

IMPLEMENTATION OF LAW NO. 17 OF 2023 IN THE IMPLEMENTATION OF SOCIAL SERVICE AT THE AVALOKITESVARA VIHARA, STABAT

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Abstract

Health services are a fundamental right of every citizen as guaranteed by Law Number 17 of 2023 on Health. However, disparities in access to health services still persist, particularly in remote areas and among low-income populations. Religious institutions such as Vihara Avalokitesvara Stabat play an important role in expanding access to healthcare through social health service activities. This study aims to analyze the implementation of Law Number 17 of 2023 in the conduct of social health services at Vihara Avalokitesvara Stabat, particularly in terms of Standard Operating Procedures (SOP) and informed consent. The research employs a normative juridical approach using secondary data consisting of primary, secondary, and tertiary legal materials, which are analyzed through qualitative descriptive methods. The results indicate that the implementation of social health services has a strong legal basis in Article 14 and Article 35 paragraph (1) of Law Number 17 of 2023. The implementation of SOPs and informed consent at Vihara Avalokitesvara Stabat shows substantial compliance with healthcare service standards, with the SOP structure covering eight comprehensive components and the informed consent form containing the essential elements of medical ethics. The social service activity conducted on October 26, 2025 served 50 participants from various regions. The challenges encountered include limited understanding of regulations, resource constraints, and coordination issues. The recommendations include the development of technical guidelines, regular training programs, strengthened coordination, and the development of an online reporting system to improve the quality of community-based healthcare services.

Keywords: health social services, health law, informed consent, religious institutions, Standard Operating Procedures

INTRODUCTION

Health services are a fundamental right of every citizen as guaranteed in Law Number 17 of 2023 concerning Health. Article 4 paragraph (1) letter c explicitly states that every person has the right to obtain safe, high-quality, and affordable health services in order to achieve the highest possible level of health (1). However, realities in the field indicate a significant gap in access to health services, especially in remote areas and among low-income communities (2). This condition is exacerbated by limited healthcare facilities, uneven distribution of medical personnel (3), and minimal health resources in underdeveloped regions (4). Within this context of limitations, community participation becomes a crucial element, as stipulated in Article 14 of the Health Law, which emphasizes that the Central and Regional Governments are responsible for empowering and encouraging public participation in the implementation of health efforts (5). This provision opens opportunities for social and religious institutions to actively contribute to healthcare services, including through community health service programs (bakti sosial kesehatan), which have become an effective instrument for reaching populations not yet served by formal medical services (6). Community health service activities represent a concrete manifestation of Public Health Efforts as stated in Article 17 paragraph (2) of Law Number 17 of 2023, aiming to achieve optimal health status through promotive, preventive, curative, rehabilitative, and palliative efforts that impact the wider community (7). Religious institutions, particularly Buddhist temples (vihara), have demonstrated a strategic role in supporting public health programs through the provision of free healthcare services (8). Vihara Avalokitesvara Stabat in Langkat Regency, North Sumatra, serves as a concrete example of a religious institution that consistently conducts humanitarian social activities by organizing periodic community health services in collaboration with the Indonesian National Armed

Forces (TNI) and the Indonesian Red Cross (PMI). These activities include general health check-ups, free medical treatment, health education, distribution of medicines, acupuncture services, and blood donation programs (9). Despite their positive contribution to expanding healthcare access, the implementation of such activities by religious institutions still faces challenges related to compliance with healthcare service standards (10), particularly regarding Standard Operating Procedures (SOP) and informed consent as integral components of patient legal protection (11). Several previous studies have examined aspects of community-based healthcare services and religious institutions. Girikallo & Tahirs (12), in their study on community service through health social programs, emphasized the importance of synergy between religious institutions and professional healthcare workers in providing medical services to underprivileged communities. Lendriyono (8) analyzed strategies for strengthening faith-based social service organizations and found that religious institutions have significant potential in mobilizing resources for public health programs. Basri et al. (13) examined the legal relationship between doctors, nurses, and hospitals in providing healthcare services, but did not address healthcare services delivered by non-formal institutions such as vihara. Elungan & Tjenreng (14) discussed government policies in healthcare services with a focus on formal institutions, without exploring the contribution of religious organizations. Risdawati (11) studied informed consent in medical practice from a justice perspective, but her analysis was limited to hospital settings and did not cover its implementation in community health service activities organized by religious institutions.

