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Integrating Islamic Law Principles and National Law for the Protection of Patients' Rights in Public Healthcare Services in Indonesia

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ABSTRACT
Patients' rights are essential for ensuring quality healthcare services. However, the recognition of these rights in law does not always ensure their effective implementation. In Indonesia, challenges include inadequate communication, the treatment of informed consent as an administrative formality, risks to the confidentiality of health data, discriminatory treatment, and uncertainty regarding the halal status of pharmaceutical products. This study examines how national law and Islamic law can complement each other to strengthen the protection of patients' rights and develop practical policy recommendations. It employs a normative juridical approach, combining statutory, conceptual, and comparative analyses with a literature review and interviews with three experts in health law and Islamic law. The findings show that both legal frameworks share similar objectives in protecting patient safety, dignity, and interests, although challenges remain in communication, data protection, supervision, and complaint handling. This study proposes an integrative policy model in which national law provides the binding legal foundation, while *maqasid al-sharia* provides ethical guidance. The model covers six areas: defining the boundaries of legal integration, applying Islamic ethical principles in healthcare, strengthening informed consent, protecting health data and confidentiality, promoting justice and non-discrimination, and improving accountability and dispute resolution. These measures can be implemented through existing laws, professional standards, and institutional procedures to strengthen the protection of patients' rights without creating a separate religious regulatory framework.

Keywords: Patients' Rights Protection, Healthcare Services, Islamic Law, Hospital Law.

I. Introduction

Protection of patients' rights is an essential element in the provision of quality healthcare services. Healthcare services are expected not only to meet patients' medical needs but also to ensure fair treatment, maintain the confidentiality of patient information, and accommodate patients' backgrounds and need (Arkanbariq & Ahzar, 2025). The fulfillment of these rights is important because it is closely related to respect for patients' dignity, the establishment of a good therapeutic relationship between patients and healthcare

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professionals, and the overall effectiveness of healthcare services. Nevertheless, the recognition of patients' rights in legal instruments does not automatically guarantee their fulfillment in healthcare practice. Two issues therefore need to be distinguished. First, regulatory gaps, which arise when legal provisions or technical requirements are unclear or incomplete. Second, implementation weaknesses, which occur when existing legal requirements are not properly applied or monitored.

In practice, however, the protection of patients' rights in Indonesia continues to face various challenges. Violations of patients' rights may occur in the form of discriminatory treatment, misuse of personal data, and uncertainty regarding the halal status of medical products used in healthcare services (Topaloglu et al., 2021). One issue that has attracted attention was the detection of porcine DNA in pharmaceutical products in 2018 (Pusat Data dan Informasi Obat dan Makanan, 2018). This issue demonstrates that the protection of patients' rights concerns not only patient safety and the quality of healthcare services but also patients' rights to access information, obtain certainty, and receive services that are consistent with their beliefs. Although interconnected, these issues involve distinct dimensions of patient protection. Informed consent concerns patients' right to receive adequate information about medical procedures and make autonomous decisions regarding their treatment. Medical data protection relates to the confidentiality and responsible use of personal health information (Islami et al., 2025). Nondiscrimination guarantees equal access to healthcare services, while information on the halal status of pharmaceutical products enables patients to make informed choices in accordance with their religious beliefs. Accordingly, the protection of patients' rights should be considered from a broader perspective that takes into account medical, legal, ethical, and religious considerations.

From a legal perspective, these problems raise questions about whether existing regulations are clear and properly implemented. In Indonesia, patients' rights are already recognized under Law No. 17 of 2023 on Health (hereinafter referred to as the Health Law) and its implementing regulations. However, challenges remain in applying these rules consistently and ensuring effective supervision and complaint mechanisms. For example, informed consent should involve clear communication with patients, not merely the completion of administrative forms. Similarly, medical records and health data must be protected, especially as digital healthcare services continue to develop. Expert interviews in this study also highlight limited legal understanding, poor communication between patients and healthcare professionals, and weak supervision. Therefore, the main challenge is not only to recognize patients' rights in law but also to ensure that these rights are properly protected in practice.

This issue is particularly relevant in the Indonesian context, given the country's large Muslim population, as some patients have healthcare needs related to their religious beliefs. Islamic law, through the principles of *maqasid al-sharia*, provides a foundation for protecting life, intellect, lineage, religion, and human dignity (Rohim, 2022). These principles are closely related to the protection of patients' rights, particularly in ensuring patient safety, respecting religious beliefs, safeguarding privacy, and upholding human dignity in healthcare services. These values are also related to principles of modern healthcare ethics, such as reliability, respect for patients, and empathy (Breuler & Prescher, 2026) . Therefore, Islamic law is relevant not only as a religious norm but also as a normative perspective that can be considered in strengthening the protection of patients' rights. However, connecting national law and Islamic law requires more than identifying similarities between their principles. It is also necessary to explain how these two frameworks can contribute to the practical protection of patients' rights. The proposed integration does not mean that Islamic law must be formally established as a separate set of legal rules applicable to everyone. Rather, it seeks to connect the ethical values of *maqasid al-sharia* with the existing national legal framework and translate them into practical measures. This approach is intended to strengthen the implementation of patients' rights while respecting the diversity of religious beliefs in Indonesia.

