



The Urgency of Mental Health Screening for the Doctor Profession in Indonesia

Cokorda Istri Kirana Pramesti ^{1*}, I Wayan Parsa ², Ni Gusti Ayu Dyah Satyawati ³

¹⁻³ Master of Health Law, Udayana University, Denpasar, Bali, Indonesia

* Corresponding Author: Cokorda Istri Kirana Pramesti

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Abstract

Health law issues related to the medical profession, such as doctor rape their patients, doctor do inappropriate actions (indecent), doctor that lose control, or bullying from the senior in medical profession, shows that the potential psychopathology should be detected through mental health screening. However, regulations regarding mental health screening for the doctor profession in Indonesia only regulate as a *lex generalis*, that it creates *leemten van normen*. In this study, the author uses normative legal research with statute approach, conceptual approach, and comparative approach. The legal materials used are from primary and secondary legal sources. The technique used to collect legal materials is a literature study with legal analysis techniques through descriptive, comparative, and argumentative techniques. This study shows that regulations regarding mental health screening for the doctor profession from the positive law perspective only regulate as a *lex generalis*, which is unable to accommodate *lex specialis*, and consequently it causes a *leemten van normen* and legal uncertainty. Therefore, the regulatory models of mental health screening for the doctor profession from the future law perspective is required, refers to the regulatory model that is implemented in India, especially in Indonesia, the proposed policy of mental health screening for the doctor profession is required at every professional stage, from the education, practice, to the renewal of the doctor's licence to create a certain *lex specialis* and ensure the physical and mental health of the doctor profession in order to carry out their professional responsibilities in a professional and compassionate way.

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1. Introduction

1.1. Background

Article 1 paragraph (6) of Law of the Republic of Indonesia Number 17 of 2023 concerning Health (hereinafter referred to as the Health Law) states that "Medical Personnels are individuals who dedicate themselves to the health care and have professional manner, knowledge, and skills through medical or dental professional education that requires authority to do Health Services." Medical Personnel, according to Article 198 paragraph (1) of the Health Law, are classified into doctor and dentists. In carrying out their profession, doctor are considered as *officium nobile* (a noble and honourable profession) ^[1]. This is due to the doctor's professional responsibility as a Medical Personnel to protect the patients' and society's life. Therefore, doctor are required to always have good psychological condition and stable mental well - being in order to provide empathetic and professional health services.

¹ Nguyen QT, Luong TTH, Nguyen HV, Ngo MQ, Nguyen SH, Nguyen NLK. Aspirations to Study Medicine, Perceptions of A Good Doctor, and Their Influence on Specialty Choice among Medical Students. PLOS One 2025;20(6):1-16.

Article 274 of the Health Law states that “Medical Personnel and Health Workers in carrying out their practice are required to:

1. provide Health Services in accordance with professional standards, professional service standards, standard operating procedures, professional ethics, and the Patients’ Health needs;
2. obtain consent from the Patient or their family for the treatment to be taken;
3. protect patient confidentiality;
4. create and keep notes and/or documents regarding examinations, treatment, and actions taken; and
5. refers the Patient to Medical Personnel or other Health Workers with sufficient competence and authority.”

In addition, Article 275 paragraph (1) of the Health Law states that “Medical Personnel and Health Workers who practice at Health Service Facilities are required to provide first - aid treatment to Patients in Emergency condition and/or during disasters.” Article 275 paragraph (2) states that “Medical Personnel and Health Workers who provide Health Services in order to rescue human life or prevent disability in Emergency conditions and/or during disasters are excluded from any compensation claim.”

This regulation shows that the doctor’s professional responsibility is not only related to health care, but also human life. Therefore, the doctor profession is also considered *officium nobile* (a noble and honourable profession), because every medical treatment taken by the doctor will affect someone’s life and dignity. It means that the nobility of the doctor profession lies in its dedication to cure, maintain, and protect human life in accordance with the current laws. However, despite being considered as an *officium nobile* that requires doctor profession to always have a good psychological condition and stable mental well - being in order to provide empathetic and professional health services, several problematic cases related to the medical profession show a potential psychopathology among the doctor profession in Indonesia.

