



| RESEARCH ARTICLE

Legal Protection of Patients' Right to Accurate Information in Health Service Advertisements in Indonesia as a Manifestation of the Beneficence Principle in Biomedical Ethics

Anggra Yudha Ramadianto 1, Neni Sri Imaniyati 2

¹ Student of Doctoral Program in Law, Bandung Islamic University, Indonesia

² Faculty of Law, Bandung Islamic University, Indonesia

Corresponding Author: Anggra Yudha Ramadianto, E-mail: anggra.ramadianto@gmail.com

| ABSTRACT

The right to information is a human right. Fulfilling patients' right to information in health services reflects moral obligation to the patients. Patients as legal subjects in health services have the right to information regarding the services they choose. However, the patients' right to obtain information is often violated by those who providing health services. The violation occurs in the practice of health services advertisement containing misleading information. This research aims to analyze and reflect the beneficence principle on the moral obligation to fulfil patients' right to information. Also, this research analyzes the Indonesian legal regulations related to the protection of patient's right to information. This research used philosophical and normative legal approach. The results of the analysis in this research states that fulfilling the patient's right to information aims not only to prevent harms to patients, but also to benefit the patients. The legal protection of patients' right to information related to health services in Indonesia is stipulated in Electronic Information and Transactions Law and Regulation of the Minister of Health Regulation Concerning Publication of Health Services. This research concludes that the moral obligation to fulfil patients' right to information as a manifestation of the beneficence principle need to be stipulated concretely through statutory regulations. In addition, the legal protection of patients' right to information in Indonesia has reflected part of the beneficence principle since it only accommodates harm prevention for the patients, but do not provide the compensation for the patients who suffer loss.

| KEYWORDS

Legal Protection; Right to Information; Health Services Advertisement; Misleading Information; Biomedical Ethics

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I. INTRODUCTION

Indonesia upholds the rule of law, as stated in Article 1, Paragraph 3 of the Fourth Amendment to the 1945 Constitution of the Republic of Indonesia, which affirms, "The State of Indonesia is a State of Law." Additionally, Indonesia is recognized as a democratic country, as reflected in Article 1, Paragraph 2, which states, "Sovereignty is in the hands of the people and is implemented according to the Constitution." Because of being a state based on law, legal supremacy prevails in governance and decision-making.

A key characteristic of a state governed by law is the protection of human rights. Upholding and promoting human rights is essential in ensuring democracy and justice. Every individual is born with inherent and fundamental rights, considered a gift from God. The formation of a state and the exercise of power must not undermine these freedoms. Thus, safeguarding human rights is a fundamental pillar of any lawful state. A country that neglects or violates human rights, leading to ongoing suffering, cannot truly be considered a state governed by law.

One crucial human right is the right to information, which is universally acknowledged as a fundamental right inherent to every individual. This right must be protected and respected as it plays a vital role in personal autonomy and decision-making. Experts argue that access to information is a core right in healthcare, alongside the right to adequate medical services and patient

autonomy. These rights are recognized in various human rights instruments and international medical standards, ensuring that individuals can actively participate in decisions regarding their own health and well-being.

In the Indonesian legal framework, the right to information is a constitutional right for all citizens. Article 28F of the 1945 Constitution explicitly states that everyone has the right to communicate and obtain information to develop themselves and their social environment. Furthermore, the Constitution guarantees individuals the right to seek, receive, possess, store, process, and disseminate information through any means available. This constitutional provision underscores the importance of information access in fostering transparency, participation, and accountability in a democratic society.

The patient's right to information basically gives the patient the authority to know everything related to the condition of the disease, namely about the diagnosis, medical actions to be taken, and the risks of the actions to be taken or not taken. Through this right, the patient is allowed to obtain medical information that the patient has the right to know. In fact, the patient also has the right to know the identity of the medical personnel and health workers who will provide health services to the patient. [15] However, over times, patients' rights to information also need to receive attention in the context of health service advertising.

The existence of health service advertisements can be seen as beneficial for doctors and health service institutions by attracting new patients and increasing revenue. However, it can also pose risks to doctors and health services. Advertisements can change patient expectations, ultimately threatening the good faith that underlies health services. Advertisements can encourage patients to have certain expectations of the promises given. Of course, patients will be disappointed if the service provided does not match their choices. [8] It is why health care facilities need to pay attention to ethical and legal rules when advertising.

Advertising activities carried out by a dental clinic must follow the general advertising etiquette rules regulated in the Indonesian Advertising Ethics. The Indonesian Advertising Ethics regulate several etiquettes that need to be considered in advertising. One of them is regarding the use of language that requires an advertisement to present information in a language that is easy to understand and does not mislead the public. One form of language use that can often be misleading is in the context of using the word "free". It is undeniable that the use of the word "free" can encourage public interest in an advertisement for a product until they are finally moved to get the product. On that basis, the Indonesian Advertising Ethics regulates that the use of the words "free", or "cuma-cuma", or other words that have the same meaning may not be included in an advertisement if it turns out that there are other costs that must be paid by the consumer.

