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Legal Study of Drug Services by Non-Pharmacy Personnel in Assistant Health Centers and Village Health Polyclinics

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Abstract:

Pharmacy practice is a crucial aspect of the healthcare system, strictly regulated by Law No. 17 of 2023 concerning Health and Government Regulation No. 28 of 2024. However, the practice of dispensing medication by non-pharmacy personnel is still frequently encountered in Community Health Centers (Pustu) and Village Health Polyclinics (PKD), raising legal certainty issues and potential risks to patient safety. This study aims to analyze the compliance of this practice with the positive legal framework in Indonesia, examine its legal implications, and formulate policy recommendations to address the distribution of pharmaceutical personnel. The research method used is normative juridical research with a descriptive-analytical approach through a review of legislation, academic literature, and empirical data related to pharmaceutical service practices in primary healthcare facilities. The results show a significant gap between legal norms and practice in the field, primarily due to the limited availability of pharmaceutical personnel in remote areas. This condition has implications for potential legal violations in the criminal, civil, and administrative spheres, as well as increasing the risk of medication errors and irrational drug use. This study concludes the need for a more equitable distribution policy for pharmaceutical personnel, strengthening transitional regulations, and integrating digital pharmaceutical technology to bridge the gap between legal norms and healthcare practices in the community.

Keywords: health regulations; legal certainty; non-pharmacy personnel; patient safety; pharmaceutical practice.

INTRODUCTION

Pharmaceutical practice, as regulated in Article 428 of Government Regulation Number 28 of 2024 concerning the Implementation of Law Number 17 of 2023 concerning Health, provides a normative basis that all pharmaceutical activities must be carried out by formally designated pharmaceutical personnel. This provision establishes binding boundaries of authority, ensuring that every drug delivery process falls within the scope of a legally legitimized profession. The regulation also affirms the possibility of involving health support personnel within specific roles, provided they do not enter the core areas of pharmaceutical practice. This affirmation is further clarified by Article 199 of Law Number 17 of 2023, which defines pharmaceutical personnel as including vocational pharmaceutical personnel, pharmacists, and specialist pharmacists, who are professionals mandated to carry out all pharmaceutical procedures. This regulatory structure provides an

overview of how the state organizes professional space, taking into account safety, quality, and clarity of legal responsibilities (Khodadadi, 2024).

Understanding this regulatory framework emphasizes that all tasks categorized as pharmaceutical work can only be performed by pharmacists designated in the law, preventing other health professional groups from gaining legal legitimacy to operate in this area. This authority is defined through a system of rules that guarantees consistency in the drug delivery process. Regulations then create opportunities for specific situations, such as the absence of pharmacists in an area or the need for emergency response, allowing other personnel to perform certain actions within a strictly controlled environment. However, implementation in the field demonstrates a different reality, as a number of primary health care facilities frequently involve non-pharmacy personnel in tasks related to drug dispensing, particularly in sub-health centers or village health services that face a shortage of professional staff (Cohen & Oreg, 2025).

This reality presents ethical and legal challenges, as the dispensing domain has long been positioned as the domain of pharmaceutical personnel directly responsible for patient safety. The transfer of some duties to non-pharmacy personnel has the potential to create a gap between written norms and actual practice. Potential medication errors, non-rational drug use, and weak technical verification processes could result from these practices. The discrepancy between legal standards and operational implementation raises questions about the effectiveness of existing regulations. This situation raises the need to review how norms are enforced in resource-constrained healthcare facilities, as well as how oversight structures can ensure service quality remains within the framework of patient safety and procedural compliance (Lee, 2024).

Based on this controversy, this study aims to examine the legality and legal implications of the practice of dispensing medication by non-pharmacy personnel in the context of primary healthcare services. The research focuses on the degree of deviation from the rules when such practices occur in community health centers (Puskesmas) and village polyclinics, which operate with unique service patterns. This research was conducted by reviewing all norms governing the distribution of authority among healthcare workers. The purpose of the analysis is to examine how the operational realities of healthcare facilities interact with formal norms and to assess the legal consequences of actions that fall outside the boundaries of regulations. This study is expected to analytically illustrate how implementation gaps contribute to the tension between healthcare needs and the regulation of professional authority (Fatoni et al., 2015).

This research has theoretical value and is expected to broaden understanding of the relationship between pharmaceutical regulations and practice at the primary care level. Normative studies on the division of authority among healthcare professionals can be broadened through this type of research, particularly when faced with service conditions that are not always ideal. Its practical contribution lies in the potential for developing more adaptive policy strategies without neglecting patient safety and legal compliance. Local governments, pharmacists, and various stakeholders can gain a more solid basis for considering how regulations can be implemented more realistically. Understanding the risks, resource constraints, and work patterns of rural healthcare facilities can help strengthen service consistency without neglecting the community's need for adequate access to medication services (Asi et al., 2024).

Discussions on pharmaceutical work in academic studies indicate that this series of activities focuses not only on technical processes but also encompasses managerial, distributional, and clinical functions specifically designed to ensure patient safety. The definition of pharmaceutical work encompasses drug production and management, distribution, and technical services oriented towards the appropriate use of drugs. The WHO emphasizes that the responsibility of pharmaceutical personnel includes monitoring the quality, safety, and rationality of drug therapy throughout the health care system (Organization, 2019). Thus, pharmaceutical work is positioned as a structural element within the health care network that requires standardized professional competencies. The existence of these standards creates procedural consistency aimed at protecting patients from potential risks arising from improperly managed drug use.

Several studies confirm that pharmaceutical practice encompasses legal and ethical aspects that require adherence to formal regulations as well as professional competence. Lee explains that every pharmacist has legal responsibilities inherent in their profession, so violating standards of practice can have serious consequences. Other literature also indicates that pharmaceutical practice encompasses patient education and drug therapy observation, both of which fall within the framework of patient-centered care. This approach positions pharmacists as clinical function practitioners who require professional sensitivity and adequate technical skills. When these roles are performed by individuals lacking formal education and

competence, the quality of care becomes compromised, the risk of errors increases, and patient safety can be significantly impacted (Lee, 2024).

Law enforcement becomes crucial when there is a discrepancy between regulations and practices in the field. Lawrence M. Friedman explains that the legal system consists of legal substance, legal structure, and legal culture, which influence each other. The substance contains norms, the structure contains the institutions and apparatus that enforce these norms, and the legal culture encompasses public awareness and attitudes toward the validity of the law. The effectiveness of law enforcement depends on the alignment of these three elements. The practice of dispensing medication by non-pharmacy personnel can be read as a reflection of a legal culture that still views formal procedures as elements that can be adapted to field conditions, even if they do not comply with regulations (Friedman, 2021). This situation demonstrates how the power of formal norms can weaken when faced with social needs and institutional limitations in primary healthcare facilities.

