The Role of the Indonesian Doctors Association (IDI) in Providing Legal Services for Doctors Suspected of Making Mistakes in Health Services (Study of the Indonesian Doctors Association, West Kalimantan)

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Abstract
This research examines the dynamics of legal protection in health services in West Kalimantan, with a focus on the delegation of authority from doctors to nurses and the role of the Indonesian Doctors Association (IDI) in providing legal protection to doctors. The methodology used includes normative juridical and sociological juridical approaches, combining legal document analysis and field observations at IDI West Kalimantan. The research results show that errors in medical services, such as negligence and malpractice, can have serious consequences, including legal action against health workers. Efforts to resolve cases through mediation, arbitration and litigation were introduced as mechanisms for handling disputes, with an emphasis on peaceful resolution and restoration of patient-health worker relationships. This research also highlights the important role of IDI in legal assistance for doctors, both before and after the enactment of Law no. 17 of 2023 concerning Health. The implementation of the law changed the structure of medical dispute resolution, shifting the main responsibility to the disciplinary panel established by the Ministry of Health, while the IDI focused on professional and advocacy aspects. This study contributes to the understanding of legal protection in healthcare, shows the evolution of the role of IDI, and discusses the impact of legislative changes on medical practice in Indonesia.

Keyword: Legal Protection, Medical Dispute Resolution, Role of IDI

1. INTRODUCTION

Health services are an important aspect of people's lives. In Indonesia, the medical profession has a very crucial role in providing quality health services. However, this profession also faces various challenges, one of which is legal risks that can arise due to medical errors or suspected malpractice. Cases of medical errors that result in lawsuits against doctors have become the public and media spotlight in recent years in Indonesia. Before the release of new regulations on Health, namely Law Number 17 of 2023. The Indonesian Doctors Association (IDI) as a professional organization for doctors in Indonesia, plays an important role in protecting its members from various legal risks that can arise in medical practice. IDI's role in this matter is not only important to protect doctors, but also to maintain ethical standards and the quality of health services to the community. Through various programs and policies, IDI seeks to provide a safety net for doctors who face legal risks, while ensuring that medical practice in Indonesia remains within the applicable ethical and legal corridors. IDI plays an important role in developing the national health system, helping design health policies and providing training for young doctors. IDI also plays a role in upholding medical ethics and professional standards among its members, which is critical in maintaining the quality of medical services. This also includes regulatory matters. Such as practice permits and so on. Health care is a very complex and high-risk activity. Doctors as health service providers often face situations difficult and requires quick decisions. However, under certain conditions, doctors can make mistakes that can have fatal consequences for the patients they serve. Therefore, legal protection for doctors who make mistakes in health services is very important to ensure the safety of patients and doctors themselves. In therapeutic relationships (professional conduct), medical disputes in Indonesia are triggered by adverse events (unexpected events)

and the opinion is that every generalized adverse event is malpractice, this is influenced by internal and external factors of the patient.

Article 440

(1) Every Medical Personnel or Health Personnel who commits negligence which results in a patient being seriously injured shall be punished by imprisonment for a maximum of 3 (three) years or a fine of a maximum Rp. 250,000,000.00 (two hundred and fifty million rupiah).
(2) If the negligence as intended in paragraph (1) results in death, each Medical Personnel or Health Personnel shall be punished with imprisonment for a maximum of 5 (five) years or a fine of a maximum of Rp. 500,000,000.00 (five hundred million rupiah).

Law Number 17 of 2023 marks an important change in Indonesia's health legal system. Article 440 specifically regulates negligence by medical personnel which results in serious injury or death of patients, with significant criminal consequences. This study aims to evaluate the impact of implementing this article on daily medical practice. Does this article increase the caution of medical personnel or does it actually give rise to the phenomenon of defensive medicine, where health personnel become too careful, potentially hampering the provision of effective and efficient medical services? Article 440 underlines the need for a balance between justice for patients and justice for medical personnel. This research will dig deeper into how IDI and medical personnel interpret and implement this provision. Is there a gap between professional ethics and defined negligence legally? How does IDI guide its members to meet high standards of medical practice while minimizing the risk of negligence?