The Indonesian Advertising Ethics also regulates etiquette related to the issue of including prices in advertisements, including the price of a product to be marketed in an advertisement must not mislead the public. Misleading price information should not give the impression that consumers only need to pay a certain amount of money with the amount stated in the advertisement. However, consumers still must make additional payments to obtain the product referred to in the advertisement.

An advertisement will also generally promise a guarantee to potential consumers. The provision of this guarantee is carried out as a form of effort by business actors to provide quality assurance for the products to be marketed. The Indonesian Advertising Ethics regulate that the guarantees provided must not be accountable.

Regulations regarding advertising etiquette in the Indonesian Advertising Ethics also cover health services. Health services, as regulated in the Indonesian Advertising Ethics, are not allowed to advertise sales promotions in any form. The form of promotion referred to in these provisions is in the form of discounts, prizes, quizzes, or similar programs designed to attract the interest of the target audience outside the initial purpose of using health services. [16]

Health care facility advertisements are frequently shared on social media platforms. Therefore, advertisers must comply with Indonesia's Cyber Law regulations. In terms of legal validity, digital marketing must adhere to the provisions outlined in Law Number 11 of 2008 on Electronic Information and Transactions, as well as its amendment, Law Number 19 of 2016. These laws impose several restrictions, including the prohibition of intentionally disseminating false or misleading information that may harm consumers in electronic transactions, as stated in Article 28, paragraph 1 of Law Number 11 of 2008. Violations of this provision, as stipulated in Article 45 of Law Number 19 of 2016, may result in criminal penalties, including imprisonment for up to six years and/or a fine of up to IDR 1,000,000,000 (one billion rupiah).

The technical procedures for health service facilities in advertising also need to follow the guidelines in the Minister of Health or Peraturan Menteri Kesehatan (Permenkes) 1787 of 2010 concerning Publication of Health Services. Article 3 paragraph 2 of Permenkes 1787 of 2010 concerning Publication of Health Services stipulates that proper health service advertisements must comply with the ethical provisions in the code of ethics of each health profession, the Indonesian Advertising Ethics, and laws and regulations. In addition, Article 4 paragraph 1 of Permenkes 1787 of 2010 concerning Publication of Health Services requires that the information content in health service advertisements must be based on data and/or facts that are accurate, evidence-based, informative, educative, and responsible.

There are several prohibitions that health service facilities need to pay attention to in advertising or publishing health services. One of them is the provision in Article 5 Letter b of Permenkes 1787 of 2010 concerning Publication of Health Services which states

the prohibition on providing false and false information that is deceptive and misleading. In addition, there are also provisions in Article 5 Letter n of the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services which prohibits promotional sales advertisements in any form through the provision of discounts.

Violations related to the advertising or publication of health services may result in two types of administrative sanctions. As outlined in Article 14, paragraph 4 of Minister of Health Regulation No. 1787 of 2010 on Health Service Publications, these sanctions include the suspension or permanent revocation of an Operational Permit, Practice Permit, or Professional Work Permit.

Additionally, since such violations also constitute breaches of ethical and disciplinary standards, Article 14, paragraph 5 of the same regulation states that health facilities and professionals involved may face ethical sanctions. These sanctions are determined by relevant bodies such as the Professional Ethics Honorary Council, the Professional Disciplinary Council, or the Indonesian Hospital Ethics Honorary Council.

The violations of patients' right to information occurs in Indonesia. One of violations occurs in the practice of advertising dental and oral health services. Based on an interview with the Head of the Bandung City Indonesian Dentist Association atau Persatuan Dokter Gigi Indonesia (PDGI), the study obtained information that the implementation of online advertising for dental clinics is still considered not to comply with laws and regulations. It was recorded that there were 30 dental clinics that advertised on Instagram promising discounts for dental fillings, tartar cleaning (scaling) and fixed orthodontic treatment (braces) at low cost and in a short time.

Until now, there has been one patient who has made a direct report to the Bandung City PDGI because he did not receive the treatment as promised in the advertisement. The patient also found it difficult to make an appointment for a brace treatment check-up with the dentist who treated him. In addition, the patient had to pay additional costs that exceeded the amount promised in the Instagram advertisement for braces treatment. This professional organization also received reports from fellow dentists who treated patients who moved from other clinics. These patients had to move to continue their braces treatment with another dentist because they felt they received services that did not match what had been promised in the advertisement on Instagram.

The aforementioned problems show that there are still violations of the moral obligation to fulfill patients' rights to information through the practice of health service advertisements containing misleading information. This violation can result in losses for the community in the form of violations of the community's right to receive quality health services. Neglecting this problem can result in a decline in the quality of public health which over time will be followed by a decline in the quality of life.

Based on the background of the problem, the researcher is interested in studying the moral aspect of the obligation to fulfill patients' rights according to the perspective of biomedical ethics in relation to the practice of health service advertisements containing misleading information. In addition, through this research, a study will also be conducted on positive Indonesian laws that regulates the protection of patient rights to information as a manifestation of the principles in biomedical ethics.

