Research Horizon

ISSN: 2808-0696 (p), 2807-9531 (e)

Research Horizon
Volume: 06
Issue: 04
Year: 2026
Page: 1891-1902

Citation:
Sapoelete, R., Sundiharja, A., & Moeslim, Y. (2026). Legal protection of medical personnel in resolving alleged medical malpractice disputes under Indonesian health law. *Research Horizon*, *6*(4), 1891-1902.

Article History:
Received: July 29, 2026
Revised: August 14, 2026
Accepted: August 22, 2026
Online since: August 25, 2026

Legal Protection of Medical Personnel in Resolving Alleged Medical Malpractice Disputes under Indonesian Health Law

Rudy Sapoelete[1*], Ali Sundiharja[1], Yulia Moeslim[1]

[1] Department of Law, Faculty of Law, Universitas Jayabaya, Jakarta, Indonesia

[*] *Corresponding author: Rudy Sapoelete (yuliasaraisnaeni.uj@gmail.com)*

Abstract

Health services are a fundamental component of human rights and require a legal framework that protects patients while providing legal certainty for medical personnel. This study analyzes the regulation of legal protection for medical personnel in alleged medical malpractice disputes, examines the limits of their legal liability when professional standards are met, and proposes an ideal model of legal protection and dispute resolution under Indonesian health law. This study employs a normative juridical method using statutory, conceptual, and analytical approaches. Legal materials consist of primary, secondary, and tertiary sources analyzed through qualitative descriptive-analytical methods and legal interpretation. The findings show that legal protection is established through preventive mechanisms, including professional standards, service standards, Standard operating procedures, informed consent, ethics, and professional discipline, and repressive mechanisms involving disciplinary proceedings, mediation, restorative justice, and litigation. Medical personnel should not be held liable solely because of adverse outcomes when they have met professional standards. The ideal model emphasizes balance, professional accountability, legal certainty, and restorative justice, with criminal proceedings as an *ultimum remedium*. This approach can strengthen patient protection while preventing unjustified criminalization of medical personnel.

Keywords

Health Law, Legal Liability, Legal Protection, Medical Malpractice, Medical Personnel, Restorative Justice.

1. Introduction

Health is a fundamental human right constitutionally guaranteed within the Indonesian legal system. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia affirms that every person has the right to live in physical and spiritual prosperity, to have a good and healthy environment, and to receive health services. This provision establishes that health services are not merely social needs but also part of the fulfillment of human rights and the state's responsibility. Accordingly, healthcare services must be delivered professionally, safely, and with high quality, while ensuring legal protection for all parties involved (Mangku et al., 2022).

Medical personnel occupy a central position in the provision of healthcare because they are directly involved in promotive, preventive, curative, and rehabilitative measures. In performing their professional duties, medical personnel must not only possess scientific competence and clinical skills but also comply with professional standards, service standards, Standard Operating Procedures (SOPs), and professional ethics (Astutik, 2018; Widjaja, 2025). The relationship between medical personnel and patients essentially constitutes a therapeutic legal relationship based on the patient's trust in receiving professional healthcare services. Within this relationship, medical personnel must provide services according to applicable standards, while patients have rights to information, safe treatment, and protection of their health and safety (Amaliah et al., 2024).

Nevertheless, the implementation of therapeutic relationships may generate disputes, particularly when medical outcomes differ from patients' expectations. Patients or their families may perceive unfavorable outcomes as evidence of professional negligence, whereas from a medical and legal perspective, not every unsuccessful treatment constitutes negligence or malpractice. Medical disputes may arise from alleged misdiagnosis, delayed treatment, complications, inadequate communication, or dissatisfaction with healthcare outcomes (Aulia & Yusuf, 2024). This issue grows more significant because medical procedures inherently involve risks and complications, even when performed in accordance with professional standards. Therefore, distinguishing between medical risks, complications, ethical violations, professional disciplinary violations, negligence, and malpractice is essential to prevent legal uncertainty (Damayana, 2024; Ciptawan & Anggraeni, 2025; Harahap & Ma, 2025).

