


# Private Homecare Practices by Healthcare Professionals: A Comparative Civil Law Analysis between Indonesia and Saudi Arabia

Yulia Audina Sukmawan<sup>1\*</sup>, Septiana Sari<sup>2</sup>, Soffyan Angga Fahlani<sup>3</sup>, Arisandy Mursalin<sup>4</sup>, Layla Abdullah Noor<sup>5</sup>

<sup>1,2,3,4</sup> Faculty of Law, Universitas Lambung Mangkurat, Banjarmasin, Indonesia.

<sup>5</sup> Faculty of Law, Al Baha Private College of Science, Al Bahah, Saudi Arabia.

 : [yulia.audina.sukmawan@ulm.ac.id](mailto:yulia.audina.sukmawan@ulm.ac.id)

Corresponding Author\*



## Abstract

**Introduction:** Private homecare is part of the development of healthcare services that allows medical personnel to be present directly in the patient's home. In Indonesia, private homecare poses problems because there are no specific regulations in place.

**Purposes of the Research:** To analyze private homecare practices in private homes from a civil law perspective, comparing Indonesia and Saudi Arabia.

**Methods of the Research:** This research is a mixed-methods legal study, combining normative and empirical legal research.

**Results Main Findings of the Research:** This study confirms that private homecare in Indonesia has significantly developed as an independent healthcare service provided by professional medical personnel for patients. A comparison of civil law with Saudi Arabia shows that Indonesia relies on the Civil Code Articles 1233-1253, 1320, 1365, which allows oral contracts to be prone to breach (Articles 1234, 1266) without SNI medical records or mandatory insurance. In contrast, Saudi Arabia implements the Civil Transactions Law RD M/191/1444H Articles 128-137 with mandatory written ijara contracts (Labor Law RD M/51/1426H), CBAHI accreditation 2024, the Sehaty digital platform, and professional insurance (Health Insurance Law RD M/32/1424H Article 17). The research recommends that Indonesia adopt national contract standards, a special homecare SIP, strict supervision by the Health Department/PPNI, and an integrated SATUSEHAT platform like the Saudi model to create an accountable ecosystem that balances the flexibility of nursing practice with civil law certainty for chronic patients, in order to realize the right to health as a human right.

**Keywords:** Civil Law; Medical Personnel; Personal Care; Right to Health.

Submitted: 2026-01-10

Revised: 2026-03-09

Accepted: 2026-03-11

Published: 2026-03-31

How To Cite: Yulia Audina Sukmawan, Septiana Sari, Soffyan Angga Fahlani, Arisandy Mursalin, and Layla Abdullah Noor. "Private Homecare Practices by Healthcare Professionals: A Comparative Civil Law Analysis between Indonesia and Saudi Arabia." *Batulis Civil Law Review* 7 no. 1 (2026): 69-85. <https://doi.org/10.47268/ballrev.v7i1.3704>

Copyright © 2026 Author(s)



Creative Commons Attribution-NonCommercial 4.0 International License

## INTRODUCTION

The development of healthcare services in the modern era has revolutionized access to and quality of healthcare to provide optimal health services for the community.<sup>1</sup> The development of healthcare services through the integration of technologies such as telemedicine, artificial intelligence (AI), precision genomics, and electronic medical records is gradually intended to protect patients' rights, ensure data security, and guarantee medical

<sup>1</sup> M.M. Sarabdeen, J. and Mohamed Ishak, "A Comparative Analysis: Health Data Protection Laws in Malaysia, Saudi Arabia and EU General Data Protection Regulation (GDPR)," *International Journal of Law and Management* 67, no. 1 (2025): 99-119.

ethics in its implementation.<sup>2</sup> In general, the development of healthcare services in the modern era began with telemedicine, which enables remote consultations via digital platforms, supported by wearable devices for real-time monitoring such as heart rate and glucose levels, as well as AI that analyzes big data for accurate diagnosis of up to 95% in medical images. A further development is the use of genomics with CRISPR and mRNA vaccines such as those for COVID-19, which offer personalized treatment that reduces side effects and increases the survival rate of cancer patients to 80%.<sup>3</sup> In Indonesia, which is working towards Health 4.0 through mobile applications and digital infrastructure to address access gaps in remote areas.

The development of healthcare services in the modern era has essentially been accommodated by Law Number 17 of 2023 on Health, which explicitly regulates telehealth (Article 48), interoperable electronic medical records (Article 57), and the use of AI in diagnosis (Article 153).<sup>4</sup> This is also supported by the Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine, which mandates data security standards and patient confidentiality, as well as Minister of Health Regulation Number 24 of 2022 concerning Electronic Medical Records for national integration. One form of healthcare service development is related to private homecare practices. Private homecare in healthcare is a medical and nursing care service provided by professional staff directly at the patient's home.<sup>5</sup> Private homecare offers a personal and comprehensive approach for individuals or families in need of ongoing care without having to be hospitalized, thus maximizing patient independence, minimizing the risk of nosocomial infections, and improving psychological comfort through holistic support that involves the family in the treatment process.<sup>6</sup> These services cover various types such as medical homecare for vital signs checks, infusion administration, wound care, or occupational therapy to assist the daily activities of elderly patients or those with chronic diseases, while nursing homecare focuses on daily assistance, medication management, and family education on healthy lifestyles, with easy access mechanisms through digital applications or hotlines for flexible scheduling tailored to individual needs.<sup>7</sup>

In Indonesia, private homecare is developing rapidly as part of the Health 4.0 transformation, facilitated by Law Number 17 of 2023 on Health which guarantees quality standards and patient data protection through electronic medical records, although challenges such as relatively high private costs are addressed with BPJS Health (National Health Insurance) claim options for licensed facilities to ensure inclusive access for both urban and rural communities.<sup>8</sup> In Indonesia, private homecare refers to Law Number 17 of

---

<sup>2</sup> Justyna Król-Calkowska and Daniel Walczak, "Legal Possibilities of Using AI in Medicine, with Particular Emphasis on Imaging Diagnostics and Responsibility of Medical Entities – Polish Perspective," *Teka Komisji Prawniczej PAN Oddział w Lublinie* 14, no. 1 (2022): 205–18, <https://doi.org/10.32084/tekapr.2021.14.1-18>.

<sup>3</sup> Abdul Latief and Maria Ulfa, "Healthcare Facilities and Medical Tourism Across the World: A Bibliometric Analysis," *Malaysian Journal of Medical Sciences* 31, no. 2 (2024): 18–29, <https://doi.org/10.21315/mjms2024.31.2.3>.

<sup>4</sup> Bob Wahyudin et al., "Legal Protection for Doctors in Telemedicine Services: A Human Rights and Comparative Law Perspective," *Jurnal Suara Hukum* 7, no. 1 (2025): 124–55, <https://doi.org/10.26740/jsh.v7n1.p124-155>.

<sup>5</sup> Hyunjee Kim et al., "Comparing Outcomes Among Medicaid Home and Community-Based Service Users: Private Homes vs. Assisted Living Facilities," *Health Services Research* 60, no. 5 (2025), <https://doi.org/10.1111/1475-6773.14643>.

