

Legal Protection of Medical Personnel Against Medical Actions

Leonardo Verdy Sagay*, Agustin Widjiastuti

Universitas Pelita Harapan, Indonesia

Email: Leonardo.sagay@gmail.com*, agustin.widjiastuti@uph.edu

Keywords:

legal protection, health workers,
emergency measures

ABSTRACT

The legal protection of health workers in Indonesia has become an important legal issue amid the increasing complexity of medical services and the commercialization of healthcare practices. In emergency situations, health workers are often required to perform immediate medical actions to save patients' lives, even when complete medical explanations and informed consent cannot be fully obtained. However, limited understanding of medical risks and complications may result in health workers facing legal claims despite acting in accordance with their professional obligations. This study aimed to analyze the normative legal protection provided to health workers in Indonesia, particularly regarding their responsibilities in emergency medical procedures. This research employed a normative juridical approach by examining relevant laws and regulations concerning medical practice, hospitals, and healthcare services. The results showed that legal protection for health workers has been explicitly regulated, particularly in Article 306 paragraph (1) of Law Number 17 of 2023 concerning Health, which states that Medical Personnel or Health Workers providing emergency health services are exempt from criminal and civil liability for consequences arising from their actions, provided that such actions comply with professional and service standards. This protection is based on the principle of necessity and the fundamental humanitarian objective of saving lives. This study concluded that normative legal protection for health workers in Indonesia has been established; however, further implementing regulations are needed to address administrative issues and strengthen healthcare service delivery.



This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.

Copyright © 2026 by Author. Published by
Pusat Publikasi Nusantara

INTRODUCTION

Health workers are at the forefront of healthcare services, as many health problems occurring in communities require professional intervention. Various efforts are undertaken to address health problems; however, these issues cannot be resolved solely through the availability of health workers. Multiple factors and aspects must be considered and addressed to achieve effective healthcare management (Albathali & Aldhafeeri, 2025; Andrieiev et al., 2024; Joseph & Huber, 2025; Marsilio & Pisarra, 2021; Wager et al., 2021).

The medical profession is a noble profession that prioritizes the interests of patients and society through an altruistic approach. Therefore, this profession should be entrusted only to individuals who possess professionalism, ethical awareness, respect for others, and a strong sense of responsibility.

Healthcare services are generally divided into two categories: (1) public health services (Public Health Services) and (2) medical services (Medical Services). Medical services are primarily directed toward individual patients, with the objectives of providing curative

treatment and rehabilitative care. In contrast, public health services are generally organized collectively and involve community participation, with the primary objective of disease prevention and improving population health. In addition, healthcare services encompass preventive, curative, promotive, and rehabilitative efforts based on the relationship between healthcare professionals and individuals requiring medical assistance.

Medical services consist of a series of activities provided to patients according to established medical service standards, supported by appropriate resources and facilities. The primary objective of medical services is to diagnose, treat, and manage patients' health conditions. Therefore, medical actions must be performed according to applicable procedures and remain professionally accountable. Basic medical services refer to healthcare services provided to individuals or families within communities by healthcare professionals, general practitioners, or dentists (Unit Pelayanan Kesehatan Kementerian Kesehatan Republik Indonesia, n.d.)

Referring to Article 1 Number 7 of Law Number 17 of 2023 concerning Health, health workers are individuals who dedicate themselves to the health sector and possess professional attitudes, knowledge, and skills acquired through higher education, and who, for certain types of services, have the authority to conduct health efforts.

In the practice of medicine in Indonesia, several significant incidents have raised concerns regarding the legal protection of health workers in performing medical actions. One widely discussed case occurred in 2010 under Decision Number 365 K/Pid/2012, involving obstetricians Dewa Ayu Sasiary Prawani, Henry Simanjuntak, and Hendy Siagian. In the Supreme Court decision, the three physicians were sentenced to 10 months of imprisonment.

In this case, several irregularities were identified in the judicial process, particularly regarding the application of criminal liability. The court of first instance acquitted the three defendants because evidence indicated that the patient's death resulted from an air embolism, or air bubbles entering the right chamber of the heart, which could not have been predicted. However, in the annotation of Decision Number 90/Pid.B/2011/PN.MDO and 365 K/PID/2012, the cassation panel considered that the defendants had committed negligence by failing to communicate the worst possible risks that could occur to the victim, Siska Makatey, and her family, including issues related to informed consent. Meanwhile, the first-instance court considered that the failure to communicate such risks could not automatically be used as evidence of negligence by the defendants (Ardinanti & Ayu, 2026; Cheung & Fung, 2026; Grosso, 2018; Turnip et al., 2026).

Second, during the COVID-19 pandemic, physicians and other health workers were required to manage patients under highly challenging conditions. Various conflicts emerged, including public resistance related to isolation measures and COVID-19 status determination. Normatively, legal protection for physicians was available; however, implementation in practice varied, with disputes being resolved through mechanisms ranging from mediation to criminal proceedings.

In the context of the COVID-19 crisis, preventive protection, particularly the availability of adequate personal protective equipment (PPE) and humane working hours, as well as repressive protection related to legal claims arising from treatment outcomes under emergency conditions, were not always fully implemented. This situation indicated a gap between normative legal provisions and practical realities in healthcare services (Yusuf et al., 2022).

Health workers are often required to take immediate actions in emergency situations when delays may threaten patients' lives or safety. In such circumstances, limited time may prevent healthcare professionals from obtaining complete approval or conducting extensive discussions before performing necessary medical actions. This condition creates legal uncertainty and places medical personnel in difficult positions, particularly when treating critically ill or emergency patients whose conditions deteriorate despite appropriate medical

efforts. In some cases, patients' families may initiate legal claims based on allegations that informed consent was not properly obtained, resulting in perceptions that families were not given sufficient opportunity to participate in medical decisions.

According to the American Hospital Association (AHA), an emergency refers to a condition that, in the opinion of the patient, family members, or responsible individuals, requires immediate medical attention. The condition continues until a healthcare professional determines that the patient's life or well-being is no longer threatened. On the other hand, medical personnel are obligated to provide healthcare services aimed at preserving life and reducing suffering. However, they may face legal consequences, including criminal proceedings, when treatment outcomes do not meet expectations. Medical actions that initially arise from a therapeutic relationship may consequently develop into criminal disputes, creating concerns regarding the criminalization of healthcare professionals.

In performing their professional duties, health workers require legal protection. Legal protection theory concerns the provision of state protection to safeguard human interests. In this context, individual interests represent rights that must be protected and fulfilled through legal mechanisms. Each legal regulation provides different forms and objectives of protection for the subjects and objects regulated.

