

IMPLEMENTATION OF SOCIAL SERVICE AT THE AVALOKITESVARA VIHARA AS AN INSTRUMENT FOR ASSESSING THE QUALITY OF HEALTH SERVICES IN THE ASPECT OF HEALTH LAW

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Abstract

Health services are one of the efforts undertaken to improve public welfare and constitutional rights guaranteed by the 1945 Constitution and regulated in Law No. 17 of 2023 concerning Health. Health social services organized by religious institutions such as the Avalokitesvara Temple have strategic potential as an instrument for assessing the quality of health worker services, but the legal aspects and quality assessment mechanisms have not been comprehensively studied. This study aims to analyze the implementation of social services at the Avalokitesvara Temple as an instrument for assessing the quality of health worker services from a health law perspective, including legal regulations, service quality standards, functions as an assessment instrument, and legal protection for health workers. The study uses an empirical juridical approach with primary data from observations and in-depth interviews with health workers, managers, and beneficiaries, as well as secondary data in the form of laws and academic literature analyzed descriptively and qualitatively with data triangulation. Social services at the Avalokitesvara Temple have a strong legal basis and apply the principle of non-discrimination by involving a competent multidisciplinary medical team. This activity has the potential to evaluate the professional competence, ethics, and communication of healthcare workers, but faces obstacles such as limited medical equipment, unintegrated documentation, and the absence of specific SOPs and standardized assessment instruments. Legal protection for healthcare workers is guaranteed through Article 83 of the 2023 Health Law and liability insurance. The study recommends the development of specific SOPs, standardized assessment instruments, improvements to technology-based documentation systems, and strengthening cross-sector collaboration to ensure legal certainty and improve the quality of community-based services.

Keywords: Social Service, Service Quality Assessment, Healthcare Workers, Health Law, Legal Protection.

INTRODUCTION

Healthcare is a fundamental right of every citizen, guaranteed by the 1945 Constitution of the Republic of Indonesia, specifically Article 28 H paragraph (1), which affirms that everyone has the right to healthcare. This constitutional right is reinforced by Law Number 17 of 2023 concerning Health, which requires every healthcare facility to provide quality, safe, and affordable services to all without discrimination. In this context, healthcare workers play a strategic role as the vanguard in achieving optimal public health, while also being bound by legal obligations and professional ethics in all medical procedures. Assessing the quality of healthcare services is a crucial aspect in ensuring the accountability and professionalism of healthcare workers. Quality healthcare services are measured not only by technical medical aspects, but also by the dimensions of accessibility, fairness, and responsiveness to community needs. However, in practice, evaluating the quality of healthcare services in Indonesia still faces various obstacles, such as limited comprehensive assessment instruments and minimal community involvement in the evaluation process. This situation creates a gap between normatively established service standards and implementation on the ground. Health social services organized by religious institutions, such as the Avalokitesvara Temple, are a form of community service that has strategic potential as an instrument for assessing the quality of health services. These social service activities generally involve professional healthcare workers who voluntarily provide services to communities in need, particularly marginalized and underprivileged groups. From a health law perspective, social service activities not only serve as a means of fulfilling the public's right to health but also serve as an arena for direct evaluation of the competence, professional ethics, and quality of services provided by healthcare workers outside the formal setting of a hospital or clinic.

From a health law perspective, the implementation of social services presents several important dimensions that require examination. First, it relates to the legal obligations of healthcare workers to provide services in accordance with professional standards, as stipulated in Law Number 29 of 2004 concerning Medical Practice. Second, it relates to the legal responsibilities and protections for healthcare workers engaged in social service activities, given that services outside formal healthcare facilities often face limited facilities and infrastructure. Third, it concerns the patient's right to receive safe, high-quality, and well-documented services, even if those services are provided free of charge. Several previous studies have addressed the legal and ethical aspects of healthcare services, such as the professional responsibilities of medical personnel and the implementation of the principle of non-discrimination in healthcare services. However, studies specifically analyzing the implementation of health social services in religious institutions as an instrument for assessing the quality of healthcare services from a health law perspective are still very limited. This is despite the unique characteristics of community service activities, such as their voluntary nature, limited resources, and more informal interaction dynamics, which require a different and more contextual quality assessment framework.

