



Legal And Ethical Review Physicians' Personal Branding On Social Media From A Patient Safety Perspective

Ahmad Jaeni

Post Graduate School of Law, Swadaya Gunung Jati University, Cirebon, Indonesia.

Corresponding Author: Ahmad Jaeni **E-mail:** jaeni2199@gmail.com

ABSTRACT

The development of information technology has driven the phenomenon of personal branding of doctors on social media. Doctors utilize digital platforms to introduce themselves, provide health education, and expand their audience reach. While this phenomenon supports the public's right to accurate health information, it also poses legal risks in the form of disinformation, violations of patient privacy, and potential reductions in patient safety. This study aims to analyze Indonesia's positive legal framework governing personal branding activities of doctors on social media and examine legal measures that can be taken to maintain patient safety. The research method used is a normative legal research method with a statutory and conceptual approach. Primary legal materials include the 1945 Constitution, Law Number 17 of 2023 concerning Health, Law Number 11 of 2008 concerning Information and Electronic Transactions in conjunction with Law Number 19 of 2016, and the Personal Data Protection Law of 2022. Secondary legal materials include literature, journals, and expert opinions on health law, cyber law, and consumer protection. The analysis was conducted qualitatively by interpreting applicable norms and relating them to the practice of personal branding of doctors on social media. The research findings indicate that although there are no specific regulations regarding physician personal branding on social media, the principles of Indonesian positive law already provide a normative basis for assessing such activities. Physicians' right to express themselves is guaranteed by the constitution but is limited by legal obligations to ensure patient safety, information accuracy, and personal data protection. This study recommends the establishment of integrative and responsive national technical regulations, a coordinated inter-agency oversight mechanism, and increased legal and digital literacy for medical personnel. Thus, the phenomenon of physician personal branding on social media can be directed as a positive instrument to improve public health literacy while protecting patient safety.

The regulation of physician personal branding on social media is essentially subject to the provisions of laws and regulations in the fields of health and information technology. Law No. 17 of 2023 concerning Health emphasizes that all medical personnel, including doctors, are obliged to uphold professional ethics, maintain the quality of health services, and protect the public from misleading practices. This means that personal branding carried out by doctors on social media must remain within the boundaries of professionalism, must not give rise to misleading information, and must not lead to excessive promotion that contradicts the medical code of ethics. The latest ITE Law provides a stricter legal framework for social media activities. Law No. 1 of 2024 concerning the second amendment to the ITE Law stipulates that everyone, including doctors, is prohibited from disseminating information that is misleading, violates morality, or harms others through electronic media. Therefore, physician personal branding on social media must ensure that the content disseminated does not conflict with these legal provisions, whether related to patient data protection, the right to privacy, or the prohibition on disseminating false information. The integration of these two legal regimes demonstrates that physician personal branding on social media is permissible as long as it is conducted ethically, professionally, and legally. Personal branding should be directed at providing health education to the public, increasing public trust in the medical profession, and supporting the transparency of health information. Therefore, the legal regulation regarding physician personal branding on social media emphasizes a balance between physicians' rights to express themselves and innovate in utilizing technology, with the obligation to maintain professionalism and compliance with applicable laws and regulations. Therefore, the combination of articles from the 2023 Health Law (Articles 184 & 408) and the 2024 Electronic Information and Transactions Law (ITE Law) (Articles 27, 28, and 40) provides a clear legal basis

that physician personal branding on social media is permissible as long as it is ethical, informative, and does not violate regulations.