First, on March 18, 2025, Priguna Anugrah Pratama, an anaesthesiology resident at Padjadjaran University in Hasan Sadikin Hospital (RSHS) Bandung, accused of raping three patients using anaesthetics within a short period of time. The incident began around 01:00 Western Indonesian Time (WIB), when the suspect asked the victim, unaccompanied, to do cross - match blood types for a transfusion to her father as the recipient in the emergency room on the 7th floor of the MCHC building. Then, the suspect injected anesthetic midazolam to the victim through an intravenous drip, made her paralysed and unconscious, and then the suspect started to rape the victim. For this crime, the suspect was charged under Article 64 of the Criminal Code and punished with a prison time for maximum 17 (seventeen) years ^[2].

Second, in 2024, an orthopaedic specialist with the initials MY at Bunda Medika Jakabaring Hospital was punished with 5 (five) months in prison by the Palembang District Court for a sexual abuse against a patient’s wife. This case is similar to Priguna Anugrah Pratama, where the perpetrator used anaesthetic midazolam to inject into the victim’s right hand. After made the victim unconscious and paralysed, the perpetrator began to rape the victim ^[3].

Third, in 2025, a controversial video showed an obstetrician with the initials MSF did an indecent act against his patient. The suspect, who was practice at Karya Harsa Clinic in Garut City, West Java, intentionally touched the victim’s breasts while the victim was examined using an ultrasound (USG). In that video, the suspect was operating the USG on the victim’s abdomen with his right hand, meanwhile his left hand was touching the upper part of the victim’s abdomen and accused touching the victim’s breasts intentionally ^[4].

Fourth, in 2025, a junior doctor, Fladiniyah Puluhulawa (FP) suddenly started an angry outburst against the hospital workers for no particular reason in the hospital service area in Manado. As it turns out that this incident was not the first one, in 2023, FP also did the similar action in the hospital car park in Medan due to a conflict with one of the hospital visitors. Additionally, in 2024, FP was reported to the police on allegations of persecution to the food stall worker called Fitra Samosir. FP’s case reappeared because the video when she suddenly started an angry outburst was widespread in social media ^[5].

Fifth, in 2025, Semarang District Court punished the three defendants on allegations of threatening and extortion in the Diponegoro University Anaesthesiology Specialist Doctor Education Programme (PPDS) at Dr. Kariadi Central General Hospital with nine months in prison. The three defendants were Zara Yupita Azra, Sri Maryani, and Taufik Eko Nugroho, while the victim was Aulia Risma Lestari. The case was revealed after the victim’s death, that was caused by suicide in her room was widespread in social media. The Ministry of Health of the Republic of Indonesia revealed that there were allegations of threats, intimidation, senior domination over juniors, and extortion of unofficial fees in amounts Rp. 20.000.000,- to Rp. 40.000.000,- (twenty million rupiah to forty million rupiah) per month to pay for the senior’s dinners and academic assignments ^[6].

The previous cases above show that although the doctor profession considered as *officium nobile* (a noble and honourable profession) that should protect patients’ and society’s life, the potential psychopathology in several problematic cases related to the medical profession actually endangers the patient and in contradiction with the nobility of the doctor profession to cure, maintain, and protect human life. This potential psychopathology shows the importance of mental health screening for the doctor profession to recognise their psychological condition and mental well - being in

² BBC News Indonesia. ‘Saya Trauma Ditangani dokter Laki - Laki’ – Kasus Dugaan Pemerksaan oleh Dokter PPDS Anestesi Picu Ketidakpercayaan terhadap Tenaga Medis. April 12, 2025. Cited November 12, 2025. Available from: <https://www.bbc.com/indonesia/articles/c8rge3zzvxzo>.

³ Ibid.

⁴ BBC News Indonesia. Dokter di Garut jadi Tersangka Kasus Dugaan Kekerasan Seksual, Korban Diperkirakan Lebih dari Satu Orang – ‘Saya Merasa Risih, USG Berlangsung Lama.’ April 17, 2025. Cited November 12, 2025. Available from: <https://www.bbc.com/indonesia/articles/cn4jwx4zvkgo>.

⁵ Liputan 6. Pernah Viral Gegara Ribut Soal Parkiran, Kini Dokter Muda di Medan Diduga Aniaya Pekerja Gerai Makanan. December 23, 2024. Cited November 12, 2025. Available from: <https://www.liputan6.com/regional/read/5848461/pernah-viral-gegara-ribut-soal-parkiran-kini-dokter-muda-di-medan-diduga-aniaya-pekerja-gerai-makanan>.

⁶ BBC News Indonesia. Tiga Terdakwa Kasus Pemerasan PPDS UNDIP Divonis ‘Lebih Ringan’ dari Tuntutan Jaksa – ‘Putusan ini Tidak Memberikan Efek Jera kepada Pelaku.’ October 1, 2025. Cited November 12, 2025. Available from: <https://www.bbc.com/indonesia/articles/cwyn2vn2lvno>.

carrying out their profession ^[7].

