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Accountability of Civil Servant Health Personnel at Community Health Centers in Medical Disputes

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Abstract

This study analyzes the legal position of civil-servant health workers at Community Health Centers (*Pusat Kesehatan Masyarakat*/Puskesmas) and allocates legal responsibility among health workers, Puskesmas, and the government in medical disputes, addressing the civil-service dimension overlooked in previous studies. It uses a normative juridical method with statutory, conceptual, and case approaches, supported by qualitative analysis. The findings show that ASN health workers' dual position as healthcare professionals and government employees exposes a single clinical incident to four accountability forums without clear coordination: criminal, civil, professional disciplinary, and civil-service disciplinary proceedings. The cases of Puskesmas Bolo, Puskesmas Ulak Karang Selatan, Puskesmas Tarano, and Supreme Court Decision Number 2033 K/Pid.Sus/2017 illustrate this pattern. The study identifies three complementary forms of responsibility: individual liability of health workers, institutional responsibility for Puskesmas service failures, and supplementary responsibilities of central and regional governments. Although Law Number 17 of 2023, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 13 of 2025 strengthen the legal framework for health worker protection and dispute resolution, legal uncertainty remains because Puskesmas lacks an explicit institutional liability provision equivalent to Article 193 of the Health Law for hospitals.

Keywords

Civil Servant Health Personnel, Community Health Centers, Legal Responsibility, Medical Dispute, Vicarious Liability.

1. Introduction

Health is a fundamental right under Articles 28H(1) and 34(3) of the 1945 Constitution. Community Health Centers (*Pusat Kesehatan Masyarakat*/Puskesmas) provide primary services amid uneven resources and dependence on local-government coordination (Arsyad et al., 2022; Hasanbasri et al., 2024). Research examines remote primary care and delegated authority exercised by nurses and midwives (Priyanto et al., 2025; Santosa & Prayuti, 2025; Atmaja & Sapsudin, 2026). Many Puskesmas health workers are civil servants (*Aparatur Sipil Negara*/ASN), making medical disputes legally complex (Chen et al., 2023; Zhang & Zhang, 2024; Arbel-Groissman et al., 2025).

Health workers are subject to professional standards and patient rights under Law Number 17 of 2023 on Health, while ASN personnel are also governed by Law Number 20 of 2023 on the State Civil Apparatus. Article 20 of Law Number 30 of 2014 on Government Administration distinguishes administrative error from abuse of authority. Article 1367 of the Indonesian Civil Code establishes employer liability, whereas Article 193 of the Health Law expressly establishes hospital liability. Puskesmas lack separate legal personality and an equivalent rule. Articles 308 and 310 provide for professional recommendations and prioritize out-of-court settlement, but their relationship with civil-service discipline remains unclear (Government of the Republic of Indonesia, 2023a).

Indonesian studies by Dewangga et al. (2025), Muhyin and Sapsudin (2026) and Sapoelete et al. (2026) address hospital liability and health-worker protection; Amiati et al. (2024) and Samallo and Ismail (2026) address vicarious liability and institutional conditions by Yi et al. (2022), Giliker (2024), and Ikhsan and Lany (2025). Criminal-law research examines gross negligence and individual blame for systemic failures (McQuoid-Mason, 2022; Lee, 2023; Lin, 2025). Indonesian scholarship discusses criminal liability, medical risk, and *culpa* in malpractice judgments (Rachmatullah & Jamaludin, 2026; Haryati & Anggraeni, 2026; Susila & Anggriawan, 2026).

Other studies by Hulu and Larosa (2025) and Apandi et al. (2026) examine civil-service discipline and ASN rotation; Gamalliel and Fuady (2024) and Rahman et al. (2025) examine health-law reform; and Wiwoho et al. (2023) examine health-worker protection. Comparative research considers defensive medicine, malpractice claims and clinicians' experiences, and disciplinary evidence and mediation (Wrześniewska-Wal, 2022; Shen et al., 2024). Other studies address communication and prevention, narratives and apologies, and dispute resolution and compensation (Kusworo & Fauzi, 2023; Johan & Fikri, 2025; Susilo & Anggraeni, 2025). Research also examines no-fault compensation and just culture as ways to address systemic failures (van Baarle et al., 2022; Andrew, 2025; Sujana & Fikri, 2025; Ramadhanti & Lany, 2025). However, the intersection of ASN discipline and Puskesmas institutional liability remains underexamined.