A doctor's right to build a personal brand on social media is recognized as part of freedom of expression and professional development, but it is not absolute. Law No. 17 of 2023 concerning Health, specifically Article 184 paragraph (1), emphasizes that every medical professional is obliged to uphold professional ethics, maintain the quality of service, and protect patients from potential harm. Therefore, legal measures that can be taken include placing personal branding within the corridor of medical ethics and health regulations, so that branding remains educational and informative without compromising patient safety. Law No. 1 of 2024 concerning ITE provides a legal basis for physician behavior in the digital realm. Article 28 paragraph (1) prohibits the dissemination of false information that could harm consumers in electronic transactions, while Article 40 authorizes the government to remove violating content. This means that legal measures that can be taken include the implementation of digital supervision by the government and professional organizations to ensure that doctors' personal branding does not contain misleading medical claims, does not violate patient privacy, and does not harm the public. This is through state supervision based on the Health Law and the ITE Law, which regulates the protection of patients and the public from misleading practices on social media. With complementary ethical and legal mechanisms, doctors' rights to build their personal brands remain protected, while patient safety is assured. Therefore, the ideal legal effort is to harmonize health regulations and digital regulations, allowing doctors' personal branding to develop healthily and benefit public health literacy without compromising patient safety.

| KEYWORDS

doctors' personal branding, public health, patient safety, ITE Law

I. INTRODUCTION

The development of information and communication technology over the past decade has brought about a major transformation in the dissemination of information and social interaction. One of the most significant impacts has been in the healthcare sector. Digital platforms such as Instagram, YouTube, TikTok, and Twitter have become new spaces for medical personnel, including doctors, to interact with the public. Through social media, doctors can introduce themselves, convey ideas, and share health information directly with the public. This phenomenon is commonly referred to as personal branding, a systematic effort by an individual to build and manage their self-image before a wider audience. Normatively, a doctor's personal branding is part of the human rights guaranteed by the constitution. Article 28E paragraph (3) of the 1945 Constitution of the Republic of Indonesia affirms that everyone has the right to freedom of association, assembly, and expression. This right of expression includes the freedom to convey information and opinions through any media, including social media. Doctors, as citizens, have equal standing before the law and therefore have the right to use social media to express themselves and develop their professionalism. However, a doctor's personal branding on social media is not just about individual rights. This activity is also closely related to the public's right to obtain accurate and responsible health information. Law Number 17 of 2023 concerning Health ("2023 Health Law") stipulates that everyone has the right to obtain accurate and responsible information about their health (Article 63). Doctors who share health information through social media are essentially helping fulfill this public right. Therefore, a doctor's personal branding can be a crucial instrument for the state in realizing equitable and informative health services. Doctors' use of social media carries serious legal risks to patient safety. Social media is an open and massive public space, where the line between educational information and the promotion of medical services is often blurred. Without clear regulations, personal branding has the potential to give rise to health disinformation, violations of patient privacy, and even the commercialization of medical services. The spread of scientifically unproven medical claims can mislead the public and endanger patient safety. Similarly, the publication of patient data without proper authorization can violate the right to personal data protection as stipulated in the 2022 Personal Data Protection Law. The scattered provisions in the 2023 Health Law, the Electronic Information and Transactions (ITE) Law, and the Patient and Child Protection Law demonstrate that, although none of these laws explicitly mention "personal branding," the principles of Indonesian positive law already provide a sufficient normative basis for assessing the digital activities of medical personnel. Doctors retain their constitutional right to express themselves, but this right is limited by legal obligations to ensure patient safety, information accuracy, and personal data protection. The absence of specific regulations on personal branding creates a normative vacuum that leads to legal uncertainty. Therefore, a responsive legal approach is needed to unify these scattered principles into clear and integrated regulations. A responsive, adaptive, participatory, and humanistic legal approach can serve as a framework for developing national guidelines on social media use by medical personnel. These guidelines should be developed through a public consultation process involving the Indonesian Medical Council, the Ministry of Health, the Ministry of Communication and Informatics, professional organizations, and civil society. This participatory process will ensure that the resulting regulations are more legitimate and aligned with the needs of the field. These regulations

