



General Practitioner who Provides Aesthetic Services from an Indonesian Law Perspective

Susilo Kurniawan Yeo

Faculty of Law Christian University of Indonesia, Jakarta, Indonesia.

 : slokyeo@gmail.com

Corresponding Author*



Submitted: 2022-11-27

Revised: 2023-05-09

Published: 2023-06-12

Article Info

Keywords:

Aesthetic Medicine; Aesthetic Doctor; Indonesian Law.

Abstract

Introduction: While there is a high demand for aesthetic services in Indonesia, the regulations governing them have yet to be fully established. As a result, general practitioners who wish to offer these services must navigate a complex legal landscape. This article explores the legal aspects for general practitioners looking to provide aesthetic services in Indonesia, offering valuable insights for those seeking to enter this growing field.

Purposes of the Research: This study aims to analyze the position and status of general practitioners who provide aesthetic services in Indonesia.

Methods of the Research: To achieve these objectives, the author uses normative legal research methods with analytical approach. This study uses secondary data consisting of primary legal materials and secondary legal materials obtained through literature study.

Results of the Research: The results of the study indicate that general practitioners are allowed to provide aesthetic services in accordance with defined and undefined competencies if they have attended education and training for these competencies which is organized by professional association and other institutions accredited by professional association.

1. INTRODUCTION

Medical aesthetic practices have become increasingly common in Indonesia, with many general practitioners and specialists offering these services. However, there are currently no established laws or regulations that specifically address medical aesthetic services in the country. In contrast, other nations such as Singapore and Malaysia have already regulated their medical aesthetic services. There is a critical need for the regulation of medical aesthetic services in Indonesia, as it would ensure legal protection for all stakeholders involved in the provision of these services.¹ People are increasingly demanding aesthetic services not because they are ill, but rather because they wish to look and feel better, which has led to the rapid growth of aesthetic medicine internationally.²

¹ Erni Yati, "Urgensi Pengaturan Praktek Estetika Medis Yang Dilakukan Dokter Umum Di Indonesia (Perbandingan Pengaturan Estetika Medis Di Singapura, Malaysia Dan Korea Selatan)", *Aktualita* 3, no. 1 (2020): 21-35, <https://doi.org/10.29313/aktualita.v0i0.5827>

² Peter M. Prendergast, "Defining Aesthetic Medicine," in *Aesthetic Medicine*, ed. Peter M. Prendergast and Melvin A. Shiffman (Berlin, Heidelberg: Springer Berlin Heidelberg, 2012), 3-5, https://doi.org/10.1007/978-3-642-20113-4_1.

Individuals with attractive appearance will tend to win arguments and are able to persuade others more easily. People will also try to please them by telling them secrets more often. Attractive individuals also tend to be more comfortable socially, more confident, and are less concerned regarding negative remarks about them. It has been proven that attractive individuals tend to feel entitled to a better and more prioritized treatment. Women also become more confident in conversations with the opposite sex when they realize that they are attractive. Rising social status is a valuable commodity that is usually given to those who look attractive.³

These demands are met by the presence of beauty clinics almost everywhere in both big and small cities. The facility offers attractive and affordable aesthetic care services, attracting the attention of those interested in improving their appearance. Trends and people's need for aesthetic medical services continue to increase as a prove that the growth of the aesthetic industry and business is really happening in Indonesia.⁴ In fact, not only limited to local aesthetic services, some of these patients also seek the treatment abroad to get a better service quality.⁵ This proves that the aesthetics industry and business continues to grow globally.

With the growth of the aesthetics industry and business, there is a growing concern that existing health regulations may not be adequate or appropriate to ensure safe practice in aesthetic medicine. There may be less concern over aesthetic procedures performed by registered specialists such as dermatologists and plastic surgeons as specialists spend more time on training and are generally considered by society to be more competent than general practitioners. However, with the increasing number of general practitioners performing these aesthetic procedures, the need for stricter regulation is becoming more pressing.⁶

General practitioners who practice aesthetics are generally called aesthetic doctors. However, these aesthetic doctor in carrying out their practice is expected to have ethics and morals as well as expertise and authority whose quality is continuously improved through continuous education and training, certification, registration, licensing and guidance, supervision, and monitoring.⁷ However, is the practice of medical aesthetic services carried out by a general practitioner align with existing regulations? Therefore, the focus of this research is to examine the status of general practitioners who perform aesthetic services from the Indonesian law perspective.

