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Abstract. The digital transformation of telemedicine is a new innovation in the field of medical services with the characteristics of technology, proliferation of computers and automation, community involvement. Interpretive analysis using a conceptual approach and a legislative approach found that the digital transformation of telemedicine has the potential to increase the quality of medical services but is diametrically opposed to the complexity of medical service values which must then be anticipated so that there is no degradation of human values in the health industry. In line with the development of the health industry and to answer the needs for medical services in society, legal construction is needed that functions as a means of protection for health service providers and patients as recipients of health services. The recommended legal construction is: revising legislation related to medical practice by providing proportional legal protection for doctors and patients at the level of telemedicine history taking and diagnosis, as well as the use of recordings as evidence in resolving telemedicine digital transformation disputes. This is intended so that the development of medical practice technology is in accordance with the principles of Pancasila which are based on scientific values, benefits, justice, humanity, balance, as well as patient protection and safety.

Keywords: legal construction, digital transformation of telemedicine, Pancasila values

INTRODUCTION

The Industrial Revolution 4.0 with its distinctive characteristics, namely the use of internet technology and digital databases, has penetrated the health service sector. There has been a digital transformation in the form of telemedicine. Telemedicine is a long-distance medical system. This remote treatment is carried out through internet data sensorization. Several services such as e-Health, Talk to doctor, Buy medicines, Get a lab check up, pager doctor, Detik Health, Solusi Sehat, Megle, counseling services via YouTube and so on are no strangers. Digital transformation of telemedicine is a new innovation in the field of medical services with the characteristics of technology, proliferation of computers and automation, community involvement. It is not impossible that in the future, elderly people will no longer need to go to hospital for treatment, health services can reach remote areas and outermost islands, it will even be possible to use robots to respond to patient complaints and feelings, virtual psychotherapy reality.

A sociological situation that is a consideration for telemedicine technology is that based on data from the Health Human Resources Development and Empowerment Agency (BPPSDM), Ministry of Health in 2011, the number of medical personnel reached 417,832 people spread across

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33 provinces in the country. The number of medical personnel reached 59,492 people, consisting of 16,836 specialist doctors, 32,492 general practitioners and 10,164 dentists. The number of nurses reached 234,176 people, consisting of 220,575 general nurses and 13,601 dental nurses. Meanwhile, the number of midwives is 124,164 people. Health workers in Indonesia continue to increase every year. Likewise with internet users. As time goes by, internet users in Indonesia are increasing day by day. Based on statistical data from December 2011 and according to Budi Setiawan (Director General of Postal and Information Technology Resources (SDPP) Ministry of Communication and Information), the number of internet users in Indonesia has now reached around 55 million people. This figure has increased by 30.9% compared to last year and Indonesia has the largest market share for the development of information communication technology (ICT). Meanwhile, based on Nielsen research, Indonesia is also the highest user of mobile phone devices at 48%.

A "Doctor will see you" site reported that in America, a shortage of doctors is the main reason for wait times, Phillip Miller, vice president, communications, Merritt Hawkins and Staff Care confirmed there is an increasing demand for doctors, driven by population growth while the number of stag trained doctors for the last 25 years. This is a supply and demand problem that is unlikely to increase as millions more gain health insurance coverage under the Affordable Care Act (ACA). The Merritt Hawkins study also tracked Medicaid acceptance rates, and found fewer doctors accepted government-funded health insurance for low-income patients. The average rate of Medicaid acceptance among physicians surveyed was 45.7 percent, down from 55.4 percent in 2009 when the survey was last conducted.

Telemedicine currently has operational, namely the use of System Application and Product to provide integrated health solutions for health industry companies in Indonesia. At Eka Hospital, this system is used for healthcare programs, logistics and financial management. The main objective of this project is to be able to serve patients optimally, and at the same time, streamline all back-office processes so that the activities of frontliners are integrated. The same is also used by Mitra Keluarga Hospital which implements an integrated Electronic Medical Records and Business Process Management system. For the health industry, not hospitals or clinics, including the pharmaceutical and medical device industry, this digital system can be used as an efficiency and effectiveness option for marketing goods and services, because the system is also integrated

with finance,procurement, inventory, patient management, billing and electronic medical records (Electronic Medical Records).

