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IMPLEMENTATION OF SHARIA COMPLIANCE AT SULTAN AGUNG SHARIA HOUSE SEMARANG

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Abstract: The halal industry continues to develop along with the awareness of Muslims to consume and live a lifestyle that is by sharia principles. This research aims to first review and analyse the importance of Shariah compliance in the Sharia hospital industry in Indonesia, second review the regulatory framework for Shariah compliance in Sharia hospitals, third review the implementation of Shariah compliance (SC) in the Sultan Agung Semarang Sharia hospital. This research is empirical juridical research with qualitative descriptive analysis techniques. The results of this study indicate that first, shariah compliance in Sharia hospitals is a must because Shariah compliance is the hallmark of this industry from conventional industries and will maintain the sustainability of this industry because the interests of Muslim consumers are guarded and protected. Secondly, the regulatory framework of Islamic hospitals consists of scattered several regulations, namely Law Number 33 of 2014 concerning Halal Product Guarantee, Law

International Journal of Religion and Social Community Volume 2, Number 1, March 2024 | 68-79 Number 40 of 2007 concerning Limited Liability Companies, Law Number 8 of 1999 concerning Consumer Protection (UUPK), Fatwa DSN MUI Number: 107/DSN-MUI/X/2016 concerning Guidelines for Hospitals Based on Sharia Principles. The regulations scattered in various rules do not specifically regulate Islamic hospitals, so these regulations are not adequate for regulating Islamic hospitals. In terms of SC implementation, there are various obstacles, including in medicines, where halal pharmaceuticals are still limited, as well as the use of Islamic financial institutions in transactions that have not been fully used.

Keywords: Halal Industry, Islamic Hospital, Shariah Compliance.

A. Introduction

Indonesia has the largest Muslim population in the world, in 2023, there were 250 million Muslims in Indonesia ((Data, n.d.) Accessed 11/11/2024). This sizable population has tremendous potential in the development of the halal industry. As a country with the largest Muslim population in the world, the presence of a halal industry or Sharia-based services is a must. According to Ro'fah, in the context of the Sharia industry, the implementation of the halal industry is to fulfil the spiritual rights of consumers (Ro'fah Setyowati et al., 2018). Thus, the presence of this industry protects the rights of Muslim consumers. Among the halal industry is Sharia Hospital. A Sharia hospital is a health service or hospital whose entire activity is based on *maqashid* sharia, namely protecting religion, protecting the soul, protecting the mind, protecting offspring, and protecting property sic(admin-mukisi, 2024).

From an Islamic perspective, treatment is holistic, that is, from a physical-medical and psycho-spiritual perspective. Thus, an Islamic hospital is an organisation that has a scope of work, policies, procedures, and staffing requirements that comply with Sharia principles in their entirety. The hospital does not only focus on halal products or sharia-compliant services, nor does it provide an Islamic alternative to the conventional system. Sharia hospitals are thus an entirely new comprehensive system, officially recognised and certified by an independent body that has the authority to carry out an accreditation process to ensure that the organisation follows procedures by Sharia requirements (Siti Aisyah Ismail et al., 2018, p. 316).

This is the operational picture of Islamic Health services or Sharia hospitals. Thus, the hospital must comply with the principles of Sharia, often referred to as Shariah compliance (Siti Aisyah Ismail et al., 2018, p. 318). The Sharia Council of Islamic Health Efforts throughout Indonesia (MUKISI), the organisation that initiated the Sharia hospital in collaboration with MUI, succeeded in formulating the criteria for a Sharia Hospital. Then, the DSN MUI issued fatwa No. 107 concerning Guidelines for the Implementation of Islamic Hospitals. The presence of the fatwa is the crystallisation of the shared idealism of realising Islamic Health services.

DSN MUI Fatwa No. 107 concerning Guidelines for Hospital Organization states that the criteria for Sharia hospitals are contracts, food medicine, services, and fund management must be by Sharia principles (Dewan Syariah Nasional Majelis Ulama Indonesia, n.d.). On the other hand, in Indonesia, there are several Islamic hospitals or hospitals affiliated with religious organisations, whether the hospital is truly by sharia or because it was founded by certain Islamic organisations, then labelled with an Islamic House. This is a challenge for (Islamic) hospitals to prove that the institution implements Sharia through Islamic hospital certification.

Muhammad Farhan, in "Implementation of Sharia Principles in Sultan Agung Semarang Hospital", states that the implementation of DSN MUI fatwa No. 107 concerning Guidelines for the Implementation of Sharia Hospitals has not been fully implemented, this happens because several contracts in this hospital are not all by Sharia principles, as well as dispute resolution, some disputes are carried out in the District Court (Farhan, 2018, p. 82).