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II. Literature Review and Hypothesis Development

The regulation of patients' rights under national law has established a legal basis for patient protection through various regulations concerning healthcare and consumer protection. Nevertheless, various studies indicate that such protection continues to face challenges in specific areas of healthcare practice. For example, research conducted by Kemalasari and Putra found that although Indonesia has established regulations concerning personal data protection, the protection of data contained in medical records continues to face challenges due to technological developments (Kemalasari & Putra, 2023). This finding highlights a potential gap between the existence of legal safeguards and the practical challenges of protecting patients' rights in an increasingly digital healthcare environment. Meanwhile, research conducted by Harahap et al., which examined the legal relationship between patients and medical professionals from the perspective of Islamic law, demonstrated the relevance of Islamic legal principles as a basis for protecting patients' rights (Harahap et al., 2024). Their study provides a complementary normative perspective by demonstrating the relevance of Islamic law to patient protection, although the relationship between these principles and the implementation of national legal obligations requires further examination. Furthermore, research by Tanaya and Putri found that hospitals' civil liability for malpractice by healthcare personnel resulting in babies being switched at birth, providing a relevant legal perspective on institutional accountability in protecting patients' rights in healthcare services (Tanaya & Putri, 2025). Lastly, research by Ahzar et al., demonstrated that the development of Hospital Bylaws within Muhammadiyah hospitals can serve as an instrument for strengthening the protection of patients' rights through more structured regulations and service standards (Ahzar et al., 2023). Shortly, these studies highlight three relevant dimensions of patient protection: medical data privacy, the normative relationship between patients and healthcare professionals, and institutional governance.

The central research gap is the limited synthesis of national and Islamic law perspectives into an operational framework for strengthening patients' rights protection. Previous studies provide important foundations for understanding legal and institutional challenges, but further analysis is needed to clarify how the two legal traditions can complement each other without conflating their respective functions or creating competing regulatory obligations. The originality of this study lies in developing a policy-oriented integration model that connects these complementary functions to identifiable dimensions of patient protection. This study examines how national law and Islamic law can guide practical policies on informed consent, patient communication, health data confidentiality, justice, non-discrimination, accountability, and dispute resolution. It contributes to the discussion by explaining how national law and Islamic law can complement each other. It also proposes practical policy measures that can be implemented through existing regulations, professional standards, and institutional procedures. Therefore, this study asks: How can Islamic law and national law be integrated into a policy model to strengthen the protection of patients' rights in Indonesia?

III. Research Method

This study is normative legal research supported supported by qualitative data to examine the compatibility and potential integration of Islamic law and national law in protecting patients' rights in Indonesia. The study uses primary and secondary data. Primary data were obtained through interviews conducted in August 2026 with three experts. Muhammad Nur Aji Basuki as a legal practitioner specializing in health law, Siti Soekiswati as a health law expert, and M. Junaidi as an Islamic law expert. These experts were purposively selected for their proven track records and specialized knowledge in health law, legal practice, and Islamic law, ensuring the relevance and credibility of the research findings. The interviews were carried out through both in-person meetings and Zoom sessions, guided by three sets of interview guidelines designed to address the specific focus of the research. The interviews were audio-recorded to facilitate accurate documentation and analysis. Secondary data were collected through a review of relevant legislation, books, and journal articles concerning patients' rights, healthcare services, Islamic law, and medical ethics.

The data were analyzed qualitatively through four stages. First, the relevant legal documents and interview transcripts were organized according to the research objectives. Second, the interview data were

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grouped into key themes, including the legal protection of patients' rights, the implementation of relevant regulations, the principles of Islamic law, and the challenges of healthcare services. Third, statutory, comparative, and conceptual analyses were conducted. Statutory analysis examined the legal provisions governing patients' rights, while comparative analysis identified similarities and differences between national law and Islamic law. Conceptual analysis applied the principles of *maqasid al-sharia*, particularly the protection of life (*hifz al-nafs*), justice, consent, and public benefit or *maslahah*. Fourth, the findings from the interviews were compared with the normative findings derived from legislation and literature to identify areas of compatibility, regulatory gaps, and implementation challenges. This process provided the basis for developing an integrative policy model to strengthen the protection of patients' rights in Indonesia. Analytical consistency was maintained by applying the same thematic categories and systematically comparing findings from legal documents, scholarly literature, and expert interviews.

IV. Result and Discussion

4.1. Compatibility and Integration of Islamic Law and National Law in the Protection of Patients' Rights in Public Healthcare Services

a. Legal Regulation of Patients' Rights under National Law

Theoretically, patients' rights are rooted in the concept of human rights in healthcare, as guaranteed under Article 28H(1) of the Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution), as well as in the principle of individual autonomy within the doctor–patient relationship (Lestanto et al., 2026). Historically, this relationship was paternalistic, with physicians regarded as the parties most knowledgeable about patients' health conditions, while patients were expected to simply follow decisions made on their behalf. With the development of modern bioethics, this paradigm has shifted toward patient-centered care, in which patients are positioned as rights-bearing subjects with the right to self-determination over their bodies and health. The framework of patients' rights under Indonesian legislation is presented in the following table:

Table 1. Framework of Patients' Rights under Indonesian Legislation

Level	Regulation	Function
Constitution	Article 28H(1) of the 1945 Constitution	Legal basis for the right to healthcare as a human right
Law	The Health Law	Principal provisions on patients' rights and obligations
Goverment Regulation	Government Regulation of the Republic of Indonesia No. 28 of 2024 on the Implementing Regulations of the Health Law (hereinafter referred to as the Government Regulation implementing the Health Law)	Detailed technical implementation provisions
Ministerial Regulation	Minister of Health Regulation No. 4 of 2018 on the Obligations of Hospitals and Patients	Operational obligations of hospitals and patients
Soft Law / Ethics	KODEKI (Indonesian Code of Medical Ethics), professional standards	Guidelines for the conduct of medical professionals

The Health Law regulates patients' rights in a more systematic manner than previous legislation governing healthcare. The right to access medical information, for example, aims to ensure that patients can make informed and rational decisions. The right to confidentiality of health data protects patients' privacy

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from the misuse of medical information. Patients also have the right to compensation when the healthcare services they receive are inadequate (Fatkhullah et al., 2026). These provisions reflect the state's commitment to safeguarding human dignity and promoting social justice. Accordingly, health law functions not merely as an administrative instrument but also as a means of protecting the fundamental rights of citizens.

