

## Formulation of Medical Professionals' Roles in Skincare Service Practices Based on the Principle of Justice

Aris Prio Agus Santoso<sup>1</sup>, Anis Mashdurohatun<sup>2</sup> and Bambang Tri Bawono<sup>3</sup>

Doctoral Program in Law, Faculty of Law, Sultan Agung Islamic University, Semarang, Indonesia

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**Abstract:** The rapid expansion of the beauty industry has increasingly driven medical practitioners to participate in commercial skincare activities, including excessive promotion, overclaiming, and marketing behaviors that potentially violate professional ethics, trade regulations, and consumer protection principles. Ideally, however, the role of medical practitioners must be carried out professionally, justly, and in accordance with regulatory standards to ensure that medical authority, ethical integrity, and consumer rights are protected proportionally and responsibly. This study seeks to formulate a justice-based model for defining the role of medical practitioners in skincare services by integrating principles of professional ethics, legal norms, and consumer protection. The formulation is expected to provide a foundation for strengthening operational standards, enhancing regulatory oversight, and supporting legal harmonization that is responsive to the evolving dynamics of Indonesia's beauty industry. Using a normative juridical method with a conceptual approach, qualitative analysis, and comparison of established legal theories, this research identifies normative gaps, regulatory inconsistencies, and relevant justice principles. The analytical process enables the development of a comprehensive and adaptive framework for the medical practitioner's role in skincare practice. The findings reveal that medical practitioners are not merely technical service providers; they serve as guardians of ethics, morality, and justice within skincare services. They are responsible for ensuring that treatment is safe, effective, proportional, and oriented toward patient protection. The integration of distributive justice, corrective justice, and fairness, combined with bioethical principles and role theory demonstrates that medical professionalism must align with empathy, transparency, and moral integrity. Role tension emerges when commercial demands intersect with ethical duties, thereby requiring fair, balanced, and enforceable operational standards. This study ultimately proposes the "Empathic-Proportional Justice Model" as an innovative framework that synthesizes ethical values, legal principles, and moral-spiritual considerations to strengthen the role of medical practitioners in contemporary skincare practice.

**Keywords:** Medical Practitioners' Role, Skincare Services, Justice.

### 1. Introduction

The beauty industry is currently experiencing rapid growth, marked by the increasing number of beauty clinics and aesthetic treatment facilities [1]. This development has prompted businesses within the industry to compete intensely in order to attract and retain customer loyalty toward their products or services [2]. Innovation, creativity, the use of modern technology, and excellent service have become key factors in winning market competition. In a situation where numerous consumers (buyers) and service providers (sellers) interact, these factors serve as primary drivers for the success of beauty-related businesses [3].

Over time, and alongside rising public awareness of health, cosmetic and health-related products have emerged in various forms both local and international readily accessible online. Greater awareness of skin health and appearance in developing countries has been significantly influenced by social media celebrities. The increasing consumer demand for such products has driven entrepreneurs in the health-related cosmetic industry, including skincare, to further intensify business competition [4].

In the current era of industrial transformation, many physicians have taken the opportunity to engage in business practices as skincare brand owners. Various beauty treatments are widely promoted to the public, including body detoxification using specific devices and materials, plastic surgery procedures, facial reshaping, face-lift and neck-

lift interventions, tattoo removal, tummy tucks, and breast augmentation or reduction. However, the involvement of physicians in the skincare business has sparked debate. Although physicians should prioritize service quality and patient well-being, some instead prioritize profit, resulting in suboptimal outcomes for patients. This highlights the need for stronger consumer protection measures to ensure that business actors and practitioners do not operate solely based on profit orientation [5]. Such conduct is increasingly regarded as a violation of medical ethics.

As reported by CNN Indonesia on March 5, 2024, the Indonesian Medical Association (IDI) issued a prohibition on physicians promoting their products on social media, as stipulated in Decree No. 029/PB/K.MKEK/04/2021. While advertising may be permissible internationally, it is not allowed in Indonesia. Physicians are prohibited from engaging in advertisements involving claims related to healing, beauty enhancement, or physical fitness. However, they may disseminate public health information or promote behavioral change toward healthier lifestyles. Physicians active on social media must also maintain patient confidentiality and separate their personal accounts from accounts used for public communication [6].

