

Reformulation of the Law on Pharmacy Practices on Drug Dispensing by Independent Doctors' Practices, Reviewed from Their Purposes, Effectiveness and Legal Harmonization

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Abstract. The purpose of this study is to analyze pharmaceutical practice regulations on drug dispensing by independent practicing physicians and reformulate pharmaceutical practice regulations on drug dispensing by independent practicing physicians in terms of legal benefits. This study uses a normative juridical method with a statutory approach. Data were obtained through literature and empirical studies, analyzed qualitatively descriptively. The results showed that 390 doctors in Bandung City performed drug dispensing. Research in Denpasar City and Bandar Lampung also showed a relatively high rate of drug dispensing by independent practicing physicians. The reason for doctors dispensing is to make it easier for patients, the local government through DPMPTSP which is mandated by law to issue practice permits for health workers, does not allow pharmacists to create SIPs in independent medical practices, but on the other hand, as per Law No. 17 of 2023, BPJS Regulation No. Law No. 1 of 2014 also categorizes independent physician practices as health facilities, where capitation funds include medication costs. The physician discovered/alleged that a non-pharmacist pharmacy was providing non-prescription medications that should have been prescribed. Pharmacists should be permitted to create a SIP for independent physician practices. Regional regulations (through the DPMPTSP) that prohibit pharmacists from creating SIPs for independent physician practices should be reformulated to allow them.

Keywords: *Regulatory Reformulation, Pharmaceutical Practice, Drug Dispensing, Independent Physician Practices.*

A. INTRODUCTION

Article 28H Paragraph 1 of the 1945 Constitution states that a healthy life and access to health services are human rights. Every citizen has the right to live a good, healthy, and prosperous life, both physically and spiritually, in order to achieve the national goal of protecting the entire Indonesian nation and its entire homeland, and advancing general welfare, as mandated by the 1945 Constitution of the Republic of Indonesia. This is further emphasized by People's Consultative Assembly Decree Number 2 of 1983, which states that the essence of national development is the development of the whole Indonesian people and the entire Indonesian community. "Whole" means physically and mentally healthy, while "entire" means equitable or just distribution, encompassing all Indonesian citizens (Law Number 17 of 2023 concerning Health). Therefore, development in the health sector is an integral part of national development, aiming to increase awareness, ability, and willingness to live a healthy life for everyone, thereby achieving the highest possible level of public health.

Health is now a basic, essential need. Health is a basic human need, along with other basic needs such as clothing and food. Sometimes, other basic needs must be neglected in order to achieve good health (Bakhri, 2016). Therefore, the availability of health services is crucial. The provision of health services is not only about quantity, but also about quality. The Indonesian Minister of Health Regulation Number 30 of 2022 concerning National Indicators for the Quality of Health Services in various health facilities states that everyone

has the right to receive safe and quality services in accordance with service standards. Furthermore, with increasing standards of living and lifestyles, public demand for the importance and quality of health care in Indonesia is also increasing (Sari & Meci, 2023; Noorbaya, 2018). Therefore, the implementation of health efforts must be carried out in accordance with health service standards (Article 24 Paragraph 1 of Law Number 17 of 2023 concerning Health). These health efforts are aimed at achieving the highest possible level of health for the community through individual and public health efforts, including promotive, preventive, curative, rehabilitative, and/or palliative care (Article 18 Paragraph 1 of Law Number 17 of 2023 concerning Health). Health efforts must be implemented responsibly, safely, with high-quality, equitable, non-discriminatory, and just. Health efforts must take into account social functions, socio-cultural values, morals, and ethics (Article 23 of Law Number 17 of 2023 concerning Health).

