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Civil Legal Relationship between Doctors and Patients in Online Health Services

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Abstract

The background to this research is unclear regulations regarding online healthcare services provided via the internet. Law Number 29 of 2004 concerning Medical Practice defines a patient as an individual who consults with a doctor directly or indirectly and requires the patient to provide honest and good faith information. However, its implementation in online services remains legally uncertain. This study aims to analyze the legal framework governing online healthcare services in Indonesia, examine whether doctor–patient relationships in online services comply with professional standards and medical ethics, and identify legal gaps arising from their implementation. The research employs a normative legal research method using statute and conceptual approaches, supported by primary, secondary, and tertiary legal materials obtained through literature review. The findings show that online healthcare services remain legally grounded in therapeutic agreements based on good faith, professionalism, and informed consent, even without direct physical interaction. However, current regulations are not yet comprehensive, particularly concerning electronic consent, platform responsibility, and dispute resolution mechanisms. In conclusion, although online healthcare services are legally permissible, clearer and more integrated regulations are required to ensure legal certainty, patient protection, and professional accountability in digital healthcare practices.

Keywords: *Doctor–Patient Relationship, Medical Ethics, Medical Practice Law, Online Healthcare Services, Therapeutic agreement.*

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1. Introduction

Health development is a vital part of Indonesia's national goal of creating prosperity for all its citizens, as stated in the Preamble to the 1945 Constitution. The government bears a significant responsibility to provide quality, equitable, and accessible healthcare services to all levels of society.[1] Healthcare itself involves a relationship between two primary parties: the doctor as the provider and the patient as the recipient. This relationship is based on trust, manifested in a therapeutic transaction, a professional relationship that prioritizes the doctor's

[1] Muhammad Asrul Maulana, and Java Putri Avrillina, "Kesehatan sebagai Hak Asasi: Perspektif Filosofis tentang Hukum Kesehatan," *Journal of Contemporary Law Studies* 1, no. 2 (2024): 47.

expertise and the patient's openness.[2] The need for healthcare development is increasingly pressing, driven by the continued growth of digital-based healthcare services, while regulations are still adapting. Law Number 17 of 2023 concerning Health and Ministerial Regulation Number 20 of 2019 have begun to regulate telemedicine practices, emphasizing the obligation of licensed healthcare workers and the protection of patient data.[3] However, the increasing use of online consultations and the rise in disputes related to electronic information demonstrate the need for stronger legal certainty to ensure the doctor-patient relationship remains safe, transparent, and meets professional standards.[4]

Along with advances in science and technology and the success of development in various sectors, public awareness of the importance of health has increased rapidly.[5] This increase is accompanied by a demand for healthcare services that are not only of higher quality and more equitable, but also faster and more accessible. To address this challenge, innovations in information technology-based healthcare services have emerged, such as telemedicine or online healthcare services, which enable medical consultations without physical meetings through digital devices.[6]

However, these advances have also brought about changes in the relationship between doctors and patients. What was once a face-to-face interaction has now shifted to remote communication, potentially impacting the quality of the

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[2] Zaeni Asyhadie, *Aspek-Aspek Hukum Kesehatan Di Indonesia* (Jakarta: PT. Raja Grafindo Persada, 2017), 1. See too, Anggraeni Endah Kusumaningrum, "Analisis transaksi terapeutik sarana perlindungan hukum bagi pasien," *Jurnal Ilmiah Dunia Hukum (JIDH)* 1, no. 1 (2016): 14.

[3] Hadi Wijaya, Charles DL Pardede, and Hotman Sinambela, "Rekonstruksi Perlindungan Hukum bagi Dokter dalam Praktik Telemedicine: Perspektif Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan," *Jurnal Hukum Lex Generalis* 6, no. 12 (2025): 322. See too, Supriyanto, Rani Sri Agustina, and Inge Dwisvimiar, "Tanggungjawab Hukum Dokter dalam Penerapan Pelayanan Kesehatan berbasis Telemedicine Berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan (Studi di Upt Puskesmas Binuang Kabupaten Serang)," *Journal of Innovation Research and Knowledge* 4, no. 11 (2025): 8279.

[4] Supriyanto, Rani Sri Agustina, and Inge Dwisvimiar, "Tanggungjawab Hukum Dokter dalam Penerapan Pelayanan Kesehatan berbasis Telemedicine Berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan (Studi di Upt Puskesmas Binuang Kabupaten Serang)," *Journal of Innovation Research and Knowledge* 4, no. 11 (2025): 8278.

