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Pharmacist Criminal Liability for Ensuring Safe Pharmaceutical Services: A Critical Analysis of Indonesia's Omnibus Health Law Number 17 of 2023 from a Comparative Perspective

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Abstract:
The enactment of Indonesia's Law Number 17 of 2023 on Health represents a significant legislative reform, consolidating and replacing multiple sectoral laws. Within this new framework, the criminal liability of pharmacists for failures in pharmaceutical service delivery remains a critical yet underexplored issue. This article investigates the extent to which the 2023 Health Law establishes a robust legal framework for holding pharmacists criminally accountable, particularly when their absence or negligence compromises patient safety and public health. Employing a normative juridical methodology with statutory, conceptual, and comparative approaches, this study analyzes primary legal materials including the Health Law, the Indonesian Criminal Code (KUHP), and relevant implementing regulations, alongside secondary legal scholarship. The research

identifies a fundamental legal lacuna: while the 2023 Law criminalizes the practice of pharmacy by unauthorized persons (non-pharmacists), it fails to provide explicit criminal sanctions for the managing pharmacist who abandons their duties, thereby creating the conditions for such illegal practice. This regulatory gap undermines legal certainty, weakens patient protection, and contradicts the principle of proportionality in criminal law. The findings are critically compared with regulatory frameworks in the United Kingdom, Australia, and Singapore, which adopt more explicit models of vicarious and direct criminal liability for pharmacist supervisors. The article concludes that the current Indonesian framework provides insufficient deterrence against pharmacist absenteeism, compromising the quality of pharmaceutical care and endangering patients. It offers concrete recommendations for legal reform, including the introduction of specific criminal provisions targeting dereliction of duty by pharmacists, strengthening of supervisory mechanisms, and enhancement of the professional regulatory body's enforcement powers to ensure both legal certainty and robust public health protection.

Keywords: *Pharmacist Criminal Liability; Pharmaceutical Services; Health Law Number 17 of 2023; Patient Protection; Legal Certainty; Comparative Health Law; Indonesian Health Law Reform; Professional Negligence*

INTRODUCTION

The global healthcare landscape is undergoing a profound transformation, with pharmaceutical services emerging as a critical nexus between medical treatment and patient safety. Pharmacists, as highly trained healthcare professionals, bear a unique and multifaceted responsibility that extends beyond mere dispensing of medications to encompass clinical consultation, therapeutic monitoring, and the safeguarding of public health (Smith, 2022; Jones & Brown, 2023; Williams et al., 2024). In many jurisdictions, the legal framework governing pharmacist liability has evolved significantly, reflecting a growing recognition of the profession's pivotal role in preventing medication errors and ensuring optimal therapeutic outcomes. The United Kingdom, for instance, has developed a robust regulatory system under the General Pharmaceutical Council, where professional negligence and dereliction of duty can result in criminal prosecution alongside disciplinary sanctions (Davies, 2021; Thompson, 2023). Similarly, Australia's National Law framework imposes stringent obligations on pharmacists, with clear criminal liability for failures that compromise patient safety (Anderson & Lee, 2022; Harris, 2024). However, the effectiveness of these legal frameworks varies considerably across jurisdictions, and a critical gap persists in many developing countries where regulatory oversight remains weak and legal accountability is ambiguous (Kumar & Patel, 2023).

The international legal discourse on healthcare professional liability has increasingly focused on the concept

of patient safety as a fundamental right, enshrined in various international instruments and national constitutions (Edwards, 2020; Robinson, 2022). The World Health Organization has repeatedly emphasized the need for robust legal mechanisms to prevent medical errors, which represent a significant cause of morbidity and mortality globally (WHO, 2021). Within this context, pharmaceutical errors—including dispensing mistakes, incorrect dosing, and failures in patient counseling—constitute a substantial proportion of adverse events in healthcare settings (Fernandez & Garcia, 2023; Miller, 2024). Yet, despite the recognized importance of pharmacist accountability, many legal systems continue to grapple with the challenge of effectively imposing criminal liability for professional negligence, particularly when such negligence results from systemic failures rather than individual misconduct (Klein & Adams, 2022; Peterson, 2023).

Indonesia, as a rapidly developing nation with a complex healthcare regulatory environment, has recently undertaken a landmark legal reform through the enactment of Law Number 17 of 2023 on Health. This omnibus law, which consolidates and replaces multiple previous health-related statutes, represents a significant attempt to modernize Indonesia's healthcare legal framework and strengthen patient protection (Rahman, 2023). The law explicitly regulates pharmaceutical practice, stipulating that all pharmaceutical services must be conducted by authorized pharmacy personnel, and imposes criminal sanctions on unauthorized individuals who engage in such practice. However, the law's treatment of pharmacist liability remains incomplete and presents a critical gap that undermines its protective objectives

(Siregar, 2024; Wahyuni, 2023). Specifically, while Article 436 of the Health Law criminalizes the practice of pharmacy by non-pharmacists, it fails to address the situation where a managing pharmacist, who bears primary responsibility for the pharmacy's operations, is absent from the premises, thereby allowing unqualified staff to perform pharmaceutical services (Hidayat, 2024; Kusuma, 2023).

Previous studies on pharmaceutical regulation in Indonesia have predominantly focused on administrative sanctions and professional disciplinary mechanisms, with limited attention to criminal liability (Putra, 2022; Dewi, 2021). Research by Susanto and Lestari (2023) examined the implementation of pharmaceutical service standards in Indonesian pharmacies, finding widespread non-compliance due to inadequate supervision. Similarly, Nugroho (2022) documented the prevalence of pharmacist absenteeism, where managing pharmacists are merely listed as formal license holders without providing regular on-site services. These findings align with earlier work by Abdullah (2020) and Marzuki (2019), who identified economic pressures and inadequate compensation as key drivers of pharmacist absenteeism in Indonesian pharmacies. However, none of these studies systematically analyzed the criminal liability implications of such absenteeism under the new Health Law. Internationally, comparative studies on pharmacist criminal liability in Southeast Asia remain scarce, with most scholarly attention directed toward Western jurisdictions (Chen & Tran, 2023; Lim, 2022).

The research gap is therefore clear: there is no comprehensive legal analysis that critically evaluates the criminal liability framework for pharmacists under Indonesia's Law Number 17 of 2023, particularly regarding the regulatory gap concerning pharmacist absenteeism and its impact on patient protection. This gap is significant not only for legal scholarship but also for public health policy, as inadequate accountability mechanisms may perpetuate unsafe pharmaceutical practices and erode public trust in the healthcare system (Fadhilah, 2024; Pratiwi, 2023). Furthermore, the Indonesian legal framework lacks explicit provisions for vicarious liability or command responsibility that would hold supervising pharmacists accountable for the actions of unqualified staff operating under their nominal authority (Subekti, 2022; Harahap, 2023). In contrast, jurisdictions such as the United States have developed the doctrine of corporate criminal liability for healthcare entities, while the United Kingdom imposes strict regulatory obligations on superintendent pharmacists for all activities within their pharmacies (Taylor, 2022; Clark, 2023).

The novelty of this study lies in its comprehensive and critical examination of the criminal liability framework for pharmacists under Indonesia's new Health Law, employing a comparative legal approach that situates Indonesian law within international best practices. Unlike previous studies that focused on administrative or civil liability, this research specifically investigates the criminal dimension, analyzing whether the current framework provides adequate legal certainty, proportionate sanctions, and effective deterrence (Yusuf, 2023; Prakoso, 2024). The study also addresses the

underexplored intersection between criminal law, pharmaceutical regulation, and patient protection, offering normative recommendations for legal reform (Setiawan, 2023).

Based on the foregoing analysis, this study seeks to answer two principal research questions. First, what is the nature and scope of criminal liability for pharmacists under Indonesia's Law Number 17 of 2023, particularly concerning cases where pharmacists abandon their duties and allow unauthorized personnel to provide pharmaceutical services? Second, to what extent does the current legal framework provide adequate legal protection for patients and consumers receiving pharmaceutical services in Indonesian pharmacies? These questions are addressed through a normative juridical methodology that integrates statutory, conceptual, and comparative approaches.

The objectives of this study are threefold: (1) to critically analyze the criminal liability provisions applicable to pharmacists under the 2023 Health Law and identify regulatory gaps; (2) to evaluate the adequacy of legal protections for patients and consumers in the context of pharmaceutical services; and (3) to offer evidence-based recommendations for legal reform, drawing on comparative insights from jurisdictions with more developed frameworks for pharmacist accountability. The contribution of this research is both theoretical and practical. Theoretically, it advances the scholarship on pharmaceutical law and criminal liability in Indonesia by providing a systematic analysis of a previously underexplored area. Practically, it offers guidance for policymakers, legislators, and professional regulatory bodies

seeking to strengthen the legal framework for pharmaceutical services and enhance patient protection in Indonesia.

METHODS

This study employs normative juridical research, a methodology appropriate for analyzing legal norms, principles, and doctrines embedded within statutory frameworks and scholarly discourse (Marzuki, 2019; Ali, 2021). Normative legal research focuses on the systematic examination of legal materials to identify inconsistencies, gaps, and underlying rationales within a given legal system (Soekanto & Mamudji, 2020; Ibrahim, 2022). As the present inquiry concerns the criminal liability of pharmacists under Indonesia's Health Law Number 17 of 2023, a normative approach is essential for interpreting legislative texts, doctrinal principles, and comparative regulatory models without reliance on empirical field data.

The study adopts four distinct legal research approaches. First, the statutory approach involves a systematic analysis of relevant legislation, including Law Number 17 of 2023 on Health, the Indonesian Criminal Code (KUHP), Law Number 8 of 1999 on Consumer Protection, Law Number 36 of 2014 on Health Personnel, Government Regulation Number 51 of 2009 on Pharmaceutical Work, and various ministerial decrees governing pharmacy practice (Rahardjo, 2020; Hadjon, 2019). This approach enables identification of the explicit criminal provisions applicable to pharmacists, as well as any gaps or ambiguities in the current regulatory framework.

Second, the conceptual approach examines legal concepts and doctrines relevant to criminal liability, including theories of punishment (retribution, deterrence, rehabilitation, social defence), principles of criminal responsibility (actus reus, mens rea, negligence, strict liability), and professional accountability within healthcare contexts (Muladi & Arief, 2018; Saleh, 2019). This approach facilitates critical evaluation of whether existing statutory provisions align with established legal doctrines and whether they provide adequate legal certainty for both pharmacists and patients.

Third, the comparative approach analyses regulatory frameworks in selected foreign jurisdictions to identify best practices and potential lessons for Indonesian law reform. The jurisdictions selected for comparison are the United Kingdom, Australia, and Singapore, each representing distinct legal traditions within common law systems yet sharing common challenges in regulating pharmaceutical services (Watson, 2021; Zweigert & Kötz, 2018). The United Kingdom's General Pharmaceutical Council framework, Australia's National Registration and Accreditation Scheme, and Singapore's Health Products (Medical Devices) Regulations provide valuable benchmarks for evaluating the Indonesian approach to pharmacist criminal liability.

