Legal Regulation and Health Risks: Analyzing “Tukang Gigi” in The Context of Service Accessibility

Mohammad Hanaan Alfarizi 1*, Annisa Widya Prasasti2, Manuel Beltrán Genovés3

1. Faculty of Law, Universitas Muhammadiyah Yogyakarta, Yogyakarta, Indonesia.
2. Faculty of Dentistry, Universitas Muhammadiyah Yogyakarta, Yogyakarta, Indonesia.
3. Facultad de Derecho, Universidad Autónoma de Madrid, Madrid, Spain.

Abstract

Introduction: Access to dental services is a challenge for lower to middle-income individuals. Tukang gigi, an alternative to dentists, offers more affordable oral health care. Governed by Ministry of Health Regulation No. 39 of 2014, tukang gigi’s authority is limited to acrylic dentures. However, evidence shows unauthorized practices, posing health risks like misdiagnosis and complications. This not only jeopardizes patient health but also undermines the credibility of the dental health profession, eroding public trust.

Purposes of the Research: The aim of the research is to find out the legality of dental practices that exceed their authority with a policy approach to the community’s need for cheap access to health

Methods of the Research: The research employs a literature study method, specifically normative legal research, focusing on legal norms in laws and regulations. Following a systematic process of collecting, reading, recording, and analyzing library data, the study adopts a doctrinal legal research approach. The emphasis is on elaborating and explaining collected data related to the main research topics.

Results of the Research: The current law limits tukang gigi to making and installing detachable dentures that meet health standards. However, tukang gigi often put braces, remove tartar, and color braces outside their allowed scope. Therefore, tukang gigi are not accountable for their activities, leaving consumers or service users vulnerable to malpractice. Despite benefiting from dental artisan work, consumers are ignorant of legal protections when these practitioners breach government rules. Tukang gigi often break the law owing to a lack of information or compliance, so they are at risk without legal protection. In contrast to Spain, where denturists cannot practice dentistry. Only dentists and dental technicians are legally recognized in Spain. This is because dentistry skill requires strict requirements. Dental professionals monitor actions closely to reduce misconduct. Dental care is affordable.

Keywords: Authority; Dental Treatment; Dentist; Tukang Gigi.

INTRODUCTION

Optimal oral health prevention and rehabilitation services are considered within the professional domain, primarily dentists, acknowledged for their capacity to restore oral health. However, a common perception exists that access to dental services, particularly for individuals in the lower to middle economic strata, poses a significant challenge. In response to these access limitations, tukang gigi emerged as a primary alternative to meet dental care needs in the lower to middle economic strata, given their comparatively better

affordability compared to dental services provided by dentists.² Tukang gigi services typically encompass conventional dental treatment efforts, incorporating traditional practices involving the diagnosis, treatment, and prevention of oral health issues, relying on knowledge and skills inherited from preceding generations.³

The tukang gigi is subject to legal regulations stipulated in the Ministry of Health Regulation No. 39 of 2014, specifically delineating their jurisdiction. This regulation was established to provide a framework for the government to oversee the performance of tukang gigi in executing their duties within the community (Minister of Health Regulation No. 39 of 2014). However, despite the explanations within the regulation affirming that the authority of tukang gigi is confined to the fabrication and installation of removable acrylic dentures, empirical evidence reveals practices by tukang gigi that exceed the boundaries set by the government. This phenomenon gives rise to significant issues concerning compliance with regulations and the potential risks to public health.

Out-of-authorization tukang gigi, including fillings, aligners, tooth extractions, scaling, and veneers, can pose serious risks to public health.⁴ Dental treatment beyond the tukang gigi authority increases the likelihood of misdiagnosis and treatment, which can lead to serious consequences, including infection, severe tooth decay, and negative side effects.⁵ Complex dental processes performed without adequate skills and knowledge, such as the installation of aligners or tooth extraction, can increase the risk of complications that are detrimental to patient health and comfort.⁶ In addition to patient health impacts, the practice of tukang gigi outside of their authority can be detrimental to the credibility of the dental health profession as a whole. This can create a negative perception of the profession and reduce public trust in dental health services in general.⁷

Previous research conducted by Maharani and Yanti (2023) which discusses the Legality of Tukang Gigi after the Constitutional Court Decision No. 40 / PUU-X / 2012 that the existence of tukang gigi is in the spotlight where if based on the 1945 Constitution it is allowed to exist but based on the Medical Practice Law the existence of tukang gigi is considered illegal. This can be traced and then studied further to produce Constitutional Court Decision No. 40/PUU-X/2012. With the decision, it is expected that the existence of tukang gigi does not exceed their authority.

