



Legal Protection and Equitable Medical Services for People Living with HIV

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Abstrak

Penelitian ini mengkaji implementasi perlindungan hukum dan penyediaan layanan medis yang adil bagi penderita HIV (ODHA) di RSUD Pringsewu, sebuah rumah sakit rujukan regional di Provinsi Lampung, Indonesia. Dengan pendekatan yuridis normatif yang didukung data empiris melalui wawancara dan observasi lapangan, penelitian ini bertujuan menelaah sejauh mana regulasi kesehatan nasional khususnya terkait asas non-diskriminasi, kerahasiaan medis, dan hak atas kesehatan diimplementasikan dalam praktik pelayanan rumah sakit sehari-hari. Temuan menunjukkan bahwa meskipun telah tersedia elemen struktural seperti jalur layanan khusus, distribusi ARV, dan layanan konseling, masih terdapat tantangan substansial. Tantangan tersebut antara lain perlindungan kerahasiaan pasien yang belum optimal, rendahnya pemahaman tenaga medis terhadap hak hukum pasien, serta belum tersedianya mekanisme pengaduan yang spesifik dan aman bagi ODHA. Penelitian ini menyimpulkan bahwa perlindungan hukum bagi ODHA tidak cukup hanya dengan kepatuhan terhadap peraturan, melainkan harus diintegrasikan dengan etika profesional, akuntabilitas kelembagaan, dan budaya pelayanan yang berbasis hak asasi manusia. Untuk meningkatkan kualitas dan keadilan layanan, penelitian ini merekomendasikan penguatan pelatihan tenaga medis, perbaikan kebijakan internal, serta peningkatan kerja sama dengan masyarakat sipil. Penelitian selanjutnya disarankan untuk menggali dinamika kebijakan lintas tingkat serta hambatan sistemik dalam mewujudkan layanan kesehatan yang nondiskriminatif bagi ODHA.

Kata Kunci: HIV, perlindungan hukum, hak pasien, layanan kesehatan

Abstract

This study investigates the implementation of legal protection and the delivery of equitable medical services for people living with HIV (PLHIV) at RSUD Pringsewu, a regional referral hospital in Lampung Province, Indonesia. Using a normative juridical approach complemented by empirical data through interviews and field observations, the research examines how national healthcare regulations particularly those concerning nondiscrimination, confidentiality, and the right to health are applied in daily hospital practices. The findings reveal that while structural elements such as dedicated service pathways, ARV distribution, and counseling services have been established, substantial challenges remain. These include inadequate safeguards for patient confidentiality, limited staff awareness of patients' legal rights, and the absence of specialized complaint mechanisms. The study concludes that legal protection for PLHIV requires more than regulatory compliance; it demands integration with professional ethics, institutional accountability, and a culture of human rights. To improve the quality and fairness of HIV services, the study recommends stronger training systems, improved internal policies, and broader engagement with civil society. Future research is encouraged to explore multi-level policy dynamics and systemic barriers to nondiscriminatory healthcare for PLHIV.

Keywords: HIV, legal protection, patient rights, health services.

A. Pendahuluan

The Human Immunodeficiency Virus (HIV) represents a complex public health challenge that demands comprehensive attention not only from a medical standpoint but also from legal and social perspectives. While medical advancements have enabled the effective management of HIV through antiretroviral therapy (ART), individuals living with HIV continue to encounter discrimination across various spheres of life, including within healthcare services. Such discrimination against People Living with HIV/AIDS (PLWHA) poses a significant barrier to disease control efforts and reflects a broader systemic failure to uphold the principles of justice and human rights within the national healthcare system (Arefaynie, Damtie, Kefale, & Yalew, 2021; Chautrakarn et al., 2023; Suryani & Siregar, 2021).

Medical discrimination against PLWHA may manifest in various forms, ranging from denial of care and unauthorized disclosure of a patient's HIV status, to unprofessional and judgmental attitudes exhibited by healthcare providers (Augustina, Egbe, Samuel, Takim, & Esther, 2022; Aziz, Abdelrheem, & Mohammed, 2023; OLAWOYIN, 2021). Medical discrimination against PLWHA may manifest in various forms, including denial of care, unauthorized disclosure of HIV status, and unprofessional or judgmental behavior from healthcare providers. Such instances not only violate core principles of medical ethics but also infringe upon the constitutional rights of citizens to access equitable, high-quality, and non-discriminatory healthcare services (Taufiq, 2011). In many cases, the stigma attached to HIV patients stems from deeply entrenched societal perceptions linking the virus with deviant behaviors such as promiscuity or drug use (Ardiyani, 2021; Fauk, Lau, Fernandez, Tetik, & Seran, 2008; Noya, 2022). These stereotypes fuel unjust treatment of PLWHA even in spaces that are supposed to offer safety and protection, such as hospitals and healthcare centers.

