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Islamic Hospitals in the Indonesian Health Legal System from the Perspective of *Maqāṣid Al-Sharī'ah*

Rafan Darodjat
Universitas Airlangga, Indonesia, and Universitas Padjadjaran, Indonesia
Imamulhadi
Universitas Padjadjaran, Indonesia
Ria Setiawati
Universitas Airlangga, Indonesia
Herini Siti Aisyah
Universitas Airlangga, Indonesia
Luthfi Widagdo Eddyono
Victoria University of Wellington, New Zealand
Email: ria.setyawati@fh.unair.ac.id

Abstract: As a country with a Muslim majority population, Indonesia has a need for faith-based health services, but there is a disparity between this need and the available institutional capacity. The national health system still faces challenges of structural inequality and accessibility barriers that hinder justice for vulnerable groups. The Islamic principle of *Rahmatan lil 'Alamin* (mercy for the universe) underlies that Sharia Hospitals are not exclusive institutions for Muslims, but rather a universal service model that brings benefits to all humanity without distinction of social status. This study uses empirical legal methods, analyzed with the theory of maqāṣid al-sharī'ah. Data were collected referring to document studies and field observations. The theory of *maqāṣid al-sharī'ah* is a principle in Islamic law that is used as an analytical framework in Islamic health governance. The results of the study provide concrete evidence that the development of health facilities based on the values of justice and protection of life (hifz an-nafs) can strengthen the national health system. This study demonstrates the emergence of a service model that increases accessibility through the use of Sharia contracts such as ijarah and wakalah, as well as the transparent management of Islamic social funds (ZISWAF). The Islamic principle of *Rahmatan lil 'Alamin* underpins Sharia Hospitals, also as a universal service model that benefits all humanity regardless of social status. Therefore, this study confirms that Sharia Hospitals can function effectively as inclusive instruments in achieving equitable health standards by integrating religious ethical values with the social goals of the state.

Keywords: Health law, sharia hospitals, inclusive, Islamic law, *maqāṣid al-sharī'ah*

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Abstrak: *Sebagai negara dengan populasi mayoritas Muslim, Indonesia memiliki kebutuhan terhadap layanan kesehatan berbasis agama, namun terdapat disparitas antara kebutuhan tersebut dengan kapasitas institusi yang tersedia. Sistem kesehatan nasional masih menghadapi tantangan ketimpangan struktural dan hambatan aksesibilitas yang menghalangi keadilan bagi kelompok rentan. Prinsip Islam Rahmatan lil 'Alamin (rahmat bagi semesta alam) mendasari bahwa Rumah Sakit Syariah bukanlah institusi eksklusif bagi umat Islam, melainkan model layanan universal yang membawa manfaat bagi seluruh kemanusiaan tanpa membedakan status sosial. Penelitian ini menggunakan metode hukum empiris, dianalisis dengan teori maqāṣid al-sharī'ah. Data dikumpulkan mengacu pada studi dokumen dan observasi lapangan. Teori maqāṣid al-sharī'ah merupakan prinsip dalam hukum Islam yang digunakan sebagai kerangka analisis dalam dan tata kelola kesehatan Islam. Hasil penelitian memberikan bukti konkret bahwa pengembangan fasilitas kesehatan yang berlandaskan pada nilai keadilan dan perlindungan jiwa (hifz an-nafs) dapat memperkuat sistem kesehatan nasional. Studi ini menunjukkan munculnya model layanan yang meningkatkan aksesibilitas melalui penggunaan akad syariah seperti ijarah dan wakalah, serta pengelolaan dana sosial Islam (ZISWAF) yang transparan. Prinsip Islam Rahmatan lil 'Alamin mendasari bahwa Rumah Sakit Syariah, juga sebagai model layanan universal yang membawa manfaat bagi seluruh kemanusiaan tanpa membedakan status sosial. Karena itu, penelitian ini mengonfirmasi bahwa Rumah Sakit Syariah mampu berfungsi efektif sebagai instrumen inklusif dalam mencapai standar kesehatan yang merata melalui integrasi nilai etika agama dengan tujuan sosial negara.*
Kata Kunci: *Hukum kesehatan, rumah sakit syariah, inklusif, hukum Islam, maqasid syariah*

Introduction

Indonesia, the world's most populous Muslim country, requires faith-based health services, but there is a gap between this need and available institutional capacity. The national health system still faces challenges of structural inequalities and accessibility barriers that hinder equity for vulnerable groups. *Maqāṣid al-sharī'ah* is the foundation of the orientation of Islamic hospitals as healthcare institutions that prioritize human welfare.[1] The five main principles of *maqasid hifz ad-din* (preservation of religion), *ḥifẓ an-nafs* (preservation of life), *ḥifẓ al-aql* (preservation of reason), *ḥifẓ an-nasl* (preservation of offspring), and *ḥifẓ al-mal* (preservation of wealth) provide a value framework that renders

[1] Tawffeek A.S. Mohammed, "A Scientometric Study of Maqāṣid al-Sharī'ah Research: Trending Issues, Hotspot Research, and Co-Citation Analysis," Frontiers in Research Metrics and Analytics (Frontiers Media SA, 2024). Diatmoko et al., "Islamic Legal Policy on Ultra-Micro Enterprise Financing and Its Implementation from the Perspective of Maqāṣid Al-Sharī'A," *Al-Ahkam* 35, no. 1 (2025).

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healthcare services not only a clinical practice but also a manifestation of respect for human dignity (*karamah al-insan*) and the pursuit of social welfare (*al-maṣlaḥah al-ʿāmmah*). This study finds that Sharia hospitals strive to ensure the protection of patients' lives (*ḥifẓ an-nafs*), maintain cognitive function through services that are free from practices that damage the mind (*ḥifẓ al-aql*), safeguard the continuity of offspring (*ḥifẓ an-nasl*) through reproductive and family health services,[2] and guarantee access to healthcare that does not impose a financial burden on the community as a manifestation of *ḥifẓ al-mal*. Within the *maqasid* framework, Sharia hospitals are thus not merely sites of treatment but embodiments of the shariah mandate through the integration of ethical values and economic solidarity.

