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MORALITY BEFORE KNOWLEDGE

# The impact of delayed disease treatment on inmates' right to life and health: A comparative study of correctional healthcare systems

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## ABSTRACT

**Background:** Correctional institutions are responsible for ensuring inmates' right to life and health. However, many prisons prioritize curative healthcare over preventive measures, leading to severe health risks. This study examines the case of inmate AM's death at Blitar Prison, which resulted from delayed medical intervention. The study also compares healthcare practices in different correctional facilities to highlight best practices. **Methods:** The method used in this research is doctrinal research. Additionally, a comparative analysis is performed by evaluating healthcare standards in other prisons, particularly Class IIB Sampit Prison, which implements daily health check-ups. **Findings:** The study reveals that Blitar Prison failed to implement adequate preventive healthcare services, which contributed to AM's death. The lack of health education and routine medical check-ups resulted in delayed treatment, violating inmates' fundamental rights. A comparison with Sampit Prison demonstrates that proactive healthcare policies, including daily medical examinations and in-cell visits, significantly improve inmate health outcomes. **Conclusion:** To prevent similar cases, correctional institutions must enhance preventive healthcare services through regular medical screenings and health education for inmates. Additionally, the Directorate General of Corrections must establish a revised Basic Healthcare Service Standard for prisons in accordance with Law No. 22 of 2022. **Novelty/Originality of this article:** This study provides a critical evaluation of prison healthcare policies and emphasizes the shift from a curative approach to a preventive one. By highlighting best practices, the research contributes to policy recommendations that can improve healthcare in correctional institutions.

**KEYWORDS**: correctional instutions; preventife healthcare; right to health.

## 1. Introduction

The issue of Human Rights in a Criminal Justice System is frequently discussed and debated. On one hand, the rights of suspects must be respected through the implementation of a fair legal process. On the other hand, a suspect's actions are often considered reprehensible and provoke moral outrage within society (Reksodiputro, 1997). However, these actions must not negate their rights as citizens, including their human rights. The concept of human rights is understood as a universal standard that applies to all individuals and nations (Bahar, 1996).

Human rights are believed to hold universal value, meaning they transcend spatial and temporal boundaries (Effendi, 2005). The nature of human rights is universal (Kolaborasi Dosen Perempuan FH Universitas Riau, 2020). Human rights are fundamental rights

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inherent to every person from birth as a gift from God Almighty (Hadjon, 1987). These rights are based on human dignity and are considered inalienable (Cranston, 1973).

In this context, health plays a central role in ensuring human dignity (Banerjee et al., 2021). Health is often regarded as the most fundamental and personal aspect of well-being (Bożek et al., 2020; Das et al., 2020). Regardless of age, gender, economic status, or cultural background, people place great value on health, both their own and that of their loved ones. Poor health can disrupt education, limit employment, reduce productivity, and isolate individuals from community life. Conversely, people are often willing to sacrifice significantly to secure a healthier, longer life for themselves and their families. When people speak of living in dignity and security, they are often referring to their physical and mental well-being.

The right to the highest attainable standard of health is not a novel concept. It was first recognized internationally in the 1946 Constitution of the World Health Organization (WHO), which defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The WHO Constitution further affirmed that health is a fundamental right for every human being, without distinction of race, religion, political belief, or socio-economic status. This foundational recognition was echoed in Article 25 of the 1948 Universal Declaration of Human Rights, which included health as part of the right to an adequate standard of living. The right to health was further strengthened through Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), and has since been reaffirmed through various other international treaties and declarations. As a result, virtually all nations have accepted—either through treaty obligations or national commitments, the duty to respect, protect, and fulfill the right to health for all citizens (World Health Organization, 2014).

Therefore, human rights must be protected, respected, upheld, and must not be ignored, diminished, or taken away, including within the implementation of the criminal justice system. Indonesia has established human rights provisions in Law No. 31 of 1999 on Human Rights (Human Rights Law). Article 1(1) of the law states "Human rights are a set of rights inherently attached to human nature and existence as a creation of God Almighty and are His gift that must be respected, upheld, and protected by the state, law, government, and every person for the honor and protection of human dignity and worth." According to Article 4 of the Human Rights Law, the right to life is recognized as one of the fundamental human rights. Furthermore, Article 9 of the same law states that everyone has the right to live, to maintain their life, and to improve their standard of living. Everyone also has the right to peace, security, harmony, happiness, and well-being, both physically and mentally. In addition, everyone has the right to a good and healthy living environment. Thus, it is evident that the right to life is closely linked to a healthy and safe environment.