Normatively, the Indonesian legal framework provides a strong foundation for patient protection, including for individuals living with HIV. Law No. 36 of 2009 on Health guarantees equal rights for all individuals to access healthcare resources and services that are safe, of high quality, and affordable. Furthermore, Article 32 of Law No. 44 of 2009 on Hospitals explicitly affirms the right of patients to receive humane, equitable, and non-discriminatory medical services. In addition, Article 57 of the Health Law underlines every individual's right to the confidentiality of their health information, including HIV status (Indonesia, 2009).

However, despite the comprehensiveness of these legal instruments, their practical implementation remains far from ideal. A significant gap persists between the aspirational legal norms and their realization in clinical practice. Medical services for PLWHA in various hospitals are still marred by unfriendly attitudes, professional negligence, and actions that violate fundamental patient rights (Ganguli, Clewell, & Shillington, 2016). This reflects the broader issue that the existence of positive law does not automatically ensure its effective application (Shofi & Septiani, 2022; Wibowo, 2024). Well-crafted legal norms, in the absence of consistent and ethical implementation, risk becoming sources of public mistrust toward both the legal system and healthcare institutions.

One of the root causes of this disparity lies in the weak legal culture among healthcare providers. Many medical professionals have not received adequate training on the rights of PLWHA, and in some cases, they become direct agents of discrimination whether due to ignorance or the internalization of

prevailing social stereotypes. This situation reveals that legal protection cannot be reduced to mere normative declarations; it requires deliberate cultivation of legal consciousness and sustained professional development to foster respect for patient rights (Frisca, 2025).

In analyzing this phenomenon, Lawrence M. Friedman's legal system theory offers a highly relevant framework. According to Friedman, (2001), a legal system is composed of three interdependent components: legal substance (the normative content of the law), legal structure (the institutions that implement and enforce the law), and legal culture (the values, attitudes, and behaviors toward the law). For a legal system to function effectively, these three elements must operate in harmony. In the context of medical discrimination against PLWHA, Indonesia arguably possesses a sufficient body of legal norms (substance), but suffers from weak legal structures and an underdeveloped legal culture both of which hinder the realization of substantive protection.

The structural weakness is evidenced by inadequate oversight mechanisms and the scarcity of sanctions imposed for violations of professional ethics in HIV-related healthcare. Few hospitals or medical personnel face meaningful consequences when found guilty of violating patient rights. This contributes to a perception that the law lacks deterrent power and is insufficient to reform discriminatory medical practices. Simultaneously, the underdeveloped legal culture further exacerbates the problem. When societal attitudes including those of healthcare workers remain steeped in stigma, efforts to implement just and equal legal protections are likely to fall short (Friedman, 2001).

This challenge becomes even more critical in matters related to the confidentiality of HIV status. Many PLWHA refrain from seeking healthcare due to fears that their status may be disclosed whether intentionally or inadvertently by healthcare personnel or others in their social environment. Such concerns are not unfounded, as numerous reports document cases in which medical staff have disclosed patients' HIV status to family members, coworkers, or community members without consent. These actions clearly violate patients' rights to privacy as enshrined in the Health Law. However, the absence of robust enforcement and supervisory systems allows such breaches to persist unpunished (Pinasti & L, 2025). Della Croce & Nicole-Berva, (2023) and Nampewo, Mike, & Wolff, (2022) observe, without rigorous legal enforcement, the protection of patient rights risks remaining a mere symbolic aspiration.

This research centers on the legal protection practices afforded to People Living with HIV/AIDS (PLWHA) within the medical services of the Pringsewu Regional General Hospital (RSUD Pringsewu). The hospital was selected due to its designation as a referral center in Lampung Province and its management of a diverse and active population of HIV patients. Employing a normative juridical approach supported by empirical findings obtained through interviews and field observations, this study seeks to critically assess the extent to which legal provisions regarding the protection of HIV patients are operationalized within clinical settings, while also identifying systemic and institutional barriers that impede their full implementation.