Haqiqotus Sa'adah in "The Concept of Islamic Hospitals in Sharia Economic Transformation" states that there are values in Islamic hospitals that refer to the values of Islamic economics, namely Islamic economics has a basic nature as Rabbani and Insani economics, said Rabbani economy because Islamic economics is qualified by divine purposes and values. Meanwhile, the Islamic economy is said to be an Insani economy because the Islamic economy is implemented and aimed at the benefit of humans.

Luluk Latifah, in Community Preferences for Sharia Hospitals (Case Study of Surabaya People), states that behaviour, educational background and knowledge have a significant relationship to the level of community preference in the existence of Islamic hospitals. The higher a person's education, the more he tends to choose Islamic hospitals (Latifah, 2020).

Sitti Nur Djannah Rochana Ruliyandar, in "Analysis of Community Needs for Sharia-Based Hospitals Based on Attitude", stated that the community needs Islamic hospitals because Islamic hospitals are supported by Sharia principles (Djannah & Ruliyandari, 2020, p. 222). Mahmud Yunus, "Hospital Organization Based on Sharia Principles: Study on Banjarmasin Islamic Hospital", states that the organisation of Banjarmasin Islamic Hospital has been by DSN MUI fatwa No. 107 concerning guidelines for organising hospitals based on Sharia principles, but this hospital does not yet have a Sharia Council as a supervisor of the implementation of Sharia in the institution (Mahmud Yusuf, 2018, p. 82).

B. Research Methods

This research is empirical juridical research with qualitative descriptive analysis techniques in the hope of capturing the reality that occurs in the field as a whole, both visible and hidden. As for data collection, documentation techniques are used by collecting and reviewing various documents of laws and regulations, ministerial regulations, and MUI fatwas. In addition, it is also equipped with observations to research locations related to Islamic hospitals.

C. Results and Discussion

1. Shariah Compliance

Sharia compliance for the halal industry is a manifestation of the implementation of Islamic teachings comprehensively in the industry, as every Muslim is commanded to practice his religion, *kaffah*. In the context of Islamic hospitals, all activities and services must comply with sharia. If compliance is violated, there will be an abuse of Shariah and violation of Sharia principles by the industry that calls itself a Sharia industry because the term Shariah will only be a brand while the substance is not much different from similar industries that do not call themselves sharia. And if this happens, the most harmed from this event is the consumer.

Law No. 8/1999 on Consumer Protection (UUPK), article 8, explicitly states that business actors are strictly prohibited from producing and/or trading goods and/or services that do not meet or do not meet the standards set by statutory provisions (*UU Nomor 8 Tahun 1999 Tentang Perlindungan Konsumen (UUPK)*, n.d.). In the context of Muslim consumers, the halalness of a product (goods/services) is a standard that must be met by producers and is non-negotiable because it is closely related to the implementation of religious teachings (Sharia), and this is a right for Muslim consumers. Included in the product is a Sharia hospital. Halal standards for a product are indicated by halal certification from the authority, not self-claiming halalness, because it will provide legal certainty and legal protection for consumers.



2. Profile of Sultan Agung Hospital Semarang

Sultan Agung Islamic Hospital Semarang is a supporting facility within the scope of Sultan Agung Islamic University. Since the management of this hospital was handed over to the Sultan Agung Waqf Board Foundation, Sultan Agung Islamic Hospital functions as a Teaching Hospital for health professionals from various levels of health education at UNISSULA (Faculty of Medicine, Pharmacy and Nursing Science) (Darwin Ali, 2019). In addition, Sultan Agung Islamic Hospital also serves the general public because it has the facilities and ability to organise various types of specialist and subspecialist services.

Sultan Agung Hospital was established in 1971 Then, in 1978, it received an accreditation certificate as a type C hospital with the Decree of the Indonesian Minister of Health No. 1024/Yan.Kes/1.0.175. In 1982, this hospital became the clinic of the Faculty of Medicine of Sultan Agung University (Farhan, 2018, p. 46).

In 2011, this institution received an accreditation certificate as a type C hospital with the Decree of the Minister of Health No. HK.03.05/I/513/2011, on July 16, 2014, this hospital was designated as the UNISSULA Faculty of Medicine Teaching Hospital and passed the full level of the hospital by the Hospital Accreditation Committee. After going through a long process in 2014, RSI Sultan Agung again succeeded in achieving Sharia accreditation from DSN MUI with Decree NO: 003.169.09/DSN-MUI/MUI/I/2024.

a. Sharia Certificate

Hospitals labelled "Islamic" have a greater responsibility than other hospitals because these hospitals not only provide health services to patients and the community, but the services provided are also to maintain faith, worship, and muamalah by Islamic values. To ensure that hospitals implement Sharia values, Sharia hospitals must apply to the National Sharia Council of the Indonesian Ulema Council. Before applying for certification, the hospital must meet the mandatory requirements: a) The hospital has been accredited by the Hospital Accreditation Commission (KARS), b) The hospital has received a recommendation from MUKISI. The Hospital already has a Halal Certificate for Hospital Nutrition, and c) The Hospital already has a Sharia Supervisory Board candidate who has received a recommendation from the local Regional Ulema Council.