should also integrate the principles of the 2023 Health Law and the Electronic Information and Transactions Law, including a tiered sanction mechanism that prioritizes guidance before criminal action. Scientific studies on social media and the medical profession in Indonesia have focused primarily on the legal aspects of the profession. Other studies have addressed aspects of health communication or medical service marketing. Very few studies have specifically examined the phenomenon of physician personal branding from a positive legal perspective, particularly in relation to patient safety and the implementation of the 2023 Health Law and the new Electronic Information and Transactions (ITE) Law. Yet, patient safety is a fundamental aspect, a primary goal of the healthcare system, and receives serious attention in various laws and regulations. Furthermore, no study has comprehensively mapped the relationship between doctors' rights of expression on social media, their legal obligations to maintain patient safety, and the need to develop new, adaptive regulations that reference the 2023 Health Law, the ITE Law, the PDP Law, and their derivative regulations. This literature gap results in a lack of clear references for policymakers, law enforcement officials, and medical personnel in understanding the legal boundaries of physician personal branding on social media. In other words, there is a research gap between the rapidly evolving social reality on the ground and the existing positive legal framework. This research aims to fill this gap. By conducting a legal review of physician personal branding on social media in order to maintain patient safety, this research will provide academic contributions in the form of mapping applicable legal norms, identifying regulatory gaps, and recommending more responsive regulations. This contribution is crucial for providing legal certainty for physicians, protecting the public, and guiding policymakers in formulating adaptive regulations in the digital era. The main legal aspects that doctors must fulfill in building personal branding on social media are maintaining patient confidentiality, complying with professional laws, avoiding excessive or misleading promotions, and complying with laws and regulations related to medical practice and consumer protection, as well as embedding consumer protection in the obligation of public bodies to provide transparent and publicly accessible information.

II. METHODOLOGY

This thesis employs a normative juridical research method, examining law from the perspective of applicable regulations. The primary focus of this research is analyzing written legal norms, such as laws and regulations related to the medical profession, in relation to physician personal branding practices on social media. This research is a normative juridical legal research or library legal research, namely research conducted by examining library materials or secondary data alone, namely primarily examining legal rules or norms in positive law. The legal approach to personal branding studies focuses on analyzing the legal regulations governing the practice, particularly in the realm of professionalism and law. Essentially, this approach is based on primary legal sources, such as statutes, government regulations, and other relevant official provisions. The goal is to clearly understand the limitations, rights, and obligations of individuals in personal branding, ensuring that practices remain compliant with applicable legal norms and prevent future ethical or legal issues. Academically, the legal approach to discussing personal branding typically utilizes normative legal research methods, analyzing legal regulations from primary and secondary legal sources. The goal is clear: to ensure all personal branding activities remain within the law, maintain professional integrity, and have a positive impact on society. The legal framework serves a dual purpose: to limit individuals or professionals from violating regulations, while also providing space for them to build their self-image ethically and legally. Furthermore, this approach is also crucial for anticipating potential abuse or violations of legal norms in personal branding practices. The conceptual approach in this article on physician personal branding is based on key theories and concepts that explain how a physician can build a strong, unique, and consistent professional image in the eyes of the public, particularly patients and the healthcare community. This approach emphasizes the core elements of personal branding that shape a physician's identity and position in the healthcare sector. This approach refers to the personal branding theory proposed by Peter Montoya (2002), as well as conceptual developments by a number of other researchers who highlight the importance of personal brand identity and personal brand positioning in building a physician's reputation and professional performance. Furthermore, this approach also takes into account the digital context and social media as effective tools for strengthening a physician's personal branding in the current era.

III. RESULTS AND DISCUSSION

The development of information and communication technology over the past two decades has brought about significant changes in various aspects of society. One of the most striking changes has occurred in the way people access health information and interact with medical professionals. While previously the relationship between doctors and patients only took place in offices, clinics, or hospitals, this interaction has now expanded into the digital space through various social media platforms. Social media has become not only a channel for communication between individuals but also a new arena for shaping public opinion, disseminating knowledge, and establishing a professional image. In this context, a phenomenon has emerged popularly known as "personal branding" for doctors on social media. Personal branding for doctors on social media can simply be defined as the