[5] Aditya Bagus Kuncoro, and Joko Prayitno, "Peningkatan Kesadaran Hukum Masyarakat dalam Mendukung Kesehatan Publik melalui Edukasi Hak atas Pelayanan Kesehatan dan Pencegahan Penyakit Menular di Kartasura," *Social Engagement: Jurnal Pengabdian Kepada Masyarakat* 3, no. 3 (2025): 126.

[6] Rani Tiyas Budiyanti, and Penggalih Mahardika Herlambang, "Perlindungan Hukum Pasien Dalam Layanan Konsultasi Kesehatan Online," *Jurnal Hukum Kesehatan Indonesia* 1, no. 01 (2021): 8. See too, Hendrojono Soewono and Dewi Setyowati, *Batas Pertanggungjawaban Hukum Malpraktek Dokter dalam Transaksi Terapeuti* (Surabaya: Srikandi, 2007), 63.

relationship and patient involvement in medical decision-making.[7] In the literature, the doctor-patient relationship is categorized into three main models: first, an activity-passivity relationship in which the doctor is completely dominant; second, a mentoring-collaboration relationship in which the doctor acts as a mentor; and third, a reciprocal participation relationship in which the doctor and patient discuss matters as equals. This reciprocal participation model is considered the most ideal for the modern healthcare era, which demands openness and honesty from both parties.[8]

On the other hand, regulations in Indonesia have not yet fully regulated online healthcare services. Law Number 36 of 2009 concerning Health does regulate general health efforts, but it does not specifically address non-face-to-face health services.[9] Similarly, Law Number 29 of 2004 concerning Medical Practice only states that services can be provided directly or indirectly, without explaining the mechanisms for such remote services in more detail.[10] Based on this description, it is clear that the development of technology-based healthcare services has not been fully matched by clear regulations governing mechanisms, responsibilities, and legal protection for the parties involved. Changing patterns of interaction between doctors and patients, coupled with limited regulations regarding non-face-to-face services, give rise to a number of normative and practical issues that require further in-depth study. Therefore, it is important to formulate the research problem explicitly so that the discussion can be directed and focused on the most crucial aspects of providing online healthcare services.

RQ1: What are the current legal regulations regarding online healthcare services in Indonesia, particularly in relation to the Health Law, the Medical Practice Law, and applicable telemedicine regulations?

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[7] Imam Mashuda, and Agus Pramono, "Hubungan Antara Dokter Dengan Pasien Dalam Pelayanan Kesehatan Dilihat Dari Perspektif Hukum," *Jurnal Magister Hukum Perspektif* 10, no. 2 (2019): 15.

[8] Veronica Komalawati, *Peranan informed consent dalam transaksi terapeutik: persetujuan dalam hubungan dokter dan pasien: suatu tinjauan yuridis* (Bandung: Citra Aditya Bakti, 1999), 44.

[9] Indra Yudha Koswara, "Perlindungan Tenaga Kesehatan dalam Regulasi Perspektif Bidang Kesehatan Dihubungkan dengan Undang-undang Nomor 36 Tahun 2009 tentang Kesehatan dan Sistem Jaminan Sosial," *Jurnal Hukum POSITUM* 3, no. 1 (2018): 13.

[10] Veronica Komalawati, *Peranan informed consent dalam transaksi terapeutik: persetujuan dalam hubungan dokter dan pasien: suatu tinjauan yuridis* (Bandung: Citra Aditya Bakti, 1999), 45.

RQ2: Does the doctor-patient relationship in online healthcare services meet professional standards, medical ethics, and the principle of trust, as in therapeutic transactions?

RQ3: What forms of legal gaps or uncertainties arise in the provision of information technology-based healthcare services?

Therefore, a legal vacuum exists that creates uncertainty for both healthcare professionals and patients regarding online healthcare services. This situation demands a more comprehensive legal interpretation or even the creation of new regulations specifically governing technology-based healthcare practices. The goal is to ensure legal protection for all parties, ensure safe, professional services, and uphold patient rights and physician obligations in the era of digital healthcare.