The description of the situation above has implications for legal issues, namely the need for a legal model or construction for telemedicine in Indonesia that can protect the interests of various stakeholders in the health industry, especially hospitals. Legal construction is a legal construction that can function as a means of protection (legal protection) for health service providers and patients as recipients of health services.

LITERATURE REVIEW

The basic idea of this article departs from the nature of medical practice and the function of hospitals as a form of health industry. Hospitals develop in accordance with civilization, transforming in the digital era along with the demands of science and technology in their time. Factors that significantly influence hospitals are competent resources, availability of facilities and synergy with community networks as health service users. 3 Law Number 40 of 2004 concerning National Social Security was followed by the implementation of health insurance for all Indonesian citizens, creating an industry Health services are required to be ready to provide excellent service. Patient visits are increasing, while hospitals must keep pace with an adequate number of medical personnel. Health services in hospitals essentially rely on the implementation of medical practice, in accordance with science and technology.

Based on Law Number 29 of 2004 concerning Medical Practice, in articles 2 and 3, it is regulated that medical practice is carried out based on Pancasila which aims to provide protection to patients; maintain and improve the quality of medical services provided by doctors and dentists; and provide legal certainty to the public, doctors and dentists. This medical practice is carried out by doctors or dentists who have a registration certificate and have the authority to practice medicine in accordance with their education and competence, which consists of: interviewing patients; examine the patient physically and mentally; determine supporting examinations; establish a diagnosis; determine patient management and treatment; perform medical or dental procedures; write prescriptions for medicines and medical devices; issue a doctor's or dentist's certificate; store medications in permitted quantities and types; and dispensing and delivering medicines to patients, for those who practice in remote areas. Every doctor and dentist who practices medicine in Indonesia is required to have a practice permit, (Articles 36 and 37)

The implementation of medical practice is in conflict with the interests of patients which are regulated in the same law.

Efforts to realize health as an implementation of human rights must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia are not easy, in particular there has been a paradigm shift that hospitals which were previously non-profit, but now it is also a company that is profit oriented and contributes to economic development.

Legal construction (Rechtsconstructie) according to Logemann], includes:

a. Analogy Construction, namely a construction process carried out by finding the ledis (genus) ratio from a law and then applying it to other things that are not actually regulated by that law.
b. Legal Refining Construction (rechtsverfijning), namely that if existing statutory regulations cannot be used and/or harm the value of justice, then the written legal provisions should not be applied or the scope of application of a statutory regulation should be narrowed (restrictive in nature).
c. Argumentum a Contrario construction, namely applying regulations by interpreting or interpreting the opposite regarding upholding the value of justice.

This construction is needed to find something the appropriate legal formulation for telemedicine in terms of substance, structure and culture, so that legal objectives, namely justice, legal certainty and benefits, can be achieved.

RESEARCH METHODS

This paper is the result of normative legal research using a statutory approach and a conceptual approach. The statutory approach was taken to Law Number 29 of 2004 concerning Medical Practice, Law Number 40 of 2004 concerning the National Social Security System, Law Number 36 of 2009 concerning Health, and Law Number 44 of 2009 concerning Homes. Sick. A conceptual approach was taken to examine the values of Pancasila as a basis for building a legal construction model for the digital transformation of telemedicine in the health industry.

