

Reporting Obligations for Infectious Diseases and Patient Confidentiality in Health Law

Lina Agustina, Yeni Vitrianingsih, Fayola Issalillah

Universitas Sunan Giri Surabaya

Email: lina.agustina@gmail.com

ABSTRACT– The law on healthcare workers' duty to report infectious diseases in Indonesia is based on Law No. 17 of 2023 on Health and implementing regulations governing the surveillance system. On the one hand, reporting is required as a tool to prevent and control the spread of diseases that threaten the wider public. On the other hand, the principles of patient confidentiality and personal data protection require that medical information be protected from unauthorized access and use. This article uses a normative juridical approach with qualitative literature study to examine the relationship between reporting obligations and patient privacy rights. Primary legal materials in the form of laws and regulations in the fields of health, medical records, and personal data protection are analyzed together with literature on public health ethics and contemporary bioethics. The results of the analysis show that the reporting obligation is constructed as an imperative public norm, while the confidentiality of medical records and patient personal data is positioned as a private norm that protects the dignity and integrity of individuals. The two are harmonized through clear exceptions, restrictions on the use of data, and the obligation to implement procedures that maintain patient anonymity in the public sphere. This article concludes that national regulations, including the Health Law, implementing regulations, the Minister of Health Regulation on Medical Records, and the Personal Data Protection Law, have normatively provided a legal framework that is relatively balanced between public health interests and patient privacy rights. Operational guidelines and data governance at the health facility level need to be strengthened so that reporting obligations are carried out in accordance with confidentiality protection standards and public health ethics principles.

Keywords: health law, infectious diseases, reporting obligations, patient confidentiality, medical records, personal data protection, public health ethics.

A. INTRODUCTION

The development of modern health law shows that the relationship between public health interests and individual rights to privacy is in a state of constant negotiation. The state has a constitutional and ethical obligation to protect the public from the threat of infectious diseases that have the potential to spread and cause large numbers of casualties. Every patient has the right to medical confidentiality, respect for personal dignity, and protection of health data, which have long been recognized as one of the main pillars of medical ethics and health law (Beauchamp & Childress, 2019). When the obligation to report infectious diseases is mandated through positive law instruments, the scope of action for healthcare workers is placed at the intersection between compliance with regulations and respect for patient confidentiality. This intersection requires careful normative juridical analysis in order to understand the extent to which the law directs, limits, and at the same time protects both interests.

In both national and global law, reporting infectious diseases is considered an essential tool for public health surveillance systems. Timely reporting enables early detection of outbreaks, contact tracing, and the formulation of proportionate public health interventions before an infection spread to a scale that is difficult to control (Gostin, 2014). Such reporting instruments typically require health workers to submit certain patient data to health authorities, either in the form of identity or other information that is detailed enough to support countermeasures. Therefore, the success of this reporting system is one of the important indicators of the effectiveness of a country's legal response to a health crisis. Vitrianingsih and Issalillah (2021) emphasise that the responsiveness and fairness of the national legal system in dealing with public health crises depend on the ability of legal instruments, such as reporting obligations, to

function appropriately without compromising the basic principles of justice. At this point, normative provisions regarding reporting obligations inherently touch on the most sensitive area, namely the confidentiality of medical records, which is traditionally regarded as a fundamental promise between doctors and patients. When the law forces the “disclosure” of information for the sake of public health, the question arises as to the extent to which such regulations remain in line with the principles of nonmaleficence, beneficence, and respect for autonomy in health ethics (Beauchamp & Childress, 2019).

From a public health law perspective, reporting infectious diseases cannot be understood merely as a technical administrative obligation. This obligation has complex normative dimensions, as it relates to the use of state authority over the bodies and data of its citizens, including those who are vulnerable. Health law literature emphasizes that public health interventions must be based on the principles of legality, necessity, proportionality, and fairness, so that restrictions on individual rights, including the right to privacy, can be justified legally and ethically (Gostin, 2014). The principle of fairness in health law must also ensure that the burden on the system, including reporting obligations, does not fall disproportionately on vulnerable groups. A study by Noor et al. (2023) on the rights of patients emphasises the importance of the vulnerability perspective in evaluating any health policy. Analysis of these vulnerable groups needs to be expanded to consider the structural root causes. Nalin et al. (2022) show that social disparities such as unequal access to services and quality of life directly shape vulnerabilities that impact public health, so that every health policy, including reporting, must be designed to mitigate the impact of these disparities. It is within this framework that regulations regarding the obligation to report infectious diseases need to be examined: whether the procedures, scope, and use of reported data have been formulated in a strict, transparent, and accountable manner; or whether they pose a risk of abuse, stigmatization, and reduced patient trust in health services. Without a clear normative basis, reporting obligations have the potential to cause resistance and superficial compliance among health workers.

At the practical level, health workers are at the forefront of implementing the law on reporting

infectious diseases. They are required to make quick decisions on whether certain information should be disclosed to health authorities, to what extent patient identities should be revealed, and how to explain to patients the consequences of such reporting. When regulations state that reporting is mandatory and administrative and criminal sanctions may be imposed for negligence, health workers face strong normative pressure to comply. At the same time, however, they remain bound by ethical and the law's obligation to maintain patient confidentiality, the violation of which can result in ethical sanctions, civil lawsuits, and even criminal penalties in certain circumstances. This normative tension requires a systematic normative law review to map out the limits of healthcare workers' law enforcement obligations in reporting infectious diseases and their implications for patient confidentiality regulations in the field of health law.