The urgency of this research is further heightened given the increasing role of religious institutions in implementing public health programs. The World Health Organization emphasizes the importance of developing an inclusive and community-based healthcare quality assessment system. Legal challenges in implementing health social services include licensing, medical liability, legal protection for healthcare workers, and mechanisms for resolving potential medical disputes. Integration of law and ethics in healthcare services is crucial, particularly in situations involving vulnerable populations and services outside of formal settings. Based on the above description, this study was designed to comprehensively examine the implementation of community service at the Avalokitesvara Temple as an instrument for assessing the quality of healthcare services from a health law perspective. This study is important to contribute to the development of a more inclusive and community-based health service quality assessment system, while also strengthening legal certainty and protection for health workers involved in community service activities..

METHOD

This study employed an empirical legal approach with primary data derived from direct observation and in-depth interviews with healthcare workers, activity managers, and beneficiaries at the Avalokitesvara Temple. Secondary data, including laws and regulations (Law No. 17 of 2023 concerning Health), scientific journals, and relevant literature, were collected through a literature review. Data analysis employed a descriptive-qualitative method with data triangulation to ensure the validity of the research findings.

RESULTS AND DISCUSSION

4.1 Legal Regulations Concerning Health Services in Community Service Activities at the Avalokitesvara Temple

Legal regulations regarding health services in community service activities at the Avalokitesvara Temple are fundamentally based on the principle of the right to health as a human right guaranteed by the 1945 Constitution of the Republic of Indonesia, specifically Article 28H paragraph (1), which states that everyone has the right to receive health services. This constitutional principle is clarified in Law Number 17 of 2023 concerning Health, which stipulates that medical personnel and health care facilities are obliged to provide assistance to anyone in need of health services, regardless of the patient's social, economic, or financial status.

The research results show that community service activities at the Avalokitesvara Temple involve various types of healthcare professionals, including general practitioners, specialists, nurses, midwives, and pharmacists who provide services voluntarily to the underprivileged. In the context of health law, these activities are categorized as a form of community service that must still meet health service standards as stipulated in Law Number 29 of 2004 concerning Medical Practice. Wahyuni (2020) emphasized that the legal obligations of healthcare workers to provide services cannot be reduced or waived, even if the services are provided free of charge or within the context of social and religious activities.

Based on an in-depth interview with Dr. L, a doctor who regularly participates in community service activities, it was revealed: *"We understand that even though this is a voluntary activity, we must still practice according to professional standards. All participating healthcare workers have valid STRs and SIPs. Although facilities are limited compared to hospitals, we strive to implement patient safety principles and follow existing SOPs. Before the activity began, we also coordinated with the local Health Office to ensure legality and obtain technical support."*

In terms of licensing and legality, interviews with the activity managers indicated that every healthcare worker involved in the community service program had a valid Registration Certificate (STR) and Practice License (SIP) in accordance with statutory provisions. This aligns with the Minister of Health Regulation, which requires all healthcare workers to have a valid practice license, including for community-based healthcare services. Furthermore, the implementation of the social service program has been reported and received recommendations from the local Health Office, indicating that the activity was conducted within a clear and structured legal framework.

However, this study found several legal aspects that still require strengthening, particularly regarding the monitoring and evaluation mechanisms for health services provided during the social service program. Suhartono (2023) emphasized the importance of a comprehensive medical documentation system to ensure accountability and legal protection for both healthcare workers and patients. In practice, medical record documentation in the Avalokitesvara Temple social service program is still carried out in a rudimentary manner and is not yet integrated with the national health information system, potentially creating obstacles to continuity of service and legal accountability in the event of medical disputes.

4.2 Implementation of Health Service Quality Standards in Social Service at the Avalokitesvara Temple

The implementation of health service quality standards in the Avalokitesvara Temple social service program demonstrates a fairly comprehensive effort to meet the principles of quality health services. Based on field observations, the community service activities were carried out following a structured service flow, including registration, simple triage, health checks, prescribing medication, and health education for patients. Suryani (2021) stated that quality healthcare services must encompass the aspects of availability, accessibility, acceptability, and technical quality of service.