Cases illustrate this gap. At Puskesmas Singkawang Tengah, a nurse was prosecuted for an eye procedure beyond delegated authority (Harahap, 2021). A medication error at Ulak Karang Selatan prompted police and Ombudsman complaints, while a vaccination dispute at Tarano was mediated (Abdi, 2022; Saoqi & Arba, 2026). At Puskesmas Bolo, complications following intravenous line placement led to a toddler's hand amputation and subsequent police reporting, internal audit, professional review, and settlement (Rafiin, 2025; Elita et al., 2026). These cases reveal overlapping accountability forums without clearly coordinated responsibility.

This normative legal study integrates civil-service discipline into medical-dispute analysis and identifies the institutional liability gap specific to Puskesmas. It advances three analytical propositions rather than statistical hypotheses.

Proposition 1: clinical incidents involving ASN health personnel may enter four accountability forums whose sequence and relationship remain unregulated. Proposition 2: liability should distinguish *faute personnelle*, attributable to the individual, from *faute de service*, attributable to the service and therefore the regional government. Proposition 3: the 2023 reforms improve legal certainty through professional recommendations and out-of-court settlement but leave Puskesmas without a liability rule equivalent to Article 193. This study asks: (1) What is the legal position of ASN health personnel at Puskesmas when medical disputes arise? (2) How should responsibility be divided among health personnel, Puskesmas, and the government? (3) To what extent do Law Number 17 of 2023, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 13 of 2025 provide legal certainty and institutional protection for primary care workers?

2. Methods

This study employs normative (doctrinal) legal research to examine statutory norms, legal doctrines, and judicial and administrative practices concerning the accountability of state civil apparatus health personnel at Puskesmas. It combines three approaches. The statutory approach examines the 1945 Constitution, Law Number 30 of 2014 on Government Administration, Law Number 17 of 2023 on Health, Law Number 20 of 2023 on the State Civil Apparatus, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 13 of 2025 on the Management of Health Human Resources, particularly provisions concerning credentialing, delegation of authority, legal protection, and dispute settlement. The conceptual approach examines the doctrines of *faute personnelle* and *faute de service*, vicarious liability, and the distinction between *culpa lata* and *culpa levis*. The case approach examines four disputes involving Puskesmas, including one that reached the Supreme Court.

Primary legal materials comprise the relevant legislation and Supreme Court Decision Number 2033 K/Pid.Sus/2017. This study examines the decision through a published case study that reproduces the facts and judicial reasoning (Harahap, 2021). Secondary materials include peer-reviewed journal articles on medical disputes, vicarious liability, clinicians' criminal liability, alternative dispute resolution, and Indonesian health law reform, most published between 2022 and 2026. Information on the other three disputes comes from published case studies and national news reports and is cross-checked against additional sources where available. Materials are collected through library research and documentary review of legislation, judicial decisions, scholarly publications, and published case reports.

The materials are classified by research issue and analyzed qualitatively through doctrinal analysis and systematic and teleological legal interpretation. The analysis identifies the applicable legal norms, examines their relationship to the relevant doctrines of individual and institutional liability, and compares these normative frameworks with the reported circumstances and resolution of the four disputes. The findings are then organized to address the legal position of ASN health personnel in medical disputes, the allocation of liability among health personnel, Puskesmas, and local government, and the legal certainty and institutional protection afforded by Indonesia's health regulations. Because the three cases are examined through secondary sources, their facts illustrate accountability mechanisms rather than providing conclusive evidence of individual legal fault.

3. Results and Discussion

3.1. Legal Position of Civil-Servant Health Workers in Medical Disputes

Civil-servant health workers employed at Puskesmas occupy a dual legal position when medical disputes arise. They are individually accountable as healthcare

professionals and also subject to the civil-service disciplinary regime because of their employment status. The four cases examined in this study illustrate how a single healthcare incident may trigger different accountability mechanisms, including professional disciplinary proceedings, civil-service discipline, criminal investigation, complaints to oversight institutions, and out-of-court settlement.

