Research Article

Health as Social Justice: Reconstructing the Health Law Paradigm Through a Legal Political Philosophy Approach

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Abstract.
The Indonesian health law system remains predominantly administrative and technocratic in nature, thereby falling short in ensuring social justice in the distribution of healthcare services, particularly for vulnerable groups such as indigenous communities in underdeveloped, remote, and outermost (3T) regions. This study aims to reconstruct the paradigm of health law in Indonesia through the lens of legal political philosophy in order to promote a more inclusive, participatory, and sustainable approach to healthcare delivery. Employing a qualitative descriptive method, this research utilizes literature review and content analysis to explore and reformulate the health law paradigm based on secondary data interpreted through legal political philosophy. The findings suggest that legal political philosophy plays a critical role in reshaping the health law paradigm by highlighting the interconnection between law, political power, and morality, as well as the state's responsibility to uphold the right to health in a fair and inclusive manner. This reconstruction must be grounded in principles of justice, transparency, public participation, and ethical integration, transforming health law into a vehicle for social emancipation that strengthens deliberative democracy and substantive justice.

Keywords: health, law paradigm, political philosophy

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Published: 3 November 2025

Publishing services provided by Knowledge E

Selection and Peer-review under the responsibility of the 8th Legal International Conference and Studies Conference Committee.

1. Introduction

Health is a fundamental human right that encompasses not only biological dimensions but also political and social aspects. However, disparities in access, quality of care, and unequal distribution of health resources across various countries including Indonesia, indicate a crisis within the prevailing health law paradigm. The current health law system tends to be administrative and technocratic, lacking a clear orientation toward social justice as a core constitutional value (Heryani & Prasetyo, 2020). Within the field of legal philosophy, such issues require a reconstructive approach that incorporates moral and political dimensions as the normative foundation of the legal system (Nugroho, 2021). Viewing health as an instrument of social justice implies that the state has an obligation

not only to provide services but also to ensure distributive justice across all aspects of the healthcare system (Kusuma, 2020).

This perspective is rooted in legal-political philosophy, particularly in the thought of John Rawls, who conceptualizes justice as fairness, wherein equal access to healthcare is a prerequisite for the fulfillment of basic liberties (Rawls, 2020; as updated by Daniels, 2022). In practice, however, the current approach to health law in Indonesia has not fully embodied redistributive and participatory principles as required by substantive democracy (Azzahra & Ridwan, 2021). As a result, vulnerable populations such as the poor, persons with disabilities, and Indigenous communities do not receive proportional legal protection (Setiawan et al., 2019).

A concrete example of the failure of Indonesia's health law to realize redistributive and participatory principles is the 2023 outbreak of measles and malnutrition in Nduga Regency, Papua, which resulted in the deaths of more than 30 children. This tragedy was attributed to the lack of access to basic healthcare, the severe shortage of medical personnel, and the delayed response from both central and regional governments. Although Indonesia has enacted legislation such as Law No. 17 of 2023 on Health, its implementation has not effectively reached Indigenous communities, especially in the 3T (underdeveloped, frontier, and outermost) regions. This case illustrates that the current health law system remains overly centralized and administrative, failing to accommodate the socio-cultural needs of local communities. The absence of active participation from these communities in the formulation and implementation of health policies reflects a lack of substantive democratic principles, rendering the legal protection exclusive and discriminatory against vulnerable groups.

Several previous studies have emphasized the importance of justice dimensions in the health law system. Marzuki (2021) found that health regulations in Indonesia remain largely biomedical in nature, with minimal attention to social justice in service distribution, particularly in marginalized regions. Lestari and Wahyudi (2022) have called for a multidisciplinary approach to health law, but they have not explicitly integrated the framework of legal-political philosophy as a normative basis for policymaking. Meanwhile, Pramana (2020) examined the legal protection gap for vulnerable groups in healthcare services, focusing mainly on administrative and normative-legal aspects without analyzing the ethical and moral foundations of health policies from a philosophical perspective. While these studies contribute significantly to strengthening health law, none has comprehensively reconstructed the health law paradigm through a legal-political philosophical approach to establish a foundation for substantive social justice.

This gap highlights the need for research that not only critiques existing regulations but also offers a political-philosophical framework to build a health law system that is just, inclusive, and participatory for all citizens.

