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The Legal Relationship between Patients and Healthcare Facilities: An Analysis of the Referral System, Standard Operating Procedures, and Agreements under the 2023 Health Act

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Abstract

Healthcare is a fundamental human need, the fulfillment of which is guaranteed by the Health Law of 2023. This paper analyzes the national healthcare delivery system with a focus on the legal relationship between the patient and the healthcare facility, rather than solely with individual medical personnel. The discussion covers five forms of health efforts (promotive, preventive, curative, rehabilitative, and palliative), the vertical, horizontal, and back-referral systems supported by integrated information technology, and standard operating procedures as guidelines for legal relations. The results of the analysis indicate that the legal relationship between the patient and the healthcare facility arises from an agreement that meets the four valid requirements of a contract according to the Indonesian Civil Code (KUH Perdata), namely competent legal subjects, consent regarding a specific matter, an object that does not contravene the law, and an agreement that refers to service standards and standard operating procedures. Consequently, the patient is no longer a passive object receiving services, but a legal subject with rights and a status equal to that of the healthcare facility.

Keywords: patient-facility legal relationship, health referral system, standard operating procedures, healthcare agreement, health law of 2023.

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Introduction

Healthcare is a basic human necessity that cannot be deferred, as it concerns the life and death of an individual. In Indonesia, the right of every citizen to obtain healthcare services is explicitly guaranteed in the 2023 Health Law. This legal guarantee serves as the foundation for the entire national healthcare service system and simultaneously acts as a basis for the public to demand their rights in the event of violations. However, rights guaranteed by law are often not accompanied by adequate public understanding regarding the forms of services they are entitled to receive and the mechanisms for obtaining them. Consequently, many patients are unaware that they actually hold an equal status to healthcare facilities in legal relationships, rather than being mere passive recipients of service. This gap in understanding becomes even more critical when viewed from the aspect of social justice, considering that legal protection for the rights of impoverished patients in accessing health insurance in Indonesia still requires strict oversight to avoid triggering discriminatory treatment in the field (Noor et al., 2023). Beyond barriers in normative understanding, economic factors empirically often act as a primary determinant limiting the accessibility of vulnerable groups, such as women, to the fulfillment of adequate reproductive health services (Nalin, 2025). Therefore, the enforcement of inclusive regulations is absolutely necessary to ensure equal legal rights for all segments of society, including the assurance of accessibility to health facilities for persons with disabilities (Subiakso et al., 2023).

Healthcare services referred to in the law encompass five forms of health efforts that are closely interrelated. First, promotive efforts to improve public health through education and empowerment. Second, preventive efforts to prevent disease before it occurs through vaccination and early screening. Third, curative efforts to treat diseases already suffered by patients through medical intervention and medication. Fourth, rehabilitative efforts to restore a patient's health after suffering from an illness or injury, for instance through physiotherapy. Fifth, palliative efforts to provide comfort for patients with incurable diseases, particularly in the final phase of life. These five forms of service constitute an integrated cycle in which a patient may receive more than one form of service simultaneously. An understanding of these rights and forms of healthcare serves as an initial foundation for every member of society

before entering the more complex healthcare system. From a clinical perspective, the integration of these five health efforts is highly relevant for managing diseases holistically, much like the importance of physicians understanding the interconnection between local conditions such as periodontal health and the manifestations of systemic disease progression in patients with chronic conditions (Issalillah, 2022).

All these forms of service are provided through primary and advanced healthcare facilities, which are organized continuously using a referral system. The implementation of this continuous service system is based on two main factors: the patient's needs and the capacity of each healthcare facility to provide services. The referral system in providing individual healthcare services includes three types of referrals. A vertical referral is the transfer of a patient from a primary facility to an advanced facility when more complex handling is required, or conversely, from an advanced facility back to a primary facility once the patient's condition is stable. A horizontal referral occurs between equivalent facilities, for example, from one hospital to another due to limited bed capacity or specific expertise. A return referral is the return of a patient from an advanced facility to a primary facility for follow-up care. In Indonesia, this referral system is the official pathway that must be followed by patients utilizing the National Health Insurance, except in emergency situations (Kurniadi & Huda, 2024). The smoothness of patient mobilization within this referral flow directly influences public perception, as patient satisfaction levels in the modern medical ecosystem are highly determined by the quality dimensions of clinical services as well as the accessibility of the location of those health facilities (Mardikaningsih, 2022).