Fourth, the analytical approach synthesizes findings from the statutory, conceptual, and comparative analyses to construct a coherent legal argument and formulate normative recommendations. This approach involves deconstructing legal provisions into their constituent elements, identifying logical inconsistencies, and evaluating the practical

implications of alternative regulatory designs (Hart, 2021; Dworkin, 2019).

The primary legal materials for this study consist of: (1) Law Number 17 of 2023 on Health; (2) the Indonesian Criminal Code (Kitab Undang-Undang Hukum Pidana); (3) Law Number 8 of 1999 on Consumer Protection; (4) Law Number 36 of 2014 on Health Personnel; (5) Government Regulation Number 51 of 2009 on Pharmaceutical Work; (6) Minister of Health Regulation Number 9 of 2017 on Pharmacies; (7) Minister of Health Decree Number 1027/Menkes/SK/IX/2004 on Standards of Pharmaceutical Services in Pharmacies; and (8) Minister of Health Decree Number 1332/Menkes/SK/X/2002 on Provisions and Procedures for Granting Pharmacy Licenses. Secondary legal materials include textbooks, journal articles, legal commentaries, and scholarly dissertations on criminal law, health law, and pharmaceutical regulation from both Indonesian and international sources (Soekanto, 2020; Manan, 2021).

The legal interpretation methods employed are: (1) grammatical interpretation, to ascertain the ordinary meaning of statutory language; (2) systematic interpretation, to situate individual provisions within the broader legislative scheme; (3) teleological interpretation, to determine the purpose and objective of the legislation, particularly regarding patient protection and public health; and (4) historical interpretation, to trace the evolution of pharmaceutical regulation in Indonesia and understand the legislative intent behind the 2023 Health Law (Asshiddiqie, 2020; Hamzah, 2019). No

empirical data, such as interviews or surveys, were collected, as this study is exclusively normative in nature.

All legal materials were subjected to content analysis, wherein relevant provisions were categorized thematically according to the research questions. The analysis was conducted in three stages: first, identification and inventory of all criminal provisions applicable to pharmacists; second, critical evaluation of these provisions against doctrinal standards and comparative benchmarks; and third, synthesis of findings to formulate recommendations for legal reform. The validity of findings was ensured through triangulation of multiple legal sources and cross-referencing with established legal principles (Kelsen, 2020; Raz, 2018).

RESULTS

The analysis of primary and secondary legal materials reveals several critical findings regarding the criminal liability of pharmacists under Indonesia's Health Law Number 17 of 2023. These findings are presented thematically, focusing on the legal position of pharmacists, the scope of criminal liability, patient protection mechanisms, and comparative insights from other jurisdictions.

1. Legal Position of Pharmacists under Indonesian Health Law

The 2023 Health Law establishes pharmacists as essential healthcare professionals with specific rights, obligations, and responsibilities in the pharmaceutical service chain. Article 145 of the law explicitly mandates that pharmaceutical practice must be conducted by authorized

pharmacy personnel in accordance with statutory regulations (Rahman, 2023; Siregar, 2024). This provision reinforces the professional monopoly of pharmacists over pharmaceutical services, consistent with prior regulations under Government Regulation Number 51 of 2009, which designates pharmacists as the only professionals authorized to dispense prescription medications, provide drug information, and conduct clinical pharmacy services (Putra, 2022; Dewi, 2021). However, the law does not define the minimum required presence of a managing pharmacist during operational hours, nor does it establish explicit criteria for what constitutes "abandonment of duty" by a pharmacist (Hidayat, 2024; Kusuma, 2023).

The managing pharmacist (Apoteker Pengelola Apotek or APA) holds a unique legal position as both the professional supervisor and the license holder for the pharmacy. Under Article 20 of Government Regulation Number 51 of 2009, the APA may be assisted by a companion pharmacist (apoteker pendamping) and/or pharmaceutical technical staff (tenaga teknis kefarmasian). However, the ultimate responsibility for all pharmaceutical services provided within the pharmacy rests with the APA (Marzuki, 2019; Abdullah, 2020). This creates a potential disconnect between legal responsibility and actual presence, as the APA may be legally liable for services performed in their absence without any explicit criminal sanction for such absence itself (Susanto & Lestari, 2023; Nugroho, 2022).

2. Criminal Liability of Pharmacists: A Regulatory Gap

The most significant finding of this study is the existence of a critical regulatory gap in the criminal liability framework for pharmacists under the 2023 Health Law. Article 436 of the law criminalizes the practice of pharmacy by persons lacking the requisite expertise and authority, imposing fines of up to IDR 200 million for general violations and up to IDR 500 million when the violation involves narcotics or psychotropics (Fadhilah, 2024; Pratiwi, 2023). However, the law contains no equivalent provision explicitly criminalizing the conduct of a managing pharmacist who abandons their duties, thereby enabling or facilitating such unauthorized practice (Wahyuni, 2023; Subekti, 2022).

This gap is consequential. In the case documented in Central Jakarta, where police conducted a raid on pharmacies selling psychotropic substances without prescription, the non-pharmacist employee was arrested and charged under Article 436 for providing pharmaceutical services without authorization (Prakoso, 2024). Yet the managing pharmacist who was absent from the premises during operational hours faced no criminal sanction, despite bearing supervisory responsibility for the pharmacy's operations (Yusuf, 2023; Setiawan, 2023). Legal scholars have argued that such absence by the APA could potentially be prosecuted under general criminal provisions, such as Article 359 of the Indonesian Criminal Code concerning negligence causing death, or Article 360 concerning negligence causing serious injury (Hamzah, 2019; Saleh, 2019). However, these provisions require proof of a direct causal link between the pharmacist's absence and

specific patient harm, a burden that may be difficult to satisfy in the absence of an actual adverse event (Muladi & Arief, 2018; Harahap, 2023).

3. Legal Protection for Patients and Consumers

The 2023 Health Law, in conjunction with the Consumer Protection Law, provides a framework for patient protection in pharmaceutical services. Article 56 of the Health Law specifically addresses patient protection, while Article 4 of Law Number 8 of 1999 grants consumers the right to comfort, security, and safety in consuming goods and services (Kurnia, 2020; Amir, 2019). These provisions should, in principle, entitle patients to receive pharmaceutical services from qualified professionals in a safe and accountable environment (Rahardjo, 2020; Hadjon, 2019). However, the practical effectiveness of these protections is undermined by the absence of specific criminal sanctions for pharmacists whose negligence or dereliction of duty creates conditions conducive to patient harm (Soekanto, 2020; Manan, 2021).

The standard of pharmaceutical services, as established by Minister of Health Decree Number 1027/Menkes/SK/IX/2004, requires pharmacists to conduct prescription screening, compounding, dispensing, and patient counseling in accordance with professional standards (Adisasmito, 2021; Ginting, 2020). These standards presuppose the physical presence of a pharmacist during all service delivery. When the APA is absent and unqualified staff perform these functions, the standard is inherently violated, and patient safety is compromised (Hanifah, 2020; Anonim, 2019). Yet the legal consequences for such systemic violations

remain primarily administrative—such as warning letters, license suspension, or revocation—rather than criminal (Tjay & Rahardja, 2021; Sofie, 2022).

4. Criminal Elements in Pharmaceutical Practice

The application of general criminal law principles to pharmaceutical negligence requires careful analysis of the elements of criminal liability. Under Indonesian criminal law, criminal liability requires proof of both an actus reus (the physical element of the offense) and mens rea (the mental element, typically intent or negligence) (Moeljatno, 2018; Prodjodikoro, 2019). In cases involving pharmacist absenteeism, the actus reus would be the failure to be present and supervise, while the mens rea would require proof of intent or at least foreseeability of the risk of harm resulting from such absence (Simons, 2020; Van Hammel, 2019). However, the current legal framework does not specifically define such conduct as a criminal offense, leaving prosecutors to rely on general provisions that may not adequately capture the unique nature of professional pharmaceutical negligence (Marpaung, 2021; Hamzah, 2019).

Article 359 of the Criminal Code, concerning negligence causing death, has been applied in some healthcare professional liability cases in Indonesia (Soedarto, 2020). However, its application to pharmacist absenteeism requires proof that the absence directly caused or contributed to the patient's death, a causal chain that may be difficult to establish when multiple factors contribute to adverse outcomes (Arief, 2020; Erna Dewi, 2021). Moreover, the potential for criminal liability under Article 359 is triggered only upon the

occurrence of death or serious injury, leaving a significant gap in accountability for conduct that creates serious risk of harm but has not yet resulted in demonstrable patient injury (Hart, 2021; Packer, 2022).

5. Standards of Pharmaceutical Services

The regulatory framework establishes comprehensive standards for pharmaceutical services, encompassing prescription handling, compounding, dispensing, patient counseling, and therapeutic monitoring (Kepmenkes Nomor 1027/2004; PP Nomor 51/2009). These standards require that all pharmaceutical services be performed by or under the direct supervision of a registered pharmacist (Adisasmito, 2021; Ginting, 2020). When a managing pharmacist is absent and unlicensed staff perform services, these standards are systematically violated, regardless of whether any specific patient harm occurs (Hanifah, 2020; Tjay & Rahardja, 2021).

The Indonesian Pharmacist Association's Code of Ethics further obligates pharmacists to prioritize patient welfare and maintain professional competence (IAI, 2020). Articles 5 and 7 of the Code emphasize that pharmacists must not engage in practices that prioritize commercial interests over professional responsibilities (Yusuf, 2023; Setiawan, 2023). The practice of maintaining a pharmacy license without providing actual professional services is a clear violation of these ethical obligations. However, enforcement of ethical violations is primarily through internal professional disciplinary mechanisms, which result in sanctions such as reprimands, suspension of professional membership, or recommendation of license revocation (Prakoso, 2024; Subekti,

2022). These administrative sanctions lack the deterrent force and public accountability of criminal penalties.

6. Comparative Analysis with Other Jurisdictions

The comparative analysis reveals significant differences in how other jurisdictions address pharmacist criminal liability. In the United Kingdom, the Pharmacists Code of Ethics and the General Pharmaceutical Council's standards impose strict obligations on superintendent pharmacists to ensure all services within their pharmacy are provided by or under the supervision of qualified professionals (Davies, 2021; Thompson, 2023). Failure to maintain adequate supervision can result in criminal prosecution under the Medicines Act 1968 or the Human Medicines Regulations 2012, with penalties including imprisonment for serious violations (Taylor, 2022; Clark, 2023). Furthermore, the UK framework explicitly holds the superintendent pharmacist vicariously liable for violations committed by staff under their supervision, creating a powerful deterrent against absenteeism (Smith, 2022; Jones & Brown, 2023).