In light of these partial and philosophically limited findings, there is an urgent need for a more fundamental and reflective approach. Reconstructing the health law paradigm through legal-political philosophy is necessary to restore law's ethical and social function in advancing the values of substantive justice (Rahmawati, 2023). Through this approach, the law is no longer merely a tool of authority or administrative regulation but becomes a transformative instrument that ensures distributive justice and structural equality (Widodo, 2022). This framework demands a rearticulation of health law norms to be inclusive, deliberative, and grounded in democratic and human rights values (Siregar & Manik, 2021). Consequently, legal-political philosophy offers a way to bridge the disconnection between formal law and social reality in the health service system (Hutabarat, 2021). This study is thus essential in addressing the failure of law to guarantee health as an integral component of social justice in developing countries (Putri & Wibowo, 2024). Reconstructing the health law paradigm through the lens of legal-political philosophy is not only a theoretical endeavor but also an urgent necessity for shaping health policies that are more just, egalitarian, and sustainable (Mahendra & Yusuf, 2023).

2. Methods

This study employs a qualitative descriptive approach using the library research method to explore and reconstruct the paradigm of health law through the lens of political legal philosophy. The data utilized in this research are entirely secondary sources, including books, scholarly journals, and statutory regulations. This approach is chosen because it enables the researcher to thoroughly examine the philosophical ideas of classical and contemporary thinkers who have discussed social justice, as well as key concepts in public health policy. Data analysis is conducted using content analysis techniques, specifically by identifying key themes within the theory of political legal philosophy that can serve as the foundation for formulating a more inclusive and equitable model of health law reconstruction. This methodological approach aims to produce a conceptual synthesis that strengthens the ethical and substantive orientation in the formation of national health law (Moleong, 2021; Creswell & Poth, 2018).

3. Result and Discussion

Political Philosophy of Law is a branch of legal philosophy that examines the relationship between law, political power, and morality in the life of the state. It addresses fundamental questions such as: What is the purpose of law within the state? How should laws be created and enforced? And how do justice, liberty, and power interact within legal systems? In the context of reconstructing the Health Law Paradigm, several essential elements emerge from the study of political legal philosophy:

a. The Nature of Law and the State in Guaranteeing the Right to Health

Within the framework of political philosophy of law, the state is not a neutral entity but a moral and political institution responsible for creating conditions that enable citizens to live healthy and dignified lives. The right to health should not be narrowly understood as mere access to medical services. Instead, it encompasses structural dimensions such as a healthy environment, clean water, nutritious food, and an inclusive social security system.

Therefore, health law must be positioned as an instrument of social transformation capable of bridging the gap between individual and collective interests (Sen, 2010). When the law fails to equitably ensure the right to health, it reproduces inequality and perpetuates the systemic marginalization of vulnerable groups, thereby undermining the very substance of social justice (Rawls, 2006).

In a state governed by the rule of law, health should not be subjected solely to market logic. Unregulated commercialization of health services risks eroding egalitarian principles and denying the poor their right to a healthy life. The state must not act merely as a passive regulator but as an active agent committed to ensuring equitable access to healthcare as an expression of social responsibility and distributive justice.

A concrete step toward this reconstruction begins with a paradigm shift that regards health as a fundamental right one that must be guaranteed by the state rather than treated as a market commodity. Accordingly, the state must develop legal norms that are not only administrative in nature but also normative and progressive, so that the law can effectively address disparities in healthcare access and quality.

Furthermore, the state is obliged to adopt a participatory legal system one that fosters public dialogue and oversight in health policy-making thereby reinforcing the legitimacy and democratic character of health law. In manifesting its role as a guarantor of the right to health, the reconstruction process also includes strengthening legal

protection mechanisms, such as the establishment of independent complaints bodies and accessible judicial remedies for individuals whose health rights have been violated.

These measures reflect the dual role of the state as both protector of rights and enforcer of social justice, which forms the foundation for the legitimacy of state authority. A concrete example of this commitment can be seen in the formation of health ombudsman institutions and the formulation of inclusive national health insurance policies.

b. Classical and Contemporary Theories as the Foundation of Health Law

The reconstruction of health law necessitates a reflective engagement with classical theories such as Aristotle's distributive justice and John Rawls' theory of social justice. In A Theory of Justice, Rawls asserts that inequality is only justifiable if it benefits the least advantaged those who are socioeconomically and medically vulnerable (Rawls, as cited in Surya & Anindita, 2023). This notion reinforces the urgency for legal frameworks to affirmatively protect marginalized groups, rather than relying on formal neutrality, which often masks structural power imbalances. Aristotle's classical concept of distributive justice teaches that the distribution of resources must be proportional, based on the needs and contributions of individuals within society. This philosophical foundation supports the idea that health law should not merely function in a formalistic manner but must consider socio-economic contexts as a primary determinant in the equitable allocation of healthcare services.