Bearing in mind that Law Number 29 of 2004 concerning Medical Practice does not mention the existence of a beauty doctor or aesthetic doctor. Article 1 Paragraph (3) of the 1945 Constitution of the Republic of Indonesia which stipulates that the State of Indonesia

³ Peter A Adamson and Suzanne K Doud Galli, "Modern Concepts of Beauty," *Plastic Surgical Nursing* 29, no. 1 (2009): 5, <https://doi.org/10.1097/01.PSN.0000347717.98155.8d>.

⁴ Anis Fitria and Laras Fira Fauziyah, "Pertanggung jawaban pidana (Mas'uliyah Al-Jinayah) dalam malapraktik dokter di klinik kecantikan," *Journal of Islamic Studies and Humanities* 7, no. 1 (2022): 17-43, <https://doi.org/10.21580/jish.v7i1.11679>.

⁵ Siska Diana Sari, "Perlindungan hukum warga negara dalam praktek Medical Aesthetic Tourism," *Jurnal Global Citizen: Jurnal Ilmiah Kajian Pendidikan Kewarganegaraan* 8, no. 2 (2019), <https://doi.org/10.33061/jgz.v7i2.3372>.

⁶ Keng Boon Harold Tan, "Aesthetic Medicine: A Health Regulator's Perspective," *Clinical Governance: An International Journal* 12, no. 1 (2007): 13-25, <https://doi.org/10.1108/14777270710725364>.

⁷ Syafri Ramjaya Noor, "Tanggung jawab dokter spesialis kecantikan dalam perjanjian terapeutik dikaitkan dengan hak konsumen pengguna klinik kecantikan," *Jurnal Ilmiah Mahasiswa Bidang Hukum Keperdataan* 4, no. 3 (2020): 12.

is a state of law. As a result, Indonesian law must be enforced, and its actions must be in accordance with the laws and regulations that have been stated previously.⁸

Several previous studies have also investigated the regulation of aesthetic services, especially aesthetic plastic surgery, which states that aesthetic plastic surgery procedures are medical procedures that can only be performed by licensed doctors with the authority and competence to perform aesthetic plastic surgery.⁹ However, this study only limited to aesthetic plastic surgery. There is also a study from Poland which found that whatever goals a doctor does, it should be done in meeting the needs of his patients, but it must be done with full responsibility and competence. However, this research does not relate to the regulations applied in Indonesia.¹⁰

2. METHOD

This research uses normative legal research methods or often referred to as library law research where legal research is carried out by examining library materials or secondary data.¹¹ It is said to be normative, because the law is assumed to be autonomous so that its validity is determined by the law itself, not by factors outside the law.¹² The approach used in this study is an analytical approach. That is, analyzing legal materials is knowing the meanings contained in the terms used in the laws and regulations conceptually, as well as knowing their application in practice and legal decisions.¹³

3. RESULTS AND DISCUSSION

3.1 General Practitioners in Indonesia

In Law No. 29 of 2004 concerning Medical Practice, the term general practitioner is not found. The terms contained in the regulation are doctors, dentists, and specialists. Likewise, in Law No. 36 of 2009 the term general practitioner also cannot be found. In fact, the term general practitioner was first found in Law Number 5 of 1975 concerning Amendments to Law Number 16 of 1969 concerning the Structure and Position of the People's Consultative Assembly, the People's Representative Council, and the Regional People's Representative Council in terms of the requirements for medical tests for prospective members to be carried out by Government general practitioners as well as in Law Number 9 of 1976 concerning Narcotics which defines that doctor are general practitioners, specialist doctors, dentists and veterinarians who based on applicable regulations have the authority to carry out medical practice in accordance with their medical field.

These “doctor” terms often overlap. There is even the term primary care doctor which is also confusing for some doctors. What is the difference between primary care physicians

⁸ Faissal Malik, “Tinjauan terhadap teori positivisme hukum dalam sistem peradilan pidana Indonesia,” *Jurnal Pendidikan Kewarganegaraan Undiksha* 9, no. 1 (2021): 9, <https://doi.org/10.23887/jpku.v9i1.31488>.

