

A Juridical Analysis of Legal Sanctions for Non-Adherent Tuberculosis Patients: Balancing Public Interest and the Right to Health

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Abstract

Tuberculosis remains a major public health challenge in Indonesia due to its long and complex treatment regimen requiring high adherence. Non adherence raises juridical and ethical dilemmas between the obligation of the state to protect public health and the obligation to guarantee the right to health and human dignity. This study analyzes the juridical feasibility of imposing legal sanctions on tuberculosis patients who fail to adhere to treatment. The research uses a normative juridical approach with statute, conceptual, and human rights approaches. The results indicate that Indonesian positive law does not explicitly criminalize non adherence to tuberculosis treatment. Current policy prioritizes administrative and public health approaches such as patient education, treatment supervision, and strengthening healthcare services. Criminal sanctions therefore should not be the primary instrument in addressing treatment non adherence, and should only be considered as *ultimum remedium* in exceptional circumstances.

Keywords: Tuberculosis, treatment adherence, legal sanctions, public health law, human

A. Introduction

Tuberculosis remains one of the infectious diseases that continues to constitute a serious public health problem in Indonesia. Tuberculosis is one of the oldest infectious diseases in the history of human civilization and remains an important public health issue worldwide today. This disease not only affects individual patients but also has broad transmission potential, thereby posing risks to society as a whole. The World Health Organization's End TB Strategy aims to reduce TB incidence by 80% and TB-related mortality by 90% by 2030 compared with 2015 levels. Indonesia's 2030 targets include reducing TB deaths by 95% compared with 2015, reducing TB incidence by 90% compared with 2015, and eliminating catastrophic economic burdens among families affected by TB. The national

TB control program targets TB elimination by 2035 and a TB-free Indonesia by 2050.^{1,2,3}

The high incidence of TB, accompanied by the phenomenon of patient non-adherence to treatment, has created major challenges for the national health system, particularly in efforts to eliminate TB. According to the WHO, loss to follow-up refers to a TB patient who does not initiate treatment or whose treatment is interrupted for two consecutive months or more. Globally, in 2024, there were approximately 10.7 million TB cases and 1.23 million deaths due to the disease. The incidence of TB was 131 new cases per 100,000 population per year. The case fatality rate was 11.5%, making TB one of the ten leading causes of death worldwide and the leading cause of death from a single infectious bacterial agent. The following figures and tables illustrate the situation based on the Global Tuberculosis Report 2025. Eight countries contributed two-thirds of the global TB burden: India at 25%, Indonesia at 10%, the Philippines at 6.8%, China at 6.5%, Pakistan at 6.3%, Nigeria at 4.8%, the Democratic Republic of the Congo at 3.9%, and Bangladesh at 3.6%.⁴

Data from the Statistics Indonesia Office of West Java Province show that the number of detected TB cases from 2023 to 2025 continued to increase. In 2023, the total number of detected TB cases in West Java was 203,226. In 2024, the number increased to 224,798, followed by a slight decrease to 224,650 cases in 2025. In Depok, where the first researcher works, the number of detected cases was 7,519 in 2023, increased to 8,269 in 2024, and further increased to 8,328 in 2025, as shown in Table 1. The treatment success rate in West Java was 81.6% in 2023, increased to 82% in 2024, and reached 86% in 2025. However, in Depok, the treatment success rate was 79.2% in 2023, increased to 84% in 2024, but declined to 81.7% in 2025, as shown in Table 2.^{5,6}

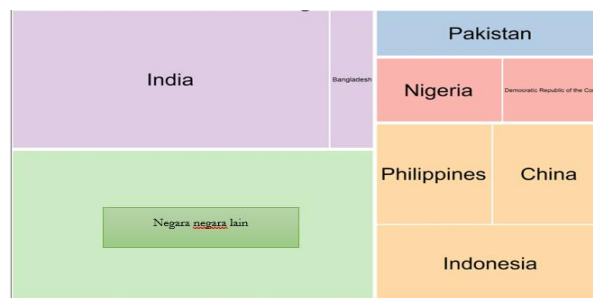


Figure 1. Geographic distribution based on TB case incidence in 2024

¹ Risna Juliana et al., "Pendekatan Diagnostik Berbasis Manifestasi, Pemeriksaan Klinis Dan Tatalaksana Pada Tuberkulosis Paru," *Medical Profession Journal of Lampung* 14, no. 9 (2024): 1851-57.