<sup>6</sup> Dana B. Mukamel et al., "Telehealth Use by Home Health Agencies Before, During, and After COVID-19," *Health Services Research* 60, no. 5 (2025), <https://doi.org/10.1111/1475-6773.14645>.

<sup>7</sup> Charlene Harrington and Toby S Edelman, "Private Equity and Nursing Home Care: What Policies Can Be Adopted to Address the Growing Problems?," ed. Brian Kaskie, *Public Policy & Aging Report* 33, no. 2 (2023): 44–48, <https://doi.org/10.1093/ppar/prad001>.

<sup>8</sup> Nurnaeni and Syamsul Bachri, "Peran Hukum Dalam Menjamin Hak Atas Kesehatan: Analisis Perlindungan Hukum Bagi Pasien Di Indonesia," *Jurnal Berita Kesehatan* 17, no. 2 (2024), <https://doi.org/https://doi.org/10.58294/jbk.v17i2.204>.

2023 on Health, which classifies it as part of continuing healthcare services, including home care for screening, curative, rehabilitative, and palliative care provided by competent medical personnel at advanced facilities such as general or specialized private clinics or hospitals, with funding from commercial insurance or national social security. Private homecare as a home-based care service is defined in Minister of Health Regulation Number 14 of 2021 concerning Standards for Business Activities and Products in the Licensing of General Clinics and Specialized Clinics, where patients must have medical records at the service-providing clinic for observation, treatment, or post-hospitalization rehabilitation for cases involving the elderly, people with chronic conditions, or those with limited mobility. Meanwhile, Minister of Health Regulation Number 17 of 2024 regulates changes to these standards to ensure quality and interoperability with the National Health Information System.

The implementation of private homecare is generally carried out by medical personnel such as nurses, one of whom is required to hold an Independent Nursing Practice License. In relation to this aspect, this research focuses on an analysis of private homecare practices or home-based care practices from the perspective of civil law, using a comparative approach between Indonesia and Saudi Arabia. The civil law aspect related to private homecare or home-based care practices is intended to ensure the protection of patients' rights and also to ensure the accountability of professional medical personnel in providing medical services in private homecare or home-based care practices. The comparison between Indonesia and Saudi Arabia is also aimed at examining the practices and regulations in both countries regarding private homecare or home-based care practices.

This research aims to analyze private homecare practices or home-based care practices from the perspective of civil law, using a comparative approach between Indonesia and Saudi Arabia. The legal issues that are the focus of analysis in this research are: (i) the practices and obstacles in the implementation of private homecare or home-based care in Indonesia, and (ii) a legal comparison of the practices and regulations of private homecare or home-based care in Indonesia and Saudi Arabia from the perspective of civil law.

## METHODS OF THE RESEARCH

This research, which focuses on private homecare practices or home-based care practices from the perspective of civil law using a comparative approach between Indonesia and Saudi Arabia, is a normative legal research supplemented with empirical data in the form of questionnaires, thus making it a mixed-methods research.<sup>9</sup> The empirical aspect of this research focuses on the practices of medical personnel who have carried out private homecare, who then answer the research questions through questionnaires. The normative aspect of this research focuses on the analysis of legal principles, theories, and concepts related to private homecare practices or home-based care practices, with legislation serving as the authoritative legal basis in normative legal research.<sup>10</sup> The data used in this research consists of primary data obtained through questionnaires distributed to medical personnel, and secondary data which includes two things: first, primary legal materials in the form of

---

<sup>9</sup> Suteki and Galang Taufani, *Motodologi Penelitian Hukum (Filsafat, Teori, Dan Praktik)*, Cetakan 3 (Depok: RajaGrafindo Persada, 2020).

<sup>10</sup> Maalikatussofa Masnun, Muh. Ali, Prasetyo, Dicky Eko, "Reconstruction of the Normative Legal Research Paradigm in Responding to Global Challenges: An Epistemological Analysis," *Novum: Jurnal Hukum* 12, no. 3 (2025): 372-84, <https://doi.org/https://doi.org/10.2674/novum.v12i03.74364>.

legislation from both Indonesia and Saudi Arabia related to private homecare or home-based care practices; and second, secondary legal materials in the form of journal articles, books, and research results that discuss private homecare or home-based care practices. Legal material analysis is conducted qualitatively and prescriptively, so in addition to describing private homecare practices or home-based care practices, future legal solutions are also outlined. This research uses conceptual, statutory, and comparative approaches.

## RESULTS AND DISCUSSION

### A. Practices and Barriers to the Implementation of Private Homecare or Care in Private Homes in Indonesia

The development of healthcare services in Indonesia plays a strategic role in fulfilling patients' rights as guaranteed by Law Number 17 of 2023 on Health, which covers the right to clear and accurate information about health conditions and treatment options, the confidentiality of personal medical data, quality services without discrimination based on socioeconomic or geographic status, informed consent before medical procedures are performed, and the right to obtain fair compensation for losses caused by medical negligence.<sup>11</sup> These efforts are essentially aimed at ensuring the protection of the community's right to health. The right to health as an integral part of human rights (HR) has been universally recognized through the 1948 Universal Declaration of Human Rights (UDHR) in Article 25 (1), which states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services.<sup>12</sup> The International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1966 in Article 12 obliges state parties to recognize the right of everyone to the highest attainable standard of physical and mental health, through progressive measures such as reducing infant and maternal mortality rates, improving environmental sanitation, preventing and treating diseases, and providing emergency health services. Thus, this right is not merely a welfare facility but a state obligation to ensure universal access without discrimination based on race, religion, gender, social status, or economic capacity.<sup>13</sup>

In the context of Indonesia, the right to health is constitutionally guaranteed through Article 28H (1) of the 1945 Constitution of the Republic of Indonesia, which states that everyone has the right to prosper in body and soul, to reside, and to obtain a good and healthy living environment, as well as the right to health services.<sup>14</sup> The recognition of the right to health as a human right demands a holistic approach that covers preventive, curative, rehabilitative, and palliative dimensions, where the state is responsible for creating the social determinants of health such as access to clean water, sanitation, nutrition, public health education, and the reduction of environmental pollution, as stipulated in General Comment No. 14 of the UN Human Rights Committee which emphasizes the availability,

---

<sup>11</sup> Arif Awangga, "Settlement Of Medical Disputes After Law No. 17 Of 2023 Concerning Health," *JILPR Journal Indonesia Law and Policy Review* 6, no. 2 (2025): 264–69, <https://doi.org/10.56371/jirpl.v6i2.371>.

<sup>12</sup> Julia Ivanova et al., "Regulation and Compliance in Telemedicine: Viewpoint," *Journal of Medical Internet Research* 27, no. 1 (2025): 53–58, <https://doi.org/10.2196/53558>.

<sup>13</sup> I Made Wirya Darma, "The Development of Health Criminal Law in The Perspective of Dignified Justice: What and How?," *Jurnal IUS Kajian Hukum Dan Keadilan* 12, no. 1 (2024): 208–23, <https://doi.org/10.29303/ius.v12i1.1486>.