As a fundamental human right and a crucial aspect of life, health is a state responsibility that must be fulfilled for all citizens. Every individual, regardless of their location, has the right to health services (Topatimasang, 2005). Health rights have been internationally recognized and guaranteed through several key declarations and agreements, including the Universal Declaration of Human Rights (UDHR), the WHO Constitution (1946), the Alma-Ata Declaration (1978), the World Health Declaration (1998), and General Comment No. 14/2000 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR).

Furthermore, in Indonesia, Law No. 17 of 2023 on Health (Health Law), Article 1(1), defines health as "Health is the state of a person's well-being, both physically, mentally, and socially, and is not merely the absence of disease, enabling them to live productively." The right to health is not only about an individual's right to be healthy and the government's responsibility to provide healthcare services but also about the formulation of policies and action plans to ensure accessible and affordable healthcare for all citizens (Lubis, 2003). This article focuses on human rights issues, particularly the right to life, in relation to the fulfillment of the right to health within correctional institutions. According to the 2022 Annual Report issued by the Directorate General of Corrections at the Ministry of Law and Human Rights of the Republic of Indonesia, there are six most common diseases among inmates (Direktorat Jenderal Pemasyarakatan, 2022), namely hepatitis with 15 cases,

tuberculosis (TB) with 94 cases, HIV with 45 cases, cardiovascular diseases with 46 cases, cancer with 15 cases, and digestive diseases with 379 cases.

Based on this report, the Directorate General of Corrections set a target of 3% for providing advanced healthcare access to detainees and inmates when necessary. In reality, the actual achievement reached 3.01%, with a total of 8,158 referrals. Thus, the Directorate General of Corrections claimed that the target had been met (Direktorat Jenderal Pemasyarakatan, 2022). While this report presents a positive outcome, real-world cases indicate that inadequate medical attention for inmates remains a concern. One example is the death of an inmate in Lhokseumawe, allegedly due to a delay in medical assistance (Saleh, 2023). This case contradicts Article 9(d) of Law No. 22 of 2022 on Corrections (Corrections Law), which explicitly states that inmates have the right to receive healthcare services.

Given these challenges, it is clear that proper disease management for inmates remains an urgent issue within correctional institutions. Since health is one of the most essential aspects of life, correctional facilities should adopt a proactive approach to ensuring a safe and healthy environment for all inmates. Therefore, enhancing healthcare services in correctional institutions is a crucial step toward upholding human rights for inmates and fostering a healthier criminal justice system.

## 2. Methods

The method used in this research plays an important role in enabling interdisciplinary research, exploring unknown aspects, and ensuring the research is conducted properly (Soekanto, 2012). The research method employed by the author is doctrinal research. The choice of the doctrinal method in this study is due to its focus on doctrine, which consists of the synthesis of rules, principles, norms, interpretative guidelines, and values. This research begins with identifying the legal sources to be examined, followed by the interpretation and analysis of those sources (Bhat, 2019). The approach used in this article is an analytical approach.

Doctrinal legal research, often described as library-based research, is suitable for addressing legal questions that revolve around statutory interpretation, the consistency of legal principles, and normative arguments. It involves a rigorous analysis of primary legal sources, such as constitutions, statutes, regulations, international treaties, and case law, as well as secondary sources including legal commentaries, journals, and expert writings. In this study, doctrinal research is especially relevant given the normative character of the topic, which concerns the state's obligation to guarantee inmates' right to life and health. These rights are not merely conceptual but are grounded in constitutional provisions, statutory frameworks, and international human rights law.

The analytical approach used in this research focuses on interpreting and assessing legal norms and their application in real-world correctional healthcare systems. It is used to evaluate the extent to which legal principles are fulfilled or violated in practice. By applying this approach, the study identifies inconsistencies between the normative guarantees of human rights and the implementation of prison healthcare policies. The analysis also highlights the implications of these inconsistencies on the lived experiences of inmates.

