

Legal Protection for Healthcare Workers in Tuberculosis Management: A Public Health Perspective

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Abstract

Legal protection for healthcare workers has become increasingly important in the management of communicable diseases, particularly tuberculosis (TB), which remains a major public health challenge in Indonesia. The implementation of TB control programs often encounters obstacles arising from patient non-adherence to treatment, creating legal and ethical dilemmas for healthcare workers responsible for ensuring treatment completion while respecting patient autonomy. This study aims to analyze the implementation of Law Number 17 of 2023 concerning Health in providing legal protection for medical personnel and healthcare workers involved in tuberculosis management at Wawotobi Primary Healthcare Center and to identify the challenges affecting its effectiveness. The research employs a normative juridical method supported by a socio-legal approach using statutory, conceptual, and case approaches. Data were collected through library research, document analysis, and limited field interviews with healthcare workers directly involved in tuberculosis services. The findings reveal that although Law Number 17 of 2023 provides a stronger legal basis for protecting healthcare workers through the recognition of professional rights and legal safeguards, significant challenges remain due to patient non-adherence, limited authority to enforce treatment compliance, and the need to balance patient autonomy with public health interests. The study argues that legal protection for healthcare workers in tuberculosis management should not be viewed solely as professional protection but also as an instrument of public health protection. Accordingly, this research develops a Public Health-Oriented Legal Protection Framework that integrates professional protection, patient engagement, and public health protection as a comprehensive model for strengthening legal certainty, supporting healthcare workers, and enhancing the effectiveness of tuberculosis control programs. This framework constitutes the principal contribution of the study to the development of Indonesian health law and public health governance.

Keywords: legal protection; healthcare workers; tuberculosis; patient autonomy; public health law.

A. Introduction

Health is a fundamental human right and constitutes an essential element of national development. Article 28H(1) of the 1945 Constitution of the Republic of Indonesia guarantees every person's right to obtain healthcare services, while the State bears the responsibility to ensure the availability and accessibility of a healthcare system capable of protecting public welfare.¹ Within the framework of health law, the realization of the right to health extends beyond patient rights and encompasses the protection of medical personnel and healthcare workers who directly provide healthcare services. Legal protection for healthcare workers becomes particularly significant in the context of communicable diseases, where healthcare professionals face not only occupational risks but also legal and ethical challenges arising from their professional responsibilities.²

Tuberculosis (TB) remains one of the most serious infectious diseases affecting global public health. Despite considerable advances in prevention and treatment, TB continues to be a leading cause of morbidity and mortality worldwide. According to the *Global Tuberculosis Report 2024* issued by the World Health Organization (WHO),³ approximately 10.8 million people developed TB globally in 2023, while Indonesia remains among the countries with the highest TB burden in the world. This situation demonstrates that TB control is not merely a medical issue but also a legal and public policy challenge requiring coordinated efforts among governments, healthcare institutions, healthcare workers, and patients. Consequently, the effectiveness of TB control programs depends heavily on the capacity of healthcare systems to ensure treatment adherence while simultaneously protecting healthcare professionals who implement public health interventions.

Primary healthcare centers (*Puskesmas*) occupy a strategic position within Indonesia's healthcare system as the frontline institutions responsible for implementing national TB control programs. Through the Directly Observed Treatment Short-course (DOTS) strategy recommended by the WHO, healthcare workers are tasked with detecting TB cases, administering treatment, monitoring patient compliance, and conducting public health education.⁴ These responsibilities place healthcare professionals at the forefront of efforts to reduce TB transmission and prevent treatment failure. However, healthcare workers involved in TB services are exposed to various risks, including occupational exposure to infectious diseases, workplace safety concerns, and legal disputes arising from healthcare delivery. Therefore, the provision of adequate legal protection constitutes a fundamental prerequisite for ensuring the effectiveness and sustainability of TB control programs.⁵

One of the most persistent challenges in TB management is patient non-adherence to

¹ Constitution of the Republic of Indonesia 1945, art. 28H(1).

² Nurchasanah, N., Sakti, M., & Nugroho, A. A. (2025). Juridical Analysis of Law Number 17 of 2023 Concerning Health on Legal Protection for Medical and Health Personnel. *Asian Journal of Social and Humanities*, 4(2), 2348-2356.