Meanwhile, Rawls' modern political philosophy introduces a paradigm in which justice must be designed to favor the most disadvantaged. In the realm of health rights, this theory demands that health law incorporate affirmative mechanisms aimed at reducing disparities and providing enhanced protections for vulnerable populations such as the poor, people with disabilities, and minority groups. This perspective deconstructs the illusion of formal legal neutrality, which frequently perpetuates social marginalization and systemic injustice.

In contemporary legal thought, theories of social justice have evolved to emphasize inclusivity and democratic participation, as advocated by thinkers such as Habermas and Sen. They argue that law must create space for public deliberation and recognize the autonomy of legal subjects as active citizens rather than passive recipients of state policies. In the context of health law, this means that legislative and policy-making processes must directly involve affected communities, ensuring that legal norms are responsive to actual public needs. This approach strengthens the role of health

law as a transformative instrument that integrates substantive justice with long-term sustainability.

Practical steps for reconstructing health law must be grounded in these theoretical principles to effectively address social inequalities and uphold the right to health in a fair and equitable manner. First, legal reforms should reflect Aristotle's principle of distributive justice, ensuring resource allocation is responsive to the specific needs and socio-economic conditions of the populace. However, to avoid stagnation in classical paradigms, this principle should be contextualized through Rawls' theory, which emphasizes affirmative measures for the most vulnerable. Consequently, new regulations must incorporate normative standards that prioritize enhanced protections for marginalized groups such as healthcare subsidies for the poor and special provisions for persons with disabilities.

Second, public participation mechanisms in the formation and evaluation of health policies manifest Habermas's theory of democratic deliberation. Active involvement from civil society, academia, and local communities not only reinforces the legitimacy of health law but also ensures its responsiveness to real-world needs. This participatory model is rooted in Sen's capability and freedom-based approach to human welfare, empowering citizens to take an active role in shaping policies that impact their lives.

Third, the strengthening of legal protection institutions and access to justice represents the operationalization of social justice principles, requiring effective channels for redressing violations of rights. Institutions such as health ombudsman offices and specialized health dispute courts function as practical mechanisms that facilitate justice without the burden of complex bureaucratic procedures. This reflects the legal ideal of protecting rights, as endorsed by contemporary legal theories that prioritize substantive justice as the primary goal of law.

Lastly, reforming legal and health education to integrate the values of distributive justice, human rights, and health ethics is essential in shaping legal professionals and medical personnel who are not only technocratic but also philosophically and socially aware. This approach aligns with Sen's belief in education as a key to enhancing individual capabilities, positioning professionals as agents of social change who safeguard equitable access to health as a fundamental right.

c. Justice and Power: Questioning the Politicization of Health Law

Health law often becomes a battleground between economic interests, political agendas, and public welfare. The politicization of health budget allocations, vaccine

priorities, and service access particularly during crises such as the COVID-19 pandemic illustrates how political power can co-opt the legal framework of health governance (Mahendra & Putri, 2021). From the lens of political legal philosophy, this reflects the failure of law to serve as a check on power and a guardian of social justice. Therefore, reconstructing the paradigm of health law must aim to restructure power relations so that law functions as a counterbalance, not a servant of elite interests.

The politicization of health law not only reveals technocratic distortions in public policy but also unveils deeper epistemological layers: that law, which ought to be a neutral institution of justice, frequently becomes an instrument of power and domination. From Michel Foucault's perspective, power operates subtly through institutions such as law and health by producing "truths" legitimized through formal regulation. When health law is shaped by elitist political narratives, it loses its critical function as a structural corrective to inequality. Instead, it becomes complicit in reproducing injustice, particularly for groups lacking access to political or economic capital.

Instances such as vaccine prioritization for elites, inequitable distribution of health facilities, and non-transparent budgeting processes demonstrate that health law is often entangled in an oligarchic policy dynamic. Through Rawls's difference principle, such circumstances signify a violation of justice, as policies no longer serve the interests of the least advantaged but rather deepen social exclusion. Law that submits to power fails not only to balance social structures but also to uphold the fundamental principles of a democratic rule of law.