The distinction between these two research studies rests in the outcomes of the investigation. The findings of the study conducted by Maharani and Yanti (2023) indicate that the profession of tukang gigi is permissible, provided that it is performed within the limits of their jurisdiction. In this study, researchers examined the repercussions of the conduct of tukang gigi who deviated from their authorized duties. However, there are still several individuals who seek the services of a dental technician due to financial constraints,
as well as a lack of knowledge and recognition regarding the expertise and authority of dental technicians.

Spain, like other countries, also permits the practice of dentistry, which is known as "Dentadura postiza" in Spanish. The function of these dentures is solely to replace missing teeth. Dentists, unlike other professionals, are certified to undertake a wide range of procedures, including fillings and surgery when required. Dentures are a popular choice due to their relatively lower cost compared to dental visits. Given the prevalence of dental care challenges, especially among the economically disadvantaged, this study aims to investigate the legal and health implications of tukang gigi operating beyond their authorized scope. The formulation delves into the potential risks to public health and the impact on the overall credibility of the dental health profession, shedding light on the need for effective regulatory measures and improved access to dental services. The purpose of this research is also to be as a reading material which the author hopes will make it easier to understand the conflict of norms that occurs, provide additional insight and other learning objectives.

METHODS OF THE RESEARCH

The method used in the research is comparative legal studies which compares systems and regulations regarding dentures in Indonesia and Spain, both normatively and descriptively. The approach used is a statutory approach and a conceptual approach. This research uses data sources originating from secondary data from primary legal materials which are the main sources in research from each of the Indonesian and Spanish legal systems. Alternatively, normative legal research is also known as doctrinal legal research. This research is carried out through a series of procedures that include specific steps. The initial stage involved collecting library data, which is then followed by reading, recording, analyzing, and collecting related concepts or texts. After that, a process of elaboration and explanation of the data or texts that have been collected is carried out, especially those related to the main topics discussed in this research.

RESULTS AND DISCUSSION

A. The Regulation of Tukang Gigi in Indonesia

When regulating the existence of tukang gigi in Indonesia, the government for the first time issued Regulation of the Minister of Health No. 53/DPK/1/K/1969 on Registration and Issuance of Dental Work Permits (Permenkes No. 53 of 1959). This arrangement regulates the procedure for registering and granting a license to practice tukang gigi. The background to the issuance of this regulation was that at that time in Indonesia many people did not have the necessary scientific knowledge and worked in the medical field outside their authority and ability to endanger or harm public health. Therefore, the government at that time had to issue regulations. This decision was later replaced by the issuance of Decree of the Minister of Health No. 339/MENKES/PER/V/1989 (hereinafter referred to as Permenkes 339/1989) on Dental Care.

Permenkes 339/1989 does not regulate the granting of new licenses to tukang gigi, but tukang gigi who already have permits based on Permenkes 53/1969 can renew existing permits. The permit is valid for 3 years and can be renewed. One result is the absence of regulations regarding tukang gigi permits. So that the effect of the existence of Permenkes 339/1989 allows for the absence of a permit for a new tukang gigi. If it is carried out by an incompetent party, it can cause more serious side effects for users of dental services. The effects range from a mild infection of the gums to deeper tissue causing swelling. In addition, there is a risk that the abnormally developed tissue may affect a malignant tumor.

In 2011, the Ministry of Health then issued another regulation aimed at repealing Permenkes No. 339/MENKES/PER/V/1989. The Permenkes explains the abolition of the legal basis for tukang gigi to carry out work in the dental health sector. This regulation was made to repeal Permenkes Number 339/MENKES/PER/V/1989 on the work of tukang gigi. This is attempted so that in terms of dental and oral health services it is not carried out by just anyone with any alibi and only becomes the authority of health workers who have a background and learning about dental and oral health, in this case, namely tukang gigi. Thus, the enactment of this Minister of Health Regulation eliminates the possibility of tukang gigi obtaining permits to practice their activities, so that dental and oral health services as licensed health workers are expected to only be performed by dentists. This is done to ensure that services regarding Indonesian dental health are carried out correctly according to the principle of sufficient knowledge by paying attention to public safety so that dental services do not meet standards.

From the foregoing, the Medical Practice Act was promulgated. To practice medicine or dentistry, you must complete an internship and can open only one practice after completing your studies. When a doctor or dentist has a registration certificate and/or health permit, the certificate shows that the doctor or dentist has complied with the actual procedures regarding the use of medical devices or methods. In contrast to tukang gigi, they have never studied dentistry, only use knowledge inherited from their predecessors, and sometimes do not have a license to practice. Therefore, the promulgation of Minister of Health Regulation 1871/2011 considers the existence of Law Number 29 of 2004 (hereinafter referred to as the Medical Practice Law) on Medical Practice.