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RESULTS AND DISCUSSION

Based on Law Number 29 of 2004 concerning Medical Practice, article 2 states that medical practice is carried out based on Pancasila and is based on scientific values, benefits, justice, humanity, balance, as well as patient protection and safety. In Article 3 it is emphasized that medical practice aims to provide protection to patients; maintain and improve the quality of medical services provided by doctors and dentists; and provide legal certainty to the public, doctors and dentists. The scientific value of medical practice is obtained through the educational process, which must be possessed by a doctor and dentist. This long and expensive education process is often faced with the exclusivity of medical services, so that public service products in the world of health become expensive, which then has implications for the values of justice, humanity and balance. However, if you look closely, medical practice is not easy to achieve this value, because medical practice is a complex action, starting from anamnesis, physical examination, supporting examination, diagnosis, to holistic and comprehensive management, which is carried out collaboratively together with staff. other medical.

Telemedicine is an alternative choice based on economic and practical considerations because patients do not have to come to the hospital and meet physically. But this does not address patients' needs for real medical services. Good health services include holistic and comprehensive care. namely: covering the patient's entire physical and spiritual body (whole body system) including nutrition, not only organ oriented but patient and family oriented and viewing humans as bio-psychosocial creatures in their ecosystem. Comprehensive means not only curative but also prevention oriented including health promotion, specific protection (primary), early case detection, prompt treatment (secondary) and disability limitation/rehabilitation (tertiary).

Conventional medical services are in a diametric position with telemedicine. In telemedicine, patients will think that the doctor is a great and competent person because he can treat them from a distance without needing a supporting diagnosis. This success is closely correlated with whether the patient can describe in detail the symptoms or illness he is suffering from, or whether he can photograph the physical symptoms of the illness, the accuracy of which cannot be ascertained. This will obscure the identity of medical practice which is based on human values and justice.

The next issue is about authority. In article 35 paragraph (1) of the a quo law, an authorized doctor is a doctor who has a Registration Certificate (STR). On the basis of STR, doctors have the

authority to practice medicine in accordance with their education and competence, which consists of: interviewing patients; examine the patient physically and mentally; determine supporting examinations; establish a diagnosis; determine patient management and treatment; perform medical or dental procedures; write prescriptions for medicines and medical devices; issue a doctor's or dentist's certificate; store medications in permitted quantities and types; and dispensing and dispensing medicines to patients, for those who practice in remote areas where there are no pharmacies. There are 10 types of doctor's authority, which, if studied carefully, are overlooked in telemedicine, especially in making a diagnosis.

The steps in making a diagnosis are anamnesis, physical examination, supporting examination and diagnosis, so the factors that influence a misdiagnosis can start with a wrong anamnesis. A doctor will be able to direct diagnostic possibilities to a patient through a good anamnesis. A good anamnesis must refer to systematic questions, namely by being guided by four main ideas (The Fundamental Four) which include: History of Current Illness (RPS), History of Past Illness (RPD), Family Health History, Social History and Economics; and the Seven Pearls of Anamnesis (The Sacred Seven), namely Allocation of complaints, Quality, Quantity, Time (onset, duration, frequency, and chronology), Aggravating Factors, Mitigating Factors, and Accompanying Complaints.

Humans are multidimensional creatures. Human existence, both as soul and body, is connected in a historical record. It is certainly not possible to instantly collect a complete history of the disease. This stage is very important as a first step in understanding and comprehending the patient. It could be from daily experience dealing with patients or because of his seniority, a doctor can use a brief history obtained through written or oral interviews as initial data to conclude the patient's illness.

The implementation of medical practice is regulated in articles 36-38, as follows: Article 36 states that every doctor and dentist who practices medicine in Indonesia is required to have a practice permit. Article 37, that

(1) The practice permit as intended in Article 36 is issued by the authorized health official in the district/city where medical or dental practice is carried out;
(2) A doctor's or dentist's practice permit as intended in paragraph (1) is only given for a maximum of 3 (three) places;
(3) One practice permit is only valid for 1 (one) practice place.

Furthermore, Article 38 paragraph (1): To obtain a doctor's or dentist's practice permit, you must: have a valid doctor's registration certificate or dentist's registration certificate; have a practice place; and have recommendations from professional organizations.