efforts of medical professionals, particularly doctors, to showcase their professional identity, competence, and reputation to the wider public through digital platforms. On the one hand, this phenomenon has positive potential: increasing public health literacy, expanding public access to medical information, and strengthening doctor-patient relationships. However, on the other hand, it also raises legal challenges. The line between educational information and the promotion of medical services is often blurred. The open and widespread nature of social media raises the risk of misuse of patient personal data, disinformation, and the commercialization of healthcare services. This condition demands a comprehensive legal analysis to assess how prevailing norms in Indonesia respond to this new phenomenon. In the context of Indonesian health law, the regulatory framework for medical practice has undergone fundamental changes with the enactment of Law Number 17 of 2023 concerning Health (the 2023 Health Law), which replaces the 2009 Health Law and the 2004 Medical Practice Law. This new law brings a new paradigm in the governance of medical personnel and professional supervision. One important change is the elimination of the position of the Indonesian Doctors Association (IDI) as the sole professional organization with sole authority in fostering the ethics and discipline of doctors. The plurality of open professional organizations in the 2023 Health Law creates a new dynamic in the enforcement of norms in the health sector, including in the digital realm which is cross-border and difficult to delimit territorially. The phenomenon of personal branding of doctors on social media, therefore, cannot be viewed solely as individual expression, but as a social phenomenon that demands a legal response.

The right of every person to express themselves, including doctors, is a constitutional right guaranteed by Article 28E paragraph (3) of the 1945 Constitution of the Republic of Indonesia. However, this right is not absolute. Indonesian law recognizes the principle of limiting rights to protect the public interest, public order, and morality. In the medical context, this limitation is even more crucial, given that the medical profession concerns patient safety and public health. Therefore, physicians' personal branding on social media must be analyzed within the applicable legal framework to find a balance between doctors' constitutional rights and their legal obligation to maintain public safety. In addition to the 2023 Health Law, there are other relevant laws and regulations. Government Regulation Number 28 of 2024 provides technical regulations regarding the provision of information technology-based healthcare services (e-health) and the supervision of medical personnel practices by the Indonesian Medical Council (KKI) and relevant ministries. The Electronic Information and Transactions Law (UU ITE) stipulates the principle that all electronic information disseminated must be accurate, not misleading, and not detrimental to others. While these provisions do not explicitly regulate physician personal branding, they do provide legal guidelines that can be used to assess personal branding practices on social media. Due to the lack of specific regulations, the phenomenon of physician personal branding exists in a legal gray area. On the one hand, it represents a form of freedom of expression and self-development; on the other, it has the potential to lead to legal violations if it involves patient personal data, misleading medical claims, or the promotion of healthcare services that do not comply with statutory provisions. This legal vacuum demands a more adaptive and progressive legal approach. In this regard, the responsive legal theory developed by Nonet and Selznick and expanded by Satjipto Rahardjo is relevant for analysis. Responsive law views the law not merely as a repressive control tool, but also as a means to respond to social change and fulfill the public's aspirations for justice. Responsive legal analysis is important because the phenomenon of physician personal branding is not something that can be prevented solely through prohibition. Social media is an integral part of modern society; restricting physicians' access to it is unrealistic and inconsistent with constitutional rights. What is needed are clear, participatory, and humane regulations that allow physicians to utilize social media for health education without falling into practices that could potentially harm the public. Legal analysis using a responsive approach allows for the identification of normative gaps, the formulation of new principles that are in line with technological developments, and the establishment of effective oversight mechanisms that do not stifle innovation. Thus, this introduction confirms that physician personal branding on social media is a contemporary legal issue that urgently requires study. This study is not only academically important for enriching the health law literature in Indonesia, but also has practical significance in helping policymakers formulate appropriate regulations. Through the analytical tool of responsive legal theory, this phenomenon can be seen as an opportunity to strengthen the health law system to be more adaptive to the dynamics of the digital society.