Decree No. 029/PB/K.MKEK/04/2021 on the Ethical Guidelines for Physicians' Activities on Social Media states in clause 3 that the use of social media for health promotion and prevention has high ethical value and is commendable as long as it adheres to scientific truth, general ethics, professional ethics, and applicable regulations. Clause 5 further emphasizes that physicians must avoid excessive self-promotion and inappropriate advertising of products or services. This becomes problematic when medical practitioners simultaneously act as skincare business owners. Article 43(1) of Government Regulation No. 29 of 2021 on Trade Administration stipulates that companies engaging in direct selling must meet several criteria: (a) possess exclusive distribution rights for the products sold directly, (b) have a marketing program, (c) maintain a code of ethics, (d) recruit direct sellers through a network system, and (e) sell products directly to consumers through networks developed by direct sellers.

According to Article 3 of the Indonesian Medical Code of Ethics, physicians must not allow factors that compromise their professional independence to influence their practice. Medical practice is not intended for personal gain; rather, it is grounded in humanitarian values and the best interest of patients. The article also prohibits physicians from seeking public attention through advertising or requesting others to publicize their names or treatment outcomes in newspapers or mass media [7]. Nevertheless, some physicians who own skincare brands continue to engage in excessive promotion or overclaiming on social media, often making assertions that lack scientific or medical validity for instance, claiming that their products can instantly cure specific skin conditions [8]. Such practices constitute ethical violations because they disregard transparency and accuracy in disseminating information, while potentially misleading consumers who lack the medical knowledge necessary to assess the validity of such claims.

Three previous studies provide essential foundations for developing a justice-based formulation of medical practitioners' roles in skincare services. Ery Suhaymi (2023) argues that physicians may still face legal liability even after making maximal efforts in medical emergencies, thereby necessitating a reconstruction of legal protection grounded in justice to address weaknesses in legal substance, structure, and culture. The novelty lies in the concept of legal harmony that integrates justice, utility, and deliberation, an approach relevant to skincare practice that requires professional protection and legal certainty [9]. Zubir Bin Muhammad Juned (2022) demonstrates that local traditions and wisdom can serve as the basis for lawmaking through an eco-ushul al-fiqh approach, offering novelty by integrating cultural values, Sharia principles, and social norms into legal harmonization a concept adaptable to regulating medical practitioners' roles in the skincare sector [10]. Meanwhile, Manang Soebekti (2022) highlights that reasons for the abolition of prosecution in the Criminal Code remain punitive and insufficiently considerate of justice and restoration, offering novelty through the application of legal harmony principles based on peacebuilding and social recovery [11].

These studies collectively demonstrate that skincare practice still lacks a justice-based formulation of medical practitioners' roles, thereby revealing the urgency of the present research. The novelty of this study lies in its development of a justice-based legal harmonization model that integrates principles of justice, utility, and social restoration, while incorporating local wisdom and deliberative approaches as components of dispute resolution. This framework formulates the role of medical practitioners not only by defining proportional boundaries of

authority and responsibility but also by strengthening legal protection and professional ethics, thereby addressing existing normative gaps in the regulation of skincare services in Indonesia.

### 2. Research Methodology

The research method employed in this study is a normative juridical approach with an emphasis on an in-depth *conceptual approach* to formulate a more comprehensive theoretical construction. This research examines primary, secondary, and tertiary legal materials to identify normative gaps, regulatory disharmony, and structural weaknesses within the legal framework governing the role of medical practitioners in skincare services in Indonesia [12]. The conceptual approach is used to explore and clarify the meaning, scope of authority, and justice principles relevant to skincare service practices [13]. Furthermore, this study compares classical legal theories with contemporary theoretical developments to establish a normative foundation for formulating a new model that is more integrative, equitable, and adaptive to modern socio-medical contexts [14]. The entire analytical process is conducted using qualitative analysis, which involves interpreting, conceptualizing, and synthesizing various legal provisions, doctrines, and legal principles to develop a formulation of the medical practitioner's role that achieves a balanced integration of legal certainty, utility, and substantive justice [15].

### 3. Result and Discussion

As a profession positioned at the forefront of aesthetic healthcare services, medical practitioners are required not only to master technical and scientific competencies but also to uphold the values of justice for patients, the profession, and society. Formulating this role is essential to creating a harmonious framework that integrates professional ethics, legal regulations, and patient protection so that skincare services can be delivered safely, effectively, and fairly. Understanding the role of medical practitioners from a justice-based perspective affirms their professional responsibilities while providing guidance for policies and operational standards that are responsive to public interests [16].