⁹ Sri Ratna Suminar and H. M. Faiz Mufidi, “The Indonesian Law Perspective on the Authority of Beauty Practitioners in Performing Aesthetic Plastic Surgery,” in *Proceedings of the Social and Humaniora Research Symposium (SoRes 2018)* (Proceedings of the Social and Humaniora Research Symposium (SoRes 2018), Bandung, Indonesia: Atlantis Press, 2019), <https://doi.org/10.2991/sores-18.2019.13>.

¹⁰ Aneta Jankowska, “The Profession of Medical Practitioners vs Aesthetic Medicine and Dermatology Treatment Practice,” *Studia Administracyjne* 11 (2019): 45–53, <https://doi.org/10.18276/sa.2019.11-04>.

¹¹ Soerjono Soekanto and Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat*, 1st ed. (Jakarta: Rajawali Pers, 2009), 13–14.

¹² Bachtiar Bachtiar, *Metode Penelitian Hukum*, 1st ed. (Tangerang Selatan: UNPAM PRESS, n.d.), 57.

¹³ Johnny Ibrahim, *Teori & Metode Penelitian Hukum Normatif Edisi Revisi* (Malang: Bayumedia Publishing, 2013), 310.

and general practitioners? Are there differences in the practice or the patients served?¹⁴ Although not explicitly mentioned in the Health Act or Medical Practice Act, general practitioner is a term for doctors who have completed 7 semesters of academic education and 4 semesters of professional education in hospitals or other health facilities and completed 1 year of internship. After that, general practitioners will carry out continuous professional development.¹⁵ So it can be said that in Indonesia the term doctor is referred as general practitioners who are not specialists and dentists.

3.2 Competency of General Practitioners in Indonesia

Various specialist organizations from different branches of medical science are gathered under the Indonesian Doctors Association/ Ikatan Dokter Indonesia (IDI), which manage their specific scientific disciplines. Thus, IDI can be more effective in determining the policies and programs that are needed by the Indonesian medical profession. This includes a general practitioner professional organization called the Indonesian General Physician Association / Perhimpunan Dokter Umum Indonesia (PDUI) which was established by IDI in 2009.¹⁶ PDUI was formed to oversee and facilitate IDI members with the status as a General Practitioners.

To graduate as a general practitioner, an individual will undergo Medical Professional Education/ Pendidikan Profesi Dokter at the university that provide the medicine program. The university in developing the curriculum must also apply the Indonesian Doctor Competency Standards/ Standar Kompetensi Dokter Indonesia (SKDI) so that when completing the education, a doctor already has the basic competencies that must be possessed by a general practitioner which refers to the SKDI. The latest SKDI has been ratified by the Indonesian Medical Council in December 2012 in accordance with the mandate of Article 8 (b) of the Medical Practice Law. Of the 28 points in the Problems Related to the Doctor's Profession Chapter at SKDI, the first problem is practicing medicine without competence. This is an important thing to note. According to SKDI, the competence of doctors, among others, is the ability to make the right diagnosis, provide initial or complete treatment, and make appropriate referrals in the context of patient management. In this case, it is divided into 4 Ability Levels, which are: 1) Ability Level 1: recognize and explain; 2) Ability Level 2: diagnose and refer; 3) Ability Level 3: Diagnose, perform initial management, and refer; 4) Ability Level 4: Diagnose, perform management independently and thoroughly.

For example, in patients with autoimmune diseases such as Lupus, which Ability Level is 2, a general physician must be able to diagnose and refer. Meanwhile, in patients with moderate-severe acne vulgaris (acne) where the Ability Level is 3, a doctor can diagnose, treat, and refer. In contrast to patients who have mild acne vulgaris (acne), where the Ability Level is 4, a general practitioner is obliged to diagnose, and perform management independent and thoroughly. However referral may not be carried out, if there are several situations as follows: 1) the patient's condition does not allow for referral; 2) the presence of other doctors or dentists or health facilities that are more appropriate, difficult

¹⁴ Fitriana Murriya Ekawati et al., "The Indonesian General Practitioners' Perspectives on Formal Postgraduate Training in Primary Care," *Asia Pacific Family Medicine* 17, no. 1 (2018): 10, <https://doi.org/10.1186/s12930-018-0047-9>.