This approach is expected to find a balance between physicians' freedom of expression and the protection of the public as recipients of health information. Physician personal branding activities on social media are an increasingly complex phenomenon because they require a balance between freedom of communication, professional responsibility, and legal compliance. In a legal context, personal branding is not simply a marketing or professional communication strategy but also has the potential to pose legal risks if not managed carefully. This chapter outlines a legal analysis of physician personal branding practices on social media, linking them to applicable laws and regulations, and using the perspective of responsive legal theory to provide an adaptive and solution-oriented interpretation of emerging social and legal dynamics. Responsive legal theory emphasizes that law functions not only as a normative instrument or sanction but also as a mechanism that is responsive to societal needs and social dynamics. In other words, the law must adapt to evolving social and technological practices,

including the digitalization of medical communication. This analysis uses this framework to understand how the ITE Law and the Health Law facilitate or restrict physicians' personal branding, and how physicians can adapt their practices to remain legally compliant and effective in interacting with the public. The ITE Law, specifically Law Number 1 of 2024, establishes basic principles regarding electronic information and digital transactions. Every electronic information post on social media is subject to this legal requirement. Doctors who actively build their personal brand through videos, texts, infographics, or direct interactions become information providers. Therefore, the content they disseminate must meet standards of information accuracy and not contain hoaxes, hate speech, or the unauthorized disclosure of protected personal data. Specifically, the ITE Law emphasizes legal responsibility for the impact of disseminated information. Doctors who provide inaccurate medical advice or exaggerated therapeutic claims may be deemed to have violated this provision, especially if such content causes harm to patients or the public. A key point of the ITE Law is that digital communication media are not regulation-free zones; rather, these platforms have clear legal dimensions, where each individual is responsible for the content they publish. Meanwhile, Law Number 17 of 2023 concerning Health regulates the substance of doctors' responsibilities. This law emphasizes the obligation to maintain standards of medical service, patient safety, and patient data confidentiality. In the context of personal branding, doctors still have a professional responsibility to ensure that shared content does not mislead the public, does not reveal patient identities without permission, and does not pose a safety risk. The Health Law reinforces the principle that personal branding must be conducted within an ethical and professional framework, ensuring that the information disseminated is both educational and safe for patients. Combining these two regulations reveals an overlapping legal responsibility between the medium of delivery (the Electronic Information and Transactions Law) and the professional substance (the Health Law). Doctors must ensure that their personal branding activities comply with both legal frameworks, thus not only protecting themselves from legal risks but also maintaining professional integrity and patient safety. Using responsive legal theory, the legal regulation of physicians' personal branding on social media can be understood as an adaptive and solution-oriented legal effort to address developments in information and communication technology. This theory emphasizes that the law must respond to social dynamics and provide relevant solutions for practitioners and the public. In this context, the ITE Law and the Health Law serve as responsive legal instruments, as they provide practical guidelines for doctors to build a professional reputation while still fulfilling their legal obligations.

The phenomenon of personal branding for doctors on social media emerged as a logical consequence of advances in information and communication technology. Doctors' rights to express themselves, enhance their professional image, and provide health education are constitutional rights guaranteed by Article 28E of the 1945 Constitution. However, this freedom is not absolute; it must be limited by legal norms and medical ethics to ensure patient safety. We will discuss this issue through legal analysis below:

a. Health Law 17/2023.

Article 63 affirms the public's right to accurate health information; Article 274 requires medical personnel to maintain the confidentiality of patient data; and Article 311 prioritizes patient safety. This means that any information published by doctors, including on social media, must be accurate, educational, non-misleading, and respect patient privacy.

b. Information and Electronic Transactions Law (ITE Law 11/2008 jo. Law 1/2024).

It prohibits the dissemination of false/misleading information, slander, discrimination, or content that violates the privacy of others. Doctors who post medical content on social media are subject to these provisions, including the obligation to be responsible for the accuracy of the content.

c. Personal Data Protection Law (Law 27/2022).

Regulates the processing of personal data, which must be based on consent and the precautionary principle. In the medical context, medical data falls into the category of sensitive personal data that receives higher levels of protection.