Table 1. Medical Disputes Involving Health Personnel at Puskesmas

Case	Incident	Forums engaged	Outcome and relevance
Puskesmas Singkawang Tengah, West Kalimantan (2015; Supreme Court Decision Number 2033 K/Pid.Sus/2017)	A nurse and refraction optician removed a foreign body from a patient's cornea without informed consent, a procedure beyond the authority delegated by the Puskesmas physician; the patient's eye deteriorated severely.	Criminal prosecution under Articles 77 and 78 of Law Number 29 of 2004 on Medical Practice through to cassation; the prosecutor sought two years and six months of imprisonment and restitution.	The Supreme Court held that the element of intentionally creating the impression of being a registered physician was not fulfilled because no unlawful intent was established, so criminal liability was not imposed. The nurse had relied on a delegation letter from a physician who had been transferred.
Puskesmas Ulak Karang Selatan, Padang (2021)	A 12-year-old patient received ear drops instead of the prescribed eye drops and developed an eye infection.	Internal handling (the Puskesmas covered initial treatment costs), a police report, and an Ombudsman complaint filed with legal aid assistance.	Institutional and individual channels ran in parallel; in 2022 the police were still collecting witness statements and evidence.
Puskesmas Tarano, Sumbawa	A dispute arose between a patient and the Puskesmas over vaccination services.	Mediation, with litigation available if mediation fails.	Mediation lasted seven days, and a successful outcome was recorded in a written agreement. The Puskesmas head's responsibility was also at issue.
Puskesmas Bolo, Bima (2025)	A toddler developed severe swelling, discoloration, and infection of the hand after intravenous line placement; the family alleged that consent was not properly obtained, and the hand was later amputated.	Police report, internal audit by the district health office, and Professional Disciplinary Council examination of 89 health workers and doctors involved in the case.	Settled in October 2025: the health facilities paid compensation, the Bima Regency government apologized, and the parents withdrew their complaints.

Table 1 demonstrates that the legal position of civil-servant health workers cannot be understood solely through professional liability or criminal law. In the Bolo case, a police investigation, an internal audit, and a professional disciplinary examination proceeded regarding the same incident. The dispute was ultimately

settled through an agreement involving the local government that employed the health workers, rather than through a final judicial determination of liability (Rafiin, 2025). Similarly, in the Ulak Karang Selatan case, the facility covered the initial treatment costs while the family pursued external accountability mechanisms (Abdi, 2022). These cases reveal the coexistence of several accountability forums without demonstrating a clear rule coordinating professional disciplinary proceedings with civil-service discipline and criminal or civil proceedings. This lack of coordination means different authorities may assess a health worker's clinical conduct independently, potentially producing inconsistent findings or overlapping sanctions.

Article 308 of Law Number 17 of 2023 concerning Health provides an important procedural safeguard by requiring a recommendation from the professional disciplinary authority before specified criminal or civil proceedings against healthcare workers are pursued. This mechanism responds to concerns about expansive interpretations of clinical negligence and the risk of attributing systemic healthcare failures exclusively to individual practitioners (Lee, 2023; Lin, 2025; Kim & Ahn, 2025; Susila & Anggriawan, 2026).

The Singkawang Tengah case illustrates the importance of distinguishing an individual practitioner's conduct from the institutional circumstances under which a procedure was performed. The nurse relied on a written delegation issued by a physician who had already been transferred, raising questions about the validity and supervision of delegated clinical authority (Harahap, 2021). The Bolo case, meanwhile, demonstrates that professional disciplinary examination can occur alongside a police investigation (Rafiin, 2025). These cases support the need for procedural safeguards while also highlighting the importance of timely resolution for patients seeking remedies (Amiati et al., 2024).

Nevertheless, the professional disciplinary mechanism does not, by itself, resolve the relationship between professional accountability and civil-service discipline. A supervisor may initiate disciplinary action against an ASN health worker before the professional disciplinary authority has determined whether the clinical conduct violated professional standards. This study therefore proposes that the clinical aspects of civil-service disciplinary proceedings should be coordinated with, or ordinarily await, the relevant professional findings, while purely administrative violations, such as attendance violations, remain subject to the ordinary civil-service disciplinary process. Such coordination would preserve administrative accountability while reducing the risk of conflicting assessments of clinical conduct (Wrześniewska-Wal, 2022; Hulu & Larosa, 2025).

