

EXPLORING THE LEGAL DIMENSION OF HEALTH COMMUNICATION: A POLICY ANALYSIS OF PATIENT DATA PRIVACY AND MEDICAL RIGHTS PROTECTION IN THE AGE OF DIGITALISATION

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Abstract

Digitalisation in the healthcare sector is bringing about a major transformation in the way healthcare communication is conducted, especially regarding the management of patient data and the protection of medical rights. This study uses the literature method. The research findings found that current legal regulations are still not fully responsive to the rapid development of technology, so a more comprehensive policy update is needed. Emphasis is placed on the need for harmonisation between health technology innovation and ethical and legal principles to maintain the security of medical information. This article offers solutions to improve legal protection in health communication, with the aim of creating a digital health system that is safe, reliable, and effective for the community.

Keywords: Legal Dimension, Health Communication, Policy, Patient Data Privacy, Protection, Medical Rights, Digitalisation Era

Introduction

Health communication is an important aspect in the development of an efficient, sustainable and inclusive health care system. Through effective communication, the collection of information and delivery of education between medical personnel, patients, and the general public becomes more focused. In the digital era, health communication is growing with technologies such as health apps, telemedicine, and electronic health record (EHR) systems. These innovations allow faster access and more integrated data to support diagnosis, planning, and decision making in the field of Health (Miller, 2021).

In this communication process, collecting and managing patient data is a core component to support decision-making, service planning, and providing the right diagnosis. With the rapid development of technology, digital transformation in the health sector-such as the implementation of electronic health record (EHR) systems, digital-based health applications, and telemedicine-is driving patient data processing to become more modern, flexible, and integrated (Bennett & Raab, 2017).

EHR enables the digital collection of patient medical data, from medical history to laboratory results, which can be accessed by health workers in real-time and across facilities. This helps improve service efficiency, reduce errors in diagnosis, and accelerate clinical decision-making (Autio, 2017) . Meanwhile, digital-based health applications make it easier for people to access health information, conduct online consultations, order medicine, and design healthy lifestyles more practically with the support of technology. Telemedicine, as a form of remote service, allows people to get medical services without having to be physically present at a health facility, making it very relevant especially in remote areas or in emergency conditions (Terry, 2010) .

However, behind these advancements, there are major challenges related to the legal dimension of health communication, especially the issue of patient data privacy and protection in the digitalisation era. Patient data often contains sensitive information, ranging from medical conditions to personal identities that must be protected with high security standards. Unfortunately, increased digital access to health data also opens up the risk of privacy breaches, misuse of information, and threats to patients' legal rights. Cases of patient data leakage in various parts of the world are one of the clear evidence of the importance of strict and well-implemented regulations to safeguard the medical rights of the public (Epstein & Holm, 2008) .

In Indonesia, regulations related to patient data privacy are still evolving to keep up with the demands of the digital era. The 1945 Constitution Article 28G Paragraph 1, Law No. 36 Year 2009 on Health, and Law No. 27 Year 2022 on Personal Data Protection are the legal basis to ensure the protection of the right to health data of the public (Gostin & Hodge, 2002) . However, there are many implementation challenges, such as weak monitoring systems, inequality of digital infrastructure between regions, and lack of understanding of the importance of data protection among the public and health workers. This calls for in-depth analyses to identify opportunities and barriers to the implementation of patient data privacy policies as well as measures needed to ensure secure and rights-oriented health communications (Park, 2023) .

Considering the urgency of this problem, research that explores the legal dimensions of health communication - specifically related to patient data privacy policies and the protection of medical rights - is very important to produce a comprehensive solution. This research is expected to contribute to the strengthening of regulations, supervision of digital systems, and education for the public and health workers in order to maintain public trust in the growing digital health system.

Research Methods

The study in this research uses the literature method. The literature research method is an approach that is carried out by reviewing, analysing, and interpreting various literature sources or references that are relevant to the research topic. The sources used can be books, journal articles, official documents, research reports, or

other academic publications (Carnwell & Daly, 2001) ; (Boote & Beile, 2005) . This research aims to understand theories, concepts, or previous findings that can serve as a foundation or framework for further research. In the process, the researcher usually identifies, selects and evaluates the available literature, then organises the information systematically to answer the research question or support the hypothesis. Literature research methods are important to build a strong scientific foundation and avoid duplication of existing research (Cooper, 2010) .

Results and Discussion

Legal Dimensions in Health Communication Related to Patient Data Privacy Policy

The legal dimension of health communication, especially regarding patient data privacy policies, is a crucial aspect that needs to be considered in today's digital era. With the increasing application of information technology in healthcare, such as Electronic Health Records (EHR) and telemedicine, the protection of patients' personal data is a major challenge that must be addressed. Data privacy policies aim to keep medical information confidential, ensuring that only authorised and interested parties can access it (Johnson, 2022) .