Based on a review of previous studies, a research gap has been identified regarding the implementation of health regulations, particularly Law Number 17 of 2023 concerning Health, in the context of community health service programs conducted by religious institutions. There has been no comprehensive study analyzing compliance with SOP and informed consent in the implementation of such programs in vihara, even though these aspects are crucial in ensuring patient safety and legal protection for both providers and recipients of healthcare services (15). This study aims to comprehensively analyze the implementation of Law Number 17 of 2023 concerning Health in the execution of community health service programs at Vihara Avalokitesvara Stabat, focusing on two main aspects. First, it examines the legal framework underlying the organization of such programs by religious institutions based on applicable laws and regulations. Second, it evaluates the practical implementation in the field, particularly from the perspectives of Standard Operating Procedures and informed consent in medical services. Through this research, it is expected that comprehensive policy recommendations can be generated for both the government and religious institutions in formulating procedures for implementing community health service programs that comply with legal provisions and medical service standards. This, in turn, would improve the quality of community-based healthcare services while ensuring optimal legal protection for all parties involved. Academically, this study is expected to contribute to the development of public health law, particularly concerning the role of religious institutions in delivering community-based healthcare services in Indonesia.

METHOD

This study employs a normative juridical approach, which focuses on examining applicable positive legal norms and their implementation in the practice of organizing community health service programs (bakti sosial kesehatan) at Vihara Avalokitesvara Stabat, Langkat Regency, North Sumatra (16). The research is conducted through four systematic stages. The first stage involves problem identification through a preliminary study of the implementation of community health service activities, with a focus on compliance with Standard Operating Procedures (SOP) and informed consent (11). The second stage is the collection of secondary data, which includes primary legal materials in the form of Law Number 17 of 2023 concerning Health and related regulations, secondary legal materials such as scientific literature, journals, and previous research findings, as well as tertiary legal materials including legal dictionaries and encyclopedias (13). Data collection is carried out through library research and documentation studies of the implementation of community health service activities at Vihara Avalokitesvara Stabat, including SOP structures, informed consent forms, and the patient list dated October 26, 2025 (15).

The third stage consists of descriptive qualitative data analysis using content analysis techniques through five steps: (1) inventory and classification of laws and regulations, (2) analysis of the substance of legal provisions related to rights, obligations, and healthcare service standards, (3) comparative analysis between normative provisions and the actual implementation of community health service activities in the field, (4) identification of gaps between law and practice, and (5) formulation of research findings (6,8). The fourth stage involves drawing conclusions deductively to address the research problems, as well as formulating policy recommendations for the government, religious institutions, and academics (2). The validity and reliability of the research findings are ensured through data source triangulation, peer review with health law experts, member checking with representatives of Vihara Avalokitesvara Stabat, and an audit trail to systematically document the entire research process (12,17).

Through these systematic research stages and rigorous methodological validation, this study is expected to produce findings that are valid, reliable, and beneficial for the development of health law as well as the practice of organizing community health service programs by religious institutions in Indonesia (13).

RESULTS AND DISCUSSION

Legal Regulation of Community Health Service Programs Conducted by Religious Institutions

The legal regulation of community health service programs (bakti sosial kesehatan) organized by religious institutions in Indonesia is grounded in a strong juridical foundation within the national health law system. Law Number 17 of 2023 concerning Health, as a *lex generalis*, provides a comprehensive legal framework governing rights, obligations, and community participation in the implementation of health efforts (1). Article 4 paragraph (1) letter c affirms that every individual has the right to obtain safe, high-quality, and affordable healthcare services in order to achieve the highest possible level of health (Sadi, 2017). This provision reflects the state's commitment to ensuring universal access to healthcare services for all citizens without discrimination (18). The involvement of religious institutions in the provision of healthcare services is specifically regulated in Article 14 of Law Number 17 of 2023, which emphasizes that both the Central and Regional Governments are responsible for empowering and encouraging community participation in health efforts. This provision provides legal legitimacy for social and religious institutions to actively participate in healthcare service activities, including through community health service programs (8). Furthermore, Article 35 paragraph (1) of Law Number 7 of 2023 provides a more specific legal basis by stipulating that Community-Based Health Efforts may be organized by, from, and for the community, and may be facilitated by the government. This provision is highly relevant to the community health service activities conducted at Vihara Avalokitesvara Stabat, which involve community members, local government, and healthcare professionals in providing free medical services to residents (6). However, the freedom to organize community-based health efforts is not absolute (19). Article 24 paragraph (1) of Law Number 17 of 2023 stipulates that all health efforts must be carried out in accordance with healthcare service standards, while Article 23 paragraph (1) emphasizes that such efforts must be conducted responsibly, safely, with quality, equitably, non-discriminatorily, and justly (11). These principles derive from medical ethics, including autonomy, beneficence, non-maleficence, and justice (17). In the context of community health service programs, the application of these principles is essential to ensure patient safety and the accountability of healthcare providers (20).