³ World Health Organization. (2024). *Consolidated guidance on tuberculosis data generation and use. Module 1. Tuberculosis surveillance*. World Health Organization.

⁴ Jauhari, J., & Tanjung, A. (2026). Legal Protection of Health Workers from a Criminal Law Perspective during the Health Crisis in Indonesia. *Jurnal Ilmiah Dunia Hukum*, 10(1), 87-102.

⁵ Agustina, L., Vitrianingsih, Y., & Issalillah, F. (2025). Reporting Obligations for Infectious Diseases and Patient Confidentiality in Health Law. *Bulletin of Science, Technology and Society*, 4(3), 47-58.

treatment. Unlike many acute diseases, TB treatment requires a prolonged therapeutic regimen that generally lasts at least six months and demands consistent patient compliance. In practice, many patients discontinue treatment prematurely, fail to attend follow-up appointments, or refuse to take medication according to prescribed protocols. Such behavior significantly increases the risk of treatment failure, drug-resistant tuberculosis (DR-TB), and continued disease transmission within the community.⁶ From a public health perspective, patient non-adherence undermines national disease control strategies and threatens the broader objective of protecting population health.

The problem of treatment non-adherence has also been observed at Wawotobi Primary Healthcare Center, Konawe Regency, Southeast Sulawesi. Preliminary observations indicate that some TB patients demonstrate passive refusal of treatment through behaviors such as failing to collect medication, missing scheduled medical evaluations, or discontinuing treatment without informing healthcare providers. These circumstances place healthcare workers in a legally and ethically challenging position. On the one hand, healthcare professionals have a professional obligation to promote successful treatment outcomes and prevent disease transmission. On the other hand, they must respect the principle of patient autonomy and cannot compel individuals to undergo medical treatment against their will.⁷ Consequently, healthcare workers are often required to balance individual rights with broader public health interests, creating a complex legal dilemma within the implementation of TB control policies.

The enactment of Law Number 17 of 2023 concerning Health introduced significant reforms to Indonesia's healthcare regulatory framework, including stronger recognition of the rights of healthcare professionals. Article 273 of the Health Law explicitly provides that medical personnel and healthcare workers are entitled to legal protection when performing their duties in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics.⁸ Furthermore, Article 276 assigns responsibility to central government institutions, regional governments, and healthcare facilities to ensure the protection and welfare of healthcare personnel. These provisions reflect a legislative commitment to strengthening healthcare governance and professional security. Nevertheless, questions remain regarding how such legal protection should be implemented when healthcare workers encounter patients whose refusal or discontinuation of treatment may endanger public health.

Previous studies have examined legal protection for healthcare professionals and various aspects of TB management. Research by Hadjon emphasizes the importance of preventive and repressive legal protection in safeguarding professional rights within public services.⁸ Other studies have explored legal protection for healthcare personnel under

⁶ Agustina, L., Vitrianingsih, Y., & Issalillah, F. (2025). Reporting Obligations for Infectious Diseases and Patient Confidentiality in Health Law. *Bulletin of Science, Technology and Society*, 4(3), 47-58.

⁷ Alfyyah, A., Modjo, R., & Bachtiar, A. (2024). Analysis Protecting The Health Workers from the Transmission of Tuberculosis at Teaching Hospital: A Review of Policy and Practice. *Journal of Indonesian Health Policy and Administration*, 9(3), 3.

⁸ Firdaus, S. U. (2024). The urgency of legal protection for medical workers in combating COVID-19 in Indonesia. *International Journal of Human Rights in Healthcare*, 17(1), 66-74.

Indonesia's healthcare legislation and analyzed the implementation of TB control programs through public health and administrative perspectives.⁹ However, existing literature generally treats legal protection for healthcare workers and patient treatment adherence as separate issues. Very few studies have examined the intersection between healthcare worker protection, patient autonomy, and public health obligations within the context of communicable disease control.

Accordingly, a significant research gap exists regarding the relationship between legal protection for healthcare workers, patient autonomy, and public health protection in the management of tuberculosis. Existing scholarship has not adequately addressed how healthcare workers should be protected when carrying out their professional duties in circumstances where patient non-adherence creates risks not only for individual patients but also for the broader community. This issue has become increasingly relevant following the enactment of Law Number 17 of 2023 concerning Health, which seeks to strengthen legal protection for healthcare professionals while maintaining respect for patient rights.