² Undang-Undang Dasar Negara Republik Indonesia Tahun 1945. Pasal 28 dan 34

³ World Health Organization. Drug-resistant TB [Internet]. 2022 [cited 2026 Apr 22]. Available from: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022/tb-disease-burden/2-3-drug-resistant-tb>

⁴ Fajar Ariyanti et al., "The Impact of Health System Responsiveness on Tuberculosis Treatment Adherence in Public Primary Healthcare Facilities in Indonesia," *Clinical Epidemiology and Global Health* 34 (2025): 102107.

⁵ World Health Organization. Global Tuberculosis Report 2025. Diakses pada Kamis 23 April 2026. <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025/tb-disease-burden/1-2-tb-mortality>

⁶ Badan pusat statistik Jawa Barat, kasus penyakit menurut kabupaten/kota dan jenis penyakit di provinsi Jawa Barat, diakses pada Kamis 23 April 2026. <https://jabar.bps.go.id/id/statistics>

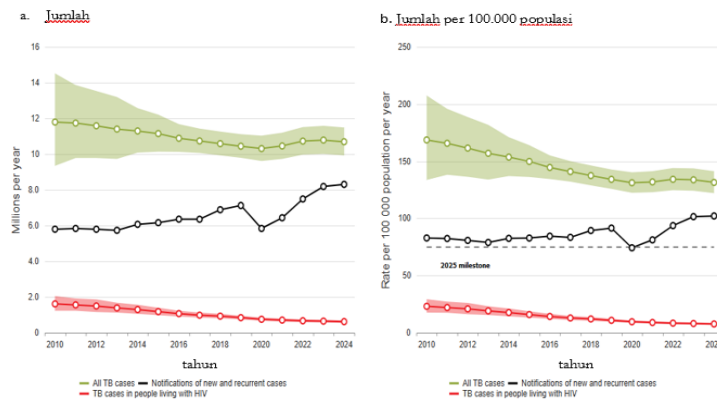


Figure 2. Global trend based on estimated TB case incidence: a. Number of cases; b. Number per 100,000 population from 2010 to 2024

The problem of non-adherence among tuberculosis patients in undergoing treatment is an increasingly complex legal and health phenomenon in the context of the modern healthcare system. Amid state efforts to strengthen infectious disease control as part of the protection of public health interests, patient non-adherence can no longer be understood simply as an individual failure. Rather, it is a multidimensional issue involving normative, institutional, social, and ethical aspects.⁷

Table 1. Number of detected TB cases from 2023 to 2025

Region	2023	2024	2025
West Java	203,226	224,798	224,650
Depok	7,519	8,269	8,328

Table 2. TB treatment success rate

Region	2023	2024	2025
West Java	81.6%	82%	86%
Depok	79.2%	84%	81.7%

From a public health perspective, non-adherence among TB patients cannot be viewed merely as an individual problem. Incomplete TB treatment may lead to drug-resistant tuberculosis, prolong the infectious period, and increase the healthcare cost burden on the state. This condition places treatment non-adherence as an issue directly related to public interest. From the perspective of law and human rights, TB patients remain legal subjects who possess the right to health, the right to protection of human dignity, and the right not to be treated in a discriminatory or repressive manner by the state. This gives rise to a normative tension between the state’s obligation to protect public health and its obligation to guarantee the fundamental rights of patients as individuals.⁸

The issue has become increasingly relevant in the current context, as TB control faces

⁷ Lawrence O Gostin, *Public Health Law and Ethics: A Reader*, vol. 4 (Univ of California Press, 2010).

⁸ Beatriz Barreto-Duarte et al., “Interplay between Biological & Social Vulnerability and Poor Tuberculosis Treatment Outcome in Brazil: A Nationwide Study Using Multivariate Modelling with Excess Risk,” *The Lancet Regional Health–Americas* 53 (2026).

the challenges of rising drug resistance risk, demands for effective health policy, and growing sensitivity toward human rights issues and the protection of vulnerable groups. Patient non-adherence has the potential to create serious consequences for public health. On the other hand, the application of a disproportionate legal approach risks generating stigma, criminalization of patients, and violations of the right to health.