The relevance of *maqāṣid al-sharī'ah* in the health sector has been significantly reinforced by various contemporary studies. Hashi explains that the *maqasid* structure can be translated into an instrument to ensure patient safety and value-based medical decision-making. In this way, healthcare services are assessed not only in clinical terms but also in relation to the protection of human dignity and the promotion of human welfare.[3] Mohammed identified a shift in the study of *maqasid* from purely theological discourse towards its application in public policy and social services, including the health sector.[4] The concept of sharia hospitals in Indonesia reflects the development of healthcare services toward a more comprehensive healthcare delivery system through the integration of *maqāṣid al-sharī'ah* values. The primary function of hospitals as healing institutions is directed toward achieving patient welfare through the improvement of healthcare service quality.[5] The implementation of the sharia hospital concept has been adopted by several Islamic hospitals in Indonesia, including Sultan Agung Islamic Hospital, Yogyakarta PDHI Islamic Hospital, Klaten Islamic General Hospital, Jakarta Cempaka Putih Islamic Hospital, and Al-Islam Bandung Hospital.

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[2]Muhammad Maksum. et al., "Sharia Service as An Added Value: Response to Sharia Standard in Hospital Service," *Samarah* 6, no. 1 (2022). Najma Jaman, et.al., "From Classical Fiqh to Emerging Biotechnologies: A Maqāṣid al-Sharīʿah Analysis of Human Cloning and Assisted Reproductive Technologies." *Mazahibuna: Jurnal Perbandingan Mazhab* 8, No. 2 (2026), p. 333–350.

[3]Abdurezak Abdulahi Hashi, "Clinical Applications of Maqasid Al-Shari'ah in Healthcare Services," *Malaysian Journal of Medicine and Health Sciences* 18, no. s19 (2022).

[4]Mohammed, "A Scientometric Study of Maqāṣid al-Sharī'ah Research: Trending Issues, Hotspot Research, and Co-Citation Analysis."

[5]Ngatindriatun, Ngatindriatun et al., "Impact of Sharia Hospital Service Standards and Religiosity Commitment on Patient Satisfaction and Loyalty: Insights from Certified Sharia Hospital in Indonesia," *Journal of Islamic Accounting and Business Research* 17, no. 5 (2024). Mia Amiat, et.al., "Navigating Ambiguity: Critiques of Indonesia's Health Law and its Impact on Legal Redress for Medical Malpractice Victims," *Hasanuddin Law Review* 10, No. 1 (2024).

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The application of *maqāṣid al-sharī'ah* in sharia hospitals demonstrates considerable potential for creating a healthcare service system oriented towards the public good,[6] particularly given that Indonesia's health system still faces structural inequalities that hinder the realization of these values in an equitable manner. Disparities in access to services and the financial burden of healthcare continue to widen the gap between the population's health needs and the availability of adequate services. Various reports indicate that patients still experience refusal of care or service delays due to administrative requirements, especially among the poor and those who are not yet registered with, or face verification problems in, the National Health Insurance (JKN) system.[7] This phenomenon contradicts the principles of *ḥifẓ an-nafs* and *ḥifẓ al-mal*, as healthcare services that should protect life are instead obstructed by exclusionary administrative procedures. This is also in line with WHO findings that the fragmentation of referral systems and administrative barriers are key factors undermining equitable access to health services at the national level.[8]

Conceptually, Sharia hospitals are obliged to ensure that the entire medical service chain, including the selection of medicines, medical consumables, patient food, and financing schemes, is in line with the principles of halal. Fatwa DSN-MUI No. 107/DSN-MUI/X/2016 concerning Guidelines for Operating Hospitals Based on Sharia Principles (hereinafter abbreviated as: DSN Sharia Hospitals) prioritizes the fulfillment of *maqāsid* and regulates[9] the use of non-halal drugs only in medical emergencies with a sharia-based *informed consent* mechanism. To protect modesty and privacy, sharia hospitals operationalize *maqāṣid* through service standards that require the separation of male and female treatment rooms (where possible), the use of curtains and patient clothing that cover the *aurat*, limiting exposure of the body to only the parts needed for medical procedures, and prioritizing healthcare personnel of the same gender when available. This principle is emphasized both in the DSN Sharia Hospital and in the Sharia Hospital Certification Standards and Instruments compiled by the Indonesian Islamic Health Council (hereinafter abbreviated as MUKISI), where the protection of patient dignity (*ḥifẓ al-ʿirḍ*) and the regulation of modesty are among the core elements of certification assessment. A study of the implementation of these standards in several Islamic hospitals shows that sharia certification functions as an accountability mechanism, requiring hospitals to

[6] Mursid Fadillah, et al., "Legal Construction of Sharia Hospital Certification: Juridical Dynamics and Complexity," *Nurani: Jurnal Kajian Syari'ah Dan Masyarakat*, 26, no. 1 (2026).

[7] Ombudsman RI, *BPJS Watch & Ombudsman RI. Laporan Pengaduan Pelayanan Kesehatan Dan Hambatan Akses JKN Tahun 2022–2023*, 2023.

[8] WHO, *The Republic of Indonesia Health System Review*, *Health Systems in Transition*, 2021.

[9] Ahmad Muhtadi Anshor, "Fikih Wabah': Menimbang Ulang Dilema Kebijakan Pemerintah Tentang Larangan Libur Hari Raya Tahun 2020-2021," *De Jure: Jurnal Hukum Dan Syar'iah* 13, no. 2 (2021).

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integrate the protection of modesty and the guarantee of halal medicines into their clinical SOPs. Thus, the ethical- religious dimension does not stop at slogans but becomes part of auditable clinical governance.[10]

Although *maqāṣid al-sharī'ah* is viewed as a strong ethical framework in health services because it upholds the protection of life, financial justice, and the preservation of human dignity, most literature still places it as a theological concept or normative ideal without concrete operational explanations.[11] As a result, the principles of *maqāṣid* have not been fully translated into managerial mechanisms capable of expanding access to healthcare services for underprivileged groups. This conceptual gap is particularly evident in terms of accessibility, where the application of *maqāṣid* often stops at the level of values, while in practice many low-income patients still face administrative barriers due to non-inclusive hospital policies.[12] This study found disparities due to the absence of a *maqāṣid* -based operational system that truly guarantees fair access to health services for all levels of society, especially vulnerable groups.

The disparity in the state's obligation to provide services, coupled with the vulnerability of the community in accessing them, emphasizes that Sharia hospitals are not health institutions exclusively for Muslims, but rather a service model based on the value of *rahmatan lil 'alamin,*[13] which brings universal benefits to all of humanity without distinction of social status. The principle of *maqāṣid al-sharī'ah* is essentially inclusive, prioritizing equitable access and respect for the dignity of patients as universal ethical standards. The existence of Sharia hospitals is expected to strengthen the national health ecosystem through a management model oriented towards public benefit. *The rahmatan lil 'alamin* approach corrects the mistaken assumption that Sharia hospitals[14] are segregate institutions, which philosophically stand to strengthen universal health justice through the integration of religious ethical values with the social objectives of the state.