Legal protection for health workers involves various aspects of health science and legal disciplines. Health law regulations establish legal instruments that regulate conduct, obligations, prohibitions, and responsibilities for parties involved in healthcare services. Within a rule-of-law state, obtaining legal protection is a fundamental right of every citizen. Indonesia recognizes itself as a state based on law under Article 1 Paragraph (3) of the 1945 Constitution. Therefore, the state has an obligation to guarantee legal protection for citizens as recognition of human dignity and rights.

Legal protection for the medical profession and other health workers may appear insufficient when providing healthcare services. This occurs because legal protection is often associated with compliance with medical service standards. Physicians and health workers receive legal protection when medical actions are performed according to established professional standards and procedures. Legal protection theory examines the forms, mechanisms, and objectives of protection provided by law.

In healthcare implementation, the relationship between health workers and patients is based on a specific agreement known as a therapeutic agreement. A therapeutic agreement is an agreement between patients and healthcare professionals that regulates both medical and legal aspects of healthcare relationships (Amaliah et al., 2024). A therapeutic agreement has the characteristic of *Inspanningsverbintenis* (obligation of effort), which differs from *Resultaatverbintenis* (obligation of result) found in general agreements. Therefore, health workers are not obligated to guarantee specific outcomes but must provide maximum efforts in accordance with professional standards and applicable procedures.

In its implementation, this agreement regulates the rights and obligations of both parties. Health workers are obligated to provide services according to professional standards and standard operating procedures, maintain complete documentation, and provide clear information to patients. Meanwhile, patients have the right to receive standard-based services, obtain comprehensive information regarding their health conditions, understand proposed medical actions and potential risks, and participate in medical decision-making. Patients are also obligated to provide accurate health information and comply with appropriate recommendations from healthcare professionals.

Conflicts between patients and health workers are often associated with allegations of malpractice. Malpractice refers to professional negligence or misconduct committed by healthcare professionals, including physicians, nurses, and midwives, when performing their duties. Such claims generally arise when healthcare professionals are alleged to have failed to

apply appropriate knowledge, skills, or professional standards in providing patient care.

According to a report by the Central Indonesian Doctors Association (IDI), approximately 210 cases of alleged medical malpractice occur annually in Indonesia. Many of these disputes arise from patients' misunderstandings regarding the responsibilities, limitations, and obligations of health workers within therapeutic agreements.

Based on the description above, this study seeks to examine the extent of legal protection provided to health workers in Indonesia, including the limitations of medical actions within the existing legal framework, the principles underlying medical actions, the doctor–patient relationship in therapeutic agreements, criminal law aspects related to medical actions, and the role of the government and policymakers in strengthening legal protection for healthcare professionals. Therefore, the research problem focuses on how legal protection for health workers in Indonesia can be optimized to support the performance of professional duties in accordance with professional standards, procedures, and ethical codes.

METHOD

This study employed a normative juridical legal research approach to analyze the legal protection of medical personnel in performing medical actions, particularly in emergency situations. This approach was selected because the study focused on examining legal norms, principles, and regulations related to the rights, obligations, and legal responsibilities of health workers. The legal materials analyzed included primary legal materials, such as Law Number 17 of 2023 concerning Health, Law Number 29 of 2004 concerning Medical Practice, Law Number 44 of 2009 concerning Hospitals, and other relevant regulations, as well as secondary legal materials from legal literature and scholarly opinions. The legal materials were selected purposively based on their relevance and direct relationship with the research problem.

The research instruments consisted of document review guidelines and legal analysis frameworks used to identify, classify, and interpret relevant legal provisions. Data validity was ensured through source triangulation by comparing legislation, judicial decisions, and legal literature to obtain comprehensive legal interpretations. Data collection was conducted through the identification of legal issues, collection and classification of relevant legal materials, and examination of legal concepts related to medical actions, emergency procedures, and legal protection for health workers.

The collected data were analyzed using qualitative juridical analysis techniques through legal interpretation and examination of relevant norms. The analysis involved organizing legal materials based on research themes, interpreting the relationship between regulations and legal principles, and drawing conclusions regarding the adequacy of legal protection for medical personnel in Indonesia. The findings were presented descriptively and analytically to explain the extent to which Indonesian health regulations provide protection for medical personnel performing emergency medical actions in accordance with professional and service standards.

RESULTS AND DISCUSSION

Indonesia is a country of law. Indonesia bases its ideology on Pancasila and its legal source in the 1945 Constitution. The state of law in the context of Indonesia can also be understood from the principles of religiosity, collectivity, and protection. The principle of religiosity means that the Indonesian state was formed not because of a social agreement from naturalist status to civil status with the protection of *civil rights*. Rather, it is due to the grace of Allah Almighty with a noble desire to live a free national life (Mannas, 2023).

The purpose of the law based on the idea of Pancasila law is to provide protection to humans, namely to passively protect humans by preventing arbitrary actions. At the same time, the purpose of the law is to actively realize humane social conditions, which allows the social process to take place in a reasonable manner, so that every human being gets a broad and equal

opportunity to develop his full potential in a complete and fair manner. The formulation also includes the goal of maintaining and developing human ethics and noble moral ideals of the people based on the Supreme Godhead.

In the context of the state of law, where Indonesia in its constitution states, that Indonesia is a state of law through Article 1 Paragraph (3) of the 1945 Constitution. This means that Indonesia has an obligation to guarantee every citizen in terms of legal protection. Legal protection is also a recognition of the dignity and dignity of its citizens as human beings.

In addition to the 1945 Constitution and then all regulations according to the existing hierarchy of this country as stated in Article 7 of Law No. 12 of 2011 concerning the Establishment of Laws and Regulations, Indonesian law needs to be sourced from the principles of hope and theories of existing legal theories and agreed upon and accepted by legal experts. Legal principles come from a number of ideas or expert thoughts that are then used to interpret existing provisions. In other words, thoughts in the form of legal principles are an inseparable part of the law, as well as legislation or judicial decisions. From these thoughts, of course, a variety of interpretations can be found based on various sources, such as legal language, how to use everyday language, jurisprudence, and legal principles, which also determine the overall interpretation of the laws and regulations.

Legal principles are not only useful for solving problems and opening up new fields, but they are also necessary for interpreting the rules that underlie certain rules, which are considered to never be able to fully cover all possible problems. In terms of health services with all their dynamics, the level of legal leniency in Indonesia still provides a gap to test and ask questions and it is found that there are still shortcomings in existing legal products, this is where the basic function is to provide direction and principles in overcoming existing problems.