Tukang gigi that is recognized by the state is tukang gigi which has a permit based on Permenkes 53/1969 and renewed based on Permenkes 339/1989. In 1969, Permenkes 53/1969 was published. It stipulates that no new permits have been issued since 1969, but Permenkes 339/1989 only regulates the continuation of existing permits. Based on the
Medical Practice Law, the Ministry of Health has issued Permenkes 1871/2011 on the cancellation of Permenkes 339/1989 on dental treatment. The revocation resulted in not being granted a professional license for the tukang gigi transaction being extended. Permenkes 1871/2011 does not allow all tukang gigi in Indonesia to continue practicing. Therefore, people who work as tukang gigi can no longer work and lose their livelihoods. Tukang gigi who feel the right to work and a decent life as citizens have been taken away from them.

In early 2012, tukang gigi submitted 4,444 questions to the Constitutional Court to consider medical practices that violate the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution). The applicant's name is H. Hamdani Prayogo. The applicant is an Indonesian citizen who works as a tukang gigi and feels that the enactment of Articles 73 (2) and 78 of the Medical Law are considered to be very detrimental to his constitutional rights. Examination was carried out on Article 73 Paragraph (2) and Article 78, Article 27 Paragraph (2) and Article 28 Paragraph (1) of the 1945 Constitution. The first summary of the Medical Practice Law in Article 73 Paragraph (2) is all individuals are prohibited from using tools, methods, or other methods that already have registration marks and/or permits, and if this is violated, they will be given criminal sanctions based on Article 78 of the Medical Practice Law.16

In fact, the plaintiffs suffered quite a large loss in the form of loss of monthly income, which is an average of IDR 2,000,000.00 – IDR 3,000,000.00 per month. As a result of the loss of the plaintiff’s monthly income, the plaintiff feels he has lost support for himself and the plaintiff’s family, and that the plaintiff's constitutional rights and a proper civil life have been compromised.17

However, even though the government has not disciplined or given sanctions to these tukang gigi, many tukang gigi are still working and practicing outside the legal boundaries and do not implement Permenkes 1871/2011 effectively. The legal factor in this case is that Permenkes 1871/2011 does not yet have strict sanctions, so tukang gigi are still willing to start treatment and serve patients.18 In this case, law enforcement factors did not enforce the permit, it turns out that the government did not take steps to stop the malpractice activities carried out by the tukang gigi. Inadequate facilities or facilities to implement the provisions stipulated in the Permenkes are also obstacles in its implementation. For example, the Puskesmas Bureau encouraged tukang gigi to perform dental treatment based on Permenkes 339/1989.19

The Constitutional Court's decision above gives permission to continue the practice as long as the parties have permission for the device. This decision became a controversy for dentists and the wider community. The Constitutional Court granted the judicial review submitted by tukang gigi by annulling the Medical Practice Law Article 73 Paragraph (2) and Article 78, meaning that there are no restrictions and sanctions for tukang gigi who obtains a license to practice from the government using tools, methods or other ways of providing

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services to the public that give the impression that the person concerned is a doctor or dentist who already has a certificate of registration and/or a license to practice.

If the *tukang gigi* works with government permission, then the *tukang gigi* is declared not to have violated Law No. 29 of 2004. Therefore, the Constitutional Court’s decision was considered in the issuance of the Constitutional Court Decision 40/PUU/X/2012 which became the basis for the issuance Permenkes Number 39 of 2014 on guidance, supervision, and approval of dental treatment. It aims to regulate rules relating to the subject of teaching, supervision, authorization, and dental treatment. The Constitutional Court ruled that *tukang gigi* could continue their practice as long as the *tukang gigi* had government approval. Here are some things that need to be considered when the applicant’s application is granted: 1) *Tukang gigi* existed before dentists; 2) *Tukang gigi* is another option for affordable dental health; 3) The limitations of *tukang gigi* can be overcome through coaching, licensing, and supervision; 4) *Tukang gigi* is included in the category of traditional medical services.

Regulations regarding Indonesian *tukang gigi* are recognized and legal from a legal point of view. In accordance with Article 39 Paragraph (1) of the Minister of Health of 2014 on Guidance, Supervision and Authority for Dental Treatment, all *tukang gigi* may make and fit removable dentures. In practice, *tukang gigi* does not only make and install removable dentures, but also perform other dental and oral treatments such as extractions, insertion of dental fillings, and orthodontic appliances. *Tukang gigi* license is written evidence given to a *tukang gigi* who performs dental treatment. The *tukang gigi* must then also register with the District/City Regional Government or District/City Health Service to obtain a permit.

