

From Elitism to Equity: How Indonesia's 2024 Healthcare Reform Ignited a Global Movement for Medical Justice

Prof. Dasaad Mulijono^{1,2,3*}

¹Department of Cardiology, Bethsaida Hospital, Tangerang, Indonesia

²Indonesian College of Lifestyle Medicine, Indonesia

³Department of Cardiology, Faculty of Medicine, Prima University, Medan, Indonesia

*Corresponding Author

Prof. Dasaad Mulijono, Department of Cardiology, Bethsaida Hospital Indonesia.

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Abstract

In an era when medical systems worldwide face crises of trust, rising costs, and growing inequity, Indonesia's 2024 healthcare reform emerges as a bold and inspiring blueprint for transformation. For decades, the country's medical education and professional advancement pathways were clouded by opaque governance, entrenched elitism, and systemic exclusion—factors that disproportionately affected qualified candidates from marginalized and underrepresented backgrounds. Yet, these structural flaws did not reflect the moral compass of the nation's physicians, many of whom tirelessly upheld their professional oath despite institutional obstacles.

The 2024 legislative breakthrough—marked by the Indonesian government's decision to decentralize medical authority, establish independent collegia, and open pathways for merit-based medical training and certification—signals a seismic shift. This reform does not aim to punish, but to heal: it seeks to dismantle long-standing barriers, reaffirm the core values of justice and compassion in medicine, and ensure that every aspiring doctor is evaluated by ability, not privilege. More than a domestic achievement, Indonesia's reform story challenges global health leaders to reflect: are our systems genuinely meritocratic, or are they silently perpetuating social stratification under the guise of tradition and prestige? This article contends that Indonesia's movement is not merely administrative—it is moral, ethical, and philosophical. As nations seek models of sustainable and just healthcare, Indonesia may well be the unexpected catalyst of a new global standard—one where merit, ethics, and equity form the proper foundation of medical excellence.

Keywords: Medical Education, Bullying, Discrimination, Reform, Psychological Impact, Career Development, Innovation, Healthcare Equity, Indonesia

1. Introduction

Medical education in Indonesia, like in many developing countries, has long contended with systemic issues—among them limited transparency, unequal access to opportunities, and institutional inertia. These challenges have disproportionately affected students from underrepresented, rural, or economically disadvantaged communities, limiting the diversity and equity of the medical workforce [1–4]. While not caused by individuals alone, the cumulative effect of these issues has been deeply felt across gener-

ations of aspiring physicians.

This article aims to examine these historical challenges and highlight Indonesia's recent reforms—not to criticize, but to promote understanding, healing, and hope. The goal is not condemnation, but transformation, as Indonesia embarks on a journey to ensure that every capable student can pursue a career in medicine and every patient can trust in a just and ethical healthcare system.



2. Recognizing Past Challenges, Honouring Future Possibilities

2.1. A History of Systemic Barriers

In past decades, access to medical education and specialization in Indonesia was sometimes influenced by non-academic factors, such as family connections or financial means. These patterns were never official policies, nor were they reflective of the values held by the majority of doctors and educators. However, their presence limited opportunities for many qualified individuals and often created unspoken hurdles for students from modest or minority backgrounds.

2.2. The Human Cost of Structural Injustice

The actual impact of these systemic issues is evident in the lives of students whose dreams were quietly extinguished—not because they lacked dedication or brilliance—but because the system was not designed to fully recognize their potential. The effects were both psychological and professional, including low self-worth, reduced confidence, and stalled careers [5–18]. Many chose to leave the system or pursue careers abroad, where meritocratic systems allowed them to thrive.

3. Innovation Delayed, Not Denied

Exclusion has consequences not only for individuals but for national progress. When innovation is suppressed by structural bias, the entire healthcare system suffers. It loses fresh ideas, diverse perspectives, and creative breakthroughs. Reforms are therefore not only ethical necessities—they are strategic investments in national advancement.

4. 2024: A Turning Point in Indonesian Healthcare

Indonesia's legislative reforms in 2024—spearheaded by the Ministry of Health—represent a bold step forward. Independent collegia, merit-based admissions, and the re-inclusion of internationally trained Indonesian doctors are among the key changes that signal a commitment to fairness and excellence. These efforts do not aim

to discredit existing professionals but to raise the system to a new standard of inclusivity, ethics, and global competitiveness.

These reforms are long-awaited and widely welcomed, particularly by younger generations of physicians eager to contribute without fear of bias or exclusion. Importantly, they have provided platforms for previously unheard voices, including those who had faced obstacles in earlier systems [19–26].

4.1. A Personal Reflection on Change and Resilience

As someone who once experienced professional exclusion due to systemic limitations, I speak not with resentment, but with deep gratitude for the opportunity to now contribute meaningfully to Indonesia's medical advancement. At Bethsaida Hospital, I was fortunate to work in an environment that valued both merit and compassion. There, we pioneered a whole-food plant-based lifestyle medicine program that reversed chronic diseases, reduced restenosis rates, and helped thousands, including elderly patients, during the COVID-19 pandemic.

These outcomes would not have been possible without a culture shift—away from hierarchy and toward healing, innovation, and service. They show that when systems change, lives change.

4.2. Constructive Solutions Toward a Healthier System

To build upon the foundation laid in 2024, several actionable strategies are essential:

4.2.1. Legal Protections and Reporting Mechanisms: Victims of bullying or exclusion must have access to secure reporting channels, supported by the government and backed by institutional safeguards [27–32].

4.2.2. AI-Driven Selection Processes: Technology can help ensure fairer admission processes, free from unconscious bias and

favouritism [33–39].

4.2.3. Mental Health and Career Support: Counselling and mentorship programs should be integrated into universities and hospitals to support those affected by past or present exclusion [40–42].

4.2.4. Leadership and Cultural Change: Institutional leaders must actively promote a zero-tolerance stance on discrimination and cultivate cultures of empathy, accountability, and opportunity for all [1,6,43–51].

5. A Message to the Global Medical Community

Indonesia's journey is not unique. Similar challenges exist across many countries, both developed and developing. What sets Indonesia apart is the courage to act, to reform, and to admit that the Hippocratic Oath must be protected not only in words, but in institutional design.

To all medical professionals worldwide: let us not remain silent when systems exclude, marginalize, or discourage excellence. We are stewards of not just health, but hope. Let us rise together in solidarity to ensure that the profession of medicine always reflects the nobility of its mission.

6. Conclusion

Indonesia's reforms in 2024 are more than a policy shift—they are a moral and professional awakening. By promoting equity, dismantling barriers, and valuing merit and compassion, the country is forging a new era of medical education and clinical practice. These changes honour both the dignity of the profession and the dreams of those who seek to serve through it.

To Indonesian doctors—past, present, and future—this is not a judgment, but a tribute. A tribute to those who endured, those who spoke out, and those who continue to heal with integrity. May this era of transformation uplift us all, within Indonesia and beyond.

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