Based on this background, this study was conducted to respond to the development of information technology-based healthcare services, which have not been fully balanced by clear and comprehensive legal regulations, particularly regarding the legal relationship between doctors and patients in online healthcare services. The purpose of this study is to analyze the legal regulations for online healthcare services in Indonesia, assess the compliance of the doctor-patient relationship with professional standards and medical ethics, and identify legal gaps and uncertainties that arise in its implementation.

2. Research Method

This research uses a normative legal research method, also known as doctrinal research.[11] The choice of a normative legal research method is highly relevant because the issues discussed in this study are directly related to the lack of clarity and lack of norms in the regulation of online healthcare services. The study of legal certainty, the obligations of doctors and patients, and the limitations of telemedicine practice requires an in-depth analysis of applicable laws and regulations and the underlying legal concepts. In this approach, law is understood both as provisions written in statutory regulations (law on the books) and as norms or rules that guide human behavior deemed in accordance with prevailing values. This normative legal research focuses on literature studies and reviews of laws and regulations relevant to the research topic. To analyze the

[11] Amirudin and Zainal Asikin, *Pengantar Metode Penelitian Hukum* (Jakarta: PT. Raja Grafindo Pmada, 2014), 13.

problems in this research, two main approaches are used: the Statute Approach and the Conceptual Approach.

In its implementation, the legal materials used are divided into three categories: Primary Legal Materials, namely binding legal sources such as the Civil Code, Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, and Minister of Health Regulation Number 2052/PER/X/2011 concerning Medical Practice Permits and Implementation. Secondary Legal Materials, consisting of sources that explain and elaborate on primary legal materials, such as textbooks, scientific works, and articles by experts related to the research topic. Tertiary Legal Materials, which serve to provide guidance or clarification on primary and secondary legal materials, such as legal dictionaries and Indonesian dictionaries. Data collection in this study was conducted through literature review by examining available secondary legal materials. Given the ambiguity or lack of clarity of legal norms in the problem under study, the analytical method used is legal interpretation or interpretation of existing regulations to find clarity and solutions to the legal issues faced.

3. Research Results and Discussion

3.1. Legal Regulations Related to Online Healthcare Services in Indonesia

This research shows that legal regulations related to online healthcare services in Indonesia are the result of a long process of health law development, both at the global and national levels.[12] Its history can be traced back to ancient times with the Code of Hammurabi, then developed into the Hippocratic Oath, which emphasized the importance of ethics in the medical profession. In Indonesia, the development of health law has transformed from a paternalistic doctor-patient relationship to a more equal partnership, emphasizing the rights and obligations of each party. This transformation aligns with the concept of the right to health and the right to self-determination, as enshrined in Article 25 paragraph (1) of the 1948 Universal Declaration of Human Rights, which was later adopted in Article 28H paragraph (1) of the 1945 Constitution concerning the right to healthcare services.[13]

[12] Rani Tiyas Budiyanti, and Penggalih Mahardika Herlambang, "Perlindungan Hukum Pasien Dalam Layanan Konsultasi Kesehatan Online," *Jurnal Hukum Kesehatan Indonesia* 1, no. 01 (2021): 9.

[13] Sri Siswati, *Etika Dan Hukum Kesehatan Dalam Perspektif Undang-Undang Kesrehatan* (Jakarta: Rajawali Pers, 2013), 3.

National health regulations began with Law Number 9 of 1960, which was later refined by Law Number 36 of 2009, which is more comprehensive and responsive to societal dynamics, including the digital era. In addition, Law Number 29 of 2004 concerning Medical Practice and Council Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists serve as important legal foundations for the provision of online healthcare services.[14] These services must remain based on the principle of good faith as stipulated in Article 1338 of the Civil Code, which requires doctors to protect patient rights and practice according to ethical and competency standards.[15] According to Penzing, the legal framework comprises six essential elements: legal policy, legal norms, legal principles, legal institutions, legal processes, and legal culture. Legal policy is reflected in the recognition of health as a human right guaranteed without discrimination and maintained sustainably. Legal norms are enshrined in regulations such as Law Number 36 of 2009, Law Number 29 of 2004, and derivative regulations such as Minister of Health Regulation Number 2052/MENKES/PER/X/2011. The legal principles underlying online services include the principle of prudence, adherence to professional standards, responsibility, and patient protection.[16]