¹⁵ Nur A Syah et al., "Perceptions of Indonesian General Practitioners in Maintaining Standards of Medical Practice at a Time of Health Reform," *Family Practice* 32, no. 5 (2015): 584-90, <https://doi.org/10.1093/fampra/cmz057>.

¹⁶ Perhimpunan Dokter Umum Indonesia, "Pages - Profil PDUI," accessed November 27, 2022, <https://www.pdui-pusat.org/pages/profil-pdui>.

to reach or difficult to access; and/or 3) at the will of the patient.¹⁷ So if a general physician run into a disease with the Ability Level 3, but the patient refuse to be referred at his will, then the doctor is able to treat the disease accordingly without the need to refer.

Considering that doctors as one of the main components in providing health services to the community have a very important role because they are directly related to the provision of health services and the quality of services provided. The main basis for doctors and dentists to be able to perform medical actions on others is the knowledge, technology, and competencies they possess, which are obtained through education and training. The knowledge possessed must be continuously maintained and improved in accordance with the progress of science and technology itself. In carrying out their practice, doctors are required to attend continuous medical education and training organized by professional organizations and other institutions accredited by professional organizations in the context of absorbing the development of science and technology. This is stated in Article 28 of the Medical Practice Act.

In the preliminary explanation of Appendix 4 – the list of clinical skills of the 2012 SKDI, the same thing is also stated, that clinical abilities in this competency standard can be improved through continuous education and training in order to absorb developments in medical science and technology organized by professional organizations or other institutions accredited by professional organizations, as well as for other clinical abilities outside the doctor's competency standards that have been set.¹⁸ So that it can be interpreted that doctors are allowed to carry out competencies outside the standard competence of doctors that have been set. The only requirement is that the education and training must be provided by the doctor organization or other institutions accredited by the organization.

In carrying out medical practice, a doctor is also obliged to provide medical services in accordance with professional standards and standard operating procedures as well as the patient's medical needs (Article 51 (a) of the Medical Practice Law), referring patients to doctors who have better expertise if not able to carry out an examination or treatment, besides that it is also obligatory to increase knowledge and follow the development of medical science. Failure to do so can result in a doctor being sentenced to a maximum imprisonment of 1 year or a maximum fine of Rp. 50,000,000 (fifty million Rupiah). However, the provision for imprisonment has been abolished through the decision of the Constitutional Court No. 4/PUU-V/2007 because it is contrary to the The 1945 Constitution of the Republic of Indonesia. According to the Constitutional Court, a criminal sanctions is not necessary, because the act of not adding to knowledge does not cause harm to other parties except the doctor himself and it is also not a crime or a criminal act. Article 28 C Paragraph (1) of the 1945 Constitution has guaranteed that everyone has the right to self-development, education and benefit from science and technology, arts and culture, in order to improve the quality of life and for the welfare of mankind especially for Indonesian. Therefore we can conclude that a general physician is able to conduct a procedure even though it is not stated in the SKDI, as long as he has attended a continuous education and training that is organized by IDI or other institution which has been accredited by IDI.

3.3 Aesthetic Services in Indonesia

Aesthetic services cannot be separated from aesthetic medicine. Aesthetic medicine was first born in France in 1973 with the convening of the first congress of The French

¹⁷ Konsil Kedokteran Indonesia, "Disiplin Profesional Dokter Dan Dokter Gigi," 4 (2011).

¹⁸ Konsil Kedokteran Indonesia, *Standar Kompetensi Dokter Indonesia*, 2012, 59.

Society of Aesthetic Medicine. In the early days of aesthetic medicine focused more on surgery, but gradually in the 1980s, several procedures began to enter Europe, such as collagen injections for wrinkles, chemical peels, and fillers. Then in the 1990s, laser modalities such as CO₂, YAG and Erbium lasers as well as IPL and radiofrequency began to be used. With this technology, aesthetic doctors can now offer their patients very low-risk aesthetic services.¹⁹ Generally, people prefer therapies that are fast, relatively painless, offer natural looking but measurable results, and don't interfere with their everyday lives.²⁰ Which can be achieved through non-invasive aesthetic procedures.