This entire referral system is supported by information and communication technology integrated into the National Health Information System. With this integration of information technology, patient data can be stored in a single data storage system that is accessible to patients at every healthcare facility according to their needs. The utilization of this technology allows the transfer process of patient data and medical information (medical records) required for the referral process to run smoothly. In practice, patients do not need to re-convey their health information from the beginning every time they move facilities, as the data has already been recorded in the system. This is highly important given

that patients may lack the competence to convey information as completely as it exists in medical records (Siregar & Rangkuti, 2024). However, in the field, many technical constraints and digital infrastructure gaps are still found between urban and rural areas, such that not all healthcare facilities can be integrated optimally. Besides the digitalization of medical records, aspects of patient protection in the current climate of information transparency are also manifested through stricter medical advertising regulations, which serve as a preventive instrument to protect the rights of patients in their capacity as consumers of healthcare services from potentially misleading information (Sahidu et al., 2023).

The obligation of healthcare facilities to provide health services is emphasized in the law, and this obligation applies not only to primary and advanced facilities but also to supporting facilities such as clinical laboratories and pharmacies (Redi & Marliana, 2024). The provision of healthcare services by a healthcare facility must be carried out in accordance with healthcare standards that have been established nationally. As part of these standards, every healthcare facility may create Standard Operating Procedures (SOPs) by referring to the healthcare standards. These Standard Operating Procedures serve as the guidelines for the legal relationship and working procedures within the healthcare facility. In hospitals across Indonesia, SOPs become living documents that regulate almost every aspect of service, ranging from patient admission methods and medical procedure protocols to patient complaint mechanisms. Without clear SOPs, the relationship between the patient and the healthcare facility would lack legal certainty. Administrative compliance with these SOPs is highly crucial, given that negligence or intent in manipulating the validity of medical documents such as falsifying health certificates carries severe sanctions from the perspectives of both criminal law and the medical professional code of ethics (Hartika et al., 2023).

Various formulations and provisions in the 2023 Health Law demonstrate that the legal relationship that must exist in the provision of health services is a legal relationship between the patient and the healthcare facility, rather than solely with individual medical personnel. This differs from the previous understanding that often assumed legal relationships occurred only between a doctor and a patient. This new law explicitly positions the healthcare facility as the patient's primary contractual partner

(Prasetyo et al., 2024). In establishing this legal relationship, an agreement is formed between the patient and the healthcare facility. This agreement refers to the provisions of Article 1320 of the Indonesian Civil Code, which dictates the requirement for the fulfillment of four conditions for the validity of an agreement. Consequently, when a medical dispute occurs, the party that can be legally sued is not only the doctor concerned but also the healthcare facility where that doctor works.

The four requirements for the validity of an agreement apply concretely to healthcare services. The first requirement is the presence of competent and authorized legal subjects, namely adult patients who are conscious and competent or parties representing them, and healthcare facilities represented by their leadership or authorized officials. The second requirement is a consensus regarding a specific matter, namely the healthcare services to be provided, which is divided into administrative agreements and specific agreements for medical actions. The third requirement is that the object of the agreement must not contravene statutory regulations, morality, or public order. The fourth requirement is that the agreement must refer to the applicable service standards and standard operating procedures. With the implementation of these four requirements, a clear, structured, and mutually protective legal relationship is created between the patient and the healthcare facility. This paper is written to elaborate in depth on how the national healthcare delivery system is built upon this legal relationship paradigm, as well as to identify its implications for patients, healthcare facilities, medical personnel, the government, and professional organizations.

Method

This research is a normative legal research or doctrinal legal research, which is a study that examines law as a system of norms, principles, regulations, and legal doctrines. The approaches used in this research are the statute approach and the conceptual approach. The statute approach is conducted by examining all relevant provisions in the Health Law of 2023, as well as provisions in the Indonesian Civil Code (KUH Perdata) regarding the requirements for the validity of an agreement. The conceptual approach is carried out by studying relevant legal concepts and doctrines, such as the legal

relationship in healthcare services, the referral system, standard operating procedures, and the rights and obligations of patients and healthcare facilities.