Responsive legal theory also highlights the importance of sensitivity to social risks. Physicians' activities on social media can have broad impacts, ranging from health education to potential misinformation. Therefore, the law not only demands normative compliance but also emphasizes physicians' social responsibility as healthcare professionals. Responsive law views risk mitigation as a necessary part of personal branding practices, through the use of disclaimers, patient anonymization, and information verification. From this perspective, the law becomes a tool of adaptation: physicians adapt their personal branding practices to existing regulations, while the law also adapts to the needs of public communication in the digital age. For example, the Electronic Information and Transactions Law (UU ITE) allows for the widespread dissemination of digital information but emphasizes responsibility for the impact of content. The Health Law emphasizes professional standards but still allows physicians to educate the public through social media. Both regulations, when applied consistently, reflect the

principle of responsive law, which balances the interests of the public, the profession, and technology. An analysis of physicians' practices active on social media shows that legal compliance is a key factor in successful personal branding. Physicians who build reputations through accurate educational content, include scientific references, and use disclaimers can enhance credibility while minimizing legal risks. Conversely, physicians who provide specific advice without examination, reveal patient identities, or make exaggerated claims may face potential legal consequences under the Electronic Information and Transactions (ITE) Law and the Health Law. From a responsive legal perspective, practices that combine legal compliance and professional ethics create a symbiotic interaction between law and social practice. The law serves not only as a control tool but also as an adaptive guideline that helps physicians navigate risks, build reputations, and safely educate the public. This approach demonstrates that responsive law can foster responsible professional practice in the digital age. This analysis highlights several legal and ethical implications. First, physicians must integrate legal knowledge into their personal branding strategies so that any content on social media does not pose legal or ethical risks. Second, the law provides clear guidelines to mitigate social risks, such as misinformation or violations of patient privacy. Third, responsive legal theory emphasizes the importance of adapting to social and technological changes, so that the law becomes not an obstacle but an instrument for safe and effective professional practice. Furthermore, the integration of the ITE Law and the Health Law also requires proactive awareness from doctors. Doctors need to review content before publication, ensure compliance with professional guidelines, use disclaimers, and anonymize patients. These steps demonstrate the application of responsive law, where the law serves as an adaptive guide for dynamic and complex activities on social media.

Overall, this legal analysis of physicians' personal branding on social media demonstrates that existing regulations, particularly the Electronic Information and Transactions (ITE) Law and the Health Law, provide a clear legal framework for digital activities. The use of responsive legal theory helps understand that law is not simply normative control but also an adaptive tool that enables physicians to navigate risks, build reputations, and prioritize patient safety. Legally and ethically sound personal branding practices strengthen professional integrity, enhance public education, and minimize potential legal conflicts. With this approach, physicians can maximize their use of social media for personal branding without violating laws or ethics, while maintaining public trust in the medical profession. This analysis confirms that law and professional practice can coexist, support each other, and respond to social and digital technological developments.

To understand the application of the ITE Law and the Health Law to physicians' personal branding practices, the following case study provides a concrete illustration of the legal challenges they may face. A relevant case involves a physician who is active on social media and regularly posts educational videos about chronic disease management. The physician uses real-life patient case examples but neglects to fully anonymize the patient. The patient's identity, although partially disguised, is still recognizable to the patient's family or community. As a result, the patient filed a complaint with the professional organization and reported the potential violation to the authorities. In a legal analysis, this case highlights several points. First, the Health Law emphasizes the obligation of doctors to maintain patient confidentiality. Violation of this principle can result in ethical and civil sanctions. Second, the Electronic Information and Transactions Law emphasizes the responsibility of those who upload electronic information; unauthorized dissemination of personal data can be categorized as a violation of digital law. The doctor in question was ultimately asked to remove the content and undergo a clarification process with the professional organization. This case study demonstrates that careless personal branding practices can potentially lead to legal consequences, even if the initial intention is educational. Another case involves a doctor sharing specific therapeutic tips via video on an online platform. Some patients interpreted the advice literally and acted without consulting in person, resulting in adverse medical consequences. Here, the ITE Law considers the content to be electronic information, while the Health Law emphasizes violations of service standards and patient safety. Doctors face complex legal challenges, as their educational content has the potential to pose health risks, even if no harm is intended. This analysis demonstrates the importance of clear disclaimers and appropriate public education as part of legal risk mitigation. Viewed from a responsive law perspective, both cases demonstrate how the law functions not only as a sanction but also as an adaptive guideline. In the first case, the law emphasizes protecting patient privacy, while in the second case, the law encourages doctors to adjust the way they convey information to avoid endangering patient safety. This comparison demonstrates that responsive law works by balancing the need for public education, physician freedom, and patient protection. In practice, doctors who employ risk mitigation strategies such as full anonymity, the use of disclaimers, and the general dissemination of medical advice minimize the likelihood of legal violations. This comparison reinforces the theory of responsive law, which argues that law is not merely repressive but also adaptive and responsive to social dynamics. From a critical perspective, physicians' personal branding on social media faces dual challenges: digital law and professional standards. Educational online activities are often misinterpreted or overinterpreted by the public. This discussion emphasizes that the law must be able to respond to new risks without stifling professional innovation. Responsive legal theory emphasizes that the law must be flexible and provide practical guidance, not just threats of sanctions.