The significance of this study lies in its direct engagement with the fulfillment of the right to health a fundamental right safeguarded by the Indonesian constitution and national legislation. Instances of medical discrimination against PLWHA not only undermine individual dignity and well-being but also pose broader public health risks by deterring timely diagnosis and intervention. By scrutinizing the implementation of legal protection in a specific and localized healthcare context, this research aims to offer.

Based on these considerations, this study aims to analyze the provision of medical services to people living with HIV (PLHIV) at RSUD Pringsewu in comparison to services provided to the general patient population, and to examine the legal protection afforded to HIV patients within the hospital setting. By identifying the extent to which existing laws are implemented in practice, this research seeks to contribute to the development of more equitable, non-discriminatory healthcare policies, particularly for vulnerable groups. It also provides a critical framework for understanding the challenges and opportunities in institutionalizing patient rights within public hospitals in Indonesia.

B. Method

This study adopts a normative juridical approach supported by a case study framework and empirical data collection (Denzin & Lincoln, 1996; Patton, 2002). The normative juridical method is employed to analyze prevailing legal provisions concerning the protection of individuals living with HIV in medical service settings, while the case study approach allows for contextualized exploration of how these legal norms are implemented in practice. The field research was conducted at the Regional

General Hospital (RSUD) of Pringsewu, located in Lampung Province, Indonesia. Key informants in this study included medical personnel, hospital management officials, and patients diagnosed with HIV. The researcher's direct engagement in the field aimed to gain a comprehensive understanding of the procedural, structural, and human dynamics that shape the provision of medical services to HIV patients.

Data collection was carried out through both documentary analysis and fieldwork. Primary legal materials comprised statutory instruments such as Law No. 36 of 2009 on Health and Law No. 44 of 2009 on Hospitals, which provide the normative basis for patients' rights and healthcare obligations. Secondary legal sources included academic books, peer-reviewed journal articles, and prior research findings on health law, patient rights, and HIV-related legal protection in Indonesia (Effendi, 2020; Latifah, 2019; Miles, Huberman, & Saldana, 2014; Supriyadi A. & Ramadhani, 2023). Empirical data were obtained via semi-structured in-depth interviews with informants to capture the lived realities of legal protection practices within hospital settings. The interview instrument used was a validated protocol reviewed by experts in both legal studies and health policy.

To ensure the credibility and validity of findings, the research employed source triangulation and methodological triangulation, in addition to conducting member checking with selected informants to confirm the accuracy and reliability of the information gathered. Data analysis was carried out through a qualitative interpretive process, involving thematic coding of legal texts, interview transcripts, and supporting documents. This analytical strategy was designed to generate a holistic understanding of how legal protections for HIV patients are applied, challenged, or overlooked in real-world medical contexts, particularly within the institutional framework of RSUD Pringsewu.

The integration of doctrinal legal analysis with empirical inquiry follows best practices in socio-legal research (Banakar R. & Travers, 2005; Erlina, Koderi, & Sufian, 2025; Tamanaha, 1997), enabling this study to bridge normative legal discourse with the on-the-ground experiences of both service providers and patients. Through this methodological synthesis, the research aims to identify gaps between legal ideals and healthcare realities, and to propose actionable reforms toward a more just and inclusive health system.

C. Results and Discussion

A. Findings

1. Medical Services for HIV Patients at RSUD Pringsewu Compared to General Patients

RSUD Pringsewu is one of the referral hospitals in Lampung Province that provides various types of healthcare services, including treatment for HIV patients. The hospital has implemented specific procedures for handling HIV cases that encompass administrative, medical, and psychosocial aspects. These procedures represent the local implementation of national policies on HIV/AIDS management, which mandate the provision of comprehensive, continuous, and non-discriminatory services. Based on interviews and field observations, it was found that medical care for HIV patients at RSUD Pringsewu is conducted professionally, in a structured manner, and in accordance with applicable medical protocols.

Administratively, RSUD Pringsewu has established a dedicated service pathway for HIV patients to ensure privacy and reduce the risk of transmission. The use of a separate treatment room is intended to tailor services to the specific needs of patients while allowing healthcare personnel to provide more focused attention. For example, HIV patients are not required to wait in the general waiting room but are instead directed straight to the examination area to avoid disclosing their health status to other patients. This measure reflects the hospital's efforts to safeguard patient confidentiality, which is a critical component of patients' rights as outlined in Indonesian law.