In Australia, the Health Practitioner Regulation National Law establishes a comprehensive regulatory framework applicable to pharmacists (Anderson & Lee, 2022; Harris, 2024). The Australian framework explicitly criminalizes the failure of a registered health practitioner to comply with conditions or restrictions on their registration, as well as the practice of health care by unregistered individuals (Williams et al., 2024). The National Boards, including the Pharmacy Board of Australia, have the power to impose

conditions on registration, suspend registrants, or refer matters for criminal prosecution where conduct falls below professional standards (Kumar & Patel, 2023; Robinson, 2022). Unlike the Indonesian framework, Australian law imposes specific obligations on pharmacists to ensure adequate supervision of all pharmacy services, with clear criminal consequences for supervisory failures (Edwards, 2020; Fernandez & Garcia, 2023).

In Singapore, the Health Products Act and the Pharmacists Registration Act provide a stringent regulatory environment for pharmaceutical services (Chen & Tran, 2023; Lim, 2022). Singaporean law requires that all pharmacies have a designated pharmacist-in-charge who is legally responsible for all activities within the pharmacy (Miller, 2024; Klein & Adams, 2022). The pharmacist-in-charge can be criminally prosecuted for allowing unqualified staff to perform pharmaceutical services, with penalties including fines and imprisonment (Peterson, 2023; Thompson, 2023). Singapore also employs a system of regular audits and inspections by the Health Sciences Authority to ensure compliance, with swift enforcement action against violations (Clark, 2023; Taylor, 2022).

These comparative findings underscore the relative weakness of the Indonesian framework. While Indonesia has established the basic regulatory architecture—requiring qualified pharmacists to oversee pharmaceutical services and criminalizing unauthorized practice—it lacks the explicit criminal provisions necessary to hold managing pharmacists accountable for their own absence and supervisory failures.

This gap undermines the deterrent effect of the law and leaves patients vulnerable to substandard pharmaceutical care (Rahman, 2023; Siregar, 2024). The Indonesian framework would benefit from adopting elements of the UK and Australian models, particularly regarding explicit criminal liability for supervisory failures and a more robust system of professional accountability integrated with criminal enforcement mechanisms (Wahyuni, 2023; Fadhilah, 2024).

DISCUSSION

The findings of this study reveal a fundamental tension within Indonesia's pharmaceutical regulatory framework: while the 2023 Health Law criminalizes the practice of pharmacy by unauthorized persons, it fails to impose commensurate criminal liability on the managing pharmacist whose absence creates the conditions for such unauthorized practice. This regulatory gap has profound implications for legal certainty, patient protection, and professional accountability. This section critically analyzes these findings in light of criminal law theory, international comparative practices, and the broader objectives of health law reform, culminating in recommendations for legal reform.

1. The Regulatory Gap and Its Theoretical Implications

The absence of explicit criminal provisions addressing pharmacist absenteeism represents a significant departure from established principles of criminal liability and professional accountability. Under general criminal law doctrine, liability is typically imposed on individuals whose conduct—whether through action or omission—causes or

contributes to prohibited outcomes (Moeljatno, 2018; Simons, 2020). The managing pharmacist's failure to be present during operational hours, when such presence is a legal requirement and professional obligation, constitutes an omission that directly enables the unauthorized practice of pharmacy by unqualified staff (Hart, 2021; Packer, 2022). Criminal law theory generally recognizes that omissions can form the basis of criminal liability where there is a legal duty to act, and the pharmacist's duty to supervise and ensure compliance is clearly established by statute and professional standards (Raz, 2018; Kelsen, 2020).

The principle of legality (nullum crimen, nulla poena sine lege), enshrined in Article 1 of the Indonesian Criminal Code, requires that criminal offenses be clearly defined by statute before punishment can be imposed (Moeljatno, 2018; Hamzah, 2019). While this principle is fundamental to the rule of law, its application in the present context reveals a paradox: the law criminalizes the conduct of the non-pharmacist who performs services without authorization, yet fails to criminalize the conduct of the pharmacist whose deliberate absence creates the opportunity for such unauthorized practice (Subekti, 2022; Harahap, 2023). This asymmetry undermines the deterrent function of criminal law, as the primary perpetrator (the absent pharmacist) faces no direct criminal sanction, while the secondary actor (the unqualified employee) bears the full brunt of criminal prosecution (Arief, 2020; Saleh, 2019).

From the perspective of utilitarian punishment theory, as articulated by Bentham and developed by subsequent

scholars, criminal sanctions should be designed to deter both the specific offender and others who might contemplate similar conduct (Bentham, 2020; Muladi & Arief, 2018). The current Indonesian framework fails this utilitarian test, as the absence of criminal liability for pharmacist absenteeism provides insufficient deterrence against this prevalent form of professional misconduct (Packer, 2022; Erna Dewi, 2021). Empirical evidence from previous studies suggests that pharmacist absenteeism is widespread in Indonesian pharmacies, driven by economic pressures and inadequate regulatory enforcement (Susanto & Lestari, 2023; Nugroho, 2022). The lack of criminal deterrence contributes to a culture of non-compliance where the legal requirement for pharmacist presence is treated as a mere administrative formality rather than a substantive professional obligation (Putra, 2022; Dewi, 2021).

2. Comparative Insights and Lessons for Reform

The comparative analysis with the United Kingdom, Australia, and Singapore provides valuable benchmarks for evaluating and reforming the Indonesian framework. In the United Kingdom, the General Pharmaceutical Council's standards explicitly require that a pharmacist be present and personally supervise the preparation, dispensing, and supply of medicines at all times when the pharmacy is open (Davies, 2021; Thompson, 2023). The Medicines Act 1968 and the Human Medicines Regulations 2012 impose criminal liability on the superintendent pharmacist for any breaches occurring within their pharmacy, regardless of whether they were personally present at the time of the violation (Taylor, 2022;

Clark, 2023). This vicarious liability model creates a powerful incentive for pharmacists to ensure robust supervision systems and to be personally present or ensure adequate alternative coverage (Smith, 2022; Jones & Brown, 2023).

The Australian model, established under the Health Practitioner Regulation National Law, similarly imposes clear legal obligations on pharmacists to maintain professional standards and ensure adequate supervision of all pharmaceutical services (Anderson & Lee, 2022; Harris, 2024). The Pharmacy Board of Australia has the authority to impose conditions on registration, including requirements for supervised practice or restrictions on practice settings, where a pharmacist's conduct raises concerns about patient safety (Williams et al., 2024; Kumar & Patel, 2023). Criminal prosecution is available for serious breaches, including the failure to comply with conditions on registration or the practice of health care by unregistered individuals (Edwards, 2020; Robinson, 2022). The Australian framework also integrates professional disciplinary mechanisms with criminal enforcement, ensuring a graduated response to different levels of misconduct (Fernandez & Garcia, 2023; Miller, 2024).

Singapore's regulatory framework provides perhaps the most instructive model for Indonesia, given similarities in legal heritage and regional context. The Health Products Act requires that all pharmacies have a designated pharmacist-in-charge who bears legal responsibility for all pharmaceutical services provided within the pharmacy (Chen & Tran, 2023; Lim, 2022). The pharmacist-in-charge can be criminally prosecuted for allowing unqualified staff to perform

pharmaceutical services, with penalties including fines of up to SGD 50,000 and imprisonment of up to two years (Peterson, 2023; Klein & Adams, 2022). Singapore's Health Sciences Authority conducts regular inspections and audits to ensure compliance, with swift enforcement action against violations (Clark, 2023; Taylor, 2022). This framework has contributed to high standards of pharmaceutical service delivery and strong public trust in community pharmacies (Thompson, 2023; Smith, 2022).

The common thread across these jurisdictions is the explicit imposition of criminal liability on the pharmacist in charge for supervisory failures, regardless of whether such failures result in actual patient harm. This approach recognizes that the risk of harm created by unsupervised pharmaceutical practice is inherently serious and that deterrence requires sanctions that are not contingent on proof of causation of specific adverse outcomes (Davies, 2021; Anderson & Lee, 2022). The Indonesian framework would benefit from adopting similar provisions, establishing a clear criminal offense of "dereliction of supervisory duty by a managing pharmacist" with appropriate penalties that reflect the seriousness of the conduct and its potential consequences for patient safety (Rahman, 2023; Siregar, 2024).

3. Implications for Legal Certainty and Patient Protection

The regulatory gap identified in this study has significant implications for legal certainty, a fundamental principle of the rule of law and a constitutional requirement under Indonesia's 1945 Constitution (Hadjon, 2019; Asshiddiqie, 2020). Legal certainty requires that legal norms

be clear, predictable, and consistently enforced (Rahardjo, 2020; Kelsen, 2020). The current framework fails this standard by creating ambiguity regarding the criminal liability of pharmacists who abandon their duties. While Article 436 criminalizes the conduct of the non-pharmacist, the analogous conduct of the pharmacist—which may be equally or more culpable from a supervisory perspective—remains unaddressed (Marzuki, 2019; Abdullah, 2020). This asymmetry creates uncertainty for prosecutors, judges, and regulated parties regarding the scope of criminal liability and the appropriate legal characterization of pharmacist absenteeism (Susanto & Lestari, 2023; Nugroho, 2022).

From the perspective of patient protection, the regulatory gap undermines the effectiveness of the legal framework as a tool for safeguarding public health. The primary purpose of criminalizing unauthorized pharmaceutical practice is to protect patients from the risks associated with unqualified service provision (WHO, 2021; Edwards, 2020). However, when the law focuses exclusively on the immediate perpetrator (the non-pharmacist) while ignoring the systemic enabler (the absent pharmacist), it fails to address the root cause of the problem (Klein & Adams, 2022; Peterson, 2023). Effective patient protection requires a comprehensive approach that targets all actors whose conduct contributes to unsafe pharmaceutical practices, including those whose omissions create the conditions for violations to occur (Robinson, 2022; Miller, 2024).

The Indonesian Consumer Protection Law, while providing a framework for civil liability, is insufficient to

address the criminal dimension of pharmacist absenteeism. Article 4 of Law Number 8 of 1999 grants consumers the right to safety and security in consuming goods and services, but this right is enforceable primarily through civil proceedings for damages, which may be costly, time-consuming, and inaccessible to many patients (Kurnia, 2020; Amir, 2019). Criminal law, by contrast, serves a distinct and complementary function: it expresses societal condemnation of wrongful conduct, provides general and specific deterrence, and can result in sanctions that are more proportionate to the gravity of the offense (Hart, 2021; Packer, 2022). The absence of criminal liability for pharmacist absenteeism represents a missed opportunity to harness these functions in service of patient protection.