Mrs. A (55), one of the community service participants, said: *"I was greatly helped by this activity. Usually, I have difficulty getting treatment at the community health center because it's far away and requires transportation costs. Here, the doctor was friendly and patient in explaining my condition. I had my blood pressure and blood sugar checked, and then I was given free medication."*

In terms of healthcare provider availability, research shows that the Avalokitesvara Temple has successfully established a competent multidisciplinary medical team, with an average of 15-20 healthcare workers involved in each community service activity. The presence of this multidisciplinary team allows for more holistic and comprehensive service delivery.

Dr. L, a general practitioner, stated: *"What's interesting about this community service is that we can see the community's health conditions firsthand. Many patients with chronic diseases are uncontrolled due to limited access. This has been a learning experience for us to better understand the barriers faced by the community."*

In terms of accessibility, the community service activities are designed to reach communities with limited access to formal healthcare services, both due to economic and geographic factors. Interviews with beneficiaries indicate that most community service participants are low-income groups who experience difficulties accessing healthcare services at hospitals or clinics due to transportation and medical expenses. This aligns with the principles of social justice and non-discrimination in healthcare, as emphasized by Rahmadani (2023).

Dr. L explained: *"Our main obstacle is the limited medical equipment. We can only perform basic examinations such as blood pressure, blood sugar, and physical examinations. For cases requiring further testing, such as x-rays or complete laboratory tests, we must refer patients to community health centers or hospitals."*

"Consultation time per patient is indeed short, averaging 5-10 minutes, due to the large number of patients. We strive to provide adequate education, but ideally, more time is needed for optimal communication. For complex cases, we provide referrals and recommendations for follow-up check-ups."

"Medication availability is limited to basic medications for common illnesses such as hypertension, diabetes, and minor infections. For specific medications or long-term therapies, patients must obtain them at other healthcare facilities. We always provide education on the correct use of medications to each patient."

However, in terms of the technical quality of services, this study identified several limitations that require attention. First, limited medical equipment and diagnostic support facilities mean that the health examinations performed are still basic and cannot detect more complex health conditions. Field observations showed that examinations performed were generally limited to blood pressure measurements, blood sugar levels, and simple physical examinations, while laboratory or radiology tests were not available. This situation has the potential to impact the accuracy of diagnoses and the quality of care provided.

Second, limited service time results in relatively short interactions between healthcare workers and patients, which can impact the quality of therapeutic communication and patients' understanding of their health conditions. Observations indicate that the average consultation time per patient ranges from 5-10 minutes, which is shorter than the standard consultation time at formal healthcare facilities. Nevertheless, healthcare workers strive to provide adequate health education and refer patients requiring further treatment to more comprehensive healthcare facilities.

Third, regarding medication availability, community service activities provide basic medications generally needed to treat common illnesses such as hypertension, diabetes, minor infections, and digestive disorders. However, for cases requiring specialized medications or long-term therapy, patients are referred for further care at community health centers or hospitals. This referral system demonstrates good coordination between community service providers and the formal healthcare system. The research findings indicate that community service activities at the Avalokitesvara Temple have strategic potential as an instrument for assessing the quality of healthcare services from various dimensions. First, from the professional competency dimension, community service activities provide an opportunity to directly observe the technical skills of healthcare workers in conducting anamnesis, physical examinations, establishing diagnoses, and administering therapy. Field observations showed that most of the health workers involved demonstrated good professional competence, by following systematic examination procedures and providing clear explanations to patients.

Second, from the perspective of professional ethics and communication, community service activities serve as an assessment of healthcare workers' attitudes, behavior, and communication skills when interacting with patients. Observations indicate that healthcare workers generally demonstrate empathy, respect patient privacy, and provide patient care despite limited time and resources. This aspect aligns with the principles of medical ethics, which emphasize the importance of a doctor-patient relationship based on respect, trust, and effective communication. Third, from the perspective of service and social responsibility, community service activities serve as an important indicator for assessing healthcare workers' commitment to humanitarian values and social care. Interviews with healthcare workers indicate that their primary motivation for engaging in community service activities is the desire to share knowledge and experience, help communities in need, and implement professional ethical values in real-world contexts. Yuliana and Handayani (2024) emphasize that the integration of technical competence and humanitarian values is a crucial element in quality healthcare services.