<sup>14</sup> I Nyoman Bagiastra, "Gagasan Omnibus Law Kesehatan Sebagai Kebijakan Hukum Nasional Dalam Upaya Meningkatkan Derajat Kesehatan Masyarakat," *Jurnal Penelitian Hukum De Jure* 23, no. 1 (2023): 33–46.

accessibility, acceptability, and quality of health services.<sup>15</sup> Philosophically, the right to health is rooted in the principle of human dignity, as stated in the preamble to the UDHR, which considers health a prerequisite for enjoying other human rights such as the right to education, work, and political participation because without optimal physical and mental health, individuals cannot realize their full potential.<sup>16</sup> One form of healthcare service development includes innovations such as private homecare, telemedicine, community-based services, and the integration of digital technology into the National Health Insurance (JKN).<sup>17</sup> One form of healthcare service development is private homecare or home-based care.

Private homecare or home-based care in Indonesia is a healthcare service practice provided by professional medical personnel such as nurses, midwives, doctors, or physiotherapists independently in the patient's home environment. It is becoming increasingly popular as public awareness grows regarding the importance of ongoing post-hospitalization care, especially for the elderly, people with disabilities, chronic disease patients such as those with diabetes or heart conditions, as well as postpartum mothers and newborns.<sup>18</sup> Private homecare covers a variety of activities ranging from administering medication and injections, wound care, physical rehabilitation, health consultations, baby massage, bathing patients, breast care, to regular vital signs monitoring all without the need for repeated visits to formal healthcare facilities such as hospitals or clinics. Thus, it offers convenience, flexible scheduling, and reduced transportation costs for patients living in remote areas or with limited mobility.<sup>19</sup> Private homecare in practice has been developing since the early 2000s, driven by advances in telemedicine technology and post-COVID-19 pandemic market demand that accelerated the adoption of home-based services. However, in reality, there are still no special and specific regulations regarding private homecare or home-based care, including certain standards in efforts to ensure the fulfillment of patients' rights.

This research analyzes private homecare or home-based care practices carried out by medical personnel, particularly nurses, based on this questionnaire which contains data from healthcare worker respondents in Indonesia who filled out forms about private homecare practices. In practice, private homecare is conducted by some of the respondents, where the majority are female, with a dominant age range of 25-45 years and working as nurses. Their main workplace is a hospital or clinic, with 5-10 years of work experience. That said, there are also male respondents, who are in the minority in terms of numbers. In general, the majority of respondents indicated having provided private homecare services such as wound care, administering injections/infusions, rehabilitation, baby massage, bathing babies, and breast care. The main reasons were to help patients, earn additional

---

<sup>15</sup> Dicky Eko Prasetyo and Muh. Ali Masnun, "Beneficiary Pays Principle : Rekonstruksi Pengaturan Pelindungan Lingkungan Dalam Mewujudkan Kelestarian Sumber Daya Air," *Jurnal Hukum Lingkungan Indonesia* 11, no. 1 (2025): 1-22, <https://doi.org/10.38011/jhli.v11i1.957>.

<sup>16</sup> Wendy M. Cavey, Stephanie Lewis, and Holly Carter, "Health Care Professionals' Self-Efficacy in Identifying and Treating Human Trafficking Victims," *Nurse Education Today* 129, no. 1 (2023): 105900, <https://doi.org/10.1016/j.nedt.2023.105900>.

<sup>17</sup> Ingrid Green Nego et al., "Insurance Utilities in Indonesia: A Study for Future Opportunities," *International Journal of Health and Pharmaceutical (IJHP)* 5, no. 2 (2025): 284-91, <https://doi.org/10.51601/ijhp.v5i2.370>.

<sup>18</sup> Pallavi Gupta, Sonali Randhawa, and Sunil Nandraj, "The Home Healthcare Boom: Opportunities and Obstacles in India's Changing Healthcare Landscape," *Home Health Care Management & Practice* 36, no. 2 (2024): 134-40, <https://doi.org/10.1177/10848223231196301>.

<sup>19</sup> Anita Lontaan and Agnes Montolalu, "Impact of Home Care Regulations on the Independent Role of Nurses in Society," *Jurnal Edukasi Ilmiah Kesehatan* 3, no. 2 (2025): 70-77, <https://doi.org/10.61099/junedik.v3i2.114>.

income, and the limited availability of official services in the patients' areas. In general, all respondents were of the opinion that private homecare should be carried out by experienced medical personnel with special licenses. The majority disagreed with homecare practices without an official institution and emphasized the need for stricter regulations, such as a Practice License (SIP), competency certificates, and evaluation by the health office.

The questionnaire results also showed that in practice, there is still a lack of knowledge about regulations, as seen in some respondents who did not understand the rules related to private homecare. This is evident from several respondents who admitted to providing services such as wound care, infusions, and baby care for reasons of helping those in need or earning additional income – yet often without complete legal documents such as a special Private Homecare Practice License (SIP) or additional competency certificates, thus creating risks of malpractice, drug abuse, or legal disputes that could involve the service providers. Another point that most respondents did not understand was the legal risks that could involve medical personnel in both civil and criminal proceedings. What also has not been fulfilled in private homecare practices in Indonesia are guarantees of the right to clear information, medical data confidentiality, quality services without discrimination, informed consent, and compensation for losses due to negligence – which are often hindered by the lack of transparent service contracts, the absence of standard medical documentation such as secure digital medical records that meet Indonesian National Standard (SNI) requirements, minimal supervision from the Health Office or professional organizations like the Indonesian National Nurses Association (PPNI) or the Indonesian Medical Association (IDI), and respondents' lack of knowledge about specific regulations requiring collaboration with doctors or official institutions for invasive procedures. This risks preventing patients from accessing their right to safe services, such as adequate sterilization of medical tools, calibration of monitoring equipment, or timely emergency referrals.

In general, private homecare practices in Indonesia still face problems in terms of regulation, as well as patients' and medical personnel's legal awareness. In terms of regulation, it is evident that there are no specific rules outlining standard mechanisms and guarantees for patients' rights related to private homecare. Additionally, the stipulation of legal liability and sanctions for medical personnel has not been clearly formulated if private homecare practices do not comply with medical professional standards. This regulatory issue also impacts the still-low legal awareness of patients and medical personnel, leading to private homecare practices being carried out by unlicensed medical personnel – which risks causing legal problems if the services provided do not align with the rights that patients are entitled to.

The obstacles in implementing private homecare or home-based care in Indonesia fundamentally arise from the absence of special and specific regulations that comprehensively govern service standards, licensing mechanisms, and guarantees of patients' rights. This is revealed from the analysis of the practices of questionnaire respondents – the majority of whom are female, aged 25-45 years, working as nurses with 5-10 years of experience in hospitals or clinics. While they have provided services such as wound care, administering injections/infusions, rehabilitation, baby massage, bathing babies, and breast care for reasons of helping those in need, earning additional income, or addressing the lack of official services in patients' areas, these practices are often carried out without complete legal documents such as a special homecare Practice License (SIP) or

additional competency certificates. This creates risks of malpractice, drug abuse, or civil and criminal legal disputes that could involve the service providers under Law Number 17 of 2023 on Health. These obstacles are further complicated by the lack of clear stipulation of legal liability and strict sanctions for medical personnel who violate professional standards as mandated by professional organizations like PPNI or IDI, meaning patients may be denied their right to safe services including adequate sterilization of medical tools, calibration of vital signs monitoring equipment, or timely emergency referrals.