Furthermore, this research employs a comparative analysis to strengthen its findings. Specifically, it compares healthcare practices in two correctional facilities: Blitar Prison and Class IIB Sampit Prison. The comparison focuses on the implementation of preventive healthcare services, particularly daily health check-ups and routine medical outreach, which play a vital role in protecting inmates from preventable illnesses. This comparative dimension allows the study to identify best practices and formulate recommendations for policy improvement based on real institutional performance.

This method will be used to further focus the discussion on two main issues: (1) How does the delay in treating diseases suffered by inmates in correctional institutions violate their right to life and right to health, as guaranteed by human rights principles?; and (2)

How should the implementation of promotive-preventive measures support the prompt and effective treatment of inmates suffering from illnesses in correctional institutions?

Through the combination of doctrinal research and analytical-comparative methods, this study aims to bridge the gap between normative legal commitments and their enforcement in the field, particularly in the prison healthcare context. The methodology enables a structured examination of legal texts while also considering how healthcare implementation affects the real-life protection of inmates' human rights.

## 3. Results and Discussion

### *3.1 Right to life and right to health*

The right to life is the most fundamental and basic human right. Therefore, no one can be arbitrarily deprived of their right to life (Pratiwi, 2023). In its regulation, provisions related to the right to life can be found in Article 28A and Article 28I Paragraph (1) of the 1945 Constitution of Indonesia and the International Covenant on Civil and Political Rights ("ICCPR"). Article 28A of the 1945 Constitution of the Republic of Indonesia states, "Every person has the right to life and the right to defend their life and livelihood." Furthermore, Article 28I Paragraph (1) states, "The right to life, the right not to be tortured, the right to freedom of thought and conscience, the right to religion, the right not to be enslaved, the right to be recognized as a person before the law, and the right not to be prosecuted based on retroactive law are human rights that cannot be diminished under any circumstances."

Meanwhile, Article 6 Paragraph (1) of the International Covenant on Civil and Political Rights (ICCPR) states: "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life." Both the 1945 Constitution and the ICCPR share the same principle: certain fundamental human rights and freedoms may be limited, postponed, or reduced under specific circumstances. However, some rights cannot be restricted under any circumstances, one of which is the right to life (Khanif, 2017). This categorizes the right to life as a non-derogable right, meaning it cannot be revoked, postponed, or diminished in any situation (Nasution, 2006). Furthermore, the inclusion of human rights provisions in the 1945 Constitution demonstrates that one of the essential elements of a rule-of-law state is the guarantee of human rights (Kusnardi, 1981).

These provisions affirm that the right to life is the most fundamental human right and cannot be limited under any circumstances. In this context, the fulfillment of the right to life should not only be interpreted as protection against acts that directly threaten life, such as murder or torture, but also as the state's obligation to ensure conditions that allow individuals to live a dignified life. One crucial element of such a life is access to essential healthcare services. When individuals are deprived of timely and adequate medical care, particularly in life-threatening situations, the state may be deemed to have failed in protecting their right to life. Therefore, the right to health is inherently connected to, and inseparable from, the right to life.

God grants every individual the right to life, which must be protected by law and cannot be arbitrarily taken away. The protection of an individual's right to life against violations is a responsibility shared by individuals, society, and the state. Moreover, protection from physical harm is a right that the state guarantees and upholds. Every human being has the right to dignity in life and personal integrity, which are inviolable (Harper, 2019). Every individual is entitled not only to the right to life but also to the right to access healthcare services. This right has been guaranteed by global conventions and Indonesian legislation. However, in practice, the public's right to health protection and services, an essential aspect of human rights, is often neglected. This indicates that health-related issues in Indonesia remain complex and interrelated (Topatimasang, 2005).

