

Implementation of Health Regulations in Community Service Activities at the Avalokitesvara Stabat Temple

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Abstract

Religious institutions play a strategic role in equalizing access to health services. The Avalokitesvara Stabat Temple conducts regular community health service activities, but faces legal issues. This study analyzes the application of health legislation in the implementation of community service activities. Using a normative juridical approach with secondary and primary data from organizers and volunteer health workers, the results show that legal regulations have a strong constitutional basis through the 1945 Constitution, Law Number 17 of 2023 concerning Health, and Law Number 29 of 2004 concerning Medical Practice, but are still general in nature. Implementation faces obstacles in the form of licensing for volunteer health workers, limited resources, and informal coordination with the Health Office. Legal protection for volunteer health workers is guaranteed by Article 83 of the 2023 Health Law, but implementation faces obstacles in the form of a lack of professional liability insurance and clear dispute resolution mechanisms.

Keywords: Community Service, Buddhist Temple, Legal Protection, Health Law, Religious Institution

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Introduction

Article 28H paragraph (1) of the 1945 Constitution guarantees the right to health care, reinforced by Law Number 17 of 2023, which affirms that quality, safe, and affordable health care is the right of all people without discrimination. However, disparities in access to health services still exist, especially in remote areas and among lower-middle-income groups, due to limited facilities, high medical costs, and uneven distribution of health workers.

Religious institutions have a strategic role as partners of the government in equalizing access to health care. The Avalokitesvara Stabat Temple in Langkat Regency, North Sumatra, regularly organizes health community service activities, including general health checks, free medical treatment, health education, blood donations, and distribution of medicines. These activities are a manifestation of the Buddhist teaching of compassion (*karuna*) and a tangible contribution to community health development.

Health community service activities have complex legal dimensions, including the obligations of health workers, medical service standards, practice licensing, and legal responsibility. Law No. 17 of 2023 and Law No. 29 of 2004 stipulate that all medical personnel, including those involved in social activities, must have a practice license and act in accordance with professional standards. Article 190 of Law No. 17 of 2023 emphasizes the obligation of health workers to provide first aid in emergencies.

Legal issues arise regarding the legal status of the implementation, the licensing mechanism for volunteer health workers, standard operating procedures, and legal protection. Activities are often carried out without adequate coordination with the health office or involve health workers without the appropriate practice license, potentially posing legal risks. This study examines the implementation of health legislation in the implementation of community service activities at the Avalokitesvara Stabat Temple.

Research Methodology

The research used qualitative methods with a normative legal approach. Primary data was obtained from the organizers of activities at the Avalokitesvara Stabat Temple and volunteer health workers through interviews. Secondary data included primary legal materials (the 1945 Constitution, Law Number 17 of 2023, Law Number 29 of 2004, Law Number 36 of 2014, Minister of Health Regulation Number 47 of 2018, Minister of Health Regulation No. 19 of 2016), secondary legal materials (literature, scientific journals, research results), and tertiary legal materials (legal dictionaries, encyclopedias). The research was conducted at the Avalokitesvara Stabat Temple, Langkat Regency, North Sumatra, from January to February 2024.

Results

3.1 Legal Regulation of Service Activities

The legal framework is grounded in Article 28H paragraph (1) of the 1945 Constitution, which guarantees the right to obtain health services. Law Number 17 of 2023 affirms that health services must be accessible to all strata of society without discrimination, including through community-based activities and religious social institutions. Article 190 emphasizes the obligation of health workers to provide first aid in emergencies.

Law Number 29 of 2004 stipulates that every physician and dentist must possess a Practice License (SIP), which applies equally to community service activities to ensure that services meet competency standards and medical safety requirements. Nevertheless, the organization of temporary community health service activities continues to face a legal vacuum concerning

licensing mechanisms, standard operating procedures, and legal accountability. Ministry of Health Regulation Number 47 of 2018 regarding Emergency Services does not specifically address community-based or religious health service activities. Regulatory harmonization is required to accommodate social health services provided by religious institutions while maintaining the principles of safety, quality, and accountability.

3.2 Implementation of Health Regulations

The implementation of community service at Vihara Avalokitesvara Stabat encompasses:

a. Initial Health Examination

Each participant receives an initial health examination conducted by professional health workers from hospitals or community health centers (Puskesmas), including blood pressure measurement, blood glucose examination, and general health examination according to individual needs and complaints.

b. Health Promotion and Education

The community is provided with information regarding the importance of health maintenance and education concerning various diseases, transmission methods, treatment approaches, preventive measures, as well as encouragement to undergo routine health examinations at the nearest health facilities.

c. Provision of Medications and Vitamins

The Vihara provides medications and vitamins obtained through donations, independent procurement, and coordination with the Langkat District Health Office and Puskesmas. Medications must comply with established standards and safety requirements in accordance with Law Number 33 of 2014 concerning Halal Product Assurance.

d. Supervision and Monitoring

Regular supervision and monitoring are conducted to ascertain community health conditions and monitor treatment effectiveness. Serious cases are referred to the nearest Puskesmas or hospital.

e. Other Health Services

These include psychosocial support and counseling to assist the community in addressing mental and emotional well-being aspects.