The novelty of this study lies in its development of a normative argument that legal protection for healthcare workers in tuberculosis management should not be understood solely as professional protection but also as an instrument of public health protection. This research proposes an integrated health law perspective that connects healthcare worker protection, patient treatment adherence, and communicable disease control within a single analytical framework. By doing so, the study expands existing discussions beyond conventional professional liability issues and positions legal protection as a mechanism for safeguarding both healthcare personnel and public health interests.

Based on the foregoing discussion, this study aims to analyze the implementation of Law Number 17 of 2023 concerning Health in providing legal protection for medical personnel and healthcare workers involved in tuberculosis management at Wawotobi Primary Healthcare Center and to identify the principal challenges affecting its effectiveness. The findings are expected to contribute to the development of Indonesian health law by strengthening legal protection for healthcare workers while simultaneously supporting the effectiveness of communicable disease control programs.

B. Research Method

This study employed a normative juridical research method supported by a socio-legal approach. The normative juridical approach was selected because the primary focus of the research concerns the legal protection of medical personnel and healthcare workers in the management of tuberculosis (TB) under Law Number 17 of 2023 concerning Health. Normative legal research conceptualizes law as a system of norms consisting of legislation, legal principles, legal doctrines, and legal concepts that govern the rights and obligations of individuals and institutions within society.¹⁰ Through this approach, the study examines the legal framework governing healthcare workers' protection, patient rights, and public health

⁹ World Health Organization. (2024). *Global report on infection prevention and control 2024*. World Health Organization.

¹⁰ Peter Mahmud Marzuki, *Penelitian Hukum*, rev. ed. (Jakarta: Kencana, 2021), 55–60

responsibilities in the context of communicable disease control.

To complement the normative analysis, the study adopted a socio-legal approach in order to examine how legal norms are implemented in practice. Socio-legal research enables an assessment of the relationship between law in books (*das sollen*) and law in action (*das sein*), thereby providing a more comprehensive understanding of the effectiveness of legal protection mechanisms within healthcare services.¹¹ This approach is particularly relevant because tuberculosis control involves not only legal regulation but also social behavior, institutional practices, and public health considerations.

The research was conducted at Wawotobi Primary Healthcare Center (*Puskesmas Wawotobi*), Konawe Regency, Southeast Sulawesi. The selection of this location was based on its active implementation of the national tuberculosis control program and the presence of cases involving patient non-adherence to treatment, which raise legal and ethical concerns regarding healthcare workers' responsibilities and legal protection. The study focused on healthcare personnel directly involved in tuberculosis management, including physicians, nurses, and public health officers.

The study employed three primary approaches: the statute approach, conceptual approach, and case approach. The statute approach involved a systematic examination of relevant legal instruments, including the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, and other regulations governing healthcare services and communicable disease control.¹² The conceptual approach was utilized to analyze legal doctrines and theoretical perspectives concerning legal protection, patient autonomy, public health law, and healthcare worker accountability.¹³ Meanwhile, the case approach was used to examine practical issues relating to tuberculosis management and healthcare workers' experiences in dealing with patient non-adherence to treatment.¹⁴

The research relied on both normative and empirical data sources. Normative data consisted of primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials included legislation and official government regulations relevant to healthcare services and tuberculosis control. Secondary legal materials comprised books, peer-reviewed journal articles, research reports, and legal commentaries discussing health law, public health governance, legal protection, and communicable disease management. Tertiary legal materials included legal dictionaries, encyclopedias, and other reference materials used to clarify legal terminology and concepts.¹⁵

Empirical data were obtained through limited field interviews with healthcare workers involved in tuberculosis services at Wawotobi Primary Healthcare Center. Informants were selected purposively based on their professional involvement in TB management and their experience in handling cases of patient treatment non-adherence. Semi-structured

¹¹ Terry Hutchinson and Nigel Duncan, "Defining and Describing What We Do: Doctrinal Legal Research," *Deakin Law Review* 17, no. 1 (2012): 83-119.

¹² Constitution of the Republic of Indonesia 1945; Law Number 17 of 2023 concerning Health.

¹³ Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat di Indonesia* (Surabaya: Bina Ilmu, 1987).