Private homecare or home-based care in Indonesia has developed as an independent healthcare service provided by professional medical personnel such as nurses, midwives, doctors, or physiotherapists for the elderly, people with disabilities, chronic disease patients, and postpartum mothers. It covers activities including medication/injection administration, wound care, rehabilitation, baby massage, bathing patients, breast care, and vital signs monitoring offering convenience and flexibility amid limited mobility and access to formal facilities. The implementation of private homecare is fundamentally hindered by the absence of special regulations governing service standards, licensing, and patient rights guarantees as mandated by Law Number 17 of 2023 on Health. These obstacles undermine patients' rights to clear information, data confidentiality, quality services without discrimination, informed consent, and compensation for negligence in line with Article 28H of the 1945 Constitution and Article 25(1) of the UDHR due to insufficient contract transparency, adequate tool sterilization, equipment calibration, and timely emergency referrals. This emphasizes that private homecare practices have proven to be needed and are widely carried out by experienced healthcare workers to meet ongoing care needs. Therefore, specific rules are required, containing service standards, special Practice Licenses (SIP), strict supervision, and clear liability sanctions, so that this service can operate safely, accountably, and in line with the state's obligation to the right to health as a human right.

## **B. A Comparison of the Laws on Private Homecare Practices and Regulations in Indonesia and Saudi Arabia from a Civil Law Perspective**

The legal basis for the practice and regulation of private homecare or home-based care in Indonesia derives from a constitutional framework and general health legislation, without specific special regulations that comprehensively govern this independent service. It begins with Article 28H (1) of the 1945 Constitution, which guarantees everyone's right to health services as part of the right to prosper in body and soul; Article 34 (3), which obliges the state to prioritize health services for the poor through social security; and Law Number 17 of 2023 on Health, which details patients' rights to accurate information, medical data confidentiality, quality services without discrimination, informed consent, and compensation for malpractice.<sup>20</sup> The technical regulations for private homecare are based on Minister of Health Regulation Number 9 of 2014 on Clinics, which in Article 32 (2) explicitly mentions home care services as part of promotive, preventive, curative, and rehabilitative care that can be provided by clinics in the form of outpatient or one-day care; Minister of Health Decree Number 1239 of 2001 on Nurse Registration and Practice, which allows nurses with a Nurse Practice License (SIPP) to provide home visit nursing care by

---

<sup>20</sup> Absori Absori et al., "Doctor Placement's Policy and Its Implications in Indonesia: Legal Qualitative Study," *Open Access Macedonian Journal of Medical Sciences* 10, no. 1 (2022): 386-91, <https://doi.org/10.3889/oamjms.2022.8692>.

bringing standard professional equipment without setting up an independent practice sign; and Minister of Health Regulation Number 69 of 2014.

The fundamental problem in these regulations lies in the absence of comprehensive special regulations for independent private homecare outside the umbrella of clinics or hospitals. As a result, practices by individual nurses or midwives – such as those carried out by the questionnaire respondents (the majority of whom are female, aged 25-45 years with 5-10 years of experience) – often exist in a legal gray area. They lack a special homecare Practice License (SIP), additional competency certificates for invasive procedures like injections/infusions, or mandatory doctor collaboration protocols. This leads to risks of malpractice, drug abuse, and violations of patients' rights, as identified in the questionnaire data which shows that services such as wound care, baby massage, and breast care are provided without SNI-compliant digital medical records, adequate tool sterilization, or timely emergency referrals. The problem is further complicated by the lack of operational supervision from the Health Office, professional organizations such as PPNI and IDI, as well as the ambiguity of specific administrative/criminal sanctions for violations in private home care that do not comply with professional standards. While Minister of Health Decree 1239/2001 regulates home visits by nurses with SIPP, this provision has not been accompanied by mechanisms for regular evaluation, mandatory malpractice insurance, or integration with the SATUSEHAT platform for transparent medical records.<sup>21</sup>

The popular homecare practices post-COVID-19 for the elderly, chronic disease patients, or postpartum mothers risk violating Article 12 of the ICESCR on the highest attainable standard of health and the 4A Framework of UN General Comment No. 14 – with impacts including low patient trust, legal disputes, and failure to optimize the holistic human right to health. Overall, the existing legal basis provides a general foundation for private homecare as an extension of promotive-curative nursing services, but fails to provide legal certainty for independent practices due to the lack of specific derivative regulations such as the latest Government Regulations or Minister of Health Regulations governing portable facility standards, home safety protocols, insurance liability, and tiered sanctions. Thus, this issue demands policy harmonization between the Ministry of Health, Ministry of Home Affairs, and health professions to create an accountable ecosystem that balances home service innovation with patient rights guarantees in line with constitutional and international mandates.

From the perspective of civil law, private homecare or home-based care in Indonesia involves a contractual relationship between healthcare workers (such as nurses or midwives) as service providers and patients or their families as service recipients – which is fundamentally of a contractual nature (*pacta sunt servanda*). This is regulated in Book III, Chapter V, Articles 1233-1253 of the Indonesian Civil Code (KUH Perdata) on contracts, and Article 1320 of the KUH Perdata on the validity requirements of a contract, which require mutual consent, legal capacity, a specific subject matter, and a lawful cause.<sup>22</sup> Independent practices such as administering injections/infusions, wound care, rehabilitation, baby

---

<sup>21</sup> Ángela Del Carmen López-Tarrida, Rocío de Diego-Cordero, and Joaquin Salvador Lima-Rodríguez, "Spirituality in a Doctor's Practice: What Are the Issues?," *Journal of Clinical Medicine* 10, no. 23 (2021): 1-16, <https://doi.org/10.3390/jcm10235612>.

<sup>22</sup> Ahmad Munawir Siregar et al., "Validity of Online Transaction Agreements in the Digital Era," in *Proceedings of the International Conference on "Changing of Law: Business Law, Local Wisdom and Tourism Industry"*, vol. 804, 2023, 56-64, [https://doi.org/10.2991/978-2-38476-180-7\\_8](https://doi.org/10.2991/978-2-38476-180-7_8).

massage, breast care, or vital signs monitoring – carried out by the questionnaire respondents (the majority of whom are female, aged 25-45 years with 5-10 years of experience) are often based only on oral or verbal agreements, without written contracts clearly specifying the scope of services, fees, duration, medical record documentation obligations, informed consent clauses, and liability limits for complications. As a result, they are vulnerable to breach of contract (Article 1234 of the KUH Perdata) if services do not meet the agreed terms, such as inadequate tool sterilization or delayed emergency referrals. These practices can be sued in civil court for material damages (additional medical costs) and non-material damages (physical/psychological suffering) based on Article 1365 of the KUH Perdata on unlawful acts (*onrechtmatige daad*), if negligence (*schuld*) – in the form of imprudence (*schuld door nalatigheid*) or intent – is proven to have caused harm to the patient. Such homecare malpractice cases may expose the service provider to civil claims in district court to fulfill the patient's right to compensation, in line with Article 391 of Law Number 17 of 2023 on Health, which mandates the fulfillment of patients' rights to quality services and compensation for losses.<sup>23</sup>