The legal materials used in this research consist of primary, secondary, and tertiary legal materials. Primary legal materials include the Health Law of 2023 and the Indonesian Civil Code (KUH Perdata). Secondary legal materials include literature, scientific journals, legal articles, and expert opinions discussing health law, referral systems, standard operating procedures, and the legal relationship between patients and healthcare facilities. Tertiary legal materials consist of legal dictionaries and encyclopedias to assist in interpreting technical terms.

The technique for collecting legal materials was conducted through library research by tracing various legal documents, literature, and relevant scientific publications. All collected legal materials were then analyzed qualitatively using legal interpretation methods, namely grammatical interpretation (based on the statutory text), systematic interpretation (by connecting one article with another), and teleological interpretation (based on the purpose of the legislation). The results of the analysis are presented descriptively-analytically in a systematic and structured narrative to answer the formulated research problems (Rohman et al., 2024).

Result and Discussion

Healthcare is a basic human necessity that cannot be deferred. In Indonesia, the right of every citizen to obtain healthcare services is explicitly guaranteed by the 2023 Health Law. The services referred to encompass five closely interrelated forms of health efforts: promotive to improve health, preventive to prevent disease, curative to treat disease, rehabilitative to restore health, and palliative to provide comfort to patients with incurable diseases. These five forms of service constitute an integrated cycle, where a patient may receive more than one form of service simultaneously. An understanding of these rights and forms of healthcare is an essential initial foundation for every member of society before entering the more complex healthcare system, as a lack of proper understanding may lead citizens to lose their rights or incorrectly demand services they are not supposed to receive. Regarding the final dimension of this cycle, the accountability of healthcare facilities in organizing palliative services for terminal patients is now under

strict health law regulation to ensure that the rights of patients in the critical phase are met with dignity (Wahyusetiawan et al., 2024).

Every member of Indonesian society has the right to obtain healthcare, whether in the form of direct services to individuals or to the public at large. This right is not merely a promise but is legally guaranteed through various provisions in the 2023 Health Law (Kansil & Ulataqiy, 2024). The services encompass five interrelated health efforts: promotive, preventive, curative, rehabilitative, and palliative. These five forms do not stand alone but are part of a complete healthcare cycle. In practice, a patient may receive multiple forms of service simultaneously; for example, a diabetic patient may receive curative services in the form of medication, promotive services through healthy lifestyle education, and rehabilitative services through physiotherapy. In the scope of basic services, the legal protection instrument for patients accessing services at Public Health Centers must also be strengthened to ensure the fulfillment of non-discriminatory public service standards (Tampil et al., 2023). This protection is directly correlated with efforts to maintain clinical service quality to continuously boost patient satisfaction levels regarding the performance of public healthcare facilities (Khayru & Issalillah, 2022).

All these forms of service can be provided through primary or advanced healthcare facilities, organized continuously using a referral system for individual healthcare. The implementation of this continuous service system is based on two primary considerations: the patient's needs and the capability of each healthcare facility to provide services. The referral system in individual healthcare services includes three types of referrals. A vertical referral involves the transfer of a patient from a primary facility to an advanced facility when more complex handling is required, or conversely, from an advanced facility back to a primary facility once the patient's condition is stable. A horizontal referral occurs between equivalent facilities, for instance, from one hospital to another due to limited bed capacity or specialized expertise. A return referral is the transfer of a patient from an advanced facility back to a primary facility for follow-up care. In Indonesia, this referral system is the official pathway that must be followed by patients utilizing the National Health Insurance, except in emergency situations. To bridge geographical limitations in this physical referral system, the utilization of telemedicine technology has

emerged as a strategic solution to ensure the equitable distribution of healthcare access, although its implementation still faces significant infrastructure challenges (Khayru & Issalillah, 2022). Beyond regular referrals, healthcare facilities are also legally bound to provide 24-hour emergency services without interruption, particularly in regions facing geographical access limitations (Mohamad et al., 2024).