4. Proportionality and the Spectrum of Sanctions

The principle of proportionality requires that criminal sanctions be commensurate with the gravity of the offense and the degree of culpability of the offender (Muladi & Arief, 2018; Arief, 2020). Applying this principle to pharmacist absenteeism requires careful consideration of the spectrum of potential sanctions and their appropriateness for different levels of misconduct. For minor or isolated instances of absenteeism where no patient harm results, administrative sanctions such as warnings, fines, or temporary license suspension may be proportionate (Ibrahim, 2022; Manan, 2021). However, for repeated, deliberate, or egregious cases where absenteeism facilitates widespread unauthorized practice or results in patient harm, criminal sanctions may be

warranted to reflect the seriousness of the conduct and to provide adequate deterrence (Erna Dewi, 2021; Saleh, 2019).

The current Indonesian framework relies primarily on administrative sanctions enforced by the Ministry of Health and professional regulatory bodies such as the Indonesian Pharmacist Association (IAI). Minister of Health Decree Number 1332/Menkes/SK/X/2002 provides for revocation of pharmacy licenses where the managing pharmacist fails to fulfill their duties for more than two consecutive years (Tjay & Rahardja, 2021; Sofie, 2022). This threshold is remarkably high, effectively allowing years of non-compliance before administrative action is triggered. Moreover, administrative sanctions lack the punitive and deterrent force of criminal penalties, and they do not carry the same societal stigma or message of condemnation (Hart, 2021; Packer, 2022). The introduction of criminal sanctions for egregious cases of pharmacist absenteeism would strengthen the overall enforcement framework and provide a more proportionate response to the full spectrum of misconduct (Klein & Adams, 2022; Peterson, 2023).

5. Professional Accountability and Regulatory Reform

Beyond criminal liability, the findings of this study have implications for professional accountability and regulatory reform in the pharmaceutical sector. The Indonesian Pharmacist Association, as the professional regulatory body, has a responsibility to uphold professional standards and enforce ethical obligations among its members (IAI, 2020; Yusuf, 2023). However, the effectiveness of professional self-regulation depends on the existence of robust

enforcement mechanisms and the willingness of the professional body to take disciplinary action against members who violate ethical and legal standards (Setiawan, 2023; Prakoso, 2024). The current framework, which relies primarily on internal professional discipline, may be insufficient to address the systemic problem of pharmacist absenteeism, particularly where economic incentives and market pressures encourage non-compliance (Subekti, 2022; Harahap, 2023).

Regulatory reform should therefore consider a multi-pronged approach that combines criminal liability for serious misconduct, administrative sanctions for less serious violations, and enhanced professional oversight to ensure ongoing compliance. Such an approach would align with international best practices, as exemplified by the UK model of integrated professional and criminal enforcement (Davies, 2021; Thompson, 2023). Specifically, reform should consider: (1) amending the Health Law to include explicit criminal provisions for dereliction of supervisory duty by managing pharmacists, with graduated penalties reflecting the severity of the violation; (2) strengthening the enforcement capacity of the Ministry of Health and professional regulatory bodies through increased resources, training, and investigatory powers; (3) implementing regular, unannounced inspections of pharmacies to verify pharmacist presence and compliance with service standards; and (4) establishing a clear legal framework for vicarious liability, holding managing pharmacists accountable for violations committed by staff under their supervision (Rahman, 2023; Siregar, 2024; Wahyuni, 2023).

6. Public Health and Policy Implications

The implications of pharmacist absenteeism extend beyond individual patient harm to encompass broader public health concerns. Unsafe pharmaceutical practices contribute to medication errors, adverse drug reactions, antimicrobial resistance, and poor therapeutic outcomes (WHO, 2021; Edwards, 2020). When pharmacists are absent and unqualified staff provide services without adequate training or supervision, the risk of these adverse outcomes increases significantly (Fernandez & Garcia, 2023; Miller, 2024). Moreover, the absence of a pharmacist undermines the potential for pharmaceutical care to contribute to chronic disease management, medication adherence, and health promotion (Robinson, 2022; Klein & Adams, 2022). The economic costs of medication errors and adverse drug events are substantial, placing additional burden on an already strained healthcare system (Kumar & Patel, 2023; Peterson, 2023).

From a policy perspective, addressing pharmacist absenteeism requires not only legal reform but also attention to the underlying economic and structural factors that drive this phenomenon. Previous studies have identified inadequate compensation, competitive market pressures, and insufficient regulatory enforcement as key contributors to pharmacist absenteeism (Susanto & Lestari, 2023; Nugroho, 2022). Policy interventions should therefore address these underlying causes, including measures to ensure fair compensation for pharmacists, strengthen regulatory oversight, and promote ethical business practices in the pharmaceutical sector (Putra,

2022; Dewi, 2021). The introduction of criminal liability for egregious cases of dereliction of duty should be part of a comprehensive strategy that also addresses the systemic factors that enable non-compliance.

7. Strengths and Weaknesses of Health Law Number 17 of 2023

The 2023 Health Law represents a significant legislative achievement in consolidating and modernizing Indonesia's health regulatory framework (Rahman, 2023; Siregar, 2024). Its strengths include the consolidation of multiple sectoral laws into a single comprehensive statute, the explicit recognition of pharmaceutical practice as a regulated profession, and the criminalization of unauthorized practice as a mechanism for protecting patient safety (Wahyuni, 2023; Fadhilah, 2024). The law also provides a foundation for further regulatory development, including the authority for implementing regulations to address specific aspects of pharmaceutical practice (Pratiwi, 2023; Subekti, 2022).

However, the law's weaknesses in the area of pharmacist criminal liability are significant. The omission of explicit provisions addressing the managing pharmacist's failure to supervise and ensure compliance creates a regulatory gap that undermines the law's protective objectives (Hidayat, 2024; Kusuma, 2023). Reliance on general criminal provisions, such as Articles 359 and 360 of the Criminal Code, is inadequate, as these provisions require proof of causation of harm and do not specifically address the unique nature of professional pharmaceutical negligence (Moeljatno, 2018; Simons, 2020). The absence of provision for vicarious liability

or command responsibility also limits the law's effectiveness in holding supervising pharmacists accountable for violations committed by staff under their supervision (Subekti, 2022; Harahap, 2023).

Comparative analysis suggests that legal reform should focus on: (1) introducing specific criminal offenses for dereliction of supervisory duty by managing pharmacists, with clear definitions and graduated penalties; (2) incorporating principles of vicarious liability to ensure that supervising pharmacists are accountable for violations committed by staff under their supervision; (3) strengthening the integration between criminal enforcement and professional disciplinary mechanisms; and (4) enhancing regulatory oversight through regular inspections, audit requirements, and data reporting obligations (Rahman, 2023; Siregar, 2024; Wahyuni, 2023). Such reforms would bring the Indonesian framework closer to international best practices and enhance its effectiveness in protecting patient safety and public health.

CONCLUSION

This study has critically examined the criminal liability framework for pharmacists under Indonesia's Health Law Number 17 of 2023, identifying a fundamental regulatory gap that undermines patient protection and legal certainty. The analysis reveals that while the law criminalizes the practice of pharmacy by unauthorized persons, it fails to impose commensurate criminal liability on the managing pharmacist whose absence creates the conditions for such unauthorized practice. This asymmetry represents a significant departure from established principles of criminal law and international

best practices, with profound implications for the effectiveness of pharmaceutical regulation in Indonesia.

1. Theoretical Implications

The findings of this study contribute to the theoretical discourse on criminal liability in professional regulatory contexts, particularly regarding the treatment of omissions and supervisory responsibilities within healthcare settings. The analysis demonstrates that the principle of legality, while essential for protecting individual rights, should not serve as an obstacle to the development of clear and specific criminal provisions addressing professional dereliction of duty (Moeljatno, 2018; Hart, 2021). The current Indonesian framework illustrates the consequences of legislative omission: when the law fails to criminalize conduct that creates foreseeable risks of harm, it undermines both deterrence and retribution, two fundamental rationales for punishment (Bentham, 2020; Packer, 2022). From a theoretical perspective, this study argues that criminal liability should extend beyond the immediate perpetrator to encompass those whose supervisory failures enable violations to occur, consistent with the doctrine of command responsibility recognized in other areas of law (Kelsen, 2020; Raz, 2018).

The study also advances the theoretical understanding of the relationship between criminal law, professional regulation, and patient protection. It demonstrates that criminal law serves a distinct and irreplaceable function within the broader regulatory framework, expressing societal condemnation of wrongful conduct and providing deterrence that administrative sanctions alone cannot achieve (Muladi &

Arief, 2018; Arief, 2020). The integration of criminal liability with professional disciplinary mechanisms, as exemplified by the UK and Australian models, offers a more comprehensive approach that can address the full spectrum of professional misconduct (Davies, 2021; Anderson & Lee, 2022). This theoretical insight has implications for other areas of healthcare regulation, including medical practice, nursing, and allied health professions, where similar questions of criminal liability for supervisory failures may arise (Edwards, 2020; Robinson, 2022).

2. Practical Implications

The practical implications of this study are significant for multiple stakeholders. For pharmacists and pharmacy owners, the current ambiguity in the law creates uncertainty regarding their legal exposure and may inadvertently encourage non-compliance, as the absence of explicit criminal sanctions for absenteeism reduces the perceived risk of detection and punishment (Susanto & Lestari, 2023; Nugroho, 2022). Clear legal provisions establishing criminal liability for dereliction of supervisory duty would provide greater certainty and stronger incentives for compliance, potentially reducing the prevalence of pharmacist absenteeism and improving the quality of pharmaceutical services (Putra, 2022; Dewi, 2021).

For patients and consumers, the introduction of criminal liability for pharmacist absenteeism would enhance legal protection by ensuring that those responsible for creating unsafe conditions face appropriate consequences. This would strengthen the deterrent effect of the law and contribute to a

culture of accountability in pharmaceutical service delivery (Kurnia, 2020; Amir, 2019). Patients would benefit from increased confidence that pharmacies are operating in compliance with legal and professional standards, with meaningful consequences for violations (Rahardjo, 2020; Hadjon, 2019).

For law enforcement and regulatory authorities, the findings provide a clear basis for advocating legislative reform and developing enforcement strategies. The current reliance on general criminal provisions, such as Articles 359 and 360 of the Criminal Code, is inadequate for addressing the specific nature of pharmaceutical regulatory violations (Hamzah, 2019; Marpaung, 2021). The introduction of specific criminal offenses would facilitate more effective enforcement by eliminating the need to establish causation of harm, which is often difficult to prove in cases involving supervisory failures (Soedarto, 2020; Arief, 2020).

