

Government legal responsibility in ensuring the sustainability and retention of medical specialists: Efforts to achieve equitable specialist health services throughout Indonesia

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Abstract

The equitable distribution of medical specialists remains one of the most persistent structural challenges within Indonesia's national health system. Although the number of medical specialists has increased significantly in recent years, severe maldistribution continues to occur, with the majority concentrated in Java and Bali, while frontier, outermost, and disadvantaged regions (3T areas) experience critical shortages. This article analyzes the legal responsibility of the Indonesian government not only to produce medical specialists but also to ensure their long-term sustainability and retention as strategic instruments for achieving equitable specialist healthcare services.

This study employs a normative juridical approach combined with a literature review. The research examines the principal legal frameworks, particularly Law Number 17 of 2023 concerning Health, which introduced the Hospital-Based Specialist Medical Education Program, Presidential Regulation Number 31 of 2019 concerning the Utilization of Medical Specialists, and the constitutional provisions contained in Article 28H of the 1945 Constitution of the Republic of Indonesia.

The findings demonstrate that although Law Number 17 of 2023 represents a progressive advancement, substantial implementation gaps remain, including weak retention mechanisms in remote regions, inadequate welfare protection, and regulatory disharmony. The government possesses a non-derogable constitutional obligation to establish conditions that support the sustainability of the medical specialist profession. This article recommends strengthening incentives, legal reform, and multisectoral collaboration in order to achieve meaningful healthcare equity throughout Indonesia.

Keywords: Government legal responsibility, medical specialists, sustainability and retention, equitable distribution, Law Number 17 of 2023, specialist utilization program, health law, Indonesia

Introduction

Indonesia, as the world's largest archipelagic state, faces substantial geographical, demographic, and structural challenges in achieving equitable healthcare distribution. Medical specialists play an essential role in advanced healthcare services; however, their distribution remains heavily concentrated in major urban centers and on the island of Java. According to the Indonesia Health Profile 2024, although the number of specialists in hospitals increased to 56,769 physicians, many district hospitals, particularly Class C hospitals, still fail to meet the minimum specialist service standards.

Article 28H paragraph (1) of the 1945 Constitution guarantees every individual the right to healthcare services, thereby obligating the state to provide equitable and quality healthcare. This obligation is reinforced through Law Number 36 of 2009 concerning Health and was significantly strengthened by Law Number 17 of 2023 concerning Health. The new law introduced the Hospital-Based Specialist Medical Education Program to accelerate both the production and distribution of medical specialists.

However, increasing the number of specialists alone is insufficient. The concept of specialist sustainability encompasses professional retention, welfare protection, career development, legal protection, and the establishment of conducive working and living environments, especially in disadvantaged regions. The high turnover rate among specialists deployed through the Specialist Utilization Program demonstrates weaknesses in current policies.

This article comprehensively examines the legal responsibility of both central and regional governments in

fulfilling their obligations to ensure that medical specialists can develop professionally and personally throughout all regions of Indonesia.

Literature Review

Academic discourse regarding the equitable distribution of medical specialists in Indonesia has developed significantly over the last decade, particularly following the implementation of various national healthcare policies. Dalimunthe and Oktamianti (2022) [3], in their narrative review, concluded that the distribution of medical specialists remains a critical issue within Indonesia's healthcare system. Based on data up to 2021, fulfillment of the minimum specialist standards in district and municipal regional hospitals reached only 74.9%, far below the targets established in the National Medium-Term Development Plan and the National Health System Reform agenda.

Their findings emphasized that maldistribution is not merely quantitative but also qualitative, influenced by economic disparities, socio-cultural conditions, infrastructure limitations, and insufficient incentives for specialists to serve in remote areas.

Dewi *et al.* (2023) [4] highlighted that although the government has issued numerous regulations regarding the provision and utilization of specialists, policy effectiveness remains heavily dependent upon the commitment and institutional capacity of local governments. Specialists continue to concentrate in provincial capitals, major cities, and economically developed regions, while 3T areas remain underserved.

Diani *et al.* (2023) ^[5] emphasized the sustainability dimension of healthcare human resources. They argued that maldistribution constitutes not only a supply issue but also a retention problem. Major causes of low retention include inadequate welfare, professional isolation, limited supporting facilities, and family considerations.

Kalalo *et al.* (2025) ^[6], through a juridical review of hospital-based specialist procurement under Law Number 17 of 2023, concluded that the legislation provides substantial advantages in terms of educational efficiency and accelerated distribution. Nevertheless, legal harmonization challenges between healthcare and higher education regulations remain unresolved.

Overall, existing literature demonstrates substantial regulatory progress but continues to reveal weaknesses in implementation, monitoring, and long-term retention strategies. This study fills that gap by focusing specifically on the government's legal responsibility in guaranteeing the sustainability of medical specialists.