II. METHODOLOGY

This research used philosophical approach by analyzing and reflecting the biomedical ethics principle on the moral obligation of health care service providers in health care facilities to fulfill patients' right to information. In addition, this research also used a legal approach to positive law in Indonesia regulating the protection of patient right to information from the advertisement of health services containing misleading information. Hence, this research is classified as normative legal research. Normative legal research is qualitative research that takes an approach to legal norms contained in laws and regulations, court decisions, and laws that live in society. The results of the approach taken in this research will formulate the concept of legal norms that will be used as a benchmark for how humans should behave in relation to the problems studied. [23]

The data sources used in this research are primary data and secondary data. Primary data sources come from field data in the form of information from respondents, including experts. The informants referred to in this primary data source are individuals who provide information and data needed by researchers limited to what they know. Hence, researchers cannot directly answer according to what is desired. [13] The primary data used in this research is the information obtained from the chairperson of PDGI of Bandung City regarding the cases of patients' right to information violation conducted by dental clinic service providers in Bandung City.

This research also utilizes secondary data, which includes official documents, books, research reports, diaries, and other relevant sources. The secondary data used in this study specifically pertains to the protection of patients' right to information in relation to health service advertisements. By incorporating secondary data, a scientific legal doctrine can be formulated to analyze the issues discussed in this research.

In legal research, secondary data consists of primary, secondary, and tertiary legal materials, along with non-legal materials. The primary legal materials referenced in this study include:

- The 1945 Constitution of the Republic of Indonesia
- Law No. 19 of 2016 (Amendments to the Law on Information and Electronic Transactions)
- Law No. 11 of 2008 (Information and Electronic Transactions)
- Regulation of the Minister of Health No. 1787 of 2010 (Publication of Health Services)

The secondary legal materials used in this research comprise legal studies on:

- The right to information as a fundamental human right
- Patients' right to information in healthcare services
- Misleading advertisements from the perspective of the Information and Electronic Transactions Law

Additionally, non-legal materials related to biomedical ethics and ethical considerations in health service advertisements are also referenced as supporting materials.

The data collection process involved literature review and interviews. The literature review was conducted by reading, analyzing, and citing primary and secondary legal materials relevant to patients' right to information and misleading health advertisements. This process included reviewing legal documents, books, and regulations to ensure a comprehensive understanding of the topic.

Apart from literature studies, primary data was gathered through interviews. This involved direct question-and-answer sessions between researchers and respondents, such as relevant experts or informants, to obtain necessary information. Specifically, in this study, an interview was conducted with the head of PDGI (Indonesian Dental Association) in Bandung City to gain insights on the subject matter.

The problem analysis in this research was conducted by analyzing and reflecting the beneficence principle in the biomedical ethics with the moral obligations of health care service providers in health care facilities to fulfill patient right to information. Furthermore, the result of the previous analysis used as a basis for conducting a systematic analysis related to regulations in laws and regulations in Indonesia that are relevant to the protection of patient right to information in the context of organizing advertisement of health service services that contain misleading information. Thus, this research is classified as descriptive analytical research. The descriptive analytical research referred to in the context of legal research is a form of research in which the determination of the contents of legal norms is carried out which are positioned as guidelines for finding solutions to legal problems being studied. [23]

III. RESULTS AND DISCUSSION

A. The Beneficence Principle and Patients' Right to Accurate Information

Ethics refers to the principles governing human behavior and social interactions. It can be understood in two ways: as a practical guide and as a subject of reflection. In its practical sense, ethics encompasses moral values and norms that individuals are expected to follow, even if they do not always do so. Practically, ethics aligns with the concept of morality, defining what is acceptable and unacceptable behavior. On the other hand, ethics as reflection involves deeper contemplation on moral principles and values.

As a framework of behavioral guidelines, ethics establishes the distinction between right and wrong. Its normative nature makes it prescriptive, meaning it provides guidance on what individuals should or should not do in various situations. This prescriptive aspect ensures that ethical principles serve as standards for appropriate conduct.

Professional ethics, meanwhile, refers to the ethical principles that professionals adhere to in carrying out their duties while applying general ethical norms within their specific fields. It is particularly relevant in occupations that involve direct interaction with society or consumers. The role of professional ethics is crucial, as it provides a structured system of norms, values, and documented rules that define acceptable professional behavior. By following professional ethics, individuals in a profession can ensure their actions align with ethical standards and avoid misconduct that violates established codes of conduct [22].

The health profession is one of the important professions in society that internally has a set of moral regulations called the ethics of the health profession. The ethics of health workers are a set of behaviors of members of the occupational health profession in relation to patients, colleagues and the working community and are part of the entire occupational health process in terms of moral values. [10] The ethical aspect is a very important foundation for health workers in building good relationships with all parties while providing services. [19]

Biomedical ethics is a branch of applied ethics that serves as a moral guideline in the healthcare sector. Its primary purpose is to address ethical challenges arising from rapid advancements in science and technology, particularly in biomedical sciences, which often introduce complex moral dilemmas [4].

Like other branches of applied ethics, biomedical ethics employs various methods and approaches to assess moral decision-making. As outlined in *Principles of Biomedical Ethics* (1979) by Tom Beauchamp and James Childress, this field is built upon four fundamental principles: respect for autonomy, beneficence, non-maleficence, and justice (Bertens, 2015) [6]. These principles provide a broad ethical framework for evaluating moral responsibilities in medical practice.