This research uses empirical legal methods, analyzed with the theory of

[10] Masyhudi, "Transformasi Ekonomi Syariah di Bidang Pelayanan Kesehatan (Rumah Sakit) dalam Menjawab Dinamika Perekonomian Global (Melalui Sertifikasi Rumah Sakit Syariah), (Jakarta, 2019), p. 1–53.

[11] Hamdy Abdullah et al., "Faith and Sustainability: Developing Maqasid Shariah-Based Elderly Care Organization Empowerment Index," *Quality in Ageing and Older Adults* (2025).

[12]Abdul Kholiq Syafa'at Syafaat et al., "Implementation of Shariah Hospital Management Fatwa and Good Corporate Governance Principles: Another Fact from Shariah Hospital," *Jurnal Hukum Islam* 21, no. 2 (2023).

[13] Rafan Darodjat and Nun Harrieti, "Universalitas Wakaf Produktif," *Sawala: Jurnal Pengabdian Masyarakat Pembangunan Sosial, Desa Dan Masyaraka*t 6, no. 1 (2025), p. 1–12.

[14] Ahmad Luqmanulhakim; et al Sunawari, "A Patient-Centered Hospital in Malaysia in Accordance with Maqasid Syariah Principles: A Comprehensive Review and Prospective Research Directions," *International Journal of Islamic Thought*, 24, no. 1 (2023).

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maqāṣid al-sharī'ah.[15] Data was collected by means of document studies and field observations. The theory of *maqāṣid al-sharī'ah* is a principle in Islamic law that is used as a framework for analysis and governance of Islamic health. The empirical legal research begins with a normative analysis through the statute approach, focusing on Law Number 17 of 2023 on Health and the National Sharia Council-Indonesian Ulema Council (DSN-MUI) Fatwa No. 107/DSN-MUI/X/2016 concerning Guidelines for the Operation of Hospitals Based on Sharia Principles. It then applies a conceptual approach grounded in the theory of *maqāṣid al-sharī'ah*, as developed by Al-Shāṭibī through the concept of *al-ḍaruriyyat al-khams.*[16] This ideal framework and regulatory standard are subsequently elaborated through empirical field data to assess the synchronization and practical implementation of healthcare services in Indonesian Sharia hospitals. The *maqāṣid* perspective serves as an empirical evaluative framework for assessing the governance and legal system of Sharia hospitals in Indonesia in terms of their realization of *maṣlaḥah*.

Islamic Health Governance and the Perspective of *Maqāṣid Al-Sharī'ah*

Islamic Health Governance Theory places the principle *of amanah* as a priority in the management of health institutions.[17]The principle *of amanah* requires every manager and health worker to carry out their duties honestly, transparently, and responsibly as part of the divine mandate to realize *maṣlaḥah* for society[18]. Accountability in Islamic governance requires decision-making that is in line with ethics, law, and sharia values, including vertical accountability to God and horizontal accountability to the public.[19] These values are in line with the role of the Sharia Supervisory Board (DPS) as stipulated in the DSN RS Sharia Fatwa, which requires the application of sharia principles in clinical management, financial governance, and patient services. Thus, Islamic health governance provides a coherent normative framework to strengthen

[15]Faisal Ananda Arfa and Watni Marpaung, *Metodologi Penelitian Hukum Islam*, Jakarta: Kencana, 2018. Luciana Anggraeni, et.al., "A Critical Review of Peraturan Pemerintah Republik Indonesia Nomor 70 Tahun 2020 Concerning the Implementation of Castration for Sexual Crimes: In the Perspectives of Maqashid Sharia, *Jurnal al-Dustur* 5, No. 1 (2022).

[16] Mohamed El-Tahir El-Mesawi, "From Al-Shatibi's Legal Hermeneutics to Thematic Exegesis of the Qur'an," *Intellectual Discourse* 20, no. 2 (2012).

[17] Hanif Abdul Rahman et al., "Development and Validation of Islamic Governance Examination Tool in Healthcare Settings," *International Journal of Health Governance* 25, no. 1 (2019).

[18]Jaser Auda, "*Maqashid al-Shari'ah As Philosophy of Islamic Law: A Systems Approach.* The International Institute of Islamic Thought, 2008.

[19] Iwan Ardian et al., "Investigating the Complex Relationships between Nurses Work Factors, Sharia-Based Nursing Care, and Patient Satisfaction in an Islamic Hospital: A PLS-SEM Approach.," *Belitung Nursing Journal* 9, no. 6 (2023). Siti Marwiyah, et.al., "Optimizing Employee Performance through Physical Work Environment Governance: A Study at the Probolinggo Social Service," *Malikussaleh Social and Political Review* 6, No. 1 (2025).

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transparency, integrity, and fairness in the delivery of modern health services.

Healthcare institutions must ensure that all service processes, from administration and risk management to clinical interactions, reflect Shariah ethics such as honesty, responsibility, and protection of patient dignity (*karamah al-insan*). Research by Haque et al. shows that the application of *maqāṣid al-sharī'ah* in hospital management strengthens organizational accountability through the formation of a Shariah Advisory Council and the establishment of Shariah Critical Points as an internal control mechanism that ensures the conformity of services with Shariah principles. The study confirms that *maqāṣid* -based health governance promotes a more ethical, participatory, and sustainable service model, and is able to integrate public service ethics with public health objectives in a more comprehensive manner. Islamic Health Governance provides a normative foundation for the development of Shariah hospitals that are not only Shariah-compliant but also meet modern quality standards in service effectiveness.[20]

Health service provision in Indonesia functions as a prescriptive guideline that ensures that health care not only fulfills technical medical aspects but also aspects of social justice as a basic human right.[21] Within the national legal framework, the protection of the right to health must be understood as part of the obligation of the state and society to ensure fair, equitable, and quality access to services. However, when these normative values are combined with the Islamic legal framework, healthcare becomes a more holistic moral and public mandate, not only maintaining physical health, but also the honor, dignity, and safety of the human soul.