The role of medical practitioners is not merely an expression of technical professionalism but also an embodiment of moral and legal values, especially the value of justice. Aristotle's distinction between distributive and corrective justice is relevant to building systems of reward distribution, accountability, and remedies for professional misconduct in aesthetic healthcare [17]. Rawls, through his concept of *justice as fairness*, emphasizes the protection of vulnerable groups, which is crucial in aesthetic medicine, where disparities in access and patient information often occur [18]. Radbruch asserts that law culminates in justice; thus, fair medical actions form part of the legal and moral legitimacy of the medical profession [19].

Medical practitioners occupy a social position at the intersection of patient rights, professional duties, and societal interests. Their role must therefore align with the principles of distributive, corrective, and procedural justice. Modern bioethics also places justice as one of the four fundamental principles of medical professionalism, alongside beneficence, non-maleficence, and respect for autonomy [20].

Role theory provides an analytical framework for understanding how medical practitioners display professional behavior according to social expectations. Biddle and Thomas explain that roles encompass social actors, observable behaviors, status, and their interrelationship [21]. Soerjono Soekanto emphasizes that role is the dynamic aspect of status; therefore, when medical practitioners perform their rights and obligations grounded in law, ethics, and professional standards, they are fulfilling a legitimate and dignified role [22].

Medical practitioners' rights include legal protection, adequate remuneration, and workplace safety, while their obligations encompass quality care, respect for informed consent, maintenance of medical confidentiality, and accurate documentation and referral systems. Professional norms and legal rules serve as formal guidelines, whereas practitioners' conduct becomes the concrete manifestation of the roles they perform [23].

Societal expectations; explicit and implicit demand that medical practitioners uphold professionalism that reflects justice. The doctor-patient relationship becomes a critical forum for actualizing these values, where professional interaction must balance expertise, empathy, and moral integrity [24].

Evaluation and sanctions in medical practice serve as mechanisms of social and professional control regarding compliance with or violations of norms. A fair sanctioning system restores justice for harmed patients while maintaining the integrity of the medical profession [25].

The role of medical practitioners is dynamic, evolving alongside scientific advancements, technological change, and societal needs. Their involvement in vaccination programs, health education, and preventive initiatives represents an expanded professional responsibility that reinforces social justice in healthcare access [26].

Role conflicts are inevitable, especially when practitioners must simultaneously meet clinical, administrative, and ethical demands. Such situations may produce ambiguity and emotional strain. Rawlsian principles again serve as guidance, requiring practitioners to prioritize vulnerable patients when difficult decisions must be made [27].

Implementing justice in medical practice requires integrating distributive, corrective, and procedural dimensions. The equitable distribution of rewards, mechanisms for remediation, and transparency in licensing and competency evaluations all form part of a just professional system [28].

Ultimately, the convergence of justice theory and role theory demonstrates that medical actions constitute arenas for actualizing normative values. Each clinical and non-clinical decision reflects the application of justice principles, which not only influence service quality but also the moral and legal legitimacy of the medical profession [29].

Within the development of the national health system, medical practitioners serve as key actors who articulate justice in practical terms. Equitable, inclusive, and professional health services are not merely administrative obligations but reflect respect for human dignity, professional integrity, and the social equilibrium idealized by theories of justice. Beyond clinical care, the role of medical practitioners also functions as a mechanism of social education, modeling ethical values, justice, and responsibility for society at large. Through their interactions with patients, families, and communities, practitioners reinforce justice, safeguard rights, and strengthen civil norms.

According to Anwar Usman, procedural law is a bridge, the constitution is a house, and justice is the ultimate goal. Without the bridge, the house becomes an illusion; without justice, the state becomes an empty stage. Law is not merely a textual structure but a pathway to meaning. Procedural law provides direction; the constitution provides foundation; yet justice remains the light at the end of the journey. Justice, he argues, is the fruit of peace and originates solely from God. True justice emerges from a pure heart, a clear conscience, and a soul free from vested interests. Justice cannot survive if treated as mere procedure; it flourishes only when guarded as a divine trust.

Developed further, Usman's concept of justice positions justice as a guiding light that gives direction and meaning to legal structures. In skincare practice, justice serves as a moral and ethical compass for practitioners. Clinical decisions such as selecting aesthetic procedures, determining indications, or managing complications must be guided by considerations that prioritize patient welfare over efficiency or financial gain. Procedural standards and regulations function as bridges, but justice ensures that care remains aligned with humanitarian and professional goals.