The legal framework has developed to balance patient protection with the legal protection of medical personnel. Law Number 17 of 2023 concerning Health recognizes legal protection for medical personnel when performing professional duties in accordance with professional standards, service standards, SOPs, and professional ethics. This framework is further supported by Government Regulation Number 28 of 2024 and Regulation of the Minister of Health Number 3 of 2025 concerning professional discipline. Legal protection, however, does not constitute immunity from liability. Medical personnel remain accountable when negligence, disciplinary violations, ethical violations, or criminal elements are proven (Desyandra et al., 2024; Jayantara & Arief, 2024). Conversely, medical personnel who act according to applicable professional standards should not automatically face legal sanctions merely because an unfavorable medical outcome occurs.

Previous studies by Herningtyas et al. (2025) and Naurah et al. (2025) have largely examined the legal responsibility of medical personnel and patient protection in alleged malpractice cases. Other studies by Siregar (2024), Mushari and Siregar (2025), and Rompas and Santiago (2026) have discussed professional disciplinary mechanisms and restorative justice as an alternative approach to medical dispute resolution. However, a research gap remains regarding the integrated construction of legal protection for medical personnel, particularly the boundaries of liability

when medical actions comply with professional standards and the ideal mechanism for resolving alleged malpractice while balancing patient protection, legal certainty, and justice. The novelty of this study lies in integrating these dimensions within the current Indonesian health law framework by examining legal protection, the limits of professional liability, and restorative and professional mechanisms for resolving medical disputes as an interconnected legal framework.

The study examines the regulation of legal protection for medical personnel in alleged medical malpractice disputes under Indonesian health law, the limits of their legal liability when professional and procedural standards have been fulfilled, and the ideal legal protection and dispute resolution model for achieving a balance between patient rights and the protection of medical personnel. This study contributes to Indonesian health law by strengthening legal protection for both patients and medical personnel while promoting proportionate medical dispute resolution.

2. Methods

This study employs a normative juridical research method, which examines legal norms, principles of law, legal theories, legal doctrines, and relevant legal literature concerning the legal protection of medical personnel in resolving disputes involving alleged medical malpractice. The normative approach was selected because the research focuses on examining and interpreting positive legal provisions governing the rights, obligations, and legal responsibilities of medical personnel, rather than investigating empirical practices through field research. Accordingly, the study was conducted through library research by systematically examining relevant legal and scholarly sources.

Three approaches were employed in this research, namely, the statutory approach, the conceptual approach, and the analytical approach. The statutory approach examined and interpreted legislation and other regulatory instruments governing healthcare services, legal protection for medical personnel, professional standards, service standards, standard operating procedures, informed consent, professional discipline, and mechanisms for resolving medical disputes. The conceptual approach was applied to examine and clarify relevant legal concepts, including legal protection, legal liability, therapeutic relationships, medical risks, medical complications, negligence, and medical malpractice. Meanwhile, the analytical approach was used to examine the relationships and consistency among applicable legal norms, legal principles, legal theories, and legal doctrines in constructing an appropriate framework for the legal protection of medical personnel.

The object of this research is the legal protection of medical personnel in resolving alleged medical malpractice disputes within the framework of Indonesian health law. The legal materials consist of primary, secondary, and tertiary legal materials. Primary legal materials include the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024 concerning the Implementing Regulation of Law Number 17 of 2023 concerning Health, and relevant ministerial regulations governing healthcare services, informed consent, professional standards, service standards, standard operating procedures, and professional discipline. The research also refers to regulations and decisions issued by the Indonesian Medical Council (2024a), particularly those concerning medical professional standards, professional discipline, and the resolution of alleged violations in medical practice. This study examines these legal instruments to identify the legal basis, scope, and mechanisms of legal protection available to medical personnel in alleged medical malpractice disputes. Secondary legal materials comprise legal textbooks, scientific journal articles, legal research publications, previous studies, and relevant expert opinions. Tertiary legal

materials include legal dictionaries, legal encyclopedias, and other reference materials supporting the interpretation of primary and secondary legal materials.