One aspect of health efforts includes the security and use of pharmaceutical preparations (Article 22 Paragraph 1 of Law Number 17 of 2023 concerning Health). To ensure that healthcare services are implemented in accordance with health service standards and for the safety and use of pharmaceutical preparations, regulations require that the procurement, production, storage, promotion, and/or distribution of pharmaceutical preparations meet standards and/or requirements for safety, efficacy/benefit, and quality. Furthermore, the procurement, production, storage, promotion, distribution, and service of pharmaceutical preparations must meet standards and requirements in accordance with statutory provisions. Furthermore, the development, regulation, control, and supervision of the production, procurement, storage, promotion, and distribution of pharmaceutical preparations are the responsibility of the central and regional governments (Article 138 of Law Number 17 of 2023 concerning Health). Furthermore, with the same objective, namely that the Implementation of Health Efforts must be carried out in accordance with Health Service standards, for the sake of the security and use of pharmaceutical preparations, related to health workers who are authorized to carry out pharmaceutical practices, there are regulations that pharmaceutical practices, namely production, quality control, procurement, storage, distribution, research and development of pharmaceutical preparations, as well as pharmaceutical management and services must be carried out by pharmaceutical personnel (Article 145 of Law Number 17 of 2023 concerning Health). However, under certain conditions, pharmaceutical practices can be carried out on a limited basis by other Health Workers, such as doctors/dentists, midwives and nurses. Among these certain conditions are the absence of pharmaceutical personnel, the need for government programs and/or conditions of KLB, epidemics and other disaster emergencies (Explanation of paragraph 3 of article 145 of Law Number 17 of 2023 concerning Health).

The above regulations are not fully followed by healthcare workers. There is a lack of compliance among healthcare workers with these regulations. In society, many healthcare workers still provide healthcare services outside their professional jurisdiction (Ikhsan & Wahab, 2021). One example is independent physicians who dispense medications, providing medication services to patients that should be the responsibility of pharmacists (Lolita, 2019). By dispensing medications, independent physicians are performing part of pharmaceutical practice, namely procuring, storing, and providing medication services to patients without the assistance of pharmacists (Sudarma, 2008). Therefore, drug dispensing by independent physicians generally violates existing regulations regarding pharmaceutical practice, which should only be carried out by pharmaceutical personnel, namely pharmacists. This habit of independent physicians dispensing medications has been carried over from the past, when doctors prepared and administered medications, and continues to this day. Doctors assume

they have the authority to prescribe medication because they were equipped with knowledge about drugs during their education, which is why they dispense them (Noplaina, 2017).

A survey conducted by researchers in Bandung City found that 390 independent practicing physicians dispense medication. Yet, Bandung is far from a remote area lacking pharmacies. So, one can imagine the situation in other cities and regions. Drug dispensing is certainly even more prevalent. This is despite the existing regulation prohibiting independent practicing physicians from practicing pharmacy, and anyone who violates this regulation faces penalties, including fines and imprisonment (Article 436 Paragraphs 1 & 2 of Law No. 17 of 2023 concerning Health).

Referring to the provisions of Law No. 17 of 2023 concerning Health, which stipulates that pharmaceutical practice can only be performed by pharmacists, and considering the fact that independent practicing physicians still dispense medication, it can be concluded that the above regulation cannot be implemented. In fact, good legislation must be enforceable. Laws should not only contain idealistic principles that are practically impossible to implement.

Previous research on drug dispensing by independent physicians has so far only discussed the existence of drug dispensing by independent physicians and its status under applicable laws. The results, as in the study by Naufal Rosal et al. (2022), indicate that drug dispensing by independent physicians is prohibited. Wahyuddin & Nufus (2022) also conducted a study assessing the legal policy of pharmaceutical services in Indonesia. The results indicate that all applicable laws further strengthen the role of pharmacists in pharmaceutical services, including: prescription assessment and services, dispensing, drug information services, counseling, drug therapy monitoring, side effect monitoring, and monitoring of drug side effects. Widanyana (2015) examined the legal status of drug dispensing practices by independent physicians in a specific area, namely Denpasar. He concluded that Denpasar is not a remote area, so independent physicians cannot practice dispensing. Furthermore, Denpasar has pharmacies with an even distribution. After concluding that dispensing by independent physicians in Denpasar constitutes a violation of legal provisions. Widanyana (2018), continued to examine the level of such violations. The results showed that the implementation of drug dispensing practices by medical personnel that have occurred in the city of Denpasar based on field observations is quite high, with an average deviation rate of 66.37%. Another study conducted by Prabowo (2019), in addition to discussing the legal status of pharmaceutical practices, also discussed the factors that influence physicians in dispensing.