This Islamic legal approach is inspired by a value structure derived from the theory of *maqāṣid al-sharī'ah,* which emphasizes the protection of five main *maqāṣid* that are all relevant to ideal healthcare services. Empirical and conceptual studies show that the application of *maqāṣid* in medical ethics and hospital management results in a healthcare model that is not only clinical and efficient, but also fair, ethical, and humane. [22] Institutions such as sharia hospitals, based on guidelines such as those of the Indonesian Ulema Council's National Sharia Board (DSN-MUI), are able to translate these normative values into operational standards covering clinical management, halal financial transactions, patient privacy, *informed consent*, and public services that

[20] Ahasanul Haque, et al., "Empowerment of Sustainable Community Health Through The Application of the Theory of Maqasid Al-Shariah," *Asia Pacific Journal of Health Management* (2025).

[21] Levhen Leheza et al., "The Human Right to an Environment Safe for Life and Health: Legal Regulation, Contemporary Challenges and Comparative Perspectives," *Syariah: Jurnal Hukum Dan Pemikiran* 23, no. 2 (2024).

[22] Aasim I. Padela, "Maqāṣidī Models for an 'Islamic' Medical Ethics: Problem-Solving or Confusing at the Bedside?," *American Journal of Islam and Society* 39, nos. 1–2 (2022).

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prioritize the public interest (*maṣlaḥah*), thereby making healthcare a comprehensive social- religious service.

Etymologically, the term *maqāṣid* comes from the Arabic verb قَصَدَ – يَقْصِدُ – قَصْدًا (*qaṣada - yaqṣidu - qaṣdan*),[23] which means to go toward a goal, to intend, and to act consciously and purposefully. The root word qaṣd describes the orientation of actions with deliberation, balance, and precision (*deliberate direction*), not random actions without purpose. Conversely, the term *al-Sharī'ah* (الشريعة) means the path to a source of water or a straight path that gives life, which then developed into a way of life or divine rules established for the benefit of mankind. Therefore, *maqāṣid al-sharī'ah*[24] is understood as the fundamental objectives that orient Islamic law in realizing benefit and preventing harm to humanity. From its etymological dimension, this concept shows that Sharia is not merely a set of legal-formal norms, but *a* teleological legal system[25] that places human benefit as the final orientation of Islamic legal construction.

Maqāṣid al-sharī'ah provides a philosophical framework that places the protection of life (*ḥifẓ al-nafs*), the achievement of benefit (*al-maṣlaḥah*), and social justice as the basic orientation in the entire health service system. Al-Qaraḍāwī emphasizes that *maqāṣid* are the basic objectives of Sharia law, designed to ensure benefit and prevent all forms of harm to humans, so that the aspect of protecting life takes priority over economic and administrative interests[26]. This approach expands the concept of justice in *maqāṣid* into the context of modern health by stating that fulfilling the medical needs of vulnerable groups is a form of distributive justice inherent in *ḥifẓ al-nafs* and *ḥifẓ al-mal*.[27] The application of *maqāṣid* in the health system is not only a religious ethical guideline, but also a normative paradigm.[28] that encourages governance reform towards health services that uphold human dignity.

[23] Imam Al-Ghazali, *Al-Mustashfā Min 'Ilm Al-Uṣūl* (Jakarta: Pustaka Al-Kautsar, 2022).

[24] Al-Tahir Ibn Ashur; Muhammad, *Ibnu Ashur Treatise on Maqasid Al-Syariah* (London: The International Institute of Islamic Thought, 2013).

[25] Jasser Auda, "*Maqashid al-Shari'ah As Philosophy of Islamic Law,* p. 17–138.

[26] Rasito and Izza Mahendra, "Moderasi Fikih Melalui Pendekatan Maqāṣid Al-Sharī'ah Yusuf Al-Qaradhawi: Mencari Relevansinya Di Indonesia Moderation," *Al-Wasatiyah* 1, no. 1 (2019), p. 36–65.

[27] Ali Mohammd et al., "A Jurisprudential Analysis of the Maqasid of Preserving Life and Its Impact on Formulating Health Policies in Islamic Countries," *Journal of Neonatal Surgery* 14 (2025).

[28] Shogar Ibrahim, "The Maqasid-Based Medical Decision Making: Its Philosophy and Framework," *Revelation and Science* 12, no. 02 (2022).

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The Sharia Hospital Model and the Health Legal System from the Perspective of *Maqāṣid Al-Sharī'ah*

1. Reconstructing *Maqāṣid al-Sharī'ah* as a Legal Framework for Health Services

This study develops *maqāṣid al-sharī'ah* from a mere ethical-religious framework into an operational normative framework for the provision of health services. The findings of studies by Hashi, [29] and Yuhanah et al.[30] show that *maqasid* can be applied in clinical decision-making, but this study proves that *maqasid* can also function as a prescriptive basis for state governance of health services. This study identifies that the five principles of *maqasid* (*ḥifẓ al-nafs*, *ḥifẓ al-aql*, *ḥifẓ al-nasl*, *ḥifẓ al-mal*, *ḥifẓ al-dīn*) are substantively in line with the mandate of the 1945 Constitution and the 2023 Health Law Law Number 17 of 2023 on Health, thus having the potential to become a meta-norm of that unites the legal obligations of the state and Islamic ethical values in the management of hospitals. [31]

Historically, the model of Sharia hospitals that provide free services has strong roots in the tradition of bipartisan and waqf hospitals in the Islamic world, particularly during the Ottoman Empire era, when health facilities were financed by waqf[32] and provided services free of charge to the poor as a form of *ḥifẓ al-nafs* and distributive justice.[33] This pattern finds resonance in the contemporary context of Brunei Darussalam, where the Constitution and public policy are explicitly based on *maqāṣid al-sharī'ah* to achieve public interest, social justice, and moral welfare of society. The Brunei government provides free health services to citizens through a network of government hospitals and health centers, and has recently expanded full coverage to permanent residents without citizenship, positioning access to health care as a social right guaranteed by the state, not a commodity.[34] On the other hand, the centralized management of productive waqf by the Brunei Islamic Religious Council (MUIB) shows that waqf instruments have the potential to sustainably support public service

[29]Abdulahi Hashi, "Clinical Applications of Maqasid Al-Shari'ah in Healthcare Services."

[30] Siti Yuhanah, et al, "Analisis Implementasi Maqashid Syariah pada Rumah Sakit Berkompetensi Syariah Di Indonesia Sebagai Unique Value Preposition."

[31] E. Fernando M. Manullang, "Mempertanyakan Pancasila Sebagai Grundnorm: Suatu Refleksi Kritis Dalam Perspektif Fondasionalisme," *Jurnal Hukum & Pembangunan* 50, no. 2 (2020).