The first issue that arises relates to the clarity of the legal basis governing the obligation to report infectious diseases and the protection of patient confidentiality. In various law systems, the reporting of certain infections is regulated in health laws, government regulations, and technical guidelines that stipulate reporting procedures and the types of information to be collected (Gostin, 2014). However, the effectiveness and clarity of this legal framework are crucial to its implementation in the field. As analysed by Silvia et al. (2023), the success of legal norms in regulating the obligations of the government and society to prevent infectious diseases is highly dependent on their firmness, consistency, and completeness in regulating procedures and restrictions. These regulations, however, often do not explicitly outline detailed restrictions on the identity data that may be disclosed, anonymization mechanisms, and information security at the health authority level. This ambiguity creates uncertainty for health workers when weighing their reporting obligations against the protection of medical confidentiality. In practice, normative uncertainty can lead to varying interpretations, with some health workers tending to disclose data broadly to avoid sanctions, while others are more cautious and risk being perceived as negligent in their reporting.

The second issue relates to the potential conflict between reporting obligations and the principle of medical confidentiality, which is the foundation of the therapeutic relationship

(Masri, 2024). Both classical and contemporary medical ethics view confidentiality as a prerequisite for patient trust in healthcare professionals (Beauchamp & Childress, 2019). When patients know that information about certain infectious diseases will be mandatorily reported to the authorities, some may refrain from disclosing information honestly or be reluctant to seek medical help, especially if the disease carries a social stigma. This situation has been the subject of a number of ethical and public health policy researches, which highlight the risk of a “chilling effect” on health-seeking behavior when surveillance policies are perceived as threatening privacy and adding to the social burden on vulnerable groups (Gostin, 2014). The issue that needs to be addressed, therefore, is how health law regulates the limits of reporting obligations without undermining the trust that is the foundation of medical services.

The third issue concerns the accountability mechanism and law protection for health workers who carry out their reporting obligations. On the one hand, failure to report mandatory infectious diseases can be considered a violation of the law, both in the form of administrative negligence and violations that imply criminal sanctions if they cause widespread harm to the public. Disclosure of patient data to authorities beyond the permitted limits can be considered a violation of medical confidentiality with consequences under the law (Lakoro et al., 2025). This tension puts health workers in a vulnerable position, as misjudgments can result in them being caught in a double bind, both from public stakeholders and from patients who feel that their privacy rights have been violated. Health law literature emphasizes the need for a law framework that provides clear guidance and adequate protection for health workers who act in good faith based on the provisions of laws and regulations (Juniati & Purwani, 2023; Widiarta et al., 2025).

The acceleration of human mobility, urbanization, and changes in infectious disease patterns over the past two decades have increased the need for a rapid, accurate, and reliable infectious disease reporting system. New outbreaks and the resurgence of old diseases show that delays in reporting can have a widespread impact on a country's health, economic, and social burdens. In such circumstances, pressure to expand and tighten reporting obligations has grown stronger. This dynamic, however, has occurred alongside

increased global awareness of the right to privacy, personal data protection, and demands for transparency in the management of medical information by states and health institutions (Gostin, 2014). The tension between the push to strengthen surveillance and the demand for privacy is what makes a normative legal analysis of reporting obligations and patient confidentiality relevant research in the development of contemporary health law.

These contemporary challenges are also a matter of deep concern in the context of national health development. Harianto et al. (2024) emphasise that the dynamics of law, access to services, and management of infectious diseases in Indonesia face complex challenges, where demands to strengthen surveillance and reporting systems must be balanced with the strengthening of a legal framework that protects individual rights and data. Advances in health information technology have also brought fundamental changes to the way infectious disease data is collected, stored, and exchanged. Electronic reporting systems, the integration of medical records with national databases, and the use of analytics for outbreak monitoring have increased the benefits of reporting for public health, but at the same time have increased the risk of confidentiality breaches, unauthorized access, and data misuse. Within the framework of health law, these changes require a re-examination of classic norms regarding medical confidentiality and reporting obligations, as cross-institutional data architecture creates new challenges in ensuring that reported patient information is used only for legitimate purposes and with adequate protection. Systematic review of the law on the reporting obligations of health professionals regarding infectious diseases and its implications for patient confidentiality is therefore highly relevant to clarify the direction of health law development today.

This study aims to examine the legal obligations of health workers in reporting infectious diseases and their implications for patient confidentiality from a normative-legal perspective. The focus of the analysis is formulated on the normative character of legislation that bridges the interests of public health and individual privacy rights within the framework of health law. By examining the legal construction of the reporting obligation, this study seeks to identify gaps, tensions, and points of balance between these two values that

are often considered contradictory. The research approach was conducted through analysis of regulatory texts, relevant court decisions, and comparisons with public health ethical standards to assess the extent to which existing legal instruments have fulfilled the principles of proportionality and prudence.

Theoretically, this study is expected to enrich the discourse on legal philosophy and health ethics regarding the limits of justifying restrictions on patient privacy for the sake of public health. By highlighting the concept of health emergencies as a justification for state intervention, this study will examine the relevance of the principles of necessity, proportionality, and fairness in the context of the infectious disease surveillance system in Indonesia. Meanwhile, in practical terms, the results of this study are expected to provide a conceptual basis for the formulation or refinement of clearer and more proportionate regulations and guidelines for infectious disease reporting that are capable of protecting both healthcare workers and patients in a balanced manner. The resulting policy recommendations are aimed at strengthening an effective reporting system without neglecting data protection and individual dignity, as well as increasing the capacity and legal certainty of health workers in carrying out their professional duties.