Soerjono Soekanto's thinking broadens the understanding of the structure of law enforcement through five interconnected factors: law, law enforcement, facilities, society, and culture. Each factor influences the success of norm implementation. In the context of pharmaceutical practice, limited facilities and professional staff in rural areas contribute to the reasons why medication dispensing continues to be carried out by non-pharmacy personnel. People seeking prompt service often fail to consider the limits of professional authority, resulting in social pressures that sometimes encourage practices that violate norms. Analysis of these factors demonstrates that law enforcement depends not only on the text of the regulations but also on the social networks and structural conditions that shape healthcare practices at the local level (Soekanto, 2011).

The principle of legal certainty is a crucial foundation in a legal system that seeks to create order and predictability in actions. Hans Kelsen posits legal certainty as the result of a hierarchically structured system of norms with measurable coherence (Kelsen, 1967). This principle allows legal actions to gain legitimacy and clarity, allowing the limits of each authority to be recognized. On the other hand, Gustav Radbruch's thinking positions legal certainty as a value that coexists with justice and expediency. He believes that positive norms that do not reflect justice can create dilemmas, especially when their implementation creates tensions with social conditions (Radbruch, 1946). This thinking provides a window into how regulations regarding pharmaceutical practice potentially meet the realities of the field, requiring adaptation in certain situations.

When legal certainty regarding pharmaceutical authority meets the limited availability of professional personnel in the regions, a dynamic emerges that demonstrates how norms are positioned within a social space that does not always align with their ideal concept. Primary healthcare systems often operate under pressure from broader societal needs, forcing non-pharmacy professionals to take on roles in areas not normally within their jurisdiction. This misalignment demonstrates the ongoing negotiation between regulations and operational situations. At this point, the concept of legal certainty is tested by how norms maintain service stability while adapting to the conditions of communities with limited access. This interaction is a crucial element to be discussed in research on drug dispensing practices in primary healthcare (Kawaguchi-Suzuki, 2019).

This theoretical and regulatory background forms the conceptual foundation for this research, which focuses on the practice of drug dispensing by non-pharmacy personnel. Analytical space opens up when norms, professional ethics, and social conditions are brought together within a single framework. The situation of sub-health centers and village polyclinics, which operate with simple organizational structures, often places health workers in situations that require improvisation. This situation illustrates how health practices at the grassroots level require a legal approach that recognizes the complexities of the field. By extending the reading of regulations and theory, this research is expected to demonstrate an argumentative structure that outlines the relationship between norms and practices, and how legal consequences arise from actions that exceed the limits of professional authority (Hutama, 2024).

This introductory description integrates the regulatory framework, the concept of pharmaceutical work, and theories of legal enforcement and certainty to develop an analytical perspective on the practice of dispensing medication by non-pharmacy personnel. The research focuses on understanding the relationship between legal texts and the reality of healthcare services in primary care units, which often face limited human resources. The focus of the research is not to add concepts beyond existing provisions, but rather to broaden understanding through the development of diction that allows for contextual considerations. This approach allows the research to move along an academic path that pays attention to normative structures while simultaneously understanding operational conditions. This introduction serves as a gateway to further examine how the practice of medication administration in primary care facilities is shaped by the interaction of regulations, social conditions, and patient needs (Garg et al., 2020).

METHOD

The research design in this study uses a normative juridical legal approach combined with a descriptive-analytical character. This approach is applied to explore the regulatory construction that governs pharmaceutical practices as stated in various laws and regulations related to the health sector. The research focuses on reviewing the norms contained in Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, Government Regulation Number 51 of 2009, Regulation of the Minister of Health Number 74 of 2016, Regulation of the Minister of Health Number 19 of 2024, and Government Regulation No. 72 of 2012 concerning the National Health System. This approach is considered appropriate because it allows for systematic mapping, interpretation, and meaning of legal objects within a positive legal framework. In addition, the descriptive-analytical character helps to compile a comprehensive picture of the consistency and relevance of the substance of the regulations studied (Sapsudin, 2025).

The choice of a normative juridical approach was maintained because this method provides analytical tools for studying legal phenomena through written legal materials. In the context of pharmaceutical research, the existence of written norms is a fundamental element that determines the limits of legal action in healthcare. Using this method facilitates researchers in examining the relationships between legal sources and understanding the regulatory logic underlying pharmaceutical practice. The descriptive-analytical research inherent in the normative approach also provides space to explain the regulatory structure sequentially according to hierarchy, then analyze it based on normative concepts without adding new constructs outside of statutory provisions. In this way, the research can reveal the dynamics of norms proportionally while remaining grounded in positive legal foundations. The emphasis on detailed descriptions also helps explain the academic rationale behind the approach chosen in this study (Sapsudin, 2024).

The research objectives encompass all regulations governing pharmaceutical practice and the provision of healthcare services at primary care facilities. The research population comprises all legal provisions that frame the practice of drug supply, distribution, and pharmaceutical service procedures. Sampling was conducted using a purposive sampling technique, limiting the selection to only primary legal materials with direct relevance to the research issue. The selected primary legal materials include Law Number 17 of 2023, Government Regulation Number 51 of 2009, Government Regulation Number 28 of 2024, Regulation of the Minister of Health Number 74 of 2016, Regulation of the Minister of Health Number 19 of 2024, and Government Regulation Number 72 of 2012, which regulates the national healthcare system. The research's orientation toward primary legal materials provides a strong foundation for developing normative arguments based on the highest regulatory authority in the realm of pharmaceutical practice.

In addition to primary legal materials, the research also utilized secondary legal materials to enrich the reading of normative provisions. The secondary legal materials used included scientific articles, official reports, previous research results, and academic literature reviewing aspects of health law and pharmaceutical practice. These sources serve to provide a conceptual context that helps outline the basis for regulatory arrangements and provides additional perspectives on how norms are implemented in various healthcare institutions. The use of secondary materials is not intended to change the substance of the regulations, but rather to strengthen understanding of the normative logic that binds pharmacists. In this way, the data used contains both normative relevance and academic value, providing depth to the legal analysis. Secondary materials also help ensure that interpretations of legal provisions remain coherent with established scientific studies.