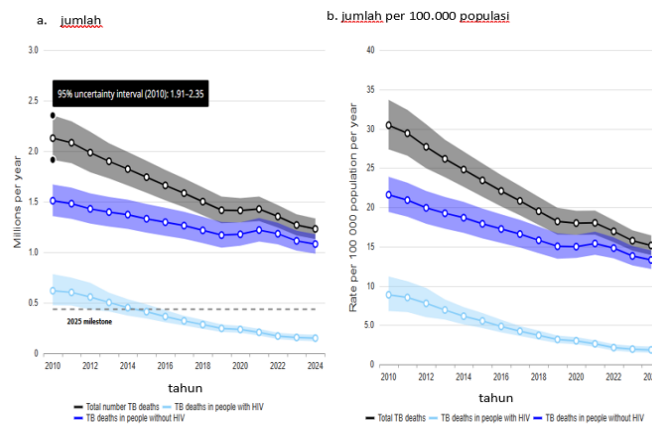


Figure 3. Global trend based on estimated TB cases: a. Number of cases; b. Number per 100,000 population from 2010 to 2024⁹

Based on these conditions, a systematic and in-depth identification of problems is required to clearly map the parties involved, the forms of deviation or gaps that occur, where and in what context the problems arise, when and under what conditions the problems become significant, why the problems occur, and how the mechanisms of these problems arise along with their legal implications. This problem identification serves as an important foundation for formulating sharp, focused, and relevant research questions in accordance with the needs of health law development amid contemporary social and health policy dynamics.

This study is conducted because there exists a principle of *lex imperfecta*, namely a legal norm that does not provide sanctions for parties who violate it. There is a legal vacuum and ambiguity regarding the possible application of legal sanctions against TB patients who do not adhere to treatment. Various laws and regulations in the fields of health, infectious diseases, and human rights do contain norms on the prevention and control of infectious diseases. However, they have not provided a firm and consistent legal construction regarding the limits of the legitimacy of sanctions against patients.¹⁰

Theoretically, this study is important for the development of health law scholarship, particularly in relation to the relationship between public health obligations and individual patient rights, the application of the principle *salus populi suprema lex esto* in the context of infectious diseases, and the limits of the state in using criminal, administrative, or other sanctioning instruments in the field of health. The findings of this study are expected to make a significant contribution to policymakers, healthcare professionals, and law enforcement

⁹ Ahmad Fuady et al., "Achieving Universal Social Protection for People with Tuberculosis," *The Lancet Public Health* 9, no. 5 (2024): e339-44.

¹⁰ Antonia Morita Iswari Saktiawati and Ari Probandari, "Tuberculosis in Indonesia: Challenges and Future Directions," *The Lancet Respiratory Medicine* 13, no. 8 (2025): 669-71.

authorities in formulating TB control policies that are effective while remaining just and grounded in a human rights perspective. This study is also relevant because, to date, TB control in Indonesia remains dominated by persuasive approaches, while the discourse on the application of legal sanctions continues to generate ethical and juridical debate.

This study contributes to health law scholarship by developing a normative argument that the criminalization of tuberculosis patients for treatment non-adherence is inconsistent with the protection paradigm that underlies Indonesian health law. Unlike criminal law, which is primarily oriented toward punishment and deterrence, health law is fundamentally designed to protect patients as subjects of care and public health interventions. Accordingly, this research argues that treatment non-adherence should be understood primarily as a health governance and patient protection issue rather than as a matter of criminal liability. The novelty of this study lies in its construction of a normative framework that places the right to health, human dignity, proportionality, and the principle of *ultimum remedium* at the center of legal responses to tuberculosis treatment non-adherence. Through this approach, the study offers a legal justification for prioritizing protective, administrative, and public health measures over criminal sanctions in tuberculosis control policy.