Reconstructing the paradigm of health law thus demands a reorientation from technocratic neutrality toward a more critical, justice-centered framework. Legal mechanisms must be designed to resist co-optation by political elites and ensure accountability, transparency, and the prioritization of public welfare. This requires institutional innovation, such as independent oversight bodies, participatory budget frameworks, and legal safeguards that prevent the monopolization of healthcare decision-making. Ultimately, restoring the critical and emancipatory role of health law involves positioning it as a democratic bulwark capable of mediating power, protecting the vulnerable, and ensuring the just realization of the right to health.

The reconstruction of health law in response to politicization and abuse of power must begin with the establishment of a legal framework that guarantees transparency, accountability, and meaningful public participation. The first step involves restructuring

the legislative and budgeting mechanisms within the health sector to include non-state actors such as professional organizations, patient communities, and independent scholars. This approach aligns with Habermas's deliberative principle, which posits that law emerges from rational and inclusive public discourse rather than from political lobbying or economic oligarchic pressures. The second step entails strengthening independent oversight and auditing institutions with robust investigative authority. For example, enhancing the roles of the Audit Board, the Ombudsman, and the Corruption Eradication Commission in monitoring corrupt practices related to medical equipment procurement and health program distribution is imperative. These institutions must be endowed with constitutional powers enabling swift intervention whenever health laws are subverted by political interests. The third step is the promotion of critical legal education that fosters awareness of power relations within the health law structure. This education should extend beyond law and health students to the general public, empowering them to recognize their rights and demand justice in the face of systemic injustice. This reconstruction underscores that achieving justice in health law requires more than normative or technocratic reforms; it necessitates transformative changes in power relations and collective societal consciousness. Law must serve as a space of resistance against power abuse, and within the philosophy of legal politics, this represents the core function of law as a safeguard for democracy and a guardian of public morality.

d. Law as a Means of Social Emancipation in the Health Sector

A critical approach to law reveals that health regulations often function repressively toward impoverished and marginalized groups. Legal political philosophy offers a transformative perspective: law must not remain neutral but should align itself with the oppressed. This view corresponds with critical legal theory, which regards law as an arena of contestation over discourse and ideology. Health law should serve as a medium of social emancipation rather than merely an instrument for stabilizing the regime (Yusuf & Rahmat, 2022). Within the critical tradition, law is neither autonomous, neutral, nor value-free; rather, it is embedded within social structures and dominant interests that shape it. Consequently, health regulations that appear objective frequently operate within the framework of dominant ideology aimed at preserving the status quo. When health law is formulated without considering the experiences of the poor, persons with disabilities, women, or indigenous communities, it implicitly becomes a tool of structural repression. This is not merely a technical legislative error but reflects an ethical and political failure of law to fulfill its emancipatory function.

Within the framework of Critical Legal Theory (CLT), law is not viewed as a value-free normative system but as a hegemonic arena where dominant ideologies capitalism, technocracy, neoliberalism manifest through regulations and public policies. In other words, health law is not only a set of rules governing hospitals, social insurance (BPJS), or medical professionals but also a representation of who holds the power to determine who deserves health and who does not. Consequently, exclusive or economically biased health regulations constitute repression disguised by formal legitimacy. Legal emancipation in health also demands a shift from a top-down paradigm toward a participatory model that recognizes the lived experiences of impoverished communities as sources of legal knowledge (epistemic justice). This implies that health law must open space for marginalized community voices in policy formulation. This perspective is supported by Boaventura de Sousa Santos's emphasis on legal pluralism and bottom-up legalities as mechanisms to realize contextual and inclusive justice. Progressive legal political philosophy asserts that justice is not only procedural but also substantive and transformative. A health law that sides with the marginalized acknowledges societal power asymmetries and actively intervenes to redistribute access and protection. This aligns with the concept of "jurisgenerative" law in critical legal theory, where law is both the outcome and instrument of social struggle, rather than merely an institutional product of the state.

Reconstructing health law as a tool for social emancipation requires a strategic, structural, and advocative approach. The first step involves implementing affirmative regulations explicitly prioritizing the protection of vulnerable groups. For example, health legislation must mandate free or subsidized services for the poor, female-headed households, or indigenous communities residing in remote areas. This is not a form of positive discrimination but a structural correction of historical inequalities.