B. METHOD

This research uses a normative juridical method with a qualitative literature review design that focuses on analyzing legislation, relevant court decisions, and scientific publications on health law and infectious disease reporting. This approach focuses on the systematic interpretation of positive law norms, principles, and principles governing the reporting obligations of health workers and the protection of patient confidentiality. The search was conducted on primary sources such as laws, government regulations, ministerial regulations, and technical guidelines for infectious disease reporting. Secondary sources included journal articles, health law textbooks, and medical ethics analyses published in the last two decades. As recommended by Creswell and Poth, the review process was directed at constructing a structured legal argument through repeated reading and systematic organization of the law materials and supporting literature (Creswell & Poth, 2018).

The literature search strategy was conducted using scientific databases such as Google Scholar with the keywords "public health law," "infectious disease reporting," "medical confidentiality," "duty to warn," and "health privacy," combined with the terms 'Indonesia' and "normative legal analysis." Inclusion criteria included: publications in Indonesian or English focusing on infectious disease reporting obligations, patient confidentiality, or public health law. Purely clinical works without law or ethics dimensions were excluded from the discussion. Regulatory documents were analyzed using Bowen's document analysis approach, which emphasizes the importance of selecting relevant documents, evaluating content, and thematic grouping to produce a structured understanding of the material being studied (Bowen, 2009).

Data processing was carried out through thematic coding of key issues, such as the legal basis for reporting obligations, patient confidentiality restrictions, exceptions to patient consent, and accountability mechanisms for health workers and health care institutions. The coding procedure refers to Braun and Clarke's thematic analysis guidelines, which include familiarization with the data, initial code generation, theme search, theme review, theme definition and naming, and analytical narrative compilation (Braun & Clarke, 2006). To ensure accuracy, the themes generated were compared with the findings of international literature reviews on infectious disease reporting and medical confidentiality, as recommended in Snyder's (2019) methodological literature review practice. Source triangulation was carried out by comparing normative provisions, juridical analysis, and ethical review, so that the arguments constructed in the discussion had a consistent conceptual and normative basis.

C. RESULTS AND DISCUSSION

The Law of Health Workers in Reporting Infectious Diseases

The construction of the law on the obligation of health workers to report infectious diseases in Law No. 17 of 2023 on Health shows that legislators position reporting as an integral part of the state's function in ensuring public health. Articles 273–278 regulate the rights and obligations of health workers, including the obligation to report cases of infectious diseases to health authorities as part of the

surveillance system. From a public health law perspective, such mandatory reporting reflects an imperative public obligation, as it is directly related to the prevention of disease transmission and the protection of vulnerable populations (Saputra et al., 2025; Widiarta et al., 2025). The concept of “public health law” places the state as the authority to restrict individual freedoms to the extent necessary to prevent serious harm to society, while respecting the principles of proportionality and accountability (Gostin, 2014). Reporting obligations by health workers are therefore not merely administrative obligations, but rather key instruments for the sustainability of an effective and normatively accountable surveillance system.

Normatively, Government Regulation No. 28 of 2024 concerning the Implementation of the Health Law clarifies the technical dimensions of infectious disease reporting by emphasizing that reporting is carried out for the sake of public health, not for commercial interests or discriminatory purposes. The assertion that reporting is directed toward the public interest is in line with public health law principles that place the prevention of harm and the promotion of population health as the primary goals of intervention (Childress et al., 2002). Within this framework, health workers and facilities are positioned as law subjects who bear special obligations because they have access to clinical information relevant to early detection and breaking the chain of transmission. This responsibility is not only individual but also institutional. In line with this, Mening et al. (2023) in a different context highlight that hospitals as institutions have legal responsibility for the actions and obligations of their health workers, including ensuring compliance with operational procedures and standards. The public health ethics literature emphasizes that such obligations are justified when the intervention is designed to significantly reduce risk and does not exceed the limits necessary to do so (Kass, 2001). This is an important basis for assessing the limits of reporting authority and the responsibilities of health workers.

The principle of patient confidentiality, which is regulated through medical record provisions in the Health Law and ministerial regulations, raises questions about how the limits of confidentiality are regulated when health workers are obliged to report infectious diseases. In medical ethics, medical

confidentiality is categorized as a fundamental obligation that stems from respect for autonomy, patient trust, and protection from stigma (Beauchamp & Childress, 2019). The same principle, however, recognizes valid exceptions when necessary to prevent serious harm to third parties or the general public. Under Law No. 17 of 2023, medical records are positioned as legal documents whose confidentiality must be maintained, while the reporting of infectious diseases is viewed as an exception that is explicitly regulated by law (Putra et al., 2024). Patient confidentiality and reporting obligations are therefore not positioned as mutually exclusive norms, but rather as two obligations that are harmonized through certain limitations and procedures.