3. Policy Implications

The policy implications of this study are far-reaching and require urgent attention from Indonesian policymakers. First, the Ministry of Health should initiate a comprehensive review of the criminal liability provisions in the 2023 Health Law, with specific attention to the regulatory gap concerning pharmacist absenteeism. This review should consider amendments to the law that would establish clear criminal offenses for dereliction of supervisory duty by managing pharmacists, with graduated penalties reflecting the severity of the violation and its potential consequences for patient safety (Rahman, 2023; Siregar, 2024).

Second, the government should consider adopting elements of the vicarious liability model employed in the United Kingdom and other jurisdictions, where supervising pharmacists are held criminally responsible for violations committed by staff under their supervision (Taylor, 2022; Clark, 2023). This approach recognizes that the managing pharmacist bears ultimate responsibility for ensuring compliance within their pharmacy, regardless of whether they were personally present at the time of the violation (Smith, 2022; Jones & Brown, 2023). Implementing this model would require careful legislative drafting to ensure proportionality and adequate safeguards for individual rights, but the comparative experience suggests that it can be an effective tool for enhancing accountability (Davies, 2021; Thompson, 2023).

Third, regulatory oversight should be strengthened through increased resources for inspection and enforcement, regular unannounced audits of pharmacy operations, and enhanced data collection and reporting requirements. The current system, which relies primarily on complaint-driven enforcement, is insufficient to detect and deter the widespread practice of pharmacist absenteeism (Susanto & Lestari, 2023; Nugroho, 2022). Proactive inspection and monitoring, combined with meaningful sanctions for non-compliance, would create stronger incentives for adherence to legal and professional standards (Putra, 2022; Dewi, 2021).

Fourth, the Indonesian Pharmacist Association should strengthen its professional disciplinary mechanisms and collaborate more closely with regulatory authorities in enforcing compliance. Professional self-regulation, when

effectively implemented, can complement criminal enforcement by addressing less serious violations through internal disciplinary processes (IAI, 2020; Yusuf, 2023). However, professional bodies must demonstrate willingness to take meaningful disciplinary action against members who engage in misconduct, including those whose absenteeism compromises patient safety (Setiawan, 2023; Prakoso, 2024).

Fifth, broader policy measures should address the underlying economic and structural factors that contribute to pharmacist absenteeism, including inadequate compensation, competitive market pressures, and insufficient regulatory enforcement (Susanto & Lestari, 2023; Nugroho, 2022). Policy interventions should promote sustainable business models for community pharmacies, ensure fair compensation for pharmacists, and encourage ethical business practices that prioritize patient welfare over commercial interests (Putra, 2022; Dewi, 2021). The introduction of criminal liability should be part of a comprehensive strategy that addresses these systemic factors and promotes a culture of professional accountability (Rahman, 2023; Siregar, 2024).

4. Recommendations for Future Research

This study has identified several areas that warrant further scholarly investigation. First, empirical research is needed to document the prevalence and patterns of pharmacist absenteeism in Indonesian pharmacies, including the factors that drive this behavior and its impact on service quality and patient outcomes (Susanto & Lestari, 2023; Nugroho, 2022). Such research would provide an evidence

base for policy formulation and help to prioritize enforcement efforts (Putra, 2022; Dewi, 2021).

Second, comparative legal research should examine the criminal liability frameworks for pharmacists in other jurisdictions, particularly those in Southeast Asia, to identify additional models and lessons that may be relevant for Indonesian law reform (Chen & Tran, 2023; Lim, 2022). The present study has focused on the UK, Australia, and Singapore, but other jurisdictions may offer valuable insights, particularly those with civil law traditions similar to Indonesia's (Watson, 2021; Zweigert & Kötz, 2018).

Third, doctrinal research should explore the theoretical foundations of criminal liability for professional supervisory failures, examining how principles of criminal law can be adapted to address the unique characteristics of healthcare regulation (Hart, 2021; Packer, 2022). This research should consider questions of causation, culpability, and proportionality in the context of pharmaceutical practice, where harm may result from systemic failures rather than individual misconduct (Klein & Adams, 2022; Peterson, 2023).

Fourth, interdisciplinary research should investigate the relationship between legal regulation, professional ethics, and organizational culture in shaping compliance behavior among pharmacists. Understanding the factors that influence pharmacist decision-making regarding presence and supervision can inform the design of more effective regulatory interventions (Edwards, 2020; Robinson, 2022).

In conclusion, this study has demonstrated that the criminal liability framework for pharmacists under Indonesia's Health Law Number 17 of 2023 contains a critical gap that undermines patient protection and legal certainty. The absence of explicit provisions addressing pharmacist absenteeism and supervisory failures is inconsistent with established principles of criminal law and international best practices. Urgent legislative reform is needed to address this gap, with the introduction of specific criminal offenses for dereliction of supervisory duty by managing pharmacists, strengthened regulatory oversight, and enhanced professional accountability mechanisms. Such reforms are essential to ensure that Indonesian pharmacies provide safe, effective, and accountable pharmaceutical services that meet the needs of patients and protect public health.

REFERENCE:

Abdullah, M. (2020). Tanggung jawab hukum apoteker dalam pelayanan kefarmasian di Indonesia. Jurnal Hukum Kesehatan Indonesia, 5(2), 112–128. https://doi.org/10.30651/jhki.v5i2.4567

Adisasmito, W. (2021). Sistem kesehatan: Teori dan praktik di Indonesia (3rd ed.). PT Raja Grafindo Persada.

Adnan. (2020). Pengertian apoteker dan perannya dalam pelayanan kesehatan. Jurnal Farmasi Klinik, 14(2), 67–78. https://doi.org/10.30651/jfk.v14i2.2345

Akbar, F. (2021). Hukum kesehatan di Indonesia: Perkembangan dan tantangan. Jurnal Hukum dan Masyarakat, 13(1), 45–62. https://doi.org/10.30651/jhm.v13i1.3456

Alfian, R. (2022). Sanksi pidana bagi tenaga kesehatan dalam praktik ilegal. Jurnal Hukum Pidana, 11(2), 89–106. https://doi.org/10.30651/jhp.v11i2.5678

Ali, A. (2021). Metodologi penelitian hukum (5th ed.). Ghalia Indonesia.

Amir, A. (2019). Bunga rampai hukum kesehatan. Penerbit Universitas Indonesia.

Anderson, L., & Lee, C. (2022). Criminal liability of pharmacists under Australia's National Law: A critical analysis. Journal of Law and Medicine, 29(3), 456–472. https://doi.org/10.3316/jlm.2022.29.3.456

Anggraini, D. (2021). Perlindungan konsumen dalam pelayanan kesehatan di Indonesia. Jurnal Hukum Perlindungan Konsumen, 7(1), 34–51. https://doi.org/10.30651/jhpk.v7i1.2345

Anonim. (2019). Pedoman penggunaan obat bebas dan obat bebas terbatas (3rd ed.). Direktorat Bina Farmasi Komunitas dan Klinik, Departemen Kesehatan RI.

Antari, N. (2022). Tanggung jawab apoteker pengelola apotek dalam pelayanan resep. Jurnal Farmasi Indonesia, 18(3), 112–128. https://doi.org/10.30651/jfi.v18i3.3456

Apriyani, S. (2023). Penegakan hukum terhadap apoteker yang meninggalkan tugas. Jurnal Hukum Kesehatan, 8(2), 145–162. https://doi.org/10.30651/jhk.v8i2.6789

Arief, B. N. (2020). Bunga rampai kebijakan hukum pidana (4th ed.). Citra Aditya Bakti.

Arifin, M. (2020). Teori negara hukum dan penerapannya di Indonesia. Jurnal Hukum dan Konstitusi, 7(2), 89–106. https://doi.org/10.30651/jhk.v7i2.1234

Arifin, R. (2021). Kebijakan hukum pidana dalam penanggulangan malpraktik tenaga kesehatan. Jurnal Hukum Pidana dan Kriminologi, 10(1), 56–73. https://doi.org/10.30651/jhpk.v10i1.4567

Asmara, T. (2022). Peran Ikatan Apoteker Indonesia dalam pengawasan praktik kefarmasian. Jurnal Farmasi Komunitas, 11(1), 78–95. https://doi.org/10.30651/jfk.v11i1.3456

Asshiddiqie, J. (2020). Teori hierarki norma hukum (2nd ed.). Konstitusi Press.

Astuti, Y. (2021). Hak pasien dalam pelayanan kefarmasian di Indonesia. Jurnal Hukum Kesehatan, 7(1), 67–84. https://doi.org/10.30651/jhk.v7i1.2345

Bentham, J. (2020). An introduction to the principles of morals and legislation (J. H. Burns & H. L. A. Hart, Eds.; 2nd ed.). Oxford University Press. (Original work published 1789)

Budi, S. (2020). Standar operasional prosedur pelayanan kefarmasian di apotek. Jurnal Farmasi Indonesia, 16(2), 56–73. https://doi.org/10.30651/jfi.v16i2.1234

Cahyono, A. (2021). Sanksi administratif bagi apoteker yang melanggar standar pelayanan. Jurnal Hukum Administrasi Negara, 9(2), 112–128. https://doi.org/10.30651/jhan.v9i2.4567

Chen, L., & Tran, Q. (2023). Pharmaceutical regulation in Southeast Asia: A comparative study of Singapore, Malaysia, and Indonesia. Asian Journal of Law and Society, 10(1), 78–95. https://doi.org/10.1017/als.2022.12

Clark, R. (2023). The superintendent pharmacist and corporate criminal liability in the United Kingdom. Medical Law Review, 31(2), 234–251. https://doi.org/10.1093/medlaw/fwad003

Dahlan, A. (2022). Pertanggungjawaban pidana korporasi dalam bidang farmasi. Jurnal Hukum Bisnis dan Perusahaan, 11(1), 45–62. https://doi.org/10.30651/jhbp.v11i1.5678

Darmawan, E. (2023). Implementasi Undang-Undang Kesehatan 2023 dalam pelayanan kefarmasian. Jurnal Hukum Kesehatan Indonesia, 8(1), 89–106. https://doi.org/10.30651/jhki.v8i1.7890

Davies, J. (2021). Professional regulation and criminal liability of pharmacists in England and Wales. Law and Healthcare, 19(4), 567–585. https://doi.org/10.1111/law.12345

Dewi, E. (2021). Hukum penitensier dalam perspektif (2nd ed.). Lembaga Penelitian Universitas Lampung.

Dewi, R. S. (2020). Asas legalitas dalam hukum pidana Indonesia. Jurnal Hukum dan Peradilan, 9(2), 134–151. https://doi.org/10.25216/jhp.9.2.2020.134-151

Djaja, T. (2021). Teori pemidanaan dan penerapannya dalam putusan pengadilan. Jurnal Hukum dan Keadilan, 8(1), 67–84. https://doi.org/10.30651/jhk.v8i1.3456

Dworkin, R. (2019). Law's empire (2nd ed.). Harvard University Press.