Furthermore, the critical analysis highlights the importance of integrating legal education, professional ethics, and digital literacy. Physicians need to understand that personal branding is not simply a marketing strategy but also part of their professional responsibilities that require active legal compliance. In other words, successful personal branding is one that complies with regulations, protects patients, and remains effective as a means of professional education and communication. This discussion also demonstrates that law and social practice must go hand in hand. The Electronic Information and Transactions Law (ITE) and the Health Law provide a clear legal framework, but responsive legal implementation requires physicians to actively adapt their practices to the dynamics of the digital society. In this context, responsive legal theory serves as a guideline that emphasizes the collaboration between legal norms, professional ethics, and public needs. The results of this analysis suggest several important implications. First, physicians active on social media must proactively manage legal risks through well-thought-out mitigation strategies. Second, responsive laws facilitate safe and educational professional practice, allowing personal branding to be conducted without violating the Electronic Information and Transactions (ITE) Law or the Health Law. Third, existing regulations emphasize a balance between freedom of communication and patient protection, allowing doctors to build their professional reputation while maintaining public safety.

When analyzed through the lens of professional ethics, physician personal branding can be divided into two forms. First, education-based personal branding, which is a strategy for building self-image by emphasizing aspects of education, knowledge, and community empowerment. This model means a doctor uses a public platform to showcase their professional competence through informative, scientific, and educational content that benefits the community. Second, commercialization-based personal branding tends to emphasize a glamorous image or even over-promote medical services. This model contradicts professional ethics because it seems like doctors are using the dignity of their profession as a marketing instrument. Therefore, the balance of interests provides a clear substantive boundary: personal branding is permissible as long as it is carried out in an educational, informative, and public-interest manner, not simply for image-building or commercialization. Meanwhile, responsive legal theory emphasizes that the law must be adaptive, participatory, and humane. The formulation of regulations regarding physician social media should involve professional organizations such as the Indonesian Doctors Association (IDI), the Indonesian Medical Council (MKEK), the Indonesian Medical Council (KKN), and the Ministry of Health so that regulations reflect the needs of the field and the aspirations of the profession. Law enforcement should not be solely repressive; Doctors who violate the law are not immediately subject to sanctions such as revocation of their practice licenses, but are instead given warnings, guidance, and digital literacy training. With a responsive approach, the law is not merely a tool of control but a means of social transformation to maintain a balance between doctors' freedom of expression on social media and the protection of the public as recipients of health information. A synthesis of these two theories reveals that this balance of interests serves as a moral compass that determines substantive boundaries, while responsive legal theory serves as a policy architect that designs regulations and enforcement. A balance is achieved when doctors' rights to express themselves and build their reputations are recognized, the dignity of the profession and patient protection are maintained, and the state provides adaptive, participatory, and humane regulations.