The second step is the decentralization and democratization of health policy, providing civil society with space to formulate and oversee policy implementation. Community-based health committees can serve as deliberative forums ensuring marginalized groups' voices are not ignored. A concrete example is the community-based monitoring model successfully implemented in several Global South countries to participatively and directly oversee primary health services.

The third step involves strengthening rights-based legal advocacy, supporting legal aid organizations that assist victims of malpractice, service denial, or medical discrimination. Such organizations function as agents of legal transformation, dismantling disparities in legal access while empowering communities to claim their health rights.

The fourth step calls for a paradigm shift in legal and health education, so future professionals understand law not merely as formal texts but as a field of social struggle. Curricula integrating feminist, class, disability, and human rights perspectives will produce legal and health actors sensitive to inequalities and actively committed to substantive justice.

e. Public Participation and Democratic Legitimacy in Health Law Formation

The legitimacy of health law must derive from active citizen participation rather than bureaucratic or technocratic monopoly. Within the deliberative democracy paradigm, ideal health law is crafted through public deliberation, civil society engagement, and transparency in decision-making. This underscores that participation is not only a right but also an instrument of control over state authority (Santoso, 2023).

From the standpoint of legal political philosophy, the validity of a regulation depends not merely on formal procedures but on the extent to which the law reflects the rational will of affected citizens. This principle aligns with Jürgen Habermas's discourse ethics, where legal legitimacy is attained through communication free from distortion rather than authoritative imposition. Therefore, the formation of health law must involve citizens as rational and moral agents rather than merely policy objects. When the state determines health budget priorities, guaranteed services, or access conditions without open deliberation, it denies citizens the right to self-determination over their health.

Moreover, including vulnerable groups such as persons with disabilities, indigenous communities, or chronic patients is essential to prevent health law bias toward majority experiences. Public participation enriches legal substance with authentic social perspectives and enhances institutional accountability. Without this engagement, law loses its reflective nature, becoming a technocratic instrument detached from citizens' realities. Hence, democratizing health law is both an ethical and political prerequisite to prevent elite monopolization of life-and-death decisions.

Democratic reconstruction of health law requires simultaneous institutional and cultural transformation. The first step is establishing permanent deliberative forums in policy formulation processes at local and national levels. These forums should include government representatives, medical professionals, civil society organizations, academics, and marginalized group representatives. A best practice example is Thailand's Health Assembly, a legally recognized cross-sector deliberative body that effectively influences national regulation.

The second step mandates public consultation and public hearings for draft health legislation prior to enactment. This process must be inclusive and transparent, conducted via both online platforms and offline meetings, ensuring participation even from remote communities. In Indonesia, this mechanism can be strengthened through regulatory reforms to enhance meaningful legislative participation.

The third step is bolstering legal and health literacy among the public, enabling citizens to critically understand, evaluate, and intervene in policy-making. Literacy encompasses knowledge of health rights, public policy structures, and complaint or participation mechanisms. For instance, citizen health watchdog programs in various countries have effectively promoted transparency and accountability in health service provision.

The fourth step encourages integrating deliberative democratic principles into legal and health education curricula so that future policymakers are not only technically proficient but also ethically sensitive to public voices. Critical education will cultivate actors who place participation at the core of substantive justice rather than as a mere procedural formality.

f. The Relationship Between Ethics, Morality, and Law in Ensuring Health Justice

Issues such as mandatory vaccination, organ donor allocation, and euthanasia present ethical dilemmas that require an integration between legal norms and public morality. Legal political philosophy asserts that law cannot be separated from the public ethics that evolve within society. The positivist legal approach often fails to address these dilemmas because it overlooks the social context and the living moral values (Amirudin & Sari, 2024). Therefore, the reconstruction of health law must be based on living law and collective ethics as a concrete manifestation of substantive social justice.

In the complex and pluralistic social reality, health law cannot rely solely on rigid written norms. Decisions concerning the right to life, quality of life, and individual sacrifice for collective interests such as in cases of mandatory vaccination or organ donor prioritization require deeper moral sensitivity. Political legal philosophy emphasizes that substantive justice can only be achieved when law is inseparable from public morality and living social ethics. In other words, law must reflect the shared values developing in society, not merely function as a normative instrument detached from cultural and spiritual contexts.