B. Research Method

This study is normative legal research conducted using a qualitative descriptive approach. Normative legal research views law as a set of norms, rules, principles, and doctrines that regulate human behavior in social and state life. The main focus of this study is not the empirical behavior of legal subjects, but rather the normative construction of positive law governing infectious disease control, particularly tuberculosis, and the feasibility of imposing criminal sanctions on patients who do not adhere to treatment. The criterion for tuberculosis treatment non-adherence is based on the WHO definition, namely a tuberculosis patient who does not start treatment or whose treatment is interrupted for two consecutive months or more. This study employs several complementary legal approaches, as follows.¹¹

1. Statute Approach

The statute approach is used to analyze laws and regulations related to infectious disease control within the Indonesian health law system. The analysis is conducted by considering the hierarchy of laws and regulations, normative consistency, and the conformity of regulatory substance with the authority of the law-making body. This approach assesses whether there is a clear legal basis for imposing criminal sanctions on tuberculosis patients who do not adhere to treatment, and whether such norms are consistent with the principle of legality in criminal law.¹²

2. Conceptual Approach

The conceptual approach is used to examine legal concepts and doctrines related to the research issue, such as the right to health, bodily autonomy, public health interests, criminalization in the health sector, proportionality, and the principle of *ultimum remedium*

¹¹ Jonaedi Efendi, Jhonny Ibrahim, and Prasetijo Rijadi, "Metode Penelitian Hukum: Normatif Dan Empiris," 2016.

¹² S H I Jonaedi Efendi, *Rekonstruksi Dasar Pertimbangan Hukum Hakim* (Prenada Media, 2018).

in criminal law. This approach is important for providing a theoretical basis for interpreting legal norms, particularly when laws and regulations do not explicitly regulate the possibility of criminalizing patients who fail to adhere to treatment.¹³

3. Human Rights Approach

The human rights approach is used to assess whether policies or the possible imposition of legal sanctions on tuberculosis patients are consistent with the principles of human rights protection. This analysis takes into account constitutional guarantees of the right to health and the principle of non-discrimination under human rights law. Through this approach, the study examines whether restrictions on patients' rights in the context of infectious disease control satisfy the principles of legality, proportionality, and protection of human dignity.¹⁴

4. Comparative Approach

As a complementary analysis, this study also employs a comparative approach to examine how several countries regulate infectious disease control policies and the application of sanctions for patient non-adherence. This approach aims to enrich the analytical perspective without directly adopting the legal systems of other countries.^{15,16}

The collection of legal materials in this study is conducted through library research. This method is used because the object of the study consists of legal norms, doctrines, and principles contained in various literature sources and laws and regulations.

The stages of collecting legal materials include the following:

1. **Inventory of primary legal materials**, namely identifying and collecting laws and regulations relevant to infectious disease control and public health policy.
2. **Collection of secondary legal materials**, namely tracing books, scientific journal articles, and previous research discussing health law, criminalization in the health sector, and the relationship between criminal law and human rights.
3. **Use of tertiary legal materials**, such as legal dictionaries and legal encyclopedias, to ensure the accuracy of the terminology and legal concepts used.
4. **Classification and systematization of legal materials**, namely grouping legal materials based on the main normative issues, such as state authority in public health, the right to health, legal sanctions, and the principles of proportionality and *ultimum remedium*.¹⁷

C. Results and Discussion

1. Tuberculosis Control Regulation in the Indonesian Legal System

Tuberculosis control in the Indonesian legal system is positioned within the framework of health law and public health law, rather than within the criminal law regime. The existing regulatory structure shows that the state's approach to infectious diseases is more oriented toward public health risk management through the healthcare service system, rather than through the criminalization of patients. Constitutionally, the 1945 Constitution of the

¹³ Mike McConville, *Research Methods for Law* (Edinburgh University Press, 2017).

¹⁴ Terry Hutchinson and Nigel Duncan, "Defining and Describing What We Do: Doctrinal Legal Research.," *Deakin Law Review* 17, no. 1 (2012): 83-119.

¹⁵ Edward L Rubin, "Law and the Methodology of Law," *Wis. L. Rev.*, 1997, 521.