The beneficence principle emphasizes that healthcare professionals must prioritize actions that promote the well-being of patients. This principle not only encourages actions that are beneficial but also requires that the benefits significantly outweigh any potential harm [2]. Medical professionals are therefore expected to act in ways that uphold human dignity and make every effort to ensure patient well-being.

The essence of beneficence lies in the moral duty of medical professionals to act in patients' best interests. It reinforces several ethical obligations, including protecting and defending patients' rights, preventing harm, eliminating harmful conditions, assisting individuals with disabilities, and providing life-saving interventions. Unlike the principle of non-maleficence, which focuses on avoiding harm, beneficence is a positive directive that calls for proactive measures to improve patients' health and overall well-being [3].

The existence of biomedical ethics as applied ethics in the health profession is aimed at protecting patients' rights. One of these patient rights is the right to information. The right to information is one of the human rights. The right to information has been universally recognized as one of the most fundamental rights inherent in every human individual. Thus, the right to information needs to be protected and respected [9]. Given the fundamental nature of the right to information, experts argue that this right is one of the basic rights in health services, alongside the right to receive adequate health services and the right to autonomy. Those rights recognized in various human rights documents and international medical standards. The existence of the rights aims to protect the dignity and autonomy of patients, ensuring they can actively participate in decisions regarding their own care. [12] [17]

The patient's right to information basically gives the patient the authority to know everything related to the condition of the disease, namely about the diagnosis, medical actions to be taken, the risks of the actions to be taken or not taken. Through this right, the patient is allowed to obtain medical information that the patient has the right to know. In fact, the patient also has the right to know the identity of the medical personnel and health workers who will provide health services to the patient. [15]

The understanding of patients' right to information as previously described shows that these rights only apply in a context that is limited to the technical implementation of health services. This view can certainly be said to be a narrow perspective. This is because the information obtained by patients is not only when the relationship between medical personnel or health workers and patients begins to occur. Along with the development of the era, information about a health service can also be obtained through advertising practices published through print and electronic media. In this context, the fulfillment of patients' rights to information in health service advertising practices should also apply. The implementation of moral obligations to fulfill patients' rights to information has a very significant urgency in the practice of health service advertising. This is because the existence of health service advertising can contain misleading information that is deliberately made to attract patient interest.

There are five categories of misleading information practices through advertising media, including:

1. Advertisements that mislead consumers regarding price, quality materials, quantity, utility, guarantee, timeliness, warranty of goods and/or services;
 2. Providing an incomplete description of information on goods and/or services;
 3. Not fulfilling promises as stated in the advertisement;
 4. Describing/providing advertising information inaccurately, erroneously, or incorrectly regarding goods and/or services;
 5. Providing excessive information regarding the quality, quantity, utility, and capability of certain goods and/or services.
- [11]

Misleading information contained in health service advertisements tends to increase patient's interest. One form of such misleading information can be in the form of discounts for treatments that are generally known to be expensive. In certain cases, discounts are only valid for certain treatments and patients still spend large amounts of other costs to support the treatment promised in

the discounted advertisement. In addition, there are also other cases where the impact of the discount is that patients ultimately receive health services that do not meet standards. Based on this description, it is reasonable to state that health service advertisements containing misleading information cause not only economic losses for patients, but also have the potential to cause disturbances to the patient's health. Given the potential for health service advertisements to contain misleading information in the community, the moral obligation to fulfill patients' right to information is no longer morally binding only on medical personnel and health workers as part of health service facilities. This moral obligation also applies to health service providers who undeniably have a role in determining the content of information contained in health service advertisements.

It is a moral obligation for health service providers to implement good health service advertising practices. The implementation of good health service advertising practices as referred to refers to the provision of honest and adequate information. Through honest and adequate information published to the public, patients can make considerations and make the right decisions in determining which health service to choose. Based on the choices made, it is hoped that it can help patients to maintain and preserve their health. In addition, the implementation of good health service advertising practices and based on compliance with the moral obligation to fulfill patients' rights to information can also prevent patients from harm.

Fulfillment of moral obligations to fulfill patients' rights to information reflects the beneficence principle in the biomedical ethics. This view is based on the understanding that basically the beneficence principle does not only emphasize the importance of preventing patients from harm, but also providing benefits to patients. This is certainly in line with the fulfillment of moral obligations to fulfill patients' rights to information aimed at providing access to quality health services for patients and at the same time preventing patients from being able to avoid losses that have economic and health impacts.

B. The Reflection of the Beneficence Principle in Legal Protection of Patients' Right to Information from Health Service Advertisements Containing Misleading Information

Law has a very close relationship with morals. Both rules regulate human behavior and both aim to create goodness for human life. There is a reciprocal functional relationship between law and morals. It means that the two social rules have a reciprocal functional relationship: morals have a certain function towards law, and vice versa, law also has a certain function towards morals. The functional relationship between law and morals is especially visible in the formation of legal rules and in the enforcement of law and morals.

Morality plays an important role in shaping legal principles. One of its key functions is serving as a foundation for the development of legal regulations. This function is realized by transforming morally unacceptable behaviors (immoral acts) into legally prohibited actions (illegal acts) or even criminal offenses. Consequently, there is a strong correlation between morality and legality, as well as between immorality and illegality or criminality.