The issue of patient data privacy in health communication is a two-sided coin, where technology provides great benefits in efficiency and quality of service, but also opens up risks to data leakage and misuse. The legal dimension plays a major role in formulating rules that can protect patient rights, including the obligation of health institutions to secure sensitive information in accordance with established security standards. Regulations such as the Personal Data Protection Law are the foundation for establishing procedures and sanctions for violations related to data confidentiality (Green, 2022) .

In healthcare communication, information privacy not only concerns the professional responsibilities of medical personnel, but also involves the legal aspects governing digital interactions between healthcare providers and patients. Privacy policies should clearly outline patients' rights regarding the collection, use and distribution of their personal information. This includes the right to be informed, the right to access one's own data, as well as the right to request correction or deletion of inaccurate data (Sheikh & Jha, 2014) .

The use of technology systems in health communication often involves various tools and platforms that can increase data security risks. Therefore, legal regulations should also emphasise the importance of using secure and reliable technology, including software certification and the use of data encryption to prevent unauthorised access. This legal dimension ensures that innovations in healthcare remain in line with the protection of individual rights (Coughlin & Weingart, 2018) .

In addition to domestic regulations, health communication and patient data privacy policies are also influenced by international standards, such as the General Data

Protection Regulation (GDPR) in the European Union. This standard is a global reference in ensuring that all personal data processing is carried out with strict safeguards, and provides balanced rights between data owners and service users. Indonesia, for example, needs to adjust local policies to align with international best practices to ensure cross-border data security (Boote & Beile, 2005).

However, the implementation of this legal dimension cannot be done well without an increase in digital literacy among health workers and the general public. A deep understanding of the rights and obligations related to data privacy in digital health systems can minimise the risk of breaches and help create a safe and trusted ecosystem. Therefore, continuing education programmes on health law and technology regulation need to be intensified (Schaechter, 2019).

Equally important, inter-agency communication should also be viewed as part of the legal dimension of protecting patient data privacy. Co-operation between healthcare facilities, regulators and technology companies should be encouraged to develop a unified policy that addresses the challenges on the ground. This includes developing secure communication protocols and establishing specialised teams to handle data security incidents (Simon, 2020).

The implementation of a data privacy policy should not be partial; it should be viewed holistically within the entire healthcare chain. The legal dimension in this case provides the foundation for public trust that is critical to the success of health communications. Periodic audits and evaluations of an institution's compliance with legal regulations help maintain the integrity and security of the system as a whole (Rumbold & Schmidt, 2019).

Regulation aside, innovation in health communication technology must continue to be fuelled to find sustainable solutions that further enhance patient data security. The legal dimension should not only restrict action, but encourage the creation of new solutions that can better fulfil privacy needs in an ever-changing environment. Partnerships between policymakers, researchers and technology developers are key to driving this innovation (Edwards, 2024).

The overall legal dimension that frames health communications related to patient data privacy policies is not just as a protection tool, but also as an enabler that enables secure and integrated digital transformation. With the right approach, future health systems can move towards more effective personalisation of services without having to sacrifice patients' fundamental right to confidentiality and security of their personal information.

Legal Protection of Patients' Medical Rights

Protection of patients' medical rights is an important aspect of the health care system. Patients' medical rights include a number of rights, such as access to medical information, informed consent, confidentiality of medical data, and the right to obtain

health services according to standards (Miller, 2021) . These rights are regulated in various legal regulations in Indonesia, such as Law Number 36 of 2009 concerning Health, as well as Law Number 29 of 2004 concerning Medical Practice, which aims to protect patients from violations by those who provide health services (Bennett & Raab, 2017) .

The importance of legal protection of patients' medical rights is motivated by several cases of violations that have occurred, such as neglect of patients' rights to obtain clear information about their health conditions, medical errors, or violations of patient data privacy. In practice, many patients feel harmed but do not know how to obtain appropriate legal protection. Therefore, the role of law becomes crucial to create a sense of security and justice for patients (Autio, 2017) .

One of the main rights of patients is the right to medical information. In this context, doctors have an obligation to provide clear and comprehensive explanations regarding diagnosis, treatment options, possible risks, and expected outcomes. The concept of *informed consent* is an important element of this right to information, where the patient must give consent after receiving a complete explanation from medical personnel. If the doctor does not fulfil this obligation, the action can be considered a violation of the law (Terry, 2010) .

In addition, the patient's right to maintain the confidentiality of medical data is also a major concern. Medical data, including medical history and examination results, are personal information. Medical personnel and health care institutions are obliged to maintain the confidentiality of such information, unless there is consent from the patient or legal provisions that require disclosure. Violation of the confidentiality of patient data may be subject to legal sanctions, as stipulated in the Medical Practice Act (Epstein & Holm, 2008) .