The data collection technique in this research was conducted through a literature review that relied on intensive research of various regulations and related scientific documents. The data collection process began by identifying all laws and regulations directly related to pharmaceutical practice and the authority of healthcare workers. A systematic inventory of each provision was then conducted, including exploring the relationships between the rules and their compliance with the positive legal framework. The obtained legal materials were then selected based on their level of relevance to the research focus, so that only provisions with a substantive relationship were analyzed. This approach ensured that the research only used legal materials with a high level of accuracy, while also preventing the use of sources that were not directly related to the research topic. Literature review served as the primary foundation because the research was norm-oriented and did not require field data (Rahman, 2020).

In the literature review process, the next step is to examine the normative structure of each inventory of regulations. This study involves carefully reading legal texts to identify the normative elements governing

pharmaceutical practice and primary healthcare services. The normative review was conducted by examining the position of articles, the scope of regulations, and the limits of authority granted to healthcare workers in the drug provision process. Furthermore, the study identified potential overlapping norms that may arise due to differences in regulations across regulations. This analysis was conducted without adding interpretations not derived from the legal text, ensuring that the reading remained true to the regulatory content. Thus, the process of selecting and reading norms helps build a foundation of understanding before entering an in-depth analysis of the consistency of pharmaceutical regulations.

The research procedure also includes a problem identification stage, which stems from the alleged discrepancy between legal norms and pharmaceutical practices in the field. Identification is conducted by re-examining the positive legal provisions governing the authority of pharmaceutical personnel and then reflecting these provisions on the practice patterns that frequently occur in primary healthcare facilities. The primary focus of this stage is to identify gaps or points of difference that are directly relevant to the issue of medication dispensing by non-pharmacy personnel. The identification process is not intended to empirically assess field practices, but rather to examine the possibility of normative disharmony based on the prevailing regulatory construct. This stage provides an important analytical foundation before entering the classification of legal materials, ensuring that the research can move in line with the normative focus established from the outset.

After the problem identification stage, the research continued with the classification of primary and secondary legal materials based on their substantive relevance to the research issue. Classification was carried out to separate legal provisions directly related to pharmaceutical practice and regulations concerning the authority of healthcare workers. Each legal material was placed in a specific group for more focused analysis. This process also helped identify differences in levels of authority between regulations, such as the distinction between laws, government regulations, and ministerial regulations. Classification was carried out systematically, allowing for a clearer understanding of the relationships between legal sources. Categorizing legal materials also facilitated the researcher's identification of recurring normative themes, which were then used as a basis for the legal analysis stage (Rahman, 2018).

The legal analysis in this research uses a qualitative juridical analysis method that focuses on the interpretation of statutory provisions. This approach is carried out by explaining the meaning of norms through four forms of interpretation: grammatical, systematic, historical, and teleological. Grammatical interpretation is carried out by examining the language structure and terms used in the regulatory text. Systematic interpretation examines the relationships between articles within a regulation and their relationship to other regulations. Historical interpretation traces the background to the regulation's formation, while teleological interpretation examines the purpose of the regulation as reflected in the considerations and normative logic. These four forms of interpretation are applied carefully to ensure that the understanding of the norms remains faithful to the foundation of positive law.

The application of interpretation methods allows research to describe the boundaries of pharmaceutical personnel's authority in a more structured manner. Through grammatical interpretation, research can capture key terms in regulations, such as the limits of actions that can only be performed by pharmaceutical personnel and the forms of restrictions on the authority of non-pharmacy personnel. Systematic interpretation helps connect provisions scattered across various regulations so that the scope of pharmaceutical practice can be comprehensively understood. In historical interpretation, research traces the dynamics of the formation of health regulations to understand the normative context behind them. Meanwhile, teleological interpretation provides an overview of the fundamental purpose of pharmaceutical regulations, particularly in maintaining patient safety. The application of these four interpretations is part of the analytical process that ensures accurate reading of norms.

The results of the analysis, conducted through various interpretations, are then presented in descriptive-analytical form. The presentation is conducted by restating the normative findings based on their relationship to the research focus, namely the authority to dispense drugs and the position of non-pharmacy personnel in the context of primary healthcare. The descriptive-analytical presentation facilitates the organization of arguments, allowing each finding to be explained within the boundaries established by the regulations. This presentation does not change the substance of the norms but merely re-presents the regulatory structure in a more coherent manner. At this stage, the relationship between consistent norms and norms that exhibit potential disharmony is also evident. Each finding is formulated in accordance with the scope of the normative study that has been the foundation of the research from the outset (Huriani & Annibras, 2019).

The next stage is formulating conclusions based on the systematically compiled analysis. Conclusions are drawn by referring to all legal data and normative interpretations that have been processed. Conclusions are not formulated to assess field practice, but rather to address the research focus regarding the legal position of drug dispensing by non-pharmacy personnel within the applicable regulatory framework. The conclusions also link the arguments back to the primary legal material to maintain the research's alignment with positive legal principles. The conclusion-making process is carried out without adding new interpretations beyond the established analysis results. This stage concludes the overall methodology, demonstrating the integration between data collection techniques, classification processes, and legal interpretation methods (Sugyati et al., 2017).

Thus, the research methodology used serves as a framework for an in-depth examination of the legal norms governing pharmaceutical practice. The combination of normative and descriptive-analytical juridical approaches provides a solid conceptual foundation for describing the boundaries of authority, the relationships between regulations, and the regulatory structures that govern pharmaceutical professionals. All methodological stages are oriented toward the interpretation of positive law without incorporating empirical elements. These steps ensure that the research operates within a consistent academic framework and respects legal principles. With a comprehensive methodological structure, the research can accurately describe the scope of norms in accordance with the objectives of the juridical study.

RESULTS AND DISCUSSION

Compliance of Pharmaceutical Practice with the Regulatory Framework

The discussion regarding the appropriateness of pharmaceutical practices within the service areas of Community Health Centers (Puskesmas Pembantu) and Village Health Polyclinics reveals a situation where the boundaries between normative provisions and actual practice appear to be blurring. Law Number 17 of 2023 concerning Health explicitly stipulates that pharmaceutical personnel consist of vocational pharmacists, pharmacists, and specialist pharmacists as three professional components that have the basic competence to carry out actions in the pharmaceutical realm (Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Law Number 17 of 2023 Concerning Health], 2023). This affirmation presents a limited construction of authority so that only individuals with formal pharmacy education can carry out actions categorized as pharmaceutical practice. This limiting structure aligns with the theoretical framework regarding social action patterns as explained by Parsons, who views social systems as moving through a set of rules that maintain the order of the actions of the actors involved (Parsons, 1937). In healthcare services, regulations serve as the foundation that creates operational boundaries for each professional.