3.2. Allocation of Legal Responsibility

Allocating legal responsibility in medical disputes involving Puskesmas requires distinguishing between personal liability, institutional liability, and the responsibilities of government authorities. These forms of responsibility are related but should not automatically be attributed to the same party. Their allocation depends on the nature of the conduct, the authority the health worker exercises, and the institutional arrangements governing care delivery.

Personal liability arises when a health worker acts intentionally, commits gross negligence, or acts beyond the authority and professional standards applicable to the conduct in question. This corresponds conceptually to *faute personnelle*. By contrast, institutional liability, or *faute de service*, concerns failures in the organization and delivery of healthcare, including inadequate Standard Operating Procedures (SOPs), supervision, equipment, staffing, credentialing, and delegation arrangements.

For Puskesmas, the distinction is particularly important because these facilities do not possess separate legal personality under the framework examined in this study. Consequently, claims concerning institutional failures must be considered in relation to the local government responsible for establishing and administering the facility. Patients may otherwise face uncertainty over whether to pursue the

individual health worker, the healthcare facility, or the government authority responsible for the service (Elita et al., 2026).

Article 1367 of the Indonesian Civil Code provides a general basis for examining responsibility for harm caused by persons for whom another party may be legally responsible. However, applying this provision to medical disputes involving Puskesmas does not eliminate the need to establish the relevant legal relationship and the connection between the health worker's conduct and assigned duties. Research on hospital medication errors under Article 193 of Law Number 17 of 2023 and comparative analyses of vicarious liability similarly highlight the significance of the relationship between the harmful conduct and the work assigned by the employer (Giliker, 2024; Dewangga et al., 2025).

The distinction between personal and institutional responsibility becomes particularly apparent in the delegation of clinical authority. Nurses and midwives at Puskesmas may perform medical procedures under physicians' instructions, especially in remote areas where access to physicians is limited (Santosa & Prayuti, 2025; Atmaja & Sapsudin, 2026). Such arrangements require clear limits on delegated procedures, appropriate recipient competence, effective supervision where required, and valid documentation.

The Singkawang Tengah case shows the risks of inadequate delegation arrangements. The nurse relied on a written delegation issued by a physician who had already been transferred, while the procedure exceeded the scope of the authority described in the case account (Harahap, 2021). This raises not only the question of the nurse's individual conduct but also whether the facility adequately maintained its delegation records and ensured that clinical authority remained valid following staff transfers.

Where a Puskesmas fails to define delegable services, maintain current delegation documents, credential its staff, or ensure that patient consent is obtained, the resulting harm may indicate an institutional service failure rather than solely an individual's misconduct. Staffing pressures and excessive working hours may also matter when determining whether the harm arose from organizational deficiencies (Ikhsan & Lany, 2025; Samallo & Ismail, 2026).

The Bolo case further illustrates the government's practical role in resolving medical disputes. Compensation and an apology were provided through a settlement involving the healthcare facility and the local government. However, the settlement does not, by itself, establish a general legal rule attributing all comparable losses to the local government (Rafiin, 2025). Instead, it shows that government involvement may become central to dispute resolution even when the legal basis and scope of institutional liability remain insufficiently explicit.

This study proposes an explicit legal provision, either through an amendment to the Health Law or its implementing regulations, establishing local-government responsibility for losses arising from negligent healthcare services at Puskesmas when the harm results from institutional service failures. Claims against individual health workers should remain possible where *faute personnelle* is established. This proposed allocation would provide patients with a clearer defendant, protect workers acting within their assigned duties, and align healthcare accountability with the allocation principles reflected in Article 20 of Law Number 30 of 2014 concerning Government Administration.