To improve public access to healthcare services, the government has undertaken efforts to develop policies, planning, implementation, and evaluation. However, in these efforts, the government has been less effective in encouraging and involving the public actively. One example is the Community Drinking Water and Family Latrine Project (Proyek Samijaga)

(Ikatan Dokter Indonesia, 2005). The project's ineffective implementation was due to the community's lack of use and maintenance of water pumps and latrines. Eventually, these facilities became unusable and were rendered ineffective. Aside from this example, several issues persist in fulfilling the right to health, including a greater emphasis on curative rather than preventive efforts, success indicators that prioritize quantity over quality, and the low quality of healthcare services.

These realities reflect a deeper issue: the disconnect between the normative guarantees of the right to health and their practical implementation. While legal frameworks and policy commitments exist, they are often undermined by systemic inefficiencies, poor infrastructure, and the absence of community engagement. The failure of projects like Samijaga reveals that guaranteeing the right to health is not merely a technical or medical issue, but also a social and institutional challenge. This includes addressing the social determinants of health such as sanitation, education, and public participation.

A further explanation of these issues is as follows (Ikatan Dokter Indonesia, 2005). First, although policies prioritize promotive and preventive measures, curative approaches remain dominant in practice. As a result, the majority of the healthcare budget is allocated to the construction and maintenance of healthcare facilities, the procurement of medical equipment and infrastructure, and the provision of medications. Ultimately, preventive and promotive efforts to curb disease transmission receive insufficient funding. Additionally, efforts to provide education on improving health awareness remain inadequate. Second, the success of healthcare services is often assessed through numerical values. Consequently, qualitative measurements, such as patient satisfaction with healthcare services, increased public awareness, and greater community involvement in maintaining health, are rarely considered. Third, quality in this context refers to the comfort and satisfaction of patients regarding the services they receive. One factor contributing to poor service quality is the lack of awareness among healthcare workers in fulfilling their duties.

In understanding the full scope of the right to health, it is important to note that this right is broad and inclusive. While it often brings to mind access to hospitals and medical treatment, the right to health extends to the broader conditions that support a healthy life. These are known as the underlying determinants of health and include access to safe drinking water, adequate sanitation, nutritious food, decent housing, healthy working environments, access to health-related education, and the promotion of gender equality. These factors reflect that health is interconnected with various aspects of daily life and cannot be guaranteed through medical services alone.

Furthermore, the right to health encompasses two main dimensions: freedoms and entitlements. The freedoms include the right to bodily autonomy and the right to be free from non-consensual medical procedures or inhumane treatment. On the other hand, entitlements guarantee access to preventive, curative, and palliative health services; affordable essential medicines; maternal and child health services; and the opportunity to participate in health policy decisions at both national and community levels.

In accordance with human rights principles, health services must be delivered based on non-discrimination, ensuring equal access for all, regardless of age, gender, economic status, disability, or other factors. For these rights to be realized in practice, healthcare goods, services, and facilities must be available, accessible, acceptable, and of good quality. This implies that healthcare must be physically reachable, economically affordable, culturally appropriate, and medically effective. For instance, facilities must be staffed with trained professionals, stocked with reliable medicines, and supported by clean water and sanitation infrastructure. Moreover, information on health must be readily accessible in formats suitable for people with varying abilities, without breaching confidentiality (World Health Organization, 2014).

Considering the numerous issues in the healthcare sector, addressing these problems requires recognizing that the right to health involves not only the government but also active public participation. The government must create conditions that ensure access to healthcare, and society must actively participate in all healthcare efforts. The public should not be treated merely as objects of healthcare policies but must be recognized as active

subjects. Furthermore, health must be seen as a fundamental human goal and an investment in improving quality of life. For this reason, health should be prioritized as a national concern to support the nation's progress and prosperity.

### *3.2 Correctional institutions and the implementation of the right to life and right to health*

The criminal justice system has the following objectives: preventing crime victims, resolving criminal cases, and making efforts to prevent recidivism (Reksodiputro, 1994). If the criminal justice system is consistently implemented across subsystems, it can provide several benefits, including collecting centralized criminal statistical data through the police—data which is used to develop comprehensive criminal policies to reduce crime—assessing the success or failure of each subsystem in addressing crime, and providing legal certainty to individuals and society (Abdussalam, 2005). Furthermore, according to Mardjono Reksodiputro, the criminal justice system consists of law enforcement institutions such as the police, prosecutors, courts, and correctional facilities, all of which are part of the crime control system (Reksodiputro, 1993).