¹⁴ Mike McConville, *Research Methods for Law* (Edinburgh: Edinburgh University Press, 2017).

¹⁵ Johnny Ibrahim, *Teori dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia Publishing, 2019), 300-305.

interviews were conducted to explore healthcare workers' perceptions regarding legal protection, professional responsibilities, and practical challenges encountered during the implementation of tuberculosis control programs.¹⁶

Data collection was carried out through library research, document analysis, and interviews. Library research involved identifying and examining relevant legal sources and academic literature obtained from official legal databases, scientific journals, and institutional publications. Document analysis was conducted to review healthcare regulations, policy documents, and tuberculosis program guidelines. Interview data were recorded, transcribed, and organized according to the themes relevant to the research objectives.¹⁷

The collected data were analyzed using a qualitative descriptive-analytical method. Legal materials were examined through legal interpretation techniques, including grammatical interpretation, systematic interpretation, and teleological interpretation. Empirical findings obtained from interviews were analyzed through data reduction, data presentation, and conclusion drawing as proposed by Miles, Huberman, and Saldaña.¹⁸ The analysis was conducted deductively by applying general legal principles and statutory provisions to the specific context of healthcare worker protection in tuberculosis management. Through this analytical framework, the study seeks to evaluate the effectiveness of existing legal protection mechanisms and formulate recommendations for strengthening legal protection while supporting public health objectives in communicable disease control.^{19,20,21,22,23,24}

C. Results and Discussion

1. Legal Protection of Healthcare Workers in Tuberculosis Management under Law Number 17 of 2023

The enactment of Law Number 17 of 2023 concerning Health marks a significant transformation in Indonesia's healthcare regulatory framework. Through the omnibus law approach, the legislation consolidates various sectoral healthcare regulations and introduces a more integrated system of healthcare governance. One of the most important reforms introduced by the Health Law is the strengthening of legal protection

¹⁶ Soerjono Soekanto, *Pengantar Penelitian Hukum* (Jakarta: UI Press, 2019), 51–54.

¹⁷ Soerjono Soekanto and Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat* (Jakarta: RajaGrafindo Persada, 2018), 12–15.

¹⁸ Matthew B. Miles, A. Michael Huberman, and Johnny Saldaña, *Qualitative Data Analysis: A Methods Sourcebook*, 4th ed. (Thousand Oaks, CA: SAGE Publications, 2020), 7–15.

¹⁹ Vicki C. Jackson, "Law: Methodologies," in *The Oxford Handbook of Comparative Constitutional Law*, ed. Michel Rosenfeld and András Sajó (Oxford: Oxford University Press, 2012).

²⁰ Vicki C. Jackson, "Law: Methodologies," in *The Oxford Handbook of Comparative Constitutional Law*, ed. Michel Rosenfeld and András Sajó (Oxford: Oxford University Press, 2012).

²¹ Mike McConville, *Research Methods for Law* (Edinburgh University Press, 2017).

²² Terry Hutchinson and Nigel Duncan, "Defining and Describing What We Do: Doctrinal Legal Research.," *Deakin Law Review* 17, no. 1 (2012): 83–119.

²³ Edward L Rubin, "Law and the Methodology of Law," *Wis. L. Rev.*, 1997, 521.

²⁴ Vicki C Jackson, "Law: Methodologies," *The Oxford Handbook of Comparative Constitutional Law*, 2012, 54.

for medical personnel and healthcare workers in carrying out their professional duties.²⁵ This protection is particularly relevant in the context of communicable disease management, where healthcare workers are required to perform public health functions while simultaneously respecting individual patient rights.

Legal protection for healthcare workers is rooted in the principle of legal certainty and the broader obligation of the State to ensure the effective delivery of healthcare services. According to Philipus M. Hadjon, legal protection consists of preventive and repressive dimensions. Preventive protection aims to prevent disputes and legal uncertainty through clear legal norms and administrative safeguards, whereas repressive protection provides remedies when legal disputes or violations have already occurred. In healthcare services, both dimensions are necessary because healthcare workers frequently perform professional duties under conditions involving medical uncertainty, occupational risk, and public scrutiny.