Satjipto Raharjo (as cited in Mannas, 2023) argued that legal protection means providing protection for human rights that are harmed by others. With this protection or protection, people can also enjoy all their rights given by the law. Another opinion was also explained by Philipus M. Hadjon (as cited in Mannas, 2023). According to him, legal protection includes the protection of the dignity, dignity, and recognition of human rights owned by legal subjects based on the legal provisions of arbitrariness.

Legal protection theory is a theory that examines and analyzes the form and purpose of protection. The elements listed in the definition of legal protection theory include (Mannas, 2023):

- a. the existence of a form or form of protection or purpose of protection;
- b. subject of law; and
- c. objects of legal protection.

Roscoe Pound (as cited in Mannas, 2023) divides the human interests that are protected by law into three types, namely the public interest, the social interest, and the private interest.

The main *public interest* includes the interests of the state as a legal entity in maintaining its personality and substance; and the interests of the state as the guardian of the interests

There are six types of social *interests* that are protected by law. First, the interests of the community for public safety, such as security, health, welfare, and guarantees for transactions and income. Second, the interests of social institutions that include protection in the field of marriage or politics. One example is freedom of speech. Third, the interest of the community against moral damage, such as corruption, gambling, blasphemy against God, the illegitimacy of transactions that are contrary to good morals, and regulations that limit the actions of trust members. Fourth, the interest of the community in the maintenance of social resources, such as rejecting legal protection for abuse of *rights*. Fifth, the interests of society in general progress, such as the protection of property rights, free trade and monopolies, industrial independence, and new inventions. Sixth, the interests of society in individual human life, such as the protection of a decent life, freedom of speech, and the choice of office.

In terms of private *interests*, there are three things that need to be protected by law. First, the interest of *personality*, including the protection of physical integrity, the independence of the will, reputation (good name), the guarantee of personal secrets, the freedom to practice the religion that one adheres to, and the freedom to express opinions. Second, the interest in *domestic* relations includes the protection of marriage, demands for family maintenance, and the legal relationship between parents and children. Third, the interest of *substance*, including the protection of property, independence in the preparation of testimonials, industrial and contract independence, and legal expectation of the benefits that are

Legal protection itself is divided into two forms, namely preventive protection and repressive protection. Preventive legal protection is legal protection that is preventive. This protection provides an opportunity for the people to file objections (*inspraak*) before a government decision takes a definitive form. Thus, this legal protection aims to prevent disputes and is of great significance to the government, especially related to freedom of action cases. Repressive legal protection serves to resolve disputes in the event of disputes (Mannas, 2023).

From the womb from conception to the occurrence of *mudigah* and fetus, man has inherent in himself the rights that enable him to survive and maintain life, these rights in the field of health medicine and human rights are called the right to life. Respect and a clear understanding of the basic rights of human beings make the medical and health professions make the medical and health professions make the foundation and swear to respect this right, which is reflected in the doctor's oath since the time of Hippocrates.

In his writing, Santoso (2024) wrote the principles of the Good Samaritan Law. The term Good Samaritan is taken from the story of a Samaritan who on his way from Jerusalem to Jericho met an injured person and then took care of him, while there were two others who ignored him. The Good Samaritan Law is a law that requires a person to come to help another person who is in physical danger, if there is no danger of risk of injury to the rescuer. The Good Samaritan Law was written to encourage observers to get involved in these and other emergency situations without fear that they will be prosecuted if their actions inadvertently contribute to someone's injury or death. This is important because seconds are often counted in an emergency and providing first aid before paramedic help arrives can be the difference whether a person lives or dies.

The Good Samaritan Law is defined as the law of a person who unselfishly helps others, especially strangers. In terms of the legal definition of the phrase, a Good Samaritan is considered a person who provides assistance in an emergency to an injured person or a person voluntarily (Santoso, 2024).

The Good Samaritan Law is used by those who voluntarily choose to help others in need to avoid civil liability for injuries they may cause while attempting to provide potentially life-saving assistance. The principles and laws represent doctors in performing their duties as well as explaining the ethical responsibilities of health workers, health workers are morally and ethically obliged to provide medical assistance to anyone regardless of the patient's background and because the person who needs help may die if not helped or simply a necessity to help regardless of the severity of the pain he suffers.

A doctor in his work, first and foremost based on the principle of *Primum Non Nocere* or *First Do No Harm* or first of all does not cause harm to others. In view of the good samaritan law, that a health worker helps someone in an emergency must be simultaneously and balanced by doing something to the patient while trying not to cause harm to the patient, meaning that in doing medical things is to choose and carry out medical actions that have the greatest possibility of saving the patient, reducing suffering and improving the quality of life of the patient and not in the opposite direction actually worsening the patient's condition.

The existing positive law becomes ineffective if the reform of health law is not

implemented based on the principle of balance between parties interested in health services. The application of this principle of balance must be carried out comprehensively, starting from the stage of agreement between doctors and patients. In this case, the application of the principle of balance will ultimately not only realize legal protection for doctors, but also all parties interested in health services.

In the doctor-patient relationship, the communication pattern between the two can be *mutual participation*. The pattern of *the relationship of mutual participation* is a relationship pattern that respects the rights and obligations of both parties, both doctors and patients. With this type of relationship pattern, the patient provides the information needed by the doctor to determine the best form of treatment for the patient. Doctors also respect the rights of patients by providing true, clear, and complete information. According to this principle, the implementation of health services must be carried out in a balanced manner between the interests of individuals and the community, between physical and mental, between material and spiritual. Therefore, it is necessary to have a balance between goals and means, between means and results and between benefits and risks arising from the medical efforts made.

According to Article 1313 of the Civil Code, an agreement is an act by which one or more people bind themselves to one or more other people. According to R. Subekti (as cited in Busro, 2018), an agreement is an event where one person promises to another person or where two people promise each other to carry out something.

A therapeutic agreement is an agreement between a doctor and a patient that authorizes the doctor to carry out activities to provide health services to patients based on the expertise and skills possessed by the doctor. In the Preamble to the Indonesian Medical Code of Ethics which is attached to the Decree of the Minister of Health of the Republic of Indonesia Number 434/Men.Kes/X/1983 concerning the Enactment of the Indonesian Medical Code of Ethics for Doctors in Indonesia, it states the therapeutic transaction as follows: "A therapeutic transaction is a relationship between the doctor and the patient that is carried out in an atmosphere of mutual trust (confidential), and is always overwhelmed by all emotions, hopes and worries of human beings" (Busro, 2018, p. 6). In order for this agreement to be valid according to the law, then in this agreement the parties must be aware (there is no mistake) of the agreement made, there must be no coercion from either party, and there must be no fraud in it. For this reason, it is necessary to have Informed Consent or also known as "Consent to Medical Action".