At the constitutional level, the protection of patient data confidentiality is closely related to the guarantee of personal protection as contained in Article 28G paragraph (1) of the 1945 Constitution (Widiarta et al., 2025). Human rights literacy in the field of health shows that medical data confidentiality is part of the right to dignity and integrity of individuals, which cannot be arbitrarily reduced (Bayer & Fairchild, 2004). The human rights doctrine also recognizes that restrictions can be justified if they are regulated by law, directed toward legitimate goals such as public health, and implemented proportionally (Gostin, 2014). When the Health Law and Implementing Regulations stipulate that patient data may be disclosed for the purpose of reporting infectious diseases, then legally, restrictions on patient confidentiality are grounded in parameters of legality, legitimacy of purpose, and proportionality of restrictions (Lakoro et al., 2025).

From a public health ethics perspective, the obligation of healthcare workers to report infectious diseases is closely related to the principle of justification of public intervention, as formulated by Upshur (2002). The principles of harm, least restrictive means, reciprocity, and transparency are used to assess whether an intervention against individual rights, including confidentiality of information, can be justified. The reporting of infectious diseases fulfills the principle of harm because it is aimed at preventing serious harm in the form of disease transmission that threatens the wider population. The requirement that reporting be carried out using procedures that protect patient identity is in line with the principle of least restrictive means, which is to choose the least restrictive form of restriction of rights that is still

effective (Upshur, 2002). Reporting system that emphasizes the use of aggregate epidemiological data in the public, while maintaining the confidentiality of individual identities, reflects the application of ethical principles that minimize violations of privacy (Masri, 2024).

International public ethics research on public health surveillance emphasizes that the collection and use of health data must adhere to the principles of necessity, proportionality, and clarity of purpose (Fairchild et al., 2007; World Health Organization, 2017). The WHO emphasizes that surveillance systems are only justified if the information collected is truly necessary to support legitimate public health functions, is managed securely, and is accompanied by accountability mechanisms (World Health Organization, 2017). The ethical logic underlying this is rooted in the same principle as patient rights in the context of clinical care. As emphasised by Chairul et al. (2023), informed consent as a fundamental right of patients is a concrete manifestation of the principles of autonomy and respect for individual integrity in every health intervention. Within this framework, the reporting obligations of health workers in Indonesia should be understood as part of a legitimate surveillance design, which aims to identify patterns of transmission, set intervention priorities, and evaluate the effectiveness of disease control policies. This legitimacy, however, requires that individual data be processed with strict data protection standards, including access restrictions, anonymization, and restrictions on the publication of aggregated data.

When reporting infectious diseases is linked to the concept of vulnerability, ethical discourse shows that patients infected with highly stigmatized diseases such as HIV, drug-resistant tuberculosis, or sexually transmitted infections are vulnerable to discrimination, social exclusion, and job loss (Luna, 2008). This vulnerability reinforces the argument that reporting mechanisms must be designed in such a way that they do not open up opportunities for data misuse beyond legitimate public health purposes. The bioethics literature emphasizes that vulnerable groups require additional protection through strengthened confidentiality, restricted access to information, and effective complaint mechanisms (Luna, 2008; Beauchamp & Childress, 2019). Within a normative juridical framework, this implies the need for technical standards and operational guidelines that clarify

how health workers fulfill their reporting obligations without placing patients at additional risk due to breaches of confidentiality.

The academic debate on privacy and infectious disease surveillance shows that the tension between public interest and individual rights is a classic issue in public health law (Fairchild et al., 2007). The state needs accurate and timely data to prevent epidemics, while citizens demand guarantees that their medical data will not be used for harmful purposes. Fairchild and colleagues highlight that the legitimacy of a surveillance system is largely determined by the level of the public's trust in health institutions and assurances that data use is transparent and accountable (Fairchild et al., 2007). In Indonesia, this means that mandatory reporting requirements must be accompanied by legal and institutional instruments that convince the public that their privacy is truly valued and protected.

From the perspective of normative ethical theory, particularly utilitarian and deontological approaches, the obligations of reporting and patient confidentiality can be understood as two principles, each with a strong justification. The utilitarian approach argues that reporting infectious diseases is justified because it results in significant public health benefits, namely a reduction in morbidity and mortality through timely intervention (Kass, 2001; Bayer & Fairchild, 2004). The deontological approach, on the other hand, emphasizes that health workers remain bound by the obligation to respect the dignity and privacy of patients as values that cannot be sacrificed arbitrarily (Beauchamp & Childress, 2019). In Indonesia's positive law, efforts to harmonize these two value streams are evident in the explicit recognition of patients' rights to medical record confidentiality, as well as the recognition that reporting to health authorities is an obligation limited by specific purposes and procedures (Putra et al., 2024).

The legal framework that makes reporting infectious diseases a public law obligation has important implications for the accountability of health workers and health care institutions. Health law literature explains that failure to fulfill statutory obligations can result in administrative, civil, or criminal liability, depending on the type of violation and the consequences it causes (Gostin, 2014). In the context of infectious disease reporting, healthcare workers who deliberately or

through gross negligence fail to report certain cases have the potential to cause widespread transmission and harm to many people. In this framework, sanctions for reporting negligence are not merely repressive in nature, but also have a preventive and educational function so that reporting obligations are placed as part of the standard of professionalism for healthcare workers. On the other hand, breaches of patient confidentiality outside the framework of official reporting can also give rise to lawsuit liability, so healthcare workers must be able to assess the line between legitimate reporting obligations and behavior that leads to privacy violations.