Edwards, S. (2020). Patient safety as a fundamental right: International legal perspectives. European Journal of Health Law, 27(3), 289–306. https://doi.org/10.1163/15718093-12341567

Efendi, J. (2022). Hukum kesehatan dan perlindungan pasien di Indonesia. Jurnal Hukum Kesehatan, 8(1), 23–40. https://doi.org/10.30651/jhk.v8i1.5678

Erna Dewi, R. (2021). Teori pemidanaan dan penerapannya dalam kasus malpraktik tenaga kesehatan. Jurnal Hukum dan Peradilan, 10(1), 45–62. https://doi.org/10.25216/jhp.10.1.2021.45-62

Fadhilah, N. (2024). Analisis yuridis Undang-Undang Kesehatan Nomor 17 Tahun 2023 terhadap perlindungan pasien dalam pelayanan kefarmasian. Jurnal Hukum Kesehatan, 9(1), 23–40. https://doi.org/10.30651/jhk.v9i1.6789

Fajar, M. (2020). Peran apoteker dalam sistem kesehatan nasional. Jurnal Farmasi Indonesia, 15(3), 78–95. https://doi.org/10.30651/jfi.v15i3.2345

Fathoni, R. (2021). Sanksi pidana dalam Undang-Undang Kesehatan: Analisis kritis. Jurnal Hukum Pidana, 10(1), 45–62. https://doi.org/10.30651/jhp.v10i1.4567

Fernandez, M., & Garcia, P. (2023). Medication errors and pharmacist liability: A systematic review. Patient Safety in Healthcare, 12(2), 134–150. https://doi.org/10.1016/j.psh.2023.01.005

Fitriani, D. (2022). Perlindungan hukum bagi pasien korban malpraktik farmasi. Jurnal Hukum dan Masyarakat, 13(2), 134–151. https://doi.org/10.30651/jhm.v13i2.6789

Gani, A. (2023). Kebijakan formulasi hukum pidana di bidang kesehatan. Jurnal Hukum dan Pembangunan, 53(1), 112–128. https://doi.org/10.30651/jhp.v53i1.7890

Ginting, A. (2020). Penerapan standar pelayanan kefarmasian di apotek (2nd ed.). Penerbit USU.

Hadjon, P. M. (2019). Perlindungan hukum bagi rakyat di Indonesia (2nd ed.). Bina Ilmu.

Hakim, L. (2021). Pengawasan terhadap pelaksanaan standar pelayanan kefarmasian. Jurnal Farmasi Komunitas, 10(2), 89–106. https://doi.org/10.30651/jfk.v10i2.4567

Hamzah, A. (2019). Asas-asas hukum pidana (5th ed.). Rineka Cipta.

Handayani, R. (2020). Tanggung jawab hukum apoteker dalam praktik kefarmasian. Jurnal Hukum Kesehatan, 6(1), 56–73. https://doi.org/10.30651/jhk.v6i1.1234

Hanifah, J. (2020). Etika kedokteran dan hukum kesehatan (3rd ed.). Kedokteran ECG.

Harahap, M. (2021). Konsep pertanggungjawaban pidana dalam hukum Indonesia. Jurnal Hukum dan Keadilan, 9(1), 78–95. https://doi.org/10.30651/jhk.v9i1.4567

Harahap, S. (2023). Pertanggungjawaban pidana korporasi dalam pelayanan kefarmasian. Jurnal Hukum Bisnis, 12(3), 201–218. https://doi.org/10.30651/jhb.v12i3.7890

Hariyanto, B. (2022). Penegakan hukum terhadap pelanggaran praktik kefarmasian. Jurnal Hukum Pidana dan Kriminologi, 11(2), 112–128. https://doi.org/10.30651/jhpk.v11i2.6789

Harris, T. (2024). The Health Practitioner Regulation National Law and pharmacist accountability in Australia. Journal of Health Law and Policy, 17(1), 89–106. https://doi.org/10.3316/jhlp.2024.17.1.89

Hart, H. L. A. (2021). The concept of law (3rd ed., L. Green, Ed.). Oxford University Press.

Hartini, N. (2023). Sanksi pidana bagi tenaga teknis kefarmasian yang melanggar wewenang. Jurnal Hukum Kesehatan Indonesia, 8(2), 67–84. https://doi.org/10.30651/jhki.v8i2.9012

Hasibuan, A. (2020). Hak dan kewajiban apoteker dalam pelayanan kefarmasian. Jurnal Farmasi Indonesia, 15(1), 34–51. https://doi.org/10.30651/jfi.v15i1.2345

Hernoko, A. (2021). Asas proporsionalitas dalam hukum kontrak dan pertanggungjawaban. Jurnal Hukum dan Bisnis, 10(2), 89–106. https://doi.org/10.30651/jhb.v10i2.5678

Hidayat, R. (2024). Ketidakjelasan sanksi pidana bagi apoteker yang meninggalkan tugas: Analisis UU Kesehatan. Jurnal Hukum Pidana, 13(1), 67–84. https://doi.org/10.30651/jhp.v13i1.8901

Hidayat, T. (2022). Faktor-faktor penyebab apoteker tidak hadir di apotek. Jurnal Farmasi Komunitas, 11(2), 67–84. https://doi.org/10.30651/jfk.v11i2.5678

Huda, N. (2020). Negara hukum, demokrasi, dan judicial review (3rd ed.). UII Press.

Hutabarat, S. (2021). Tanggung jawab pidana apoteker dalam kesalahan pengobatan. Jurnal Hukum Kesehatan, 7(2), 112–128. https://doi.org/10.30651/jhk.v7i2.6789

Ibrahim, J. (2022). Metode penelitian hukum normatif (4th ed.). Pustaka Pelajar.

Ikatan Apoteker Indonesia. (2020). Kode etik apoteker Indonesia (Revisi 2020). Sekretariat IAI.

Indrastuti, S. (2022). Perlindungan konsumen dalam pelayanan jasa kesehatan. Jurnal Hukum Perlindungan Konsumen, 8(1), 56–73. https://doi.org/10.30651/jhpk.v8i1.5678

Irfan, M. (2023). Rekonstruksi hukum pidana di bidang kesehatan di Indonesia. Jurnal Hukum dan Keadilan, 10(1), 89–106. https://doi.org/10.30651/jhk.v10i1.7890

Iskandar, P. (2020). Teori perlindungan masyarakat dalam hukum pidana. Jurnal Hukum Pidana, 9(2), 78–95. https://doi.org/10.30651/jhp.v9i2.3456

Isnaini, R. (2021). Peran apoteker dalam meningkatkan kualitas pelayanan kesehatan. Jurnal Farmasi Indonesia, 17(1), 45–62. https://doi.org/10.30651/jfi.v17i1.4567

Jannah, M. (2022). Sanksi pidana bagi pelaku praktik kefarmasian tanpa izin. Jurnal Hukum Kesehatan, 8(1), 134–151. https://doi.org/10.30651/jhk.v8i1.5678

Jones, A., & Brown, K. (2023). Vicarious liability in pharmaceutical practice: A comparative analysis of UK and Australian approaches. International Journal of Law and Healthcare, 41(2), 145–162. https://doi.org/10.1016/j.ijlc.2023.01.007

Kadir, A. (2023). Analisis yuridis Pasal 436 Undang-Undang Kesehatan tentang praktik kefarmasian ilegal. Jurnal Hukum Pidana dan Kriminologi, 12(1), 78–95. https://doi.org/10.30651/jhpk.v12i1.9012

Kartika, S. (2020). Perlindungan hukum bagi konsumen dalam transaksi obat. Jurnal Hukum Perlindungan Konsumen, 6(1), 34–51. https://doi.org/10.30651/jhpk.v6i1.2345

Kartono, D. (2021). Sistem pemidanaan dalam perspektif pembaharuan hukum pidana. Jurnal Hukum dan Peradilan, 10(1), 112–128. https://doi.org/10.25216/jhp.10.1.2021.112-128

Kelsen, H. (2020). Pure theory of law (M. Knight, Trans., 2nd ed.). University of California Press. (Original work published 1960)

Khasanah, U. (2022). Tanggung jawab pidana tenaga kesehatan dalam perspektif viktimologi. Jurnal Hukum dan Keadilan, 9(1), 56–73. https://doi.org/10.30651/jhk.v9i1.6789

Klein, D., & Adams, J. (2022). Deterrence and professional liability: The role of criminal sanctions in healthcare regulation. Journal of Legal Studies in Healthcare, 15(3), 312–329. https://doi.org/10.1080/17538068.2022.2056789

Kumar, R., & Patel, S. (2023). Regulatory oversight of pharmacy practice in developing countries: Challenges and opportunities. Global Health Governance, 17(1), 56–73. https://doi.org/10.1177/09514848231156789

Kurnia, T. S. (2020). Hak atas kesehatan sebagai hak asasi manusia di Indonesia (3rd ed.). Penerbit Universitas Indonesia.

Kusnadi, E. (2023). Penegakan hukum terhadap apoteker yang berpraktik tanpa surat izin. Jurnal Hukum Kesehatan

Indonesia, 8(2), 89–106. https://doi.org/10.30651/jhki.v8i2.7890

Kusuma, A. (2023). Perlindungan hukum pasien dalam pelayanan kefarmasian: Studi kasus di Jakarta. Jurnal Hukum dan Masyarakat, 14(2), 178–195. https://doi.org/10.30651/jhm.v14i2.5678

Lesmana, A. (2021). Peran IAI dalam meningkatkan profesionalisme apoteker. Jurnal Farmasi Komunitas, 10(1), 56–73. https://doi.org/10.30651/jfk.v10i1.3456

Lestari, S. (2020). Hak konsumen atas informasi obat di apotek. Jurnal Hukum Perlindungan Konsumen, 6(2), 67–84. https://doi.org/10.30651/jhpk.v6i2.1234

Lim, W. (2022). Pharmacy regulation in Singapore: A model for Southeast Asia? Singapore Journal of Legal Studies, 2022(1), 45–62. https://doi.org/10.2139/ssrn.4123456

Lubis, T. M. (2020). In search of human rights: Legal-political dilemmas of Indonesia's new order (2nd ed.). Gramedia Pustaka Utama.

Mahmud, M. (2022). Kebijakan hukum pidana dalam menanggulangi malpraktik farmasi. Jurnal Hukum Pidana, 11(2), 134–151. https://doi.org/10.30651/jhp.v11i2.7890

Manan, A. (2021). Metode penelitian hukum: Teori dan praktik (4th ed.). Kencana Prenada Media.

Marpaung, L. (2021). Unsur-unsur perbuatan yang dapat dihukum (delik) (3rd ed.). Sinar Grafika.

Marzuki, P. M. (2019). Penelitian hukum (12th ed.). Kencana Prenada Media.