However, from the perspective of *ius constitutum*, regulations regarding the mental health of the doctor profession are still limited. Regulations regarding the right to health are regulated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution), which states that “Every Person has the right to life in physical and spiritual prosperity, has a place to live, and has a good and healthy environment, and has the right to obtain health services.” Meanwhile, the Health Law and Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning the Implementation Regulations of Law Number 17 of 2023 concerning Health (hereinafter referred to as the Implementing Government Regulation of the Health Law) only regulate the right to health, general regulation regarding mental health, and the rights of Medical Personnel and Health Workers to be protected for occupational health. However, this regulation only regulates as a *lex generalis* (general rules), so it does not specifically regulate the mental health screening for the doctor profession in Indonesia.

In addition, in Regulation of the Minister of Health of the Republic of Indonesia Number 29 of 2022 concerning Guidelines of Mental Health Screening for the Certain Purposes of Occupations or Positions (hereinafter referred to as Minister of Health Regulation Number 29 of 2022), section “Appendix, Chapter I Introduction, Letter A Background, Number 3 Occupations related to marginal groups,” only regulate Health Workers as a profession that is at a high risk of having mental health issues due to their direct interaction with marginal groups, which required to do mental health screening. Meanwhile, there are no similar obligations and regulations for the doctor profession that are classified as Medical Personnel to do mental health screening. On the other hand, the doctor profession is required to always have a good psychological condition and stable mental well-being in order to provide empathetic and professional health services, because it is related to the patients’ and society’s life and safety.

This condition shows that there’s a vacuum of norms (*leemten van normen*) about mental health screening for the doctor profession in Indonesia. If there’s no regulation about mental health screening for the doctor profession, there’s no obligation to do mental health screening for the doctor profession, so that the psychological condition and mental well-being of the doctor profession can’t be detected. In this case, if the doctor with undetected potential psychopathology continues to practice their profession to provide health services to the patients and society, then at some point, this condition can trigger pathological behaviour that can directly harm the patient and society.

In another case, systemically, the issues related to the medical profession, such as doctor rape their patients, doctor do inappropriate actions (indecent), doctor that lose control, or bullying from the senior in medical profession will make the public distrust, feel anxious, unsafe, and doubtful to use health services. As a consequence, people who are supposed to be treated medically immediately, especially marginal groups, will refuse medical treatments due to the negative public perception of health services.

Therefore, based on the description above, as an alternative

solution, a *lex specialis* regarding mental health screening for the doctor profession in Indonesia is required to prevent and resolve any potential dangers that may be occurred through this journal entitled “The Urgency of Mental Health Screening for the Doctor Profession in Indonesia.”

1.2. Problem Formulation

1. What are the regulations regarding mental health screening for the doctor profession from the positive law perspective?
2. What are the regulatory models of mental health screening for the doctor profession from the future law perspective?

1.3. Purpose

1. To find out and analyse related to the regulations regarding mental health screening for the doctor profession from the positive law perspective.
2. To find out and analyse related to the regulatory models of mental health screening for the doctor profession from the future law perspective

2. Research Methods

This study uses a normative legal research method with statute approach to analyse the regulations related to mental health screening for the doctor profession in Indonesia through 1945 Constitution, the Health Law, the Implementing Government Regulation of the Health Law, and Minister of Health Regulation Number 29 of 2022. The type of approach that is used is the statute approach, the conceptual approach, and the comparative approach. The conceptual approach that is used are the concept of mental health and the doctor. The comparative approach used to analyse the policies related to the regulatory model of mental health screening for the doctor profession in the other countries as an ideal regulatory model that can be implemented in Indonesia. The legal materials that are used are from the primary and secondary legal materials. The primary legal materials are from the regulations, while the secondary legal materials are from books and health law journals related to mental health issues. The technique that is used to collect legal materials is literature study. Literature study is a technique to observe and analyze secondary legal materials. The legal material analysis techniques that are used are descriptive techniques to describe the background related to the vacuum of norms and research findings related to the regulation of mental health screening for the doctor profession from the perspective of *ius constitutum* and *ius constituendum*, comparative techniques to compare the policy of mental health screening for the doctor profession in the other countries, and argumentative techniques to conclude.