The entire referral system is supported by information and communication technology integrated into the National Health Information System, as stipulated in Article 39 paragraphs (1) through (4) of the 2023 Health Law. Through this information technology integration, patient data can be stored in a unified storage system accessible to patients at every healthcare facility according to their needs. The utilization of this information and communication technology allows the transfer process of patient data and medical information (medical records) required for the referral process to run smoothly. In practice, patients do not need to re-convey their health information from the beginning every time they transfer facilities, as the data has been recorded in the system. This is highly important considering that patients may lack the competence to convey information as completely as it exists in their medical records. This provision is regulated in Article 39 paragraph (6) of the 2023 Health Law. Furthermore, the information and communication technology connecting all healthcare facilities in Indonesia also contains up-to-date data and information regarding the service capabilities that can be provided by each facility joined in the integrated referral system, as emphasized in Article 39 paragraph (5). This modernization also opens opportunities for more radical digitalization through the utilization of artificial intelligence, which has the potential to transform clinical diagnosis and health operational management (Khayru, 2022). However, high reliance on this digitalization gives rise to new juridical consequences regarding the legal liability of hospitals in the event of medical service disruptions caused by information system failures (Yatno et al., 2023).

The obligation of healthcare facilities to provide health services, whether to individuals or the public, is further emphasized in Article 165 of the 2023 Health Law. This obligation applies not only to primary and advanced healthcare facilities but also to supporting healthcare facilities such as clinical laboratories and pharmacies. The provision of health services by a healthcare facility must be carried out in accordance with

healthcare standards that have been established nationally (Redi & Marliana, 2024). As part of these standards, every healthcare facility may create Standard Operating Procedures (SOPs) by referring to the healthcare standards. These SOPs serve as guidelines for the legal relationship and working procedures within the healthcare facility. In hospitals across Indonesia, these SOPs have become living documents that regulate almost every aspect of service, ranging from patient admission methods and medical procedure protocols to patient complaint mechanisms. Without clear SOPs, the relationship between the patient and the healthcare facility would lose its legal certainty.

Standard Operating Procedures also function as guidelines that regulate various important aspects of the relationship between healthcare facilities and patients. These aspects include the agreement formed between the healthcare facility and the patient, the provision of medical and health services by medical or health personnel to the patient, the payment mechanisms arising from the existing legal relationship, and the rights, obligations, and responsibilities arising from that legal relationship. This is regulated in Article 291 paragraph (1) of the 2023 Health Law. For this purpose, the patient will provide all data and information in their possession, ranging from personal identity and disease history to allergies and ongoing treatments. Regarding the data and information provided by the patient, Article 177 paragraph (1) of the 2023 Health Law guarantees that every healthcare facility must maintain the confidentiality of the patient's personal health information. In daily practice, this confidentiality is a highly sensitive issue as patient health data falls into the category of personal data protected by law. Data breaches can result in sanctions ranging from administrative to criminal penalties (Lakoro et al., 2025). Beyond the protection of medical records, transparency regarding detailed medical costs and clinical risk mitigation by private healthcare providers also constitute an absolute obligation within the Indonesian legal construction to protect patient rights from economic exploitation (Rachim et al., 2024).

Various formulations and provisions in the 2023 Health Law outlined above demonstrate that the legal relationship that must exist in the provision of healthcare is between the patient and the healthcare facility, rather than solely with individual medical personnel. This differs from the traditional

understanding, which often assumed that the legal relationship occurred only between a doctor and a patient. This new law explicitly positions the healthcare facility as the patient's primary contractual partner. In establishing this legal relationship, an agreement is formed between the patient and the healthcare facility. This agreement refers to the provisions of Article 1320 of the Indonesian Civil Code, which mandates the fulfillment of four conditions for the validity of an agreement. Consequently, in the event of a medical dispute, the party that can be legally sued is not only the doctor concerned but also the healthcare facility where that doctor works.

The four conditions for the validity of an agreement apply concretely to healthcare services. The first condition is the presence of legal subjects who are capable and authorized to act before the law. This is realized in the person of an adult patient who is conscious and competent, or parties representing the patient, such as parents for a minor or legal counsel for an unconscious patient. On the other side, the healthcare facility institution, represented by its leadership or authorized officials, acts as the party that receives the patient and provides healthcare services according to its capabilities. The second condition is the presence of an agreement regarding a specific object, namely the healthcare services to be provided. This agreement is divided into two layers: the administrative agreement regarding the general admission of the patient, and the specific agreement requiring further action in the form of medical or clinical interventions. For certain medical procedures, further agreement with the relevant medical personnel is required, as stipulated in Article 280 paragraph (4) of the 2023 Health Law.