Actions considered morally inappropriate, such as breaking promises, causing harm to others, or concealing product defects, can be categorized as unlawful acts under civil law. Similarly, offenses such as theft, murder, and adultery, which fall under the category of moral transgressions, are legally defined as crimes and are subject to specific legal penalties. This illustrates how moral principles influence the legal system by helping to determine which behaviors should be legally regulated or penalized [14].

The placement of moral positions as a source of legal formation can also be seen as an effort to realize moral obligations in a real way in society. An abstract moral obligation needs to be formulated in a real way in the form of positive law if it is to be applied in community life. Through the nature of the law that regulates, binds, forces, and contains strict sanctions, it is hoped that it can realize the moral values that are expected to apply so that order in society can be maintained.

The formulation of moral obligations in the form of legal regulations is realized, among other things, to realize legal protection for society. The legal protection is an effort to provide protection for human rights that are harmed by others. This protection is given to the community so that they can enjoy all the rights granted by law. In relation to the patient rights, the existence of the law is intended to provide protection for patient rights from something that results in the non-fulfillment of these rights [5]. One of the concrete forms of moral obligations in legal regulations is in the regulations related to the protection of patients' rights to information in positive law in Indonesia. The formulation of moral obligations in these legal regulations is carried out to protect the right to information as one of the human rights.

One of the efforts to protect patients' rights to information can be found in the regulations in the Cyber Law that applies in Indonesia. As explained in the introduction, health service advertisements containing misleading information are found on Instagram. Advertising on social media is one of the ways for the care facilities to attract public interest. Publication of health care services is a communication activity through the dissemination of information to introduce or promote health services carried out in various media. Such publications can be seen as a form of advertising activity that provides public service information regarding

the availability of services, goods, and ideas that can be utilized by the public. [1] Based on this information, it can be said that health service providers publish their health services through digital marketing on social media. Therefore, health service providers are bound by the applicable legal regulations in cyberspace. There are three legal aspects that must be adhered to by business actors or parties related to digital marketing activities in carrying out advertising practices. One of these legal aspects relates to the legality of digital advertising content that will be produced or distributed. The validity of content can be seen from the content that does not violate content prohibited by laws and regulations and the validity of goods or services that are the objects in the digital content. The parameters of the validity of content from a legal aspect, digital marketing is of course bound by the provisions in Law Number 11 of 2008 concerning Information and Electronic Transactions and Law Number 19 of 2016 concerning Amendments to the Law on Information and Electronic

Before further examining the protection of patient rights to information from a Cyber Law perspective, it is necessary to first understand what is meant by electronic information. Article 1 number 1 of Law Number 11 of 2008 concerning Electronic Information and Transactions and Law Number 19 of 2016 concerning Amendments to the Law on Electronic Information and Transactions explains that electronic information is one or a collection of electronic data, including but not limited to writing, sound, images, maps, designs, photos, electronic data interchange (EDI), electronic mail, telegrams, telex, telecopy or the like, letters, signs, numbers, Access Codes, symbols, or perforations that have been processed that have meaning or can be understood by people who are able to understand them. Health service advertisements containing misleading information published on social media generally contain writing, sound, images, and photos that are designed in various ways and are intended to attract patient interest. Hence, this type of advertisement can be categorized as electronic information.

Publication of health service advertisements containing misleading information can be done by health service providers or by the advertiser based on the will and orders of the health service provider. The advertisement can be published using a computer or other electronic media such as a smartphone. Meanwhile, Article 1 number 2 of Law Number 11 of 2008 concerning Electronic Information and Transactions and Law Number 19 of 2016 concerning Amendments to the Law on Electronic Information and Transactions states that Electronic Transactions are legal acts carried out using Computers, Computer networks, and/or other electronic media. Referring to these provisions, it can be said that the act of publishing health service advertisements containing misleading information carried out by health service providers or advertisers is a form of legal act.

According to Article 1, number 18 of Law Number 11 of 2008 on Electronic Information and Transactions, as amended by Law Number 19 of 2016, a sender is defined as a legal subject responsible for transmitting Electronic Information and/or Electronic Documents. Additionally, Article 1, number 19 of the same law specifies that a recipient refers to a legal subject who obtains Electronic Information and/or Electronic Documents from the sender.

Referring to these provisions, health service providers or advertisers who disseminate health-related advertisements containing misleading information can be classified as senders. Meanwhile, individuals such as patients who engage with these advertisements, whether unintentionally encountering them or deliberately searching for them on social media, are categorized as recipients. This legal framework helps define the responsibilities and implications for both parties involved in electronic transactions related to health service promotions.