Article 276 of the Health Law stipulates several patients' rights that warrant further analysis, as follows:

1) The Right to Information and Informed Consent

The right to information is one of the most fundamental patients' rights because it constitutes a prerequisite for the validity of medical procedures performed on patients. Although informed consent is a key principle in healthcare services, it has not yet been expressly and comprehensively regulated under Government Regulation No. 28 of 2024 on the Implementing Regulations of Law No. 17 of 2023 on Health. Consequently, its implementation in practice continues to depend on technical regulations issued by the Ministry of Health and relevant jurisprudence. This condition represents a regulatory gap that may create legal uncertainty, particularly regarding the forms of valid consent, whether written or oral the circumstances in which exceptions to the requirement to obtain consent apply, such as in emergencies; and the parties authorized to provide consent when a patient lacks legal capacity (Implementing Regulations for Law Number 17 of 2023 Concerning Health, 2024).

2) The Right to Medical Records

The right to access medical records is closely related to patients' rights concerning their personal data (Nainggolan, 2026). The Health Law expands the scope of this right through Article 351(3), which regulates the rights of data subjects within the health information system, including the right to obtain information about the purposes of data collection, the right to access and correct data, the right to data portability, and the right to request data deletion. This provision reflects harmonization with Law No. 27 of 2022 on Personal Data Protection (hereinafter referred to as the Personal Data Protection Law) and demonstrates a significant shift whereby patients' rights are no longer limited to face-to-face interactions with healthcare professionals but have extended to the domain of digital health.

3) The Right to a Second Opinion

Patients' right to seek a second opinion from another medical professional reflects the recognition that diagnosis and treatment plans are not the sole authority of a single medical professional. Accordingly, this right serves to strengthen patients' position in medical decision-making (Nainggolan, 2026).

4) Other Rights under Applicable Laws and Regulations

The provision stating that patients are entitled to other rights in accordance with applicable laws and regulations constitutes an open legal provision (Health Law, 2023). This provision allows patients' rights to continue to evolve in accordance with developments in other sectoral regulations, such as Law No. 8 of 1999 on Consumer Protection and the Personal Data Protection Law. At the same time, the open-ended nature of this provision may potentially give rise to overlapping norms across regulatory sectors, thereby requiring further efforts toward legal harmonization (Health Law, 2023).

The regulation of patient rights under national law adheres to the principle of reciprocity, whereby patient rights are balanced by corresponding obligations as stipulated in Article 277 of the Health Law. These obligations include providing honest and complete information, complying with the instructions of medical personnel, observing the regulations in force at health care facilities, and providing remuneration for services received. This principle of balance has legal significance, as a patient's failure to fulfill such obligations. For example, by providing inaccurate or dishonest information, may be taken into consideration in the resolution of medical disputes, including the possibility of mitigating the liability of medical personnel where a diagnostic error results from inaccurate information provided by the patient. This balance is further reinforced by the obligation of health care facilities to provide services that are safe, of good quality, non-discriminatory, and effective (Health Law, 2023).

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Interviews with Muhammad Nur Aji Basuki, a legal practitioner who provides legal assistance to hospitals in the health sector, indicate that the regulatory framework for patient rights protection in Indonesia is relatively adequate. However, its implementation remains suboptimal. Frequently encountered problems include limited public understanding of patient rights, disparities in the quality of health services, inadequate complaint mechanisms, and ineffective communication between patients and health care professionals. Patient rights that frequently become the subject of disputes include the right to obtain medical information, the right to informed consent, the right to safe and quality health services, the right to confidentiality of medical data, and the right to lodge complaints. Informed consent should be implemented as a communication process rather than merely as an administrative formality (M. N. A. Basuki, personal communication, August 7, 2026). Likewise, the protection of medical records and health data needs to be strengthened in line with the increasing use of digital health systems.

Patient rights that have the potential to become the subject of disputes include the right to obtain information, the right to safe and quality health services, the right to confidentiality of health data, and the right to lodge complaints. Disputes generally arise from inadequate communication concerning diagnoses, medical procedures, benefits, risks, treatment alternatives, and service costs (Ahzar, Arkanbariq, Nafiah, et al., 2026). Effective communication and informed consent constitute important instruments for preventing disputes, as patients need to understand relevant medical information before providing consent. Informed consent should not be understood merely as the signing of a document but as a communication process conducted in a clear manner and in accordance with the patient's level of understanding. In addition, the confidentiality of medical records and health data must be maintained as a means of protecting patient privacy. When disputes arise, resolution should preferably begin with communication, clarification, and mediation before resorting to formal legal proceedings. Legal liability may take the form of administrative, civil, or criminal liability, depending on the nature of the violation and the degree of fault involved. Accordingly, the protection of patient rights is significantly influenced by the quality of communication, the proper implementation of informed consent, the protection of health data, and the availability of fair dispute resolution mechanisms.

An interview with Siti Soekiswati, an academic specializing in health law, indicates that at the macro level, the Health Law concerning Health provides a relatively adequate legal foundation. Nevertheless, its implementing regulations require further clarification, particularly regarding informed consent, medical records, and the supervision of medical and health care professionals. According to the informant, patient rights protection is not solely concerned with the existence of regulations but also with the level of legal literacy among both the public and healthcare professionals (S. Soekiswati, personal communication, August 7, 2026). Documents such as informed consent forms, privacy policies, and medical records should not be treated merely as administrative formalities. Medical audits and evaluations of physicians' competence and workload are also necessary to ensure that health services are provided in accordance with applicable standards. Overall, the interviews indicate that patient rights protection continues to face various challenges, particularly limited health and legal literacy, the lack of optimal technical regulation concerning informed consent, inadequate supervision and medical auditing, and the need to strengthen the protection of electronic medical records and health data. Patient rights protection also requires an appropriate balance between the rights of patients, the rights of medical professionals, and the obligations of health care facilities (Citrani et al., 2026). In dispute resolution, accessible, transparent, and equitable mechanisms are required, with communication, complaint procedures, and mediation prioritized before resorting to formal legal proceedings. Technological developments, including the use of artificial intelligence, also require adaptive regulations concerning data security and legal accountability.