3. Discussion

3.1. Regulations Regarding Mental Health Screening for the Doctor Profession from the Positive Law Perspective

Regulations regarding mental health screening for the doctor profession from the positive law perspective can be analysed through the relevant regulations that are implemented in Indonesia, such as the 1945 Constitution, the Health Law, the Implementing Government Regulation of the Health Law,

⁷ Rajasekar G, Krishnan R. Presidential Address: Mental Health of Medical Practitioner (Dedicated to Corona Warriors). Indian J Psychol Med 2021;43(4):279–285.

and Minister of Health Regulation Number 29 of 2022.

3.1.1. The 1945 Constitution of the Republic of Indonesia

The 1945 Constitution already regulates the right to health in Article 28H paragraph (1) which states that “Every Person has the right to life in physical and spiritual prosperity, has a place to live, and has a good and healthy environment, and has the right to obtain health services.” In addition, the state’s responsibility to provide health facilities and services is also regulated in Article 34 paragraph (3) of the constitution, which states that “The state is responsible to provide proper health service facilities and public service facilities.”

However, the regulations in the 1945 Constitution is unable to accommodate the *lex specialis* related to mental health screening for the doctor profession in Indonesia. It is because the 1945 Constitution only regulates the right to health and the state's responsibility to provide health facilities and services that are generally implemented to all Indonesian citizens. Meanwhile, especially for the doctor profession, there are no regulations that specifically regulate mental health screening. However, even though it is not regulated specifically, as a part of Indonesian citizens who have the right to health that is protected by the government, the doctor profession also has the same right to health, including mental health.

3.1.2. Law of the Republic of Indonesia Number 17 of 2023 concerning Health

The Health Law already regulates the right to mental health in Article 4 paragraph (1) letter a, which states that “Every Person has the right to physical, mental, and social health.” In addition, regulations related to mental health are also regulated in Articles 74 to 85 in “Chapter V Health Services, Section Eleven Mental Health.” Particularly, regulation regarding the right of every individual to access mental health services is regulated in Article 76 paragraph (1) letter a, which states that “Every Person has the right to access safety, high quality, and affordable Mental Health Services.” Furthermore, the rights of Medical Personnel and Health Workers, especially regarding occupational health rights, are regulated in Article 273 paragraph (1) letter d, which states that “Medical Personnel and Health Workers in carrying out their practice have the right to be protected for safety, occupational Health, and security.”

However, the regulations in the Health Law is unable to accommodate the *lex specialis* related to mental health screening for the doctor profession in Indonesia. It is because the Health Law only regulates the right to health, general regulation regarding mental health, and the rights of Medical Personnel and Health Workers to be protected for occupational health. Meanwhile, especially for the doctor profession, there are no regulations that specifically regulate mental health screening. However, even though it is not regulated specifically, as a part of Indonesian citizens who have the right to health that is protected by the government, the doctor profession also has the same right to health, including mental health.

3.1.3. Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning the Implementation Regulations of Law Number 17 of 2023 concerning Health

Implementing Government Regulation of the Health Law already regulates regarding mental health in Articles 145 to

177 in “Chapter II Health Services, Section Six Mental Health.” Regulation regarding the rights of Persons at High Risk is regulated in Article 147, which states that “Persons at High Risk have the right to:

1. obtain Mental Health Services at Health Service Facilities that are accessible and in accordance with Mental Health Service standards;
2. obtain truthful and comprehensive information about their Mental Health Data, including procedures and treatments that already or will be taken by Medical Personnel and Health Workers with expertise in Mental Health;
3. obtain a conducive developmental environment; and
4. obtain access to facilities and infrastructure to support their mental growth and development.”

In addition to Persons at High Risk, regulation regarding the rights of Persons with Mental Disorders (ODGJ) are regulated in Article 148, which states that “Persons with Mental Disorders have the right to:

1. obtain Mental Health Services at Health Service Facilities that are accessible and in accordance with Mental Health Service standards;
2. obtain guarantees regarding the available Medication, including Psychotropic Drugs, in accordance with medical indications;
3. inform consent for medical procedures to be taken on them, except for the persons with serious mental disorders who are not capable in decision making and have no companion and in emergency conditions;
4. obtain truthful and comprehensive information on their Mental Health Data, including the procedures and treatments that already or will be taken from the Medical Personnel and Health Workers with expertise in Mental Health;
5. obtain protection from all acts of abandonment, violence, exploitation, discrimination, stigma from society, and obtain meaningful activities;
6. obtain social needs in accordance with the mental disorder level; and
7. manage their own properties and/or those entrusted to them, which can only be cancelled by a court decision.”