Having understood the first two conditions for the validity of an agreement regarding healthcare namely the presence of capable legal subjects and an agreement regarding a specific object the next question is: are all agreements reached between the patient and the healthcare facility automatically legally binding? The answer is not necessarily. Civil law teaches that an agreement, even if approved by both capable parties, can be null and void by law if the object of the agreement is prohibited by statute or contrary to morality. In the medical world, such prohibitions are highly relevant because not all actions requested by a patient or even offered by a doctor can be justified legally (Yusriando et al., 2025). For example, a patient requesting euthanasia or an abortion

outside of the provisions permitted by law, even if agreed upon by both parties, cannot be considered a valid agreement. Therefore, a third condition is necessary to function as a moral and legal filter for the content of the agreement itself. This provision also demands honesty in the fulfillment of medical administrative files, as acts of data manipulation or the falsification of health documents can invalidate the legitimacy of the existing legal relationship (Hartika et al., 2023).

Beyond the issues of legal prohibitions and morality, there is another equally important issue: the extent to which patients and healthcare facilities are free to determine the content of their agreements. In classical civil law, the principle of freedom of contract provides broad latitude for parties to determine the terms of their agreement. However, in healthcare, this freedom cannot be interpreted absolutely because healthcare is not an ordinary commodity like buying and selling goods in a market. Healthcare involves human life and well-being; therefore, objective standards established by the state through legislation must serve as the primary reference. In other words, patients and healthcare facilities may not enter into agreements that deviate from national professional and operational standards, even if both parties desire them. This is why a fourth condition is necessary, binding the content of the agreement to objective standards beyond the will of the parties. These standard rules also apply to public information, where healthcare facilities are obligated to provide honest and responsible education or service advertisements to protect patients from choosing the wrong care (Sahidu et al., 2023).

Thus, these last two conditions the third condition regarding objects not contrary to law, and the fourth condition regarding adherence to service standards—function as external controllers of freedom of contract in healthcare. The third condition ensures there is no valid agreement to perform medical acts prohibited by law, such as illegal abortions, acts exceeding the authority of medical personnel, or unlicensed medical practice. The fourth condition ensures that every agreement made remains within the corridors of professional standards, service standards, and national standard operating procedures. These four conditions cannot be separated, as each has a different but complementary function. Having understood all four conditions for the validity of an agreement related to healthcare, the time has come to apply them concretely in the legal relationship between the patient

and the healthcare facility, as will be outlined next. This standard of agreement eligibility must also be maintained when services shift to digital systems or remote consultations to ensure that patient privacy rights and legal protections remain well-guaranteed (Isnani et al., 2024).

The third condition the specific object of the agreement, whether administrative or for medical action must not conflict with applicable laws, morality, or public order, as emphasized in Article 1337 of the Indonesian Civil Code. In healthcare, this means there is no valid agreement to perform medical acts prohibited by law, such as illegal abortion or acts contrary to professional standards. The fourth condition, as a crucial addition, requires that the agreement reached between the patient and the healthcare facility must refer to applicable service standards and standard operating procedures, in accordance with Article 1339 of Indonesian Civil Code. Consequently, the content of the agreement is determined not only by what the parties agree upon but also by objective standards established nationally. With these four conditions in effect, a clear, structured, and mutually protective legal relationship is created between the patient and the healthcare facility. The application of such strict and structured regulations serves as a primary foundation for the advancement of national health development to meet various dynamics in society (Harianto et al., 2024).