Previous research related to pharmaceutical practices by independent physicians above, so far no research has analyzed the rules or norms themselves. In other words, there has been no critical study of the current pharmaceutical practice legislation. The purpose of this study is to analyze how pharmaceutical practice legislation regulates and implements medication dispensing by independent physicians and how it can be reformulated.

B. METHOD

The legal research used by the researcher in compiling this legal research is descriptive and prescriptive with a normative juridical approach and a statutory approach. The data used in the research are primary and secondary data. Primary data is used to support secondary data. Meanwhile, secondary data consists of primary legal materials, secondary materials, and tertiary legal materials. As for data from interviews, the author will conduct interviews with informants who are independent practicing doctors, patients, and pharmaceutical wholesalers using random sampling and unstructured interviews.

C. RESULTS AND DISCUSSION

1. Regulations and Implementation of Pharmaceutical Practices in Drug Dispensing by Independent Practicing Doctors

Based on Article 145 of Law Number 17 of 2023 concerning Health, there is a provision that pharmaceutical practices, including drug dispensing, may only be performed by pharmaceutical personnel. Non-pharmacy personnel, including physicians, are not permitted to practice pharmacy. However, under certain circumstances, physicians may practice pharmacy on a limited basis. These circumstances include the absence of pharmaceutical personnel, the need for government programs, and/or outbreaks, epidemics, and other disaster emergencies. The provisions for pharmaceutical practices as stipulated in Law Number 17 of 2023 are also affirmed by Government Regulation of the Republic of Indonesia Number 28 of 2024, the implementing regulation of Law Number 17 of 2023 concerning Health. The above regulations, concerning pharmaceutical practice, are not newly enacted in 2023. They are based on previous regulations, namely Law Number 23 of 1992 concerning Health, Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, and Government Regulation of the Republic of Indonesia Number 51 of 2009 concerning Pharmaceutical Work.

With the above pharmaceutical practice regulations, it can be said that since 1992, there has been a separation of authority between the medical profession and the pharmacist profession. The purpose of this separation of authority is to provide protection to patients and the public in obtaining and/or determining pharmaceutical preparations and pharmaceutical services, to maintain and improve the quality of pharmaceutical work in accordance with developments in science and technology, and to provide legal certainty for patients, the public, and pharmaceutical personnel. The medical profession focuses more on diagnosing and prescribing, while the pharmacist profession focuses more on compounding, preparing, and dispensing medications to patients.

However, based on the data obtained by the author and previous research, it is stated that relatively many doctors in various regions, especially in large cities, still dispense drugs as part of their pharmaceutical practice. Doctors store relatively large quantities of drugs in their practice rooms, then dispense them directly to patients. In the city of Bandung, in 2025, the author found that there were 390 independent practicing doctors who dispensed drugs. This data was obtained from a pharmaceutical company that had a similar number of independent practicing doctors as customers. This means that these 390 independent practicing doctors procured or purchased drugs, then stored them, and dispensed them. In other words, independent practicing doctors in a large city with many pharmacies engaged in pharmaceutical work prohibited by law. Based on previous research, studies were also conducted in other cities, such as Denpasar (Widnyana, 2018), Mataram (Prabowo, 2019), and Lampung (Pratiwi, 2019). The results from these three cities also showed that independent physicians dispensed at a relatively high rate, above 70%. Meanwhile, these cities have a relatively high number of pharmacies. Given the continued high rate of dispensing by independent physicians in large cities with numerous pharmacies, it's plausible that dispensing by independent physicians in other areas with lower qualifications, where there are still many pharmacies, is certainly even more prevalent.