Based on the research findings and empirical data obtained through interviews with an Islamic law scholar, a legal practitioner providing assistance to hospitals, and a health law academic, it can be concluded that patient rights protection in Indonesia has, at the normative level, a relatively strong legal foundation under the 1945 Constitution and the Health Law. However, its implementation in practice remains suboptimal. Field findings indicate that the predominant challenges include limited patient awareness of their rights, ineffective communication between patients and health care professionals, the tendency to treat informed consent as an administrative formality, the need to strengthen the protection of medical records and health data, and suboptimal supervision and medical auditing. These conditions demonstrate a gap between legal norms and the actual practice of health service delivery. Accordingly, patient rights protection should be

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directed toward strengthening communication and informed consent as processes of decision making that respect patient autonomy; improving legal and health literacy; strengthening the protection of health data and medical confidentiality; and optimizing mechanisms for complaints, clarification, and mediation prior to the pursuit of formal legal remedies.

b. Protection of Patients' Rights under Islamic Law

Based on an interview with M. Junaidi, an Islamic law scholar, the protection of patients' rights under Islamic law can be explained as follows:

1) *Hifz al-Din* (protection of religion)
2) *Hifz al-Nafs* (protection of life)
3) *Hifz al-'Aql* (protection of intellect)
4) *Hifz al-Nasl* (protection of progeny)
5) *Hifz al-Maal* (protection of property)

The interview findings indicate that Islamic law has strong relevance in strengthening patient rights protection, particularly through the concept of *maqasid al-sharia* (M. Junaidi, personal communication, August 13, 2026). Among the five fundamental objectives of Islamic law, three are particularly relevant to the protection of patients' rights, there are *ḥifẓ al-nafs*, *ḥifẓ al-'aql*, and *ḥifẓ al-maal*. From this perspective, patient protection is not merely understood as the administrative fulfillment of rights but also as an effort to realize *maslahah* and prevent harm in the provision of health services. *Hifz al-nafs* places patient safety and health at the center of health care, while *hifz al-'aql* concerns respect for the patient's capacity to understand relevant information and make informed medical decisions. Meanwhile, *hifz al-maal* provides an ethical foundation for preventing economic exploitation of patients and their families. In the literature, these five objectives are known as *maqasid al-sharia*. The concept of *maslahah* constitutes the core of the provisions of Islamic law, including those governing religious worship. The essence of *maqasid al-sharia* is to promote benefit and prevent harm, namely by attaining *jalb al-maslahah* (the realization of benefit) and avoiding *dar' al-mafsadah* (the prevention of harm or corruption). The *maslahah* approach in Islamic jurisprudence or fiqh emphasizes that every legal provision should provide benefits to human beings while preventing harm. This demonstrates the extent to which a legal system can realize values that contribute positively to human life.

In the context of health care, the protection of life or *hifz al-nafs* constitutes a primary concern. The integration of this principle provides a comprehensive legal and ethical framework for protecting patient rights from both religious and positive-law perspectives, particularly for patients in emergency situations. *Maqasid al-sharia* also emphasizes the importance of regulating individual freedoms and social rights, which remains relevant to contemporary discussions of patient rights. Health constitutes an essential element of human life and plays a significant role in promoting collective welfare. This is consistent with the objectives of *maqasid al-sharia*, which seek to improve the overall quality of human life through equitable and accessible health services (Abdullah & Ahmad, 2023). The use of digital technology in health care can improve the accuracy of information, the speed of medical intervention, and patient safety, thereby aligning with the principle of *hifz al-nafs* or protection of life. The use of electronic medical records, early warning systems, and telemedicine can also assist health care professionals in making faster and more accurate decisions. Furthermore, enhancing professional competence through training, simulation, and ethical development is essential for maintaining the quality and professionalism of health services. These efforts reflect *hifz al-'aql* through the development of knowledge and *hifz al-nasl* through the protection of maternal and child health.

The principle of *rida* or consent or willingness constitutes one of the fundamental principles of *mu'amala*t in Islamic law, including in the relationship between health care professionals and patients. Medical interventions involving a patient's body essentially require consent based on truthful and adequate information, as the human body is regarded as an amanah that must not be subjected to arbitrary treatment without the consent of its owner (Febriananda et al., 2024). Studies on informed consent in Islamic law demonstrate that consent to medical treatment must incorporate the elements of capacity, voluntariness, and comprehensive understanding of the risks associated with the intervention. Accordingly, patients should not be positioned merely as objects of medical treatment but as subjects possessing authority and autonomy over their own bodies (Hamid & Mohamad, 2018).

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The principle of justice requires health services to be provided without discrimination and in accordance with the professional standards and competencies of the medical personnel providing the treatment (Yusardi & Anggraeni, 2026). Islam prohibits any form of negligence that may endanger patients. Medical personnel are therefore required to act within the scope of their professional competence. A person who provides medical treatment without adequate expertise and consequently causes harm to a patient may be held responsible for the resulting consequences. In Indonesia, patient rights are formally regulated under the Health Law, which, among other provisions, recognizes patients' right to receive a comprehensive explanation regarding the medical procedures to be undertaken. Normative studies indicate that these positive law provisions are consistent with the values of *maqasid al-sharia*, particularly the protection of life or *hifz al-nafs*, the principle of consent, justice, and the principle of amanah in maintaining medical confidentiality. Thus, Islamic law and national health law are complementary rather than contradictory.