The requirements for having the ability to make an alliance are regulated in Articles 1329 and 1330 of the Civil Code as follows: – Article 1329: Everyone is capable of making alliances, if he is not declared by law to be incompetent. – Article 1330: Not capable of making an agreement is: 1. Immature people; 2. Those who are placed in custody; 3. Women, in matters stipulated by law and in general all persons to whom the law has prohibited the making of certain agreements.

According to Article 1320 of the Civil Code, the object of the agreement consists of "a certain thing" and must be "a cause that is lawful or permissible to be agreed". In therapeutic transactions, certain things that are agreed upon or as the object of the agreement are efforts to cure diseases that are not prohibited by law. Uncooperative patients are a form of contributory negligence that cannot be accounted for by doctors. If the therapeutic transaction has met the requirements for the validity of the agreement, then all obligations arising are binding on the parties, both the doctor and the patient.

In the law of engagement, there are 2 types of agreements (Busro, 2018, p. 8), namely:

1. *Inspanningverbinten*, which is an effort agreement, means that both parties promise or agree to make maximum efforts to realize what is agreed.
2. *Resultaatverbinten*, which is an agreement that will provide tangible results in accordance with what is agreed.

Indonesia's positive law states that legal protection is given to doctors as long as the

doctor performs his duties in accordance with professional standards and operational procedures. This is in line with the basic rights of a health worker who is a human being with the protection of his human rights as a human being. The concept of privacy as a human right that must be protected is recognized in Article 12 of the General Declaration of Human Rights, which states that "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, not to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attack." No one shall be arbitrarily disturbed in his personal, family, household, or correspondence affairs, nor shall he be subjected to violations of his honor and good name (Alhumaira & Renaldy, n.d.).

The meaning of legal protection for doctors is not to eliminate criminal penalties for doctors, because of course doctors who are entitled to protection are doctors who have carried out all their obligations. Doctors are obliged to carry out medical practice by following medical service standards, medical professional standards, and standard operating procedures. If in a medical dispute it can be proven that there have been medical errors that have been committed by a doctor in carrying out his profession, of course protection for patients must also be enforced. Doctors must be held accountable for all medical errors if in the proof it is proven that there are elements of error that result in losses to patients, both physical disability and death.

The 1945 Constitution of the Republic of Indonesia mandates that health is a human right, then in Article 34 paragraph 3 it is stated that the state is responsible for the provision of proper health service facilities and public service facilities. This shows that the government is obliged to nourish the sick and strive to maintain the healthy to stay healthy. Law Number 39 of 2009 concerning Health states that health is a state of well-being of the body, soul, and society that allows everyone to live socially and economically productively.

Legal protection for patients depends largely on how well health policies are implemented. In the health sector, clear and strict regulations are needed to ensure that every medical procedure is carried out in accordance with established standards. It must also include effective complaint mechanisms, so that patients who feel aggrieved can get justice. In addition, legal protection also includes providing transparent information to patients about their rights (Gunawan, 2025).

Health policies have a significant impact on legal protection for medical personnel and patients. First of all, good and clear policies can ensure that the rights and obligations of medical personnel and patients are regulated fairly and transparently. Proper regulations support the professional performance of medical personnel duties while protecting patients from medical malpractice or negligence. Clear policies reduce the risk of legal disputes and increase public confidence in the health system.

It is undeniable that medical disputes occur quite frequently in the practice of medicine and health services. It is as stated by Endang Kusuma Astuti (as cited in Mannas, 2023), that if not supported by improved communication between doctors and patients, changes in the characteristics of the medical community as service providers and patients as users can cause dissatisfaction and conflict. In general, the dissatisfaction of patients and patients' families with doctors' services is because the expectations cannot be fulfilled by doctors (Mannas, 2023).

The patient or the patient's family does not accept the failure of treatment efforts. The health worker has provided an explanation to the patient and/or his family about the diagnosis and procedures of medical measures, the purpose of the medical measures taken, alternative measures and the risks and complications that may occur. After the patient approves the medical action based on the clear and clear information, and the medical action is in accordance with the standards of medical services, the doctor cannot be blamed if there is a failure in the attempt. In Article 52 of the Medical Practice Law, the patient has the right to get a complete explanation of the medical action as referred to in Article 45 paragraph (1), that is, every

medical action that will be carried out by the doctor against the patient must receive such approval, then the health worker cannot be blamed on that basis because his actions are based on the consent of the patient and the patient's family (Sari, n.d.).

The application of the principle of balance requires the implementation of informed consent, an agreement reached on the basis of adequate understanding. This agreement between the doctor and the patient is also what causes an attachment between the two parties. According to Beauchamp and Walters (as cited in Mannas, 2023), informed consent is based on ethical and moral principles as well as the autonomy of the patient. This principle contains two important things. First, everyone has the right to freely decide what he chooses based on an adequate understanding. Second, the decision must be made in a situation that allows him to make choices without interference or coercion from other parties. The implementation of informed consent is an anticipation related to legal protection for doctors. This is considering that informed consent is part of professional standards and operational procedures of doctors in providing health services. By carrying out informed consent, doctors are considered to have performed their duties according to applicable standards, so they have the right to be legally protected. On the other hand, informed consent is an effort to fulfill the patient's right to obtain transparent information and protect him from actions outside the service standards.

Not all medical practices that result in permanent disability or death due to the doctor's mistake or negligence, because in the medical world it is known as medical risk. This difference must be understood by law enforcers, so that they can enforce fair laws for both parties. This medical risk is an obligation that doctors must convey to patients or their families at the time of *informed consent*. This medical risk must be described clearly and in detail by doctors to patients and/or their families, and must also pay attention to the language used. The language used must be adjusted to the understanding ability of the patient or his family, preferably not to use medical terms that cannot be understood by the general public, or explain the meaning of each term in the field of medicine used

In the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, one of the functions of hospitals is to provide medical and health recovery services in accordance with hospital service standards. Every medical procedure that will be given to the patient must receive permission and approval, both written and unwritten. Recording activities that are then documented in a special file are physical forms of evidence that can be legally accounted for in the event of problems in the future related to the incompatibility experienced by the patient. The various forms of records of medical actions carried out in health services are called medical records.

It is an obligation for health workers to provide medical services in accordance with professional standards, medical service standards and standard operating procedures considering that this has been regulated in Law No. 29 of 2004 concerning Medical Practice contained in Article 44 paragraph (1), namely that every doctor or dentist in carrying out medical practice is obliged to follow the standards of medical or dental services. And in Article 51 letter (a, b, c, d, e), namely every doctor provides medical services in accordance with professional standards and standard operating procedures as well as the patient's medical needs, refers patients to doctors or other dentists who have better expertise if they are unable to perform an examination or treatment, must be able to keep secret everything they know about the patient even after the patient dies, and provide help on humanitarian grounds unless he believes that there are other people on duty and able to do so, and add knowledge and follow the development of medical science. So that if the doctor's actions are in accordance with service standards.