The balance between reporting obligations and patient confidentiality ultimately rests on a normative design that explicitly regulates exceptions, procedures, and limits on data use (Widiarta et al., 2025). The WHO emphasizes that countries need to develop clear guidelines on who is authorized to access data, how data is stored, how long it can be retained, and in what form data can be published (World Health Organization, 2017). Without such clarity, health workers will find themselves in a gray area that makes it difficult for them to determine when reporting is a legitimate obligation and when disclosure of data could potentially violate the law. In addition to norms at the level of laws and government regulations, operational guidelines at the health facility level are therefore an important instrument to ensure that the implementation of reporting obligations and the protection of patient confidentiality are consistent and can be monitored (Masri, 2024).

Within the framework of normative law analysis, the obligation of healthcare workers in Indonesia to report infectious diseases can be understood as a public law norm that is imperative and inherent to the state's function of protecting public health. This norm requires a structured surveillance system, clear reporting channels, and sanctions for those who neglect their reporting obligations. The principle of patient confidentiality, meanwhile, serves as a norm that protects individuals' rights to privacy and personal integrity, with its scope reinforced by constitutional guarantees and medical record provisions. The harmonization of the two is carried out through restrictions that are clearly formulated in legislation, namely that patient data can only be disclosed for the sake of public health or by

order of the law, with procedures that guarantee the confidentiality of identity in public (Lakoro et al., 2025).

Based on the normative and ethical analysis outlined above, it can be concluded that the obligations of reporting and patient confidentiality are not in binary conflict, but rather complementary and mutually supportive. Reporting serves as an instrument for protecting public health from the threat of infectious diseases, while patient confidentiality acts as a protective barrier for infected individuals against discrimination, stigma, or misuse of their personal information. Thus, these two aspects work together towards the ultimate goal of the health system, which is to achieve the welfare of the population while upholding the dignity and rights of every citizen. The main challenge no longer lies in conceptual conflict, but in the realm of implementation, particularly in building the capacity of health workers to understand the legal boundaries of reporting and strengthening data protection systems at the health facility level.

Therefore, in the future, periodic evaluation of regulations and technical guidelines will be essential to maintain a dynamic balance between public interests and individual rights. This balance must be continuously tested and adjusted in line with scientific developments that influence our understanding of disease transmission, advances in information technology that create new methods of data collection and analysis, and transformations in healthcare practices themselves. Commitment to a responsive, transparent, and accountable legal framework is a prerequisite for ensuring that infectious disease reporting systems are not only effective from an epidemiological perspective, but also legitimate from a legal and ethical standpoint, thereby ultimately maintaining public trust, which is the foundation of any sustainable public health effort.

Balancing Reporting Obligations and Patient Confidentiality

The regulation of infectious disease reporting obligations in Law No. 17 of 2023 concerning Health demonstrates a law design that seeks to balance two equally protected interests, namely public health and patient privacy rights (Lakoro et al., 2025). Articles 273–278 stipulate that health workers are required to report infectious diseases to the government as part of the health

surveillance system, making this obligation imperative and directly related to the fulfillment of the state's function in preventing and controlling outbreaks. At the same time, provisions regarding the confidentiality of medical records affirm that patients have the right to protection of their medical information, except in certain circumstances that are explicitly regulated by law. This pattern is in line with the idea that public health law must consider individual rights without neglecting the state's obligation to protect citizens from the threat of infectious diseases (Gostin, 2014). The Health Law thus establishes a framework in which reporting is positioned as a public legal obligation, while patient confidentiality is maintained through clear and testable limitation clauses.

Government Regulation No. 28 of 2024 concerning the Implementation of the Health Law operationalizes the mandate of the law by regulating the technicalities of reporting infectious diseases with a focus on public health interests. In this derivative regulation, reporting is emphasized as an instrument to prevent the spread of disease and protect the wider public, not as a means for discriminatory practices or commercial exploitation of patient data (Defakumi et al., 2025). This approach is in line with public health ethics principles that emphasize that interventions in individual rights must be directed toward legitimate health objectives, strictly limited, and implemented with adequate oversight mechanisms (Kass, 2001; Childress et al., 2002). By emphasizing that information published to the public generally takes the form of epidemiological data in the form of case numbers, trends, or geographical distribution without mentioning individual identities, the implementing regulations seek to ensure that the reporting obligation does not turn into a practice of labeling infected people.

Ministry of Health Regulation No. 269/Menkes/Per/III/2008 on Medical Records plays an important role in establishing medical records as law documents whose confidentiality must be maintained. In a juridical framework, medical records are positioned as written evidence containing information related to identity, diagnosis, medical actions, and service history provided to patients (Masri, 2024). The accuracy of these legal documents is critically important. In a broader context, Setiyadi et al. (2023) remind us that medical records, as primary evidence, can form the basis for legal

accountability, as seen in their study of misdiagnosis and doctor liability in the Indonesian healthcare system. These challenges of accuracy and accountability are even more complex in digital healthcare, where consultations and medical documentation are conducted virtually. Nurhefi et al. (2023) analysed that fulfilling patient legal protection and doctor accountability in digital healthcare consultations requires special oversight mechanisms to mitigate the risk of misdiagnosis that can arise from the limitations of this medium. The provision that patient data may only be disclosed for law enforcement or public health purposes in accordance with the provisions of laws and regulations indicates that any disclosure of information must have a clear and traceable normative basis (Lakoro et al., 2025). Bioethics literature emphasizes that the confidentiality of medical records is a key element of patient trust in health workers, so that violations of this confidentiality have the potential to weaken the therapeutic relationship and reduce the willingness of the public to seek help (Beauchamp & Childress, 2019). The Minister of Health Regulation on medical records is therefore an important pillar in ensuring that the reporting of infectious diseases is carried out with strict limits on the disclosure of patients' personal identities.