This philosophical view emphasizes that justice cannot be reduced to regulatory compliance. A practitioner who adheres solely to procedural standards without regard for moral considerations cannot achieve dignified practice. As Aristotle notes, distributive and corrective justice must both be applied: the former ensures patients receive services according to their needs and rights, while the latter enables redress when harm occurs.

Under a Rawlsian framework, fairness requires prioritizing vulnerable patients, such as those with socioeconomic limitations or elevated medical risks. In skincare practice, this means ensuring proportional and nondiscriminatory services. Justice becomes not just formal but substantively enacted.

Role theory conceptualizes medical practitioners as actors performing roles expected by society, institutions, and professional regulations. Norms, standards, and procedures serve as scripts within the societal stage. Yet, following Usman, the success of these structures depends on the illumination of justice meaning that medical practitioners must embody decisions guided by moral integrity and spiritual awareness.

In skincare practice, evaluation goes beyond administrative compliance; it encompasses assessing how far practitioners advance justice for patients. Sanctions act as corrective instruments, maintaining professional dignity and restoring equity for patients harmed by misconduct. Justice, seen as the fruit of peace, strengthens public trust and reinforces social harmony through ethical medical conduct.

The role of medical practitioners in justice-oriented skincare practice requires harmony among rights, duties, and expectations. Justice thus becomes the integrative principle uniting professional standards, legal norms, and social values. Without justice, procedures and regulations become empty symbols. Justice also demands moral courage in moments of role ambiguity for example, balancing patient demands with safety considerations and ethical responsibility.

Rawlsian fairness adds a critical analytical layer, urging practitioners to prioritize vulnerable patients and ensure that socioeconomic disparities do not hinder access to care. The spiritual dimension of justice, as emphasized by Usman, further requires practitioners to approach their responsibilities as a sacred trust.

Based on the foregoing, this study formulates the “Empathic-Proportional Justice Model”, which is elaborated in the subsequent section.

Table 1. The “Empathic-Proportional Justice” Model Approach

Aspect	Explanation	Examples of Implementation in Skincare Practice	Philosophical and Ethical Foundations
<b>Clinical Empathy</b>	Medical practitioners place themselves in the patient’s position, understanding their physical, psychological, and social conditions.	Providing comprehensive consultations before procedures and listening to patient concerns about risks or costs.	Rawlsian fairness and humanistic values: prioritizing the most vulnerable.
<b>Service Proportionality</b>	Intensity, cost, and interventions are adjusted according to patient needs and case complexity.	Offering minimally invasive procedures for high-risk patients or those with medical comorbidities.	Aristotelian distributive justice: balancing rights, needs, and responsibilities.
<b>Transparency &amp; Information</b>	Providing clear, accurate, and understandable information about procedures, risks, and alternatives.	Offering complete informed consent, including potential side effects and cost estimates.	Procedural justice and Radbruch’s principles: moral legitimacy and ethical certainty.
<b>Compensation &amp; Corrective Measures</b>	Ensuring mechanisms for recovery when errors or malpractice occur.	Providing free corrective procedures or compensation for unexpected adverse effects.	Aristotelian corrective justice; maintaining professional integrity and public morality.
<b>Moral–Spiritual Integration</b>	Clinical decisions are grounded in moral awareness, conscience, and spiritual values.	Refusing high-risk procedures despite patient demand, based on ethical responsibility and trust.	Anwar Usman’s philosophy: justice arises from a pure heart and clear conscience.
<b>Continuous Evaluation &amp; Feedback</b>	Ongoing assessment of service quality and practitioner performance.	Conducting regular service audits, patient feedback sessions, and ethics-based training.	Role theory and evaluation (Soerjono Soekanto): social and professional control ensuring role alignment.

Source: Processed data (2025).

Table 2. Comparative Advantages of the “Empathic-Proportional Justice” Model

Previous Theories / Approaches	Main Focus	Weaknesses / Limitations	Advantages of the “Empathic-Proportional Justice” Model
<b>Aristotle (Distributive &amp; Corrective Justice)</b>	Distributive proportionality and corrective restitution.	Lacks emphasis on patient empathy and socio-spiritual context.	Integrates proportionality with clinical empathy and moral-spiritual considerations to create more humane decisions.
<b>John Rawls (Fairness Theory)</b>	Protecting the weakest parties; equal access.	Limited attention to technical and professional aspects of medical practice.	Combines fairness principles with concrete clinical practice and proportionality in medical interventions.
<b>Role Theory (Biddle &amp; Thomas; Soerjono Soekanto)</b>	Social actors, status, behavior, expectations, evaluation.	Focuses on social-professional roles; lacks moral-spiritual and distributive/corrective justice dimensions.	Integrates social-professional expectations with empathy, proportionality, and substantive justice.
<b>Radbruch</b>	Justice as the foundation of law.	Emphasizes formal law and ethics; limited focus on clinical-personal dimensions.	Integrates law, ethics, and clinical practice so justice becomes operational rather than purely normative.