Dr. L stated: *"My motivation for participating in community service was to share knowledge and help others in need. It was also a valuable experience to hone my communication skills with patients from various backgrounds. We learned how to provide good service even with limited facilities."*

However, to make community service an objective and standardized quality assessment tool, the development of a comprehensive evaluation instrument is necessary. Research shows that there is currently no formal, systematic assessment mechanism for the performance of healthcare workers in community service activities. Assessments are still conducted informally through patient feedback and internal evaluations by the organizing team. Therefore, it is necessary to develop an assessment instrument that includes indicators such as technical competence, effective communication, professional attitude, diagnostic accuracy, adherence to standard procedures, and patient satisfaction. Legal protection for healthcare workers involved in community service activities at the Avalokitesvara Temple is a crucial aspect that requires serious attention. Based on the provisions of Article 83 of Law Number 17 of 2023 concerning Health, healthcare workers who provide services in accordance with professional standards and operational procedures in emergencies or social services cannot be punished for the consequences that arise. This provision guarantees legal protection for healthcare workers working under limited facilities and resources.

Dr. L explained: *"We understand that there are legal risks in every medical procedure, including community service. So far, thank God, there have been no medical disputes."*

Interviews with healthcare workers indicate that most of them understand the legal risks that may arise in carrying out community service, particularly regarding the possibility of misdiagnosis or medical complications due to limited diagnostic facilities. However, they feel they have sufficient legal protection as long as they perform medical procedures in accordance with professional standards and the capabilities available in the field. This aligns with the principle emphasized by the Center that healthcare workers cannot be held criminally liable if they act in accordance with professional standards, codes of ethics, and applicable procedures.

From an administrative perspective, the community service organizers have provided malpractice insurance for the healthcare workers involved as a form of additional protection. This insurance covers the risk of lawsuits that may arise from negligence or unintentional medical errors. The existence of this insurance demonstrates the organizers' commitment to providing legal protection and a sense of security for healthcare workers participating in community service activities.

However, this study also found several aspects that still need improvement. First, there is a lack of written and comprehensive standard operating procedures (SOPs) specifically for healthcare services within the context of community service. Existing SOPs are still general in nature and do not specifically address service procedures in situations of limited facilities. Clear SOPs are crucial for providing guidance to healthcare workers and serving as a reference for assessing whether medical procedures comply with professional standards.

Dr. L suggested: *"It would be better if there were written SOPs specifically for community service activities. These SOPs should accommodate limited facilities while maintaining quality standards and patient safety. This would provide clear guidance for all healthcare workers and also protect us legally."*

Second, the mechanism for resolving medical disputes that may arise from community service activities has not been explicitly regulated. Interviews indicated that there have been no cases of medical disputes or lawsuits against healthcare workers during community service activities at the Avalokitesvara Temple. However, to anticipate this possibility, a clear dispute resolution mechanism is needed, whether through mediation, arbitration, or formal legal channels, while still adhering to the principles of legal protection for healthcare workers acting in good faith.

CONCLUSION

Based on the research and discussion, it can be concluded that the implementation of community service at the Avalokitesvara Temple has a strong legal basis under Law Number 17 of 2023 concerning Health and Law Number 29 of 2004 concerning Medical Practice, which emphasize the obligation of healthcare workers to provide services without discrimination. This community service activity has demonstrated a comprehensive effort to meet healthcare quality standards through the involvement of a competent multidisciplinary medical team, a structured service system, and a commitment to the principles of accessibility and social justice. However, its implementation still faces several limitations, such as a lack of medical equipment, short consultation times, an unintegrated medical record documentation system, and the absence of specific standard operating procedures (SOPs) and standardized quality assessment instruments for the context of community-based healthcare.