Implementation of Standard Operating Procedures in Community Health Service Programs at Vihara Avalokitesvara Stabat

Based on an analysis of the Standard Operating Procedure (SOP) documents for acupuncture-based community health service activities conducted at Vihara Avalokitesvara Stabat, it was found that the religious institution has developed a relatively comprehensive SOP structure covering various important aspects of healthcare service delivery (4). The SOP structure consists of eight main components as presented in Table 1 below:

Table 1. Structure of the Standard Operating Procedure for Acupuncture-Based Community Health Services at Vihara Avalokitesvara

No	Komponen SOP	Uraian
1	Tujuan	Memberikan layanan akupunktur gratis kepada masyarakat yang menderita keluhan nyeri di bagian tertentu tubuh, dengan target peserta warga yang kurang mampu
2	Ruang Lingkup	Lokasi: Aula Vihara Avalokitesvara Stabat; Jenis layanan: akupunktur jarum, konsultasi kesehatan, skrining; Tenaga yang terlibat: praktisi akupunktur profesional, relawan, panitia
3	Persiapan Sebelum Kegiatan	Perizinan dan koordinasi dengan Dinas Kesehatan; Penyiapan logistik (jarum akupunktur steril, kapas, alkohol, meja terapi, kursi pasien, alat pendukung); Penetapan tim (praktisi, relawan, pembagian tugas); Edukasi peserta tentang manfaat, risiko, dan persetujuan (<i>informed consent</i>); Skrining awal (cek tekanan darah, riwayat penyakit)
4	Prosedur Pelaksanaan	Pendaftaran peserta; Konsultasi awal dengan praktisi untuk menentukan titik akupunktur; Terapi akupunktur (pemasangan jarum, durasi, observasi selama terapi); Monitoring respons peserta setelah terapi (nyeri, pusing, efek samping); Pencatatan data peserta, titik akupunktur, nomor jarum, durasi terapi
5	Keselamatan dan Kebersihan	Sterilisasi alat (gunakan jarum sekali pakai atau jarum steril); Kebersihan (desinfeksi titik suntik, penggunaan sarung tangan oleh terapis); Protokol darurat (jika ada reaksi negatif seperti sinkop atau pingsan)
6	Edukasi Setelah Terapi	Instruksi pasca-terapi (istirahat, jangan langsung beraktivitas berat, minum cukup air); Edukasi tentang perawatan titik akupunktur; Penyuluhan manfaat akupunktur dan kapan terapi ulang dapat dilakukan
7	Evaluasi dan Dokumentasi	Evaluasi kegiatan (survei kepuasan peserta, laporan hasil terapi); Dokumentasi (foto, data peserta, laporan ke donatur atau instansi terkait); Pelaporan kegiatan <i>bakti sosial</i> untuk pihak sponsor atau donatur
8	Penutup dan Tindak Lanjut	Rencana tindak lanjut (terapi lanjutan, program rutin <i>bakti sosial</i>); Ucapan terima kasih ke peserta, relawan, sponsor; Arsip dokumen SOP dan laporan kegiatan