Research Method

This study utilizes a normative juridical approach combined with a literature review methodology. The normative juridical method is employed to analyze legal norms, principles, and doctrines concerning governmental responsibility in the field of healthcare human resources.

Discussion

Legal Foundations and the Evolution of Government Responsibility

The legal responsibility of the Indonesian government in ensuring the sustainability and retention of medical specialists is constitutional, statutory, and progressive in nature. Its constitutional foundation is contained in Article 28H paragraph (1) of the 1945 Constitution, which provides that every individual has the right to live in physical and spiritual prosperity and to obtain healthcare services. This provision imposes a positive obligation upon the state to actively fulfill, protect, and advance the right to health, including through the provision and equitable distribution of specialist physicians.

The evolution of governmental responsibility can be traced historically as follows:

- Law Number 36 of 2009 concerning Health established the initial legal foundation obligating central and regional governments to undertake planning, education, utilization, and supervision of healthcare personnel in order to achieve equitable distribution.
- Presidential Regulation Number 31 of 2019 concerning the Utilization of Medical Specialists represented the first concrete governmental policy enabling direct placement of specialists in priority regions, particularly 3T areas.
- Law Number 17 of 2023 concerning Health constitutes the most significant healthcare reform in Indonesia. Articles 187 and 224 explicitly regulate the Hospital-Based Specialist Medical Education Program, allowing teaching hospitals, both public and private, to independently organize specialist education funded by the government.

This legislative evolution demonstrates a paradigm shift from a supply-driven approach toward an equity-oriented and sustainability-driven approach, wherein the government bears responsibility not only for production and placement but also for ensuring the long-term sustainability of specialists across Indonesia.

The Reality of Maldistribution and Sustainability Challenges

Despite increasingly progressive regulations, the distribution of medical specialists in Indonesia continues to display severe disparities. According to Indonesia Health Profile 2024, more than 56% of specialists remain concentrated in Java and Bali, while Eastern Indonesia and disadvantaged regions continue to experience chronic shortages.

Major sustainability challenges include:

1. Economic Factors and Incentives

Financial incentives provided through government programs are often uncompetitive compared with private practice income in urban areas. Consequently, many specialists return to cities immediately after completing mandatory service periods.

2. Infrastructure and Facility Support

Healthcare facilities in remote regions frequently lack adequate diagnostic equipment, essential medicines, stable electricity, and supporting infrastructure, limiting specialists' ability to perform optimally.

3. Professional Isolation and Career Development

Limited access to continuing professional development, scientific communities, and senior supervision contributes to professional stagnation and demotivation.

4. Social and Family Dimensions

Family separation, inadequate educational facilities for children, and limited employment opportunities for spouses significantly reduce long-term retention.

5. Legal Risks and Protection

Concerns regarding malpractice liability without adequate legal protection and insurance further discourage specialists from serving in remote regions.

Although the Specialist Utilization Program has improved placement rates, turnover remains high because existing policies fail to comprehensively address sustainability issues. Law Number 17 of 2023 provides significant opportunities through hospital-based specialist education, yet implementation challenges remain concerning inter-ministerial harmonization, hospital readiness, and sustainable financing.

Policy Recommendations

1. Strengthening Retention Incentives

The government should provide competitive tiered incentives for specialists serving in 3T regions, including family allowances and accelerated career promotion mechanisms.

2. Regional-Based Recruitment

Special admission pathways should be developed for candidates originating from disadvantaged regions, similar to Thailand's CPIRD model.

3. Regulatory Harmonization

Clear implementing regulations are necessary to eliminate overlapping authority between the Ministry of Health and the Ministry of Higher Education.

4. Holistic Sustainability Packages

A comprehensive “Specialist Retention Package” should include telemedicine facilities, continuing professional development, and family support systems.

5. Strengthening Regional Government Roles

Fiscal transfers and institutional capacity-building should be enhanced to support local governments in retaining specialists.

6. Digital Monitoring Systems

A national real-time monitoring dashboard should be established alongside strict sanctions for non-compliant regions.

7. Public-Private Partnerships

The government should encourage private hospitals and foreign investment participation while requiring contributions toward equitable distribution.

8. Periodic Independent Evaluation

Independent evaluations of the Specialist Utilization Program and Hospital-Based Specialist Education Program should be conducted regularly.

Conclusion

The Indonesian government possesses a clear constitutional and statutory legal responsibility to ensure the sustainability and retention of medical specialists as a fundamental pillar for equitable specialist healthcare services throughout Indonesia. Although Law Number 17 of 2023 provides a stronger legal foundation, achieving genuine healthcare equity requires a shift from merely increasing production and placement toward implementing comprehensive retention strategies.

By learning from successful international models such as Thailand and Australia, Indonesia can refine its healthcare workforce policies more effectively. Ultimately, fulfilling this legal responsibility is essential not only for equitable healthcare distribution but also for realizing the constitutional promise of the right to health for all Indonesian citizens.

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