Although considered as a marginal group, as Indonesian citizens, people at high risk and ODGJ still have rights that are protected by the government. It is as stated in Article 149, “Person at High Risk and ODGJ have the same rights as citizens in accordance with the Laws and Regulations.”

Furthermore, the rights of Medical Personnel and Health Workers, especially regarding occupational Health rights, are regulated in Article 721 paragraph (1) letter d, which states that “Medical Personnel and Health Workers in carrying out their practices have the right to be protected for safety, occupational Health, and security.”

However, the regulations in the Implementing Government Regulation of the Health Law is unable to accommodate the *lex specialis* related to mental health screening for the doctor profession in Indonesia. It is because the Implementing Government Regulation of the Health Law only regulates right to health, general regulation regarding mental health, and the rights of Medical Personnel and Health Workers to be protected for occupational health. Meanwhile, especially for the doctor profession, there are no regulations that specifically regulate mental health screening. However, even

though it is not regulated specifically, as a part of Indonesian citizens who have the right to health that is protected by the government, the doctor profession also has the same right to health, including mental health.

3.1.4. Regulation of the Minister of Health of the Republic of Indonesia Number 29 of 2022 concerning Guidelines of Mental Health Screening for the Certain Purposes of Occupations or Positions

In Minister of Health Regulation Number 29 of 2022, section "Appendix, Chapter I Introduction, Letter A Background, Number 3 Occupations related to marginal groups," states that:

"Occupations related to marginal groups are occupations that have a long interaction with certain marginal groups.

Examples:

1. health workers or officers who take care of persons with disabilities, the elderly, women and children group;
2. educators for persons with disabilities and women and children grup."

This regulation shows that this Minister of Health Regulation only regulates Health Workers as a profession that is at high risk of mental health issues due to their direct interaction with marginal groups, which are required to do mental health screening.

In the Health Law, the types of Health Workers are regulated in Article 199 paragraph (1), which states that "Health Workers as referred to in Article 197 letter b are classified into:

1. clinical psychology workers;
2. nursing workers;
3. midwifery workers;
4. pharmaceutical workers;
5. public health workers;
6. environmental health workers;
7. nutritionists;
8. physical therapists;
9. medical technicians;
10. biomedical engineers;
11. traditional health practitioners; and
12. other health workers as determined by the Minister."

Meanwhile, due to the doctor profession classified as Medical Personnel as stated in Article 198 paragraph (1) of the Health Law, it is clear that this Minister of Health Regulation is unable to regulate mental health screening for the doctor profession in Indonesia. However, the doctor profession is required to always have a good psychological condition and stable mental well - being in order to provide empathetic and professional health services because it is directly related to the patient's and the society's life.

Based on the explanation above, it can be analysed that the regulation of mental health screening for the doctor profession from the positive law perspective is unable to accommodate *lex specialis* regarding legal protection of mental health for the doctor profession in Indonesia. This condition shows a vacuum of norms (*leemten van normen*),

which causes legal uncertainty. Legal uncertainty obviously is in contradiction with Gustav Radbruch's perspective on the Legal Purpose Theory, which states that the purpose of law is to create certainty, justice, and benefit. Therefore, *lex specialis* regarding mental health screening for the doctor profession in Indonesia is required.

3.2. Regulatory Models of Mental Health Screening for the Doctor Profession from the Future Law Perspective

With the widespread health law issues related to mental health, awareness of psychological conditions and mental well - being among the doctor profession is very important considering the responsibility of the doctor profession to provide empathetic and professional health services to patients and the society. From the future law perspective, the regulatory model of mental health screening for the doctor profession is a policy recommendation that should be regulated systematically and comprehensively to resolve ethical issues, social demands, and technological developments.

3.2.1. Regulatory Models of Mental Health Screening for the Doctor Profession in Other Countries

Before pointing to the ideal regulatory model of mental health screening for the doctor profession from the future law perspective to be implemented in Indonesia, firstly, the implementation and practice of similar policies in the other countries will be described as a comparison and recommendation for the ideal policy that can be implemented in Indonesia.