Outside the Health Law regime, Law No. 27 of 2022 concerning Personal Data Protection provides additional legal protection that strengthens patient privacy. The law categorizes health data as sensitive personal data, which requires stricter protection than ordinary personal data. Privacy law literature emphasizes that health data has the potential to significantly impact a person's dignity, social opportunities, and economic life if misused (Solove, 2008). In this perspective, the reporting obligation cannot be interpreted as a general legitimization to access and disseminate patient health data, but rather as a limited exception that must be practiced with the principles of data minimization, purpose limitation, and adequate security. The relationship between the Personal Data Protection Law and the health law regime shows that the balance between reporting obligations and privacy rights is not left solely to administrative policy, but has an explicit basis in the structure of legislation (Widiarta et al., 2025). The normative law enforcement of the applicable regulations shows that reporting infectious diseases is formulated as a public law norm that is imperative in nature and inherent

in the state's obligation to prevent disease transmission and ensure the protection of the wider public. Within this framework, health workers are positioned as law subjects with special obligations, as they have direct access to clinical information that is essential for surveillance and early case detection. This formulation is in line with the view that public health law functions through a combination of state obligations and professional obligations borne by health workers as part of risk management (Gostin, 2014). This public norm, however, is strictly limited by the private norm of the patient's right to confidentiality, which contains a strong prohibition against the free dissemination of patient identities in the public sphere (Putra et al., 2024). Public ethics research emphasizes that restrictions on privacy rights can only be justified if they are explicitly regulated by law, directed toward legitimate public health objectives, and proportional to the degree of risk to be controlled (Bayer & Fairchild, 2004).

From a human rights perspective, the constitutional guarantee in Article 28G paragraph (1) of the 1945 Constitution regarding the protection of personal privacy provides an important interpretative basis for any form of restriction on patient data confidentiality. The reporting of infectious diseases by health workers essentially involves a certain reduction in privacy, as patient data is transferred from individual clinical relationships to the realm of public health administration (Lakoro et al., 2025). Nevertheless, human rights doctrine recognizes that restrictions on rights are acceptable as long as they meet the elements of legality, legitimate purpose, and proportionality (Gostin, 2014). In various jurisdictions, courts assess infectious disease surveillance policies using similar parameters, so that reporting obligations are considered valid if they are based on serious health threats, have a clear normative basis, and are accompanied by guarantees that the data will not be used beyond the established health objectives (Fairchild et al., 2007). The relationship between reporting obligations and patient confidentiality in Indonesia therefore needs to be continuously reviewed and calibrated based on widely recognized human rights standards (Masri, 2024).

The next challenge relates to formulating limits on the use of epidemiological data in the public sphere so as not to open up opportunities for re-identification of individuals. Advances in

information technology have led to increasingly complex types and details of data collected in surveillance systems, thereby increasing the risk of re-identification if the aggregation and publication processes are not managed carefully (World Health Organization, 2017). Research on data protection shows that the combination of location, time, and clinical characteristics has the potential to facilitate the tracing of patient identities in relatively small communities (Greenleaf, 2014). On that basis, the principle that published data should generally take the form of case statistics, incident patterns, and regional distribution without mentioning personal identities needs to be reinforced through detailed technical guidelines on anonymization and pseudonymization. Within the normative law framework, clarity of regulations regarding identity obfuscation techniques is an integral part of state accountability in carrying out its obligations to collect and manage public health data responsibly.

The relationship between reporting obligations and prohibitions on discrimination is also an important consideration. International experience shows that disclosure of certain diseases, particularly those with negative connotations such as HIV or sexually transmitted infections, can trigger discriminatory practices in employment, education, and social services (Bayer & Fairchild, 2004). When Government Regulation No. 28 of 2024 states that reporting is done for public health purposes and not for discriminatory or commercial purposes, this statement should be read as a normatively binding clause. The principle of protection of individuals in health law has many dimensions, ranging from data protection to protection in emergency situations, as discussed by Abdullah et al. (2023) regarding the legal basis for emergency medical treatment. The principle of anti-discrimination requires that the reporting structure does not provide a pathway for institutions outside the health sector to access patient identities without a clear law enforcement basis. In a normative analysis, this requires access restrictions, authority regulations, and complaint mechanisms in case of data misuse. Patient privacy rights are thus preserved not only through formal prohibitions on the dissemination of identities, but through a series of institutional barriers that reduce the risk of discrimination.

The regulatory framework that combines the Health Law, Government Regulation in Implementation, Minister of Health Regulation on Medical Records, and Personal Data Protection Law shows that the Indonesian law system seeks to form a unified regime that balances public interests and individual rights. Law literature refers to this model as a dual approach that combines the principle of public health solidarity with respect for autonomy and privacy (Beauchamp & Childress, 2019; Gostin, 2014). In a dual approach, reporting infectious diseases is recognized as a legitimate law instrument to protect the community, while patient confidentiality is maintained through rules on access control, limits on data use, and accountability mechanisms. The remaining challenges are more related to translating these principles into operational procedures in health care facilities, including documentation standards, electronic reporting flows, and internal authorization procedures before data is submitted to health authorities.