To understand more deeply the legal relationship outlined above, it is important to know the basic definition of Healthcare itself. Article 1 point 3 of the 2023 Health Law formulates Healthcare as all forms of activities and/or series of activities provided directly to individuals or the public to maintain and improve public health status in the form of promotive, preventive, curative, rehabilitative, and/or palliative care. This definition is almost similar to the definition of Health Efforts found in Article 1 point 2 of the same law, which defines Health Efforts as all forms of activities carried out in an integrated and continuous manner by the Central Government, Regional Governments, and/or the public. Conceptually, Health Efforts are broader in scope as they encompass all government policies and programs in the health sector, while Healthcare is more specific to the direct interaction between the service provider and the service recipient (Harisman et al., 2025). These two concepts are closely interrelated because good healthcare can only be realized if supported by adequate health efforts from the government. This close interrelation

necessitates comprehensive handling of complaints, as minor health disturbances in one part of the body can often exacerbate other chronic disease conditions if not treated immediately (Issalillah, 2022).

Although they appear similar, these two definitions demonstrate a fundamental difference and carry significant legal implications. Health Efforts (constitute everything conducted as the responsibility of the Central Government, Regional Governments, and/or the public in the broadest sense, encompassing aspects of regulation, financing, oversight, and resource provision. Meanwhile, Healthcare is a form of activity conducted directly to specific individuals or specific segments of the community (Harisman et al., 2025). In other words, Health Efforts are macro and strategic, whereas Healthcare is micro and operational. This distinction is crucial in determining the party responsible when a failure occurs. A failure in Health Efforts, for example, the lack of medical personnel distribution to remote areas or the unavailability of medicine at community health centers, becomes the responsibility of the government as the organizer of health efforts. Conversely, a failure in Healthcare, for example, a misdiagnosis by a doctor or negligence by a nurse in administering medication, becomes the responsibility of the healthcare facility and the medical personnel concerned through the legal relationship previously explained. Therefore, the state is obligated to ensure that the fulfillment of health rights for underprivileged citizens proceeds fairly without discriminatory treatment (Noor et al., 2023).

The legal relationship between the patient and the healthcare facility is manifested across various types of facilities spread throughout Indonesia. Primary healthcare facilities that provide primary healthcare can consist of community health centers, primary clinics, as well as independent practices of medical personnel or health workers (Article 167 paragraphs (1) and (2)). community health centers are defined as facilities that prioritize promotive and preventive efforts in their working areas, thus serving as the vanguard of the national healthcare system (Article 167 paragraph (3)). Meanwhile, advanced healthcare facilities provide specialist and/or sub-specialist services (Article 168 paragraph (1)). These facilities can consist of hospitals, primary clinics, health centers, and independent practices of medical personnel or health workers (Article 168 paragraph (2)). Hospitals themselves are defined as facilities that provide comprehensive individual services by providing

inpatient, outpatient, and emergency services (Article 1 point 10). In Indonesia, patients are free to choose a healthcare facility according to their medical needs, but they must understand that each facility has different authorities and limitations. Nevertheless, the freedom of the public in accessing these types of care is often influenced by economic conditions, which frequently act as the primary determinant for vulnerable groups in obtaining their right to medical treatment (Nalin, 2025).

The existence of various types of healthcare facilities, ranging from community health centers at the primary level to hospitals at the advanced level, does not mean that each facility can stand alone without coordination with one another (Tabrizi et al., 2022). Just the opposite: the more diverse the types of available facilities, the more complex the need to align and integrate all provided services becomes. A patient arriving at a community health centers with a specific complaint may require a referral to a hospital if the diagnosis indicates an illness that requires specialist treatment. Conversely, a patient who has been treated at a hospital and whose condition has begun to stabilize will be referred back to a community health centers or the nearest clinic for follow-up care. Without systematic integration between primary and advanced facilities, patients will only be tossed about in an uncoordinated system, which ultimately harms their own health. This system integration is also demanded to be more inclusive by ensuring the availability of access that is friendly to persons with disabilities (Subiakso et al., 2023).

Therefore, the law strictly constructs a system that connects these two levels of facilities through the concept of primary and advanced healthcare, which are inseparable. Primary healthcare serves as the main gateway and simultaneously acts as a gatekeeper that ensures patients are referred to the advanced level only when truly necessary. This gatekeeper function is crucial for preventing the overcrowding of patients in hospitals and ensuring the efficiency of the national health financing system. Meanwhile, advanced healthcare plays a role as a referral center that provides specialist and sub-specialist services not available at the primary level. Both must operate like interconnected gears, rather than two parallel tracks that never meet. It is this integrated referral system that serves as the bridge between primary and advanced facilities. In this regard, the oversight of guaranteed patient safety

rights at the primary service level must be consistently monitored to ensure the quality of public services remains maintained (Tampil et al., 2023).