The interpretation of the legal norms in these articles is as follows:

a. Regarding paragraphs (1), (2), (3) of article 36 of the Law on Medical Practice, this means that a doctor's authority is only given to practice in one to three places, of course with a clear domicile. The law does not mention the internet world. This article cannot necessarily be interpreted to mean that at the place of residence you can carry out therapeutic contract transactions via the internet. The requirements of the next article are clear, that the law does not yet provide protection for telemedicine. A place that is protected as a place to practice medicine is a real place, a domicile address, not a domain on the internet.

b. From the perspective of contract law, therapeutic contracts between doctors and patients are different from transactions in contracts (agreements) as regulated in civil law. Therapeutic contracts in telemedicine also cannot be equated with e-commerce. The core problem is that the object of the contract in a therapeutic contract is a complete human being (monodual being, body and soul) whereas in e-commerce the object is an object (zaak) both tangible and intangible. Understanding that humans are not objects is related to legal protection in the event of a dispute. Patients are not consumers. Patients are active actors who decide for themselves as legal subjects who make rules for themselves. In this context, patients cannot sue doctors on the basis of consumer protection law. Patients are legal subjects with equal and equal standing with doctors, who both make an agreement. The injury incident in the therapeutic contract which gave rise to this dispute must also be placed in the terminology of the business agreement (inspaning verbintenis).

c. A hospital as an entity (corporation) providing medical practice services, seen from the formal juridical aspect, can be established with several forms of business entity. Based on Law Number 44 of 2009 concerning Hospitals, there are various types of hospitals, namely public hospitals and private hospitals. Public hospitals can be managed by the Government, Regional Government, and non-profit legal entities. Public hospitals managed by the Government and Regional Governments are managed based on the management of the Public Service Agency or Regional Public Service Agency in accordance with the provisions of statutory regulations. Public hospitals managed by the Government and

Regional Government cannot be converted into private hospitals. Meanwhile, private hospitals are managed by legal entities with the aim of profit, in the form of a Limited Liability Company or Persero (article 21).

Private hospitals managed by legal entities with the aim of making a profit usually use digital systems for administrative services and the use of medical equipment. This separation of hospital ownership has had an impact on the emergence of various creativity and innovations in the field of medical services. The demand for excellent service quality has also become an atmosphere which includes resources including doctors. At this termination level, where telemedicine offers an efficient and economical form, telemedicine becomes a pill the subject of interest. Telemedicine is carried out by doctors (including other health workers) either personally, with certain doctor communities, or institutionally at hospitals or other health service units as a method of marketable medical services.

Responding to the positive effects of the regulations above, all forms of health service delivery should prioritize the interests of patients. The patient's interests in question have actually been clearly regulated in Law Number 44 of 2009 concerning Hospitals, namely in the form of the patient's constitutional rights and obligations, which are implemented by doctors (and health workers). Patients' rights (article 52 of the a quo law) are as follows:

a. get a complete explanation about medical procedures;
b. ask for the opinion of another doctor or dentist; obtain services according to medical needs; refusing medical treatment;
c. and obtain the contents of the medical record.

All fulfillment of patient rights requires a document reporting on medical procedures. Conditions where in telemedicine, patients are guided via smart phone, video call, skippe, teleconference, writing on social media, or just regular consultations without a camera, if it is not documented it certainly does not fulfill the patient's rights in full. . There is no Procedure Manual or Standard Operating Procedure (SOP) regarding telemedicine.

If this reportage document is assumed to have been carried out through visual recording, of course this is in harmony with the provisions in the Republic of Indonesia Minister of Health Regulation No. 69 of 2014 concerning Hospital Obligations and Patient Obligations, which states: patients, patient families and visitors are prohibited from documenting/photographing/recording

the process of medical/nursing procedures in any way and for any reason without written permission from the Hospital.