This article will focus on the correctional subsystem, specifically Correctional Institutions. Indonesia has recognized the concept of correctional facilities since 1962, introduced by Sahardjo, the Minister of Justice at that time. He stated that the responsibility of imprisonment is not merely to enforce punishment but also to reintegrate convicted individuals into society (Rinaldi, 2021). Correctional Institutions represent the final stage of the criminal justice system and serve the following functions: rehabilitation, training, resocialization, and protection of inmates (Surianto, 2018).

Indonesia has ten fundamental principles of correctional services as declared by the Directorate of Corrections in 1964 (Krismen, 2021). These principles emphasize that inmates should be provided with guidance so they can become good and useful citizens upon their return to society; punishment is not a means for the state to take revenge; and to encourage repentance, there should be no torture, only guidance. Furthermore, the state does not have the right to change inmates into better or worse individuals; inmates must not be isolated from society while they lose their freedom of movement; and they should be given work related to society that upholds productivity. Education and training must be based on Pancasila; inmates must be treated as human beings, as they are individuals who have gone astray; and the deprivation of liberty is already a form of suffering for inmates. Finally, facilities must be provided to support the correctional institution’s functions in rehabilitation, correction, and education. Based on these ten principles, it is evident that inmates are only subjected to the deprivation of liberty. Therefore, it can be concluded that other rights of inmates, including the right to life and the right to health, remain inherent to them.

The provision of adequate healthcare in correctional institutions serves not only to uphold the rights of inmates but also plays a critical role in protecting public health. Many prisoners suffer from serious and sometimes life-threatening illnesses, and upon release, they may return to society carrying untreated or undiagnosed conditions that could pose broader health risks. This illustrates that prison healthcare is inseparable from public healthcare concerns.

Moreover, access to healthcare in prison supports the broader principle of social justice. A large proportion of the incarcerated population comes from socioeconomically disadvantaged backgrounds, with limited access to proper nutrition, education, and medical care. For some, incarceration provides their first opportunity to receive consistent health services. In this context, prison healthcare can be a crucial step in addressing long-standing health inequalities (World Health Organization, 2014).

These realities affirm the government’s dual responsibility: to meet its duty of care toward incarcerated individuals and to uphold their fundamental human rights. Addressing inmates’ health needs also contributes to public health and social reintegration, making correctional healthcare a necessary component of an equitable and just system. However, fulfilling this responsibility is not without challenges, as correctional environments are often

designed with a primary focus on security and control rather than healthcare delivery. This structural constraint necessitates reforms that prioritize health as part of correctional policy.

Healthcare in correctional institutions plays a dual role: it is not only a fundamental human right but also an integral part of the rehabilitation process. The goal of rehabilitation is to prepare inmates for reintegration into society, and this cannot be achieved without addressing their physical and mental health. Neglecting prison healthcare undermines rehabilitation efforts by failing to tackle the underlying causes of criminal behavior (Ismail, 2020; Skinner & Farrington, 2024; Ward et al., 2022). Many inmates suffer from mental health disorders, substance abuse issues, or chronic illnesses that may have contributed to their offenses. By addressing these conditions through adequate healthcare, prisons offer inmates a real opportunity for rehabilitation and reduce the risk of reoffending (Maskawati & Burhanuddin, 2024; Ramaswamy & Freudenberg, 2021).

### *3.2.1 Health rights for inmates*

The United Nations Standard Minimum Rules for the Treatment of Prisoners, commonly known as the Nelson Mandela Rules, set out fundamental principles to ensure the humane treatment of all prisoners. Rule 1 highlights that every prisoner must be treated with the respect due to their inherent dignity and value as human beings. It strictly prohibits any form of torture or cruel, inhuman, or degrading treatment or punishment, with no exceptions allowed under any circumstances. The rules also emphasize the importance of maintaining the safety and security of prisoners, staff, service providers, and visitors at all times. Moreover, Rule 2 underlines the principle of impartiality, stating that these rules must be applied without discrimination based on race, sex, religion, political opinion, social origin, or any other status. Prison administrations are required to respect prisoners' religious beliefs and moral precepts, and to take special care of vulnerable prisoners who have particular needs.