Interviews with doctors revealed several reasons why doctors continue to dispense medication, despite regulations prohibiting it. The first reason is to make things easier for patients. This convenience is important in terms of time, effort, and cost. The second reason is that, based on their experience, doctors suspect that pharmacists are not the ones filling prescriptions at pharmacies. This is because pharmacists are not on standby at the pharmacy. Those on standby at the pharmacy are often pharmacy technicians with a diploma or high

school degree, and often not even healthcare professionals. This leads doctors to believe that rather than being served by a non-pharmacist, it is better for them, as doctors who have also studied pharmacology and pharmacy, to dispense medication to patients. The third reason is that doctors suspect that pharmacies are dispensing prescription drugs without a doctor's prescription. This creates resentment among doctors, who argue that if pharmacies disobey regulations by usurping the doctor's authority, then the doctor also has a reason to usurp the pharmacist's authority by dispensing. The fourth reason is that doctors know that patients prefer to receive their medication at the same time as their doctor's appointment, due to the convenience of saving time, energy, and money. If doctors insist on practicing independently without dispensing, they fear their practice will be unpopular with patients. Meanwhile, doctors know, and it's common knowledge, that other doctors also dispense, and even other healthcare professionals, such as paramedics and midwives, also practice independently. Doctors argue that continuing to practice independently while insisting on complying with regulations by not dispensing is tantamount to suicide. The fifth reason is that pharmaceutical companies come to practices offering to purchase drugs. This leads doctors to believe that, although prohibited by law, dispensing drugs by independent physicians is commonplace in practice. Even pharmaceutical companies, which are prohibited from selling drugs to independent physicians, violate the law because it's impossible to comply with the regulations. The sixth reason is that doctors cannot recruit pharmacists to work in their independent practices. Or if doctors want to collaborate with pharmacists to practice in independent medical practices, so that the pharmacist dispenses the medication, but this cannot be done, because pharmacists cannot obtain a practice permit in an independent medical practice. This is because in Government Regulation of the Republic of Indonesia No. 28 of 2024 concerning the Implementing Regulations of Law No. 17 of 2023, it is stated that the Practice Permit for Health Workers, including pharmacists, is issued by the regional government where the pharmacist carries out their practice. Likewise, in Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning the Implementing Regulations of Law No. 17 of 2023, also contains the same provisions. Furthermore, the regional government delegates the authority to issue this practice permit to the Investment and One-Stop Integrated Services Agency (DPMPTSP). Furthermore, in the existing system at DPMPTSP, pharmacists can only have a practice location in healthcare facilities such as pharmacies, clinics, and hospitals. While independent physician practices, although defined as health facilities by the Health Law and BPJS Regulations, cannot be used by the DPMPTSP as pharmacist practice locations. Furthermore, still related to the sixth reason above, because pharmacists can only practice in pharmacies, clinics, and hospitals, the seventh reason doctors continue to dispense is that establishing a pharmacy or clinic alone requires relatively greater time, effort, and costs. The eighth reason doctors are still prohibited from dispensing is as defined and classified by Health Law Number 17 of 2023, BPJS Regulation Number 1 of 2014 also defines and classifies independent physician practices as health facilities. Independent general practitioner practices are primary health facilities, while specialist practices are advanced health facilities. Based on BPJS regulations, these health facilities are financed through a capitation system, which includes the cost of medicines or pharmaceuticals.

From the explanation above, it can be concluded that there is a mass violation of a regulation. If a regulation, already public knowledge, is widely disregarded (ignored en masse), especially over a long period of time, despite subsequent changes to the same regulations, even with increasingly stricter sanctions and criminal provisions, this indicates a crisis in the existence and effectiveness of the law. The resulting impacts can be very serious, both socially and legally, and in terms of governance. Among the impacts of mass disregard

of a regulation are a loss of public trust in the law and regulatory authorities, the normalization of violations (a culture of violation), the loss of rights and obligations, legal recognition, injustice and inequality, the potential for social conflict, and the law being deemed invalid.

The impact of non-compliance with the above regulations can also occur in drug dispensing regulations, which involve doctors, patients, pharmacists, pharmaceutical companies, state regulatory agencies, law enforcement, and the public. State regulatory agencies and law enforcement become discredited and distrustful. Patients suffer because they do not receive optimal pharmaceutical services. Patients also fail to receive optimal medical care because doctors have other considerations besides medical considerations when managing patients, namely economic ones. Pharmacists' rights as healthcare professionals with more competence in pharmaceutical practice and recognized by law are also violated. This constitutes a practice of injustice. Cultural violations also arise within society, creating legal ambiguities.