The Medical Practice Law requires doctors to first obtain consent from the patient in order for medical action to be carried out, or the delivery of the information at least to the patient's family. Therefore, there is difficulty in distinguishing between ethics and juridical

aspects in such cases, especially in the case of patients in an emergency. Basically, ethics is an attitude of reflection about responsible actions. Which means that doctors must be able to be responsible and explain why they do certain acts or actions (Sartika et al., 2024).

Regarding the situation of emergency patients who must override informed consent, it is actually regulated in Permenkes No. 280 of 2008 Article 4 paragraph (1) in an emergency, in order to save the patient's life and/or prevent disability, approval of medical measures is not required.

In the Civil Code, article 1354 medical actions that are carried out without the patient's prior consent can be performed. This action is known as *zaakwaarneming* or voluntary guardianship, that is, if there is a person who voluntarily without being asked after taking care of other business matters, whether with or without the knowledge of that person, then he has secretly bound himself to continue taking care of the affairs so that the person is able to take care of it himself.

In addition to being based on the law on the Regulation of the Minister of Health No.209/Menkes/Per/III/2008 Article 4 paragraph (1), previously it has also been regulated in the Regulation of the Minister of Health Number 585/Men.kes/Per/IX/1989 concerning the Approval of Medical Measures, that in an emergency or emergency, *Informed consent is not needed* at the beginning of the handling of emergency patients.

Regarding emergency conditions that cause the legitimacy of doctors to provide first aid without prioritizing *informed consent* is also emphasized in article 17 of the Indonesian Code of Ethics (Code of Ethics for Medicine). Every doctor is obliged to perform emergency aid as a form of humanitarian duty, unless he believes that there are others willing and able to provide it. Thus, in the author's analysis, the existence of Article 17 of the KODEKI and Article 4 of the Minister of Health Regulation Number 290 of 2008 concerning the Approval of Medical Actions automatically makes articles regarding the obligation of informed consent before medical action is carried out contained in Article 27 of Law Number 36 of 2009 concerning Health, Article 45 paragraph (1) of Law Number 29 of 2004 concerning Medical Practice, Article 50 of Law Number 29 of 2004 concerning Medical Practice, and the IDI Statement on Informed Consent (Attachment to SKB IDI No. 319/PB/A.4/88), must be considered non-absolute provisions, as long as the patient is in an emergency in order to provide legal certainty to the good faith of the doctor in the pattern of paternalistic handling.

Legal protection of doctors is implied in Law Number 36 of 2009 concerning Health and Law Number 29 of 2004 concerning Medical Practice. The two regulations only focus on providing protection to doctors when patients are victims (Doctors' Legal Protection 2021). However, doctors who are sued even though they have carried out their professional duties to the maximum, pay attention to Law of the Republic of Indonesia Number 29 of 2004 concerning Medical Practice Article 50 letter a Doctors or dentists in carrying out medical practice have the right: a. to obtain legal protection as long as they carry out their duties in accordance with professional standards and standard operating procedures. It is a form of preventive legal protection or legal protection provided by the government with the aim of preventing before violations occur.

Preventive legal protection as stipulated in Article 50 of the Medical Practice Law basically still provides legal protection to doctors with the condition that the legal protection is not instantaneous. The requirements for doctors to be able to obtain legal protection are that the doctor has an STR, SIP, and the doctor performs medical actions according to standards (professional standards, operational standards, service standards and ethical standards), as well as informed consent for all medical procedures must be documented in the medical record book (Medical Legal Protection 2021). Meanwhile, repressive legal protection can be seen in Law of the Republic of Indonesia Number 36 of 2009 concerning Health Article 29 In the event that health workers are suspected of negligence in carrying out their profession, the negligence must

be resolved first through mediation. In repressive legal protection, it is more focused on resolving disputes that have arisen with doctors, for example, doctors are sued for alleged malpractice or negligent doctors and patients demand compensation from doctors. If the patient sues them civilly, then all civil problems must be resolved through mediation first, unless otherwise stipulated by Perma Number 1 of 2016 (Sartika et al., 2024).

The government has established regulations that regulate health workers in the form of Law Number 36 of 2014 concerning Health Workers. In this law, medical personnel are part of health workers, for this reason legal protection for medical personnel and health workers is both regulated in Article 75, Article 78 and Article 57 letter a of Law Number 36 of 2014 concerning Health Workers. The Government and the House of Representatives of the Republic of Indonesia agreed to draft the Health Bill which has currently been officially passed into the latest Health Law which is prepared in the concept of an omnibus law to increase legal protection for doctors, nurses, midwives and other health workers

The Omnibus Law has the potential to cause legal uncertainty related to professional organizations, including medicine, dentistry, nursing, midwifery and pharmacists. Because in this Law, 9 laws related to the profession and health are eliminated. The nine laws are Law Number 4 of 1984 concerning Infectious Disease Outbreaks, Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, Law Number 18 of 2014 concerning Mental Health, Law Number 36 of 2014 concerning Health Workers, Law Number 38 of 2014 concerning Nursing, Law Number 6 of 2018 concerning Health Quarantine, Law Number 4 of 2019 concerning Midwifery.

Articles related to legal protection for medical personnel and health workers in the Health Omnibus Law are one of them regulated in Article 310 which reads: "In the event that a Medical Personnel or Health Worker is suspected of making an error in the exercise of their profession that causes losses to the Patient, disputes arising from such errors shall be resolved first through alternative dispute resolution outside the court". This article regulates the settlement of losses due to medical or health actions that must be resolved through non-litigation channels first (Syarief, 2023).

Furthermore, in this *Health Omnibus Law*, legal protection for medical personnel and health workers is regulated in Article 273 paragraph (1) letter a of the Omnibus Law Health Law which reads: "Medical Personnel and Health Workers in carrying out their practice are entitled to legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, as well as the needs of Patient Health". There are several new articles in the Omnibus Law Health Law proposed by the Government and are considered to be able to provide legal protection for medical personnel and health workers, including:

- a) Settlement of disputes outside the Court as stated in Article 306 paragraph (3), which reads: "Medical Personnel or Health Workers who have implemented disciplinary sanctions as referred to in paragraph (1) that are imposed there is an allegation of a criminal act, law enforcement officials prioritize the resolution of disputes with the mechanism of restorative justice in accordance with the provisions of laws and regulations". This article regulates Medical personnel or Health Workers who have implemented disciplinary sanctions imposed on suspected criminal acts, law enforcement officials are obliged to prioritize dispute resolution with restorative justice mechanisms.
- b) Anti-Bullying is contained in Article 273 paragraph (2) which reads: "Medical Personnel and Health Workers can stop Health Services if they receive treatment that is not in accordance with human dignity and dignity, morals, morality, and socio-cultural values as referred to in paragraph (1) letter f, including acts of violence, harassment, and bullying".
- c) Protection in emergency situations is contained in Article 393 paragraph (1) which reads:

"Medical Personnel and Health Workers who carry out efforts to overcome KLB and Outbreak are entitled to legal protection and security as well as health insurance in carrying out their duties".