The integration of Islamic law and national health law does not necessarily require the formalization of sharia law within statutory regulations. Rather, it can be achieved through the harmonization of values, with national law serving as the juridical foundation and *maqasid al-sharia* serving as the ethical foundation that promotes honesty, *amanah*, professionalism, justice, and *maslahah*. This integration can be realized through the fulfillment of patients' rights to information, informed consent, medical confidentiality and privacy, fair and non-discriminatory health services, and patient safety. The principle of *rida* emphasizes respect for patient consent, *hifz al-nafs* prioritizes the protection of human life, and *islah* encourages dispute resolution through reconciliation or mediation. Accordingly, an ideal framework for patient rights protection constitutes a synthesis of legal certainty, patient autonomy, professional standards for health care professionals, justice, and the values of *maqasid al-sharia*.

c. Comparison of the Two Legal Frameworks

The protection of patients' rights in healthcare services in Indonesia has a relatively strong legal foundation. In general, this legal framework recognizes patients as rights holders entitled to safe and high-quality healthcare services, access to medical information, consent to medical procedures, and protection of the confidentiality of their health data and medical records. The interview findings indicate that the main challenges do not lie solely in the absence of regulations but rather in the implementation and oversight of these regulations. The Health Law serves as one of the principal legal foundations for the provision of healthcare services. The regulation establishes a framework governing the rights and obligations of patients, medical professionals, healthcare professionals, and healthcare facilities. However, according to the informants, several provisions still require clearer technical regulations, particularly concerning informed consent, medical records, and the oversight and evaluation of medical professionals. This condition demonstrates the need to strengthen implementing regulations so that patients' rights are not merely recognized normatively but can be consistently implemented in practice.

The protection of patients' rights is also closely related to informed consent. Consent to medical procedures should not be understood merely as an administrative document but rather as a communication process that enables patients to understand their diagnosis, the proposed procedure, its benefits and risks, and available treatment alternatives. In emergency situations, medical procedures may be performed to save the patient's life, while information and consent should be provided in accordance with the patient's condition once circumstances permit. Accordingly, informed consent serves as an important instrument for ensuring patient autonomy while providing legal protection for both patients and healthcare professionals. Medical records and health data constitute important components of patient rights protection. The use of electronic medical records provides benefits in supporting continuity and efficiency of healthcare services but also creates risks of data breaches and misuse. Health care facilities should implement access restrictions, adequate security systems, data backup mechanisms, and oversight of the use of patients' health information. This protection framework is also closely connected to the obligations of medical professionals and healthcare facilities. Healthcare professionals are required to provide services in accordance with applicable professional standards and procedures, while healthcare facilities are responsible for establishing adequate service systems, oversight mechanisms, and complaint-handling procedures. Where violations of patients' rights

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occur, liability may arise in administrative, civil, or criminal forms, depending on the nature and consequences of the violation.

From the perspective of Islamic law, this framework is closely related to the principles of *maqasid al-sharia*, particularly *hifz al-nafs*, justice, public benefit or *maslahah*, and the prohibition against causing harm or *la darar wa laa diraar*. These principles reinforce the orientation of health law by ensuring that healthcare services not only comply with formal legal requirements but also prioritize patient safety, interests, and dignity. The legal framework for protecting patients' rights in Indonesia is essentially already in place, but its effectiveness depends heavily on implementation. Strengthening implementing regulations, improving legal literacy among patients and healthcare professionals, conducting medical service audits, protecting health data, and establishing accessible complaint-handling and dispute resolution mechanisms are important measures for achieving more effective protection of patients' rights. The protection of patients' rights in healthcare services in Indonesia has a relatively strong legal foundation under national law and can be further strengthened through the principles of Islamic law. These two legal frameworks share a broadly similar orientation, namely ensuring patient safety, dignity, interests, and rights in accessing healthcare services. Their differences lie in their sources, approaches, and philosophical foundations. National law is grounded in legislation and legal accountability mechanisms, whereas Islamic law is based on the principles *maqasid al-sharia* and other Islamic value. A comparison between the national legal framework and the perspective of Islamic law is presented in Table 2.

Table 2. Comparison between the National Legal Framework and the Islamic Legal Framework

Type	Indonesian National Legal Framework	Islamic Law Perspective
Legal Basis	The 1945 Constitution, Health Law, and implementing regulations concerning healthcare services, medical records, and data protection.	The Qur'an, Hadith, *maqasid al-sharia*, and the principles of *sulh*, public benefit or *maslahah*, justice, and *la darar wa laa diraar*.
Patients' Rights	Patients are entitled to safe and high-quality healthcare services, access to medical information, consent to medical procedures, and protection of the confidentiality of their health data and medical records.	Patients' rights are regarded as part of the protection of life or *hifz al-nafs*, human dignity, public benefit, and justice.
Informed consent	Consent to medical procedures constitutes part of the fulfillment of patients' rights and the obligations of medical professionals to provide information before procedures are performed, with exceptions in certain circumstances, such as emergencies.	Consent reflects respect for patients' autonomy and interests, as well as the principle of avoiding harm.
Medical Records and Health Data	Protected through provisions concerning medical records, confidentiality, information security, and personal data protection.	Confidentiality is regarded as part of *amanah* and the obligation to protect patients' dignity and interests.
Obligations of Medical Professionals	Provide healthcare services in accordance with professional standards, service standards, standard operating procedures, and applicable legal requirements.	Based on *amanah*, professionalism, honesty, accountability, and the obligation to avoid actions that may harm patients.
Responsibilities of Healthcare Facilities	Provide safe healthcare services, oversight systems, data protection, and mechanisms for complaints and dispute resolution.	Oriented toward public benefit, justice, protection of life, and the fulfillment of *amanah* in healthcare services.
Violations of Patients' Rights	May result in administrative, civil, or criminal liability, depending on the nature and consequences of the violation.	Resolution may be oriented toward restoration, justice, reconciliation, and the prevention of harm.

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Protection Orientation	Legal certainty, protection of rights, patient safety, and legal accountability.	Public benefit, justice, protection of life, human dignity, and prevention of harm.