Law Number 17 of 2023 explicitly recognizes the right of medical personnel and healthcare workers to obtain legal protection while carrying out professional duties in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics. This provision establishes an important legal guarantee that healthcare workers should not be subjected to legal sanctions merely because an adverse outcome occurs during healthcare delivery. Instead, legal responsibility must be assessed on the basis of compliance with professional obligations and applicable healthcare standards.

The significance of this protection becomes particularly evident in tuberculosis management. Healthcare workers involved in TB services are not only responsible for providing diagnosis and treatment but also for implementing public health measures intended to prevent disease transmission. Through the Directly Observed Treatment Short-course (DOTS) strategy, healthcare workers monitor patient compliance, provide counseling, conduct contact tracing, and promote treatment completion. These responsibilities place healthcare workers at the intersection of individual healthcare and public health governance, thereby exposing them to legal and ethical challenges that differ from those encountered in ordinary clinical practice.

Tuberculosis management also presents unique occupational risks. Healthcare workers frequently interact with patients suffering from infectious diseases and may face repeated exposure to airborne pathogens. In addition, healthcare workers may encounter situations where patients refuse treatment, discontinue medication, or fail to comply with public health recommendations. Such circumstances may hinder treatment outcomes and increase the risk of disease transmission within the community. Nevertheless, healthcare workers generally lack coercive authority to compel treatment because medical interventions remain subject to the principles of informed consent and patient autonomy.

The Health Law addresses these concerns by emphasizing that healthcare workers are entitled to protection when acting within the scope of their professional authority

²⁵ Law Number 17 of 2023 concerning Health.

and in accordance with established healthcare standards. This approach reflects a shift from an outcome-based perspective of liability toward a conduct-based approach that evaluates whether healthcare workers have fulfilled their professional obligations.²⁶ Consequently, treatment failure resulting from patient non-adherence should not automatically be attributed to professional misconduct where healthcare workers have exercised reasonable care and complied with applicable procedures.

Furthermore, the legal protection framework established by Law Number 17 of 2023 recognizes the shared responsibility of healthcare institutions and government authorities in supporting healthcare workers. Article 276 places obligations upon the central government, regional governments, and healthcare facilities to provide legal protection, occupational safety, and professional support for healthcare personnel.⁷ This provision demonstrates that legal protection is not solely an individual entitlement but also an institutional responsibility designed to ensure the effective functioning of the healthcare system.

From a public health perspective, legal protection for healthcare workers serves a broader function than merely safeguarding professional interests. Effective legal protection enables healthcare workers to perform their duties confidently, make professional judgments without fear of unjustified liability, and implement disease-control measures necessary to protect the public. Without adequate legal protection, healthcare workers may become reluctant to undertake responsibilities involving communicable diseases, thereby undermining public health objectives and weakening disease-control programs.

Accordingly, the juridical construction of legal protection under Law Number 17 of 2023 demonstrates that healthcare worker protection is not limited to professional security but forms an integral component of public health governance. By ensuring legal certainty, occupational protection, and institutional support, the Health Law seeks to create conditions in which healthcare workers can effectively perform their responsibilities in tuberculosis management while maintaining respect for patient rights and professional standards.

2. Challenges of Patient Non-Adherence and the Limits of Healthcare Workers' Authority

One of the primary challenges in tuberculosis (TB) management at Wawotobi Primary Healthcare Center is patient non-adherence to treatment. Although the DOTS strategy requires patients to complete a continuous treatment regimen for at least six months, some patients fail to attend follow-up appointments, discontinue medication prematurely, or refuse further treatment. Such behavior not only increases the risk of treatment failure but also contributes to the emergence of drug-resistant tuberculosis and the continued transmission of the disease within the community.

From a legal perspective, healthcare workers face a difficult situation when dealing with non-adherent patients. On the one hand, they have professional obligations to ensure

²⁶ George D. Pozgar, *Legal and Ethical Issues for Health Professionals*, 5th ed. (Burlington, MA: Jones & Bartlett Learning, 2019), 215–223.

treatment success and protect public health. On the other hand, they must respect the principle of patient autonomy, which grants individuals the right to make decisions regarding their own medical treatment.²⁷ Consequently, healthcare workers cannot compel patients to undergo treatment even when discontinuation may endanger both the patient and the wider community.