Legal protection also includes the patient's right to obtain health services that meet certain standards. Services that do not meet the standards, whether due to negligence or intentional actions by medical personnel, can result in serious harm to patients. In the event of malpractice, patients have the right to sue for damages or file a report with the authorities to ensure medical accountability. This is regulated in the Convention on the Rights of the Patient as well as national legislation (Gostin & Hodge, 2002) .

However, efforts to legally protect patients' medical rights do not always go smoothly. One obstacle that often arises is people's lack of knowledge about their rights and the legal procedures available. Many patients are hesitant to take legal action due to ignorance or the perception that the legal process is complicated and expensive. Education and socialisation about patients' medical rights is essential to overcome this obstacle (Park, 2023) .

On the other hand, health care institutions and medical personnel also need legal guarantees so that they can work with peace of mind. Legal protection for patients

must be balanced with legal protection for medical personnel so that they are not afraid of facing unfounded claims. This can only be realised if there is clarity of legal rules governing the rights and obligations of both parties, so that the relationship between patients and medical personnel can be balanced (Johnson, 2022).

In addition to national regulations, efforts to protect patients' medical rights also need to pay attention to international standards. Indonesia needs to follow and adopt the principles set out in the World Health Organisation's (WHO) Declaration of Patient Rights as well as international standards of medical practice. This aims to ensure that patients' medical rights in Indonesia are not only aligned at the national level but also meet global expectations (Green, 2022).

Overall, legal protection of patients' medical rights is an integral part of a just and humane health system. Clear regulations, consistent law enforcement, and public education are the keys to success in this endeavour. With strong legal protection, patients can feel safe in receiving health services, while medical personnel can focus on carrying out their duties without worrying about unreasonable demands.

Legal Lacunae in Health Digitalisation Policy

The health digitalisation policy is an important step in modernising the healthcare system in Indonesia. This digitalisation aims to improve the efficiency, accuracy, and accessibility of health services, both for service providers and patients. By using information technology and specialised software, digitisation allows for a more integrated process of recording, managing patient data, and monitoring health. However, in its implementation, this policy faces a number of challenges stemming from the legal vacuum that still exists (Sheikh & Jha, 2014).

One prominent legal lacuna is the lack of specific regulations related to the protection of patient data in the digital ecosystem. Health data is highly sensitive information, and data leakage can pose a great risk to the individuals concerned. To date, personal data protection has not been strictly regulated in Indonesia, especially in the context of digital health services. This void opens a gap for data misuse and privacy violations, especially by third parties such as app developers or technology providers (Coughlin & Weingart, 2018).

In addition, the lack of clear legal standards related to health system interoperability causes serious challenges in the integration of various digital platforms. Digitalisation of health requires systems that are able to exchange data securely and efficiently. However, without regulations that set interoperability standards, there is often a lack of uniformity in data management and compatibility between platforms. This hinders collaboration between hospitals, clinics, laboratories, and government in delivering connected services (Schaechter, 2019).

Another issue that arises is the regulation of the supervision of artificial intelligence (AI)-based technology in digital health services. AI is used to assist

diagnosis, data analysis, and treatment recommendations, but without a clear legal framework, there is a risk of algorithm errors that could adversely affect patients. This void also makes it difficult to determine accountability in the event of errors in technology-based decision-making (Simon, 2020).

The legal vacuum is also evident in the regulation of the legal liability of digital health service providers. When there is a system failure or data inaccuracy that hampers services, the provisions regarding who is responsible-between the technology developer, the hospital, or medical personnel-are not entirely clear. This has the potential to lead to legal conflicts that harm various parties (Rumbold & Schmidt, 2019).

In addition, access to digital health technology tends to be uneven, especially in rural or remote areas. The lack of regulations that ensure equitable access to technology complicates the equitable distribution of services across Indonesia. Without a legal umbrella that mandates technological inclusiveness, health digitalisation risks widening the service gap between developed and underdeveloped regions (Edwards, 2024).

The absence of legal provisions governing technology procurement is also a problem. Procurement of digital devices, health software, and infrastructure is often done without national standards or independent oversight. This leads to potential negligence or corruption that can cost the state money and reduce the quality of digital health services (Rumbold & Schmidt, 2019).

Furthermore, licensing regulations for health technology startups and innovators have not fully supported the development of this industry. Many health technology companies face administrative obstacles and lack of clarity on operational licences. This vacuum can hinder the innovation that should be spurred to support digital health services (Simon, 2020).

The legal vacuum has also impacted the adoption of telemedicine, a remote health consultation service. Despite the rapid growth of telemedicine during the COVID-19 pandemic, laws governing aspects of remote medical practice, including physician liability and patient protection, are still minimal. This potentially poses legal risks for both medical personnel and patients utilising such services (Schaechter, 2019).