- d) Hospitals are a legal protection agency for health care. There are legal protection articles that are currently applicable in existing laws that have also been adopted and nothing is reduced in the Omnibus Law Health Law, including those contained in Article 193 of the Omnibus Law which reads: "Hospitals are legally responsible for all losses caused by negligence committed by Hospital Health Human Resources".

Forms of legal protection that can be provided to hospitals in an effort to maintain the confidentiality of medical record data can be provided in the form of preventive protection, namely protection based on the provisions of laws and regulations related to the world of health, and forms of repressive protection (problem solving) such as the ratification of the Omnibus Law in the health sector which contains information disclosure of medical record data and what authorities of institutions can access the disclosure of such information.

The patient's right to complain to a doctor who is considered to have harmed him to the criminal realm is regulated based on Article 66 Paragraph (3) of the Medical Practice Law, where a complaint to the MKDKI does not drop the complaint in the criminal or civil realm. The party who has the right to submit this report or complaint is based on the provisions of Article 108 of the Criminal Procedure Code. A civil complaint can be filed by a patient with a court based on the loss he has suffered on the basis of default (Article 1239 of the Civil Code) or unlawful acts (Articles 1365, 13366, and 1367

Legal protection for medical personnel sued by patients or patients' families is provided in Government Regulation of the Republic of Indonesia Number 32 of 1996 concerning Health Workers in Article 24 which reads paragraph (1) Legal protection is provided to health workers who perform their duties in accordance with the professional standards of health workers. In this article, the state provides legal protection to health workers who are in conflict in the legal realm even though they have carried out their duties in accordance with the professional standards of health workers, which in this case is ignoring informed consent in emergency patients under the legal umbrella of Article 4 of Permenkes Number 290 of 2008 concerning Approval of Medical Actions and Article 17 of the Code of Ethics. Until now, there has been no specific law on the legal protection of doctors, such as Law Number 35 of 2014 concerning Child Protection, Law Number 8 of 1999 concerning Protection

Mediation as a legal remedy that can be taken by medical personnel is based on the Law of the Republic of Indonesia Number 36 of 2009 concerning Health Article 29. In the event that health workers are suspected of negligence in carrying out their profession, the negligence must first be resolved through mediation. Mediation, which is a series of judicial processes in civil cases, is an obligation, while mediation carried out outside the court does not have clarity of regulations. Until mediation carried out outside the court does not have clear provisions regarding the process so it tends to be universal and not legalistic. The absence of rules governing mediation outside the court is a weakness in itself for the parties in addition to having advantages, such as being flexible as they want. It is a weakness because it does not have a definite mediation standard but is still carried out with a certified mediator

In civil lawsuits involving patients and doctors, the mediation process is the right step to resolve medical disputes. Except in purely criminal cases such as doctors suspected of sexual harassment, disclosure of medical secrets, abortion and gross negligence, false information, fraud and others. Mediation is an effort that can be taken by medical personnel who are sued for applying a paternalistic pattern to emergency patients is very appropriate, because it must be understood that medical science does not promise results but the maximum effort that can be made In a civil lawsuit involving between patients and doctors, the mediation process is the right step to resolve medical disputes. Except in purely criminal cases such as doctors suspected

of sexual harassment, disclosure of medical secrets, abortion and gross negligence, false statements, fraud and others. Mediation is an effort that can be taken by medical personnel who are sued for applying a paternalistic pattern to emergency patients is very appropriate, because it must be understood that medical science does not promise results but the maximum effort that can be made, so it is inappropriate if the maximum effort must be sued because there is a discrepancy in the results of treatment with the expectations of the patient's family

Malpractice is negligence, mistake or breach of duty by a professional that causes injury or damage to the patient (Santoso, 2024). In Indonesia, the term malpractice known in the health sector is medical malpractice.

According to Azrul Azwar (as cited in Santoso, 2024) in his paper at the KONAS IV session of the Indonesian Health Law Association in Suarabaya in 1996 as taken from several experts, explain that malpractice is as follows:

- a. Malpractice is any professional mistake made by a doctor, because when performing his professional work, he does not examine, does not assess, does not do or leave things that are examined, assessed, done or done by doctors in general, in the same situation and conditions.
- b. Malpractice is any mistake made by a doctor, because doing medical work below the actual standard on an average and reasonable basis, can be done by any doctor in the same situation or place.
- c. Malpractice is any professional mistake made by a doctor, which includes mistakes due to unreasonable acts and mistakes due to lack of skill or loyalty in carrying out his professional obligations and/or trust.

Although the term "malpractice" or "doctor's negligence" is not specifically defined in the Criminal Code (KUHP), criminal liability can be constructed through the element of negligence (*culpa*) that results in losses to others. The articles that are related to this negligence are as follows.

- Law Number 36 of 2014 concerning Health Workers
 - Article 84 paragraph (1): Any Health Worker who commits gross negligence that results in serious injury to the recipient of Health Services shall be sentenced to imprisonment for a maximum of 3 (three) years.
 - Article 84 paragraph (2): If gross negligence as referred to in paragraph (1) results in death, each health worker shall be sentenced to a maximum of 5 (five) years in prison.
 - *Note*: Doctors are included in the category of Health Workers.
- Criminal Code (KUHP)
 - Article 359: Whoever causes the death of another person by his fault (forgetfulness) shall be threatened with imprisonment for a maximum of five years or imprisonment for a maximum of one year.
 - Article 360: Regulates negligence that causes serious injuries to others (paragraph 1) or injuries that do not include serious injuries (paragraph 2).

Based on Law Number 17 of 2023 concerning Health, there are special procedures: Article 308 paragraph (1) of Law No. 17 of 2023: Medical personnel or health workers who are suspected of committing unlawful acts in the implementation of Health Services that can be subject to criminal sanctions, must first be asked for a recommendation from the panel (such as the Honorary Council of Medical Ethics/MKEK or the Honorary Council of Indonesian Medical Disciplines/MKDKI).