In Article 53 of the a quo Law, the patient's obligations are: to provide complete and honest information about their health problems; comply with the advice and instructions of a doctor or dentist; comply with applicable regulations in health service facilities; and provide compensation for services received. The patient does not fully obtain these rights and obligations.

Medical practice, seen from a legal perspective, is a concrete legal act that must be held accountable by legal subjects, both doctors (naturlijk person) and hospitals or clinics (recht person). This responsibility is an anticipation of malpractice and maladministration. The evidence that is an indicator of whether an error has occurred is a medical record. A medical record is a file containing notes and documents regarding patient identity, examination, treatment, procedures and other services provided to patients at health service facilities (Permenkes Number 269 of 2008 about

Medical records). Medical records can be in manual or electronic form. These medical records function as evidence in resolving medical disputes.

DetikHealth and SolusiSehat provide articles about diseases and consultations which involve sending questions and waiting for answers from sources so they are not real-time, whereas the Megle program provides diagnostic services for users but does not provide a list of disease articles. Meanwhile, none of the three websites have medical records. Compare this with the services provided in full if the patient chooses to come to a hospital or other health service unit. Hospital organizations are managed with the aim of achieving the hospital's vision and mission and implementing good corporate governance and good clinical governance.

In efforts to resolve medical disputes, in terms of the position of legal evidence, telemedicine documentation8 which is carried out via smart phone and capture, photographs, recordings, only serves as a guide, different from medical record documents in health service units. The evidentiary strength of evidence and official letters is also different. In line with this development, regulations are needed that regulate telemedicine evidence.

Law is the crystallization of values that are positivized and ratified by the legislature or authorities (authorized officials). The law regarding medical practice, including telemedicine, relies on the values of justice, humanity, balance, and patient protection and safety. Specifically, the author builds the legal construction of telemedicine with the aim that the law must function as

an instrument of legal protection, both at the law making function and law enforcement level. The supporting value of this legal construction comes from the rechtsidee of Pancasila, namely by creating law with a just and civilized humanitarian paradigm, namely that the law provides protection for human dignity and is holistic in nature and implemented by all levels of society so that r achieving justice.

The expansion of the meaning of the Digital Transformation Telemedicine terminology can be related to computer technology-based service models. Article 42 of Law Number 36 of 2009 concerning Health emphasizes that health technology includes all methods and tools used to prevent disease, detect disease, alleviate suffering due to disease, cure, minimize complications, and restore health after illness.

This Health Law does not explain in detail the phrase: "covers all methods and tools..." If dissected in detail, the meaning of this article:

a. "To prevent disease" can be done by educating the public with telemedicine. Education using social media is quite helpful in prevention efforts.
b. "Detecting the presence of disease", can be done by taking anamnesis, using the camera facility on a smart phone or video recorder
c. "Alleviating suffering due to illness, healing, minimizing complications, and restoring health after illness" can be done by providing temporary emergency assistance. In this context, a health worker providing telemedicine should give a warning to immediately come to the nearest hospital/clinic to immediately receive further treatment.

In general, the legal construction in article 42 of the Law on Health shows that telemedicine can be accepted as a method of health services. However, it is very unfortunate that this provision has not been supplemented with Implementing Regulations to clarify the limits of medical practice services that can be provided using telemedicine. In this regard, confusion in the sound of the articles will obscure legal certainty. One of the information system technologies that is currently developing is the use of PDA (Personal Digital Assistant). Dale & LeFlore (2007) explain PDA as "a delivery method for point of care information and PDA (Personal Digital Assistants) is a portable device, which is a handheld computer and is often found in hospitals, especially used by doctors or nurses. Handheld computers (PersonalDigital Assistants/PDAs) are becoming increasingly commonplace in medical circles. PDAs can be used to store various patient clinical data, drug information, as well as certain therapy/clinical treatment guides. The use of PDAs that

are accompanied by telephone networks allows nurses to still have access to the database patients in hospitals via the Internet network. One example of the application of telemedicine technology is sending patient radiological data which can be sent directly via the GSM network. Furthermore, doctors can provide interpretation directly via PDA, and provide feedback to nurses in the hospital in the nurse's workplace, it can increase productivity, reduce errors and negligence/negligence, improve the quality of care for patients, and also increase nurse job satisfaction. This technology can be used without having to conflict with the essence of medical practice as explained at the beginning of the article.