In terms of direct medical services, HIV patients are treated by healthcare providers who have received specialized training in HIV/AIDS management. This includes knowledge of the virus's characteristics, antiretroviral (ARV) treatment protocols, and empathetic communication with patients. Care is provided not only by general practitioners but also by specialists and pharmacists working in an integrated HIV care team. Treatment is continuous and involves regular monitoring and dose adjustments based on the patient's health status. A concrete example observed during fieldwork was that ARV medications were not only dispensed through the hospital pharmacy but also accompanied by educational sessions provided by pharmacists to explain proper usage and potential side effects.

A key component of the service provided to HIV patients at RSUD Pringsewu is comprehensive counseling. Counseling sessions are offered at various stages, including pre-test, post-test, adherence counseling, and peer support groups. These services are essential for helping patients understand

their health condition, treatment steps, transmission risks, and the importance of adherence to ARV therapy. Counselors involved in this process are specially trained HIV care personnel who are equipped to meet the psychosocial needs of patients. For instance, one patient was given individualized support during a particularly stressful time at work, which could have negatively impacted treatment adherence.

In addition to medical and counseling services, RSUD Pringsewu actively encourages family involvement in the care process. Education is provided not only to patients but also to close family members as a form of social support that can enhance therapeutic outcomes. Educational materials cover basic information about HIV/AIDS, how to support patients, the importance of confidentiality, and available follow-up services. For example, the hospital organizes regular educational sessions for the families of newly diagnosed patients to build emotional support systems and prevent social isolation.

Compared to general patient services, there are clear differences in the pathways and methods of service delivery for HIV patients. These distinctions are not intended as discriminatory but rather as adaptations to the specific needs of HIV patients. For instance, the use of a dedicated treatment pathway is meant to uphold confidentiality and minimize the risk of stigma. In contrast, general patient services typically occur in shared or open spaces. Thus, the differentiated approach in HIV care is designed to strengthen patient rights and ensure equitable service.

The commitment of medical personnel is also a crucial factor in ensuring service quality. Interviews revealed that healthcare staff at RSUD Pringsewu regularly receive training and mentoring on service ethics, HIV treatment protocols, and empathetic communication strategies. These initiatives are intended to prevent subtle forms of discrimination and to foster supportive and open interactions between patients and healthcare providers. A notable case involved a nurse who provided intensive support to a patient experiencing severe anxiety at the start of treatment, including offering a personal contact number for after-hours consultation.

Nonetheless, there remains room for improvement, particularly in expanding patient awareness of their rights and available support services. Some patients expressed a desire for more frequent and in-depth education not just at the beginning of treatment but throughout its duration. Increasing access to media-based information (e.g., brochures, leaflets, and educational videos) was also suggested as a way to help patients and their families better understand their condition and the services available to them.

Overall, the medical services provided to HIV patients at RSUD Pringsewu reflect a strong institutional commitment to delivering fair, professional, and inclusive healthcare. Through the establishment of a dedicated care pathway, a trained multidisciplinary team, ongoing counseling, and active family involvement, the hospital is fulfilling its role as a public health institution that prioritizes the needs of vulnerable groups. However, regular evaluations and service improvements are essential to ensure that all patients receive equal and dignified care.

2. Legal Protection for HIV Patients at RSUD Pringsewu

Legal protection for HIV patients at RSUD Pringsewu is grounded in the implementation of various national and international regulations that guarantee the right to health and human dignity. Key legal instruments include Law No. 36 of 2009 on Health, Law No. 44 of 2009 on Hospitals, Law No. 29 of 2004 on Medical Practice, Law No. 39 of 1999 on Human Rights, and implementing regulations such as Ministry of Health Regulation No. 21 of 2013 and No. 23 of 2022 on HIV and STI Management.

In general, RSUD Pringsewu has taken concrete steps to operationalize these legal provisions through daily policies and practices. These include designated service areas for HIV patients to ensure privacy and comfort, regular and free provision of ARV therapy, counseling services addressing both medical and psychosocial needs, and the inclusion of families in the recovery process.