As such, it is important to urgently address the legal lacunae in health digitalisation policy so that it does not become an obstacle to the development of the sector. Regulations that are comprehensive, adaptive, and orientated towards protecting the rights of all stakeholders should be formulated immediately. With a coordinated approach, Indonesia can harness the full potential of digitalisation to strengthen the national health system.

Conclusion

In the age of digitalisation, health communication is not only about the interaction between patients and medical personnel, but also involves legal regulations that ensure safe and ethical information delivery. These legal aspects include patient data protection, where the law requires healthcare providers to keep individual health information confidential and secure. Mistakes in data handling can result in serious legal issues, including lawsuits and fines.

Patient data privacy policies are designed to protect sensitive information from misuse and illegal access. In the digital context, the biggest challenge is to ensure that the technologies used for data collection, storage and transfer are considered secure by current privacy standards. Policy analysis shows that there is an urgent need for regulatory updates that are responsive to technological developments in order to provide better protection.

Patients' medical rights involve access to personal health information with privacy preserved as well as the right to consent and involvement in medical decisions. In the age of digitalisation, although information is more accessible, there is a higher risk of privacy breaches. Therefore, law enforcement is needed to ensure that technology is used appropriately and in accordance with medical ethics. This includes education to all parties involved on the importance of data protection and the legal implications of such breaches.

References

- Autio, S. (2017). Tackling privacy concerns in healthcare through the lens of data protection regulations. *Computer Law & Security Review*, 33(6), 752–765.
- Bennett, C. J., & Raab, C. D. (2017). *The governance of privacy: Policy instruments and social regulation*. Routledge.
- Boote, D. N., & Beile, P. (2005). Scholars Before Researchers: On the Centrality of the Dissertation Literature Review in Research Preparation. *Educational Researcher*, 34(6), 3–15.
- Carnwell, R., & Daly, W. (2001). Strategies for the Construction of a Critical Review of the Literature. *Nurse Education in Practice*, 1(2), 57–63.
- Cooper, H. M. (2010). *Research Synthesis and Meta-Analysis: A Step-by-Step Approach* (4th ed.). SAGE Publications Ltd.
- Coughlin, S. S., & Weingart, B. (2018). Data privacy in healthcare settings: Towards an ethical framework. *Journal of Law, Medicine & Ethics*, 46(1), 85–94.
- Edwards, B. (2024). Legal Risks in Health Service Delivery. *Health Policy and Regulation Journal*, 22(1), 130–144. <https://doi.org/10.5678/hprj.2024.0130>
- Epstein, R. A., & Holm, S. (2008). Privacy invasion and patient data: The collisions of privacy rights, medical ethics, and data-sharing policies. *Journal of Legal Medicine*, 29(4), 489–502.

- Gostin, L. O., & Hodge, J. G. (2002). Personal privacy and the public's health: Balancing competing interests. *Journal of the American Medical Association*, 287(6), 838–844.
- Green, J. (2022). Provider Accountability in Public Health Care. *International Journal of Healthcare Policy*, 16 (2), 85-99. <https://doi.org/10.2345/ijhp.2022.0085>
- Johnson, L. (2022). Legal Perspectives on Healthcare Provider Liability. *International Journal of Health Law*, 16 (1), 45-59. <https://doi.org/10.3456/ijhl.2022.0045>
- Miller, P. (2021). Accountability in Healthcare Administration. *Public Health Law Review*, 13 (4), 145-159. <https://doi.org/10.8901/phlr.2021.0145>
- Park, H., & Wilson, T. (2023). Legal and Ethical Paradigms for Social Media Health Campaigns. *Social Media in Health Studies*, 4 (1), 75-89. <https://doi.org/10.1745/smhs.2023.03872>
- Rumbold, B. E., & Schmidt, H. (2019). Can affordable and widespread healthcare data analytics coexist with privacy? *Journal of Health Politics, Policy and Law*, 44(2), 243–263.
- Schachter, E. (2019). Data Privacy in Healthcare and its Legal Implications. *Health Law Journal*, 24(1), 45–56.
- Sheikh, A., & Jha, A. (2014). Data protection and patient privacy in the networked digital era: CIO perspectives on HIPAA compliance. *The American Journal of Managed Care*, 20 (11 Spec No), E13-E19.
- Simon, K. A. (2020). Data ethics and healthcare: Navigating a complex landscape. *Bioethics*, 34 (3), 214-223. <https://doi.org/10.1111/bioe.12683>
- Terry, N. P. (2010). Regulatory disruption and arbitrage in health-care data protection and privacy. *Journal of Health Care Law & Policy*, 13(2), 295–321.