The components presented in Table 1 indicate a systematic effort to ensure that acupuncture services are delivered according to adequate standards while prioritizing patient safety (21). The pre-activity preparation phase includes licensing and coordination with the Health Office, preparation of logistics such as sterile acupuncture needles and supporting medical equipment, clear team structuring, participant education regarding benefits and risks, as well as initial screening in the form of blood pressure checks and medical history assessments (14). Attention to the sterility of medical instruments *წარმოადგენს* an implementation of the principle of non-maleficence in medical ethics, which requires healthcare providers to avoid actions that may harm patients (11). The implementation procedures involve systematic stages starting from participant registration, initial consultation, therapy execution, monitoring of patient responses, to detailed data recording. Proper documentation is essential for evaluation purposes, identification of potential side effects, and as documentary evidence in the event of legal disputes (13). The safety and hygiene component regulates the use of single-use or sterile needles, disinfection of injection points, use of gloves, and emergency protocols to anticipate adverse reactions such as syncope or fainting (12). The existence of emergency protocols is crucial to ensure that appropriate and timely responses can be carried out (22). Based on data from the community health service activity conducted on October 26, 2025, a total of 50 participants received acupuncture services, ranging in age from 18 to 63 years and originating from various areas within Langkat Regency. The participant data are presented in Table 2 below:

Table 2. List of Participants in the Community Health Service Program at Vihara Avalokitesvara Stabat, October 26, 2025

No	Nama	Umur	Alamat
1	Perwira Sakti	62 tahun	Dendang
2	Suyonono Saputra	45 tahun	Stabat
3	Ponidi	60 tahun	Karang Rejo
4	Nuraini	53 tahun	Perdamaian
5	Legini	55 tahun	Wonosari
6	Tri Wahyuni	41 tahun	Wonosari
7	Syamsir Harahap	56 tahun	Stabat
8	Jumiem	52 tahun	Kwala Bingai
9	Nurliati	56 tahun	Sawit Seberang
10	Malih	53 tahun	Sawit Seberang
11	Rosmalia Matondang	57 tahun	Kwala Bingai
12	Masidah Matondang	63 tahun	Kwala Bingai
13	Tony Wijaya	45 tahun	Kwala Bingai
14	Run Huat	59 tahun	Stabat
15	Ayong	58 tahun	Stabat
16	Awi	62 tahun	Stabat
17	Ahuat	34 tahun	Stabat
18	Asia	47 tahun	Stabat
19	Juliani	55 tahun	Wonosari
20	Cindi	19 tahun	Wonosari
21	Sia	61 tahun	Stabat
22	Chelse	18 tahun	Dendang
23	Geovani	19 tahun	Pangkalan Susu
24	Ely	43 tahun	Pangkalan Susu
25	Sumini	60 tahun	Wonosari

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26	Filbest	19 tahun	Stabat
27	Wildan	19 tahun	Stabat
28	Medwin	41 tahun	Pangkalan Susu
29	Siti	35 tahun	Stabat
30	Syamsul	46 tahun	Stabat
31	Lili	57 tahun	Dendang
32	Kuca	36 tahun	Dendang
33	Akuang	48 tahun	Perdamaian
34	Ahuat	50 tahun	Dendang
35	Linmei	26 tahun	Perdamaian
36	Bunga	44 tahun	Stabat
37	Mehwa	33 tahun	Stabat
38	Rehna	28 tahun	Wampu
39	Asan	60 tahun	Wampu
40	Ahai	57 tahun	Sawit Seberang
41	Sely	42 tahun	Kwala Sawit
42	Ajai	44 tahun	Secanggang
43	Tias	51 tahun	Tanjung Beringin
44	Agus	55 tahun	Tanjung Beringin
45	Daeng	52 tahun	Stabat
46	Daeng Lis	43 tahun	Secanggang
47	Setiawati	44 tahun	Secanggang
48	Andi	50 tahun	Perdamaian
49	Edi Tan	53 tahun	Perdamaian
50	Desi	51 tahun	Stabat

The data in Table 2 indicate that the community health service program at Vihara Avalokitesvara Stabat has successfully reached people from various areas within Langkat Regency, including Stabat, Dendang, Wonosari, Kwala Bingai, Sawit Seberang, Pangkalan Susu, Wampu, Tanjung Beringin, Secanggang, Perdamaian, Karang Rejo,

and Kwala Sawit. The diversity of participants in terms of age (18–63 years), place of residence, and socioeconomic background reflects the principles of justice and non-discrimination in healthcare services as mandated in Article 23 paragraph (1) of Law Number 17 of 2023 (2). The wide geographical coverage demonstrates that the program has made a tangible contribution to improving access to healthcare services for communities in need, particularly in areas with limited formal medical facilities (8). Overall, the implementation of the SOP shows substantial compliance with healthcare service standards as regulated in Law Number 17 of 2023. However, improvements are still needed in aspects such as medical documentation, more detailed emergency protocols, and complaint-handling mechanisms (15).