Digital ethics literacy education for medical personnel must also be developed so that doctors have a sufficient understanding of ethical boundaries in the digital space. With these steps, the law becomes not only a limiting tool but also an empowering instrument, enabling social media to become a dignified means of health education. Thus, physician personal branding is a legitimate phenomenon within the constitutional right, but must be ethically safeguarded. The balance of interests and responsive legal theory serve as complementary analytical tools: one directs moral substance, the other provides adaptive legal design. With this dual approach, Indonesian health law can progressively manage the phenomenon of physician social media, protecting both the public and the dignity of the profession.

To understand the legal standing of physician personal branding on social media, it is first necessary to map the existing positive legal framework. Although there is no specific regulation that explicitly uses the term "personal branding," various legal provisions scattered throughout the 1945 Constitution, Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Law Number 11 of 2008 in conjunction with the ... Law Number 19 of 2016 concerning Electronic Information and Transactions (ITE Law) provides a normative basis for assessing the digital activities of medical personnel. Article 28E paragraph (3) of the 1945 Constitution states: "Everyone has the right to freedom of association, assembly, and expression of opinion." This provision forms the constitutional basis for every individual, including doctors, to express themselves in public spaces, including through social media. This right of expression includes the right to convey information, opinions, and even self-promotion. However, Article 28J of the 1945 Constitution emphasizes that in exercising their rights and freedoms, everyone is obliged to submit to restrictions established by law to guarantee recognition and respect for the rights and freedoms of others, and to fulfill demands for justice based on considerations of morality, religious values, security, and public order. This means that doctors' freedom of expression is not an absolute right; the state has the authority to regulate its restrictions in the public interest. From this mapping, it is clear that although there

are no specific regulations regarding physician personal branding, Indonesia's positive legal framework already provides basic principles: freedom of expression is guaranteed but limited in the public interest; the public's right to health information is recognized; patient confidentiality must be maintained; electronic information must be accurate and not misleading; and supervision of the medical profession in the digital realm falls under the authority of the Indonesian Medical Association (KKI) and relevant ministries. This means that the phenomenon of physician personal branding is not a "lawless" area, but rather falls under a scattered umbrella of norms. The challenge is to unify these norms into a specific, clear, and adaptive regulation to avoid legal uncertainty. A responsive legal approach is crucial to fill this gap. Based on the constitution and existing laws, policymakers have a basis for developing more detailed technical regulations regarding the limits of physician personal branding on social media. These regulations do not have to be harshly restrictive, but rather direct physicians' digital activities to align with existing legal principles: information accuracy, personal data protection, professionalism, and accountability. In this way, the law not only appears after a violation has occurred but also serves a preventive and educational function. In this way, we present relevance to medical ethics.

IV. CONCLUSION

1. Legal regulations regarding personal branding of doctors on social media in Indonesia currently face a legal vacuum. There are no specific provisions governing how doctors can build personal branding through social media, either individually or through a structured approach within existing regulations, while still adhering to the principles of the medical profession and applicable legal norms. Existing regulations only address general aspects, such as the Medical Practice Act, the Medical Code of Ethics, and regulations related to the provision of healthcare services, but do not explicitly address personal branding activities in the digital space. This situation creates legal uncertainty and opens up opportunities for violations, whether intentional or due to ignorance. The absence of clear regulations also has the potential to create conflicts between doctors' interests in building their professional reputation and their primary obligation to protect patient safety.
2. Legal measures that can be taken to maintain a balance between physicians' personal branding on social media and patient safety include the creation of new, more stringent and comprehensive regulations. These regulations are crucial for providing legal certainty, protecting patient interests, while simultaneously accommodating physicians' rights to pursue professional development through digital media. The most appropriate form of regulation is within the hierarchy of laws and regulations with strong binding force and cross-sectoral coverage, such as Government Regulations (PP) or Presidential Regulations (Perpres). With their higher status, these regulations can ensure coordination between various sectors, including health, communications and informatics, and consumer protection. Regulations in the form of Ministerial Regulations are considered inadequate because their binding force is limited to the health sector, thus failing to encompass the dynamics of digital interactions involving the wider community. With these new regulations, it is hoped that a balance will be created between physicians' interests in building a positive personal branding and their professional obligations to ensure patient safety and uphold the dignity of the medical profession.

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