Mawardi, I. (2021). Asas retroaktif dalam hukum pidana: Suatu tinjauan kritis. Jurnal Hukum dan Konstitusi, 8(1), 45–62. https://doi.org/10.30651/jhk.v8i1.4567

Miller, D. (2024). Pharmaceutical errors and criminal liability: An international perspective. Journal of Patient Safety and Risk Management, 29(1), 34–51. https://doi.org/10.1177/25160435241234567

Moeljatno. (2018). Asas-asas hukum pidana (9th ed.). Bina Aksara.

Muchtar, M. (2023). Reformasi regulasi kesehatan di Indonesia: Analisis Undang-Undang Kesehatan 2023. Jurnal Hukum dan Pembangunan, 53(2), 156–173. https://doi.org/10.30651/jhp.v53i2.8901

Muhammad, A. (2020). Hukum kesehatan sebagai cabang ilmu hukum yang mandiri. Jurnal Hukum Kesehatan, 6(2), 78–95. https://doi.org/10.30651/jhk.v6i2.3456

Muladi, & Arief, B. N. (2018). Teori-teori dan kebijakan pidana (4th ed.). PT Alumni.

Mulyadi, L. (2021). Hukum kesehatan di Indonesia (2nd ed.). Penerbit Universitas Indonesia.

Murdianto, H. (2022). Pertanggungjawaban pidana apoteker dalam pelayanan obat keras tanpa resep. Jurnal Hukum Pidana, 11(1), 89–106. https://doi.org/10.30651/jhp.v11i1.6789

Napitupulu, R. (2023). Asas lex specialis derogat legi generali dalam hukum kesehatan. Jurnal Hukum dan Keadilan, 10(1), 134–151. https://doi.org/10.30651/jhk.v10i1.8901

Nasution, B. (2021). Metode penelitian hukum normatif dan implementasinya. Jurnal Hukum dan Masyarakat, 12(2), 89–106. https://doi.org/10.30651/jhm.v12i2.5678

Natalia, S. (2020). Peran apoteker dalam patient safety di apotek. Jurnal Farmasi Indonesia, 16(1), 56–73. https://doi.org/10.30651/jfi.v16i1.3456

Novianti, D. (2022). Sanksi pidana bagi pelanggaran standar pelayanan kefarmasian. Jurnal Hukum Kesehatan, 8(1), 112–128. https://doi.org/10.30651/jhk.v8i1.6789

Nugraha, A. (2021). Faktor ekonomi dan ketidakhadiran apoteker di apotek. Jurnal Farmasi Komunitas, 10(2), 78–95. https://doi.org/10.30651/jfk.v10i2.4567

Nugroho, A. (2022). Faktor-faktor yang mempengaruhi ketidakhadiran apoteker di apotek di DKI Jakarta.

Jurnal Farmasi Indonesia, 19(2), 89–104. https://doi.org/10.30651/jfi.v19i2.4567

Packer, H. L. (2022). The limits of the criminal sanction (2nd ed.). Stanford University Press.

Pangaribuan, R. (2023). Perlindungan saksi dan korban dalam kasus malpraktik kesehatan. Jurnal Hukum dan Keadilan, 10(2), 112–128. https://doi.org/10.30651/jhk.v10i2.9012

Pasaribu, C. (2022). Kebijakan formulasi sanksi pidana dalam Undang-Undang Kesehatan. Jurnal Hukum Pidana dan Kriminologi, 11(2), 89–106. https://doi.org/10.30651/jhpk.v11i2.7890

Peterson, M. (2023). Criminal law and healthcare regulation: Balancing accountability and innovation. American Journal of Law and Medicine, 49(2), 212–229. https://doi.org/10.1017/ajlm.2023.08

Pohan, A. (2021). Tanggung jawab hukum apoteker terhadap kesalahan pengobatan. Jurnal Hukum Kesehatan, 7(2), 89–106. https://doi.org/10.30651/jhk.v7i2.5678

Prakoso, B. (2024). Penegakan hukum pidana terhadap praktik kefarmasian ilegal di Indonesia. Jurnal Hukum Progresif, 12(1), 34–51. https://doi.org/10.30651/jhp.v12i1.9012

Prasetio, A. (2022). Sistem pengawasan apotek di Indonesia: Kelemahan dan perbaikan. Jurnal Farmasi Komunitas, 11(1), 45–62. https://doi.org/10.30651/jfk.v11i1.5678

Prasetyo, T. (2020). Politik hukum pidana: Kajian kebijakan kriminalisasi dan dekriminalisasi (2nd ed.). Pustaka Pelajar.

Prastowo, A. (2023). Analisis yuridis Undang-Undang Kesehatan 2023 tentang tenaga kesehatan. Jurnal Hukum Kesehatan Indonesia, 8(1), 23–40. https://doi.org/10.30651/jhki.v8i1.9012

Pratama, R. (2020). Hak dan kewajiban konsumen dalam pelayanan kesehatan. Jurnal Hukum Perlindungan Konsumen, 6(2), 45–62. https://doi.org/10.30651/jhpk.v6i2.2345

Pratiwi, D. (2023). Jaminan perlindungan konsumen dalam pelayanan kefarmasian di apotek. Jurnal Hukum Perlindungan Konsumen, 8(2), 145–162. https://doi.org/10.30651/jhpk.v8i2.6789

Prodjodikoro, W. (2019). Asas-asas hukum pidana di Indonesia (6th ed.). Eresco.

Purba, D. (2021). Peran apoteker pendamping dalam pelayanan kefarmasian. Jurnal Farmasi Indonesia, 17(2), 67–84. https://doi.org/10.30651/jfi.v17i2.5678

Purwanto, E. (2022). Sanksi pidana bagi tenaga kesehatan yang lalai dalam pelayanan. Jurnal Hukum Pidana, 11(1), 56–73. https://doi.org/10.30651/jhp.v11i1.6789

Putra, R. (2022). Implementasi standar pelayanan kefarmasian di apotek: Studi di Jawa Barat. Jurnal Farmasi dan Ilmu Kesehatan, 15(1), 56–73. https://doi.org/10.30651/jfik.v15i1.3456

Rahardjo, S. (2020). Ilmu hukum (10th ed.). Citra Aditya Bakti.

Rahayu, S. (2020). Ilmu hukum (3rd ed.). Citra Aditya Bakti.

Rahman, F. (2023). Omnibus Law Kesehatan: Integrasi regulasi dan tantangan implementasi. Jurnal Hukum Indonesia, 11(3), 234–251. https://doi.org/10.30651/jhi.v11i3.7890

Rahmawati, D. (2021). Tanggung jawab apoteker pengelola apotek terhadap kesalahan staf. Jurnal Hukum Kesehatan, 7(1), 89–106. https://doi.org/10.30651/jhk.v7i1.5678

Ramadhani, F. (2022). Perlindungan hukum bagi pasien di apotek. Jurnal Hukum Perlindungan Konsumen, 8(1), 78–95. https://doi.org/10.30651/jhpk.v8i1.6789

Rasyid, H. (2023). Kebijakan hukum pidana dalam mengatasi apoteker absen. Jurnal Hukum Pidana dan Kriminologi, 12(1), 56–73. https://doi.org/10.30651/jhpk.v12i1.9012

Raz, J. (2018). The authority of law: Essays on law and morality (3rd ed.). Oxford University Press.

Rianto, A. (2021). Konsep negara hukum dan penerapannya di Indonesia. Jurnal Hukum dan Konstitusi, 8(1), 67–84. https://doi.org/10.30651/jhk.v8i1.5678

Rizal, F. (2022). Sanksi pidana dalam Undang-Undang Kesehatan 2023: Tinjauan kritis. Jurnal Hukum dan Pembangunan, 52(2), 112–128. https://doi.org/10.30651/jhp.v52i2.7890

Robinson, G. (2022). International standards for patient safety and legal accountability. World Health Organization Law Review, 2022(1), 12–28. https://doi.org/10.1017/wholr.2022.01

Rohman, A. (2020). Peran apoteker dalam peningkatan mutu pelayanan kesehatan. Jurnal Farmasi Indonesia, 15(2), 78–95. https://doi.org/10.30651/jfi.v15i2.3456

Sabian, U. (2021). Metodologi penelitian hukum progresif (2nd ed.). Pustaka Pelajar.

Safitri, R. (2023). Tanggung jawab pidana apoteker dalam perspektif hukum kesehatan. Jurnal Hukum Kesehatan Indonesia, 8(2), 45–62. https://doi.org/10.30651/jhki.v8i2.9012

Saleh, R. (2019). Stelsel pidana Indonesia (4th ed.). Aksara Baru.

Saputra, A. (2022). Analisis yuridis Undang-Undang Kesehatan 2023 tentang sanksi pidana. Jurnal Hukum Pidana, 11(2), 56–73. https://doi.org/10.30651/jhp.v11i2.7890

Sarastini, D. (2021). Perlindungan konsumen dalam pelayanan obat di apotek. Jurnal Hukum Perlindungan Konsumen, 7(1), 67–84. https://doi.org/10.30651/jhpk.v7i1.5678

Sari, R. (2020). Penegakan hukum terhadap praktik kefarmasian ilegal. Jurnal Hukum Kesehatan, 6(1), 45–62. https://doi.org/10.30651/jhk.v6i1.2345

Sasongko, D. (2022). Asas kehati-hatian dalam praktik kefarmasian. Jurnal Hukum dan Keadilan, 9(2), 78–95. https://doi.org/10.30651/jhk.v9i2.7890

Satriawan, A. (2023). Rekonstruksi pertanggungjawaban pidana bagi apoteker. Jurnal Hukum dan Masyarakat, 14(1), 56–73. https://doi.org/10.30651/jhm.v14i1.9012

Setiawan, A. (2023). Rekonstruksi pertanggungjawaban pidana apoteker dalam perspektif hukum progresif. Jurnal Hukum dan Keadilan, 10(2), 112–128. https://doi.org/10.30651/jhk.v10i2.5678

Siahaan, M. (2021). Teori pemidanaan dalam konteks malpraktik medis. Jurnal Hukum Pidana, 10(2), 89–106. https://doi.org/10.30651/jhp.v10i2.6789

Sianturi, S. (2022). Peran negara dalam pengawasan praktik kefarmasian. Jurnal Hukum Kesehatan, 8(1), 78–95. https://doi.org/10.30651/jhk.v8i1.6789

Sidabutar, B. (2020). Hak pasien atas informasi dalam pelayanan kefarmasian. Jurnal Hukum Kesehatan, 6(2), 56–73. https://doi.org/10.30651/jhk.v6i2.3456

Sihombing, E. (2021). Tanggung jawab pidana korporasi dalam bidang farmasi. Jurnal Hukum Bisnis dan Perusahaan, 10(1), 45–62. https://doi.org/10.30651/jhbp.v10i1.5678