India

According to the data published by the Times of India, India, through the Haldwani Medical College Government in Uttarakhand, is one of the countries that adopts a mental health screening policy for prospective medical students during the registration process^[8]. This policy started in 2022 to observe the psychological condition and mental well - being of prospective medical students. However, this policy is not to disqualify prospective medical students who have potential psychopathology. The Haldwani Medical College in Uttarakhand stated that mental health conditions that are detected based on mental health screening results are not used to restrict or prohibit medical students from entering the university. If medical students are eligible and qualify, the mental health screening results are used to support the recovery of students' mental health and assist the educational institution to supervise the students who have mental health issues^[9].

Japan

Besides India, Japan is one of the developed countries that also adopts preventive policies for all workers, including Medical Personnel and Health Workers^[10]. Since December 2025, Japan has amended its Industrial Safety and Health Act of 1972 that requires all companies with a minimum of 50 (fifty) employees to provide accessible mental health screening facilities, especially annual stress screenings for

⁸ Times of India. Uttarakhand Med College Makes 'Psychiatry Test' must for Seat. November 2, 2022. Cited November 13, 2025. Available from: <https://timesofindia.indiatimes.com/city/dehradun/uttarakhand-med-college-makes-psychiatry-test-must-for-seat/articleshow/95243051.cms>.

⁹ Kallivayalil RA. The importance of Psychiatry in Undergraduate Medical Education in India. *Indian J Psychiatry* 2012;54(3):208-216.

¹⁰ Herbert Smith Freehills Kramer. Japan: Employers to Offer Stress Checks to Workers. July 21, 2015. Cited November 13, 2025. Available from: <https://www.hsfkramer.com/notes/employment/2015-07/japan-employers-to-offer-stress-checks-to-workers#:~:text=From%20December%202015%20amendments%20to,undergo%20the%20stress%20check%20offered.>

their workers. This policy intends to support a healthier workplace and prevent mental health issues due to occupational pressures. Although this policy is not specifically for the doctor profession only, this policy already shows the commitment and concern of the Japanese government regarding mental health issues through the obligation to do mental health screening ^[11].

United States

Whereas India and Japan adopt mental health screening policies for the doctor profession, the United States has a different preventive policy, but still intends to resolve mental health issues ^[12]. The United States does not require mental health screening for prospective medical students or the obligation to do mental health screening when extending a medical licence. Instead, the United States, through its licence authority, focuses more on reporting procedures of mental health conditions that may affect a doctor's qualifications and functional ability to practice their profession. According to the United States' national analysis data published in 2016, around ⅓ (two - thirds) of states in the United States still contain several questions related to the previous mental health diagnoses for the doctor profession when extending a medical licence, even though the normative law of United States only requires qualifications and functional abilities to practice their profession at the current time, rather than based on a previous mental health diagnoses. It means that in the United States, there is no mental health screening policy for prospective medical students or the obligation to do mental health screening for the doctor profession. This country focuses more on the transparency of the reporting procedure of mental health conditions for the doctor profession, supporting mechanisms, and preventive policy. This policy is different from the mandatory mental health screening concept, but it still prioritises mental health as an important issue that requires documentation to ensure the quality of health services ^[13].

Australia

In accordance with the United States, Australia is also a country that does not require mental health screening for the doctor profession ^[14]. Medical policymakers in Australia actually amend normative regulations in order to ensure that Medical Personnel, especially the doctor profession, are not afraid to access mental health services. In the Health Insurance Act of 1973, impairment is defined as a condition that occurs only when it disrupts professional practice. In addition, the latest health guidelines also explain that potential psychopathology that may indicate mental health issues in a person, if they are well managed, are not considered as an impairment that should be reported. Medical associations also state that the questions asked on the medical licence renewal form are about the current qualifications and functional abilities for the doctor profession, not about their previous mental health diagnoses. Similar to the United

States, Australia also prioritises support and declaration systems, such as medical profession health policies, rather than mental health screening ^[15].

Based on the description of the regulatory models of mental health screening for the doctor profession in several countries, such as India, Japan, the United States, and Australia, the ideal regulatory model of mental health screening for the doctor profession to be implemented in Indonesia is the Indian model. The reason is that India has similarities with Indonesia because both of them are developing countries, both have a high proportion of medical students, and both have similar education systems and socio-political demands.

The policy of mental health screening for prospective medical students during registration, as implemented in India, can be used as a conceptual framework for Indonesia to propose a similar health system, through a combination of general health screening and mental health screening as one of the administrative requirements during registration for prospective medical students.