From a civil law perspective, the main problem arises from the absence of special homecare contract standards in regulations such as Minister of Health Regulation No. 9 of 2014 on Clinics or Minister of Health Decree Number 1239 of 2001 – which only regulate the general practice of nurses with SIPP, without mandatory provisions for written agreements covering force majeure clauses for household risks (e.g., power outages affecting vital signs monitoring), professional liability insurance for breach of contract risk mitigation, or alternative dispute resolution mechanisms such as BANI mediation before litigation. As a result, patients receiving services without fee transparency or risk disclosure like the questionnaire respondents who admitted to practicing without complete legal documents may demand termination of the contract (*ontbinding*) under Article 1266 of the KUH Perdata if services do not meet PPNI professional standards. Meanwhile, healthcare workers face the risk of dual civil lawsuits from patients' families for violations of medical data confidentiality (Article 1365 in conjunction with the Health Law) or service failures that worsen the patient's condition, with a reversal burden of proof that places a heavy burden on service providers to demonstrate their actions were in line with standards due to information asymmetry between medical professionals and lay patients.

Private homecare is often a service contract (*dienstverleningsovereenkomst*) where healthcare workers act as independent contractors rather than institutional employees. Thus, civil liability is personal and joint if a team is involved (Article 1367 of the KUH Perdata on reciprocal agreements). Compounding this is the lack of regulations on inheritance or legal representation for incapacitated patients (e.g., elderly people with dementia), who require written power of attorney to avoid voidability (Article 1329 of the KUH Perdata on legal defects). Additionally, integration with the BPJS National Health Insurance (JKN) requires claim verification that may be rejected if the homecare contract is not registered with an accredited health facility, leading to reimbursement disputes that result in civil mediation. These issues are exacerbated by the limited jurisprudence of the High Court on private homecare, although a Supreme Court decision such as Number 1234 K/Pdt.Sus-Pert/2020 affirms the civil liability of independent doctors for home visit

---

<sup>23</sup> Muhammad Afiful Jauhani, Yoga Wahyu Pratiwi, and Supianto Supianto, "Perlindungan Hukum Tenaga Medis Dan Pasien Pada Tindakan Gawat Darurat," *JURNAL RECHTENS* 11, no. 2 (2022): 257-78, <https://doi.org/10.56013/rechtens.v11i2.1790>.

malpractice. Overall, the civil law analysis demands national standardization of homecare contracts covering liability limitation clauses, detailed informed consent, and arbitration for efficient dispute resolution – ensuring these practices not only meet the needs of chronic disease patients and postpartum mothers but also protect healthcare workers from tangled lawsuits that threaten the sustainability of essential post-pandemic home services.<sup>24</sup>

From a civil law perspective, private homecare or home-based care in Saudi Arabia is strictly regulated through a contractual framework based on Islamic Sharia principles and its civil law system. This is as stipulated in the Private Health Institutions Law issued by the Ministry of Health (MOH) under Royal Decree Number M/42 of 1442 AH (2021 CE), Article 2 (1) which restricts ownership of private health institutions, including home care centers, to Saudi citizens only (except for hospitals). Article 6 mandates management by qualified Saudi citizens. Additionally, the Labor Law (Royal Decree Number M/51 of 1426 AH (2005 CE)), Articles 50-61, regulates employment contracts between home care providers and patients/families as service contracts (*ijara*) that must be in writing. These contracts must cover the scope of services such as vital signs monitoring, wound care, injections, and rehabilitation, as well as clauses on liability for breach of contract (*takhfif al-adā'*) with home care providers being registered with the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI).<sup>25</sup> Through the National Standards for Home Healthcare Services (2024), written informed consent must be provided in accordance with MOH guidelines which guarantee patients' rights to clear information, data confidentiality (Article 24 of the 1442 AH Health Law), and compensation for negligence. Thus, the civil law relationship is governed by the principle of *pacta sunt servanda*, with contract termination (*faskh al-'aqd*) allowed under the Civil Transactions Law (CTL) (Royal Decree Number M/191 of 1444 AH (2023 CE)), Articles 132-136, if consent defects or breaches of obligation (such as inadequate tool sterilization) are proven. Meanwhile, civil lawsuits for unlawful acts (*damān al-ḍarar*) are regulated under Articles 128-134 of the CTL, which enable claims for material damages (additional medical costs) and non-material damages (suffering) if negligence (*taqṣir*) by home care nurses/doctors is proven with the burden of proof lying on the provider unless *force majeure* (such as a disaster) applies.<sup>26</sup>

From a civil law perspective, the Saudi MOH Home Health Care Guidelines (2024) require home care contracts to include an Advance Care Planning (ACP) clause – even though there is no specific ACP law (due to Islamic tradition) – as well as discharge criteria (Article 16 of the Guidelines) and incident reporting to CBAHI. Home care providers, acting as independent contractors, bear joint liability (Article 137 of the CTL) for home care teams serving chronic disease patients, the elderly, or palliative care patients. The MOH Patient Rights Charter must be included in the contract, guaranteeing the right to dignified care, non-discrimination, and 24/7 emergency referrals via Nahdi Care or MOH services. Thus, breaches of contract such as delayed vital signs monitoring can be sued in Saudi civil courts for contract termination plus penalties under the Commercial Courts Law (Royal Decree

---

<sup>24</sup> M Adnan Lira, "Pertanggungjawaban Hukum Dokter: Suatu Tinjauan Dalam Perspektif Hukum Kesehatan," *Unnes Law Review* 5, no. 4 (2023): 4608–20.

<sup>25</sup> Halah Almula and Dena Hassouneh, "Home-Based Palliative Care and Home Health Care in Saudi Arabia: An Integrative Literature Review," *Home Health Care Management & Practice* 34, no. 4 (November 14, 2022): 288–301, <https://doi.org/10.1177/10848223221085684>.

<sup>26</sup> Walid A Alkeridy et al., "Predictors of Mortality in Home Health Care Service: Data from Saudi Arabia," *Journal of Multidisciplinary Healthcare* Volume 15, no. 1 (September 2022): 1997–2005, <https://doi.org/10.2147/JMDH.S379782>.

Number M/93 of 1442 AH), Article 45, if the home care service is a corporate entity. Meanwhile, consumer protection is guaranteed under the Consumer Protection Law (Royal Decree Number M/52 of 1442 AH), Articles 8-12, which prohibits deceptive home care pricing practices and mandates cost transparency – with mandatory mediation through the Consumer Protection Agency before litigation for efficient resolution of contractual disputes.

The civil law analysis shows that Saudi Arabia’s system has advantages over other countries due to digital integration via the MOH’s Sehaty Platform, which requires integrated electronic medical records for all home care providers (CBAHI Standard HS.1) reducing information asymmetry and facilitating evidence gathering in civil lawsuits. Additionally, private home care institutions are required to have professional liability insurance under the Health Insurance Law (Royal Decree Number M/32 of 1424 AH), Article 17, protecting providers from large malpractice claims such as infusion errors or improper rehabilitation. However, issues arise with informal home care provided by unregistered Filipino/Indian migrant workers, who are vulnerable to exploitation through oral contracts without compensation rights – with sanctions including deportation and a SAR 100,000 fine under the Anti-Commercial Cover-up Law. Overall, Saudi civil law creates an accountable home care ecosystem with national standard contracts, fast arbitration via the Saudi Commercial Arbitration Center, and strict enforcement aligned with Vision 2030’s target of adding 22,000 long-term care/home care beds – ensuring secure contractual relationships for chronic disease patients while protecting professional providers from tangled litigation.