These requirements indicate that sharia certification can only be applied for after the institution must administratively pass the accreditation of the Hospital Accreditation Committee, the food

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and nutrition unit obtains a halal certificate, has a candidate for sharia supervisor and gets assistance from MUKISI.

b. Regulatory Framework for Islamic Hospitals in Indonesia:

The following are regulations governing Sharia hospitals; these regulations consist of laws and DSN MUI fatwas:

Table 1. Regulatory Framework for Islamic Hospit			
No	Type of Regulation	Contents	
1	Fatwa DSN MUI	Akad	
	Number: 107/DSN-	Services	
	MUI/X/2016	Food and Medicine	
	concerning Hospital	Fund Management	
	Guidelines Based on		
	Sharia Principles		
2	Law Number 33 of 2014 concerning Halal Product Guarantee	Article 1 Halal certification is recognition of the halalness of a product issued by BPJPH based on a written halal fatwa issued by MUI. Article 4 products that enter, circulate, and are traded in the territory of Indonesia must be halal certified. This means that it is clear that business actors who produce and trade food products in Indonesia must be halal certified and have a halal logo on their packaging and are also absolutely necessary as a strong legal umbrella for the government authorized to regulate halal products in Indonesia.	
3	Law Number 40 Year 2007 on Limited Liability Companies	Article 109 which regulates the obligation of the Sharia Supervisory Board for every industry that runs its	
		business according to sharia principles.	
4	Law Number 8 Year 1999 on Consumer Protection (UUPK)	Article 8 Business actors are strictly prohibited from producing and/or trading goods and/or services that do not meet or do not comply with standards.	

 Table 1. Regulatory Framework for Islamic Hospitals

Noting the above regulations, there is no legislation that specifically (lex speciale) regulates the operation of Islamic hospitals. The regulation of Islamic hospitals is scattered in several laws and regulations. This causes the regulation to be not comprehensive. More comprehensive arrangements are contained in the DSN MUI fatwa, while the fatwa is not included in the legislation.

3. Implementation of Shariah Complinace at Sultan Agung Hospital Semarang

The implementation of shariah compliance at Sultan Agung Semarang Hospital is the extent to which this institution implements the DSN MUI fatwa Number 107/DSN-MUI/X/2016 concerning Hospital Guidelines Based on Sharia Principles, including: **a. Akad**

The contracts in Sultan Agung Sharia Hospital include contracts with financial institutions, contracts in terms of human resource management and contracts with vendors, such as health equipment providers (Farhan, 2018, pp. 58-66). While the contracts used consist of a) ijarah used between hospitals and health workers, between hospitals and patients, b) ijarah al-muntahiyah bi al-tamlik used between hospitals and medical equipment providers, c) wakalah bi al-ujrah, used by hospitals (representatives) to sell to patients and drug suppliers as *muwakkil*, d) musyarakah *mutanasigah*, between the hospital and suppliers of laboratory equipment or suppliers of medicines, where each party submits capital, the portion of the supplier's capital decreases because it is gradually taken over by the hospital, e) *Qard* contract, the supplier provides interest-free equipment loans to the hospital, with the promise that the house will pay within a certain time either in instalments or at once (Farhan, 2018, p. 65).

b. Service

Minimum standards of Sharia hospital services and mandatory Sharia quality indicators at Sultan Agung Hospital include:

No.	Activities	Already/Not yet Implemented
1	Recite basmalah when administering drugs and treatments	А
2	Hijab for patients	А
3	Mandatory training for patient fiqh	А

Table 2. Services

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No.	Activities	Already/Not yet Implemented
4	Islamic education tool for patients, visitors	А
5	Gender-appropriate electrocardiogram insertion	А
6	The use of hijab for breastfeeding mothers	А
7	Wearing hijab in the operating room	А
8	Effective operation scheduling does not conflict with prayer times	А
1	Death patient accompanied by talqin	А
2	Reminder of prayer time	А
3	Gender-appropriate dower catheter insertion	А
4	Laudry syariah	А

Sultan Agung Islamic Hospital Semarang provides services by Clinical Practice Guidelines (PPK) applicable health service standards. This hospital is committed to equality of services for both Muslims and non-Muslims. The added value obtained by Muslim patients is Islamic services. The availability of spiritual guidance services specifically for Muslim patients. Whereas for non-Muslim patients, it is still limited to being recommended to get spiritual guidance related.