The provisions of these regulations reflect the view that healthcare professions operate within a space where authority is mapped through clear competency boundaries. Normative provisions lead to a role structure that governs who is authorized to perform certain actions based on educational recognition and professional legality. The framework established by the Health Law emphasizes how the healthcare system relies on a prescriptive division of roles, where each clinical action has a specific authority. In this context, pharmaceutical actions are understood as a series of activities that require specific competencies and therefore cannot be delegated to individuals outside the three categories of pharmaceutical personnel. These regulations strictly structure the profession's operational space, so that competency boundaries function not only as an administrative instrument but also as a mechanism for protecting patient safety. The order of this system depends on actors' adherence to these boundaries to ensure orderly interactions within healthcare services.

Government Regulation Number 28 of 2024 further emphasizes that pharmaceutical practice may only be carried out by legally authorized personnel, except when a situation is categorized as a special circumstance or health emergency (Peraturan Pemerintah (PP) Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Government Regulation (PP) Number 28 of 2024 Concerning Implementing Regulations of Law Number 17 of 2023 Concerning Health], 2024). This provision illustrates that the discretionary space for non-pharmacy personnel is very limited, so that the dispensing of medication or other clinical activities related to pharmaceutical aspects cannot be carried out by nurses or midwives under normal circumstances. This regulation frames authority as a non-negotiable structure in everyday situations, so that service practices that occur outside these limits fall into the area categorized as normative deviations. From this perspective, the law exists as a guideline that functions to ensure that every action has a legitimate basis for authority.

This view is closely related to Efendi's thinking (Efendi & Susanti, 2021) who views law not merely as a set of abstract rules, but as an instrument that regulates behavior to create order in society. In the context of healthcare, regulations regarding pharmaceutical practice serve as a tool that determines what each professional can and cannot do. When these boundaries are not adhered to, the actions taken are vulnerable to being considered administrative violations and even potentially disrupting the integrity of the service system. In primary healthcare, the legal position is crucial not only as formal legitimacy but also as an instrument for ensuring service quality. When regulations are formulated with a clear authority structure, professionals receive guidance in carrying out their practices, so that healthcare services can be delivered through orderly and consistent channels.

In the field, various structural constraints, particularly related to the limited number of pharmacists, create conditions that encourage functional adjustments. Nurses and midwives working at primary health care facilities often take over medication dispensing roles, including performing several activities that are legally within the realm of pharmaceutical practice. This shift can be understood as a form of system adaptation to the shortage of human resources who should occupy these positions. However, this adaptation creates tension between ideal norms and operational practices, resulting in dynamics that raise questions about the legitimacy of actions and their compliance with the regulatory framework. This phenomenon reflects that regulations only work effectively when adequate supporting structures are in place, particularly in the context of professionals with legal authority to carry out specific technical roles.

Administrative authority in public services is structured to protect the public from the risk of abuse of authority. From this perspective, the actions of non-pharmacy personnel who take over medication dispensing tasks essentially place them in a position that has the potential to create administrative uncertainty. The boundaries of professional competence are a structure designed to ensure the safety of service recipients, as the technical competence of health workers relates not only to practical skills but also to an understanding of the pharmacological risks inherent in each medication dispensing procedure. When this authority structure is shifted, patient protection is less than optimal because the individuals performing the procedures lack a legally recognized educational background. This situation emphasizes the importance of aligning the regulatory framework with operational practices to ensure patient safety (Hadjon & Djatmayati, 2002).

The misalignment between legal provisions and field conditions demonstrates that regulatory implementation cannot stand alone without adequate structural support. In this context, the presence of sufficient pharmaceutical personnel is a prerequisite for regulations to operate as intended. When regulations establish strict competency limits, but service structures are unable to provide the necessary human resources, a gap arises that is then filled by other healthcare professionals outside the scope of authority. This gap drives a shift in function. This shift does not necessarily indicate non-compliance, but rather indicates a structural gap that must be interpreted as a systemic issue, not simply an individual violation. It is within this framework that discussions about regulatory effectiveness need to be placed.

When regulations lose their operational power due to systemic unpreparedness, non-pharmacy healthcare workers find themselves in a dilemma. They face pressing societal needs and are bound by legal norms governing professional authority. In such situations, their actions can be viewed as mechanisms for fulfilling service needs that cannot be postponed, even if they fall outside the boundaries of formal competence. This dilemma reflects the reality that regulations always operate in a dynamic social space, where practical actions are often influenced by service needs and resource availability. When societal needs cannot wait, the service system seeks the most feasible way to continue operating, even if it conflicts with the formal boundaries set forth in the regulations.

In such circumstances, regulations fundamentally require support to ensure their implementation as intended. This support includes the availability of adequate professional staff, clear administrative mechanisms, and a financing structure that enables the provision of resources at all levels of service. When any of these elements is not fully present, the effectiveness of regulations is reduced. Loss of effectiveness does not necessarily imply a lack of compliance, but rather reflects a misalignment between norms and actual conditions. This situation demonstrates that regulations play a crucial regulatory role, but their effectiveness depends heavily on the health system's capacity to provide competent personnel who can carry out their roles within the limits of authority established through policy.

The phenomenon of inconsistencies between practices and regulatory frameworks also emphasizes that healthcare is a system that operates through the relationship between norms and structures. When structures are unable to meet the need for competent personnel, actions in the field are forced to adapt. This

pattern reflects the adaptive logic of the system, which strives to maintain continuity of services despite being less than normatively ideal. In this context, the practice of dispensing medication by nurses and midwives demonstrates an adaptive pattern that arises from urgent needs, not from a choice to ignore regulations. This tension between normativity and operationality demonstrates that healthcare is never entirely linear, but rather is always tied to specific conditions that shape the dynamics of action at the most basic level of healthcare facilities.

This tension demonstrates that the alignment of pharmaceutical practice with regulations is a matter not only of compliance with legal norms but also of the system's capacity to provide the professional staff to support their implementation. Strict regulation of the limits of professional authority affirms the law's role as a guardian of order, but the law requires structural support to function fully. When such structures are inadequate, what is evident in practice is an imbalance between the ideals of regulation and operational reality. This imbalance does not necessarily negate the normative value of regulation, but rather highlights the importance of ensuring that each norm is accompanied by adequate structural prerequisites for effective implementation.

These conditions place healthcare practices at Community Health Centers (Pustu) and Community Health Centers (PKD) in a space that demonstrates the complex interplay between legal norms and resource availability. On the one hand, regulations establish a firm authority structure to ensure patient safety and service quality. On the other hand, field practice demonstrates that community needs often require actions that transcend formal boundaries when professional personnel are unavailable. In such situations, healthcare services navigate a threshold space between normative demands and practical needs. This threshold space reflects how legal norms confront dynamic social realities, often prompting practical compromises without eliminating the tension between the two.