**Table 1. Comparison of Private Homecare Practices and Arrangements in Indonesia and Saudi Arabia**

Civil Law Aspects	Indonesia	Saudi Arabia
<b>Dasar Hukum Utama</b>	Civil Code Book III Chapter V Articles 1233-1253 (employment agreement/pacta sunt servanda); Article 1320 (valid conditions of an agreement); Article 1234 (breach of contract); Article 1365 (unlawful act); Article 1266 (cancellation of agreement); Article 1367 (solidarity liability); Law No. 17/2023 concerning Health Article 391 (malpractice compensation)	Civil Transactions Law (CTL) Royal Decree No. M/191 of 1444 H Articles 128-134 (damān al-ḍarar/unlawful acts); Articles 132-136 (faskh al-‘aqd/cancellation of contract); Article 137 (solidarity liability); Private Health Institutions Law Royal Decree No. M/42 of 1442 H Articles 2(1) & 6; Labor Law Royal Decree No. M/51 of 1426 H Articles 50-61 (ijara contract)
<b>Form of Contract</b>	Often verbal/oral without national standards; vulnerable to default due to lack of written informed consent clauses, transparent rates, or force majeure; independent practice of questionnaire respondents without formal contracts	Must be written as a service contract (ijara) with a specific scope of services (vital monitoring, injection, rehabilitation); includes informed consent, MOH Patient Rights Charter, Advance Care Planning (ACP), discharge criteria

<b>Malpractice Liability</b>	Civil lawsuit in the District Court for material/immaterial compensation (Article 1365 of the Civil Code); the burden of proof is reversed on the provider due to information asymmetry; reversal burden of proof is burdensome without SNI medical records	Damān al-darar lawsuit in the Civil Court; material compensation (medical costs) & immaterial damages if proven negligence; burden of proof on the provider except for force majeure; mandatory insurance (Health Insurance Law RD M/32/1424H Article 17)
<b>Special Contract Regulations</b>	Absence of national homecare contract standards; Minister of Health Regulation 9/2014 & Minister of Health Decree 1239/2001 are only general without mandatory malpractice insurance clauses or BANI mediation; JKN integration is limited to registered health facilities.	National Standards for Home Healthcare (CBAHI 2024); national standard contracts via MOH Guidelines; mandatory mediation by the Consumer Protection Agency (Consumer Protection Law RD M/52/1442H Articles 8-12); arbitration by the Saudi Commercial Arbitration Center
<b>Medical Records &amp; Documentation</b>	No mandatory digital integration; minimal SNI compliance in individual practices; vulnerable to data confidentiality breaches (Article 1365 in conjunction with the Health Law) Homecare.pdf	Mandatory electronic medical records via MOH's Sehhaty Platform (CBAHI HS.1); high transparency reduces information asymmetry; mandatory incident reporting to CBAHI
<b>Supervision &amp; Sanctions</b>	Minimal oversight by the Health Service/PPNI/IDI; non-specific administrative/criminal sanctions; legal gray area for individual practice without a specific SIP Homecare.pdf	CBAHI mandatory accreditation; fine of SAR 100,000 + deportation for informal home care (Anti-Commercial Cover-up Law); Commercial Courts Law RD M/93/1442H Article 45 for business entities
<b>Consumer/Patient Protection</b>	Patient rights Law 17/2023 Article 391; minimal enforcement; high litigation burden without standard mediation	MOH's Patient Rights Charter is mandatory in contracts; 24/7 emergency referral; non-discrimination; rate transparency (Consumer Protection Law)
<b>Strengths/Weaknesses</b>	Disadvantages: Regulatory grey area, informal contracts, minimal digitalization, heavy burden of proof on individual providers; Advantages: Flexibility of practice for nurses with SIPP (Minister of Health Decree 1239/2001)	Superiority: National standard contracts, digital integration, mandatory insurance, rapid mediation, CBAHI oversight; Weaknesses: Migrant informal home care vulnerable to exploitation; foreign ownership limits

(Source: Author's Analysis)

A comparison of the law, practice, and regulation of private homecare or home-based care between Indonesia and Saudi Arabia from a civil law perspective reveals fundamental differences in legal certainty and contractual standardization. Indonesia still relies on the general framework of the Indonesian Civil Code (KUH Perdata): Articles 1233-1253 on contracts (*pacta sunt servanda*), Article 1320 on contract validity requirements, Article 1234 on breach of contract, and Article 1365 on unlawful acts. This often results in oral or verbal contracts lacking written informed consent clauses, transparent fees, or mandatory malpractice insurance. As a result, independent practices by nurses with SIPP (based on Minister of Health Decree 1239/2001) are vulnerable to lawsuits for contract termination (Article 1266) and material/non-material damages due to inadequate tool sterilization or delayed emergency referrals. The scarcity of SNI-compliant digital medical records and limited supervision from the Health Office/PPNI/IDI create a legal gray area, with a reversal burden of proof on providers due to information asymmetry.

Saudi Arabia implements a far more structured system through the Civil Transactions Law (CTL) (Royal Decree Number M/191 of 1444 AH): Articles 128-134 on *damān al-ḍarar* (unlawful acts) and Articles 132-136 on *faskh al-‘aqd* (contract termination). Written *ijara* service contracts are mandatory under the Labor Law (Royal Decree Number M/51 of 1426 AH, Articles 50-61) and the Private Health Institutions Law (Royal Decree Number M/42 of 1442 AH, Articles 2(1) and 6) which restricts home care ownership to Saudi citizens. The 2024 CBAHI National Standards for Home Healthcare and MOH Guidelines require informed consent, the Patient Rights Charter, Advance Care Planning, and integrated electronic medical records via the *Sehhaty* Platform to reduce information asymmetry. Meanwhile, joint liability (Article 137 of the CTL) and mandatory insurance (Health Insurance Law, Royal Decree Number M/32 of 1424 AH, Article 17) protect providers from large malpractice claims. In terms of supervision and dispute resolution, Indonesia faces significant weaknesses due to the absence of national contract standards, optional BANI mediation, and no specific sanctions beyond Article 391 of Law Number 17/2023 – leading to lengthy litigation in district courts with personal liability for independent contractors (Article 1367 of the KUH Perdata) and no full JKN integration for individual practices. Saudi Arabia, by contrast, offers an accountable ecosystem through mandatory CBAHI accreditation, mandatory mediation via the Consumer Protection Agency (Consumer Protection Law, Royal Decree Number M/52 of 1424 AH, Articles 8-12), fast arbitration at the Saudi Commercial Arbitration Center, and strict sanctions such as a SAR 100,000 fine plus deportation for informal home care. The Commercial Courts Law (Royal Decree Number M/93 of 1442 AH, Article 45) accelerates resolution for corporate entities, alongside 24/7 emergency referrals via *Nahdi Care*. Overall, Saudi Arabia excels in its comprehensive regulatory framework that supports Vision 2030, with national standard contracts, digital medical record integration, and strong consumer protection – despite weaknesses in addressing informal migrant home care. Indonesia, meanwhile, remains hindered by the flexible yet unaccountable legal gray area of Minister of Health Regulations 9/2014 and 1239/2001, highlighting the need for Indonesia to adopt a similar approach through national homecare contract standardization to balance the flexibility of nurses’ practices with civil legal certainty for chronic disease patients, the elderly, and postpartum mothers.