[32] Muhamad Nahid et al., "Strategi Fundraising Wakaf Berbasis Wakaf Online," *Syi`ar Iqtishadi: Journal of Islamic Economics, Finance and Banking* 7, no. 2 (2023).

[33] Iskandar Iskandar et al., "Waqf Substantial Contribution Toward the Public Healthcare Sector in the Ottoman Empire," *Journal of Critical Realism in Socio-Economics (JOCRISE)* 1, no. 3 (2023).

[34] Alice Lai et al., "Migrant Workers' Perception and Awareness of Health Insurance Coverage in Brunei Darussalam," *BMC Health Services Research* 24, no. 1 (2024).

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financing schemes, including healthcare. [35]

Based on the *maqāsid* and supported by waqf instruments with a history of waqf hospitals in the Islamic world, this research opens up space for the formulation of a Free Sharia Hospital model in Indonesia as a hybrid scheme between waqf/social financing and state guarantees within the framework of the National Health System (SKN). In this design, basic services, including essential outpatient and inpatient care, are covered through the national health insurance scheme, while waqf/social financing is used to strengthen services for vulnerable groups and reduce out-of-pocket expenses.[36] Specifically, in medical emergencies and childbirth, the principle of *ḥifẓ al-nafs* places safety of life as the highest priority so that administrative procedures, such as referral requirements, identity requirements, and membership status, can be waived first and fulfilled later, so that the functions of life protection, equitable access, and public accountability in Islamic Health Governance[37] are truly institutionalized in service practices, not merely remaining at the normative ethical level.

2. Islamic Health Governance as an Integrated Governance Model

This study develops an Islamic Health Governance model by integrating the principles of trust, accountability, public service, policy control, and clinical ethics, resulting in a governance model that differs from conventional governance. The DSN Fatwa on Sharia Hospitals is positioned as a normative-governance instrument that complements the state's regulatory gaps through sharia audits, the establishment of sharia critical points, and the application of halal clinical standards and modesty protection. The findings of Haque et al.[38] these findings reinforce that *maqāṣid*-based governance increases public accountability. This research contributes to the formulation of an Islamic Health Governance model[39] as a hybrid approach that integrates Shariah ethics and modern health quality standards.

[35] Rozan Yunos, "The Evolution of Islamic Governance: With Special Reference to Brunei Darussalam," *The Journal of Islamic Governance* 3, no. 1 (2017).

[36] Achmad; Siddiq et al., "Reconstructing Waqf Share Policies: A Maqashid Sharia Approach with Insights from Indonesia," *El-Mashlahah* 15, no. 1 (2025).

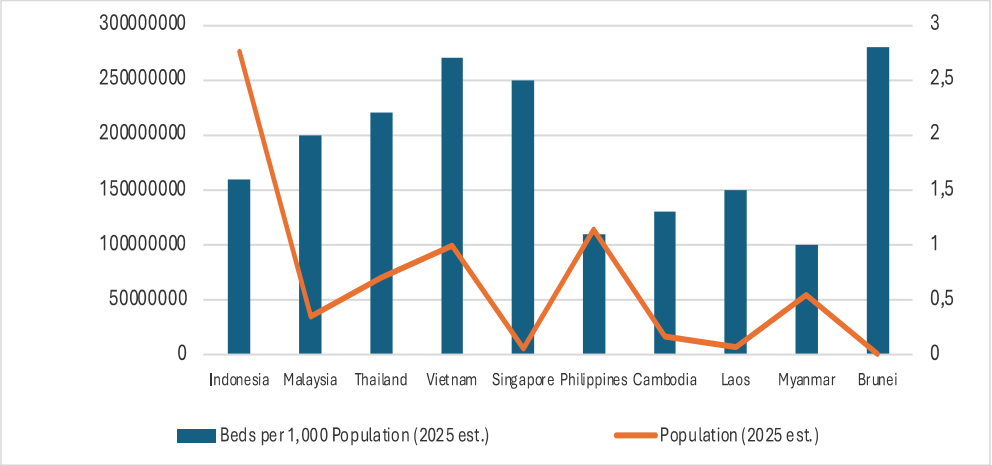
[37] Haque Ahasanul and et al, "Empowerment of Sustainable Community Health Through The Application of the Theory of Maqāṣid al-Sharī'ah," *Asia Pacific Journal of Health Management* 20, no. 2 (2025), p. 1–16

[38] Haque Ahasanul and et al, "Empowerment of Sustainable Community Health Through.

[39] Luhur Prasetiyo et al., "Corporate Governance Model of Islamic Philanthropy at Islamic Hospitals in Ponorogo," *Iqtishadia* 15, no. 2 (2022).

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Chart 1. Comparison of Hospital Bed Capacity in ASEAN Countries



Data source: United Nations, *World Population Prospects* 2022/2024[40] and World Bank, *World Development Indicators*[41], (processed and synthesized by the authors, 2025)

3. Institutional Framework of Sharia Hospitals within the Indonesian Health System

This study offers a normative model for Sharia hospitals that can serve as an instrument for national health equity, especially in the context of high structural disparities. This model integrates *maqāṣid al-sharī'ah*, Islamic Health Governance, and DSN RS *Shariah* Fatwa standards into halal financial transactions, as well as community empowerment schemes through ZIS (Zakat, *Infaq*, and *Sadaqah*).[42] The findings show that Sharia hospitals are not exclusively religious institutions, but rather an inclusive model of *rahmatan lil 'alamin* health services that can strengthen the principle of health equity. Sharia hospitals must contribute significantly to health system reform, especially in improving access and sustainability of services for vulnerable groups.[43]

Empirical observations at Al Islam Hospital Bandung[44] confirm the practical implementation of *maqāṣid al-sharī'ah* in healthcare governance,

[40] UN, "World Population Prospects 2024," *Department of Economic and Social Affairs Population Division*, 2024.

[41] WHO, "Hospital Bed (per 1.000 People)," *World Bank Group*, 2024.

[42] Sumarni Sumarni, "Pendistribusian Dana Zakat Infak Sedekah (ZIS) Untuk Pemberdayaan Masyarakat Studi Kasus BMT Amanah Ummah Sukoharjo," *Jurnal Ilmiah Ekonomi Islam* 4, no. 02 (2018). Erni Juliana Al Hasanah Nasution, "The Implementation of Zakat Fatwas in Amil Zakat Institutions: An Analysis of Opportunities and Challenges," *Jurnal Ilmiah Peuradeun* 13, No. 2 (2025).

