

DYNAMICS OF HEALTH LAW CHANGE: A LEGAL AND SOCIAL ANALYSIS

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Abstract

This article analyses the dynamics of changes to the Health Law from a legal and social perspective, focusing on the triggering factors, implementation, and impact on society. Changes in health regulations are often influenced by technological developments, demographic changes, and demands for improved access and quality of health services. From a social perspective, public awareness of health rights and pressure from advocacy groups play an important role in shaping more inclusive regulations. While these changes aim to respond to complex health challenges, challenges such as resistance to change, implementation gaps, and potential conflicts of interest remain. Thus, transparent and collaborative measures are needed in the legislative process to ensure that changes to the Health Law are not only relevant, but also effective in achieving the expected social and legal goals.

Keywords: Dynamics, Changes, Health Law, Legal and Social Analysis

Introduction

Health is one of the fundamental aspects of human life that is the responsibility of the state to ensure accessibility, quality, and equality of services for the entire community. The state's responsibility in creating a health system that is accessible to the entire community is a manifestation of the constitutional mandate, specifically Article 28H paragraph (1) of the 1945 Constitution regarding the right of every citizen to obtain good health services. Accessibility in health services means that every individual, regardless of social, economic, geographical status, or other characteristics, has the same opportunity to obtain services according to their needs (Roberts et al., 2025). The state has an obligation to remove barriers that may prevent people from accessing health facilities, such as excessively high costs, geographical distances that are difficult to reach, and limited availability of medical personnel. In addition, the provision of health services must consider the unique needs of the community, for example by establishing facilities in remote areas, facilitating health services for vulnerable groups, and strengthening community-based health systems (Turner, 2021).

In addition to accessibility, quality and equity are also the main priorities of the state's responsibility in the health care system. The quality of services must be guaranteed through standardised policies, certification of medical personnel, supervision of hospitals, and development of cutting-edge health technology. Quality care is not only related to the accuracy of diagnosis and treatment, but also includes patient experience, such as comfort, safety, and efficiency of service time (Kim & Park, 2021). On the other hand, healthcare equity means that there should be no