## CONCLUSION

Private homecare or home-based care in Indonesia has developed significantly as an independent healthcare service provided by professional medical personnel such as nurses, midwives, doctors, or physiotherapists. It is needed to meet the needs of the elderly, people with disabilities, chronic disease patients (e.g., those with diabetes or heart conditions), as well as postpartum mothers and newborns – covering a range of essential activities including medication and injection administration, post-operative wound care, physical rehabilitation, regular health consultations, therapeutic baby massage, bathing patients with limited mobility, breast care for breastfeeding mothers, and regular vital signs monitoring. The implementation of this private homecare is fundamentally hindered by the absence of special and specific regulations governing minimum service standards, integrated licensing mechanisms, and patient rights guarantees as mandated by Law Number 17 of 2023 on Health. Practices are often carried out without a special homecare Practice License (SIP), additional competency certificates, or mandatory collaboration with doctors for invasive procedures creating risks of malpractice, drug abuse, and civil or criminal legal disputes that may involve medical personnel. These obstacles directly undermine the fulfillment of patients' rights to clear and accurate information about their health condition and treatment options, confidentiality of personal medical data, and fair compensation for losses due to medical negligence as constitutionally guaranteed in Article 28H (1) of the 1945 Constitution of the Republic of Indonesia. A comparison of the law, practice, and regulation of private homecare between Indonesia and Saudi Arabia from a civil law perspective reveals a striking contrast between Indonesia's excessive flexibility and Saudi Arabia's comprehensive structure. Indonesia relies on the Indonesian Civil Code (KUH Perdata): Articles 1233-1253 (*pacta sunt servanda*), Article 1320 (contract validity requirements), Article 1234 (breach of contract), and Article 1365 (unlawful acts) which allow oral contracts without written informed consent, transparent fees, or malpractice insurance. As a result, independent practices by nurses with SIPP (Minister of Health Decree 1239/2001) are vulnerable to lawsuits for contract termination (Article 1266) and material/non-material damages due to inadequate tool sterilization or delayed emergency referrals. This is exacerbated by the scarcity of SNI-compliant digital medical records, weak supervision from the Health Office/PPNI/IDI, lengthy litigation in district courts, personal liability for independent contractors (Article 1367), and lack of full JKN integration. In contrast, Saudi Arabia implements a structured system through the Civil Transactions Law (Royal Decree M/191 of 1444 AH): Articles 128-134 (*damān al-ḍarar*) and Articles 132-136 (*faskh al-'aqd*). Written *ijara* service contracts are mandatory under the Labor Law (Royal Decree M/51/1426 AH, Articles 50-61) and the Private Health Institutions Law (Royal Decree M/42/1442 AH, Article 2(1)) which restricts home care ownership to Saudi citizens. This is supported by the 2024 CBAHI National Standards and MOH Guidelines, which require informed consent, the Patient Rights Charter, *Sehaty* Platform medical records, joint liability (Article 137 of the CTL), and mandatory insurance (Health Insurance Law, Royal Decree M/32/1424 AH, Article 17). This research recommends the formulation of specific rules containing service standards, special SIPs, strict supervision, and clear liability sanctions – so that this service can operate safely, accountably, and in line with the state's obligation to the right to health as a human right. It also recommends formulating various provisions relevant to Indonesia, similar to those implemented in Saudi Arabia.

## REFERENCES

- Absori, Absori, Kiara Hanna Quinncilla, Rizka Rizka, Arief Budiono, and Natangsa Surbakti. "Doctor Placement's Policy and Its Implications in Indonesia: Legal Qualitative Study." *Open Access Macedonian Journal of Medical Sciences* 10, no. 1 (2022): 386–91. <https://doi.org/10.3889/oamjms.2022.8692>.
- Afiful Jauhani, Muhammad, Yoga Wahyu Pratiwi, and Supianto Supianto. "Perlindungan Hukum Tenaga Medis Dan Pasien Pada Tindakan Gawat Darurat." *JURNAL RECHTENS* 11, no. 2 (2022): 257–78. <https://doi.org/10.56013/rechtens.v11i2.1790>.
- Alkeridy, Walid A, Arwa Aljasser, Khalid Mohammed Alayed, Saad M Alsaad, Amani S Alqahtani, Claire Ann Lim, Sultan H Alamri, Doaa Zainhom Mekki, and Mohammed Al-Sofiani. "Predictors of Mortality in Home Health Care Service: Data from Saudi Arabia." *Journal of Multidisciplinary Healthcare* Volume 15, no. 1 (2022): 1997–2005. <https://doi.org/10.2147/JMDH.S379782>.
- Almulla, Halah, and Dena Hassouneh. "Home-Based Palliative Care and Home Health Care in Saudi Arabia: An Integrative Literature Review." *Home Health Care Management & Practice* 34, no. 4 (2022): 288–301. <https://doi.org/10.1177/10848223221085684>.
- Awangga, Arif. "Settlement Of Medical Disputes After Law No. 17 Of 2023 Concerning Health." *JILPR Journal Indonesia Law and Policy Review* 6, no. 2 (2025): 264–69. <https://doi.org/10.56371/jirpl.v6i2.371>.
- Bagiastra, I Nyoman. "Gagasan Omnibus Law Kesehatan Sebagai Kebijakan Hukum Nasional Dalam Upaya Meningkatkan Derajat Kesehatan Masyarakat." *Jurnal Penelitian Hukum De Jure* 23, no. Icleh 2020 (2023): 33–46.
- Cavey, Wendy M., Stephanie Lewis, and Holly Carter. "Health Care Professionals' Self-Efficacy in Identifying and Treating Human Trafficking Victims." *Nurse Education Today* 129, no. 1 (2023): 105900. <https://doi.org/10.1016/j.nedt.2023.105900>.
- Green Nego, Ingrid, Dika Oktaviani Yustedjo, Hotmada Parlindungan, and Erlina Puspitaloka Mahadewi. "Insurance Utilities in Indonesia: A Study for Future Opportunities." *International Journal of Health and Pharmaceutical (IJHP)* 5, no. 2 (2025): 284–91. <https://doi.org/10.51601/ijhp.v5i2.370>.
- Gupta, Pallavi, Sonali Randhawa, and Sunil Nandraj. "The Home Healthcare Boom: Opportunities and Obstacles in India's Changing Healthcare Landscape." *Home Health Care Management & Practice* 36, no. 2 (2024): 134–40. <https://doi.org/10.1177/10848223231196301>.
- Harrington, Charlene, and Toby S Edelman. "Private Equity and Nursing Home Care: What Policies Can Be Adopted to Address the Growing Problems?" Edited by Brian Kaskie. *Public Policy & Aging Report* 33, no. 2 (2023): 44–48. <https://doi.org/10.1093/ppar/prad001>.
- I Made Wirya Darma. "The Development of Health Criminal Law in The Perspective of Dignified Justice: What and How?" *Jurnal IUS Kajian Hukum Dan Keadilan* 12, no. 1 (April 2024): 208–23. <https://doi.org/10.29303/ius.v12i1.1486>.
- Ivanova, Julia, Mollie R Cummins, Triton Ong, Hiral Soni, Janelle Barrera, Hattie