The activities are organized in collaboration with the Langkat District Health Office, Puskesmas, Indonesian National Armed Forces (TNI), and Indonesian Red Cross (PMI). From a licensing perspective, implementation still faces challenges related to the completeness of practice licenses for volunteer health workers who may possess SIP in other regions. Temporary licensing mechanisms are often not strictly enforced because the activities are social in nature, temporary, and non-profit oriented, thereby creating a grey area in terms of legality.

Limited facilities and suboptimal field conditions constitute obstacles to meeting optimal service standards: examinations are conducted in confined spaces with minimal equipment, medical record-keeping has not been standardized, and there is no clear referral system. Coordination with the Health Office remains ad hoc and has not been institutionalized through Memoranda of Understanding (MoU) or formal agreements.

3.3 Implementation Constraints

a. Resource Limitations

Health workers participate voluntarily and are limited in number, while the community requiring services is considerably larger. Limited medical equipment and medications restrict the capacity to provide appropriate services and treatment. Greater

support from the government and relevant institutions is required. **b. Lack of Community Awareness**

Insufficient awareness regarding health and personal hygiene, poor sanitation and hygiene conditions, and limited access to clean water constitute significant risk factors for disease transmission. A portion of the community possesses limited knowledge concerning the importance of health. Health promotion regarding Clean and Healthy Living Behavior (PHBS) and education needs to be enhanced. **c. Limited Service Time**

The activities are temporary in nature and do not occur daily, resulting in not all community members being optimally served. Health workers must attend to numerous patients within a limited timeframe; consequently, examinations are not conducted in depth.

3.4 Legal Protection for Health Workers and Beneficiaries

Legal protection for volunteer health workers possesses a robust foundation in Article 83 of Law Number 17 of 2023, which stipulates that health workers who provide services in accordance with professional standards, service standards, and standard operating procedures cannot be subjected to criminal or civil prosecution for consequences that arise. This provision offers legal assurance so that health workers do not hesitate to assist in social activities, consistent with the principle of medical immunity.

Beyond protection from legal prosecution, volunteer health workers are entitled to occupational safety protection in accordance with Law Number 36 of 2014 concerning Health Workers, including a safe working environment, protection against disease transmission risks, and access to adequate personal protective equipment (PPE). Organizers bear moral and legal obligations to provide minimum occupational safety facilities.

However, legal protection still encounters obstacles: the absence of professional indemnity insurance specifically for voluntary health service activities, the lack of clear dispute resolution mechanisms should malpractice claims or medical negligence occur, and insufficient understanding among volunteer health workers regarding their legal rights and obligations in the context of social health services.

Beneficiaries possess rights equivalent to patients in formal health facilities in accordance with Articles 4-8 of Law Number 17 of 2023, encompassing the right to obtain clear information, informed consent, confidentiality of health information, safe and quality services conforming to standards, lodging complaints, and compensation in cases of negligence. Nevertheless, protection of rights is frequently neglected due to low legal awareness among the community, time and facility constraints, and the absence of clear complaint mechanisms.

Vihara Avalokitesvara Stabat, as the organizer, requires clear legal protection concerning responsibilities and obligations. Based on the principle of vicarious liability, organizers may be held accountable for errors or negligence committed by health workers acting on behalf of the activity. Mitigation measures include: ensuring all health workers possess valid practice licenses and appropriate competencies, formulating clear standard operating procedures, coordination and recommendations from health offices, providing adequate facilities and equipment, documenting all activities including informed consent, and obtaining liability insurance.

Conclusion

Health services delivered through community service activities by Vihara Avalokitesvara Stabat play a significant role in maintaining community health and well-being, encompassing health promotion, education, disease prevention and control, medication provision, as well as counseling and psychosocial support.

The legal framework possesses a robust constitutional foundation through the 1945 Constitution, Law Number 17 of 2023, and Law Number 29 of 2004; however, it remains general in nature and has not specifically regulated the technical aspects of implementation. The implementation encounters several constraints: licensing of volunteer health workers, fulfillment of optimal service standards, resource limitations, insufficient community awareness, limited service time, and informal coordination with the Health Office.

Legal protection for volunteer health workers is guaranteed under Article 83 of the 2023 Health Law; nevertheless, implementation faces obstacles, including the absence of professional indemnity insurance and clear dispute resolution mechanisms. Beneficiaries possess rights equivalent to those of patients in formal facilities; however, such protection is frequently neglected. Regulatory harmonization is required to accommodate social health services provided by religious institutions while maintaining the principles of safety, quality, and service accountability.

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