In terms of legal institutions, the supervision and enforcement of physician discipline are carried out by the Indonesian Medical Council and the Indonesian Medical Discipline Honorary Council (*Majelis Kehormatan Disiplin Kedokteran Indonesia*/MKDKI).[17] The legal process includes the physician registration mechanism through the Registration Certificate (*Surat Tanda Registrasi*/STR) and Physician Practice License (*Surat Izin Praktik*/SIP), which

[14] Maikel D. Willem, "Sanksi Hukum Atas Pelanggaran Disiplin Dokter Atau Dokter Gigi Menurut Undang-Undang Nomor 29 Tahun 2004 Tentang Praktik Kedokteran," *Lex Et Societatis* 5, no. 10 (2017): 332. See too, Kyagus Badius Sani, "Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan," *Jurnal Hukum Dan Etika Kesehatan* (2022): 17.

[15] Undang-Undang Republik Indonesia Nomor 9 Tahun 1960 tentang Pokok-Pokok Kesehatan. See too, Peraturan Konsil Kedokteran Indonesia Nomor 4 Tahun 2011 tentang Disiplin Profesional Dokter dan Dokter Gigi.

[16] Kemenkes Republik Indonesia, Peraturan Menteri Kesehatan Republik Indonesia Nomor 2052/MENKES/PER/X/2011 tentang Izin Praktik dan Pelaksanaan Praktik Kedokteran. See too, Mohammad Hilman Mursalat, Efa Laela Fakhriah, and Tri Handayani, "Problematika Yuridis Dan Prinsip Perlindungan Hukum Dalam Pelayanan Kesehatan Jarak Jauh Menggunakan Teknologi Informasi Dan Komunikasi," *Jurnal Poros Hukum Padjadjaran* 4, no. 1 (2022): 99; Soerjono Soekanto, *Pengantar penelitian hukum* (Jakarta: UI Press, 2006), 32.

[17] Kastania Lintang, Hasnati Hasnati, and Bahrun Azmi, "Kedudukan majelis kehormatan disiplin kedokteran indonesia dalam penyelesaian sengketa medis," *Volksgeist: Jurnal Ilmu Hukum Dan Konstitusi* 4, no. 2 (2021): 172. See too, Andi Hamniza Kastury, "Kedudukan Lembaga Majelis Kehormatan Disiplin Kedokteran Indonesia Dalam Prespektif Hukum Positif Indonesia," *Vifada Assumption Journal of Law* 2, no. 2 (2024): 8.

are legal requirements for practicing both physically and online. Online healthcare services are also required to comply with regulations regarding accountable and competency-based medical practice, as stipulated by professional organizations and the government. Meanwhile, in legal culture, there has been a shift in public attitudes that increasingly demand openness of information, informed consent, and access to quality health services through digital media.[18]

3.2. Doctor–Patient Relationships in Online Healthcare: Ethics, Professionalism, and Therapeutic Transactions

Thus, online healthcare services are an integral part of the complex and structured national healthcare legal system. The implementation of these services must adhere to the principles of legality, professionalism, competence, and protection of patient rights.[19] These findings confirm that online services require a robust legal framework, an effective oversight system, and a legal culture that encourages public participation and professionalism among healthcare professionals.[20],

The legal relationship between doctors and patients in online services remains based on a therapeutic contract, an agreement that requires the doctor to make maximum efforts to help the patient, without guaranteeing a cure.[21] This contract is based on maximal effort, not resultaatsverbintenis (results-based). The contract involves legal subjects (doctor and patient), legal objects (healing efforts), and rights and obligations, including payment for services by the patient, which is usually non-negotiable.[22]

The legal basis for this contract is reinforced by the Health Law and the Medical Practice Law, which regulate the patient's right to obtain information through informed consent. In online services, informed consent must still be

[18] Cut Sidrah Nadira, and Cut Khairunnisa, "Kedudukan Informed Consent Dalam Pelayanan Kesehatan di Indonesia," *Cendekia: Jurnal Hukum, Sosial Dan Humaniora* 1, no. 1 (2023): 31.
[19] Hotmaria Hertawaty Sijabat, "Hukum keperawatan: mengatur tugas, tanggung jawab, dan hak perawat dalam memberikan pelayanan kesehatan berkualitas." *Journal of Law and Nation* 3, no. 3 (2025): 8.
[20] Ahmad Rifki Fauzullail, and Muhammad Irfan, "Perlindungan Hukum Terhadap Pasien Menurut Peraturan Menteri Kesehatan Nomor 20 Tahun 2019 Tentang Penyelenggaraan Pelayanan Telemedicine Antar Fasilitas Pelayanan Kesehatan," *Private Law* 4, no. 3 (2024): 759.
[21] Devy Kumalasari, and Dwi Wachidiyah Ningsih, "Syarat Sahnya Perjanjian Tentang Cakap Bertindak Dalam Hukum Menurut Pasal 1320 Ayat (2) KUH Perdata," *Jurnal Pro Hukum: Jurnal Penelitian Bidang Hukum Universitas Gresik* 7, no. 2 (2018): 133.
[22] Republik Indonesia, *Undang-undang Republik Indonesia nomor 36 tahun 2009 tentang Kesehatan* (Jakarta: Republik Indones 2009), 12.