The aforementioned violations of pharmaceutical regulations cannot be simply stated as good and correct, meaning that the problem lies solely in their implementation or oversight. This is because pharmaceutical regulations are not new regulations introduced in 2023 with the enactment of Law No. 17 of 2023, but rather regulations that have existed since 1992, or for over 30 years. This means that the existing and currently in effect pharmaceutical practice regulations are unenforceable. However, the formulation of regulations must be based on the principle of good regulatory enforcement, namely, their enforceability.

According to Soekanto (2008), the effectiveness of a law is determined, in part, by its own legal factors. These legal factors stem from the problematic regulation itself. Laws are created for a purpose. However, in legal practice, laws sometimes conflict with these objectives. Radbruch (1961) stated that there are at least three objectives of law: justice, legal certainty, and utility. If the law existing in society fulfills these three elements, the objective of the law can be said to have been achieved. All three synergize to create ideal law. A law is just if it has legal certainty and is beneficial. A law has legal certainty if it is just and beneficial. A law is beneficial if it is just and has legal certainty. Furthermore, from an Islamic legal perspective, the core of the theory of *maqasid sharia*, which aims to realize goodness while preventing evil, or to achieve benefit and repel harm. Because legal determination in Islam must be based on *maslahah* (benefit), the term that embodies the essence of *maqasid sharia* is *maslahah*.

Based on patient interviews, patients reportedly prefer to receive healthcare services as effectively and efficiently as possible. This includes, when possible, visiting a healthcare facility where patients receive all services, from diagnosis to therapy and medication, in one place. Conversely, if they visit a healthcare facility, such as an independent doctor's practice, but the practice doesn't offer pharmacy services due to regulations, the patient is left with a prescription. Then, they must travel to a pharmacy to fill the prescribed medication. This is a significant inconvenience for patients, costing them time, effort, and possibly money. This phenomenon is inconsistent with one of the objectives of law, namely benefit, according to Gustav Radbruch, or *maslahah*, from an Islamic legal perspective. Furthermore, the term "implementable principle" refers to the fact that every drafting of legislation must consider its effectiveness within society, both philosophically, legally, and sociologically (Explanation of Law of the Republic of Indonesia Number 13 of 2022 concerning the Second Amendment to Law Number 12 of 2011 concerning the Drafting of Legislation). The sociological basis is the needs or demands faced by society. Therefore, the legislation created is expected to be accepted by society and effectively enforceable.

These three foundations must be met in every drafting of legislation for it to be effectively enforced within society. This is closely related to Satjipto Rahardjo's Progressive Legal Theory. The paradigm in progressive law is that "law is for humans." Law revolves around humans as its center. Law exists for humans, not humans for law. If we hold to the belief that humans are for the law, then efforts will always be made, and perhaps even forced, to fit into the schemes established by the law. The law must be pro-people, pro-justice, aimed at welfare and happiness, based on a good life, responsive, supportive of the establishment of a conscientious legal state, implemented with spiritual intelligence, and liberating (Mahfud MD, et al., 2011). Several key terms are worth noting when elevating the concept of progressivism: the law follows the development of societal aspirations (the law is dependent on the situation and conditions of societal regulatory needs); the law must side with the interests of the people and serve the interests of justice; and the law aims to lead people to prosperity and happiness. Whenever problems arise within and with the law, it is the law that is reviewed and improved, not people who are forced into the legal system (Muliadi, 2012).

Based on the above explanation, the author argues that pharmaceutical practice regulations need to be reformulated to find a middle ground and find a more acceptable solution, despite all its advantages and disadvantages.