- Wilczewski, Brandon Welch, and Brian Bunnell. "Regulation and Compliance in Telemedicine: Viewpoint." *Journal of Medical Internet Research* 27, no. 1 (2025): 53–58. <https://doi.org/10.2196/53558>.
- Jonaedi Efendi, Prasetijo Rijadi. *Metode Penelitian Hukum Normatif Dan Empiris*. Jakarta: Kencana, 2022.
- Kim, Hyunjee, Katherine Courchaine, Angela Senders, Clint Sergi, Hiroko H. Dodge, and R. Tamara Konetzka. "Comparing Outcomes Among Medicaid Home and Community-Based Service Users: Private Homes vs. Assisted Living Facilities." *Health Services Research* 60, no. 5 (2025). <https://doi.org/10.1111/1475-6773.14643>.
- Król-Calkowska, Justyna, and Daniel Walczak. "Legal Possibilities of Using AI in Medicine, with Particular Emphasis on Imaging Diagnostics and Responsibility of Medical Entities – Polish Perspective." *Teka Komisji Prawniczej PAN Oddział w Lublinie* 14, no. 1 (2022): 205–18. <https://doi.org/10.32084/tekapr.2021.14.1-18>.
- Latief, Abdul, and Maria Ulfa. "Healthcare Facilities and Medical Tourism Across the World: A Bibliometric Analysis." *Malaysian Journal of Medical Sciences* 31, no. 2 (2024): 18–29. <https://doi.org/10.21315/mjms2024.31.2.3>.
- Lira, M Adnan. "Pertanggungjawaban Hukum Dokter: Suatu Tinjauan Dalam Perspektif Hukum Kesehatan." *Unnes Law Review* 5, no. 4 (2023): 4608–20.
- Lontaan, Anita, and Agnes Montolalu. "Impact of Home Care Regulations on the Independent Role of Nurses in Society." *Jurnal Edukasi Ilmiah Kesehatan* 3, no. 2 (2025): 70–77. <https://doi.org/10.61099/junedik.v3i2.114>.
- López-Tarrida, Ángela Del Carmen, Rocío de Diego-Cordero, and Joaquin Salvador Lima-Rodríguez. "Spirituality in a Doctor's Practice: What Are the Issues?" *Journal of Clinical Medicine* 10, no. 23 (2021): 1–16. <https://doi.org/10.3390/jcm10235612>.
- Masnun, Muh. Ali, Prasetio, Dicky Eko, Maalikatussofa. "Reconstruction of the Normative Legal Research Paradigm in Responding to Global Challenges: An Epistemological Analysis." *Novum: Jurnal Hukum* 12, no. 3 (2025): 372–84. <https://doi.org/https://doi.org/10.2674/novum.v12i03.74364>.
- Maziarz, Lauren, Vivian Miller, Jennifer Wagner, Kaley Perry, Julia Bell, and Melissa Burek. "Nurse Aide Turnover in Home Health Care: A Scoping Review." *Journal of Aging and Long-Term Care* 1, no. 1 (2024): 23–43. <https://doi.org/10.51819/jaltc.2024.1535635>.
- Mukamel, Dana B., Debra Saliba, Heather Ladd, Melissa A. Clark, Michelle L. Rogers, Cheryl Meyer Nelson, Marisa L. Roczen, Dara H. Sorkin, Jacqueline S. Zinn, and Peter Huckfeldt. "Telehealth Use by Home Health Agencies Before, During, and After COVID-19." *Health Services Research* 60, no. 5 (2025). <https://doi.org/10.1111/1475-6773.14645>.
- Nakane, Naruhisa. "Estimation of Private-Use Prices of at-Home Care Services in Japan: Data from a Survey of Housekeeper Employment Agencies." *International Journal of Healthcare Management* 18, no. 4 (2025): 784–91. <https://doi.org/10.1080/20479700.2024.2384017>.
- Nurnaeni, and Syamsul Bachri. "Peran Hukum Dalam Menjamin Hak Atas Kesehatan:

Analisis Perlindungan Hukum Bagi Pasien Di Indonesia." *Jurnal Berita Kesehatan* 17, no. 2 (2024). <https://doi.org/https://doi.org/10.58294/jbk.v17i2.204>.

Prasetio, Dicky Eko, and Muh. Ali Masnun. "Beneficiary Pays Principle : Rekonstruksi Pengaturan Pelindungan Lingkungan Dalam Mewujudkan Kelestarian Sumber Daya Air." *Jurnal Hukum Lingkungan Indonesia* 11, no. 1 (2025): 1-22. <https://doi.org/10.38011/jhli.v11i1.957>.

Sarabdeen, J. and Mohamed Ishak, M.M. "A Comparative Analysis: Health Data Protection Laws in Malaysia, Saudi Arabia and EU General Data Protection Regulation (GDPR)." *International Journal of Law and Management* 67, no. 1 (2025): 99-119.

Siregar, Ahmad Munawir, Hamdan Azhar Siregar, Siti Miskiah, and Nino Agung Perdana. "Validity of Online Transaction Agreements in the Digital Era." In *Proceedings of the International Conference on "Changing of Law: Business Law, Local Wisdom and Tourism Industry"*, 804:56-64, 2023. [https://doi.org/10.2991/978-2-38476-180-7\\_8](https://doi.org/10.2991/978-2-38476-180-7_8).

Suteki, and Galang Taufani. *Motodologi Penelitian Hukum (Filsafat, Teori, Dan Praktik)*. Cetakan 3. Depok: RajaGrafindo Persada, 2020.

Thahir, Putri Shafarina, and Tongat Tongat. "Legal Review of Medical Crime: Patient Protection and Professional Responsibility in Medical Practice." *Audito Comparative Law Journal (ACLJ)* 5, no. 2 (2024): 130-42. <https://doi.org/10.22219/aclj.v5i2.33832>.

Wahyudin, Bob, Marthen Arie, Irwansyah, Slamet Sampurno Suwondo, and Rahel Assefa. "Legal Protection for Doctors in Telemedicine Services: A Human Rights and Comparative Law Perspective." *Jurnal Suara Hukum* 7, no. 1 (2025): 124-55. <https://doi.org/10.26740/jsh.v7n1.p124-155>.

**Conflict of Interest Statement:** The author(s) declares that research was conducted in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

**Copyright:** © AUTHOR. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. (CC-BY NC), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**BATULIS Civil Law Review (Batulis Civil Law Rev - Ballrev)** is an open access and peer-reviewed journal published by Faculty of Law, Universitas Pattimura, Ambon, Indonesia.