In addition to safeguarding prisoners' dignity and equality, the Nelson Mandela Rules recognize the inherent hardships of imprisonment itself. Rule 3 acknowledges that deprivation of liberty naturally causes suffering by cutting individuals off from the outside world and their autonomy. Therefore, prison systems must avoid aggravating this suffering beyond what is necessary for security and discipline. The rules also stress that the primary goals of imprisonment are not only to protect society from crime but also to facilitate the reintegration of prisoners back into society as law-abiding and self-supporting individuals. To achieve this, Rule 4 calls for prison administrations to provide education, vocational training, work opportunities, and programs addressing moral, social, health, and sports needs. These services should be tailored to the individual needs of prisoners to support their rehabilitation. Finally, Rule 5 encourages prison regimes to minimize the differences between prison life and life outside, ensuring that prisoners maintain their responsibilities and dignity, and that those with disabilities have equitable access to prison life (UNODC, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

Building on these internationally recognized standards, Indonesia's Corrections Law similarly guarantees the right of inmates to receive adequate healthcare and proper nutrition during their incarceration. According to Article 9(d) of the Corrections Law, it is stated that: "Inmates have the right to: d. Receive adequate healthcare services and proper nutrition according to their dietary needs." This provision clearly establishes that health care is a mandatory service that must be provided to inmates, even while they are in correctional institutions. Furthermore, Article 60 of the Corrections Law states that: "(1) Detention Centers, Special Development Institutions for Children, Correctional Institutions, and Special Guidance Institutions for Children in carrying out Service and Guidance functions provide Care for Detainees, Children, Inmates, and Children under Guidance. (2) The care referred to in paragraph (1) includes: a. health maintenance; b. rehabilitation; and c. fulfillment of basic needs."

Health maintenance as referred to in Article 60(2)(a) of the aforementioned law includes several essential aspects: health education and disease prevention, basic healthcare services, care for vulnerable groups, care for infectious diseases, mental health care, palliative care, environmental and sanitation care, and referral care. These components reflect a comprehensive approach to inmate healthcare, emphasizing not only treatment but also prevention and holistic well-being within correctional institutions.

To ensure the fulfillment of health rights for inmates, the Basic Health Care Service Standards in Correctional Institutions, Detention Centers, Probation Offices, Special Child Development Institutions, and Special Guidance Institutions for Children, established by the Director-General of Corrections (referred to as the "Health Service Standards for Correctional Institutions"), specify that correctional institutions must have basic healthcare units to provide preventive services, curative services, and rehabilitative services (Direktorat Jenderal Pemasyarakatan, 2015).

### *3.2.2 Healthcare facilities in correctional institutions*

According to the Health Service Standards for Correctional Institutions, it is stated that an ideal correctional facility should have the necessary medical and healthcare personnel to ensure comprehensive health services for inmates (Direktorat Jenderal Pemasyarakatan, 2015). These include one general practitioner to conduct general health examinations; one dentist to perform dental health examinations; two general nurses to assist in general health examinations; one dental nurse to assist in dental health examinations; one midwife to provide maternal and child healthcare services; one pharmacy assistant to support general and dental healthcare services; one laboratory analyst to conduct diagnostic tests; one psychologist to provide mental health services; one sanitation officer to oversee environmental health services; one nutritionist to provide dietary and nutritional healthcare services; and one administrator to manage health service records and reports.

Furthermore, based on the Health Service Standards for Correctional Institutions, the healthcare infrastructure and facilities within correctional institutions should include (Direktorat Jenderal Pemasyarakatan, 2015): one general healthcare room for general medical examinations; one dental healthcare room for dental examinations; one emergency room for handling urgent medical situations; one maternal and child healthcare room for providing maternal and child health services; one pharmacy room for storing medications; one waiting and administration room for registration and as a waiting area; one infectious disease isolation room for separating inmates with contagious diseases; one laboratory room for conducting diagnostic tests; one water installation room to ensure water supply; one air circulation system room to maintain proper ventilation; one standard guideline and evacuation facility as a reference in case of emergencies or riots; one information and communication system room as a center for disseminating information; one medical waste disposal installation to maintain environmental health; one ambulance unit for transporting inmates in need of external medical care; one set of general medical equipment; one set of dental medical equipment; one set of maternal and child healthcare equipment; one package of disposable medical supplies; and one package of essential medications.