This ensures that the determination of negligence that violates professional standards and can be punished is based on the judgment of ethicists and medical disciplines, not directly from the ordinary criminal process. Negligence that can be punished is classified as "gross negligence" and exceeds a reasonable medical risk.

Law Number 17 of 2023 concerning Health, on the other hand, has many rejections, but

it provides special protection, or legal immunity, to personnel who provide medical services in emergency situations. Article 306 paragraph (1) of Law No. 17 of 2023 explicitly states that Medical Personnel or Health Workers who provide health services in an emergency are exempt from criminal and civil liability for all consequences that arise as long as the action is carried out in accordance with professional standards and service standards. This principle is based on the principle of *necessity* (compulsion) and the highest humanitarian goal (saving lives).

This protection does not apply automatically. Immunity is only granted if the medical procedure meets two main conditions, namely Carried out in an emergency (threat to life or permanent disability). And then Carried out in accordance with professional standards and service standards (the principle of prudence or *Prudent Practitioner*)

The principle of necessity refers to the principle that medical intervention or treatment should be carried out only if it is medically necessary for the diagnosis, treatment of illness or injury, or to improve the function of abnormal limbs. This principle ensures that medical treatment is not carried out for obvious reasons or only for purposes that do not provide legitimate clinical benefit to the patient. In ethical and legal contexts, especially in cases of emergencies where the patient's consent cannot be obtained, the doctrine of medical necessity provides limited justification for intervening without the patient's personal consent (Australian Human Rights Commission, 2021). Interventions without consent are only allowed if it is urgently necessary to avoid serious harm to the patient and the risk of such harm cannot be mitigated in a less invasive way, and the intervention cannot be delayed. Necessity is also linked to the ethical principles of Beneficence and Non-Maleficence, in which doctors are obliged to provide a net benefit to the patient with minimal harm. It also emphasizes that the intervention performed should be the minimum appropriate intervention to address the problem the patient is experiencing.

The Prudent Practitioner principle (also known as the Reasonable Standard of Care) is a legal and professional benchmark used to assess whether a physician has committed medical negligence. This principle defines the level of skill and care that would reasonably be expected of a normal prudent physician with similar experience and standing in similar circumstances (Canadian Medical Protective Association, n.d.). Courts assess a doctor's care on *reasonableness*, not perfection. A physician is not guilty of negligence if his or her actions are in accordance with the general practice adopted by the responsible medical body. To achieve the above, health care workers can wisely and prudently communicate accurately and honestly with patients. Modern medical practice today has shifted from the modern standard of care to approval from a physician focus (*reasonable physician standard*) to a patient focus (*prudent patient standard*), where patients must be informed of material risks and reasonable treatment alternatives. The principle of necessity establishes *what* is permissible (only what is medically necessary), while the Prudent Practitioner establishes *how* it should be done (with reasonable skill and prudence to the standard).

In proving criminal law, there are several types of evidence according to article 184 paragraph (1) of the Criminal Code, including

Witness statements

According to Article 1 point 27 of the Criminal Code, witness testimony is one of the evidence in a criminal case in the form of testimony from a witness about a criminal event that he himself heard, saw for himself, and experienced himself by mentioning the reason for his knowledge.

Expert Statement

According to Article 1 point 28 of the Criminal Code, expert testimony is information provided by a person who has special expertise on matters necessary to shed light on a criminal case for the purpose of examination in the case and in the manner regulated in the law.

Letter

According to Article 187 of the Criminal Code, the letter as mentioned in Article 184 paragraph (1) letter c, made on the oath of office or confirmed by oath, is:

- a) Minutes and other letters in official form made by an authorized public official or made before him, containing information about the event or circumstance heard, seen or experienced by him, accompanied by a clear and unequivocal reason for his statement.
- b) A letter made in accordance with the provisions of laws and regulations or a letter made by an official recognizes matters that are included in the administration that is his responsibility and that are intended for proving a thing or a situation.
- c) A certificate from an expert who contains an opinion based on his expertise on a matter or a situation that is requested officially and to him.
- d) Other letters can only be valid if they are related to the content of other means of proof.

Instructions

An instruction is an act, event, or circumstance that due to its adjustment, either between one another, or with the criminal act itself, indicates that a criminal act has occurred and who the perpetrator is, this is as stated in article 188 paragraph (1) of the Criminal Code.

Defendant's Statement

According to Article 189 paragraph (1) of the Criminal Procedure Code, it is determined: "The defendant's testimony is what the defendant stated at the court hearing about the acts that were done or known to him or experienced by himself". Then in Article 189 paragraph (4) it has been stated that: "The defendant's testimony alone is not enough to prove that he is guilty of committing the act charged against him but must be accompanied by other evidence

Liability in malpractice can be associated with liability such as two parties in dispute because one of the parties feels harmed due to the unlawful act of the other party so that the party who caused the loss is obliged to bear the losses according to the lawsuit filed in the court by the aggrieved party.

So compensation is a form of responsibility of the perpetrator to the sufferer. This responsibility arises as a result of an unlawful act (*onrechtmatige daad*) (Santoso, 2024). Article 1365 of the BW states that every unlawful act that brings harm to another person, obliges the person because of his mistake to publish the loss, to compensate for the loss.

In this regard, J.H. Nieuwenhuis (as cited in Santoso, 2024) said that the conditions of liability according to article 1365 of the BW are that a person is liable for the losses of others, if:

- a. The act that causes the loss is a violation
 - b. The perpetrator is guilty (mistake), and
 - c. The norm that is violated has a "stretch" to avoid the occurrence of losses (relativity).
- Unlawful acts, mistakes, causal relationships and relativity, each of which are necessary conditions (*noodzakelijk*) and together are sufficient conditions (*veldoende*) for liability under article 1365. This article opens up the possibility of filing various lawsuits, including:

- a. Indemnity
- b. Legal statement
- c. Judge's Order or Prohibition

Settlement of legal lawsuit issues can be taken in several ways, including as described below

Family Solutions

This is done with or through *Alternative Dispute Resolution*

or settlement through negotiation. This method is also supported by PERMA No. 1 of 2016, the Supreme Court encourages mediation in court to be an obligation for the parties before the examination of medical disputes begins. Here it is hoped that mediation can resolve problems quickly, effectively and efficiently.