Legal materials were collected through a systematic literature review involving the identification, inventory, classification, and examination of relevant legal sources. The collected materials were subsequently analyzed qualitatively using descriptive-analytical methods and legal interpretation. The analysis aimed to identify and explain the applicable legal provisions of protecting medical personnel, determine the boundaries of their legal liability when professional and procedural standards have been fulfilled, and formulate an ideal concept for resolving alleged medical malpractice disputes. The analysis links relevant statutory provisions to legal concepts, principles, theories, and doctrines to develop a coherent legal argument consistent with the development of Indonesian health law.

3. Results and Discussion

3.1. Regulations on Legal Protection for Medical Personnel

Legal protection for medical personnel in alleged medical malpractice disputes is an important component of a balanced health law system. Such protection aims not only to safeguard the professional rights of medical personnel but also to ensure that patients receive safe, accountable, and quality healthcare services. The relationship between medical personnel and patients constitutes a therapeutic legal relationship that creates reciprocal rights and obligations. Medical personnel must provide healthcare services based on professional standards, service standards, SOPs, and professional ethics, while patients are entitled to quality healthcare and protection from unlawful or negligent practices (Harry & Widjaja, 2025).

The concept of legal protection can be analyzed through Hadjon's (1987) theory, which distinguishes legal protection into preventive and repressive protection. Preventive protection seeks to prevent violations and disputes through legal rules, professional standards, procedures, and supervisory mechanisms. Repressive protection, by contrast, operates after a dispute or alleged violation has occurred through mechanisms for dispute resolution and accountability. In medical disputes, both forms are necessary because legal protection must not only respond to alleged malpractice but also prevent professional violations and unjustified legal claims against medical personnel (Desyandra et al., 2024).

Preventive legal protection is primarily reflected in the regulation and implementation of professional and service standards. Indonesian health law protects medical personnel when they perform their duties in accordance with professional standards, service standards, SOPs, professional ethics, and patient needs. Professional standards serve as benchmarks for determining whether medical actions constitute appropriate professional practice or deviations from professional obligations. At the same time, these standards limit professional autonomy by requiring medical personnel to exercise their authority within scientifically and legally accountable boundaries (Astutik, 2018; Indonesian Medical Council, 2024b).

Preventive protection is further strengthened through informed consent, medical documentation, competence, and professional discipline. Informed consent functions as legal communication between medical personnel and patients concerning the objectives, benefits, risks, and alternatives of proposed medical procedures. It reflects patient autonomy and ensures that patients receive adequate information before medical action is undertaken (Ministry of Health of the Republic of Indonesia, 2008). SOPs also provide operational guidelines for consistent and professional healthcare delivery, while compliance with SOPs may serve as evidence that medical personnel have fulfilled their professional obligations when disputes arise (Widjaja, 2025).

Professional ethics and discipline are equally important because medical conduct should not be assessed solely based on the patient's outcome. An unexpected or

unfavorable outcome does not automatically establish negligence, particularly when medical actions have complied with applicable standards and procedures. Professional disciplinary mechanisms therefore provide an important means of determining whether medical conduct constitutes a professional violation before pursuing broader legal accountability (Ministry of Health of the Republic of Indonesia, 2025b).

Repressive protection is implemented through mechanisms for resolving alleged medical malpractice disputes. Medical disputes may result from alleged negligence, professional misconduct, or dissatisfaction with healthcare outcomes. However, not every unfavorable outcome constitutes malpractice because medical procedures inherently involve risks and complications that may occur despite appropriate care. Therefore, determining malpractice requires an assessment of medical conduct, applicable professional standards, professional obligations, and the causal relationship between the alleged violation and patient harm, rather than relying solely on the existence of an adverse outcome (Aulia & Yusuf, 2024; Siregar, 2025a).

