally. The recruitment process, education, and medical service practice must be based on the principle of non-discrimination and respect for patient dignity. Continuous education for healthcare workers is needed to instill values of justice and break down stigmas related to infectious diseases. This statement shows that service success is heavily influenced by the ability of healthcare workers to maintain justice and respect the dignity of every patient. This professional capacity improvement is increasingly urgent in the modern era along with the massive utilization of artificial intelligence in transforming diagnosis efficiency and medical service accuracy (Khayru, 2022).

Medical information management demands strict protection standards so that patient rights remain guaranteed. Applicable regulations also place the principle of caution in the management of patient health data. Hospitals and medical personnel are obligated to maintain the confidentiality of infectious disease patients' status, so that such information does not become a basis for discrimination or new stigmas in society. Preventing data leakage is an important element in maintaining the human rights and integrity of patients. This is in line with the biomedical bioethics principle which asserts that stigma and discrimination are actually contrary to the main goal of healthcare to protect the rights and safety of individuals or groups. Preventing data leakage is an important element in maintaining the human rights and integrity of patients (Godoi & Garrafa, 2014). This statement shows that data protection success is heavily influenced by the commitment to maintain confidentiality to prevent discriminatory impacts. The urgency of confidentiality protection aligns with the establishment of strict legality standards and privacy protection on online mental health service platforms as well as modern telepsychiatry (Isnani et al., 2024).

The strengthening of the supervisory system becomes an important element to ensure the application of the equality principle in healthcare services. The application of the anti-discrimination principle will only be effective if supervision, reporting, and law enforcement run well. The availability of complaint mechanisms and fast legal protection gives additional guarantees to patients, while simultaneously encouraging system improvements in healthcare service facilities. Institutions such as the Ombudsman, the National Commission on Human Rights, and health sector supervisory bodies need to be activated in managing medical discrimination issues. This statement shows that the effectiveness of patient protection is heavily influenced by the functioning of supervision and law enforcement mechanisms consistently. Besides the malpractice supervision aspect, regulations concerning medical advertising boundaries must also be enforced to protect patient rights so they are not disadvantaged as health service consumers (Sahidu et al., 2023).

The infectious disease control legal framework demands clarity of principles so that every action remains within valid limits. The essence of all these regulations confirms the balance between protecting individual rights and public health interests. Every restriction action toward infectious disease patients, such as isolation and quarantine, must not be conducted arbitrarily but must be based on applicable law and the principles of proportionality and accountable justice. At the same time, patients are still guaranteed their medical rights, privacy, and dignity while obtaining healthcare services. This statement shows that policy effectiveness is heavily influenced by the ability to maintain the balance between public safety and respect for patient rights.

The national health regulatory framework demonstrates a strong commitment to upholding the principle of equality for all patients. Thus, the Indonesian legal system has built a robust structural framework of anti-discrimination principles in healthcare services for patients with infectious diseases. These principles are translated into layered regulations, starting from the constitution, health laws, and hospital laws, followed by technical ministerial-level regulations. The principles of non-discrimination and equal treatment, along with limitations based on legitimate public interest, serve as the primary benchmarks for implementing healthcare services that are dignified, fair, and respectful of every individual's rights. This statement indicates that the success of health rights protection is heavily influenced by the consistency of applying the principle of equality across all levels of regulation.

The Application of the Principle of Justice in Healthcare for Patients with Infectious Diseases: Regulations and Practice

The health rights protection framework emphasizes the importance of applying the principle of justice for all patients without exception. The implementation of the principle of justice in healthcare services for patients with infectious diseases in Indonesia is a tangible reflection of the state's commitment to positioning the right to health as a fundamental part of human rights. Human rights protection involves sensitive handling of stigmatization and discrimination issues, and ensuring that patients do not experience rights violations (Krisdiyantoro & Rahayu, 2024). Regulations at the national level, particularly Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 as implementing rules, formulate justice as a principle for meeting healthcare service needs that are equitable, professional, and free from discriminatory treatment. This equality applies to all patients, including those suffering from infectious diseases such as HIV, tuberculosis, or other infectious conditions with potential epidemic risks. This statement demonstrates that the success of fulfilling health rights is heavily influenced by the state's consistency in guaranteeing equal services for every individual. This legal protection is essential, especially in guaranteeing patient rights at the primary healthcare level such as community health centers to avoid discriminatory treatment (Tampil et al., 2023).