2. Reformulation of Pharmaceutical Practice Legislation on Drug Dispensing by Independent Practicing Doctors Reviewed from the Aspect of Legal Objectives

Based on the analysis in point 1 above, pharmaceutical practice regulations need to be reformulated. The next step in the analysis is to determine which laws and regulations should be reformulated and how. Law Number 23 of 2023 concerning Health and Government Regulation of the Republic of Indonesia Number 28 concerning Implementing Regulations of Law Number 17 of 2023 concerning Health stipulate that pharmaceutical practices, including dispensing, may only be performed by pharmacists, while other health workers, including doctors, are prohibited. If the law and government regulation are reformulated to allow doctors to dispensed freely, so that there are no legal violations by doctors who dispensed drugs, the negative impact of drug dispensing by doctors on the health service side will become more apparent and more widespread because it occurs legally. Indeed, there will be no more violations, the loss of public trust in the law and authorities will no longer occur, and the normalization of violations (a culture of violation) can also be minimized. However, patients are further disadvantaged due to suboptimal pharmaceutical services, and the legalization of suboptimal medical services, which will lead to a more widespread and widespread occurrence. A further impact of allowing doctors to dispensed drugs is that the rights of pharmacists, as healthcare professionals with greater competence in pharmaceutical practice, are also violated. This constitutes an unjust practice that can trigger protests from pharmacists. Furthermore, these protests occurred when rumors first surfaced that doctors were permitted to dispensed drugs, prompting immediate clarification from the Ministry of Health. Therefore, from a healthcare perspective, if independent physicians were permitted to dispensed drugs, this policy could be considered a step backward, as suboptimal healthcare services are becoming increasingly widespread and widespread due to the legalization.

To compare the rationale for allowing doctors to dispensed drugs, the author conducted a comparative study with Malaysia, which adheres to the Common Law (Anglo-Saxon) legal system. Malaysia allows independent physicians to dispense drugs more freely. However, studies, public education, and government pressure are now beginning to separate the powers of doctors and pharmacists (Shafie, 2022). This means that if Indonesia "follows" Malaysia in allowing doctors to dispensed medication, it could be considered a step

backward. Malaysia itself is in the process of "following" Indonesia in separating the powers of doctors and pharmacists.

Based on the above analysis, the idea of reformulating Law Number 17 of 2023 concerning Health, which previously prohibited independent practicing doctors from dispensing, to permitting independent practicing doctors, is a concept that should be avoided, as it represents a step backward for healthcare services and a step backward from a comparative perspective with other countries.

Interviews with patients revealed that patients do not focus on the doctor directly dispensing medication. Rather, they expect that when visiting a healthcare facility, everything from registration and examination to obtaining medication can be done in one location.

On the one hand, doctors know that patients will be happier if they also receive their medication from their practice. However, if doctors follow existing regulations, which allow only pharmacists to dispense medication, pharmacists cannot issue a SIP at their practice. This is evident from local government regulations, which are mandated by law to issue healthcare worker practice permits. Based on local government regulations through the DPMPTSP (Directorate General of Public Health), pharmacists can only issue SIPs at clinics, community health centers, pharmacies, and hospitals. Establishing these institutions requires significant effort, thought, time, and expense due to the numerous requirements.

Based on interviews with doctors and patients, if pharmacists were permitted to practice in independent medical practices, it is estimated that dispensing by doctors could be significantly minimized. The advantage of this alternative solution is that patient needs are met. Patients still receive pharmaceutical services in the same location, namely, in an independent doctor's practice, and this occurs legally. Furthermore, patients receive quality pharmaceutical services provided by pharmacists. Another advantage is that medication management, including procurement, storage, and disposal of medications, is relatively well-managed because it is handled by pharmacists. Finally, this regulation could further open up employment opportunities for pharmacists. Previously, pharmacists could only obtain a SIP at a limited number of pharmacies, clinics, and hospitals, but now they can also obtain a SIP or work in independent medical practices. A disadvantage of the regulation permitting pharmacists to practice in independent medical practices is that medical services and pharmaceutical services are not completely separate and independent. This creates a conflict of interest for doctors. Although not as severe as if doctors dispensed without a pharmacist, this still results in suboptimal medical and pharmaceutical services. However, this disadvantage is less severe compared to dispensing without a pharmacist.