Currently, non-invasive aesthetic procedures are generally neurotoxin injection as an anti-wrinkle, dermal filler as a facial volume filler and deoxycholic acid as a fat reduction. Meanwhile, non-invasive procedures for facial resurfacing include the use of lasers, chemical peels, and micro needling.²¹ In addition, there are also other aesthetic actions that are often carried out, namely thread lifting or what is often known as thread planting with polydioxanone (PDO) threads.²² Other non-invasive body shaping modalities include Cryolipolysis, radiofrequency, low level laser therapy and focused ultrasound are used to treat patient's fat bulges.²³ The use of platelet-rich plasma (PRP) in aesthetic and regenerative medicine also has been growing in recent years. Among the advantages of PRP are the extended release of growth, differentiation, and healing factors from activated platelets.²⁴ As the demand of aesthetic services is growing in Indonesia, in the year of 2011, IDI has yet established a new organization called PERDAWERI (Perhimpunan Dokter Anti Penuaan, Wellness, Estetik & Regeneratif Indonesia)/ Indonesian Anti-Aging, Wellness, Aesthetic and Regenerative Doctors Association.²⁵ And since then PERDAWERI has already organized education and training regarding aesthetic medicine for doctors in general and mostly are non-invasive aesthetic procedures mentioned above. In Indonesia, aesthetic services are generally handled directly by doctors or beautician. If consultation or non-invasive aesthetic measures such as fillers are needed, the doctor will handle them directly. However, if the patient only needs facial treatment, the treatment will be handled by beautician.²⁶

4. CONCLUSION

General physician in carrying out medical practice are required to comply with medical service standards that have been regulated by the Government and must carry out

¹⁹ Jean-Jacques Legrand, "Aesthetic Medicine: A Booming Medical Activity," *Journal of Cosmetic Dermatology* 2, no. 1 (January 2003): 1-1, <https://doi.org/10.1111/j.1473-2130.2003.00018.x>.

²⁰ Prendergast, "Defining Aesthetic Medicine."

²¹ Lara Devgan, Priyanka Singh, and Kamala Durairaj, "Minimally Invasive Facial Cosmetic Procedures," *Otolaryngologic Clinics of North America* 52, no. 3 (2019): 443-59, <https://doi.org/10.1016/j.otc.2019.02.013>.

²² Roxana Cobo, "Use of Polydioxanone Threads as an Alternative in Nonsurgical Procedures in Facial Rejuvenation," *Facial Plastic Surgery* 36, no. 04 (2020): 447-52, <https://doi.org/10.1055/s-0040-1714266>.

²³ Brian M. Kinney and Paula Lozanova, "High Intensity Focused Electromagnetic Therapy Evaluated by Magnetic Resonance Imaging: Safety and Efficacy Study of a Dual Tissue Effect Based Non-Invasive Abdominal Body Shaping: MRI EVALUATION OF ELECTROMAGNETIC THERAPY," *Lasers in Surgery and Medicine* 51, no. 1 (2019): 40-46, <https://doi.org/10.1002/lsm.23024>.

²⁴ Pouria Samadi, Mohsen Sheykhhasan, and Hamed Manoochehri Khoshinani, "The Use of Platelet-Rich Plasma in Aesthetic and Regenerative Medicine: A Comprehensive Review," *Aesthetic Plastic Surgery* 43, no. 3 (2019): 803-14, <https://doi.org/10.1007/s00266-018-1293-9>.

²⁵ Perhimpunan Dokter Anti Penuaan, Wellness, Estetik & Regeneratif Indonesia, "Sejarah PERDAWERI," accessed November 27, 2022, <http://www.perdaweri.org/sejarah/>.

²⁶ Fittria and Fauziyah, "Pertanggung jawaban pidana (Mas'uliyah Al-Jinayah) dalam malapraktik dokter di klinik kecantikan."

them in accordance with professional standards and standard operating procedures as well as the medical needs of patients as stated in the Medical Practice Act. In addition, general physician who provide aesthetic services are also required to increase their knowledge and follow the development of medical science. Aesthetic services are mostly non-invasive procedures such as neurotoxin and fat reduction injection, dermal filler, thread lifting, lasers, chemical peels, micro needling, Cryolipolysis, radiofrequency, low level laser therapy, focused ultrasound and also platelet rich plasma (PRP). The competence of a general physician has been regulated in the Indonesian Doctor Competency Standards which have been approved by the Indonesian Medical Council. However, for competencies that have not been listed in the SKDI, a general physician can be said to have the ability if he has gone through continuous education and training organized by professional organizations or other institutions accredited by professional organizations.

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