If we pay close attention, *tukang gigi* are strictly prohibited from acting outside of the Minister of Health's Regulation. If based on Article 9 Permenkes No. 39 of 2014, this arrangement also regulates what things are strictly prohibited from being carried out by a *tukang gigi*. This article covers a *tukang gigi* who is prohibited from carrying out work except as regulated in Article 6, ordering another person to replace him in carrying out his work and doing sedentary work. Basically, the Regulation of the Minister of Health has arranged in a perfect way what the job authority of a *tukang gigi* is like. However, in reality the regulations were only until later winds. A *tukang gigi* who does not have an expert learning background such as a dentist is seen mushrooming to open a practice in the community. They even provide services like orthodontics too, such as the installation of dental braces and dental veneer treatment which is part of the aesthetics of the teeth, jaw, and face.

B. Dentist and Denturists in Spain

1. The Existence of Denturists in Spain

In Spain, the oral health profession is divided into various categories. General dentists have the authorization to provide comprehensive treatment for general dental issues.

There is a growing trend of practitioners limiting their practice to specific areas such as Orthodontics, Periodontics, Endodontics, and Oral surgery. Hygienists are allowed to perform prophylactic measures like tartar removal and preventive treatments such as topical application of flour (TAF), as well as provide oral health education, but only under the supervision and prescription of a dentist. Dental technicians can only work in commercial laboratories and are considered healthcare professionals. However, they are not permitted to engage in clinical actions performed on patients, such as taking dental impressions and recordings, which is exclusively reserved for dentists. Dental assistants or nurses work chairside, but there is no formal training or qualification required for this role.

In several countries, like as Canada or Australia, the profession of denturists is recognized as a unique and separate occupation. However, this is not the case in all nations. In Spain, dentists and dental technicians are responsible for the fabrication and placement of dentures and other dental prosthesis. Denturists are not acknowledged as a distinct group of dental healthcare providers by the Spanish healthcare system and professional regulatory framework.

Responsibilities of Dentists and Dental Technicians:

1) Dentists (Odontólogos): In Spain, dentists possess the necessary qualifications to accurately diagnose, treat, and oversee a diverse array of dental ailments, including those necessitating the utilization of dental prosthesis. They have the responsibility for overseeing the clinical elements of prosthetic therapy, including: (a) Assessing the patient's oral health and determining the need for dentures or other prosthetic devices; (b) Taking impressions and measurements of the patient’s mouth; (c) Designing treatment plans for prosthetic appliances; (d) Fitting and adjusting dentures to ensure proper function and comfort; (e) Providing aftercare and managing any complications related to the prosthetic devices.

2) Dental Technicians (Técnicos de Prótesis Dental): In Spain, dental technicians are highly skilled individuals who specialize in the design, creation, and restoration of dental prosthesis according to the precise instructions given by dentists. Dental laboratory technicians primarily operate within dental laboratories and have minimal direct contact with patients. Their duties encompass: (a) Constructing dental prosthetics such as dentures, bridges, crowns, and orthodontic devices; (b) Following detailed instructions and molds provided by dentists; (c) Using a variety of materials and techniques to create custom-fitted prosthetics; (d) Ensuring the quality, durability, and aesthetic appearance of dental appliances.

2. Why There is no Denturists in Spain?

The lack of denturists in Spain can be ascribed to various causes associated with the nation’s healthcare system, legislative framework, and professional practice norms. To comprehend these causes, it is necessary to analyze the functions of current dental practitioners, the historical evolution of the profession, and the regulatory choices.


The healthcare system in Spain is distinguished by extensive regulation and expert supervision. The roles and responsibilities in the field of dental care are well defined and closely monitored by national and regional authorities. The legal framework centralizes dental care obligations primarily within the domains of dentists and dental technicians, allowing limited space for the development of a distinct profession such as denturists. In Spain, dentists undergo extensive training and possess the legal authority to handle all elements of dental care, which encompasses the diagnosis, treatment, and management of prosthetic requirements. Their comprehensive education encompasses both the clinical and prosthetic parts of dental care, hence eliminating the need for a distinct profession dedicated exclusively to dentures. Dental technicians have a vital role in creating dental prosthesis according to the instructions and requirements given by dentists. They possess advanced expertise in the technical elements of fabricating and restoring dentures, crowns, and other prosthetic devices.