Implementasi Informed Consent dalam Pelaksanaan Bakti Sosial Kesehatan di Vihara Avalokitesvara Stabat

Informed consent is a fundamental principle in health law and medical ethics that recognizes the patient's right to autonomously make decisions about the health care they receive after receiving complete, clear, and understandable information (Risawati, 2024). The informed consent form used at the Avalokitesvara Stabat Temple contains essential components, starting with patient data (name, age, address, telephone number, brief medical history), an explanation of the procedure, including the nature of acupuncture therapy and possible additional procedures, and the goal of therapy to reduce pain and improve body function (17).

The benefits and risks section is the most crucial component because it provides balanced information about potential benefits and harms (23). Benefits mentioned include pain relief, improved physical and mental well-being, and improved body function. Transparently explained risks include mild pain at the puncture site, local bruising, dizziness, nausea, a tendency to faint, minor bleeding or skin irritation, and the very rare risk of infection or serious complications if not performed by a competent practitioner (11). Transparency in explaining risks implements the principles of non-maleficence and autonomy, providing patients with the information necessary to make rational decisions (24).

The form also recognizes the patient's right to opt out of therapy or choose an alternative, the right to ask questions, and the right to discontinue therapy at any time (15). This recognition of rights demonstrates that informed consent is not a binding contract, but rather consent that can be withdrawn if the patient feels uncomfortable (25). Data confidentiality is also addressed, stating that all medical information will be recorded and kept confidential according to clinic policy, as an implementation of the obligation to maintain medical confidentiality (5). The consent statement section contains five points reflecting the essential elements of valid informed consent: adequate information, understanding, voluntariness, and competence to make a decision (11).

Although the form covers essential components, several improvements need to be made: ensuring verbal information is provided in easily understandable language, special mechanisms for patients with low educational levels, ensuring voluntariness without pressure, special arrangements for legally incompetent patients, additional information on complaint mechanisms, detailed data confidentiality aspects, transparency regarding potential additional costs for referrals, and providing a copy of the form to each patient (13). Good implementation of informed consent provides legal protection for practitioners and providers, is a manifestation of respect for patients' rights to autonomy, demonstrates professionalism and accountability, and contributes to improving the quality of participatory therapeutic relationships (12).

CONCLUSION

Based on the results of the research and discussion regarding the implementation of Law Number 17 of 2023 concerning Health in the execution of community health service programs at Vihara Avalokitesvara Stabat, it can be concluded that the organization of such programs by religious institutions has a strong legal foundation within Indonesia's health law system. Law Number 17 of 2023 provides legal legitimacy through Article 14, which regulates community participation in health efforts, as well as Article 35 paragraph (1), which specifically governs Community-Based Health Efforts. This legitimacy is accompanied by the obligation to comply with healthcare service standards as stipulated in Article 24 paragraph (1) and Article 23 paragraph (1), which emphasize that the implementation of health efforts must be responsible, safe, high-quality, equitable, non-discriminatory, and just, regardless of whether the services are provided free of charge or for a fee. The implementation of the Health Law in the community health service programs at Vihara Avalokitesvara Stabat, particularly from the perspectives of Standard Operating Procedures (SOP) and informed consent, demonstrates substantial compliance with legal provisions and healthcare service standards. The SOP structure for the acupuncture-based program consists of eight comprehensive components, reflecting a systematic effort to ensure that services are delivered according to

appropriate standards while prioritizing patient safety. These include the use of sterile needles, disinfection procedures, initial screening, monitoring of therapeutic responses, and emergency protocols.

The informed consent forms incorporate essential elements that reflect the application of medical ethics principles, including explanations of procedures, information on benefits and risks, acknowledgment of patients' rights to accept or refuse treatment, and assurances of medical data confidentiality. Despite this substantial compliance, the implementation still faces several challenges, such as limited understanding of regulations, resource constraints, coordination issues with relevant institutions, lack of systematic supervision, and insufficient legal protection for volunteer healthcare workers. To address these challenges, several measures are necessary, including the development of specific technical guidelines, regular training and outreach programs, strengthened coordination through communication forums, the establishment of online registration and reporting systems, technical support from the government, and consistent law enforcement. Through these efforts, community health service programs can provide optimal benefits to society while ensuring adequate legal protection for all parties involved.

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