Discussions about the alignment of practice with regulations ultimately lead to the understanding that health systems operate through mechanisms that interconnect norms, structures, and actions. Regulations exist to establish boundaries, but the effectiveness of these boundaries depends on the presence of professionals capable of carrying out their roles within the rules. When structural conditions are inadequate, field practice will exhibit forms of adaptation that do not always align with ideal norms, although they are still based on the need to ensure the continuity of services. Thus, the issue of the alignment of pharmaceutical practice is not only about compliance with regulations, but also about the system's ability to provide the resources necessary to consistently implement those regulations.

Legal Implications of Drug Services by Non-Pharmacy Personnel

Drug administration by non-pharmacy personnel presents complex legal consequences because these actions fall outside the scope of authority established through positive legal instruments. In normative regulations, the authority of healthcare workers is strictly structured to ensure that professional actions occur within legally recognized boundaries of competence. When medication administration is carried out by individuals without pharmaceutical education or authority, their actions become vulnerable to legal assessment. This vulnerability arises because every activity related to drugs carries inherent clinical risks. Within the framework of the healthcare system, this situation demonstrates a lack of synchrony between the roles assigned to a profession and the operational actions carried out. This lack of synchrony creates structural friction that disrupts the harmonious relationship between legal norms and service practices, particularly in primary healthcare facilities.

At the criminal law level, Law Number 17 of 2023 serves as an important reference because it provides a framework that stipulates that errors in healthcare services that cause harm to patients can trigger criminal liability for healthcare workers acting outside their scope of authority (Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Law Number 17 of 2023 Concerning Health], 2023). This provision positions the dispensing of medication by non-pharmacy personnel as an activity that carries significant potential legal risks. This risk increases if errors occur in drug selection, dosage, or usage information, which can lead to adverse effects for patients. From an analytical perspective, this condition reveals a mismatch between formal authority structures and practical actions occurring in the field. This mismatch illustrates the tension between prescriptive normative rules and the operational needs arising from the reality of healthcare.

The assertion of criminal liability in the context of drug administration demonstrates that clinical actions are never merely technical but are always interconnected with the legal structures that frame them. Any overreach of authority is considered a deviation from professional standards, and therefore, the consequences

can include criminal sanctions if harm occurs to the patient. This risk arises not only because the actions are carried out by unlicensed individuals, but also because each drug has potential side effects that require pharmacological knowledge to ensure safe use. In this context, drug administration by non-pharmacy personnel can be viewed as occupying a legally problematic space. This problematic space demonstrates the interconnectedness between professional capacity, the limits of authority, and legal protection mechanisms designed to safeguard public safety.

In the civil realm, patients who suffer losses due to medication errors have the legal right to seek compensation based on the principle of civil liability. This principle is based on the principle of due care, which requires every healthcare professional to maintain professional actions within the limits of their competence. Taking action beyond their authority can be constructed as a form of negligence. This negligence opens the door to lawsuits directed at healthcare professionals who exceed their professional boundaries. Hadjon's thinking regarding legal protection for the public in public services indicates that every administrative action that causes harm must have a transparent accountability mechanism (Hadjon & Djatmayati, 2002). This mechanism aims to maintain a balanced relationship between the state, healthcare professionals, and the public, especially in situations where professional actions pose a risk to the recipient of the service.

Civil liability in drug administration requires clear boundaries of competence because the drug dispensing process is not simply a distribution activity, but rather a professional act that requires an understanding of pharmacological effects and drug interactions. When non-pharmacy personnel perform actions requiring pharmaceutical expertise, the potential for lawsuits becomes relevant if patients suffer harm. This situation demonstrates that boundaries of authority are not only established to legitimize the profession but also to protect the public from clinical risks arising from incompetent actions. From this perspective, medication errors by individuals lacking pharmaceutical expertise can be interpreted as a form of legal negligence that opens up the opportunity for civil liability. This construction of responsibility demonstrates the close relationship between professional competence and patients' rights to safe care.

Administratively, drug administration by non-pharmacy personnel can be categorized as a violation of professional authority. Government Regulation Number 51 of 2009 concerning Pharmaceutical Work stipulates that pharmaceutical practice may only be carried out by personnel with official competence and permits (Peraturan Pemerintah (PP) Nomor 51 Tahun 2009 Tentang Pekerjaan Kefarmasian [Government Regulation (PP) Number 51 of 2009 Concerning Pharmaceutical Work], 2009). This provision positions drug administration as an action that requires administrative legitimacy. When such actions are carried out by non-pharmacy personnel, administrative sanctions can be imposed in the form of warnings, permit restrictions, or even revocation of practice permits if the violation is formally proven. In service practice, these administrative violations are not understood merely as procedural errors, but also as a form of administrative malpractice that touches on aspects of professional integrity. This position emphasizes the role of regulation as a guarantor of service standards.

Administrative sanctions in this context emphasize not only the punitive aspect but also a corrective function to maintain consistent healthcare service standards. Enforcing boundaries of authority aims to ensure that every professional action is carried out by individuals with legal competence and legitimacy. In pharmaceutical care, violating these boundaries is considered a disruption to the service structure because pharmaceutical actions carry risks inherent in technical expertise. The regulatory structure governing the division of authority serves as a protective barrier to prevent healthcare practices from opening up space for incompetent actions. When non-pharmaceutical personnel carry out actions that exceed their authority, administrative violations can arise as a logical consequence of the discrepancy between professional norms and operational actions.

The legal implications arising from the provision of medication by non-pharmacy personnel demonstrate the strategic position of pharmaceutical actions within the health system. These actions encompass professional, technical, and legal dimensions. Any overreach of authority carries legal consequences that can impact various legal domains. This situation demonstrates that adherence to professional boundaries is an integral part of patient protection. In the context of Community Health Centers (Pustu) and PKD, which face limited pharmaceutical personnel, this dynamic creates tension between the demands of public service and regulatory structures. This tension places non-pharmacy personnel in a complex situation, where actions taken to meet community needs clash with the boundaries of authority established through policy.

At the structural level, the phenomenon of non-pharmacy personnel providing medication demonstrates that regulatory compliance is highly dependent on the availability of professionals capable of exercising their

legal authority. When pharmacists are unavailable, the healthcare system adapts by encouraging others to fill the vacant roles. This adaptation has unavoidable legal consequences, as these actions remain outside the boundaries of formal competence. From the perspective of administrative law and the healthcare profession, this situation creates a disconnect between service needs, resource constraints, and regulatory compliance. This disconnect demonstrates that healthcare systems must navigate a gaping gap between norms and operational realities, which is not always ideal.