3.3. Legal Certainty and Institutional Protection

Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 13 of 2025 establish a framework for health worker protection, professional discipline, and institutional responsibility. Article 273(1)(a) of Law Number 17 of 2023 recognizes health workers' right to legal protection when performing their duties in accordance with professional standards, service standards, SOPs, professional ethics, and patients'

health needs. Government Regulation Number 28 of 2024 regulates professional disciplinary mechanisms, while Articles 244 and 245 of Minister of Health Regulation Number 13 of 2025 reaffirm the right to legal protection and assign protection responsibilities to the central government, regional governments through health offices, and heads of health facilities.

Institutional prevention is further regulated under Article 250(1) of Minister of Health Regulation Number 13 of 2025, which requires facility heads to establish SOPs, determine delegable services, conduct staff credentialing, establish clinical authority, verify registration and practice permits, ensure patient consent, and facilitate professional liability protection. For Puskesmas, credentialing is conducted by an ad hoc team from the district or municipal health office, while the Puskesmas head determines clinical authority based on the credentialing results under Article 178. Articles 182–184 regulate the delegation of authority, including competency requirements, written documentation, supervision, and responsibility allocation (Ministry of Health of the Republic of Indonesia, 2025). The Singkawang Tengah case illustrates the relevance of these provisions because the nurse relied on a delegation letter issued by a physician who had been transferred, raising questions about the validity and limits of the delegated authority (Harahap, 2021).

Articles 254 and 255 provide for dispute resolution through negotiation, reconciliation, and mediation at the facility, regional, and central government levels. The mediation at Puskesmas Tarano and the settlement of the Bolo case demonstrate the practical relevance of these mechanisms (Saoqi & Arba, 2026). However, the Bolo settlement, which involved compensation and an apology from the Bima Regency Government, was based on an agreement rather than an explicit legal provision establishing regional government liability for institutional service failures (Rafiin, 2025).

These findings support Propositions 2 and 3. Proposition 2 is supported by the distinction between *faute personnelle*, which entails individual liability when a health worker acts intentionally, with gross negligence, or beyond authorized powers and professional standards, and *faute de service*, which arises from institutional failures involving SOPs, supervision, equipment, staffing, credentialing, or delegation. Because Puskesmas lacks separate legal personality, liability for *faute de service* is, in principle, attributable to the regional government. Proposition 3 is supported by the 2023 health law reform, particularly the recommendation mechanism under Article 308 and the preference for out-of-court dispute resolution under Article 310 of Law Number 17 of 2023. Nevertheless, Article 193 establishes institutional liability for hospitals but provides no equivalent rule for Puskesmas. This gap leaves uncertainty regarding responsibility for losses arising from institutional service failures. Explicitly regulating regional government liability for *faute de service*, while preserving individual liability for *faute personnelle*, is therefore necessary to clarify responsibility, strengthen health workers' legal protection, and ensure effective remedies for patients.

4. Conclusion

This study finds that ASN health workers in Puskesmas occupy a dual legal position as healthcare professionals and public servants, exposing a single clinical incident to criminal, civil, professional disciplinary, and civil-service disciplinary proceedings without clear coordination. Responsibility should be distributed across three complementary levels: individual liability for *faute personnelle*; institutional liability for faute de service, attributable in principle to regional governments; and additional responsibilities for central and regional governments for compensation funding, legal assistance, and adequate service conditions. Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 13 of 2025 strengthen legal certainty through

professional recommendation mechanisms, staged out-of-court dispute resolution, legal protection obligations, and rules governing delegated authority. Nevertheless, two gaps remain: the absence of a Puskesmas institutional liability provision equivalent to Article 193 for hospitals and the lack of coordination between professional and civil-service disciplinary proceedings.

These findings imply that the government should establish an explicit rule assigning regional government liability for losses arising from *faute de service*, while limiting recourse against individual health workers to cases involving *faute personnelle*. Guidelines should also coordinate civil-service disciplinary examinations of clinical incidents with the Professional Disciplinary Council's findings. Regional health offices and Puskesmas heads should maintain updated delegation documents, complete credentialing procedures, and provide legal assistance to their staff. This study is limited to documentary analysis of four reported cases and the applicable legal framework; therefore, it cannot establish how consistently these mechanisms operate in practice. Future research should empirically examine how the Professional Disciplinary Council handles primary healthcare cases and measure the time required to issue recommendations, including the coordination of professional and civil-service disciplinary proceedings.

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



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