The provision of fair healthcare demands an objective assessment of medical needs for every patient. Justice in healthcare does not merely mean providing the same treatment, but also efforts to ensure that every patient receives medical intervention and access to health facilities according to their actual needs. This reflects the concept of distributive justice, which demands the allocation of health resources including essential medicines, isolation rooms, and services from medical personnel proportionally to the groups most in need, without differentiating based on economic or social status. Hospitals and medical facilities are required to apply triage protocols based on clinical risk, so that infectious disease patients receive a level of handling commensurate with their urgency and are not disadvantaged by stigma or biases developing in the service environment. This statement shows that the quality of handling is heavily influenced by the ability of health facilities to allocate resources proportionally according to clinical need levels. This proportional approach aligns with the obligation of medical facilities to continue providing emergency services that are on call 24 hours a day, even in regions with limited geographic access (Mohamad et al., 2024).

The application of objective service standards becomes an important foundation for ensuring consistent patient handling quality. The implementation of justice in the operational realm is also reinforced by service standards based on patient clinical needs, not based on subjective assessments of risk or social fear. Professional standards and hospital service standards serve as the foundation to ensure that patients with infectious diseases still receive adequate service, protection of the right to treatment, and decent facilities. This includes the provision of appropriate isolation rooms, access to medicines, and the guarantee of competent medical personnel who do not show discrimination in the execution of their duties. This statement shows that service quality is heavily influenced by the application of professional standards that guarantee equal treatment for every patient. The combination of strict professional standards and non-discrimination guarantees has proven to be the main determinant in boosting service quality and overall patient satisfaction (Khayru & Issalillah, 2022a).

The procedural aspect of healthcare demands certainty in processes so that every patient receives transparent treatment. In addition to the distributive justice dimension, procedural justice is also explicitly regulated in applicable regulations. The service process for infectious disease patients must be conducted with administrative transparency and clear communication. Patients have the right to receive complete information regarding diagnosis, treatment options, as well as the risks and benefits of every medical procedure through a valid *informed consent* mechanism. Protection of health data confidentiality is emphasized as the key to preventing the emergence of stigma and fostering patient trust in health institutions. This statement shows that service quality is heavily influenced by the application of procedures that guarantee information clarity and patient data protection. This procedural transparency also demands comprehensive information disclosure regarding cost components and medical procedure risks from every healthcare provider (Rachim et al., 2024).

Regulations concerning health dispute resolution emphasize the need for clear access for the public to submit complaints. The Health Law also establishes complaint mechanisms that are easily accessible to the public. If a patient feels unfairly treated or discriminated against, health facilities are obligated to provide complaint channels that can be followed up either administratively, ethically, or through the legal system if necessary. Dispute resolution in healthcare prioritizes the mediation principle as the primary response, so that justice between the patient and the health facility can be achieved proportionally, fairly, and avoid long and protracted litigation processes. This statement shows that the effectiveness of patient protection is heavily influenced by the existence of complaint mechanisms that are responsive and oriented toward fair resolution. The provision of these responsive complaint channels simultaneously strengthens the fulfillment of juridical rights for poor or underprivileged patient groups who are often vulnerable to being neglected in the service system (Noor et al., 2023).

Patient rights protection also demands corrective mechanisms capable of restoring losses due to discriminatory actions. The corrective justice aspect becomes a significant part of the protection system for infectious disease patient rights. In circumstances where discriminatory treatment or service refusal occurs, patients have the right to obtain restoration or legal protection through the courts or health service supervisory bodies. Corrective efforts are realized in the form of reputation rehabilitation, administrative sanctions for medical institutions, or compensation if losses are proven to have occurred due to discriminatory treatment. This statement shows that the effectiveness of legal protection is heavily influenced by the availability of recovery steps capable of restoring patient rights proportionally. This corrective accountability mechanism is similar to the accountability principle that must be fulfilled by health facilities in organizing services for terminal-phase patients to guarantee honor at the end of their lives (Wahyusetiawan et al., 2024).