In Spain, the evolution of dental professions has traditionally revolved around the roles of dentists and dental technicians. The incorporation of prosthetic care into the professional responsibilities of dentists has been firmly established for a considerable period of time. This historical precedent has influenced the development of education and training programs, ensuring that dentists have the necessary skills to handle prosthetic demands without the need for an intermediary profession. In Spain, the educational framework for dental professionals places a strong emphasis on providing dentists with extensive training. The five-year dental degree program provides comprehensive instruction in restorative and prosthetic dentistry, guaranteeing that graduates possess expertise in all facets of dental treatment. This comprehensive approach eliminates the necessity for a distinct profession that focuses exclusively on dentures.

In Spain, professional regulation is strict, characterized by explicit principles and standards for professional practice. Dental practitioners' roles and obligations are governed by regulatory bodies such as the Official College of Dentists (Colegio Oficial de Dentistas) and the Ministry of Health. These requirements guarantee that dental care is provided by extensively skilled and regulated practitioners, upholding elevated levels of care and ensuring patient safety. Regulatory authorities oversee dental practices to ensure they adhere to ethical and professional standards. This thorough supervision minimizes the requirement for extra specialized positions.

The existing framework of dental care delivery in Spain is upheld by the cultural and professional norms within the country's healthcare system. The cooperation between dentists and dental technicians is firmly established and widely acknowledged within the professional community. The introduction of a new professional category, such as denturists, would necessitate substantial modifications to the existing standards and regulatory frameworks.
Ultimately, the lack of denturists in Spain can be attributed to the presence of a highly developed and all-encompassing dental care system, where the responsibilities of dentists and dental technicians include providing prosthetic care. The existing framework is shaped by the historical evolution, educational system, severe professional requirements, and cultural standards. This framework guarantees that all phases of dental care, including the fabrication and placement of dentures, are overseen by extensively trained and controlled experts, thus upholding elevated levels of patient care and safety.

3. Regulation on Dentists in Spain

The regulation of dentists and their professional activities in Spain is determined by a combination of national legislation, directives from the European Union (EU) and particular regulations issued by regional health authorities. The regulatory system guarantees that dental practitioners adhere to clearly defined legal and ethical limits, therefore fostering elevated levels of care and ensuring patient safety.

National Legislation: 1) The General Law on Health (Ley General de Sanidad): The General Law on Health, enacted in 1986, establishes the fundamental principles of healthcare in Spain. It outlines the rights and duties of healthcare professionals, including dentists, and the organizational structure of the healthcare system. This law provides the foundational legal framework for the practice of dentistry, emphasizing the importance of professional qualifications, ethical conduct, and patient safety; 2) The Royal Decree 1277/2003. Royal Decree 1277/2003, which regulates healthcare centers, services, and establishments, defines the specific requirements for dental clinics and practices. This decree mandates the standards for facilities, equipment, and the professional qualifications necessary to operate a dental practice. It ensures that all dental services meet stringent health and safety standards.

Professional Qualifications and Licensing: 1) Academic Requirements: To practice dentistry in Spain, one must obtain a degree in Dentistry (Grado en Odontología), which is a five-year program offered by accredited universities. The curriculum includes comprehensive training in basic medical sciences, clinical dentistry, and practical experience; 2) Professional Registration: After completing the academic program, graduates must register with the Official College of Dentists (Colegio Oficial de Dentistas) in their respective autonomous community. This registration is mandatory and serves as a license to practice. The Official College of Dentists is responsible for maintaining professional standards, providing continuous education, and handling disciplinary actions.

C. Tukang Gigi as an Alternative Measures for the Society

Health is an important thing in human life. The government, as one of the leaders who has the highest authority in a country, has carried out an effort to increase the health status as much as possible for all levels of society. Therefore, citizens have the right to get the maximum degree of health according to what has been planned by the government. In Law Number 36 of 2009, regarding one of the health efforts in the form of traditional medicine. In the Law Article 1 Point 16 Number 36 of 2009 concerning Health states that “Traditional health services are treatment in a way that refers to experience and skills handed down from
generation to generation empirically which can be accounted for and applied in accordance with the norms prevailing in society.”

Traditional healing efforts that have been attached to the community are difficult to eliminate or abolish. Through traditional medicine, people can cure all diseases and complaints they suffer. One of them relates to dental health. This is the background for the existence of dental artisans who are considered as an alternative for the community in overcoming a problem related to teeth or mouth. If this problem is not done by a professional, of course it will cause dangerous risks. However, it is very unfortunate that there are still many people who underestimate this problem.