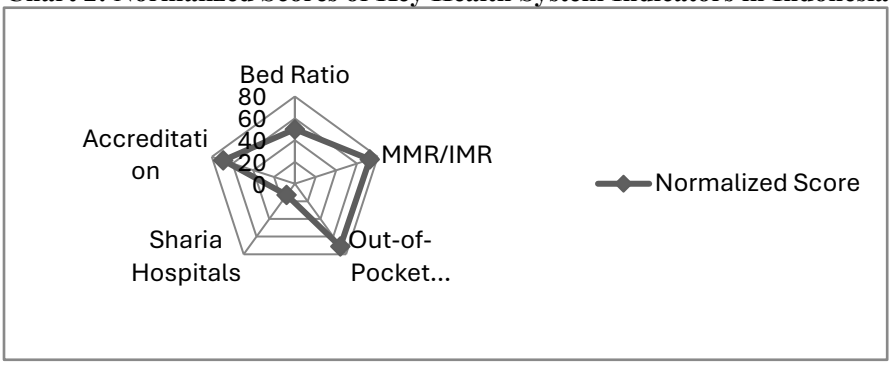
[43] Muhammad Khalilur Rahman et al., "Halal Healthcare Services: Patients' Satisfaction and Word of Mouth Lesson from Islamic-Friendly Hospitals," *Sustainability* 15, no. 2 (2023).

[44] Hospital Al-Islam, "Pengelolaan Keuangan Syariah Di Rumah Sakit Al Islam Bandung," 2025, https://www.rsalislam.com/pengelolaan-keuangan-syariah-di-rumah-sakit-al-islam-bandung/.

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where every transaction is designed to protect life (*hifz al-nafs*) and wealth (*hifz al-mal*) from prohibited elements. In the aspect of protecting life and service rights, the hospital ensures clarity in medical and employment transactions through *Ijarah Multijasa* contracts for patients and *Ijarah 'ala al-a'mal* for medical staff. Meanwhile, the protection of wealth from usury (*riba*) and uncertainty is upheld through the use of *wakalah bi al-ujrah*[45] and *bai al-musawamah*[46] contracts within the supply chain, as well as Sharia investment schemes such as *Ijarah Muntahiya Bit Tamlik* (IMBT),[47] *Mudharabah*, and *Musyarakah Mutanaqisah* for vital asset management. This commitment to financial purity is further solidified by a centralized Professional Zakat system for doctors and staff, proving that the hospital's operations are fully oriented toward social justice and spiritual blessings in accordance with Sharia objectives

Chart 2: Normalized Scores of Key Health System Indicators in Indonesia



Source: WHO, MUKISI, and the Indonesian Ministry of Health.

This chart illustrates the relative performance of Indonesia's health system based on five key indicators derived from the *maqāṣid al-sharī'ah* framework. The *ḥifẓ al-nafs* indicator is represented by *the bed ratio*[48] and maternal mortality rates (MMR/IMR), [49] which show moderate achievements with scores of 50 and 72.3, respectively, on a normalization scale of 0-100. This confirms that basic service capacity, particularly the availability of hospital beds, is still below the WHO ideal standard, although the trend of declining maternal mortality has improved relatively. In the dimension of *ḥifẓ al-mal*, the

[45] Mulyono Jamal, "Application for Wakalah Bi Al-Ujrah Contract in Various Banks, Insurance, and Syariah Mutual Funds Indonesia According to Wahbah Zuhaili," *Al-Iktisab: Journal of Islamic Economic Law* 5, no. 1 (2021).

[46] Sabila Nur Ghaisani and Cucu Susilawati, "Analysis of the Suitability of Sharia Stock Investment on the Indo Premier Securities Application" (2025).

[47] Iwan Setiawan et al., "Hybrid Contracts in Leasing and Ijarah Muntahiya Bit Tamlik in Indonesia Sharia Financial Institutions," *Ekbis: Jurnal Ekonomi Dan Bisnis* 6, no. 1 (2022).

[48] WHO, "Hospital Bed (per 1.000 People)."

[49] UNFPA, *Annual Report*, 2022.

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out-of-pocket Expenditure score of 71.1[50] and the high coverage of the National Health Insurance (JKN)[51] (close to the maximum value) indicate that Indonesia is relatively strong in financial protection[52], although the burden of direct costs on the community still needs to be further reduced so as not to cause *catastrophic health spending*.

The dimension *of ḥifẓ al-din*shows the lowest score, namely 12.7, because the number of sharia health facilities (79 health facilities)[53] is still far below the potential national needs. This confirms that there is a significant gap between the normative needs for religious-based services and the available institutional capacity. Meanwhile, the service quality indicator (hospital accreditation)[54] scored 69, indicating that quality improvement remains a national priority. Overall, this *radar chart* shows that strengthening sharia hospitals as a normative model is not only theologically relevant,[55] but also addresses structural disparities in access and quality of health services in Indonesia.

Table 1: Conceptual Impact of the *Maqasid*-Based Sharia Hospital Model on the Islamic Economic Ecosystem

Sector / Cluster	Impact of the Study on Islamic Economy	Practical Implications
Islamic Banking	Expands Sharia-compliant financing portfolios into the healthcare sector, particularly for the construction and expansion of Sharia hospitals and halal health facilities[56].	Increased use of *murabaha*, *ijarah*, *musharakah* and sukuk structures to finance Sharia-based health infrastructure and investment projects[57].
Islamic Capital Market	Opens opportunities for issuing hospital-linked sukuk and other health-themed Sharia securities, positioning	Development of healthcare-linked sukuk to fund Sharia hospitals and halal healthcare facilities, including PPP-based

[50] WHO, "Tracking Every Rupiah: Indonesia's Bold Step towards Universal Health Coverage," 2025.

[51] Windy Agustiani Lestari et al., "Analisis Fatwa Dewan Syariah Nasional-Majelis Ulama Indonesia Nomor. 107/DSN-MUI/X/2016 Tentang Pedoman Penyelenggaraan Rumah Sakit Berdasarkan Prinsip Syariah Terhadap Penggunaan BPJS Di Rumah Sakit Bersertifikasi Syariah," *Prosiding Hukum Ekonomi Syariah* (2020).

[52] Yuni Arisandy, "JKN Coverage Reached 95.77 Percent of Indonesia's Population: Ministry," Antara, 2024, https://en.antaranews.com/news/309495/jkn-coverage-reached-9577-percent-of-indonesias-population-ministry?

[53] Saepuloh, "Rumah Sakit Syariah Kian Diminati, Ini Empat Urgensinya," *TQN News*, 2024.

[54] Yanti Herman, *Kebijakan Akreditasi RS* 2023 (Jakarta, 2023).