In relation to other health industries, in Law Number 36 of 2009 concerning Health, Article 70 regulates the use of stem cells, that: The use of stem cells can only be carried out for the purpose of curing disease and restoring health, and is prohibited from being used for reproductive purposes. Stem cell propaganda using telemedicine began to spread around 2012, and the recommendation for the use of stem cell therapy has resonated in the virtual world. The acceleration of information by telemedicine requires a study of whether or not Evidence Based Medicine (EBM) has been fulfilled. EBM is a requirement for quality assurance of medical therapy.

Furthermore, in the general provisions of Minister of Health Regulation Number 26 of 2018 concerning Electronically Integrated Business Licensing Services in the Health Sector, it is stated that: Electronically Integrated Business Licensing or Online Single Submission, hereinafter abbreviated to OSS, is a Business Licensing issued by the OSS institution for and on behalf of the minister, heads of institutions, governors, or regents/mayors to business actors through an integrated electronic system.

This health minister's regulation seems to emphasize the digital transformation of telemedicine in the health industry, including the use of integrated technology in the Types of Business Licensing in the health sector consisting of: Pharmaceutical Industry Business License; Pharmaceutical Industry Business License for Medicinal Materials; Pharmaceutical Distribution Certificate; Pharmacy Branch Distribution Certificate; Business License, Home Industry Food Production Certificate; Cosmetics Production Certificate; Registered Importer of Psychotropics and Pharmaceutical Precursors; Importer of Narcotics, Psychotropics and Pharmaceutical Precursors Producer; Exporter manufacturer of Psychotropics and Pharmaceutical Precursors; Approval of Imports of Narcotics, Psychotropics and Pharmaceutical Precursors; Approval of Export of Narcotics, Psychotropics and Pharmaceutical Precursors; Medical Device PRT and

PKRT permits; Medical Device Distribution Branch Permit; Medical Device Store License; Distribution permits for Medical Devices, In Vitro Diagnostic Medical Devices and PKRT; Medical Device and PKRT Production Certificate; Medical Device Distribution Certificate; Certification of Good Medical Device Distribution Methods; How to Make Good Household Health Supplies; How to Make Good Medical Devices; pharmacy license; drugstore license; Operational permits for tissue/stem cell banks, permits to control vectors and disease-carrying animals. Almost all permits are granted within the framework of a privatization system. Legal positivism, legal validity and justice are always returned to the determination of law by state authorities. It is this authority that gives rights to a group of communities that are in conflict with the rights of society as a whole. The health industry should reflect the essence of service to human life, not be constructed as a business that is purely economically profitable but violates the boundaries of human ethics.

The above technological developments, seen from the perspective of legal substance, require the existence of "legal techniques" to provide quality legal materials. The idea of digital transformation of telemedicine as a social phenomenon that is addressed progressively so that the law can accommodate various social interests without tarnishing human values. This circle of the humanitarian chain unites doctors as providers of health services, patients as users of health services, industries related to health services, as well as government and society. Each component in this circle has its own role, especially in the digital transformation era of telemedicine. If you think of legal protection as a house, then the pillars are the values of medical practice itself, namely scientific values, benefits, justice, humanity, balance, as well as patient protection and safety. This value is integrated into the substance of the legislation. Humanity values contain civility and justice. There is no respect for humanity without a commitment to justice and civility.