In this context, professional disciplinary proceedings, mediation, and other non-litigation mechanisms should be prioritized before criminal or civil litigation. Professional disciplinary mechanisms enable alleged violations to be examined from a medical and professional perspective, while mediation facilitates communication and proportionate settlement between patients and medical personnel (Siregar, 2024; Siregar, 2025b). This approach aligns with restorative justice, which emphasizes restoring patient rights and interests while avoiding disproportionate criminalization of medical personnel who acted according to professional standards. Restorative mechanisms can therefore support a more balanced resolution while preserving the therapeutic relationship (Mushari & Siregar, 2025; Wijaya & Jayanti, 2025; Rompas & Santiago, 2026).

Litigation may be pursued when non-litigation mechanisms fail or when the alleged conduct fulfills the elements of legal liability. Nevertheless, liability cannot be imposed solely because a patient experiences an adverse outcome. Criminal liability requires proof of the elements of an offense, including relevant negligence and causation, while civil liability requires a legal basis of liability and a causal relationship between the conduct and the resulting loss. Accordingly, legal proceedings must remain grounded in professional standards and applicable legal provisions so that unavoidable medical risks are not improperly treated as criminal or civil wrongdoing (Jayantara & Arief, 2024; Desyandra et al., 2024).

Thus, legal protection for medical personnel in alleged medical malpractice disputes is constructed through interconnected preventive and repressive mechanisms. Preventive protection includes professional and service standards, informed consent, SOPs, ethical obligations, documentation, and professional discipline, while repressive protection includes disciplinary proceedings, mediation, restorative justice, and litigation when legally justified. This framework does not grant immunity to medical personnel but establishes objective and proportionate accountability. It therefore provides a legal balance between protecting patient rights, ensuring legal certainty for medical personnel, and achieving justice in the resolution of medical disputes (Siregar, 2025b; Rompas & Santiago, 2026).

3.2. Limits of Legal Liability of Medical Personnel

The legal liability of medical personnel in alleged medical malpractice cases cannot be determined solely by patient harm or failure to achieve the expected treatment outcome. Healthcare services involve uncertainty because medical procedures concern complex biological conditions and may produce different outcomes despite appropriate care. Therefore, an unfavorable outcome does not automatically indicate negligence or malpractice. Legal liability must be assessed based on the professional process, including competence, compliance with

professional standards, procedures, and professional obligations (Desyandra et al., 2024; Siregar, 2025a).

The relationship between medical personnel and patients is a therapeutic relationship that constitutes an *inspanningverbintenis*, namely an obligation based on professional effort rather than a guarantee of a particular result. Medical personnel are not obligated to guarantee recovery but must make their best efforts based on their knowledge, competence, professional standards, service standards, and applicable procedures. Their primary obligation is therefore to provide competent, careful, and accountable healthcare services because medical practice inherently involves unavoidable risks (Astutik, 2018; Amaliah et al., 2024).

The fulfillment of professional standards, service standards, SOPs, and professional ethics is a primary basis for determining legal liability. When medical personnel have acted according to these standards, medical risks or complications cannot automatically be categorized as professional errors. Liability requires evidence of deviation from standards that should reasonably have been followed under similar circumstances. Patient harm must therefore be assessed together with the conduct of medical personnel, applicable standards, and the causal relationship between the alleged deviation and the resulting harm (Desyandra et al., 2024; Siregar, 2025a). Professional standards function as objective parameters for determining whether medical personnel have fulfilled their obligations. They guide medical practice and evaluate alleged violations. Professional autonomy must be exercised within scientifically and legally accountable boundaries. SOPs also ensure consistent and professional procedures, and compliance may demonstrate fulfillment of professional obligations when a dispute arises (Astutik, 2018; Indonesian Medical Council, 2024a; Widjaja, 2025).