¹⁶ Vicki C Jackson, "Law: Methodologies," *The Oxford Handbook of Comparative Constitutional Law*, 2012, 54.

¹⁷ Gostin, *Public Health Law and Ethics: A Reader*.

Republic of Indonesia affirms that health is both a human right and a responsibility of the state. This constitutional norm is further elaborated in various sectoral regulations in the field of health, which emphasize promotive, preventive, curative, and rehabilitative approaches as the main strategies for improving public health.

In the context of tuberculosis control, various regulations such as the Health Law, the Law on Infectious Disease Outbreaks, the Health Quarantine Law, and the Presidential Regulation on Tuberculosis Control place the state and healthcare service providers as the main actors responsible for ensuring access to healthcare services, continuity of treatment, and the effectiveness of disease control programs. These regulations do not classify patient non-adherence to treatment as a criminal offense. On the contrary, Indonesian health law views non-adherence as a challenge in healthcare service management, particularly in relation to chronic and infectious diseases that require long-term therapy.

A systematic analysis of the regulatory structure also shows that the norms governing infectious disease control place greater emphasis on administrative authority and public health measures, such as health surveillance, patient guidance, and measures to prevent transmission. Accordingly, Indonesian positive law is not systemically designed to criminalize patients, but rather to manage public health risks through a service-based approach.

From the perspective of the principle of legality in criminal law, the absence of a criminal norm that explicitly regulates tuberculosis patient non-adherence has important implications. Criminal punishment may only be imposed when an act is clearly formulated as a criminal offense under statutory law. Therefore, the use of technical regulations, such as presidential regulations or ministerial regulations, as a basis for criminal punishment cannot be juridically justified. Thus, normatively, it can be concluded that tuberculosis control regulation in the Indonesian legal system places disease control as a matter of public health, not as an object of criminalization under criminal law.

2. Position of Patient Non-Adherence in Positive Law

Under Indonesian positive law, patient non-adherence to treatment is not automatically classified as a criminal offense. Non-adherence is regarded as an issue of health program compliance and healthcare service management, rather than as an independent criminal offense. This approach is based on the characteristics of tuberculosis, which requires long-term therapy as well as continuous social and medical support. Patient non-adherence is often influenced by non-juridical factors, such as economic limitations, drug side effects, social stigma, and limited access to healthcare services.¹⁸

Within the framework of health law, the relationship between patients and the state is constructed as a protective relationship. Patients are positioned as subjects of protection who possess the right to health and the right to obtain adequate medical services. Therefore, the patient's obligation to undergo treatment is not understood as a criminal obligation, but rather as part of the therapeutic relationship between the patient and healthcare professionals.

From the perspective of criminal law, punishment requires the existence of fault, or *mens*

¹⁸ Dina Bisara Lolong et al., "Nonadherence to Anti-Tuberculosis Treatment, Reasons and Associated Factors among Pulmonary Tuberculosis Patients in the Communities in Indonesia," *PLoS One* 18, no. 8 (2023): e0287628.

rea, and criminal capacity. In many cases of tuberculosis patient non-adherence, the element of fault is difficult to establish because the patient's behavior is often influenced by health conditions, economic limitations, or other structural factors beyond the patient's control.¹⁹

Accordingly, within the Indonesian positive legal system, patient non-adherence is more appropriately understood as an indicator of failure in the healthcare service system rather than as an individual criminal fault.

3. Administrative Sanctions as the Main Instrument

In health policy practice, responses to patient non-adherence are more commonly carried out through administrative sanctions and non-criminal measures. This approach reflects the regulatory and protective character of health law.²⁰

Non-criminal instruments used in tuberculosis control include:

- a. intensive patient monitoring and supervision;
- b. treatment assistance through the treatment observer program;
- c. health education and patient counseling;
- d. adjustment of treatment regimens and provision of social support for patients.

This approach shows that the main objective of health policy is not punishment, but the restoration of patient health and the prevention of disease transmission.