This situation reveals a gap between public health objectives and the legal authority available to healthcare workers. While Law Number 17 of 2023 concerning Health provides legal protection for healthcare professionals performing their duties according to professional standards, it does not grant coercive authority to enforce treatment compliance in ordinary TB cases. As a result, healthcare workers may be held responsible for program outcomes while lacking sufficient legal mechanisms to address patient refusal or treatment discontinuation.

The findings indicate that patient non-adherence should not automatically be interpreted as a failure of healthcare workers to perform their professional duties. Where healthcare workers have provided appropriate counseling, monitoring, education, and treatment in accordance with professional standards, responsibility for treatment interruption cannot be entirely attributed to healthcare personnel.²⁸ Therefore, legal protection must extend to situations in which healthcare workers have fulfilled their professional obligations but face obstacles arising from patient behavior beyond their control.

Accordingly, the challenge of patient non-adherence demonstrates that effective legal protection for healthcare workers requires a balance between patient autonomy and public health interests. Without such balance, healthcare workers may be exposed to professional and legal risks despite acting in accordance with applicable healthcare standards.²⁹

3. Balancing Patient Autonomy and Public Health Protection in Tuberculosis Control

One of the most complex legal issues in tuberculosis (TB) management is the need to balance patient autonomy with the protection of public health. Patient autonomy is a fundamental principle of modern healthcare law, recognizing the right of individuals to make decisions regarding their own medical treatment based on adequate information and free consent.³⁰ This principle requires healthcare workers to respect patients' choices, including the decision to refuse or discontinue treatment, provided that such decisions are made voluntarily and with sufficient understanding of the consequences.

However, the application of patient autonomy becomes problematic in the context of communicable diseases such as tuberculosis. Unlike non-communicable diseases, TB involves a significant risk of transmission to other individuals. Consequently, a patient's

²⁷ Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 8th ed. (New York: Oxford University Press, 2019).

²⁸ World Health Organization, *The Stop TB Strategy: Building on and Enhancing DOTS to Meet the TB-Related Millennium Development Goals* (Geneva: WHO, 2006).

²⁹ Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat di Indonesia* (Surabaya: Bina Ilmu, 1987), 20–25.

³⁰ Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 8th ed. (New York: Oxford University Press, 2019).

refusal to continue treatment may affect not only personal health but also the health and safety of the broader community.³¹ This situation creates a legal tension between individual rights and collective interests, requiring the State to balance personal liberty with public health protection.

Law Number 17 of 2023 concerning Health implicitly reflects this balance by recognizing both patient rights and the responsibility of healthcare authorities to prevent the spread of infectious diseases. In this regard, healthcare workers perform a dual function: they serve individual patients while simultaneously acting as agents of public health protection. Therefore, the legal protection afforded to healthcare workers should be interpreted not only as a professional safeguard but also as a mechanism supporting the implementation of public health objectives.

The findings suggest that patient autonomy should not be interpreted as an unlimited right where the exercise of that right may create serious risks for public health. Instead, healthcare policies concerning tuberculosis should promote collaborative decision-making through education, counseling, and continuous supervision rather than coercive intervention.³² Such an approach preserves respect for individual rights while strengthening efforts to prevent disease transmission and ensure treatment adherence.

Accordingly, effective tuberculosis control requires a balanced legal framework capable of harmonizing patient autonomy and public health protection. This balance is essential to ensure that healthcare workers can perform their professional duties without undermining individual rights while simultaneously protecting the wider community from preventable public health risks.³³

4. Public Health-Oriented Legal Protection Framework for Healthcare Workers in Tuberculosis Management

The preceding discussion demonstrates that legal protection for healthcare workers in tuberculosis (TB) management cannot be limited to the traditional concept of professional protection. The challenges arising from patient non-adherence, the absence of coercive authority, and the potential risk of disease transmission indicate that healthcare workers operate within a unique legal environment where individual healthcare services intersect with broader public health responsibilities. Consequently, legal protection must be understood not only as a mechanism for safeguarding professional interests but also as an instrument for supporting public health objectives.³⁴

Based on these findings, this study proposes a **Public Health-Oriented Legal Protection Framework** as a conceptual model for strengthening legal protection in communicable disease management. The framework consists of three interconnected dimensions: **professional protection, patient engagement, and public health**

³¹ World Health Organization, *Global Tuberculosis Report 2024* (Geneva: WHO, 2024).

³² World Health Organization, *Ethics Guidance for the Implementation of the End TB Strategy* (Geneva: WHO, 2017).