Work safety regulations in the health sector demand a balanced protection for all parties involved in medical services. Practices in medical facilities also require a balance between patient rights and the safety of healthcare workers. Health facilities are obligated to provide personal protective equipment and clear security protocols in handling infectious disease patients. Thus, services can continue to run optimally without sacrificing the right to safety and security of all involved parties. This statement shows that service sustainability is heavily influenced by the ability of health facilities to maintain the safety of patients and medical personnel simultaneously. This operational balance also includes technological infrastructure readiness, considering that disturbances or failures of information systems in hospitals can trigger service disruptions that endanger patient safety (Yatno et al., 2023).

The health regulatory framework emphasizes the importance of comprehensive protection for infectious disease patients so that services run according to the principle of equality. All these regulatory instruments are essentially aimed at maintaining the dignity of infectious disease patients, ensuring the absence of discrimination or exclusion, and maintaining the general public's trust in the national healthcare service system. Equality of access, clarity of processes, and the application of service standardization serve as the main indicators that the principle of justice is truly implemented in daily practice at medical facilities in Indonesia. The principle of justice must be able to significantly maintain and guarantee public health so that it can bring peace to their souls (Amanda et al., 2021). This statement shows that the success of the health system is heavily influenced by the consistency of applying the principle of justice in every aspect of service. The implementation of this holistic principle of justice must embrace the entire spectrum of vulnerable society, including the guarantee of equal access rights for people with disabilities (Subiakso et al., 2023).

Efforts to expand healthcare access show special attention toward groups needing greater support. The success of the justice principle is also seen from the existence of affirmative policies that explicitly support the improvement of service access for vulnerable groups, including infectious disease patients. Government programs and public health incentives in various regions signify that the justice principle is not merely a normative narrative, but is realized tangibly in policies and healthcare service financing based on patient rights. The success of applying the justice principle is heavily influenced by affirmative policies that guarantee service access for all vulnerable groups. These efforts to expand reach are increasingly made possible through the utilization of a telemedicine ecosystem capable of cutting geographic barriers to realize inclusive health access equity (Khayru & Issalillah, 2022b).

The strengthening of healthcare service governance demands the involvement of various parties so that the principle of justice remains maintained. Finally, the implementation of the justice principle in healthcare services cannot be separated from continuous supervision and public participation. Monitoring by supervisory bodies, the involvement of patient organizations, and information transparency are keys so that the system can adapt to actual needs in the field, maintaining the sustainability of justice for all community groups. The sustainability of the justice principle is heavily influenced by consistent supervision and active public participation. This supervision integration is crucial in the modern era, especially when health systems begin to adopt artificial intelligence as well as telepsychiatry platforms that demand high-level legality standards and privacy protection (Isnani et al., 2024; Khayru, 2022).

A comprehensive regulatory approach is required to ensure that every aspect of healthcare service operates according to the principles of justice. With this concept, health regulations in Indonesia affirm that justice in healthcare for patients with infectious diseases is multidimensional encompassing the distribution of resources, fair and transparent service processes, mechanisms for restoring rights in the event of discrimination, and a balanced protection between patient needs and public safety. This foundation of justice ensures that healthcare services become increasingly inclusive, dignified, and legitimate as an implementation of every citizen's fundamental human rights. The success of the health system is determined by the application of justice that covers all dimensions of patient protection and public interest.

CONCLUSION

Based on the descriptions in the previous stages, it can be concluded that the principles of non-discrimination and justice in healthcare services for patients with infectious diseases in Indonesia possess a strong juridical foundation and operational application within the national healthcare system.