The Ministry of Health (Kemenkes) of the Republic of Indonesia has issued a Regulation of the Minister of Health (Permenkes) Number 39 of 2014 relating to the guidance, supervision and licensing of the tukang gigi. This regulation was issued as an effort to prevent victims who were allegedly caused by unscrupulous dental workers who have been widely reported. One of the issues that worried the community was an infection suffered by a person, due to unscrupulous tukang gigi through the placement of permanent teeth. The infection resulted in a neck infection due to the wrong installation of dentures by unscrupulous tukang gigi.

Tukang gigi is a profession that is very well known in society Indonesia. Tukang gigi is a profession that is usually explored by the community as an alternative because of the low cost. One of the weaknesses of tukang gigi is that they do not have safety standards in the medical field, like doctors in general. Therefore, the operational costs of tukang gigi are much cheaper when compared to medical doctors. Based on these operational costs, the community makes tukang gigi an alternative in dental treatment, even though there are many risks that must be borne.

The existence of a tukang gigi actually provides its own advantages for some people in the middle and lower economic community. However, various parties doubted the existence of dental artisans. These parties include tukang gigi, the government (Health Office), and some Indonesian people. The community has doubts about the capabilities of tukang gigi, so they are worried that malpractice cases will occur. The case is feared to endanger patients who have problems with dental and oral health.

In this case the dental artisan has absolute responsibility for the work he does to cure dental and oral diseases. Tukang gigi as service actors in undergoing treatment must be able to meet good standards, so that the safety requirements for consumers can be fulfilled. Basically, the profession of a tukang gigi is different from a Dentist. The scope of learning is for tukang gigi, who are making dentures without considering other things, while Dentist learn everything about teeth and mouth including the tissues that support teeth.

Today in practice, the expertise of tukang gigi is not only in terms of making and installing teeth, but has grown from extracting teeth, making fillings to installing braces. In line with

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35 Ibid.
that, Sanjaya & Vitasari (2020) mention tukang gigi as an independent practice.\textsuperscript{39} In 1952 tukang gigi only served the installation of dentures, but this time it has deviated because it includes tooth extraction, fillings, installation of braces, and connecting teeth. These activities should be under the authority of tukang gigi or even specialist Dental artisans for their knowledge and capacity.\textsuperscript{40}

The rise of the practice of health medicine is a common concern so it is necessary to look at a regulation that has been stipulated for permits in establishing medical practices. As with tukang gigi practices, tukang gigi practice licensing was originally regulated in the Minister of Health Regulation Number 53 of 1969 concerning Registration and Granting of Permits to Perform tukang gigi Work. The regulation of the Minister of Health regulates procedures for registration and granting of permits to carry out dental masonry work. This regulation was issued on the basis of consideration of phenomena that occur related to the level of oral and dental health in Indonesian society.

As sovereign Indonesian citizens, we should be literate and aware of the laws set by the government. This is to maintain public health and order. In addition, avoiding the risk of what will happen is our priority right to choose and determine. Thus, as has been stipulated for the right of all citizens to obtain the maximum possible degree of health according to what has been proclaimed by the government.

The risks faced by something we do are the responsibility of related parties. This relates to the right things and wrong things that we have taken in determining a healthy lifestyle. The principle of responsibility based on fault is a principle that is contrary to law, which means contrary to law, decency, and decency in society. This principle requires that people act, causing mistakes to compensate for losses for the aggrieved party.\textsuperscript{41} The manufacture of dentures by dental artisans tends not to pay attention to the health of the hard and soft tissues around the teeth. The manufacture tends to be careless, there are often remaining roots that are not removed in the installation of dentures, causing inflamed gum tissue, swelling, very poor oral hygiene, halitosis (bad breath), denture stomatitis due to poor adaptation of dentures.\textsuperscript{42}

Based on the phenomena mentioned above, as citizens we must be smart in sorting things related to health. As well as the reasons and perceptions that contributed to the choice of traditional medicine through the dental artisan route, they also became a common concern. One of the reasons that influence a person to wear dentures is the perception of dental health status. Perception is a cognitive process that allows one to interpret and understand the surrounding environment. In essence, perception is a cognitive process that is experienced by everyone in understanding information about their environment, both through sight, hearing, and appreciation of feelings.\textsuperscript{43}

Tukang gigi is a profession that is very well known to the people of Indonesia. Tukang gigi is a profession that is usually explored by the public as an alternative because of the low cost. The existence of a tukang gigi actually provides distinct advantages for some people in the middle to lower economic circles. However, tukang gigi only serves the installation of

\textsuperscript{39} Ibid.
\textsuperscript{41} Putri and Haflisyah, Loc. cit.
\textsuperscript{42} Pratama, Loc. cit.
\textsuperscript{43} Angraeni, “Persepsi Masyarakat Terhadap Pembuatan Gigi Tiruan oleh Tukang Gigi di Desa Treman Kecamatan Kauditan.”
dentures, but now they have deviated because they include tooth extractions, fillings, installation of braces, and dental implants. This activity must be under the authority of a specialist Dental care for his knowledge and capacity. As citizens of Indonesia who are sovereign, we must be literate and aware of the laws set by the government. This is in the framework of maintaining public health and order to obtain the rights of every citizen to the highest degree of health according to what has been proclaimed by the government.