There are several acts that are prohibited in the Electronic Information and Transactions Law. One of kind is a prohibition for anyone who intentionally and without the right to spread false and misleading news that results in consumer losses in Electronic Transactions as regulated in Article 28 paragraph 1 of Law Number 11 of 2008 concerning Information and Electronic Transactions. There are five elements that must be met so that electronic data can be said to violate the provisions in Article 28 paragraph 1 of Law Number 11 of 2008 concerning Information and Electronic Transactions, namely the existence of a legal subject as the perpetrator, made intentionally and without rights, containing false news and misleading information, causing harm to consumers, and carried out through electronic transactions. When associated with the practice of health service advertisements containing misleading information, it can be understood that the advertisement can be made by a legal subject, either by health service providers or advertiser based on wishes and orders of the health service providers. Then, the electronic data in the form of health service advertisements containing misleading information and the result of the publication of the advertisement has caused harm to patients, either in the form of economic losses or health problems. The health service advertisement was published through electronic transactions in the form of Instagram social media. Thus, the party who creates and publishes health service advertisements containing misleading information can be subject to criminal sanctions as regulated in Article 45 of Law Number 19 of 2016 concerning Amendments to the Law on Information and Electronic Transactions. There are five elements that must be met so that electronic data can be said to violate the provisions in Article 28 paragraph 1 of Law Number 11 of 2008 concerning Electronic Information and Transactions, namely the existence of a legal subject as the perpetrator, made intentionally and without rights, containing false news and misleading information, causing harm to consumers, and carried out through electronic transactions. When associated with the practice of health service advertisements containing misleading information, it can be understood that the advertisement can be made by a legal subject, either by health service providers or made by advertiser on the

direction of the health service provider. Furthermore, the electronic data in the form of health service advertisements contains misleading information and the result of the publication of the advertisement has caused harm to patients, either in the form of economic losses or health problems. The health service advertisement was published through electronic transactions in social media, in this case through Instagram. Hence, the parties who create and publish health service advertisements containing misleading information can be subject to criminal sanctions as regulated in Article 45 of Law Number 19 of 2016 concerning Amendments to the Law on Information and Electronic Transactions which stipulates that violations of Article 28 paragraph 1 of Law Number 11 of 2008 concerning Information and Electronic Transactions can be subject to criminal sanctions in the form of imprisonment for a maximum of 6 (six) years and/or a maximum fine of IDR 1,000,000,000 (one billion rupiah).

Based on the description as explained above, it can be said that the provisions in the two laws and regulations regarding Electronic Information and Transactions reflect part of the concept of the principle of beneficence. This is because these regulations only tend to prevent harm to patients by establishing the threat of criminal sanctions for perpetrators. Meanwhile, provisions relating to the provision of benefits to patients who are harmed are not regulated in these regulations.

The provisions in the two regulations regarding Electronic Information and Transactions cannot be implemented effectively in this case. This is because Article 28 of Law Number 11 of 2008 concerning Electronic Information and Transactions uses the term "consumer" as the injured party. Meanwhile, health services have not been explicitly stated in the Consumer Protection Law in Indonesia.

Health service providers in practicing advertisement are also bound by the technical provisions stipulated in the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services. Health facilities may carry out advertising practices in the community through the media to market the advantages they have. This action is permitted and in accordance with the provisions in Article 3 paragraph 1 of the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services. Referring to the provisions of Article 3 paragraph 2 of the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services, the implementation of these advertising practices must always comply with the ethical provisions as stipulated in the code of ethics of each health profession, the Indonesian Advertising Ethics, and laws and regulations. There are several requirements that must be considered by health service facilities in carrying out advertising activities in the community. The requirements, as outlined in Article 4 paragraph 1 of the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services, include information content based on data and/or facts that are accurate, evidence-based, informative, educational, and responsible. Article 4 paragraph 2 of the Minister of Health Regulation 1787 of 2010 concerning Publication of Health Services stipulates that advertisements presented through print media, electronic media, and outdoor media must include the name and address of the health service facility and the date the publication was carried out.

There are several prohibitions that health service facilities need to pay attention to in advertising or publishing health services. One of kind is the provision in Article 5 Letter b of the Minister of Health Regulation Number 1787 of 2010 concerning Publication of Health Services which states the prohibition on providing false and false information that is deceptive and misleading. In addition, there is also a provision in Article 5 Letter n of the Minister of Health Regulation Number 1787 of 2010 concerning Publication of Health Services which prohibits promotional sales advertisements in any form through the provision of price cuts (discounts). Based on Article 11 paragraph 1 of Minister of Health Regulation Number 1787 of 2010 concerning Publication of Health Services 1787 of 2010 concerning Publication of Health Services, the minister can form a Team for Assessment and Supervision of Health Service Advertisements and Publications to carry out coaching and supervision. Furthermore, in Article 11 paragraph 2 of Minister of Health Regulation Number 1787 of 2010 concerning Publication of Health Services Number 1787 of 2010 concerning Publication of Health Services, it is explained that the team is tasked with assessing and supervising health service advertisements and/or publications, both before and after they are broadcast. The Team for Assessment and Supervision of Health Service Advertisements and Publications, as regulated in Article 11 paragraph 3 of Minister of Health Regulation Number 1787 of 2010 concerning Publication of Health Services Number 1787 of 2010 concerning Publication of Health Services, has a number of authorities, including:

1. Providing consultation on health service advertisements and/or publications that are broadcast;
2. Receiving, reviewing, and examining reports of public complaints regarding health service advertisements and publications;
3. Summoning and requesting information from witnesses and/or reporters;
4. Examine documents, evidence of information, and technology or other evidence
5. Refer health workers and/or health service facilities that violate or violate the provisions of this regulation to the Professional Ethics Honorary Council, the Professional Disciplinary Council, and/or the Indonesian Hospital Ethics Honorary Council; and

6. Provide recommendations to the Minister or appointed official to take administrative action.

Article 12 paragraph 1 of the Minister of Health Regulation 1787 of 2010 concerning Health Service Publication stipulates that the implementation of the assessment and supervision of health service advertisements and publications in the regions is carried out by the Health Office. According to Article 12 paragraph 2 of the Minister of Health Regulation 1787 of 2010 concerning Health Service Publication, the Health Office may hold consultations with the Health Service Advertisement and Publication Assessment and Supervision Team to carry out the assessment and supervision of health service advertisements and publications. If based on the assessment results, there are findings of violations, according to Article 14 paragraph 1 of Regulation of Permenkes No. 1787 of 2010 concerning Publication of Health Services, the Minister and the head of the Health Service may give orders to the head of the health service facility to change, withdraw, remove, or stop advertisements/or publications of health services that are suspected of violating the provisions within a time limit of 7 (seven) working days. Furthermore, Article 14 paragraph 2 explains that if within the specified time limit the health facility and/or health workers do not heed the orders as stated in Article 14 paragraph 1, the Minister and/or the head of the Health Service may impose administrative sanctions.

There are two administrative sanctions that can be given for violations related to advertising and/or publication of health services. The form of administrative sanctions that can be given, as regulated in Article 14 paragraph 4 of Permenkes 1787 of 2010 concerning Publication of Health Services can be in the form of revoking the Operational Permit/Practice Permit/Professional Work Permit for 1 year or forever. Also considering that violations related to advertising/publication of health services are also a form of violation of the code of ethics and discipline, Article 14 paragraph 5 of Permenkes 1787 of 2010 concerning Publication of Health Services states that health facilities and/or health workers who commit violations can be subject to ethical sanctions determined by the Professional Ethics Honorary Council, the Professional Disciplinary Council, and/or the Indonesian Hospital Ethics Honorary Council.

From the explanation provided, it is evident that the protection of patients' rights to accurate information in health service advertisements is regulated under the Minister of Health Regulation 1787 of 2010 concerning the Publication of Health Services. Any violations involving misleading health service advertisements may result in administrative sanctions for the responsible parties. However, this regulation does not contain specific provisions addressing compensation for patients who suffer losses due to misleading health advertisements. Like the Law on Information and Electronic Transactions, the Minister of Health Regulation 1787 of 2010 primarily upholds the principle of beneficence by aiming to prevent harm to patients. Nevertheless, it does not extend further to ensuring that affected patients receive direct benefits or remedies for any damages incurred.

IV. CONCLUSION

The right to information is one of human rights. In fact, the right to information is a basic right in health services, besides the right to autonomy. It is a moral obligation for health care service providers in health care facilities to fulfill the patient's right to information. Violation of the patient's right to information in the context of health care advertisement can cause harm to the patient, both to economic loss and health disturbances. Hence, the moral obligation in fulfilling the patient's right to information as a manifestation of the beneficence in biomedical ethics is mandatory.

Moral obligations as something abstract need to be standardized as legal norms. The same idea also applies in the context of moral obligation to fulfill patients' right to information. The moral obligation to fulfill patients' right to information needs to be standardized as a legal regulation so that it has a binding and coercive nature. The effort to the moral obligation to fulfill patients' right to information is realized in several legal regulations in Indonesia. The manifestation of the beneficence principle regarding protection of patients' right to information is reflected in the Electronic Information and Transactions Law and the Regulation of the Minister of Health on Publication of Health Services. The regulations in the Electronic Information and Transactions Law only prevents patients from harm, but does not accommodate benefits for patients. However, both regulations cannot yet be implemented effectively considering that classifying health services as commercial services is still a matter of debate among legal and health practitioners. Meanwhile, the protection of patients' right to information through the Regulation of the Minister of Health on Publication of Health Services can be implemented, but these regulations only reflect part of the basic concept of the principle of beneficence which only prevents patients from harm, but does not accommodate benefits for patients, especially the patients who suffer from loss as an impact of the health services advertisement containing misleading information.

Referring to the conclusions obtained in this research, the researcher suggests that the government needs to reformulate the Consumer Protection Law in Indonesia. This effort is expected to obtain legal certainty stating that health services are one form of commercial services. Through this legal certainty, violations of patients' right to information can be overcome through the Consumer Protection Law. The existence of a reverse proof procedure by business actors and provisions regarding compensation in the Consumer Protection Law will certainly benefit patients whose right to information are violated.