Source: Processed data (2025).

The Empathic-Proportional Justice Approach emerges from the need to integrate the technical, ethical, social, and spiritual dimensions of skincare practice. This model asserts that medical professionals must not rely solely on procedural compliance; rather, they must perform their professional duties with moral integrity, empathy, and spiritual awareness so that every clinical action carries both normative and constitutive meaning. Clinical empathy becomes the foundation of humane interaction, ensuring that patients are fully understood and that their interests remain paramount. Proportionality ensures that the intensity, risks, and costs of interventions align with the patient’s needs and condition. Transparency, compensation mechanisms, and continuous evaluation uphold substantive and procedural justice, thereby sustaining public trust and professional legitimacy. The integration of moral and spiritual values reinforces the understanding that medical practice is a moral mandate, not merely a technical routine, and that every clinical decision embodies distributive, corrective, and procedural justice, as well as Rawlsian fairness that prioritizes the most vulnerable.

The model is grounded in several philosophical foundations. Aristotle’s concepts of distributive and corrective justice offer a basis for proportionate allocation of rights, responsibilities, and remedies, guiding service provision according to contribution, need, and risk. Rawls’s principle of fairness emphasizes the protection of the weakest parties, making clinical empathy and service allocation an essential normative aspect of practice. Radbruch’s philosophy placing justice at the core of legal systems underscores the importance of transparency, procedural safeguards, and ongoing evaluation as sources of professional legitimacy. Soerjono Soekanto’s theory of role and social control links status, behavior, norms, and professional accountability, forming the basis for evaluating performance and moral sanctions. Meanwhile, Anwar Usman highlights that justice is rooted in moral conscience and spiritual purity, positioning medical practice as an ethical and divine trust that integrates morality, responsibility, and social accountability.

Ontologically, this model situates justice as a reality embedded both in social–professional relationships and in individual moral consciousness. Epistemologically, knowledge of justice is derived from philosophical reflection, clinical experience, and understanding of ethical and legal norms. Axiologically, the model guides medical practitioners to make decisions that are just, dignified, and holistic, integrating technical, social, and spiritual considerations so that skincare practice becomes harmonious, humane, and sustainable. Thus, the Empathic-Proportional Justice Approach not only fills the gaps in earlier theories but also provides a practical and philosophical framework for ensuring justice in every dimension of aesthetic healthcare services.

Based on the foregoing discussion, the formulation of medical professionals’ roles in skincare services grounded in justice is as follows:

1. Technical–Professional Role  
Medical professionals are responsible for providing safe, effective, and evidence-based skincare services. All clinical actions must follow standard operating procedures, codes of medical ethics, and applicable legal regulations, prioritizing patient safety and well-being.
2. Ethical and Moral Role  
Medical decisions must rest not only on technical procedures but also on moral integrity, honesty, and ethical responsibility. Practitioners must reject unsafe procedures even when requested by patients and uphold confidentiality, autonomy, and patient dignity.
3. Empathic Role  
Clinical empathy is essential for understanding patients’ physical, psychological, social, and economic conditions. This operationalizes Rawlsian fairness, prioritizing the most vulnerable patients.
4. Proportional Role  
The intensity, risks, costs, and types of interventions must be proportionate to the patient’s needs. This reflects Aristotelian distributive justice, balancing patient rights, professional responsibility, and resource availability.
5. Corrective and Accountable Role  
Medical practitioners must provide mechanisms for remediation and compensation when errors, complications, or malpractice occur. This operationalizes Aristotelian corrective justice and maintains professional integrity through transparent accountability.
6. Transparency and Educational Role  
Patients must receive accurate, comprehensible information about procedures, benefits, risks, and alternatives. Informed consent serves as the primary instrument ensuring informational equality and legitimacy of medical action.
7. Evaluative and Reflective Role  
Practitioners must continuously evaluate clinical practice, competence, and service quality through audits, peer reviews, and patient feedback. This reflects Soekanto’s concept of social control, aligning professional roles with norms and societal expectations.
8. Social and Educational Role  
Beyond providing services, medical professionals act as social educators by promoting health awareness, ethical values, and responsible lifestyle choices, thereby shaping fair and humane social norms in skincare practices.
9. Spiritual and Divine Role  
Skincare practice is viewed as a divine trust. Clinical decisions must arise from a clear conscience and spiritual integrity, echoing Anwar Usman’s view that true justice emanates from a pure heart and transcendent values.
10. Harmonizing Role in Regulation and Policy  
Medical professionals serve as intermediaries between legal regulations, professional ethics, and clinical practice, ensuring harmony between patient interests, professional responsibility, and the public good.