Informed consent also helps determine legal liability. It shows that patients received information about the diagnosis, proposed procedures, benefits, risks, and alternatives. Thus, informed consent reflects patient autonomy and legal communication within the therapeutic relationship (Ministry of Health of the Republic of Indonesia, 2008). When a risk has been adequately explained and accepted, and the procedure complies with applicable standards, its occurrence should not automatically constitute malpractice. Medical complications may occur despite correct procedures (Siregar, 2025a). The distinction between medical risk, complication, negligence, and malpractice is essential. Malpractice involves conduct that deviates from professional obligations or standards and causes patient harm, whereas medical risks and complications are possible consequences of treatment that may occur despite appropriate care. This distinction prevents unfavorable outcomes from becoming the sole basis for fault and emphasizes objective professional assessment (Ministry of Health of the Republic of Indonesia, 2025b).

From a criminal law perspective, medical liability must reflect the principle of *nulla poena sine culpa*, meaning that punishment requires fault. Medical personnel cannot be held criminally liable merely because an unintended consequence or patient injury occurs. It must be proven that their conduct fulfills the elements of a criminal offense, including relevant negligence and a causal relationship with the harm. Law Number 17 of 2023 provides the broader framework for accountability (Jayantara & Arief, 2024). Professional disciplinary mechanisms are important for objectively assessing alleged violations before further legal proceedings. Medical conduct can be evaluated against professional standards, service standards, SOPs, and disciplinary requirements. This mechanism helps prevent disproportionate sanctions for unavoidable risks. Professional discipline therefore supports a balance between patient protection and legal protection for medical personnel (Siregar, 2024; Rompas & Santiago, 2026).

Based on this analysis, the limits of legal liability in alleged medical malpractice depend on professional misconduct, particularly deviations from professional

standards, service standards, SOPs, and professional ethics. Medical personnel who meet these requirements should not automatically be held responsible for risks or complications that arise despite appropriate care. Conversely, when negligence or professional violations are proven and causally result in patient harm, liability may be imposed through applicable legal mechanisms. Legal protection therefore does not constitute immunity but ensures fair, objective, and proportionate accountability while balancing patient protection with the right of medical personnel to practice without unjustified criminalization (Desyandra et al., 2024; Jayantara & Arief, 2024; Rompas & Santiago, 2026).

3.3. The Ideal Concept of Legal Protection for Medical Personnel

The ideal concept of legal protection for medical personnel in resolving alleged medical malpractice disputes in Indonesia should be based on a balance between protecting patient rights and maintaining the professionalism of medical personnel. Legal protection should not be interpreted as immunity from liability, but as a mechanism to ensure that allegations of medical errors are assessed objectively, proportionately, and in line with professional standards, ethical obligations, and applicable legal provisions. This balanced approach matters because medical personnel operate under professional and ethical responsibilities that require them to prioritize patient safety while maintaining competence and integrity (Indonesian Medical Association, 2012; Amaliah et al., 2024).

Medical disputes have distinctive characteristics because they involve not only legal considerations but also medical science, professional ethics, therapeutic relationships, patient safety, and inherent medical risks. Ethical dilemmas may arise when medical personnel must balance professional obligations, patient interests, limited resources, and the risks associated with medical interventions. Therefore, resolving medical disputes should not rely exclusively on punitive mechanisms but should consider approaches that provide appropriate recovery for patients while preserving the professional independence of medical personnel (Sari et al., 2023; Azmi et al., 2026).

One approach that is relevant to the development of medical dispute resolution is restorative justice. This approach focuses not merely on punishing the party considered responsible but on restoring losses, encouraging dialogue, clarifying responsibilities, and repairing relationships between patients and medical personnel. Restorative justice is particularly relevant to medical disputes because adverse outcomes do not necessarily arise from malicious intent but may result from the complexity of patient conditions, inherent medical risks, or professional issues requiring objective assessment. Thus, dispute resolution should determine responsibility while avoiding unnecessary criminalization of medical personnel who acted in accordance with applicable standards (Mushari & Siregar, 2025; Rompas & Santiago, 2026). The restorative approach is also consistent with the therapeutic nature of the relationship between medical personnel and patients, which is fundamentally based on trust. A dispute resolution process focused exclusively on punishment may damage this relationship and potentially affect public trust in healthcare services. Mediation, dialogue, professional evaluation, and restoration of patient rights can therefore provide a more proportionate approach to resolving medical disputes while maintaining the accountability of medical personnel (Siregar, 2025b; Wijaya & Jayanti, 2025).