Table 2 highlights the complementary functions of the two legal frameworks in protecting patients' rights. While national law establishes enforceable obligations and mechanisms of legal accountability, Islamic law provides ethical guidance for fulfilling these obligations through principles such as *amanah*, *maslahah*, justice, and the prevention of harm. This comparison suggests that Islamic ethical principles can strengthen the implementation of existing national legal provisions, particularly in areas involving patient communication, confidentiality, professional conduct, and institutional accountability. As discussed above, Indonesian national law and Islamic law share important objectives in protecting patients' rights. Interviews with Muhammad Nur Aji Basuki and Siti Soekiswati highlighted several challenges in practice, including poor communication between patients and healthcare professionals, limited understanding of patients' rights, inadequate protection of medical records, and weaknesses in professional supervision and complaint mechanisms. Meanwhile, M. Junaidi explained that the principles of *maqasid al-sharia*, particularly *hifz al-nafs*, *hifz al-'aql*, and *hifz al-maal*, are relevant to protecting patients' lives, supporting informed decisions, and safeguarding their economic interests. These perspectives are in line with the rights and obligations under Articles 274 and 276 and the protection of health information under Article 351(3) of the Health Law. The comparison therefore shows that both frameworks support patient safety, informed consent, confidentiality, and accountability, although they differ in their legal foundations and approaches. These findings also provide a basis for developing the proposed integrative policy model. Specifically, concerns about informed consent and communication support clearer technical guidelines based on the principle of *rida*, concerns about medical records support stronger data protection based on *amanah,* and disparities in healthcare services highlight the need to strengthen justice and non-discrimination. Moreover, weaknesses in supervision and complaint mechanisms support recommendations to improve institutional accountability, monitoring, and dispute resolution through communication and mediation based on *islah*. National law remains the binding legal foundation, while Islamic legal principles provide ethical guidance for improving the implementation of patients' rights.

4.2. An Integrative Policy Model for the Protection of Patients' Rights Based on Islamic and National Law

As discussed in the preceding subsection, national law and Islamic law fundamentally share the same objective, namely protecting patients' rights. The problems identified do not arise from the absence of legal norms but rather from weak enforcement, limited legal literacy, and suboptimal technical regulations concerning several important rights, such as informed consent and health data protection. These conditions demonstrate the need for a policy model that does not merely introduce new norms but also integrates the values of *maqasid al-sharia* into areas of implementation that have remained weak. This policy model is built upon six interconnected elements, as follows:

a. Gaps and Boundaries in the Integration of Islamic Law into National Law

The starting point of this policy model is to clarify the position of each legal framework to ensure that the integration process does not create new legal issues. National law remains the formally binding juridical foundation because only norms established through official legislative procedures possess legal force and are applicable to all citizens. Meanwhile, Islamic law is positioned as an ethical foundation to be implemented through the internalization of values rather than by transforming those values into legislation that applies exclusively to Muslims (M. Junaidi, personal communication, August 13, 2026). The starting point of this policy model is to clarify the position of each legal framework to ensure that the integration process does not create new legal issues. National law remains the formally binding juridical foundation because only norms established through official legislative procedures possess legal force and are applicable to all citizens. Meanwhile, Islamic law is positioned as an ethical foundation to be implemented through the internalization of values rather than by transforming those values into legislation that applies exclusively to Muslims. The authors argue that integration should focus on the complementary roles of the two frameworks rather than

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merging them into one legal system. National law provides binding legal rules, while Islamic law offers ethical guidance for their implementation. This approach allows Islamic values to strengthen patient protection without creating legal uncertainty.

b. Integrating the Principles of *Maqasid Al-Sharia* as an Ethical Basis for Healthcare Services

Once the boundaries of integration have been established, the next step is to determine the values that should be internalized within healthcare services. Among the five principles of *maqasid al-sharia*, three are particularly relevant to the relationship between medical professionals and patients: *hifz al-nafs, ḥifẓ al-'aql, and hifz al-maal*. These principles serve to complement, rather than replace, the legal obligations established under Articles 276–277 of the Health Law, which regulate the rights and obligations of medical professionals and healthcare professionals in providing healthcare services. First, the principle of *hifz al-nafs* is implemented by prioritizing patient safety in every decision-making process, both in clinical care and in the management of healthcare facilities (Putra et al., 2026). Second, the principle of *hifz al-'aql* is manifested through the provision of honest, comprehensive, and understandable information, as well as respect for patients' capacity to consider and determine their choices regarding the medical procedures they will undergo (Syamraeni & Sholichah, 2024). This principle directly supports the shift from a paternalistic relationship toward patient centered. Third, the principle of *hifz al-maal* provides an ethical basis for preventing economic exploitation of patients and their families. Its implementation includes efforts to prevent unnecessary medical procedures and to ensure that healthcare costs are communicated clearly and transparently. Accordingly, this study applies the principles of *maqasid al-sharia* to guide the development of healthcare policies.

c. Strengthening Informed Consent and Patient Communication

The application of *hifz al-'aql* is directed toward strengthening informed consent, which in practice is still often viewed merely as an administrative formality (Suparman & Wahyudi, 2026). This policy model positions informed consent as a process of communication and shared decision-making, consistent with the principle of *rida*, namely, consent given voluntarily on the basis of truthful information. This strengthening can be achieved through two measures. First, the digitalization of informed consent documents should be accompanied by verification of the patient's understanding. Second, the manner and timing of information delivery should be adapted to the patient's condition, particularly in emergency situations, cases involving a poor prognosis, or when patients are psychologically vulnerable. In this context, the Islamic legal maxim *dar'u al-mafasid awla min jalb al-masalih* may serve as a guiding principle for preventing harm without eliminating patients' rights to information (Lisnawati et al., 2025). This approach may also help provide guidance on matters that have not been expressly regulated in the Government Regulations implementing the Health Law, particularly regarding consent in emergency situations and the parties authorized to provide consent on behalf of patients. The authors distinguish formal compliance from meaningful informed consent. Signing a consent form does not necessarily mean that patients understand the information provided. The proposed model emphasizes clear communication, verification of patient understanding, and voluntary decision-making based on the principle of *rida*.