### *3.2.3 Case overview*

In this article, the author will analyze a case related to inmate healthcare that occurred in Surabaya. Based on a statement from the Head of the Rehabilitation and Education Section of Blitar Correctional Facility, Widha Indra Kusumawijaya, the following events were recorded (Hasani, 2023). On Wednesday, September 6, 2023, an inmate identified as AM reported a toothache while seeking treatment at the prison health clinic. At the time, his cheek and jaw were swollen, and AM admitted to having cleaned his decayed tooth using a wooden stick. In addition to the toothache, he also suffered from fever, muscle stiffness, and difficulty breathing. After consulting with a doctor at the Kepanjenkidul Community Health Center, the prison authorities transferred AM to Mardi Waluyo Regional Hospital. He was

diagnosed with a mandibular abscess. On Thursday, September 7, 2023, AM underwent surgery performed by a medical team. However, his condition deteriorated after the procedure. The doctors then performed a tracheostomy to create an airway for oxygen supply to the lungs, but this procedure did not improve his condition. AM was moved to the Intensive Care Unit (ICU) and placed on a ventilator to assist with breathing. Despite all medical efforts, he passed away one day after being transferred to the ICU.

Fig. 1. Blitar prison documentation
(Hasani & Kurniati, 2023)

*3.2.4 Case analysis*

The unfortunate death of inmate AM at Blitar Prison illustrates significant challenges in balancing curative and preventive healthcare within correctional settings. The case suggests that medical attention was primarily reactive, initiated only after symptoms became severe. This reactive approach may not fully align with the health maintenance principles outlined in Article 60(2)(a) of the Corrections Law, which emphasize the importance of preventive care in supporting inmate health.

While the prison provided treatment following AM's complaints, the absence of earlier preventive measures, such as regular health screenings and health education on oral hygiene, may have limited opportunities for early detection and intervention. Had preventive protocols been more rigorously implemented, AM's deteriorating condition might have been identified and treated before becoming life-threatening. Implementing proactive health strategies is essential to identifying and managing health risks early, thus minimizing preventable complications.

Additionally, this case highlights areas for improvement in healthcare quality within the correctional facility, including enhancing staff training and increasing awareness about preventive healthcare responsibilities. Greater emphasis on promotive and preventive care among healthcare workers is necessary to ensure timely, comprehensive care. Strengthening these aspects could improve health outcomes and reduce risks of similar incidents in the future.

Addressing these gaps through comprehensive preventive health programs, regular staff development, and improved monitoring mechanisms will be crucial steps toward safeguarding inmates' fundamental rights to life and health. Such measures not only benefit inmates but also contribute to broader public health goals by reducing the burden of untreated illnesses within correctional institutions.

To prevent similar incidents from occurring in the future, it is essential for Blitar Prison to improve its preventive healthcare services. A model worth emulating is the Class IIB Sampit Prison in Central Kalimantan. Sustetiana, the Head of the Care Subsection at the facility, explains that the prison actively implements several preventive measures (Lembaga Pemasyarakatan Kelas IIB Sampit, 2023). These include daily health check-ups conducted

by the prison's medical team, rotational health monitoring based on inmate housing blocks, and direct health inspections carried out within cells or housing units. At Sampit Prison, the large number of inmates is not seen as a barrier to healthcare provision. On the contrary, it becomes a strong justification for conducting routine health checks to ensure the well-being of all inmates.

To prevent similar incidents from occurring in the future across Indonesia's correctional institutions, it is essential to strengthen and improve preventive healthcare services on a national scale. Many correctional facilities face systemic challenges such as overcrowding, limited resources, and insufficient health infrastructure, which can impede effective healthcare delivery. Addressing these issues requires a comprehensive approach that emphasizes early detection, regular monitoring, and health promotion tailored to the unique environment of correctional institutions.