[55] Anne Hege Grung, ed., *Complexities of Spiritual Care in Plural Societies*, *Education, Praxis and Concepts* (De Gruyter, n.d.).

[56] World Bank and IsDB Institute, *Islamic Finance for Infrastructure PPP Projects (2019, Updated 2025)*, 2019.

[57] World Bank and IsDB Institute, *Islamic Finance for Infrastructure*.

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	healthcare as a viable asset class in the Islamic capital market[58].	projects and social/impact sukuk[59].
Takaful (Islamic Insurance)	Reinforces the role of health takaful and micro-takaful as risk-sharing instruments that protect patients, low-income groups and healthcare workers.[60]	Design of health takaful and micro-takaful products integrated with Sharia hospitals and as complementary coverage alongside national health insurance schemes.[61]
Healthcare & Halal Medical Services	Frames healthcare as a strategic real-sector cluster within the Islamic economy through Sharia-compliant hospitals and halal medical service models[62].	Integration of Sharia standards into hospital operations, supply chains and business models (governance, patient pathways, Shariah audit and quality assurance)[63].
Halal Pharmaceuticals	Increases regulatory and market demand for halal medicines, vaccines and pharmaceutical products that comply with Sharia principles[64].	Acceleration of halal certification for medicines, collaborative R&D in halal formulations, and Sharia-compliant financing for the halal pharmaceutical industry[65].
Halal Medical Devices	Encourages the development and procurement of medical devices that meet halal and ethical Sharia requirements[66].	Formulation of halal standards for medical devices and Sharia-based financing schemes for purchasing and localizing halal medical technology[67].
Halal Hospital Catering	Integrates halal nutrition services as part of the halal value chain in the healthcare	Development of halal-certified catering vendors and halal food MSMEs supplying hospitals,

[58] World Bank and IsDB Institute, *Islamic Finance for Infrastructure*.

[59] World Bank and IsDB Institute, *Islamic Finance for Infrastructure*.

[60] Anwar M. Radiamoda, "The Need for Micro or Takaful in Islamic Insurance Partnerships in the Philippines," *Ikonomika* 10, no. 1 (2025).

[61] Fauzilah Salleh, "B40 Health Micro Takaful's Working Framework in Malaysia," Journal of Research on the Lepidoptera 51, no. 1 (2020), p. 246–53.

[62] Farrah Ilyani Che Jamaludin et al., "Developing a Shariah-Compliant Medical Services Framework in Malaysia: An Expert System Approach Using Fuzzy Delphi Method and Interpretive Structural Modelling.," *BMJ Open* 15, no. 1 (2025).

[63] Farrah Ilyani Che Jamaludin et al., "Developing a Shariah-Compliant Medical Services Framework in Malaysia.

[64] Yedi Herdiana et al., "Towards Halal Pharmaceutical: Exploring Alternatives to Animal-Based Ingredients," *Heliyon* 10, no. 1 (2024).

[65] Yedi Herdiana et al., "Towards Halal Pharmaceutical.

[66] Wan Mohd Ashraf Adlin Wan Draman et al., "Halal Certification of Medical Device in Malaysia: A Shariah Analysis into the Compliance Process and Legal Requirements," *International Journal of Medical Toxicology & Legal Medicine* 22, no. 3-4 (2019).

[67] Wan Mohd Ashraf Adlin Wan Draman et al., "Halal Certification of Medical Device in Malaysia.

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	sector and broader Islamic economy.[68]	supported by structured halal certification programs.[69]
Sharia-Based Health Human Resources	Strengthens demand for health professionals with dual competencies in clinical skills and Shariah (Sharia-sensitive doctors, nurses and managers).[70]	Establishment of education, training and certification programs for Sharia-based health human resources, including Sharia Supervisory Boards (SSB) in hospitals and Sharia health consultants.[71]

Source: Authors' conceptual synthesis based on contemporary literature on *Maqasid*-based healthcare, Islamic finance, and halal industry development (processed and synthesized by the authors, 2025)

This research contributes to the development of Sharia hospital law in Indonesia. It clarifies the position of DSN-MUI fatwas and MUKISI standards in the Indonesian healthcare legal system, both of which move from religious ethical soft law[72] to effective norms through licensing, accreditation, and internal hospital regulations. The integration of Sharia provisions into hospital operational standards serves as a source of secondary norms[73] that fill the regulatory void in the positive legal regime of Sharia hospitals in Indonesia.

The development of an integrative normative model for Sharia hospitals links the management of Islamic social funds (ZISWAF),[74] non-discrimination guarantees for patients, data protection and health information confidentiality, and professional responsibility standards for health workers with the *maqāṣid al-sharī'ah* framework. Sharia hospitals are positioned as managers of religious

[68] Che Jamaludin et al., "Developing a Shariah-Compliant Medical Services Framework in Malaysia: An Expert System Approach Using Fuzzy Delphi Method and Interpretive Structural Modelling."

[69] Che Jamaludin et al., "Developing a Shariah-Compliant Medical Services Framework in Malaysia: An Expert System Approach Using Fuzzy Delphi Method and Interpretive Structural Modelling. Herdiana et al., "Towards Halal Pharmaceutical: Exploring Alternatives to Animal-Based Ingredients.

[70] Che Jamaludin et al., "Developing a Shariah-Compliant Medical Services Framework in Malaysia: An Expert System Approach Using Fuzzy Delphi Method and Interpretive Structural Modelling."

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[72] Jimly Asshiddiqie, *Peradilan Etik Dan Etika Konstitusi: Perspektif Baru Tentang Rule of Law and Rule of Ethics & Constitutional Law and Constitutional Ethics (Edisi Revisi)* (Sinar Grafika, 2022).

[73]Melisa Nasir et al., "Kedudukan Hukum Dalam Mewujudkan Keadilan Dan Kesejahteraan Di Indonesia," *Al-Manhaj: Jurnal Hukum Dan Pranata Sosial Islam* 5, no. 1 (2023).

[74] Rindawati Maulina et al., "The Integration of Islamic Social and Commercial Finance (IISCF): Systematic Literature Review, Bibliometric Analysis, Conceptual Framework, and Future Research Opportunities," *Heliyon* 9, no. 11 (2023).