d. Strengthening Proportional Protection of Patient Privacy and Confidentiality

The fourth element concerns the right to medical records and health data, as expanded through Article 351(3) of the Health Law and harmonized with the Personal Data Protection Law. The principles of *amanah* and human dignity in Islamic law reinforce the ethical basis of the legal obligation to maintain patient confidentiality, emphasizing that health data are not merely administrative assets but also a trust that must be safeguarded. At the same time, this policy model should clarify the boundaries of confidentiality so that it is not treated as absolute. Disclosure of information may be justified provided that three conditions are met: a clear legal basis, a legitimate interest, and the principle of minimum disclosure. Within the framework of *maqasid al-sharia*, this limitation can be understood as a point of balance between *hifz al-nafs* in protecting the individual patient and *hifz al-nafs* in protecting the collective interests of society. The authors argue that patient privacy requires both legal protection and responsible management of health data. By combining national data protection requirements with the Islamic principle of *amanah*, the proposed model emphasizes confidentiality while allowing disclosure when legally justified.

e. Strengthening Justice, Non-Discrimination, and the Protection of Vulnerable Groups

The application of the principle of *al-'adl* is directed toward strengthening the obligation of

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healthcare facilities to provide fair and non-discriminatory services. Justice does not merely mean treating every patient equally but also providing services according to the needs, circumstances, and level of vulnerability of each patient (Todingrara & Mudi, 2024). Affirmative policies for low-income individuals and vulnerable groups constitute part of efforts to achieve justice in healthcare services. The application of this principle remains universal. The values of *maqasid al-sharia*, particularly the protection of life, intellect, and property, are oriented toward public benefit and do not limit protection to Muslim patients. These values can therefore be applied to all patients regardless of religion, social circumstances, or economic status.

f. Strengthening Institutional and Healthcare Professional Accountability and Dispute Resolution

The final element of this policy model emphasizes that the protection of patients' rights should be balanced with the protection of medical and healthcare professionals. The principle of reciprocity is necessary to maintain a balanced relationship between patients and healthcare professionals. Healthcare facilities should ensure the rights of healthcare professionals, including the right to fair remuneration, while maintaining transparency and independence in the handling of medical disputes (Fitri & Hoesein, 2025). In dispute resolution, the principle of *islah* (reconciliation) may be applied as an initial step through internal complaints, communication, clarification, and mediation (Laila & Mustafa, 2026). If these efforts are unsuccessful, the parties may still pursue civil or criminal liability in accordance with applicable laws and regulations. The integrative policy model for protecting patients' rights based on national and Islamic law is presented in the following table:

Table 3. Integrative Policy Model for the Protection of Patients' Rights Based on Positive Law and Islamic Law

Policy Dimension	Juridical Basis (National Law)	Ethical Basis (Islamic Law)	Direction of Integrative Policy
Informed consent dan communication	Health Law and implementing Government Regulations	*Rida, hifz al-'aql*, and the principle of preventing harm.	Informed consent is understood as a process of communication and shared decision making, rather than merely signing a document.
Privacy and data confidentiality	Patient data should be protected proportionately and disclosed only for legitimate purposes and justifiable public benefit.	*Amanah*, respect for human dignity, and the principle of minimum disclosure	Patient data must be protected proportionately and may only be disclosed for legitimate purposes and justifiable public benefits.
Justice and non-discrimination	The obligation of healthcare facilities to provide non-discriminatory services under the Health Law	*Al-'adl* or justice and *amanah* or public benefit	Healthcare services should be provided fairly according to patients' needs, including through affirmative policies for vulnerable groups, without discrimination based on religion, social status, or economic circumstances.
Institutional responsibility and dispute resolution	Civil and criminal liability in accordance with applicable laws and regulations	*Islah* and balancing the rights of patients with those of medical and healthcare professionals	Disputes should be resolved through a tiered process involving complaints, communication, and mediation/*islah*, followed by formal legal proceedings if an amicable resolution cannot be reached.

Table 3 shows how national law and Islamic law can be integrated into a practical policy framework. This integration goes beyond comparing legal principles by connecting Islamic ethical values with specific aspects of patient rights protection under the existing national legal system. The proposed framework helps translate these values into institutional practices while maintaining the legal authority of national law and ensuring equal protection for all patients. Based on the integrative policy model formulated in this study, the government should prioritize strengthening the implementation of patients' rights through concrete and applicable policies. The following policy recommendations may be considered:

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a. Improving Technical Guidelines on Informed Consent

The Ministry of Health should prioritize clarifying technical guidelines on informed consent to ensure that patient consent is understood as a process of communication and decision-making rather than merely the signing of a consent form. Healthcare facilities and medical and healthcare professionals should ensure that patients receive clear information about proposed procedures, associated risks, benefits, and available alternatives. The guidelines should specify the information that must be provided, methods for ensuring patient understanding, the use of digital media, and consent procedures in emergency situations and for patients who lack decision making capacity. Implementation should include procedures for verifying patient understanding and should be introduced through existing regulatory and professional mechanisms, with particular attention to situations requiring further technical clarification.

b. Strengthening Health Data Protection Standards

The Ministry of Health, in coordination with the relevant data protection authorities, should strengthen the implementation of existing health data protection requirements under the Health Law and Personal Data Protection Law. Healthcare facilities should establish clear procedures governing data access, storage, use, disclosure, and incident reporting, supported by staff training and regular security assessments. Implementation should prioritize the protection of sensitive health information, particularly in electronic medical record systems. Any additional technical guidance should remain consistent with existing legal requirements and reflecting the Islamic principle of *amanah* without treating confidentiality as absolute.