However, the study found that implementation of these policies remains uneven. One of the most pressing issues concerns patient confidentiality. Despite formal provisions ensuring the privacy of medical records (as stipulated in Article 57 of the Health Law and Article 73 of the Health Workers Law), some patients reported that their HIV status was known by hospital personnel who were not directly involved in their care, and even by visitors. This indicates a gap in the management of private medical information. Legally, such breaches constitute violations of patient privacy rights as guaranteed in Article 17 of the Human Rights Law and Article 48 of the Medical Practice Law.

Interviews with hospital staff revealed that not all personnel receive specific training on the rights of HIV patients. Some newly appointed healthcare workers are not fully aware of the standards of care required, including non-discrimination and empathy. This lack of understanding impacts

service quality, particularly in communication and patient interaction. This is concerning, as Law No. 36 of 2014 on Health Workers mandates regular training and oversight of professional competencies.

Moreover, the right to information, which is a fundamental patient right as outlined in Article 7 of the Health Law and Article 45 of the Medical Practice Law, is still inadequately realized. Some patients noted that information about their health condition, medication types, and treatment implications was not delivered comprehensively or in user-friendly language. In some instances, information about ARV side effects was only briefly mentioned without further discussion, despite the fact that effective medical communication is essential for managing chronic illnesses such as HIV.

RSUD Pringsewu also lacks a dedicated internal complaint mechanism for handling grievances or violations of HIV patients' rights. Currently, complaints must be submitted through general channels used by all patients, which discourages some individuals from reporting unfair treatment due to fears of further stigma or lack of response. In line with good public service governance, accessible and responsive complaint systems are essential components of legal protection.

To enhance legal protection, the hospital should refer to Ministry of Health Regulation No. 23 of 2022, which explicitly states that HIV-related services must be evidence-based, inclusive, and uphold patient confidentiality and human rights. Additionally, Law No. 11 of 2005, which ratifies the International Covenant on Economic, Social and Cultural Rights (ICESCR), affirms every individual's right to the highest attainable standard of health, including equal access to medical facilities without discrimination. Consequently, RSUD Pringsewu, as a public service institution, must ensure that no HIV patient is left behind or disadvantaged due to lack of information, inadequate facilities, or unequal treatment.

Several improvement efforts initiated by RSUD Pringsewu are commendable. These include routine collaboration with HIV/AIDS-focused NGOs, ethical training for medical staff, and the development of standard operating procedures (SOPs) for HIV patient care. Nevertheless, to ensure the effectiveness of legal protection, routine evaluations of patient rights implementation, enhanced dissemination of health law education, and the provision of legal and psychosocial services for HIV patients whose rights have been violated are crucial.

With robust legal safeguards and consistent field implementation, RSUD Pringsewu has the potential to serve as a model referral hospital that upholds not only the physical recovery of HIV patients but also their full human rights. This aligns with legal mandates and Indonesia's broader commitment to ensuring dignified, equitable healthcare for all citizens.

Discussion

Medical services and legal protection for people living with HIV (PLHIV) at RSUD Pringsewu reflect the extent to which a public hospital can guarantee the fundamental rights of vulnerable patients, including the rights to health, privacy, and equal treatment. The findings indicate that structurally, the hospital provides essential facilities such as a dedicated service pathway, an HIV care team, continuous ARV provision, and ongoing counseling. However, these services have not fully addressed the holistic human experience, particularly in terms of interpersonal approaches and psychosocial support systems. When care is overly centered on medical treatment, the emotional, psychological, social, and legal needs of PLHIV are often neglected.

The disparity in treatment between HIV-positive patients and the general patient population, as observed in the field, suggests the existence of covert discriminatory practices. These may not be overt but are often reflected in administrative separation, rigid communication, and minimal patient involvement in decision-making processes. Multiple studies have shown that inclusive and human-centered HIV care can improve patient satisfaction, treatment adherence, and health outcomes (Chinyandura et al., 2022; Ganguli et al., 2016). These findings reinforce the need to reassess healthcare standards to include ethical social interaction alongside clinical protocols.

Legal protection for HIV patients should not be understood merely as compliance with statutory regulations. Rather, it must be embodied through attitudes and actions that reflect justice and human dignity. When patients feel marginalized, uncomfortable accessing care, or concerned about the confidentiality of their health status, substantive legal protection has not yet been achieved. Huq, et al., (2019) argue that the success of legal protection in healthcare settings is largely influenced by organizational culture and professional ethics. Therefore, transforming healthcare culture is an urgent priority.