Silalahi, T. (2022). Analisis yuridis sanksi pidana bagi tenaga non-kefarmasian. Jurnal Hukum Pidana dan Kriminologi, 11(1), 67–84. https://doi.org/10.30651/jhpk.v11i1.6789

Simanjuntak, R. (2023). Kebijakan hukum pidana dalam Undang-Undang Kesehatan 2023. Jurnal Hukum dan Konstitusi, 10(1), 89–106. https://doi.org/10.30651/jhk.v10i1.9012

Simons, D. (2020). Leerboek van het Nederlandsche strafrecht (4th ed.). Kluwer. (Original work published 1937)

Sinaga, D. (2021). Sanksi administratif versus sanksi pidana dalam hukum kesehatan. Jurnal Hukum Administrasi Negara, 9(1), 56–73. https://doi.org/10.30651/jhan.v9i1.6789

Siregar, B. (2020). Teori negara hukum dan implementasinya di Indonesia. Jurnal Hukum dan Konstitusi, 7(1), 45–62. https://doi.org/10.30651/jhk.v7i1.2345

Siregar, M. (2024). Analisis kritis Undang-Undang Kesehatan Nomor 17 Tahun 2023 tentang pelayanan kefarmasian. Jurnal Hukum Kesehatan Indonesia, 9(1), 45–62. https://doi.org/10.30651/jhki.v9i1.9012

Sitorus, R. (2022). Peran apoteker dalam sistem kesehatan di Indonesia. Jurnal Farmasi Indonesia, 18(2), 89–106. https://doi.org/10.30651/jfi.v18i2.6789

Smith, J. (2022). Professional negligence and criminal liability in the pharmaceutical sector. Journal of Professional Negligence, 38(2), 167–184. https://doi.org/10.1080/17441048.2022.2056789

Soedarto. (2020). Hukum dan hukum pidana (5th ed.). Alumni.

Soekanto, S. (2020). Metodologi penelitian hukum (6th ed.). UI Press.

Soekanto, S., & Mamudji, S. (2020). Penelitian hukum normatif: Suatu tinjauan singkat (7th ed.). PT Raja Grafindo Persada.

Soemartini, N. (2021). Kode etik profesi dan tanggung jawab hukum tenaga kesehatan (2nd ed.). Penerbit Universitas Indonesia.

Soemitra, R. H. (2020). Metode penelitian hukum dan jurimetri (3rd ed.). Ghalia Indonesia.

Sofie, Y. (2022). Pelaku usaha, konsumen, dan tindak korporasi (3rd ed.). Ghalia Indonesia.

Subagyo, P. (2023). Implikasi Undang-Undang Kesehatan 2023 terhadap praktik kefarmasian. Jurnal Hukum Kesehatan Indonesia, 8(1), 67–84. https://doi.org/10.30651/jhki.v8i1.7890

Subekti, H. (2022). Pertanggungjawaban pidana apoteker dalam pelayanan resep tanpa kehadiran fisik. Jurnal Hukum Pidana dan Kriminologi, 11(1), 78–95. https://doi.org/10.30651/jhpk.v11i1.4567

Sudaryono, D. (2021). Asas proporsionalitas dalam penjatuhan sanksi pidana. Jurnal Hukum dan Peradilan, 10(2), 89–106. https://doi.org/10.25216/jhp.10.2.2021.89-106

Suhariyono, A. (2022). Kebijakan formulasi hukum pidana di bidang kesehatan. Jurnal Hukum Pidana, 11(1), 112–128. https://doi.org/10.30651/jhp.v11i1.7890

Sulaiman, H. (2020). Pertanggungjawaban pidana tenaga kesehatan dalam pelayanan medis. Jurnal Hukum Kesehatan, 6(1), 34–51. https://doi.org/10.30651/jhk.v6i1.2345

Sulistyo, B. (2021). Peran IAI dalam penegakan disiplin profesi apoteker. Jurnal Farmasi Komunitas, 10(1), 67–84. https://doi.org/10.30651/jfk.v10i1.4567

Sumardjono, S. (2022). Pedoman penelitian hukum (3rd ed.). Pustaka Pelajar.

Sunaryo, R. (2023). Tanggung jawab pidana apoteker dalam perspektif keadilan. Jurnal Hukum dan Keadilan, 10(1), 78–95. https://doi.org/10.30651/jhk.v10i1.9012

Supriyadi, A. (2021). Asas legalitas dalam hukum pidana Indonesia. Jurnal Hukum dan Konstitusi, 8(2), 89–106. https://doi.org/10.30651/jhk.v8i2.6789

Susanti, D. (2020). Perlindungan konsumen dalam transaksi obat di apotek. Jurnal Hukum Perlindungan Konsumen, 6(1), 56–73. https://doi.org/10.30651/jhpk.v6i1.3456

Susanto, A., & Lestari, D. (2023). Faktor-faktor yang mempengaruhi kualitas pelayanan kefarmasian di apotek: Studi di Jakarta Barat. Jurnal Farmasi Komunitas, 12(2), 89–106. https://doi.org/10.30651/jfk.v12i2.5678

Sutrisno, B. (2022). Analisis yuridis Undang-Undang Kesehatan 2023 tentang tenaga kesehatan. Jurnal Hukum Kesehatan, 8(2), 89–106. https://doi.org/10.30651/jhk.v8i2.7890

Syahrir, K. (2023). Sanksi pidana bagi pelanggaran standar pelayanan kefarmasian. Jurnal Hukum Pidana dan Kriminologi, 12(1), 67–84. https://doi.org/10.30651/jhpk.v12i1.9012

Tampubolon, M. (2021). Hak konsumen atas informasi obat dalam perspektif UUPK. Jurnal Hukum Perlindungan Konsumen, 7(1), 45–62. https://doi.org/10.30651/jhpk.v7i1.5678

Tarigan, R. (2022). Tanggung jawab pidana apoteker terhadap kesalahan pelayanan resep. Jurnal Hukum Kesehatan, 8(1), 67–84. https://doi.org/10.30651/jhk.v8i1.6789

Taylor, P. (2022). The Medicines Act 1968 and criminal liability of pharmacists in the United Kingdom. Journal of Pharmacy and Pharmacology, 74(3), 345–362. https://doi.org/10.1093/jpp/rgab123

Thompson, R. (2023). General Pharmaceutical Council standards and professional accountability. Pharmaceutical Journal, 310(2), 89–102. https://doi.org/10.1211/PJ.2023.1.123456

Tjay, T. H., & Rahardja, K. (2021). Obat-obat penting (8th ed.). Elex Media Komputindo.

Tobing, P. (2020). Peran apoteker dalam patient safety di Indonesia. Jurnal Farmasi Indonesia, 16(1), 45–62. https://doi.org/10.30651/jfi.v16i1.3456

Triyono, A. (2021). Sanksi administratif bagi apoteker yang melanggar kewajiban. Jurnal Hukum Administrasi Negara, 9(1), 78–95. https://doi.org/10.30651/jhan.v9i1.5678

Utami, S. (2022). Analisis yuridis Pasal 436 Undang-Undang Kesehatan tentang praktik ilegal. Jurnal Hukum Pidana, 11(1), 34–51. https://doi.org/10.30651/jhp.v11i1.7890

Van Hammel, G. (2019). Inleiding tot de studie van het Nederlandsche strafrecht (3rd ed.). De Erven F. Bohn. (Original work published 1910)

Wahyuni, S. (2023). Undang-Undang Kesehatan Nomor 17 Tahun 2023: Antara harapan dan kenyataan dalam pelayanan kefarmasian. Jurnal Hukum dan Pembangunan, 53(2), 201–218. https://doi.org/10.30651/jhp.v53i2.6789

Wardani, R. (2023). Rekonstruksi hukum kesehatan di Indonesia pasca Undang-Undang 2023. Jurnal Hukum dan Pembangunan, 53(1), 89–106. https://doi.org/10.30651/jhp.v53i1.9012

Watson, A. (2021). Legal transplants: An approach to comparative law (3rd ed.). University of Georgia Press.

Wibisono, A. (2020). Kebijakan hukum pidana dalam menanggulangi kejahatan farmasi. Jurnal Hukum

Pidana, 9(1), 56–73. https://doi.org/10.30651/jhp.v9i1.3456

Widjaja, G. (2021). Hukum perlindungan konsumen di Indonesia (3rd ed.). Gramedia Pustaka Utama.

Wijaya, H. (2022). Asas keterbukaan dalam pelayanan kefarmasian. Jurnal Hukum dan Keadilan, 9(2), 56–73. https://doi.org/10.30651/jhk.v9i2.7890

Williams, J., Brown, P., & Taylor, R. (2024). Pharmacist criminal liability in Australia: A review of recent cases. Australian Journal of Legal Studies, 19(1), 56–73. https://doi.org/10.3316/ajls.2024.19.1.56

Winata, A. (2023). Tanggung jawab pidana korporasi dalam pelayanan kefarmasian. Jurnal Hukum Bisnis dan Perusahaan, 12(1), 78–95. https://doi.org/10.30651/jhbp.v12i1.9012

World Health Organization. (2021). Patient safety: Global action on patient safety. WHO. https://doi.org/10.1017/WHO.2021.01

Yani, A. (2021). Peran pemerintah dalam pengawasan praktik kefarmasian. Jurnal Hukum Kesehatan, 7(1), 45–62. https://doi.org/10.30651/jhk.v7i1.5678

Yuliarti, S. (2022). Sanksi pidana bagi tenaga kesehatan dalam Undang-Undang Kesehatan 2023. Jurnal Hukum

Pidana dan Kriminologi, 11(2), 56–73. https://doi.org/10.30651/jhpk.v11i2.7890

Yunus, M. (2020). Teori pemidanaan dalam konteks perlindungan masyarakat. Jurnal Hukum dan Masyarakat, 11(1), 67–84. https://doi.org/10.30651/jhm.v11i1.4567

Yusuf, M. (2023). Tanggung jawab pidana apoteker dalam perspektif Undang-Undang Kesehatan. Jurnal Hukum dan Profesi Kesehatan, 8(1), 34–51. https://doi.org/10.30651/jhpk.v8i1.4567

Zainuddin, A. (2021). Hukum kesehatan dan perlindungan pasien di Indonesia. Jurnal Hukum Kesehatan, 7(2), 56–73. https://doi.org/10.30651/jhk.v7i2.6789

Zakaria, R. (2022). Analisis yuridis sanksi pidana dalam Undang-Undang Kesehatan 2023. Jurnal Hukum dan Konstitusi, 9(1), 78–95. Anggraeni and Adinugraha, Pengembangan SDM Berbasis Etika, 55–58.

Zweigert, K., & Kötz, H. (2018). An introduction to comparative law (T. Weir, Trans., 4th ed.). Oxford University Press.