provided with adequate explanation, even if conducted digitally. The patient's legal capacity is also a primary requirement. Doctors may only perform medical procedures if the patient is at least 18 years of age or married.[23] If a patient is not legally competent, a service agreement, including an online one, can be legally voided. Therefore, the information provided by the patient must be honest, clear, and voluntary, as doctors cannot provide services without complete information.[24]

Furthermore, the shift from traditional face-to-face interactions to digital communication in online healthcare presents ethical and professional challenges that require increased responsibility from doctors, particularly in maintaining confidentiality, ensuring data security, and accurately assessing the patient's condition despite physical limitations.[25] The absence of a direct physical examination necessitates stricter adherence to professional standards, clear communication, and careful clinical judgment to prevent misdiagnosis and medical disputes. Therefore, strengthening ethical guidelines, technological security, and legal clarity is crucial to ensure that therapeutic transactions in online healthcare services continue to uphold trust, legal certainty, and the basic principles of medical professionalism.

3.3. Legal Gaps or Uncertainties in Information Technology-Based Health Services

In the context of dispute resolution, if a medical dispute arises, patients can file a lawsuit either through breach of contract (breach of the therapeutic contract) or tort (doctor's negligence that harms the patient even without an explicit contract).[26] Evidence in online services can include digital recordings of conversations, electronic consent, or electronic medical records. If found guilty, doctors can be subject to administrative sanctions by the Indonesian Medical Association (MKDKI), such as warnings, revocation of their STR/SIP

[23] Febrina Elisa, Achmad Busro, and R. Suharto, "Kajian Hukum Informed Consent pada Perjanjian Terapeutik antara Dokter dan Pasien Dibawah Umur Berdasarkan Peraturan Menteri Kesehatan No. 290/menkes/per/iii/2008 Tentang Persetujuan Tindakan Kedokteran," *Diponegoro Law Journal* 5, no. 1 (2016): 11.
[24] Muhammad Darwis, and Rahmat Amir, "Transaksi Trapeutik Sebagai Pertanggungjawaban Dokter Terhadap Pasien," *Jurnal Litigasi Amsir* 10, no. 1 (2022): 64.
[25] Rani Tiyas Budiyanti, and Penggalih Mahardika Herlambang, "Perlindungan Hukum Pasien Dalam Layanan Konsultasi Kesehatan Online," *Jurnal Hukum Kesehatan Indonesia* 1, no. 1 (2021): 10.
[26] M. Yahya Harahap, *Hukum Acara Perdata* (Jakarta: Sinar Grafika, 2015), 34.

(medical license), or retraining. They can also face criminal or civil sanctions if physical harm or death occurs.[27]

Advances in information technology pose new challenges in the realm of civil law, such as contract formation, granting medical consent, patient legal capacity, and the evidentiary process in disputes.[28] Therefore, strengthening regulations and increasing legal literacy for healthcare workers and the public is necessary to ensure legal protection for all parties in the ever-evolving digital healthcare ecosystem.[29]

Furthermore, legal uncertainty also arises because there are no detailed rules governing important aspects such as cross-regional medical practice, which law applies in online disputes, and who is responsible when problems occur in online healthcare services. The involvement of digital platforms as intermediaries often raises questions about liability, especially in cases of system errors, data leaks, or inaccurate information. This situation can make it difficult for patients to seek legal remedies and can place doctors in uncertain legal positions. Therefore, clearer and more comprehensive regulations are needed to define responsibilities, dispute resolution mechanisms, and standards of accountability in information technology–based healthcare services, so that legal protection for all parties can be ensured.[30]