In addition, the ideal legal protection model should strengthen the role of professional disciplinary mechanisms as an initial stage in assessing alleged malpractice. Medical actions should first be evaluated from a professional perspective to determine whether there has been a violation of professional standards, service standards, SOPs, or professional ethics. This mechanism is essential to ensure that legal proceedings are not initiated solely because medical outcomes fail to meet patient expectations but are instead based on evidence of professional misconduct.

The disciplinary mechanism therefore filters medical risks and complications from professional violations (Siregar, 2024). The principle of balance requires patients to receive protection and appropriate recovery when professional errors are proven, while medical personnel must receive legal certainty when they have fulfilled their professional obligations. Legal protection should neither prioritize medical personnel at the expense of patients nor expose medical personnel to liability for unavoidable medical risks. Professional ethics, disciplinary standards, and legal provisions must operate together to establish fair accountability (Azmi et al., 2026).

Based on this analysis, the ideal concept of legal protection for medical personnel in resolving alleged medical malpractice disputes in Indonesia is a model based on balance, professionalism, professional discipline, and restorative justice. Patients remain entitled to protection, information, recovery, and accountability for proven professional errors, while medical personnel receive legal certainty when their actions comply with applicable standards. Criminal proceedings should therefore function as an *ultimum remedium*, particularly when professional and non-litigation mechanisms have failed or when strong evidence demonstrates that the conduct fulfills the elements of a criminal offense (Jayantara & Arief, 2024; Rompas & Santiago, 2026). This model can promote objective dispute resolution, prevent unjustified criminalization of the medical profession, and maintain accountability when professional misconduct is demonstrably established.

4. Conclusion

This study finds that the legal protection of medical personnel in alleged medical malpractice disputes in Indonesia is structured through preventive and repressive mechanisms. Preventive protection is provided through professional standards, service standards, SOPs, informed consent, professional ethics, and disciplinary mechanisms, while repressive protection is implemented through professional disciplinary proceedings, mediation, restorative justice, and litigation when legally justified. The study further establishes that medical personnel should not be held liable solely because of an unfavorable medical outcome. Legal liability must be based on proven deviations from professional standards, applicable procedures, professional ethics, and a causal relationship between the deviation and patient harm. The ideal model of legal protection balances professional accountability, legal certainty, and restorative justice, with criminal proceedings serving as an *ultimum remedium*.

The findings imply that Indonesian health law should strengthen professional disciplinary mechanisms and non-litigation dispute resolution as objective filters before pursuing criminal or civil proceedings. Such mechanisms can protect patient rights while preventing unjustified criminalization of medical personnel. Nevertheless, this study is limited by its normative juridical design and reliance on statutory provisions, legal literature, and doctrinal analysis; it does not empirically examine the implementation of medical dispute resolution or perspectives of patients, medical personnel, and law enforcement institutions. Future research should therefore employ empirical, comparative, or socio-legal approaches to evaluate the practical effectiveness of professional discipline, mediation, restorative justice, and litigation mechanisms in resolving medical malpractice disputes.

References

Amaliah, A., Wirabuana, A., & Arimbi, D. (2024). Perlindungan hukum bagi tenaga kesehatan berdasarkan perjanjian terapeutik. In *Proceeding Masyarakat Hukum Kesehatan Indonesia*. Cimahi: Universitas Jenderal Achmad Yani.

Astutik, A. (2018). Standar pelayanan medis nasional sebagai bentuk pembatasan otonomi profesi medis. *Halu Oleo Law Review*, *1*(2), 252–277. https://doi.org/10.33561/holrev.v1i2.3645.