D. The Impact of the Malpractice of Tukang Gigi

The practice of medicine is a highly regulated field that requires extensive education, training, and licensing to ensure the competence and safety of healthcare providers. However, the presence of unlicensed dentists who practice medical practice without the necessary qualifications poses a significant risk to patients and the healthcare system. A fundamental and important requirement in society is health. The urge for better health is now frequently abused as a tool for business or as a source of income. As a result, there are several medical practices that are not regulated by the government, many of which are illegal. Both the patient and the practitioner may be responsible for these outcomes. According to previous research, there have been instances where unlicensed dental services have violated the rules, leading to dental and oral problems.

The term tukang gigi is commonly used in Indonesia to refer to traditional tooth healers or traditional dental practitioners who provide dental services without formal dental education or professional training. While some dentists may possess knowledge and skills passed down through generations, others may lack proper training and expertise. The impact of malpractice by tukang gigi can be significant and can lead to various negative consequences. What unlicensed dentistry services do and those who have broken the law are responsible for several issues. When individuals without proper medical licenses engage in medical practice, they lack the necessary training, knowledge, and supervision to provide safe and effective care. As a result, the effects of malpractice by unlicensed dentists can be severe, leading to various negative outcomes for patients.

There are various risk factors or impacts associated with health risks, tukang gigi who do not have adequate training and knowledge may not adhere to strict infection control protocols, thereby increasing the risk of transmission of infectious diseases. Sterilization of dental instruments and maintaining a clean environment is essential to prevent the spread of infections such as hepatitis, HIV, and other bacterial and viral diseases.

Tukang gigi might only have a cursory understanding of dental disorders and oral health problems due to his lack of formal dental education. They could misdiagnose dental diseases or miss underlying problems, resulting in a delay in or failure of therapy. In the long run, this may lead to the growth of oral disorders, persistent pain, and possibly more involved and costly dental surgeries. Tukang gigi may perform improper procedures or use outdated techniques. This may result in ineffective treatment or harm the patient. For

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example, improper tooth extraction may damage adjacent teeth or cause infection. The use of unsterilized instruments or unsafe materials may also pose a risk to the patient's oral health.

Typically, *tukang gigi* lacks a formal framework for long-term patient monitoring or follow-up care. This could be an issue, particularly for dental problems that are complicated, call for several appointments, or require continuous care. Without the proper follow-up, patients might not get the care they need, and potential consequences might not be caught. With the right training or license, practicing dentistry is frequently against the law and unethical. Patients who go to *tukang gigi* for treatment might not be aware of the dangers involved and could not have access to the right legal procedures in the event of malpractice or unfavorable results. The safety and rights of patients may be endangered by this absence of regulation.

The impact of malpractice laws extends to various aspects of healthcare. First, these laws serve as a deterrent to negligent behavior by healthcare professionals. By knowing that they can be held legally accountable for their actions, practitioners are motivated to adhere to established standards of care and provide high-quality services. This, in turn, helps to protect the well-being of patients and improve the overall quality of healthcare.

In addition, unlicensed healthcare professionals frequently operate outside of the legal and ethical frameworks that govern the medical field. They may not adhere to standard protocols for maintaining patient confidentiality, obtaining informed consent, or maintaining medical records. This can compromise patient confidentiality, impede continuity of care, and erode confidence in the healthcare system.

To mitigate these risks, it is essential to educate the public on the significance of seeking dental care from qualified and licensed professionals. The enforcement of regulations to prevent the unauthorized practice of dentistry and safeguard the public from potential harm should be the responsibility of government agencies. In addition, expanding access to affordable dental care and education in underserved areas can reduce the prevalence of malpractice and the reliance on unqualified practitioners.