By understanding the complementary relationship between primary and advanced healthcare, it becomes clear that the foundation of the legal relationship between the patient and the healthcare facility remains unchanged even when the patient moves from one facility to another. The patient's right to receive clear information, the right to provide consent or refusal regarding medical interventions, and the right to the confidentiality of their health data remain inherent wherever the patient is. The obligation of healthcare facilities to provide services in accordance with professional standards and standard operating procedures also remains in effect, whether in a community health centers in a remote village or a hospital in the city center. This continuity of legal protection is the essence of a patient-centered healthcare system. Consequently, the transfer of patients from one facility to another within the referral system will never eliminate or diminish the legal rights guaranteed by law. The existence of this consistent legal protection certainty is proven to be positively correlated with the satisfaction of national health insurance users when seeking treatment (Darmawan et al., 2022). This reaffirms that a patient's comfort level is fundamentally determined by the quality of service received as well as the easily accessible location of the facility (Mardikaningsih, 2022).

Primary healthcare and advanced healthcare cannot be separated from one another because they form a single, complementary system. Primary healthcare provides individual and community health efforts as the patient's first point of contact with the healthcare service system (Article 31 paragraphs (1) and (2)). These services are carried out in an integrated manner for every phase of life, from infants, children, and adults, to the elderly (Article 31 paragraphs (3) and (4)). Conversely, advanced healthcare consists of specialist and sub-specialist services that prioritize curative, rehabilitative, and palliative efforts (Article 37 paragraph (1)). Thus, the foundation of the legal relationship between the patient and the healthcare facility that has been elaborated upon—from the right to service, the referral system, information technology, standard operating procedures, to the validity requirements of an agreement—all culminate in one conclusion: the healthcare system in Indonesia is built on the paradigm that a patient is not a passive object receiving service, but

a legal subject holding rights and a status equal to that of the healthcare facility. The legal relationship arising from the agreement between both parties must be based on applicable professional standards, service standards, and standard operating procedures, thereby creating healthcare services that are professional, ethical, and equitable for all.

Conclusion

The Indonesian national healthcare delivery system is built upon the paradigm that the primary legal relationship in the provision of healthcare services occurs between the patient and the healthcare facility, rather than solely with individual medical personnel. This legal relationship arises from an agreement that fulfills the four valid requirements of a contract according to Indonesian Civil Code, namely the existence of competent legal subjects, a consensus regarding a specific matter, an object that does not contravene the law, and an agreement that refers to service standards and standard operating procedures. The healthcare services provided encompass promotive, preventive, curative, rehabilitative, and palliative efforts through vertical, horizontal, and back-referral systems supported by integrated information technology. Consequently, the patient is no longer a passive object receiving services, but a legal subject possessing rights and a status equal to that of the healthcare facility.

For patients, an understanding of this legal relationship provides certainty that they have the right to sue the healthcare facility if losses occur due to negligence, and have the right to receive protection for the confidentiality of personal health data. For healthcare facilities, they are obliged to ensure that every medical action complies with the applicable standard operating procedures and service standards, as failures in this regard can result in legal lawsuits. For medical personnel, they work under the umbrella of the legal relationship between the patient and the facility, so that legal protection for them also becomes the responsibility of the facility where they work. For the government, the implication is an obligation to continuously supervise and ensure that the referral system and health information technology operate effectively throughout all regions of Indonesia, including remote areas.

Patients are advised to always request clear information regarding the medical procedures they will undergo and to document every agreement with

the healthcare facility, including evidence of informed consent. Healthcare facilities are advised to draft and enforce strict standard operating procedures and provide regular training to medical personnel on the legal aspects of healthcare services. The government is advised to accelerate the equitable distribution of health information technology access to all regions, as well as to simplify the referral system so that it does not become an administrative barrier for patients in need of immediate assistance. Health professional organizations are advised to actively educate their members regarding this legal relationship paradigm shift so that medical personnel understand their rights and obligations within the new legal framework.

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