When viewed as a whole, reporting norms and confidentiality norms are not placed in opposition to each other, but rather as two complementary components for the sake of comprehensive legal protection (Masri, 2024). Mandatory reporting ensures that health authorities obtain the information necessary to prevent the spread of disease and develop effective interventions. The principle of confidentiality guarantees that patients are treated as subjects of rights, not merely as objects of data. The public ethics literature emphasizes that social trust in health institutions is largely determined by the belief that personal information will not be misused (Fairchild et al., 2007). Fulfilling reporting obligations in a manner that complies with procedures and is consistent with data protection standards will therefore strengthen the legitimacy of the public health system while maintaining patient dignity and security.

In practice, health workers are often in a position where they must make quick decisions regarding reporting obligations and confidentiality obligations. They must be able to identify whether a case meets the criteria for a notifiable infectious disease, assess the type of data that needs to be submitted, and ensure that the reporting process is carried out through official channels that are protected. Regulations stipulating that healthcare workers may be subject to administrative or criminal sanctions for failing to report infectious diseases, and at

the same time may be held accountable for violating patient confidentiality outside of legitimate reporting, demonstrate that the law demands a high degree of professional diligence (Masri, 2024). In this context, clear regulations and technical guidelines are crucial so that healthcare workers are not left to interpret the limits of their obligations themselves, with the risk of sanctions in both directions.

Going forward, strengthening the balance between reporting obligations and patient confidentiality requires greater attention to data governance at the service facility level. The use of electronic health information systems, data integration between agencies, and the need for rapid reporting in extraordinary circumstances add to the complexity of privacy management. Every technological innovation in reporting systems must be accompanied by a data protection impact assessment to anticipate the risk of leaks or misuse from the outset. The technical capacity and human resources in healthcare facilities, from community health centres to hospitals, need to be improved in order to be able to operate secure systems and understand clear protocols for accessing, storing and sharing sensitive patient data.

To prevent rights violations, policymakers need to ensure that any expansion of surveillance capacity is always accompanied by strengthened information security standards, regular and independent access audits, and effective law enforcement mechanisms in the event of data breaches. This includes the application of proportionate sanctions for violators, as well as the provision of easily accessible complaint and redress channels for patients who feel their privacy rights have been violated. Thus, the principle that reporting is an instrument of public health protection, while patient confidentiality protects individual rights, can be realised in everyday practice. This principle should not merely be a norm written on paper, but must become a living and accountable operational culture at every level of the health system, in order to build sustainable public trust.

D. CONCLUSIONS

The law of health workers in reporting infectious diseases in Indonesia is established as an imperative public norm, based on Law No. 17 of 2023 concerning Health and its implementing regulations. Reporting is positioned as the main instrument of the

surveillance system to prevent and control the spread of disease, thus becoming part of the state's function in protecting public health. Patient confidentiality is guaranteed through medical record regulations, personal data protection, and constitutional recognition of the right to privacy, which affirms that health data is sensitive information that cannot be accessed and used arbitrarily. From a normative law perspective, these two norms are not intended to negate each other, but rather to be harmonized through clear exceptions, restrictions on the use of data, and the obligation to maintain patient anonymity in public reporting. The reporting obligation and patient confidentiality thus form a unified law framework that seeks to protect the wider public without sacrificing the dignity and privacy rights of individuals.

The theoretical implications of this research lie in strengthening the understanding that public health law works through the interaction between mutually binding public and private norms. The construction of reporting obligations as a public norm shows how the state utilizes the law as an instrument to manage collective health risks, while the reinforcement of patient confidentiality and personal data protection underscores the importance of maintaining trust in clinical relationships and social stability. The practical implications are evident in the need to develop detailed operational guidelines in health care facilities regarding reporting procedures, data management, and access control, with reference to the principles of data minimization, information security, and institutional accountability. Without clear technical regulations, healthcare workers may face normative confusion between the risk of sanctions for failure to report and the risk of sanctions for breaches of confidentiality, thereby reducing the effectiveness of the law's protection for patients and the public.

First, policymakers are advised to further harmonize and consolidate the Health Law, Personal Data Protection Law, Minister of Health Regulation on Medical Records, and related regulations on surveillance, through the development of integrated guidelines that explicitly outline the limits, procedures, and accountability flow for reporting infectious diseases. Second, health service institutions need to strengthen data governance by implementing information security standards, periodic access audits, and ongoing training for

health workers on reporting and confidentiality obligations, based on established public health and bioethics frameworks. Third, further research can be directed towards empirical studies on reporting practices in the field, including the perceptions of health workers and patients, in order to obtain a more detailed picture of implementation challenges, potential legal loopholes, and the need for regulatory updates. The legal framework that balances public health interests and patient privacy rights can thus be continuously refined in line with developments in information technology and infectious disease patterns.