In conventional medical services and telemedicine, the principle of law is to humanize humans, especially by protecting vulnerable people. Vulnerable people can be patients who receive medical services, they can also be doctors who are under the control of structuring and various profit-oriented collaborations where the economic profit factor is a determinant of the implementation of the law itself. Fraud, abuse of power, exploitation, experimentation, can occur in various forms. Any intention of medical experimentation, whether on a small or large scale, on humans is tantamount to abuse of human life. The controlling function of whether the law really protects all groups, even vulnerable people, returns to all parties involved in medical services.

The digital transformation of medical services, especially regarding medical practice, requires new legal construction. If the legal core is described as a unified view from the perspective of substance, structure and culture, then new law is produced by combining the following things:

a. From a substantive perspective, the new regulations are equivalent to a law (lex specialis). Its contents specifically regulate Telemedicine, which substantially in the articles (clauses) regulates: Competence of doctors or telemedicine health workers; certification; domain area; obligation to record telemedicine service practices; written informed consent which states that patients cannot sue if a telemedicine medical procedure goes wrong.
    1) Measurable, certified competency and the existence of telemedicine service standards on the one hand as a standard for the authority of doctors and health workers, which also protects themselves. On the other hand, it provides professional accountability demands for the patients served. There is a relationship of reciprocity and causality in interaction.
    2) The domain area is an analogy that conventional medical practice is carried out on the basis of a Registration Certificate that designates a clear locus, likewise in the virtual world.
    3) The obligation to record telemedicine service practices is regulated in law and the equipment used for recording is also determined so that unconventional evidence can be used in resolving telemedicine cases.
    4) Written informed consent which states that the patient cannot sue if a telemedicine medical procedure goes wrong based on the understanding that after all, the essence of medical practice is a thorough physical examination, which cannot be replaced by intermediary media. ra. Patient errors in illustrating or describing clinical complaints and symptoms will have fatal consequences for the diagnosis given. This functions as legal protection for both parties.
b. From a legal structure perspective, referring to article 49 of Law Number 36 of 2009 concerning Health, it is stipulated that the Government, regional government and the community are responsible for implementing health efforts. Telemedicine is a collaboration between the fields of computer technology, the medical field and the administrative field. As this science continues to develop, interdisciplinary studies of law and other fields of science are needed. The author proposes that in the Law Concerning

Telemedicine, an auxiliary organ/agency/commission be formed to supervise telemedicine. Legal certainty means that "a country's legal instruments are capable of guaranteeing the rights and obligations of every citizen".

c. Cultural perspective, telemedicine will grow rapidly. Society needs education, outreach and advocacy, because the choice to use telemedicine is not only a biological issue, but has economic, social and legal implications.

The implementation of health efforts must pay attention to social functions, religious, socio-cultural, moral and professional ethics values and norms. 18 Therefore, the Telemedicine Law requires revitalization of the functions of the Government, Regional Government and the community in supervising telemedicine, plus the involvement of the Ministry of Communications and Information Technology (Kominfo). This is intended so that the development of medical practice technology is in accordance with the principles of Pancasila which are based on scientific values, benefits, justice, humanity, balance, as well as patient protection and safety.

CONCLUSION

Law is the crystallization of values that live in a nation and are positivized through authorized government decisions. The legal construction of Digital Telemedicine Transformation is based on Pancasila values, using a just and civilized humanitarian paradigm as the foundation for the value of Telemedicine as a social phenomenon, in a diametric position with conventional health services. There is a need for legislative reconstruction in Indonesia, which includes the following matters:

a. create new regulations at the level of the Law regarding telemedicine
b. substantial legal dimensions: in the articles (clauses) regulated: Competence of doctors or telemedicine health workers; certification; domain area; recording obligations in telemedicine service practices; written informed consent stating that the patient cannot sue if a telemedicine medical error occurs.
c. structural dimension: there needs to be an auxiliary organ/agency/independent commission across ministries, which carries out supervisory functions over telemedicine and is responsible to the government.

d. cultural dimension, the public needs education regarding health service laws, so that they are of higher quality and can be guaranteed that their constitutional rights and obligations are fulfilled proportionally.

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