From a legal protection perspective, healthcare workers involved in community service have legal guarantees under Article 83 of the 2023 Health Law, which states that they cannot be punished if they act in accordance with professional standards. This is reinforced by the provision of liability insurance by the provider. Nevertheless, the community service activities at the Avalokitesvara Temple have strategic potential as an instrument for assessing the quality of healthcare services, allowing for the evaluation of professional competence, ethics, communication, and social responsibility of healthcare workers in real-world settings. To optimize this function, it is necessary to develop specific SOPs, standardized quality assessment instruments, improve the information technology-based medical documentation system, and strengthen cross-sectoral collaboration between community service providers, the Health Office, professional organizations, and academics to ensure legal certainty, healthcare worker safety, and the sustainable improvement of the quality of community-based healthcare services.

RECOMMENDATIONS

Based on the research results and discussion regarding the implementation of community service at the Avalokitesvara Temple as an instrument for assessing the quality of healthcare services from a legal health perspective, the researcher offers the following recommendations:

1. For the Government and the Ministry of Health

The government, through the Ministry of Health, needs to establish more specific derivative regulations regarding the standards for the provision of healthcare services in community-based community service activities and religious institutions. An integrated and standardized healthcare service quality assessment system is also needed for healthcare services outside formal healthcare facilities, encompassing indicators of technical competence, professional ethics, effective communication, and patient satisfaction. Furthermore, the government needs to facilitate the development of a digital platform for electronic medical record documentation that can be used in community service activities, thus facilitating data integration with the national health information system.

2. For the Health Office and Professional Organizations

The Health Office needs to strengthen its oversight and guidance function for health community service activities through regular monitoring and evaluation mechanisms involving professional organizations such as the Indonesian Doctors Association (IDI), the Indonesian National Nurses Association (PPNI), and other healthcare professional organizations. It is also necessary to develop specific technical guidelines and standard operating procedures (SOPs) for healthcare services within the context of community service programs that

accommodate limited facilities while maintaining quality standards and patient safety. Professional organizations should also conduct regular training on health law, the rights and obligations of healthcare workers, and legal protection in community-based healthcare services.

3. For Community Service Providers (Avalokitesvara Temple and Religious Institutions)

Community service providers need to develop a more comprehensive and structured medical documentation system, including the use of standard medical record forms, informed consent, and a digital-based recording system that facilitates evaluation and follow-up of services. Improvements in the quality of medical facilities and infrastructure are also needed, including the provision of adequate basic diagnostic equipment to enhance examination accuracy and service quality. Furthermore, providers need to strengthen referral mechanisms and collaboration with nearby community health centers and hospitals to ensure continuity of care for patients requiring further treatment, and ensure the availability of malpractice insurance for all healthcare workers involved as a form of legal protection.

4. For Health Workers

Health workers involved in community service activities need to improve their understanding of health law, including professional rights and obligations, medical service standards, and available legal protection mechanisms. A commitment to always documenting every medical procedure completely and accurately in accordance with professional standards is required, including recording the patient's history, physical examination, diagnosis, therapy, and education provided to patients. Health workers should also actively participate in training and workshops on community-based health services to improve their competence in providing quality care, even under limited resources.

5. For Academics and Researchers

Further, more in-depth research is needed on the development of health service quality assessment models and instruments specifically for the context of community-based health services and religious institutions. Comparative research with other countries that have developed quality assessment systems for community-based health services is also needed to identify best practices that can be adapted to the Indonesian context. Furthermore, longitudinal studies are needed to evaluate the long-term impact of community service activities on public health and the professional development of health workers.

6. For Policymakers and Legislative Institutions

Harmonization and synchronization of laws and regulations related to community-based healthcare services are needed, including aspects of licensing, legal accountability, legal protection mechanisms for healthcare workers, and medical dispute resolution. Legislative institutions should consider developing specific regulations that formally recognize the contributions of religious institutions to the implementation of public health programs, including incentives and technical support from the government. Furthermore, regular monitoring and evaluation of the implementation of healthcare policies are necessary to ensure that existing regulations remain relevant, effective, and aligned with evolving community needs and the dynamics of the national healthcare system.

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