In Islamic law, the purpose of Allah SWT in enacting His laws is to maintain the benefit of mankind, while avoiding harm in this world and the hereafter. Regarding *Mafsadat*, there is a *fiqhiyah qaidah*, "if there are two *mafsadats*, avoid the one with the greatest harm, by taking the one with the lesser harm" (Nurdin et al., 2022). Based on the *fiqh* rules above, pharmacists who are permitted to make SIPs in independent medical practice have greater benefits and fewer disadvantages than doctors who are permitted to do dispensing.

Based on the analysis above, by allowing pharmacists to make SIPs or practice in independent doctor's practices, this is in line with one of the legal objectives, namely the principle of benefit and the principle of *maslahah*. In addressing the alternative solution above, namely allowing pharmacists to practice in independent medical practices, it is first necessary to analyze the hierarchy of laws and regulations to determine whether there are any regulations that explicitly and clearly prohibit pharmacists from obtaining a Business License (SIP) or practicing in independent medical practices. This is because there is a doctrine

within the hierarchy of laws and regulations that states that lower-level regulations must not conflict with higher-level regulations.

Law No. 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 concerning the Implementing Regulations of Law Number 2023 concerning Health only stipulate that pharmaceutical practice may be carried out by pharmacists. Other than pharmacists, doctors are not permitted to dispensed. There is no provision prohibiting pharmacists from obtaining a Business License (SIP) in independent medical practices. Therefore, if regional regulations (through the DPMPTSP) permit pharmacists to practice in independent medical practices, this does not conflict with the higher-level regulation, Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 concerning the Implementation of Law Number 17 of 2023 concerning Health.

Furthermore, Article 166 of Law Number 17 of 2023 concerning Health also states that there are 2 types of health facilities, namely primary health facilities and advanced health facilities. Primary health facilities provide primary services. These primary health facilities are Community Health Centers, Primary Clinics, and Independent Doctors' Practices (General Practitioners) (Article 167 of Law Number 17 of 2023 concerning Health). Secondary health facilities are advanced health facilities that provide specialist services and/or subspecialist services. These advanced health facilities are Hospitals, Primary Clinics, and Independent Doctors' Practices (Specialists) (Article 168 of Law Number 17 of 2023 concerning Health). From this provision, it can be concluded that Independent Doctors' Practices, both general practitioners and specialists, are included in the type of health facilities, as are other health facilities such as Community Health Centers, Primary Clinics, Primary Clinics, and Hospitals. This means that if a pharmacist wishes to obtain a Business License (SIP) or practice in a city or district, and is required to practice at a healthcare facility, then an independent medical practice is also considered a healthcare facility. BPJS Regulation Number 1 of 2014 concerning the Implementation of BPJS also states that independent medical practices are also categorized as healthcare facilities, where financing is provided through a capitation system, including the cost of medications or pharmaceuticals as a packaged service along with examination fees.

From an analysis of the regulations above, there is actually room for pharmacists to practice in independent medical practices, as the law and BPJS, as the implementer of the national health system, categorize independent medical practices as healthcare facilities. In fact, with the recommendation that independent medical practices be recognized as healthcare facilities, and the BPJS capitation system financing includes the cost of medications as a packaged service along with examination fees. However, in accordance with the law, which mandates that healthcare worker licensing be delegated to local governments, regional regulations (through the DPMPTSP) do not permit pharmacists to practice in independent medical practices. The above explanation suggests a discrepancy between regulations related to drug dispensing, namely regional regulations (through the DPMPTSP) and the law, and BPJS regulations. To ensure that regional regulations align with the law and BPJS regulations, pharmacists should be able to create a SIP for independent physician practices.

Independent physician practices, as one of the healthcare facilities that can serve as pharmacist practice locations, are a solution to the widespread practice of dispensing by independent physician practices. Therefore, based on the explanation above, it can be concluded that the regional government (through the DPMPTSP), as the party mandated by law to issue pharmacist practice permits, which previously did not permit pharmacists to practice in independent physician practices, has modified the reformulation to allow the regional government to permit pharmacists to practice in independent physician practices.