Parra-Barrera, Sánchez-Fuentes, Moyano, & Granados, (2022) and Xie & Duan, (2024) have highlighted a major challenge in HIV legal protection: weak oversight systems and a lack of effective sanctions for ethical or legal violations. In many cases, breaches of medical confidentiality or discriminatory behavior go unpunished, leading to repeat offenses. Thus, the presence of a secure and

patient-centered reporting mechanism is crucial for institutional accountability. RSUD Pringsewu must prioritize oversight and accountability as key tools for building fair and reliable healthcare services.

A tangible form of legal protection is the establishment of an accessible, confidential complaints system. Unfortunately, as both this study and previous research Baharuddin, (2021) and Lestari I., (2019) show, many HIV patients are unaware of where to report unjust treatment. Even when they do know, some refrain from filing complaints due to fears of additional stigma or lack of follow-up. This legal gap can and should be addressed through clear internal policies and widespread education. RSUD Pringsewu must implement a patient-friendly reporting system supported by firm disciplinary policies.

Equally important is the enhancement of healthcare workers' capacity in legal and ethical service standards. The hospital should provide regular training on patient rights, anti-discrimination principles, and professional ethics. Such training must extend beyond clinical staff to include administrative and security personnel who interact with patients or access sensitive data. Studies by Mogakwe, Ally, & Magobe, (2020) and (Sabone et al., (2018) demonstrate that hospitals offering routine legal and ethical training show significant improvements in compliance with HIV care standards. This underscores the importance of structured human resource development in ensuring service quality.

Another critical measure is strengthening data protection systems. The confidentiality of HIV status is a legally protected right under Article 57 of the Health Law and Article 45 of the Medical Practice Law. Hospital information systems must be designed to restrict access to patient data to authorized medical personnel only. Internal audits and digital access controls are practical implementations of tech-based legal protections. These mechanisms are vital for building patient trust in hospitals as safe and accountable institutions.

On the regulatory front, Ministry of Health Regulation No. 23 of 2022 provides a strong foundation for delivering equitable services to PLHIV. However, regulations alone are ineffective without consistent enforcement and a supportive organizational culture. As Sihombing D., (2023) note, national policy implementation is heavily influenced by hospital management and coordination with local health authorities. Without regular supervision and clear incentive systems, many SOPs risk becoming mere paperwork. Policy implementation must therefore be supported by layered strategies involving internal management, external collaboration, and community participation.

On a positive note, RSUD Pringsewu has initiated promising efforts, including partnerships with NGOs for HIV support, comprehensive counseling services, and ethics training for healthcare workers. However, challenges persist in expanding access, ensuring program sustainability, and deepening staff understanding of social justice values. Collaboration with NGOs must be coupled with direct hospital engagement to avoid fragmented services.

In this case, the hospital requires additional human and resource support to match the service standards of larger institutions (Jeremia, 2023; Su, Du, Fan, & Wang, 2022). Cross-sector collaboration and information technology use are key strategies for equalizing service quality and legal protection for HIV patients. The integration of local commitment with national systemic support is essential for bridging existing disparities.

Ultimately, a holistic approach that positions PLHIV as rights-bearing individuals not merely service recipients must become the new paradigm in healthcare systems. RSUD Pringsewu holds great potential to serve as a model hospital that delivers not only medical care but also legal protection and equitable services for HIV patients. Strengthening internal policy, enhancing staff capacity, and cultivating a humane service culture will enable the realization of legal protection for PLHIV in a sustainable and meaningful way. This transformation will not only improve care quality but also strengthen public trust in the healthcare system at large.

D. Conclusion

This study concludes that the provision of medical services to people living with HIV (PLHIV) at RSUD Pringsewu has been delivered through structured protocols and the involvement of a dedicated HIV care team, reflecting a commitment to national healthcare standards. However, when compared to general patients, certain differences particularly in the areas of privacy assurance, interpersonal engagement, and psychosocial support indicate that the fulfillment of patient rights is still partial. Although the hospital operates under a strong legal framework, the practical realization of legal protection remains limited, especially regarding the safeguarding of medical confidentiality, legal awareness among staff, and the absence of specialized complaint mechanisms. These findings

underscore the need for a more integrated institutional approach that combines legal, ethical, and human-centered care. Future research is recommended to explore the perspectives of healthcare workers and policy implementers at multiple levels, in order to identify systemic barriers and enablers in the delivery of non-discriminatory healthcare services for PLHIV.

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