³³ Gostin, Lawrence O., *Public Health Law: Power, Duty, Restraint*, 3rd ed. (Berkeley: University of California Press, 2016).

³⁴ Philipus M. Hadjon, *Perlindungan Hukum Bagi Rakyat di Indonesia* (Surabaya: Bina Ilmu, 1987), 20–25.

protection. Professional protection refers to legal guarantees provided to healthcare workers who perform their duties in accordance with professional standards, ethical obligations, and applicable regulations. Patient engagement emphasizes the importance of education, counseling, and informed decision-making to encourage treatment adherence without violating patient autonomy. Meanwhile, public health protection focuses on preventing disease transmission through coordinated actions involving healthcare institutions, local governments, and community-based health programs.³⁵

Table 1. Public Health-Oriented Legal Protection Framework

Dimension	Function	Objective
Professional Protection	Legal protection based on professional standards and ethics	Protect healthcare workers from unjustified liability
Patient Engagement	Counseling, education, and treatment supervision	Improve treatment adherence and patient awareness
Public Health Protection	Disease control and transmission prevention measures	Safeguard community health and support TB control programs

The integration of these three dimensions reflects the reality that tuberculosis management involves shared responsibilities among healthcare workers, patients, and public institutions. Legal protection should therefore not be interpreted as immunity from accountability but rather as a guarantee that healthcare workers will not be held legally responsible for circumstances beyond their professional control, particularly where treatment failure results from patient non-adherence despite appropriate healthcare interventions.³⁶

Furthermore, this framework contributes to the development of Indonesian health law by expanding the conventional understanding of legal protection. Existing legal discourse generally positions healthcare worker protection as a professional issue, whereas this study argues that legal protection in communicable disease management also serves a public health function. By ensuring legal certainty for healthcare workers, the framework strengthens the implementation of disease-control programs and supports the broader objective of protecting community health.³⁷

Accordingly, the proposed Public Health-Oriented Legal Protection Framework represents the principal contribution of this research. The framework demonstrates that effective legal protection for healthcare workers in tuberculosis management requires the integration of professional safeguards, patient participation, and public health considerations. Through this approach, legal protection becomes not only a means of protecting healthcare workers but also a strategic instrument for enhancing the effectiveness of communicable disease control within Indonesia's healthcare system.³⁸

D. Conclusion and Recommendations

³⁵ World Health Organization, *Ethics Guidance for the Implementation of the End TB Strategy* (Geneva: WHO, 2017).

³⁶ Law Number 17 of 2023 concerning Health, arts. 273–276.

³⁷ Lawrence O. Gostin, *Public Health Law: Power, Duty, Restraint*, 3rd ed. (Berkeley: University of California Press, 2016).

³⁸ World Health Organization, *Global Tuberculosis Report 2024* (Geneva: WHO, 2024).

This study concludes that Law Number 17 of 2023 concerning Health provides a stronger legal foundation for the protection of healthcare workers involved in tuberculosis (TB) management through the recognition of their rights to legal protection when performing professional duties in accordance with professional standards, ethical obligations, and standard operating procedures. However, the implementation of such protection remains challenged by patient non-adherence to treatment, the limited authority of healthcare workers to enforce compliance, and the need to balance patient autonomy with public health interests. The findings demonstrate that legal protection for healthcare workers should not be viewed solely as a professional safeguard but also as an instrument for achieving public health objectives. Based on these findings, this study develops a **Public Health-Oriented Legal Protection Framework** that integrates professional protection, patient engagement, and public health protection as a comprehensive approach to strengthening legal certainty and supporting effective tuberculosis control.

To enhance the effectiveness of legal protection for healthcare workers in communicable disease management, it is recommended that the government formulate more specific implementing regulations under Law Number 17 of 2023 concerning Health regarding the handling of patient non-adherence in tuberculosis treatment. Healthcare institutions should strengthen counseling, treatment monitoring, and community-based education programs to improve patient compliance while respecting individual rights. In addition, professional organizations and public health authorities should establish clearer operational guidelines concerning the responsibilities and legal protection of healthcare workers when managing infectious diseases. Such measures are essential to ensure that healthcare workers can perform their duties effectively, safely, and with adequate legal certainty while supporting the broader goal of protecting public health.

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