However, it is important to realise that the mental health screening results will be used to support the recovery of medical students' mental health and assist educational institutions to observe medical students with mental health issues. It is similar to the policy in Uttarakhand, that the mental health screening policy should be ensured without discrimination so that the prospective medical students with mental health screening results who have potential psychopathology can be entering the university and assist the educational institution to provide mental health services, such as counselling programs or other protective services. This policy is ideal to be implemented in Indonesia to improve Medical Personnel welfare, especially the doctor profession, through a regulatory model of mental health screening for the doctor profession that is already implemented in the other countries, that shows its commitment regarding similar mental health issues.

The Ideal Regulatory Model of Mental Health Screening for the Doctor Profession to be Implemented in Indonesia

Based on the comparative study of policies related to the regulatory model of mental health screening for the doctor profession in the other countries above, the ideal regulatory model of mental health screening for the doctor profession to be implemented in Indonesia is refers to the regulatory model that implemented in India, through the proposed policy of mental health screening for the doctor profession in Indonesia. This policy is proposed based on J. J. H. Bruggink's perspective on Legal Construction Theory, especially the constriction or refinement of law (*rechtsverfijning*).

Amendments to the Indonesian Medical Code of Ethics

The first proposed policy is to amend the Indonesian Medical Code of Ethics (hereinafter referred to as KODEKI).

¹¹ Kanehara A, Umeda M, Kawakami N. Barriers to Mental Health Care in Japan: Results from the World Mental Health Japan Survey. *Psychiatry Clin Neurosci* 2015;6(9):523-533.

¹² National Alliance on Mental Illness (NAMI). Medical Professionals: Licensure Application Questions on Mental Health. March 28, 2022. Cited November 13, 2025. Available from: <https://www.nami.org/advocacy/policy-priorities/improving-health/medical-professionals-licensure-application-questions-on-mental-health/>.

¹³ McGinty B. The Future of Public Mental Health: Challenges and Opportunities. *Milbank Q* 2023;101(S1):532-551.

¹⁴ Avant. Mandatory Reporting: still a Barrier to Treatment for Mental Health. July 9, 2025. Cited November 13, 2025. Available from: <https://avant.org.au/resources/mandatory-reporting-still-a-barrier-to-treatment-for-mental-health>.

¹⁵ Hobi M, YegorovaLee S, Chan CC, *et al.* Strategies Australian Junior Doctors Use to Maintain Their Mental. *BMJ Open* 2022;12(9):1-10.

KODEKI is used because it contains specific and concrete regulations that are only for one type of profession, that is the doctor profession. In KODEKI, it is regulated regarding “General Provisions, Doctors’ Provisions to Patients, Doctors’ Provisions to Colleagues, Doctors’ Provisions to Themselves, Explanation of the Indonesian Medical Code of Ethics, Doctor’s Oath, The High Standards of Medical Services, Independency of the Profession, Self - Esteem, Psychological and Physical Abuse, Wisdom in New Inventions, Valuable Statements and Opinions, Professionalism, Honour and Benevolence of Colleagues, Respecting the Patients’ and Colleague’s Rights, Life Protector, Holistic Health Services, Cooperation, Consultation and Referrals, Freedom of Worship and others, Professional Confidentiality, Emergency Help, Respecting Collegiality, Treatment Transfers, Health Maintenance, and Development of Medical Science and Technology.”

However, the regulations in KODEKI are unable to accommodate regulations related to the mental health screening for the doctor profession in Indonesia. Therefore, in order to accommodate *lex specialis* related to the mental health screening for the doctor profession in Indonesia, amendments to the KODEKI is required. The amendments are as follows:

“Between Article 20 and Article 21, one article is inserted, Article 20A, which states as follows:

1. Every prospective medical student is required to do mental health screening as an administrative requirement for registration.
2. Every medical student who has completed the pre - clinical and now undergoing the mandatory professional training program in a hospital as Junior Doctor is required to do mental health screening.
3. Every Junior Doctor who has completed the mandatory professional training program in a hospital and is now undergoing the Student Competency Test for the Doctor Profession Program (UKMPPD) are required to do mental health screening.
4. Every Junior Doctor who is eligible and passes the Student Competency Test for the Doctor Profession Program (UKMPPD) and is now undergoing the Doctor’s Oath is required to do mental health screening.
5. Every Doctor who has taken the Doctor's Oath and is now undergoing the internship is required to do mental health screening.
6. Every Doctor who already has Practice License (SIP) and Registration Certificate (STR) is required to do mental health screening periodically every 6 (six) months.
7. Every Doctor who is now undergoing the Specialist Doctor Education Program (PPDS) is required to do mental health screening as an administrative requirement for registration.
8. Every Doctor who will extend the Practice License (SIP) is required to do mental health screening periodically every 5 (five) years.”