c. Food and Medicine

Food and medicine are important components in Sharia hospitals. As in Fatwa DSN MUI Number 107 /DSN-MUIIX/2016 point 6, Medicines, Food, Beverages, Cosmetics, and Used Goods must obtain a halal certificate. The provisions are as in the following table:

Table 5. 1 000 and Medicine		
No.	Terms	Already/Not Yet
1	Must use halal medicines, food, beverages, cosmetics, and goods that have received a Halal certificate from the Indonesian Ulema Council.	А
2	If the medicine used has not received a Halal certificate from the MUl, it is permissible to use a medicine that does not contain haram elements.	А

Fable 3. Food and Med	icine
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No.	Terms	Already/Not Yet
3	In cases of necessity (dharurat), the use of drugs that contain haram elements must carry out an informed consent procedure.	А

Ahmad Rofiq, the Sharia Supervisory Board of Sultan Agung Hospital stated:

Among the most difficult to avoid in Islamic hospital operations is the provision of halal pharmaceuticals. Because 80-90% of medicines available on the market are not halal certified, however, this does not mean that these drugs are haram, those that are not halal certified do not necessarily contain haram raw materials (*Ahmad Rofiq, DPS RS Sultan Agung Semarang*, personal communication, January 16, 2020).

The statement shows how difficult it is to get halal-certified medicines. Less than 2% of drugs are halal-certified, this is because 90% of drugs are halal-certified (Darwin Ali, 2019, p. 1300) pharmaceutical raw materials come from imports (Farhan, 2018, p. 70). However, in the practice of Islamic hospitals, if a halal pharmacy is not found, this is conveyed to the patient and asks the patient's permission whether the patient is willing to consume medicines that have not been certified halal (informed consent).

d. Fund Management

In terms of fund management, Sultan Agung Hospital cooperates with several Sharia Banking and Insurance. However, in certain cases, patients still use conventional banks, for example, the Regional Bank, this was conveyed by Ahmad Rofik:

If the client has not used an Islamic bank, then inevitably, the hospital must interact with conventional banks. For example, in terms of payment of medical services to patients who do not have an Islamic bank account, Sultan Agung Hospital cannot force patients to use Islamic banks (*Ahmad Rofiq, DPS RS Sultan Agung Semarang*, personal communication, January 16, 2020).

The statement shows that in terms of transactions, in certain cases, it has not fully used Islamic financial institutions, but this is still within the tolerable stage. As for zakat, infaq and sadaqah, this hospital has a Zakat Collection Unit. This shows that in terms of

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financial management, this institution has implemented the DSN MUI fatwa.

e. Sharia Supervisory Board

To ensure that hospital operations are by Sharia principles, Sultan Agung Hospital has a Sharia Supervisory Board. This is to the DSN Basic Guidelines (chapter II, paragraph 5), which states that the Sharia Supervisory Board is a body that exists in Sharia financial and business institutions and is tasked with overseeing the implementation of decisions (fatwas) of the National Sharia Council (Dewan Pimpinan Pusat MUI, 2016).

This is the important role of DPS in overseeing the implementation of the fatwa. From the description above, it can be conveyed that the implementation of Sharia compliance at Sultan Agung Hospital Semarang refers to the DSN MUI fatwa Number 107/DSN-MUI/X/2016 concerning Hospital Guidelines Based on Sharia Principles.

D. Conclusion

Shariah compliance in the Sharia hospital industry is a necessity because SC is the hallmark of this industry from conventional industries and will maintain the sustainability of this industry because the interests of Muslim consumers are safeguarded and protected.

The regulatory framework for Islamic hospitals consists of Law No. 40/2007 on Limited Liability Companies, especially Article 109, which regulates the obligation of a Sharia Supervisory Board for every industry that runs its business according to Sharia principles; Fatwa DSN MUI Number: 107/DSN-MUI/X/2016 on Guidelines for Hospitals Based on Sharia Principles. However, these regulations are not sufficient for regulating halal tourism. Law Number 40 of 2007 only regulates DPS, Fatwa DSN MUI - not state law as in the provisions of Law Number 12 of 2011 concerning the Establishment of Legislation so that it cannot be enforced in a binding manner. Meanwhile, in terms of SC implementation, there are various obstacles in medicine where halal pharmaceuticals are still limited, as well as the use of Islamic financial institutions.

Meanwhile, in terms of the implementation of Shariah compliance at Sultan Agung Semarang Hospital, there are several obstacles, including the difficulty of finding halal pharmaceuticals because 80-90% of medicines available on the market are not halal certified, and not all transactions use Islamic financial institutions.

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