Settlement in the hands of investigators

The cases handled here are cases related to gross negligence and criminal nature or there is intentional act committed by health workers. If no negligence is found, the investigator will issue a Warrant to Stop the Investigation (SP3)

Settlement Through Court

Here the process is called the litigation process where a legal advisor who understands health law and the judicial process of medical disputes is needed and then a witness is needed and a witness a de charge is needed
(which is relieved)

Settlement through MKDKI (Indonesian Disciplinary and Medical Honorary Council)

This assembly is an autonomous institution of the KKI (Indonesian Medical Council) whose existence is a product of Article 1 paragraph (14) of Law No. 29 of 2004 concerning Medical Practice. The task of MKDKI is to enforce the rules and provisions of the application of medical science in the implementation of medical services that should be followed by doctors and dentists Therefore, MKDKI is a body appointed by KKI to handle cases of alleged violations of medical or dental discipline and establish sanctions. Thus, MKDKI is an independent professional judicial institution for health workers established by law, which is in charge of receiving complaints, examining, adjudicating and deciding cases related to medical cases.

CONCLUSION

The legal protection of Indonesian health workers has been established through a normative juridical framework. Normative juridical analysis demonstrates that various legal provisions provide protection for health workers in performing their professional duties. These protections include administrative registration requirements, professional development programs, licensing mechanisms, and regulations governing healthcare practice, including the Health Law, Medical Practice Law, Hospital Law, and other relevant legal instruments. Furthermore, ethical and professional disciplinary mechanisms for health workers, as well as procedures for handling medical disputes, have been regulated through healthcare legislation and Supreme Court regulations.

Health workers cannot automatically be subject to criminal liability in cases involving alleged negligence, as medical actions are performed within a legal framework that includes the principle of necessity and informed consent. Medical actions involve an agreement between health workers and patients through a therapeutic agreement, in which health workers are obligated to provide their best efforts while acknowledging potential medical risks. These risks must be communicated through informed consent procedures, including the patient's approval or refusal after receiving adequate explanations from health workers, as documented in medical records. Health workers should not be held liable when they have performed medical actions in accordance with standard operating procedures, professional ethical standards, and their professional obligation to provide care aimed at protecting patients' health and safety.

Based on the normative juridical review, this study identified several limitations within Indonesia's legal framework that have generated concerns among various stakeholders, including professional organizations. Improvements in administrative regulations and the application of the principles of necessity and professional prudence are required to strengthen the capacity of Indonesian health workers, enabling them to provide high-quality healthcare services that meet international standards. In addition, improvements in administrative systems and policies related to hospitals as healthcare environments and treatment facilities should be strengthened alongside reforms in the National Health Insurance system to support sustainable hospital operations and ensure the continued delivery of optimal healthcare services.

REFERENCE

- Albathali, F. H. A., & Aldhafeeri, N. A. H. (2025). Healthcare management: Effective strategies to enhance efficiency and improve patient outcomes. *The Review of Diabetic Studies*, 874–880.
- Alhumaira, N., & Relandy, S. (n.d.). Legal protection of hospitals as an effort to protect the confidentiality of patient medical data requested by law enforcement officials in a positive legal perspective. *Indonesian Law Enforcement Journal (JPHI)*, 3(2), 14–27. <https://doi.org/10.51749/jphi.v4i1.97>
- Amaliah, A., Wirabuana, A., & Arimbi, D. (2024). *Legal protection for health workers based on therapeutic agreements* [Paper presentation]. 6th Congress of MHKI, Palembang.
- Andrieiev, I., Trehub, D., Khatsko, K., Sokolovska, I. S., & Ganzhiy, I. Y. (2024). *Strategic management in healthcare: The impact of strategic decisions on achieving organizational goals and improving the quality of healthcare services*.
- Ardinanti, F., & Ayu, R. (2026). Clinical and medicolegal evidence patterns in granted and rejected medical malpractice claims in Indonesia: An explainable concept-tagging study. *Sriwijaya Journal of Forensic and Medicolegal*, 4(1), 1–14.
- Australian Human Rights Commission. (2021). *Fact sheet 3—Medical necessity*. https://humanrights.gov.au/sites/default/files/2021-10/ahrc_intersex_fact_sheet_3_2021.pdf
- Busro, A. (2018). Legal aspects of informed consent in health services. *Law & Justice Journal*, 1(1), 1–18.
- Canadian Medical Protective Association. (n.d.). *Medico-legal matters | Duty of care*. Retrieved November 16, 2025, from <https://www.cmpa-acpm.ca/en/education-events/good-practices/medico-legal-matters/duty-of-care>
- Cheung, K. Y., & Fung, K. C. (2026). A critical review of United Kingdom auditor negligence liability to third parties: A comparative perspective with the United States and People's Republic of China. *Cogent Business & Management*, 13(1), 2721767.
- Grosso, S. (2018). What is reasonable and what can be proved as reasonable: Reflections on the role of evidence-based medicine and clinical practice guidelines in medical negligence claims. *Annals Health L.*, 27, 74.
- Gunawan, W. (2025). The influence of health policy on legal protection for medical personnel and patients. *Sibatik Journal*, 4(4), 263–270.
- Joseph, M. L., & Huber, D. (2025). *Leadership and nursing care management*. Elsevier Health Sciences.
- Mannas, Y. A. (2023). *Legal protection of doctors: Application of the principle of balance*. Rajawali Pers.
- Marsilio, M., & Pissarra, M. (2021). Lean management in health care: A review of reviews of socio-technical components for effective impact. *Journal of Health Organization and Management*, 35(4), 475–491.
- Santoso, A. P. A. (2024). *Health law: Introduction to the Bachelor of Law study program*. Pustaka Baru Press.
- Sari, B. R. (n.d.). Legal protection for health workers based on Indonesian Law Number 36 of 2014. *Dynamics*, 27(21).
- Sartika, D., Yulhardi, & Budi, D. P. (2024). Analysis of legal protection for medical personnel who perform paternalistic patterns on patients. *Journal of Social Sciences and Humanities (Isora)*, 2(1), 18–28.
- Syarief, V. G. (2023). Legal protection of medical personnel and health workers through the assembly formed by the Minister of Health after the omnibus law of health. *Collegium Studiosum Journal*, 6(1), 336–343. <https://doi.org/10.56301/csj.v6i1.933>
- Turnip, R. F., Simamora, J., & Simamora, S. F. T. (2026). Unlawful-act liability and the

supervisory duties of the Financial Services Authority in online lending: A critical analysis of Cassation Decision Number 1206 K/Pdt/2024. *Adagium: Jurnal Ilmiah Hukum*, 4(2).

Wager, K. A., Lee, F. W., & Glaser, J. P. (2021). *Health care information systems: A practical approach for health care management*. John Wiley & Sons.

Yusuf, D. M., Setiawan, M. T. T., & Fawaid, A. (2022). Legal protection for health workers during the COVID-19 pandemic in the perspective of occupational safety and health. *Journal of Education and Entrepreneurship*, 10(1), 183–195.