Aulia, H., & Yusuf, H. (2024). Tinjauan yuridis penyelesaian sengketa medik berdasarkan Undang-Undang Nomor 17 Tahun 2023. *Jurnal Intelek Insan Cendikia*, *1*(9), 4887–4895.

Azmi, F., Hidayatullah, D., & Mardani, R. (2026). Dilema etik tenaga kesehatan dalam pelayanan kesehatan dasar di Puskesmas Batuyang Lombok Timur: Pendekatan hukum empiris. *Soepra Jurnal Hukum Kesehatan*, *12*(1), 124–139. https://doi.org/10.24167/sjhk.v12i1.15216.

Ciptawan, B. C. B., & Anggraeni, H. Y. A. H. Y. (2025). The effectiveness of healthcare regulations in preventing malpractice in public hospitals. *Research Horizon*, *5*(6), 3197–3210. https://doi.org/10.54518/rh.5.6.2025.896.

Damayana, S. N. (2024). Analisis yuridis terhadap hambatan penegakan hukum dalam kasus pelanggaran etika profesi tenaga kesehatan di Indonesia. *Majelis: Jurnal Hukum Indonesia*, *1*(4), 113–124. https://doi.org/10.62383/majelis.v1i4.499.

Desyandra, T., Kacaribu, A. A., & Harris, S. (2024). Perlindungan hukum dan pertanggungjawaban hukum tenaga medis dalam sengketa medis di Indonesia. *Jurnal Hukum Positum*, *9*(2), 219–235. https://doi.org/10.35706/positum.v9i2.13007.

Hadjon, P. M. (1987). *Perlindungan hukum bagi rakyat di Indonesia: Sebuah studi tentang prinsip-prinsipnya, penanganannya oleh pengadilan dalam lingkungan peradilan umum dan pembentukan peradilan administrasi negara*. Surabaya: Bina Ilmu.

Harahap, H. R. H., & Ma, A. M. F. A. (2025). Criminal policy reform for medical personnel in Indonesia's new criminal code: Legal protection and implementation challenges. *Research Horizon*, *5*(6), 2923–2934. https://doi.org/10.54518/rh.5.6.2025.910.

Harry, A., & Widjaja, G. (2025). Analysis of legal protection for medical personnel in malpractice cases: An Indonesian legal perspective. *Jurnal Kesehatan*, *3*(3), 135–143.

Herningtyas, T., Labati, E., & Pont, A. V. (2025). Legal aspects of medical malpractice: Patient protection and physician liability. *International Journal of Health, Economics, and Social Sciences (IJHESS)*, *7*(2), 860–865. https://doi.org/10.56338/ijhess.v7i2.7360.

Republic of Indonesia. (1945). *The 1945 Constitution of the Republic of Indonesia*.

Republic of Indonesia. (2023). *Elucidation to the Law of the Republic of Indonesia Number 17 of 2023 concerning Health*.

Republic of Indonesia. (2023). *Law of the Republic of Indonesia Number 17 of 2023 concerning Health*.

Republic of Indonesia. (2024). *Elucidation to Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning the Implementing Regulations of Law Number 17 of 2023 concerning Health*.

Republic of Indonesia. (2024). *Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning the Implementing Regulations of Law Number 17 of 2023 concerning Health*.

Indonesian Medical Association. (2012). *Indonesian medical code of ethics*. Jakarta: Pengurus Besar Ikatan Dokter Indonesia.

Indonesian Medical Council. (2024a). *Decree of the Indonesian Medical Council Number 126/KKI/KEP/III/2024 concerning the Indonesian Dental Profession Standards*.

Indonesian Medical Council. (2024b). *Decree of the Indonesian Medical Council Number 193/KKI/KEP/VIII/2024 concerning the Indonesian Medical Doctor Professional Education Standards*.