Normatively, the use of administrative sanctions reflects the application of the principle of **least restrictive measures**, namely the use of the least restrictive but effective legal instrument to achieve public health objectives. Compared with criminal sanctions, the administrative approach has several advantages, including:

- a. it is more consistent with the restorative orientation of health law;
- b. it avoids the criminalization of patients as a vulnerable group;
- c. it is more effective in encouraging adherence through educative and supportive approaches;
- d. it is more flexible and can be adjusted to the patient's condition.
- e. The dominance of administrative instruments indicates that the Indonesian legal system implicitly applies the principle of **ultimum remedium**, which positions criminal law as the last resort in law enforcement.²¹

4. Evaluation of the Feasibility of Criminal Sanctions

The evaluation of the possible imposition of criminal sanctions on tuberculosis patients must be conducted through several normative parameters, namely the principle of legality, the principle of criminal fault, the principle of proportionality, and the principle of *ultimum remedium*.²²

First, from the perspective of the principle of legality, there is no statutory norm that explicitly criminalizes tuberculosis patient non-adherence. Without a clear legal basis,

¹⁹ Desy Indra Yani, Neti Juniarti, and Mamat Lukman, "Factors Related to Complying with Anti-TB Medications among Drug-Resistant Tuberculosis Patients in Indonesia," *Patient Preference and Adherence*, 2022, 3319–27.

²⁰ O B K Dingake, "Human Rights, TB, Legislation, and Jurisprudence," *Health and Human Rights* 19, no. 1 (2017): 305.

²¹ Katherine W Todrys, Erin Howe, and Joseph J Amon, "Failing Siracusa: Governments' Obligations to Find the Least Restrictive Options for Tuberculosis Control," *Public Health Action* 3, no. 1 (2013): 7–10.

²² Muchamad Mulksan, "Asas Legalitas Dalam Hukum Pidana: Studi Komparatif Asas Legalitas Hukum Pidana Indonesia Dan Hukum Pidana Islam (Jinayah)," *Serambi Hukum* 11, no. 01 (2017): 1–26.

criminal punishment cannot be imposed because it would contradict the principle of legal certainty.

Second, from the perspective of the principle of fault, patient non-adherence is not always based on malicious intent or intentional negligence. Many social and medical factors influence patient adherence, so criminal punishment risks ignoring the context of patient vulnerability.

Third, from the perspective of proportionality, criminal law is not necessarily the most appropriate means to achieve tuberculosis control objectives. Non-criminal alternatives, such as education, assistance, and medical supervision, remain available and are considered more effective.

Fourth, from the perspective of the principle of *ultimum remedium*, criminal law may only be used when all non-criminal instruments have proven ineffective. In the context of tuberculosis control in Indonesia, administrative and programmatic instruments remain the primary and relevant approach. Based on this evaluation, the imposition of criminal sanctions on tuberculosis patients who do not adhere to treatment lacks an adequate normative basis in the current Indonesian legal system.²³

5. Balance between Public Health Interests and Patients' Rights

The control of infectious diseases places the state in a complex position, namely between the obligation to protect public health and the obligation to respect the individual right to health. In health law, public health interests may indeed serve as a basis for state intervention against individuals, particularly to prevent disease transmission. However, the legitimacy of such intervention is not absolute and must be exercised within the limits of law and human rights principles. Public health interests must be understood as a conditional basis for intervention, which may only be exercised when there is a clear legal basis, when it aims to protect a legitimate public interest, and when it is carried out proportionally and without discrimination.

On the other hand, the right to health requires that tuberculosis patients be treated as dignified subjects of protection. Overly repressive policies, such as the criminalization of patients, may shift the position of patients from recipients of protection to objects of punishment. In this context, the principles of proportionality and *ultimum remedium* become important tests for assessing the feasibility of state intervention. The proportionality test assesses whether the restriction of rights through legal sanctions is truly necessary and balanced with the intended objective. Meanwhile, the principle of *ultimum remedium* affirms that criminal law may only be used when all non-criminal instruments are no longer adequate. An analysis of tuberculosis control policy shows that the objective of protecting public health is more effectively achieved through strengthening the healthcare service system, patient education, and social support, rather than through the criminalization of patients. Therefore, the balance between public health interests and the protection of patients' rights is more appropriately realized through an approach that prioritizes protection, prevention, and health recovery, in line with the fundamental objectives of health