One model worth emulating is the Class IIB Sampit Prison in Central Kalimantan, which has implemented proactive preventive healthcare measures despite challenges posed by its large inmate population. According to Sustetiana, the Head of the Care Subsection at Sampit Prison, the facility actively conducts daily health check-ups carried out by a dedicated medical team, rotational health monitoring based on inmate housing blocks, and direct health inspections within cells or housing units (Lembaga Pemasyarakatan Kelas IIB Sampit, 2023). These routine and systematic efforts help detect health issues early and prevent complications from escalating.

Sampit Prison's approach highlights the importance of routine health assessments and continuous monitoring as essential strategies for safeguarding inmates' health, even in resource-constrained environments. This contrasts with the reactive model commonly observed in some facilities where healthcare services focus primarily on treating illnesses after symptoms appear, rather than preventing disease from developing or worsening.

By adopting such preventive care models and fostering a culture of health awareness, correctional institutions throughout Indonesia can improve healthcare quality and outcomes for inmates. This includes ensuring timely health education programs, enhancing access to medical services, and encouraging collaboration between health and correctional authorities. These efforts are critical to fulfilling inmates' rights to health and life, in accordance with Indonesian law and international human rights standards.

Moreover, strengthening preventive healthcare in prisons not only protects inmates but also benefits broader public health. Effective prison healthcare reduces the risk of communicable diseases spreading within the community when inmates are eventually released. Therefore, government support, policy reforms, and adequate resource allocation are imperative to enable all correctional facilities to provide comprehensive, preventive health services.

Another general issue highlighted by the author is the Directorate General of Corrections' reliance on quantitative success indicators. This focus is evident in the Directorate General's 2022 Annual Report, which emphasizes the number of cases of the most common diseases among inmates. The table below presents the six most prevalent health conditions reported, based on numerical data:

Table 1. The six most common diseases among inmates based on the Directorate General of Corrections' 2022 annual report

| Disease/Condition | Number of Cases (2022) |
|---|---|
| Hepatitis | 15 cases |
| Tuberculosis (TBC) | 94 cases |
| HIV | 45 cases |
| Heart and vascular diseases | 46 cases |
| Cancer | 15 cases |
| Digestive disorders | 379 cases |

The focus on numerical figures suggests that evaluations are still predominantly based on quantity, while qualitative aspects such as the effectiveness of treatment or the overall well-being of inmates remain underemphasized.

The report further states that the Directorate General of Corrections aimed to provide access to further medical services for at least 3% of prisoners and detainees when necessary. In practice, this target was achieved, with 3.01% of inmates—amounting to 8,158 individuals—receiving medical referrals. However, rather than focusing solely on meeting quantitative benchmarks, the Directorate General should also begin prioritizing qualitative indicators. These may include inmates' satisfaction with healthcare services, increased health awareness among the prison population, and stronger inmate participation in maintaining personal and communal health. A shift toward these qualitative aspects would enable the prison healthcare system to more effectively meet the actual needs of inmates and, ultimately, help reduce preventable cases like the death of AM.

## 4. Conclusions

Based on the discussions outlined in the previous chapters regarding delays in disease treatment and its relation to the right to life and the right to health in correctional institutions, the author draws the following conclusions: (1) Delays in treating illnesses suffered by inmates in correctional institutions can violate their right to life and right to health, as guaranteed by human rights principles. This is evident in the case of inmate AM's death at Blitar Prison. The lack of awareness among healthcare staff in fulfilling their duties, along with Blitar Prison's tendency to prioritize curative measures over promotive and preventive efforts, resulted in the loss of AM's life; and (2) Correctional facilities must enhance preventive healthcare efforts by regularly providing health education to inmates and conducting routine health check-ups.

To ensure better protection of the right to life and the right to health in prisons, the author offers the following recommendations: Prisons must improve healthcare services through promotive and preventive efforts by providing health education and conducting regular medical check-ups for inmates and The Directorate General of Corrections must establish a new Basic Healthcare Service Standard for Prisons, Detention Centers, Probation Offices, Special Child Development Institutions, and Special Guidance Institutions for Children, as the existing standard is based on Law No. 12 of 1995 on Corrections, which has now been repealed by Law No. 22 of 2022 on Corrections.

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