The mismatch between service demands and authority limits demonstrates that regulations require structural prerequisites to function fully. Regulations on pharmaceutical practice are built on the assumption that professional staff are equally available across all levels of healthcare. When this assumption is not met, field practice shifts through patterns of adjustment that are inconsistent with normative rules. This pattern demonstrates how legal structures interact with social and operational conditions in primary healthcare facilities. The dispensing of medication by nurses or midwives does not arise as an option to bypass regulations, but rather arises from the need to maintain continuity of care.

The legal implications in this context emphasize that drug administration is a professional act that cannot be separated from the legitimacy of authority. The boundaries of authority are not merely administrative boundaries, but also a protective instrument that safeguards patient safety. Any violation of these boundaries carries the potential for legal liability that can extend to criminal, civil, and administrative matters. The situation at the Community Health Center (Pustu) and the PKD demonstrates how the presence or absence of pharmacists directly influences the legal risk structure inherent in drug dispensing. In this reading, community needs and professional integrity move side by side in an unavoidable tension.

The tension between service needs and authority boundaries demonstrates that healthcare is a system that operates between regulatory ideals and structural realities. On the one hand, regulations establish clear boundaries through a legal framework. On the other hand, field practice reveals that service continuity requires flexibility when professional staff are insufficient. This tension cannot be simplified as a mere violation, but must be understood as the dynamics of the healthcare system in the face of limitations. This situation demonstrates that the legal and operational aspects of healthcare are closely interconnected, requiring both to be understood as a systemic whole.

The legal implications of drug administration by non-pharmacy personnel demonstrate that the boundaries of professional authority play a strategic role in maintaining patient safety and the integrity of healthcare services. When healthcare professionals act outside their competence, legal consequences are inevitable. The situation at the Community Health Center (Pustu) and the PKD demonstrates a structural contradiction between service needs and applicable legal provisions. This contradiction highlights the importance of ensuring that regulations are always interpreted in relation to the system's capacity to provide professional personnel. More broadly, this issue positions appropriate authority as a crucial component that must be maintained to ensure the health system operates properly without compromising legal protection for the public.

Comparison between Pharmaceutical Regulations and Field Practice

A comparison between normative provisions in pharmaceutical regulations and actual conditions in the field reveals a strictly formulated authority structure by lawmakers. The provisions in Law Number 17 of 2023 state that pharmaceutical practice can only be carried out by pharmaceutical vocational personnel, pharmacists, or specialist pharmacists, so that the scope of actions related to pharmaceutical preparations is classified as the exclusive domain of these personnel (Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Law Number 17 of 2023 Concerning Health], 2023). This formulation establishes the boundaries of the legitimacy of professional action and reinforces a clear distinction between pharmaceutical personnel and other health workers. This structure of authority division demonstrates a pattern of division of labor designed to maintain the continuity of the service system. The idea of the order of social functions as explained by Parsons finds relevance, because the system is understood as a network of interconnected roles and can only function stably if each actor carries out their role according to their position (Parsons, 1937).

The provisions of Government Regulation Number 28 of 2024 further outline the limits of pharmaceutical practice authority, including a mention of specific conditions under which non-pharmacy personnel may perform actions normally within the scope of competence of pharmacists (Peraturan Pemerintah (PP) Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Government Regulation (PP) Number 28 of 2024 Concerning Implementing

Regulations of Law Number 17 of 2023 Concerning Health], 2024). These limitations demonstrate that while room for adaptation is provided, it is very limited and is permitted only in emergencies that factually require a rapid response. In this context, the actions of non-pharmacy personnel are not interpreted as part of routine practice, but rather as temporary measures protected by the emergency. Such regulations demonstrate policymakers' awareness that the dynamics of service delivery in the field often face less than ideal situations. However, normative boundaries are maintained to prevent adaptation from developing into ongoing practices without adequate authority.

Government Regulation No. 51 of 2009 emphasizes that the authority to practice pharmacy can only be held by personnel with legally recognized licenses and competencies (Peraturan Pemerintah (PP) Nomor 51 Tahun 2009 Tentang Pekerjaan Kefarmasian [Government Regulation (PP) Number 51 of 2009 Concerning Pharmaceutical Work], 2009). This requirement was established as a normative mechanism to maintain the quality of pharmaceutical services and minimize risks that could threaten patient safety. This regulation was formulated not only as a legal boundary, but also as a professional fence that ensures that all technical actions related to drugs are carried out by individuals who understand pharmacological risks and safety procedures. Ministerial Regulations No. 74 of 2016 and No. 19 of 2024 then expanded on these standards by establishing detailed procedures for drug dispensing, counseling, side effect monitoring, and documentation, so that the responsibilities inherent in pharmaceutical practice are clear and measurable.

The provisions in these two ministerial regulations not only define technical aspects but also emphasize that pharmaceutical services are clinical in nature and require professional accountability. Medication services are not understood as a stand-alone administrative process, but rather as an integral part of overall healthcare services oriented toward patient safety. These standards demonstrate that policymakers are striving to build a service system with procedural consistency and accountable quality. In this context, the presence of personnel with pharmaceutical competencies is crucial to ensure that service standards are implemented within the normative framework. The absence of pharmacists can lead to a shift in function that could potentially reduce service quality and create a misalignment between ideal norms and operational realities in primary healthcare facilities.

Government Regulation Number 72 of 2012 concerning the National Health System emphasizes that the provision of health services must be based on human resource competency, including in the field of pharmacy (Peraturan Presiden (Perpres) Nomor 72 Tahun 2012 Tentang Sistem Kesehatan Nasional [Presidential Regulation (Perpres) Number 72 of 2012 Concerning the National Health System], 2012). However, the reality of the uneven distribution of pharmaceutical personnel demonstrates structural challenges in implementing this principle. In many areas, especially remote ones, the limited number of pharmaceutical personnel has resulted in a shift in roles performed by other health workers such as nurses and midwives. This shift is not always planned, but arises from urgent service needs and the lack of professional personnel regulated by law. This situation illustrates the tension between the demands of community needs and the limits of authority established within the legal framework.