REFERENCES

- [1]. S. R. Widyorini, "Advertisement and Publication Health Service," dalam *Advances in Social Science, Education, and Humanities Research*, 2020.
- [2]. M. D. B. I. Wakiran, C. D. Tomuka dan E. G. Kristanto, "Pendekatan Bioetik Tentang Eutanasia," *Jurnal Biomedis (JBM)*, vol. 5, no. 1, p. 25, 2013.
- [3]. B. Varkey, "Principle of Clinical Ethics and Their Application to Practice," *Medical and Practice*, vol. 30, no. 1, p. 18, 2020.
- [4]. R. Utami, H. N. Widy, R. Anandasigit dan M. N. Yulianto, "Analisis Etika Biomedis Terhadap Pasien Transgender dalam Mengakses Layanan Kesehatan di Yogyakarta," *Jurnal Filsafat*, vol. 30, no. 1, pp. 80 - 81, 2020.
- [5]. V. M. P. H. D. Siringoringo dan R. Suharto, "Pengaturan Perlindungan Hukum Hak-Hak Pasien dalam Peraturan Perundang-Undangan Tentang Kesehatan di Indonesia," *Diponegoro Law Journal*, vol. 6, no. 2, p. 2, 2017.
- [6]. T. W. Setyoharsih dan S. Awaludin, "Non-Maleficence Concept in Palliative Care Patient in ICU: A Concept Analysis," *International Journal of Nursing and Health Science*, vol. 7, no. 5, p. 554, 2024.
- [7]. P. J. Setiawan dan H. Ardison, "Legal Aspects in Indonesian Digital Marketing Business: What Should Be Compiled With?," dalam *Advances in Social Science, Education, and Humanities Research*, 2020.
- [8]. Y. Schencker, M. Arnold dan A. J. London, "The Ethics of Advertising fo Health Care Services," *The American Journal of Bioethics*, vol. 14, no. 3, p. 40, 2014.
- [9]. C. Saddu, "Hak Masyarakat dan Badan Publik Atas Keterbukaan Informasi Publik," *Jurnal Ilmu Hukum Legal Opinion*, vol. 4, no. 1, p. 3, 2016.
- [10]. F. Rijal, M. S. Dangnga, Usman dan N. Novitasari, "Pengaruh Etika dan Kinerja Tenaga Kesehatan Terhadap Pemberian Pelayanan Kesehatan Pasien di Puskesmas Madising Na Mario Kota Parepare," *Jurnal Manusia dan Kesehatan*, vol. 2, no. 1, pp. 17 - 18, 2019.
- [11]. W. Prabowo dan R. Y. L. K. T. Puspendari, "Perlindungan Hukum Terhadap Informasi Iklan yang Menyesatkan," *Volkgeist: Jurnal Ilmu Hukum dan Konstitusi*, vol. 5, no. 1, pp. 84 - 85, 2022.
- [12]. J. D. Pardomuan dan H. Prasetyo, "Literatur Review: Hak dan Kewajiban Pasien, Keluarga Masyarakat, dan Tenaga Medis dalam Pelayanan Kesehatan Bencana," *Aliansi: Jurnal Hukum, Pendidikan, dan Sosial Humaniora*, vol. 1, no. 5, pp. 92-93, 2024.
- [13]. Muhaimin, *Metode Penelitian Hukum*, Mataram: Mataram University Press, 2020.
- [14]. S. Luthfan, "Dialektika Hukum dan Moral dalam Perspektif Filsafat Hukum," *Jurnal Hukum IUS QUIA IUSTUM*, vol. 19, no. 4, pp. 516, 517, 2012.
- [15]. Kurniasri, "Implementasi Hak dan Kewajiban Terhadap Pasien dan Keluarga dalam Pelayanan yang Telah Diberikan (Studi Kasus di RSUD KRMT Wongsonegoro Semarang 2021)," *Jurnal Huku, Politik, dan Ilmu Sosial*, vol. 1, no. 1, p. 173, 2022.
- [16]. D. P. Indonesia, *Etika Pariwara Indonesia (Amandemen 2020)*, Jakarta: Dewan Periklanan Indonesia, 2020.
- [17]. I. Heriani, Gunarto dan A. Masdhurohatun, "Legal Protection of Patient Rights in Indonesia," *Sriwijaya Law Review*, vol. 3, no. 1, p. 76, 2019.
- [18]. A. I. Hamzani, "Menggagas Indonesia Sebagai Negara Hukum yang Membahagiakan Rakyatnya," *Yustisia*, vol. 3, no. 3, p. 139, 2014.
- [19]. K. A. Farizky, R. H. Nurzaman dan S. P. N. A. K. Permadi, "Etika dan Moral Tenaga Kesehatan," *Praxis: Jurnal Filsafat Terapan*, vol. 1, no. 1, p. 4, 2023.
- [20]. K. Bertens, *Etika Biomedis*, Yogyakarta: 2015, 2015.
- [21]. R. Bakri dan M. Jeddawi, "Analisis Indeks Negara Hukum Indonesia," *Pallangga Praja*, vol. 4, no. 2, p. 113, 2022.
- [22]. S. Anwar, A. P. A. Santoso dan G. I. A. Gegen, "Penegakan Etika dan Disiplin Tenaga Kesehatan Sebagai Aparatur Sipil Negara," *Jurnal Ilmu Sosial dan Ilmu Politik (JISIP)*, vol. 6, no. 3, pp. 10527 - 10528, 2022.
- [23]. Z. Ali, *Metode Penelitian Hukum*, Jakarta: Sinar Grafika, 2016..