²³ Trish Gould, "Ethics and Public Health," *Introduction to Public Health*, 2008, 143.

law.²⁴

From the perspective of health law, tuberculosis patients should not be viewed primarily as objects of legal control, but as subjects entitled to protection, treatment, and support. The protection paradigm in health law requires the state to address public health risks through measures that strengthen healthcare services and improve treatment adherence rather than through punitive mechanisms. Criminalization risks undermining trust in the healthcare system, increasing stigma, discouraging early diagnosis, and ultimately weakening tuberculosis control efforts. Therefore, the use of criminal sanctions against non-adherent tuberculosis patients may contradict the fundamental orientation of health law, which prioritizes health protection, disease prevention, and the fulfillment of the right to health.

D. Conclusion and Recommendations

This study shows that the regulation of non-adherence among tuberculosis patients in the Indonesian legal system cannot be separated from the framework of health law and public health law, which positions patients as subjects of protection. Within this legal relationship, the state bears a constitutional obligation to ensure the fulfillment of the right to health through the provision of adequate healthcare services, sufficient access to treatment, and the strengthening of infectious disease control systems. Therefore, the state's approach to patient non-adherence cannot automatically be directed toward criminal punishment mechanisms. Normatively, Indonesian positive law does not formulate tuberculosis treatment non-adherence as an independent criminal offense. Health regulations instead place patient obligations within the context of the therapeutic relationship with healthcare professionals and the governance of healthcare service programs. Provisions concerning patient adherence are essentially ethical and administrative in nature within the framework of medical services; therefore, the imposition of criminal sanctions may potentially conflict with the principle of legality in criminal law.

The analysis of the regulatory framework shows that tuberculosis control forms part of a cross-sectoral public health policy. This policy is regulated through various legal instruments that emphasize the strengthening of tuberculosis elimination programs, inter-institutional coordination, and the reinforcement of healthcare service systems. These regulations are not systemically designed to criminalize patients, but rather to ensure the continuity of treatment programs and the prevention of disease transmission. From the perspective of health law, the phenomenon of tuberculosis patient non-adherence is more appropriately understood as a program compliance issue related to the continuity of healthcare services. Factors such as limited access to healthcare services, indirect cost burdens, drug side effects, social stigma, and weak program assistance often constitute the main causes of treatment interruption. These conditions demonstrate that patient non-adherence is not merely an individual issue, but is closely related to the quality of the healthcare service system.

From a juridical perspective, the imposition of criminal sanctions for patient non-adherence faces several normative obstacles. First, there is no legal basis that explicitly

²⁴ Amrita Daftary, "HIV and Tuberculosis: The Construction and Management of Double Stigma," *Social Science & Medicine* 74, no. 10 (2012): 1512–19.

formulates patient non-adherence as a criminal offense. Second, technical regulations such as presidential regulations and ministerial regulations cannot be used as the basis for creating criminal offenses. Third, policies that potentially stigmatize patients may conflict with the principles of human rights protection, particularly the principles of non-discrimination, legal certainty, and equal treatment before the law.

Based on an analysis using the principle of proportionality and the principle of *ultimum remedium*, the imposition of criminal sanctions on tuberculosis patients who do not adhere to treatment cannot be justified as the main instrument of legal policy. Administrative instruments and healthcare service approaches remain available and are more relevant for achieving the objectives of infectious disease control. Therefore, criminal sanctions may only be considered in a very limited manner and must satisfy strict requirements, including a clear statutory legal basis, proof of extreme circumstances, and guarantees of fair legal procedures or due process of law. Accordingly, this study affirms that the most appropriate legal approach to controlling tuberculosis patient non-adherence is one that prioritizes the strengthening of healthcare service systems, the improvement of adherence through programmatic strategies, and the protection of human rights. The criminalization of patients not only has the potential to create juridical problems, but also risks being counterproductive to the success of tuberculosis elimination programs.

The principal theoretical contribution of this study is the development of a normative argument that criminalizing tuberculosis patients for treatment non-adherence is incompatible with the protection-oriented character of Indonesian health law. Consequently, legal responses should prioritize healthcare protection, patient support, and public health measures rather than punitive criminal sanctions.

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