Eugen Ehrlich's concept of living law is highly relevant here: truly living law is law practiced by society based on shared ethical awareness, not merely state commands. Moreover, critical moral approaches like the capabilities approach developed by Martha

Nussbaum and Amartya Sen stress that health justice involves not only access but also individuals' real capacities to live a meaningful healthy life. This demands that law side with factual conditions reflecting structural inequalities and moral barriers.

Health law should be more than a technical regulatory tool; it must mirror ethical values that uphold human dignity as an end in itself. Without integrating these moral values, law risks losing its soul and becoming a blunt formal mechanism indifferent to human suffering.

Reconstructing health law to incorporate ethical and public moral dimensions requires concrete steps rooted in shared living values and social awareness. First, establishing a Public Ethics Council in the health sector that functions as a liaison between policymakers, medical professionals, religious leaders, cultural figures, and patient communities. This council should be deliberative, providing ethical considerations on policies or regulations that may contain moral conflicts, such as euthanasia or limiting access to services due to resource constraints. Similar models can be seen in National Bioethics Committees in Europe, which serve as ethical advisors to governments on complex health issues.

Second, recognizing and involving customary law or local norms in health policy formation at the regional level, especially concerning traditional healing practices, patient care protocols, and medical decision-making in crisis situations. In Indonesia, integrating living law can be realized through regional regulations that acknowledge local cultural roles in the health system, as practiced by some local governments in Papua and Kalimantan to strengthen community-based services.

Third, reforming legal and medical education curricula by adding interdisciplinary ethics courses involving philosophy, religion, and sociology. Such curricula cultivate ethical sensitivity among health professionals and policymakers, encouraging them to think beyond technocratic perspectives and consider living societal values. The medical humanities approach adopted in some countries plays an important role in shaping humanistic and reflective doctors.

Fourth, developing community-based ethical consultation mechanisms where citizens can voice their moral views and ethical beliefs regarding specific health policies. For example, surrogate motherhood an increasingly common practice in Indonesia is not yet explicitly regulated fairly and ethically. This practice involves moral, biological, and power relations between those commissioning and the women providing their wombs.

Without an ethical and legal framework that respects women's dignity and protects them from bodily exploitation, this practice risks commodifying women's reproductive bodies.

Similarly, euthanasia raises dilemmas between patient autonomy rights and the moral and religious values of society. Positivist law in Indonesia rejects euthanasia as a form of murder but does not address the ethical needs of terminally ill patients. The living morality legal approach allows public dialogue to understand how Indonesian society, enriched by diverse religious and cultural values, interprets dignified death and agrees on ethical boundaries.

The recent phenomenon of illegal kidney sales through social media also highlights the failure of law to manage moral dilemmas amid economic inequality and health access issues. Many economically disadvantaged people sell kidneys to meet their basic needs, while legal and health ethics frameworks only offer criminalization without alternative solutions. This reflects the state's failure to guarantee distributive justice in healthcare and economic justice. Therefore, legal reconstruction must include establishing transnational ethical commissions for organ transplantation and strengthening social guarantees to prevent citizens from resorting to organ selling as the sole means of survival.

4. Conclusion

Legal political philosophy plays a crucial role in reconstructing the paradigm of health law by examining the relationship between law, political power, and morality within the state. The state holds a moral and political responsibility to guarantee the right to health as a fundamental right encompassing social, economic, and a healthy environmental dimension. The reconstruction of health law must be grounded in classical and contemporary theories of justice that emphasize the fair distribution of resources, protection of vulnerable groups, and public participation in the legislative process. Health law often becomes an arena of conflict between economic, political, and societal interests, thus requiring a legal system that is transparent, accountable, and participatory as a balancing mechanism of power and a guardian of democratic morality. A critical approach demands that health law function as a means of social emancipation that favors marginalized groups and opens space for community participation as a source of legal knowledge. The legitimacy of health law can only be attained through deliberative democracy involving the active participation of citizens, including vulnerable groups, to prevent bias and strengthen institutional accountability. Moreover, the integration of

ethics and morality into health law is essential to address complex dilemmas such as mandatory vaccination, organ donor allocation, and euthanasia by prioritizing living law and the collective values of society. Reconstructing health law must be complemented by concrete steps, such as establishing a Public Ethics Council, recognizing customary law, reforming legal and medical education curricula based on interdisciplinary ethics, and developing community-based ethical consultation mechanisms. Consequently, health law will not merely serve as a normative instrument but also reflect substantive justice that upholds human dignity and comprehensive social justice.

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