The principle of non-discrimination is rooted in the guarantee of human rights as stipulated in the constitution and reinforced by various laws and technical regulations. All patients with infectious diseases, whether suffering from HIV, tuberculosis, or other infectious conditions, are guaranteed equal treatment, protection from stigma, and access to quality and safe healthcare. Meanwhile, legal limitations are applied only within the corridor of protecting public health interests, such as through isolation or quarantine mechanisms, without sacrificing the basic rights of patients.

The implementation of the principle of justice in healthcare services is realized through the principle of distributive justice, with the allocation of resources and services proportional to the needs of each patient, as well as transparent and accountable service procedures. In addition to granting the right to *informed consent* and the protection of medical data confidentiality, complaint or dispute resolution mechanisms based on mediation are also available to prevent rights violations. If discrimination or violations occur, the state guarantees corrective efforts accessible to patients for the restoration of their rights.

Thus, the principles of non-discrimination and justice become an important milestone in building an inclusive, fair healthcare service system that respects the dignity of every citizen. The applicable regulations must have their implementation consistently monitored, accompanied by efforts in education and the strengthening of supervision so that healthcare services for patients with infectious diseases are free from discrimination and truly equitable.

REFERENCES

Amanda, B. T., Prasetya, A. Y., Kaharudin, K., & Anis, B. J. (2021). Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Sebagai Strategi Manajemen Berbasis Keadilan Sosial dalam Pelayanan Kesehatan. *Jurnal Emas: Ekonomi Manajemen Akuntansi Kewirausahaan*, 1(1), 183-190.

Artono, H. B. (2022). Legal Protection of Patients and Health Workers Rights in the Covid-19 Pandemic. In *Proceedings: 4th International Conference on Indonesian Legal Studies (ICILS)*, 8(9).

Cahyani, P., Ashari, Y. D., & Arrsya, N. S. (2024). Perluasan Tanggungjawab Hukum Rumah Sakit Setelah Berlakunya Undang-Undang No. 17 Tahun 2023 tentang Kesehatan. In *Prosiding Seminar Hukum Aktual Fakultas Hukum Universitas Islam Indonesia*, 518-536.

Darmawan, D., Issalillah, F., Khayru, R. K., Herdiyana, A. R. A., Putra, A. R., Mardikaningsih, R., & Sinambela, E. A. (2022). BPJS Patients Satisfaction Analysis Towards Service Quality of Public Health Center in Surabaya. *Media Kesehatan Masyarakat Indonesia*, *18*(4), 124-131.

Godoi, A. M. M., & Garrafa, V. (2014). Bioethics reading of the principle of non-discrimination and non-stigmatization. *Saúde e Sociedade*, 23, 157-166.

Harianto, A. V., Vitrianingsih, 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.

Isnani, S., Herisasono, A., & Khayru, R. K. (2024). Legality and Privacy Protection Standards in Telepsychiatry and Online Mental Health Services. *Journal of Social Science Studies*, *4*(1), 227-236.

Issalillah, F. (2021). Potential of Curcumin in Turmeric as a Preventive Modality from Covid-19 in Pregnant Women. *Journal of Social Science Studies*, 1(2), 55-64.

Issalillah, F. (2022). Exploring the Interconnection Between Periodontal Health and Systemic Disease Progression in Chronic Conditions. *Journal of Social Science Studies*, 2(1), 173-178.

Issalillah, F., & Aisyah, N. (2022). The Elderly and the Determinants of Stress. *Journal of Social Science Studies*, 2(1), 9-12.

Kementerian Kesehatan Republik Indonesia. (2013). Peraturan Menteri Kesehatan Nomor 21 Tahun 2013 tentang Penanggulangan HIV dan AIDS. Jakarta.

Kementerian Kesehatan Republik Indonesia. (2016). Peraturan Menteri Kesehatan Nomor 67 Tahun 2016 tentang Penanggulangan Tuberkulosis. Jakarta.

Khayru, R. K. (2022). Transforming healthcare: the power of artificial intelligence. *Bulletin of Science, Technology and Society*, *1*(3), 15-19.

Khayru, R. K., & Issalillah, F. (2022a). 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., & Issalillah, F. (2022b). 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.