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trusts that are obliged to guarantee medical and paramedical professionalism.[75] A specific article in the law is needed to guarantee legal certainty for Sharia hospitals[76] operating in Indonesia, which not only recognizes their existence as an integral part of the national health system but also establishes operational and supervisory criteria consistent with *maqāṣid al-sharī'ah*. This provision is expected to affirm the position of the DSN-MUI fatwa and MUKISI standards[77] as normative references in clinical decisions, so that the social function of hospitals, the management of ZISWAF, and the protection of patient rights[78] are based on a legal foundation.

Table 2: Scenario-Based Allocation of Islamic Financial Assets to the Sharia Hospital Sector

Allocation Scenario	Share of Total Islamic Financial Assets (IDR 2,883.67 trillion[79])	Estimated Funds Allocated (IDR trillion)
Conservative scenario	1%	28.8
Moderate scenario	2%	57.7
Aggressive scenario	3%	86.5
Transformational scenario	5%	144.2

Source: Authors' estimates based on total Islamic financial assets of IDR 2,883.67 trillion (normalized allocation scenarios of 1–5%).

Table 2 specifies the contribution of legal certainty to the growth of the Islamic economy. First, the projected allocation of 1–5% of the total national Islamic financial assets[80] worth approximately IDR 2,883.67 trillion[81] to the Islamic-based health sector can only be realized if there is normative certainty regarding the position of the DSN-MUI fatwa and MUKISI standards in the

[75] Raimi Rahmat Yahaya, "What Is Shariah Compliant Hospital Criteria and Scope?," *International Journal of Academic Research in Business and Social Sciences* 8, no. 5 (2018).

[76] Muhammad Uqbah Azis et al., "Improving the Quality of Healthcare Services for Patient Well-Being through Maqaṣid Al-Sharia: A Study at Klaten Islamic Hospital," *Tasharruf: Journal Economics and Business of Islam* 10, no. 2 (2025).

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[78] Abukari Kwame, "Promoting Patient Rights in Nursing Care in Ghana through the Caring Space Model," *Ghana Medical Journal* 59, no. 3 (2025).

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[80] Nur Ismahani et al., "Keuangan Syariah Bertransformasi: Literasi Dan Inklusi Digital Untuk Memerangi Jebakan Pinjaman Online Ilegal," *Jurnal Akuntansi Dan Keuangan Islam* 13, no. 1 (2025).

[81] Naia Fingkani Solin et al., "Analysis of the Impact of Fund Withdrawals by the Central Leadership of Muhammadiyah on Bank Syariah Indonesia (BSI)," *Amkop Management Accounting Review (AMAR)* 5, no. 2 (2025).

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health law system, so that it can be transformed from ethical-religious *soft law* into effective binding norms through licensing and accreditation instruments. This study shows that the normative aspect is an important prerequisite for the accountable distribution of funds to the sharia hospital sector. Viewed from Posner's *law and economics,*[82] legal stability can reduce transaction costs and regulatory risks calculated by market participants. If Islamic hospitals are formulated normatively in law, business projections become more predictable, thereby opening up opportunities for the expansion of Islamic financial products and assets in the health sector.

Second, the conservative to transformational allocation scenarios in Table 2 reinforce the novelty of the integrative normative model developed, namely a model that links the management of Islamic social funds (ZISWAF) in health services. The allocation of funds to the Islamic healthcare sector is not understood solely as an expansion of the financial portfolio, but as an instrument for implementing *ḥifẓ al-nafs, ḥifẓ al-mal*, and *karamah al-insan* through inclusive Islamic hospital funding and upholding professional medical standards.

The improvement in health levels targeted by the *maqāṣid al-sharī'ah* - based sharia hospital model in this study is not limited to reducing morbidity and mortality rates. Health is understood more broadly, namely the guarantee of affordable services[83] and respect for patient dignity. The integration of *maqasid* in sharia hospital management strengthens *ḥifẓ al-nafs* through the fulfillment of a more equitable referral system. In the long term, this supports the handling of emergency cases[84].

At the same time, *ḥifẓ al-mal* is implemented through a lighter financing scheme for low-income groups, the use of JKN and ZISWAF[85] to reduce out-of-pocket expenses, and the use of Islamic financial instruments to expand health infrastructure in underserved areas so that the risk *of catastrophic health spending*[86] can be reduced. On that basis, this study requires special regulations

[82] R A Posner and Aspen Publishers, *Economic Analysis of Law* (Aspen Publishers, 2011).

[83] Budi Hartono et al., "Pelaksanaan Jaminan Kesehatan Nasional (JKN) Dalam Hal Mutu Layanan Kesehatan Di Rumah Sakit Petala Bumi," *Jurnal Kesehatan Komunitas* 5, no. 3 (2019).

[84] Eileen F Baker et al., "Law Enforcement and Emergency Medicine: An Ethical Analysis," *Annals of Emergency Medicine* 68, no. 5 (2016).

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for Islamic hospitals in the form of *a lex specialis* law.[87] This law will confirm the position of Islamic hospitals in the National Health System and at the same time serve as a catalyst for the growth of Islamic finance in the health sector, just as the Islamic banking law has proven to be a catalyst for the expansion of the Islamic finance industry in Indonesia.

Conclusion

This study finds that the implementation of Islamic Health Governance grounded in *maqāṣid al-sharī'ah* offers a viable solution for strengthening Indonesia's national healthcare system while expanding the country's Islamic economic ecosystem. In practice, this framework is reflected through inclusive healthcare services, halal medical supply chains, and robust protection of patient privacy. Empirical evidence from Al Islam Hospital Bandung demonstrates that the integrated application of various Sharia-compliant contracts, together with the management of ZISWAF (*zakat, infaq, sadaqah,* and *waqf*) funds, can mitigate financial risks faced by vulnerable communities. Accordingly, the Islamic hospital model constitutes an effective mechanism for safeguarding life (*hifz al-nafs*). Despite these positive findings, the *hifz al-din* dimension recorded the lowest score (12.7), with only 79 certified Islamic healthcare facilities nationwide. The study identifies a substantial gap between the growing demand for Sharia-compliant healthcare services and the current number of certified Islamic hospitals. This finding underscores the urgent need for institutional acceleration through the enactment of dedicated legislation, or at minimum specific statutory provisions, serving as a *lex specialis* governing the establishment and operation of Islamic hospitals. Such a legal framework would transform Sharia ethical standards into binding operational regulations applicable to licensing and accreditation processes. Greater legal certainty could, in turn, facilitate the allocation of approximately 1–5% of Indonesia's total Islamic financial assets (approximately IDR 2,883.67 trillion) to the Sharia-based healthcare sector, thereby supporting the development of a sustainable and inclusive healthcare infrastructure that serves all segments of Indonesian society.

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