Jayantara, I. M. D., & Arief, H. (2024). Analisis pertanggungjawaban pidana dan penyelesaian terhadap tenaga medis yang melakukan malpraktik medis ditinjau dari perspektif Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Jurnal Hukum Lex Generalis*, *5*(7), 700–711.

Mangku, D. G. S., Yuliartini, N. P. R., Hartana, H., & Darayani, N. M. C. (2022). Legal protection of medical personnel during the Covid-19 pandemic in Indonesia. *International Journal of Health Sciences*, *6*(2), 709–718. https://doi.org/10.53730/ijhs.v6n2.7923.

Ministry of Health of the Republic of Indonesia. (2008). *Regulation of the Minister of Health of the Republic of Indonesia Number 290/MENKES/PER/III/2008 concerning Medical Treatment Consent.*

Ministry of Health of the Republic of Indonesia. (2025a). *Regulation of the Minister of Health of the Republic of Indonesia Number 13 of 2025 concerning the Management of Health Human Resources.*

Ministry of Health of the Republic of Indonesia. (2025b). *Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline of Medical and Health Professionals.*

Mushari, M., & Siregar, A. R. M. (2025). Prinsip keadilan restoratif dalam penyelesaian kasus malpraktek: Suatu pendekatan alternatif. *Indonesian Journal of Law*, *2*(1), 1–11.

Naurah, G., Saragih, Y. M., & Pratiwi, S. D. (2025). Perlindungan hukum pasien dari tindakan malpraktik menurut hukum kesehatan di Indonesia. *Judge: Jurnal Hukum*, *6*(2), 277–286. https://doi.org/10.54209/judge.v6i02.1415.

Rompas, R. R., & Santiago, F. (2026). Perlindungan hukum terhadap tenaga medis dan tenaga kesehatan melalui penerapan mekanisme keadilan restoratif (restorative justice). *Jurnal Greenation Sosial dan Politik*, *4*(1), 54–64. https://doi.org/10.38035/jgsp.v4i1.612.

Sari, C. F., Rahmawati, A. I., Diwanti, A. N., Nuraini, F. A., Ratnasari, F., Firhandini, I., ... Bariq, F. F. D. (2023). Penegakan kode etik tanggung jawab profesi tenaga kesehatan. *Jurnal Hukum dan Ham Wara Sains*, *2*(7), 526–531. https://doi.org/10.58812/jhhws.v2i07.476.

Siregar, R. A. (2024). Majelis disiplin profesi sebagai *primum remedium* berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Jurnal Hukum to-Ra: Hukum Untuk Mengatur dan Melindungi Masyarakat*, *10*(3), 491–505. https://doi.org/10.55809/tora.v10i3.384.

Siregar, R. A. (2025a). Pandangan hukum kesehatan terhadap dugaan malpraktek versus komplikasi tindakan kedokteran. *Jurnal Kolaboratif Sains*, *8*(6), 2897–2909. https://doi.org/10.56338/jks.v8i6.7815.

Siregar, R. A. (2025b). Transformasi penyelesaian sengketa medis: Sebuah paradigma baru dalam hukum kesehatan Indonesia. *Jurnal Hukum Mimbar Justitia (JHMJ)*, *11*(1), 52–64.

Widjaja, G. (2025). Peran standar prosedur operasional (SPO) dalam menjamin mutu dan keselamatan praktik kesehatan di rumah sakit. *Jurnal Kesehatan*, *3*(1), 70–82.

Wijaya, M. E., & Jayanti, R. D. (2025). Alternatif penyelesaian sengketa medis berdasarkan konsep restoratif justice di rumah sakit. *Restorative Justice: Jurnal Hukum Universitas Muhammadiyah Kalianda*, *1*(1), 7–17. https://doi.org/10.52655/4bscdm59.

Acknowledgment
We gratefully acknowledge the contributions of individuals who supported the completion of this article.

Funding Information
This research did not receive any funding.

Conflict of Interest Statement
The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement
Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement
The data that support the findings of this study are available from the corresponding author upon reasonable request.