Krisdiyantoro, P., & Rahayu, S. (2024). Aspek Hukum Penanganan Pasien Tuberkulosis Berbasis Perlindungan Hak Asasi Manusia. *Jurnal Syntax Admiration*, 5(4), 1367-1376.

Mardikaningsih, R. (2022). Patient Satisfaction Based on Quality of Service and Location. *Journal of Islamic Economics Perspectives*, *4*(1), 31-37.

Mohamad, Y., Dirgantara, F., & Khayru, R. K. (2024). Legal Analysis of Hospitals' Obligation to Provide 24/7 Emergency Services in Areas with Limited Access. *Journal of Social Science Studies*, *4*(1), 137-144.

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.

Pemerintah Indonesia. (2024). Peraturan Pemerintah Nomor 28 Tahun 2024 sebagai Aturan Pelaksana UU Kesehatan. Jakarta.

Rachim, R., Hardyansah, R., & Khayru, R. K. (2024). The Obligation of Medical Cost and Risk Information Transparency by Private Healthcare Providers in Indonesian Legal Construction. *Journal of Social Science Studies*, *4*(2), 207-222.

Refisyanti, S. W. (2021). Constitutional Obligations of Indonesian Government During Covid-19 Pandemic: A Critical Appraisal. *Indonesian Comparative Law Review*, 3(2), 135-151.

Republik Indonesia. (1945). Undang-Undang Dasar Negara Republik Indonesia Tahun 1945 (Pasal 28H ayat (1)). Pemerintah Indonesia. Jakarta.

Republik Indonesia. (2009). Undang-Undang Nomor 44 Tahun 2009 tentang Rumah Sakit. Lembaran Negara Republik Indonesia. Pemerintah Indonesia. Jakarta.

Republik Indonesia. (2023). Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. Lembaran Negara Republik Indonesia. Pemerintah Indonesia. Jakarta.

Romero, A. N., Suminar, S. R., & Zakiran, A. H. (2023). Pemenuhan Hak Pasien BPJS dalam Mendapatkan Pelayanan Antidiskriminasi Dihubungkan dengan UU Rumah Sakit. *Jurnal Riset Ilmu Hukum*, 3(1), 31-36.

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.

Salim, H.S. (2014). *Teknik Penulisan Hukum Kualitatif*. Rajawali Press, Jakarta.

Silvia P. T. Pereira, Hardyansah, R., & Vitrianingsih, Y. (2023). The Role of Legal Norms in Regulating the Obligations of Government and Society to Prevent Infectious Diseases. *Journal of Social Science Studies,* 3(2), 145-152.

Soejono, S., & Abdurrahman. (2003). Metode Penelitian Hukum. Rineka Cipta, Jakarta.

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.

Tampil, V. C., Mubasyiroh, A. A., Khayru, R. K., Darmawan, D., & Prasetyo, B. A. (2023). Legal Protection for Patients in Health Services at Community Health Centers. *Studi Ilmu Sosial Indonesia*, 3(2), 85-100.

Wahyusetiawan, R., Herisasono, A., Khayru, R. K., Vitrianingsih, Y., & Issalillah, F. (2024). Health Facility Accountability for Terminal Patient Palliative Care Services Under Health Law. *International Journal of Service Science, Management, Engineering, and Technology*, *6*(2), 45-57.

Yatno, Y., Darmawan, D., & Khayru, R. K. (2023). Hospitals' Legal Responsibility for Service Disruptions due to Information System Failures. *Journal of Social Science Studies*, *3*(1), 319-330.

Yustina, E. W., & Kusumaningrum, A. E. (2019). The Principle of Non-Discrimination in Health Services in the Perspective of Government Responsibility. *Untag Law Review (ULREV),* 3(2), 188-198.

***Napu, H. R., R. K. Khayru, & R. Hardyansah. (2023). Principles of Anti-Discrimination and Fairness in Health Services: A Study of Regulations and Practices for Patients with Infectious Diseases in Indonesia, *Journal of Social Science Studies*, 4(2), 517 – 526.**