The purpose of allowing pharmacists to practice in independent physician practices is to allow patients to be treated at the same location, eliminating the need to travel to other healthcare facilities to obtain medication. Therefore, to avoid abuse and excessive pharmaceutical practice activities, these pharmaceutical services are limited to the internal practice of independent physicians. Pharmaceutical services in independent doctor's practices are not permitted to serve requests from outside, as are pharmaceutical services in pharmacies, clinics or hospitals.

In addition, with the permission for pharmacists to practice in independent medical practices, both doctors and pharmacists must comply with the laws and codes of ethics of their respective professions. In general, in carrying out their professions, doctors and pharmacists must ensure that everyone has the right to receive safe, quality, and affordable health services in order to achieve the highest possible level of health (Article 4 of Law Number 17 of 2023 concerning Health). Patients have the right to receive health services in accordance with medical needs, professional standards, and quality services (Article 276 of Law Number 17 of 2023 concerning Health). Therefore, doctors and pharmacists in carrying out their practices are required to provide health services in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics as well as patient health needs (Article 4 of Law Number 17 of 2023 concerning Health). Furthermore, doctors and pharmacists are morally responsible for dedicating themselves to their respective fields of expertise, acting and behaving in accordance with professional ethics, and prioritizing the interests of patients and the community above personal or group interests (Article 279 of Law No. 17 of 2023 concerning Health). Therefore, in carrying out their practices, doctors and pharmacists providing healthcare services to patients must make the best efforts possible in accordance with norms, service standards, and professional standards, as well as the patient's health needs (Article 280 of Law No. 17 of 2023 concerning Health).

The code of ethics for physicians regarding pharmacy prohibits conflicts of interest, such as accepting compensation from pharmaceutical companies for prescribing certain medications. Physicians must be independent and objective in prescribing, prioritizing patient safety, and avoiding unsolicited promotions. Physicians should not accept incentives, commissions, or material rewards from pharmaceutical companies, distributors, or pharmacies for prescriptions. Medical decisions must be based purely on the patient's clinical indications. Physicians are required to set aside commercial interests or product loyalty when evaluating and prescribing medications (Indonesian Code of Ethics for Physicians, 2012).

The pharmacist's code of ethics in collaboration with physicians requires pharmacists to respect physicians' decisions, confirm any ambiguities or errors in prescriptions, and prioritize patient safety over personal gain. Pharmacists are obligated to respect physicians' professional judgment in prescribing and selecting therapies. If pharmacists discover ambiguities, questionable dosages, or writing errors (incompatibilities), they are obligated to communicate this to the prescribing physician for the sake of patient safety. Pharmacists are prohibited from engaging in covert commercial collaborations with physicians (such as fee-for-service or profit-sharing) that could burden patients with high drug costs. Pharmacists act as clinical partners, ensuring that the medications dispensed are rational, high-quality, and appropriate for the patient's disease indications (Indonesian Doctors' Code of Ethics 2022).

Therefore, collaboration between physicians and pharmacists is based on patient safety and the best interests of patients. This collaboration is governed by moral guidelines and service standards that emphasize respect for professional authority, prevention of conflicts of interest, and transparent communication.

D. CONCLUSION

Based on the theories of legal objectives, legal effectiveness, progressive law, and legal harmonization, the regulation of pharmaceutical practices in independent medical practices needs to be reformulated to better align with the needs of healthcare services and actual conditions in the field. The most appropriate reformulation is to provide pharmacists with the opportunity to obtain a Business License (SIP) and practice in independent medical practices, so that drug dispensing remains carried out by authorized personnel in accordance with statutory provisions. This policy does not conflict with the applicable legal hierarchy, provides legal certainty and protection, improves the quality of healthcare services, and is a more effective solution than maintaining the current situation or allowing doctors to dispensed directly. Pharmaceutical services in independent medical practices remain limited to the practice's internal needs and must be implemented in accordance with statutory regulations and the professional codes of ethics for physicians and pharmacists.

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