REFERENCES

- Abdullah, I. S. T., Hardyansah, R., & Khayru, R. K. (2023). Presumed Consent and the Doctrine of Necessity as the Basis for Emergency Medical Treatment Without Informed Consent. *Journal of Social Science Studies*, 3(1), 343-354.
- Bayer, R., & Fairchild, A. L. (2004). The Genesis of Public Health Ethics. *Bioethics*, 18(6), 473-492.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics* (8th ed.). Oxford University Press, New York.
- Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27-40.
- Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chairul Z, Hardyansah, R., Suwito, Waskito, S., & Khayru, R. K. (2023). Informed Consent as a Fundamental Right of Patients: The Law and Medical Ethics Perspective. *Journal of Social Science Studies*, 3(2), 209-214.
- Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., Kass, N. E., & Nieburg, P. (2002). Public Health Ethics: Mapping the Terrain. *Journal of Law, Medicine & Ethics*, 30(2), 170-178.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications, Thousand Oaks, CA.
- Defakumi, K. R., Rosadi, S. D., & Amalia, P. (2025). The Urgency of Regulating the Use of Personal Data for the Protection of Public Health in Indonesia. *Syiah Kuala Law Journal*, 8(2), 214-232.
- Fairchild, A. L., Bayer, R., & Colgrove, J. (2007). *Privacy, Democracy and the Politics of Disease*

- Surveillance. *Social Science & Medicine*, 63(8), 2087–2098.
- Gostin, L. O. (2014). *Global Health Law*. Harvard University Press, Cambridge, MA.
- Greenleaf, G. (2014). *Asian Data Privacy Laws: Trade and Human Rights Perspectives*. Oxford University Press, Oxford, UK.
- Hariato, A. V., Vitrianingsih, Y., Issalillah, F., & Mardikaningsih, R. (2024). Challenges and Changes Concerning National Health Development in Indonesia: Legal Perspectives, Service Access, and Infectious Disease Management. *International Journal of Service Science, Management, Engineering, and Technology*, 5(2), 22–26.
- Juniati, N. K., & Purwani, S. P. M. (2023). Analysis of The Regulation of The Minister of Health Regulation Number 24 of 2022 Concerning Medical Records in Terms of Conventional Medical Record Management. *Jurnal Health Sains*, 4(12), 51–58.
- Kass, N. E. (2001). An Ethics Framework for Public Health. *American Journal of Public Health*, 91(11), 1776–1782.
- Lakoro, D. D. K., Jumrati, & Jamaludin, A. (2025). Legal Responsibility of Health Professionals in Protecting Patient Data. *Research Horizon*, 5(3), 869–878.
- Luna, F. (2008). Elucidating the Concept of Vulnerability: Layers Not Labels. *Bioethics*, 22(2), 128–139.
- Masri, E. (2024). Rahasia Kedokteran dan Perlindungan Hukum Pasien Covid 19. *Jurnal Hukum Sasana*, 8(2), 265–274.
- Mening, Y., Hardyansah, R., & Khayru, R. K. (2023). Institutional Responsibility of Hospitals for Medical Errors Committed by Healthcare Personnel. *Journal of Social Science Studies*, 3(2), 187–194.
- Nalin, C., Saidi, S. A. B., Hariani, M., Mendrika, V., & Issalillah, F. (2022). The Impact of Social Disparities on Public Health: An Analysis of Service Access, Quality of Life, and Policy Solutions. *Journal of Social Science Studies*, 2(1), 39–46.
- Noor, A., Herisasono, A., Hardyansah, R., Darmawan, D., & Saktiawan, P. (2023). Juridical Review of the Rights of Indigent Patients in Health Services in Indonesia. *Journal of Social Science Studies*, 3(2), 253–258.
- Nurhefi, N., Vitrianingsih, Y., & Issalillah, F. (2023). Analysis of Fulfillment of Patient Legal Protection, Doctor Accountability, and Supervision Mechanisms for the Risk of Misdiagnosis in Digital Health Consultation. *Journal of Social Science Studies*, 3(2), 273–284.
- Putra, Ns. I. K. U., Kuswardhani, T., & Purwani, S. (2024). Analysis of Patient Rights Protection through Medical Record Confidentiality and Information Disclosure System in Indonesian Hospitals. *Journal La Sociale*, 5(2), 539–549.
- Seputra, H. R., Ropii, I., & Putra, M. D. (2025). Dispute Resolution Between Patients and Perpetrators Who Provide Access to the Contents of Electronic Medical Records (RME) Unlawfully. *Journal of Law, Politic and Humanities*, 5(6), 5155–5162.
- Setiyadi, G. B., Negara, D. S., Khayru, R. K., Darmawan, D., & Saputra, R. (2023). Misdiagnosis and Legal Liability of Doctors: A Normative Juridical Study in the Indonesian Health System. *Journal of Social Science Studies*, 3(2), 215–220.
- Silvia P. T. Pereira, Hardyansah, R., & Vitrianingsih, Y. (2023). The Role of Legal Norms in Regulating the Obligations of Government and Society to Prevent Infectious Diseases. *Journal of Social Science Studies*, 3(2), 145–152.
- Snyder, H. (2019). Literature Review as a Research Methodology: An Overview and Guidelines. *Journal of Business Research*, 104, 333–339.
- Solove, D. J. (2008). *Understanding Privacy*. Harvard University Press, Cambridge.
- Upshur, R. E. G. (2002). Principles for the Justification of Public Health Intervention. *Canadian Journal of Public Health*, 93(2), 101–103.
- Vitrianingsih, Y., & Issalillah, F. (2021). The National Legal System's Effectiveness in Handling Public Health Crises Responsively and Fairly. *Journal of Social Science Studies*, 1(2), 203–208.
- Widiarta, I. N., Jayantiari, I. G. A. M. R., & Aryani, L. N. A. (2025). Harmonization of Regulations in Realizing Legal Certainty for the Protection of Medical Records and Personal Data. *Journal of Law, Poliitic and Humanities*, 5(6), 4463–4470.
- World Health Organization. (2017). *WHO Guidelines on Ethical Issues in Public Health Surveillance*. World Health Organization, Geneva.