**E. Legal Protection for the Consument of Tukang Gigi in Indonesia**

In Indonesia, individuals seeking dental care, commonly referred to as *tukang gigi* or dental technicians, are afforded legal protection through various regulations and laws governing dental practices. This article explores the legal aspects that safeguard users of *tukang gigi* in Indonesia, highlighting their rights and the measures in place to ensure safe and ethical dental services. Number of dental professionals who work outside of their scope of practice. However, because of social injustices, many people continue to visit dental artisans. Health service providers are not at fault for the numerous violations that result in material and immaterial losses for consumers. The Law of Protection to Consumers (UUPK).

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53 Putri and Haflisyah. Log. cit.
which governs consumer rights in Article 4, and the legal regulation of consumer protection against dental artisans' malpractice. Dental professionals have a duty to follow the law in this matter regarding their responsibilities and powers as business actors. In the meantime, there are three types of legal penalties for offenders: administrative, civil, and criminal. As a result, the government must regularly monitor instances like this in the field.  

The primary legislation that governs healthcare practices in Indonesia is Law No. 36 of 2009 on Health. This law encompasses dental practice and includes provisions that protect the rights of dental patients. Under this law, patients have the right to receive safe, quality, and ethical healthcare services. This includes dental care provided by tukang gigi. Patients have the right to be informed about their dental health condition, proposed treatments, and potential risks associated with those treatments. The Indonesian Dental Technicians Association (ADGI) has established a Code of Ethics that dental technicians must adhere to. The Code of Ethics outlines the professional responsibilities, conduct, and ethical practices expected from dental technicians. It includes provisions that protect patient rights, such as maintaining patient confidentiality, providing accurate information, and delivering dental services with competence and integrity. By following the Code of Ethics, dental technicians contribute to the protection and well-being of their patients.

The Supervisory Body for Dental Practice, known as the Badan Pengawas Praktik Kedokteran Gigi (BPPKG), is an institution established to regulate and oversee dental practices in Indonesia. The BPPKG is responsible for ensuring that dental professionals, including tukang gigi, adhere to professional standards and regulations. The body has the authority to monitor dental practices, investigate patient complaints, and take appropriate actions, such as issuing warnings, imposing sanctions, or even revoking licenses in cases of severe violations. Through its supervisory role, the BPPKG plays a crucial role in upholding the rights and safety of dental patients. Dental patients who have concerns or complaints regarding the services provided by a tukang gigi have the right to seek resolution. They can file complaints with the BPPKG, which will initiate an investigation into the matter. The BPPKG will evaluate the complaint, gather evidence, and take appropriate actions to address the issue, ensuring the patient's rights are protected. In cases of severe malpractice or unlawful acts, dental patients also have the option to pursue legal actions through the judicial system. This allows them to seek compensation for damage suffered because of the negligence or misconduct of the dental technician.

The legal protection for users of tukang gigi in Indonesia is established through various laws, codes of ethics, and supervisory bodies. These measures ensure that dental patients receive safe and ethical dental care. Patients have the right to be informed, to receive quality services, and to file complaints in cases of dissatisfaction or malpractice. The ADGI's Code of Ethics sets professional standards for dental technicians, and the BPPKG oversees compliance with regulations and takes appropriate actions when necessary. By upholding these legal protections, the Indonesian healthcare system strives to ensure the rights and well-being of dental patients are safeguarded when seeking dental care from tukang gigi.

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57 Ardiandari, Suryamizon, and Adriaman, “Perlindungan Hukum Terhadap Konsumen Atas Pelayanan Dan Jasa Tukang Gigi.”
58 Yudistira, Budiartha, and Widyantara, “Perlindungan Hukum bagi Konsumen atas Malpraktik Jasa Tukang Gigi.”
**CONCLUSION**

Current legislation confines the responsibilities of *tukang gigi* to the fabrication of partial or complete removable denture, adhering to health criteria, and the installation of such replicas. However, in practical application, *tukang gigi* frequently engage in activities beyond their authorized scope, including the installation of braces, tartar cleaning, and braces colouring. Consequently, there exists a lack of accountability for the actions of *tukang gigi*, leaving consumers or service users inadequately protected from potential malpractice. Despite benefiting from the outcomes of dental artisan work, consumers remain unaware of legal safeguards in instances where these practitioners violate government-established regulations. This absence of comprehensive legal protection exposes *tukang gigi* to potential consequences, as their practices often transgress established boundaries due to a lack of awareness or adherence to regulations. In contrast to Spain, where denturists are not allowed to work as dental health professionals. In Spain, the only officially recognized occupations are Dentists and Dental Technicians. This is due to the stringent criteria and prerequisites for attaining expertise in dentistry. Dental health personnel implement rigorous oversight in activities to minimize instances of malpractice. However, the costs associated with dental treatment are quite reasonable.

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*Journal Article*


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