This shift in function demonstrates how operational circumstances can shape practices that deviate from regulatory norms. Nurses and midwives are frequently involved in administering medications or other activities that are doctrinally part of pharmaceutical practice. Although these actions are intended to meet patient needs, they nonetheless create a misalignment between formal authority and actual actions. This situation demonstrates that regulatory implementation relies heavily on structural support in the form of competent personnel. When such support is lacking, regulations face challenges because established norms cannot be fully implemented. This imbalance creates a gap between legal construction and the reality of services, reflecting the dynamic adaptations occurring within the healthcare system.

A comparison of the normative framework and field practice shows that regulations have been comprehensively designed to ensure that all pharmaceutical procedures are carried out through rigorous professional mechanisms. However, their implementation depends on the system's capacity to provide adequate pharmacists. Quality regulations cannot always produce equitable outcomes without the support of a ready human resource infrastructure. In the context of primary healthcare services in areas with a shortage of pharmacists, restrictive regulations can create a dilemma for other healthcare workers. They must serve the community but are constrained by legal norms that do not legitimize their actions. This gap demonstrates that regulatory implementation requires an approach that takes into account the varying conditions across regions.

The dynamics between regulations and field practice also demonstrate how the legal system strives to maintain professional integrity through limitations on authority. These limitations serve to ensure that actions

related to medications remain under professional control and meet safety standards. In the field context, when these limits are exceeded due to specific circumstances, such actions do not necessarily reflect a moral violation, but rather indicate that the regulatory support structure is not yet fully in place. However, from an administrative law perspective, limitations on authority are a crucial element that cannot be ignored. Actions that do not align with formal authority are still considered deviations, even if they are driven by service needs.

The emphasis on limits of authority as a mechanism for maintaining patient safety correlates with theoretical perspectives on the structure of professional behavior. Within the framework of Parsons' (1937) social action theory, a social system is understood as an order that requires orderly functioning from all actors. Role violations or actions inconsistent with their position can lead to disruption within the system. In the context of healthcare, non-pharmacy personnel performing pharmaceutical procedures exhibit symptoms of role incongruence, leading to structural tensions. This situation raises not only technical issues but also normative issues related to the legitimacy of professional actions (Parsons, 1937).

Pharmaceutical regulations are fundamentally designed to create consistency, predictability, and quality of service. However, regulations cannot stand alone without adequate support from the field. Legal structures require supporting structures to function. A comparison of norms and field practices demonstrates that the imbalance in the distribution of pharmaceutical personnel creates pressure on other healthcare professionals to take over certain functions. This pressure places healthcare professionals in a difficult position, as their actions fall outside their legal competence. This tension demonstrates how the reality of healthcare challenges the strength of regulations.

This situation demonstrates that even though legal norms have been formulated in detail, their effectiveness depends heavily on the system's readiness to provide resources. Broad and detailed regulations do not guarantee their implementation without the support of professional staff. The gap between regulations and field practice demonstrates that the health system is still in the process of finding a balance between norms and needs. In certain situations, service needs may compel non-pharmacy personnel to perform pharmaceutical functions, but such actions remain outside legal legitimacy. This demonstrates the importance of equitable distribution of pharmacy personnel as a prerequisite for regulatory implementation.

The shortage of pharmacists also highlights broader challenges related to healthcare system governance. Pharmaceutical services require not only regulation but also adaptive resource distribution planning. Unequal distribution leads to practices that do not always align with norms. In the context of health law studies, this situation demonstrates that meeting community needs is inextricably linked to the system's ability to provide professional staff. This reality demonstrates that human resource governance in the healthcare sector plays a strategic role in the successful implementation of pharmaceutical regulations.

A comparison of regulations and field practices shows that Indonesia's pharmaceutical regulatory system has been designed with the goal of maintaining safety, quality, and accountability. However, the effectiveness of regulations is largely determined by the system's ability to provide competent pharmacists across all regions. When this capacity is not achieved, an imbalance between norms and practices becomes inevitable. This situation demonstrates that regulations serve not only as legal provisions but also as indicators of health system readiness. Efforts to address this gap require a long-term strategy that includes equitable distribution of pharmacists, strengthening facilities, and adapting implementation mechanisms sensitive to regional conditions.

Challenges of Regulatory Implementation and Their Impact on Patient Safety

The challenges of implementing regulations for pharmaceutical services in primary healthcare facilities stem from the limited number of professionals in remote areas. The imbalance in the distribution of pharmaceutical personnel places Community Health Centers (Pustu) and Community Health Centers (PKD) in a situation where non-pharmacy personnel must assume responsibility for drug services. This situation raises normative, administrative, and ethical issues because such actions fall outside of explicitly regulated authority. The national health system emphasizes the importance of competence as the basis for service delivery (Peraturan Presiden (Perpres) Nomor 72 Tahun 2012 Tentang Sistem Kesehatan Nasional [Presidential Regulation (Perpres) Number 72 of 2012 Concerning the National Health System], 2012), but limited personnel in the field make it difficult to fully implement this principle.

From a patient safety perspective, medication administration by non-pharmacy personnel carries significant risks. The WHO confirms that irrational medication use is a major factor in adverse drug events and medication errors in primary care facilities (Organization, 2015). The absence of pharmacists results in several

components of medication administration not being optimally implemented, including counseling, dosage determination, drug selection, and side effect monitoring. This directly increases the risk of medication errors that can harm patients.

Beyond technical issues, there are also ethical dimensions that must be considered. The principle of patient safety is the foundation of healthcare practice, so every service must be directed toward protecting patients from unnecessary risks. Medication administration by non-pharmacy personnel presents an ethical dilemma because these personnel are in a position to meet the needs of the community while also facing legal limitations. This overreach of authority can be understood as a responsive effort, but it still poses ethical risks because actions beyond their competence always open up the possibility of error.

This situation demonstrates the need for strategic policies regarding the distribution of pharmaceutical personnel to ensure proportional implementation of regulations. Incentive mechanisms for pharmacists willing to be assigned to remote areas could be a structural step to reduce inequality. Without such efforts, the practice of non-pharmacy personnel administering medications will persist, creating a normative tension between regulatory compliance and service needs.

CONCLUSION

This study shows that the practice of dispensing medication by non-pharmacy personnel in Community Health Centers (Puskesmas Pembantu) and Village Health Polyclinics creates a serious tension between pharmaceutical regulations and the operational realities of primary healthcare facilities. The legal framework, specifically Law Number 17 of 2023, Government Regulation Number 28 of 2024, and Government Regulation Number 51 of 2009, stipulates that all pharmaceutical activities may only be performed by pharmacy vocational personnel, pharmacists, or specialist pharmacists. However, the limited distribution of pharmaceutical personnel in rural areas means that nurses and midwives often take over these duties. This situation creates the potential for legal violations in the criminal, civil, and administrative spheres, particularly when medication errors or inappropriate drug use occur.