The researcher concludes that the formulation of medical professionals’ roles in skincare services grounded in justice does not end with legal texts or ethical codes. Instead, it represents the living realization of justice within daily medical practice. Philosophically, this formulation affirms that justice is the ultimate goal, legal norms are the bridge, and medical professionals are the agents who animate these principles in practice.

#### 4. Conclusion

The findings demonstrate that medical practitioners are not merely technical operators but also custodians of moral, ethical, and legal values. They are responsible for ensuring that aesthetic health services are delivered safely, effectively, and fairly, while prioritizing patient protection and the public interest. Understanding the role of medical personnel from the perspective of justice provides a foundation for responsive policy formulation and more humane, patient-oriented operational standards. Their role reflects an integration of technical professionalism and justice as a normative principle.

Aristotle’s notions of distributive and corrective justice provide a philosophical basis for allocating rights and duties and for rectifying misconduct within aesthetic health practice. Rawls’s *justice as fairness* underscores the need

to protect vulnerable groups—an especially relevant principle given disparities in access and information in aesthetic services. Radbruch positions justice as the ultimate aim of law, implying that just medical actions form the moral and legal legitimacy of the medical profession. These values are reinforced by modern bioethics, which places justice alongside beneficence, non-maleficence, and autonomy.

Within role theory, medical personnel function as social actors who perform professional behavior based on societal, institutional, and legal expectations. Biddle and Thomas highlight that roles entail actors, behaviors, status, and social relations, while Soerjono Soekanto emphasizes that role is the dynamic aspect of status. Thus, when medical professionals fulfill legal and ethical obligations, they exercise a legitimate and dignified role. Their rights include legal protection and workplace safety, while their duties encompass high-quality care, respect for informed consent, confidentiality, accurate documentation, and appropriate referrals.

The doctor–patient relationship is a primary arena for realizing justice, where professionalism must align with empathy, moral integrity, and patient rights. Evaluation and sanctions serve as corrective mechanisms to uphold justice and preserve professional integrity. The role of medical personnel is dynamic and evolves with scientific advances and societal needs, including preventive and educational functions that contribute to social justice. Role conflicts arise when administrative, clinical, and moral demands intersect; in such situations, Rawlsian principles guide clinicians to prioritize the most vulnerable.

The integration of distributive, corrective, and procedural justice ensures transparent, proportionate, and accountable service delivery. In Anwar Usman’s philosophical view, procedural law is a bridge, the constitution is the house, and justice is the destination implying that without justice, the legal structure is devoid of meaning. Accordingly, medical practitioners in skincare services must treat justice as a moral compass rather than a procedural formality. Clinical decisions, including procedure selection and complication management, must prioritize patient safety and welfare. Justice cannot be realized without moral integrity and a clear conscience, making spiritual values an essential foundation for dignified medical practice.

Based on these considerations, this study proposes the “Empathic-Proportional Justice Model,” an approach integrating clinical empathy, proportional services, informational transparency, corrective mechanisms, and moral–spiritual integrity through continuous evaluation. This model advances previous theories by synthesizing ethical, legal, bioethical, justice-based, and spiritual perspectives into a single, applicable framework for skincare services.

This study recommends that skincare regulations become more responsive to the dynamics of modern medical practice by affirming integrative justice standards encompassing technical, ethical, and spiritual dimensions. The government should enhance oversight mechanisms, clarify the roles of medical personnel, and issue operational guidelines emphasizing proportionality and patient protection. Healthcare institutions should adopt routine ethics-based evaluations, including clinical audits, empathic communication training, and transparent corrective systems. Medical professionals are expected to internalize justice as a moral compass through empathy, integrity, and respect for patient rights. Through collaboration among regulatory authorities, institutions, and practitioners, skincare services can evolve into a system that is just, humane, and oriented toward public welfare.

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