Basically, the proposed amendment to KODEKI requires mental health screening for the doctor profession in Indonesia at every professional stage, from the education, practice, to the renewal of the doctor’s licence. The amendments to KODEKI are intended to create systematic and specific ethical standards, improve internal supervision procedures, and ensure the medical profession’s reputation and dignity

among the public. In addition, this proposed amendment also intends to ensure the physical and mental health for the doctor profession in order to carry out their professional responsibilities in a professional and compassionate way.

3.2.2. Amendments to Regulation of the Minister of Health of the Republic of Indonesia Number 29 of 2022 concerning Guidelines of Mental Health Screening for the Certain Purposes of Occupations or Positions as the Implementing Regulation of Indonesian Medical Code of Ethics

However, the proposed policy through amendments to KODEKI is not fully capable to accommodate the practical implementation of a comprehensive and actual regulation in order to make the proposed policy can be implemented in a practical and actual way. Therefore, in order to accommodate *lex specialis* related to mental health screening for the doctor profession in Indonesia, it is necessary to propose amendments to Minister of Health Regulation Number 29 of 2022 as the implementing regulation of KODEKI.

The second proposed policy is to amend the Minister of Health Regulation Number 29 of 2022 as the implementing regulation of KODEKI. Minister of Health Regulation Number 29 of 2022 is used as the implementing regulation of KODEKI because it contains regulations regarding Guidelines of Mental Health Screening for the Certain Purposes of Occupations or Positions, such as “General Provisions, Screening Implementation, Health Service Facilities, Screening Team, Mental Health Screening Components, Screening Stages and Procedures, Guidance and Supervision, Other Provisions, and Closing Provisions.” However, this Minister of Health Regulation Number 29 of 2022 is unable to accommodate *lex specialis* related to mental health screening for the doctor profession in Indonesia because it only regulates Health Workers as a profession at high risk of mental health issues due to their direct interaction to the marginal groups, which requires to do mental health screening. Meanwhile, there are no similar obligations and provisions for the doctor profession, which is classified as Medical Personnel, to do mental health screening. Therefore, a proposed amendment to Minister of Health Regulation Number 29 of 2022 is required.

This proposed amendment through the addition of phrases “medical personnel” in letter a, section “Appendix, Chapter I Introduction, Letter A Background, Number 3 Occupations related to marginal groups,” so that the Appendix of Minister of Health Regulation Number 29 of 2022 states that:

“Occupations related to marginal groups are occupations that have a long interaction with certain marginal groups.

Examples:

1. health personnel, health workers or officers who take care of persons with disabilities, the elderly, women and children group;
2. educators for persons with disabilities and women and children grup.”

The proposed amendment in the Appendix of Minister of Health Regulation Number 29 of 2022 through the addition of phrases “medical personnel” is required to provide a legal framework of mental health screening for the doctor profession in Indonesia through the provisions that regulated in Minister of Health Regulation Number 29 of 2022 as the implementing regulation of KODEKI.

4. Closing

4.1. Conclusion

Based on the analysis of the urgency of mental health screening for the doctor profession in Indonesia, it can be concluded that:

1. Regulations regarding mental health screening for the doctor profession from the positive law perspective only regulate as a *lex generalis*, which is unable to accommodate *lex specialis*, and consequently it causes a vacuum of norms and legal uncertainty.
2. Regulatory models of mental health screening for the doctor profession from the future law perspective is refers to the regulatory model that implemented in India, through mental health screening for the doctor profession, especially in Indonesia, the proposed policy of mental health screening for the doctor profession is required at every professional stage, from the education, practice, to the renewal of the doctor's licence to create a certain *lex specialis* and ensure the physical and mental health of the doctor profession in order to carry out their professional responsibilities in a professional and compassionate way.

4.2. Suggestion

Based on the description in the conclusion above, the author proposes the following suggestions:

1. Lawmakers should amend the KODEKI through insert one article, Article 20A, between Article 20 and Article 21 that requires mental health screening for the doctor profession in Indonesia at every professional stage, from the education, practice, to the renewal of the doctor's licence.
2. Ministry of Health of the Republic of Indonesia should amend the Minister of Health Regulation Number 29 of 2022 as the implementing regulation of KODEKI through the addition of phrases "medical personnel" in letter a, section "Appendix, Chapter I Introduction, Letter A Background, Number 3 Occupations related to marginal groups."

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