4. Closing

4.1. **Conclusions** based on the results of the discussion, it can be concluded that the implementation of online health services aims to increase the effectiveness and efficiency of services through consultations that can be accessed directly by patients to doctors via the internet. However, even though it is carried out without a physical meeting, this service must still

[27] Novita Bernadeth Serena Linu, Y. Maarthen, and Caecilia Johanna Julietta Waha, "Kewenangan Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI) dalam Penanganan Sengketa Medis Dokter dan Pasien," *Lex Privatum* 15, no. 2 (2025): 1334. See too, Moegni Djojodirdjo, *Perbuatan Melawan Hukum* (Jakarta: Pradnya Paramita, 2000), 21.
[28] Rendy Tridolok Silaban, YA Triana Ohoiwutun, and Ainul Azizah, "Pertanggungjawaban Pidana Dokter dalam Pelayanan Telemedisin," *UNES Law Review* 7, no. 4 (2025): 1379.
[29] I. Made Alit Sukertayasa, and AA Gde Putra Arjawa, "Perlindungan hukum pasien dalam layanan konsultasi kesehatan online," *Jurnal Hukum Kesehatan Indonesia* 3, no. 02 (2023): 85. See too, Ratna Susanti, and Wijaya H., *Hukum Digital: Konsep dan Implikasinya di Era Industri 4.0* (Bandung: Refika Aditama, 2021), 122; Soerjono Soekanto, *Pengantar penelitian hukum* (Jakarta: UI Press, 2006), 34.
[30] I. Made Alit Sukertayasa, and AA Gde Putra Arjawa, "Perlindungan hukum pasien dalam layanan konsultasi kesehatan online," *Jurnal Hukum Kesehatan Indonesia* 3, no. 02 (2023): 84.

be based on good faith as regulated in Article 1338 paragraph (3) of the Civil Code. Doctors who provide online services are required to practice in accordance with ethical standards and professional discipline as regulated in Perkonsil Number 4 of 2011, and must have a Practice License and Registration Certificate in accordance with the provisions of Law Number 29 of 2004. Online health services are valid if there is an agreement between the doctor and patient, which is built on the basis of a relationship of mutual trust as stated in Permenkes Number 2052 of 2011. The legal relationship between the doctor and patient remains valid even without direct face-to-face meetings, through a therapeutic agreement that includes promotive, preventive, curative, and rehabilitative aspects. Online service system managers also play a role in regulating user access, taking into account age and complaints, to ensure that services are tailored to their needs.

In the event of a medical dispute within an online healthcare service, evidence can be obtained through electronic medical records. Both doctors and patients have equal legal rights and obligations, including the right for doctors to sue if necessary.

Although various regulations, such as the Health Law, the Medical Practice Law, and regulations related to professional ethics, have provided a legal basis for the provision of online healthcare services, these regulations are not yet fully adequate to address the complexities of telemedicine practice. Consequently, legal gaps remain, particularly regarding the mechanism for non-face-to-face services, the validity of electronic consent, and the responsibilities of digital platforms. Therefore, more comprehensive and integrated regulations are needed to provide legal certainty for doctors and patients. However, in practice, the doctor-patient legal relationship can still be implemented through therapeutic agreements based on good faith and professional standards. However, its implementation requires more detailed guidelines to ensure legal protection, accountability, and the quality of online healthcare services.

4.2. **Suggestions:** Strengthening Special Regulations for Online Healthcare Services: The government needs to immediately develop and ratify specific regulations that comprehensively govern online healthcare practices. These regulations must address technical implementation mechanisms, healthcare worker competency standards, patient data protection, and monitoring mechanisms and sanctions for violations. This

is crucial to address the existing legal gap and provide legal certainty and protection for doctors, patients, and service providers.

Improving Legal and Digital Literacy for Healthcare Workers and Patients: Continuous education and outreach programs are needed for healthcare workers regarding regulations, ethics, and standards of practice for online healthcare services. Furthermore, patients must be educated regarding their rights and obligations in online healthcare services, including the importance of providing honest and complete information for smooth service delivery. Digital literacy is also crucial for patients to access and utilize services safely and appropriately.

Developing Reliable and Secure Information Systems and Supporting Infrastructure: Online healthcare providers must strengthen their information technology systems, including implementing secure electronic medical records, digital informed consent procedures, and user identity verification mechanisms. Reliable and integrated infrastructure can improve service quality, prevent medical errors, and facilitate dispute resolution.

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