c. Strengthening Standards for Fair and Non-Discriminatory Healthcare Services

The Ministry of Health and local governments should strengthen the monitoring of healthcare service standards to ensure fair and non-discriminatory treatment. Healthcare facilities should incorporate clear procedures for identifying and addressing barriers faced by low-income patients and other vulnerable groups. These standards should also provide particular attention to low-income individuals and vulnerable groups by considering their respective needs and circumstances. Implementation may include accessible complaint channels, transparent information about service costs, and service evaluations that consider patients' different needs and circumstances. These measures should operate within existing healthcare regulations and support the principles of *al-'adl* and *maslahah*, without creating distinctions in patients' legal rights based on religious affiliation.

d. Strengthening Ethical Considerations in Healthcare Service Standards

The Ministry of Health, professional health organizations, and healthcare facilities should incorporate relevant ethical values into professional guidance, staff training, and institutional service standards. These values include patient safety, honest communication, respect for human dignity, justice, and responsible management of patients' financial interests. The government may consider ethical values consistent with the objectives of patient protection. Implementation should be adapted to the needs of healthcare facilities and respect religious diversity, ensuring that Islamic ethical principles complement professional standards rather than become additional religious obligations imposed on all patients or healthcare professionals.

e. Strengthening Tiered Dispute Resolution Mechanisms

Healthcare facilities should strengthen internal complaint-handling procedures by establishing accessible channels, clear response timelines, and transparent processes for reviewing patient concerns. Facility management, patient relations units, and relevant professional bodies should facilitate communication, clarification, and mediation where appropriate, reflecting the Islamic principle of *islah*. If these efforts fail, patients should retain access to external complaint mechanisms and formal legal remedies in accordance with applicable laws and regulations. Implementation should prioritize accessibility, impartiality, and the protection of patients' and healthcare professionals' rights, while ensuring that mediation does not prevent the reporting or handling of violations that require formal investigation or legal action.

f. Strengthening Oversight and Evaluation of Patients' Rights Implementation

The Ministry of Health and local governments should strengthen monitoring and evaluation through indicators aligned with existing healthcare standards and legal obligations. Healthcare facilities should periodically assess informed consent practices, health data protection, non-discriminatory services, complaint resolution, and staff compliance with professional standards. The results of these evaluations can be used for guidance, service improvement, and the imposition of sanctions in accordance with applicable regulations where violations are identified. Implementation should begin with establishing measurable indicators and

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clear reporting responsibilities, followed by periodic reviews and improvements based on the findings.

Overall, implementation should follow a phased priority. First, clarify informed consent procedures and strengthen health data protection as core safeguards for patients' rights. Second, strengthen fair and non-discriminatory healthcare services and integrate relevant ethical values into professional standards. Third, improve accessible dispute resolution mechanisms and establish effective monitoring and evaluation to assess implementation and guide further improvements. These measures can be implemented through existing national laws, regulations, professional standards, and institutional procedures, with clear responsibilities for the Ministry of Health, local governments, healthcare facilities, and professional organizations. This approach allows Islamic ethical principles to complement the existing legal framework without creating a separate regulatory system or undermining the equal legal rights of all patients.

V. Conclusion

National law and Islamic law demonstrate substantial alignment in their objectives of protecting patients' rights, particularly in safeguarding patient safety, upholding human dignity, promoting justice, and ensuring the protection of patients' interests. National law provides the binding juridical foundation through the 1945 Constitution, the Health Law, and its implementing regulations, while Islamic law provides an ethical foundation through the principles of *maqasid al-sharia*, particularly *hifz al-nafs, hifz al-'aql,* and *hifz al-maal*, justice, *amanah*, and *maslahah*. Interviews with three experts support the normative compatibility of these frameworks and highlight implementation challenges, including inadequate communication, formalistic informed consent, health data confidentiality risks, weak supervision, and limited complaint mechanisms. This study proposes an integrative policy model in which national law remains the binding legal foundation, while Islamic legal principles serve as ethical guidance to strengthen implementation without creating a separate religious regulatory framework or undermining patients' equal legal rights. The recommendations can be implemented within the existing national legal framework through applicable regulations, professional standards, and institutional procedures. Their implementation requires clear responsibilities and coordination among relevant government authorities, healthcare facilities, and professional organizations to ensure consistent and effective protection of patients' rights. However, because the study involved only three expert interviews and did not include direct observations of healthcare practices or interviews with patients, the findings represent expert perspectives supporting normative compatibility rather than conclusive evidence of implementation effectiveness. Future research should examine the proposed model across different healthcare institutions, regions, and patient populations to assess its feasibility, effectiveness, and limitations.

AI Disclosure

The authors used ChatGPT-Go to assist with the preparation of this manuscript, specifically for translation into English and summarization. No other AI tools or applications were used. All AI-generated or AI-assisted content was critically reviewed, verified, and revised by the authors, where necessary. The authors take full responsibility for the accuracy, originality, integrity, and validity of the manuscript, including its arguments, interpretations, citations, and conclusions. ChatGPT-Go was not listed as an author, and its use was consistent with the journal's publication ethics and research integrity policies.

Authorship Contribution

Author Contributions: Conceptualization: Rizki Maulana Ahzar and Anantya Aliyya Arkanbariq; Methodology: Rizki Maulana Ahzar and W. Wijayanti; Data Collection: Anggi Handayani, Anantya Aliyya Arkanbariq and Umi Nafiah; Formal Analysis: Rizki Maulana Ahzar and Anantya Aliyya Arkanbariq; Writing (Draft Preparation): Anantya Aliyya Arkanbariq; Writing (Review and Editing): Rizki Maulana Ahzar and W. Wijayanti; Supervision: Rizki Maulana Ahzar. All authors have read and approved the final version of the manuscript.

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Conflict of Interest Statement

The authors declare that they have no competing interests related to the research, authorship, or publication of this article.

Data Availability Statement

The data for this study are available from the corresponding author upon reasonable request, subject to ethical, legal, and privacy requirements.

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