In addition to legal issues, this phenomenon presents a significant risk to patient safety because several technical service components, such as drug counseling, dose selection, and therapy verification, are not performed by competent personnel. The mismatch between norms and practices also reflects structural weaknesses in the health system, particularly in terms of human resource distribution and policy support. Based on these findings, this study emphasizes the importance of policies to equitably distribute pharmaceutical energy, strengthen transitional regulations, and utilize digital pharmacy technology as a bridge between service needs and the boundaries of professional authority. These steps are necessary to ensure patient safety and ensure consistent implementation of regulations across regions.

REFERENCES

Asi, Y., Mills, D., Greenough, P. G., Kunichoff, D., Khan, S., Hoek, J. Van Den, Scher, C., Halabi, S., Abdulrahim, S., Bahour, N., Ahmed, A. K., Wispelwey, B., & Hammoudeh, W. (2024). Nowhere and No One is Safe: Spatial Analysis of Damage to Critical Civilian Infrastructure in The Gaza Strip During The First Phase of The Israeli Military Campaign, 7 October to 22 November 2023. *Conflict and Health*, *18*(1), 1–13. https://doi.org/10.1186/s13031-024-00580-x

Cohen, N., & Oreg, A. (2025). “I am a guest man in a world of women”: The lived experiences of gay fathers utilizing human milk donations for their babies. *Social Science & Medicine*, *365*, 117567. https://doi.org/https://doi.org/10.1016/j.socscimed.2024.117567

Efendi, A., & Susanti, D. O. (2021). *Ilmu Hukum [Legal studies]*. Prenada Media. https://doi.org/[in Indonesian]

Fatoni, Z., Astuti, Y., Situmorang, A., NFN, W., & Purwaningsih, S. S. (2015). Implementasi Kebijakan Kesehatan Reproduksi di Indonesia: Sebelum dan Sesudah Reformasi [Implementation of Reproductive Health Policy in Indonesia: Before and After Reform]. *Jurnal Kependudukan Indonesia*, *10*(1), 65. https://doi.org/10.14203/jki.v10i1.56 [In Indonesian]

Friedman, L. M. (2021). *The Legal System: A Social Science Perspective*. Russell Sage Foundation.

Garg, D. R., Batra, R., & Banerji, A. (2020). Low Cost, Quality Treatment and Excellent Hospitality Makes India

the Best Destination for Medical Tourism. *International Journal of Innovative Research in Medical Science*, *5*(01), 10-to. https://doi.org/10.23958/ijirms/vol05-i01/614

Hadjon, P. M., & Djatmayati, T. S. (2002). *Pengantar Hukum Administrasi Indonesia [Introduction to Indonesian Administrative Law]*. Gadjah Mada University Press. https://doi.org/[in Indonesian]

Huriani, Y., & Annibras, N. R. (2019). Decision Making Process of Women Migrant Workers in West Java: The Intertwine of Religion, Culture, and Social Reality. *Wawasan: Jurnal Ilmiah Agama Dan Sosial Budaya, Vol. 5 No. 1 (2020)*.

Hutama, W. N. (2024). The Position Of Replacement Money As A Principal Criminal In Corruption Crimes That Damage State Financies. *Santhet (Jurnal Sejarah Pendidikan Dan Humaniora)*, *8*(2), 1842–1848. https://doi.org/10.36526/santhet.v8i2.4486

Kawaguchi-Suzuki, M. (2019). Cultural sensitivity and global pharmacy engagement in Asia: India, Indonesia, Malaysia, Philippines, and Vietnam. *American Journal of Pharmaceutical Education*, *83*(4), 651–664.

Kelsen, H. (1967). *Pure theory of law*. Univ of California Press.

Khodadadi, B. (2024). "Nowhere but Everywhere": The Principle of Legality and the Complexities of Judicial Discretion in Iran. *Iranian Studies*, *57*(4), 651–670. https://doi.org/DOI: 10.1017/irn.2024.23

Lee, S. (2024). Pharmacy Ethics and Professionalism Case Studies and Best Practices. *JRP - Journal of Research in Pharmaceutics*.

Organization, W. H. (2015). *Promoting rational use of medicines*. World Health Organization.

Organization, W. H. (2019). *The Role of the Pharmacist in the Health Care System*.

Parsons, T. (1937). *The Structure of Social Action* (Vol. 491). The Free Press, New York.

Peraturan Pemerintah (PP) Nomor 28 Tahun 2024 Tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Government Regulation (PP) Number 28 of 2024 Concerning Implementing Regulations of Law Number 17 of 2023 Concerning Health], Pub. L. No. 28 (2024). https://doi.org/[in Indonesian]

Peraturan Pemerintah (PP) Nomor 51 Tahun 2009 Tentang Pekerjaan Kefarmasian [Government Regulation (PP) Number 51 of 2009 Concerning Pharmaceutical Work] (2009). https://doi.org/[in Indonesian]

Peraturan Presiden (Perpres) Nomor 72 Tahun 2012 Tentang Sistem Kesehatan Nasional [Presidential Regulation (Perpres) Number 72 of 2012 Concerning the National Health System], Pub. L. No. 72 (2012). https://doi.org/[in Indonesian]

Radbruch, G. (1946). Gesetzliches unrecht und übergesetzliches recht. *Süddeutsche Juristen-Zeitung*, *5*, 105–108.

Rahman, M. T. (2018). *Pengantar filsafat sosial.* LEKKAS.

Rahman, M. T. (2020). *Filsafat Ilmu Pengetahuan*. Prodi S2 Studi Agama-Agama UIN Sunan Gunung Djati Bandung.

Sapsudin, A. (2024). *Filsafat hukum ketatanegaraan*. Gunung Djati Publishing Bandung.

Sapsudin, A. (2025). *Filsafat Ilmu Hukum* (M. T. Rahman & U. Hermawan (Eds.)). Sunan Gunung Djati Publishing.

Soekanto, S. (2011). *Faktor-faktor yang mempengaruhi penegakan hukum*.

Sugyati, C., Sjoraida, D. F., & Anwar, R. K. (2017). Pemahaman Kebijakan Kesehatan Masyarakat Bidang Ibu dan Anak Pada Pelaksana Lapangan di Jawa Barat. *Jurnal Ilmu Pemerintahan : Kajian Ilmu Pemerintahan Dan Politik Daerah*. https://doi.org/10.24905/jip.v2i1.690

Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan [Law Number 17 of 2023 Concerning Health], Pub. L. No. 17 (2023). https://doi.org/[in Indonesian]

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