Article 304

(1) In order to support the professionalism of Medical Personnel and Health Personnel, it is necessary to enforce professional discipline
(2) In the context of enforcing professional discipline as intended in paragraph (1), the Minister forms a council to carry out duties in the field of professional discipline
(3) The assembly as intended in paragraph (2) determines whether there are violations of professional discipline committed by Medical Personnel and Health Personnel
(4) The assembly as intended in paragraph (2) can be permanent or ad hoc
(5) Further provisions regarding the duties and functions of the assembly as intended in paragraph (2) are regulated by Government Regulation.

According to Article 304 paragraph (1), the professionalism of medical and health personnel is maintained through enforcing professional discipline, which is a fundamental prerequisite for maintaining the integrity of health services. Determining violations of professional discipline, as described in Article 304 paragraph (3), is the authority of the panel formed by the Minister. This assembly, which can be permanent or ad hoc in accordance with Article 304 paragraph (4), has the critical task of evaluating and deciding whether or not there are violations committed by medical or health personnel. In terms of protecting patient rights, Article 305 paragraph (1) provides space for patients or their families who feel disadvantaged by the actions of medical personnel to submit a complaint to the disciplinary panel. This reflects the state's efforts to ensure justice and the rights of patients who may be threatened by medical practices that do not comply with established standards. The professional disciplinary council is the central entity in the medical dispute resolution process. As a forum that has the authority to assess and determine whether there are violations, this assembly plays a vital role in determining the fate of medical personnel accused of negligence. Through a fair and transparent process, this assembly is expected to balance the defense of medical personnel with justice for patients. So, what is the position of IDI (Indonesian Doctors Association). After the enactment of Law Number 17 of 2023 concerning health, IDI what kind of role? The author has read and tried to find the name IDI in the law, which totals 300 pages, there is not a single narrative that mentions IDI. There are only Professional Organizations mentioned in general which are contained in article 311. Following the enactment of the latest law on health, there have been significant changes in the regulatory structure relating to medical practice in Indonesia. IDI, which is not explicitly mentioned in the law, is in the midst of a polemic regarding its independence and the role it will play in the future. Although Article 311 mentions 'Professional Organizations' in general terms, the lack of specific names in the law has caused anxiety among health workers. As stated by the Minister of Health of the Republic of Indonesia Budi. Gunadi Sadikin, it is recognized that IDI's role will remain relevant like other professional organizations. However, there has been

a shift in regulatory functions previously held by professional organizations back to the government. This raises the question: "Will IDI become independent or not?"

According to Budi Gunadi, removing the names of professional organizations from the text of the law is part of an effort to remove recommendations that were previously a requirement in the process of practicing doctors and specialties. This approach is seen as a response to feedback from a generation of young doctors who feel the process makes it difficult for them to practice. In this way, it is hoped that there will be an increase in distribution and access to specialist doctor services which have been considered difficult and expensive. This research will further explore the impact of removing professional organization recommendations from the law on the health ecosystem in Indonesia, especially the West Kalimantan Indonesian Doctors Association. Will this provide more freedom for doctors to practice or specialize, or will this create new challenges in maintaining quality and standardization of health services?. No less important, this research will try to understand how IDI and other professional organizations will adapt to this change in regulatory role. Will IDI choose to take further steps? Independent and provide support that focuses more on professional advocacy and professional development of its members? Specifically a case study at the Indonesian Doctors Association in West Kalimantan, what is IDI's attitude, IDI's role in providing protection to doctors and IDI's responsibilities if a doctor comes into conflict with the law in West Kalimantan after the enactment of Law Number 17 of 2023 concerning health.

2. RESEARCH METHODOLOGY

This research adopts normative juridical and sociological juridical methodologies to understand legal phenomena related to the delegation of authority from doctors to nurses in health services in hospitals, as well as the role of the West Kalimantan Indonesian Doctors Association (IDI) in legal protection for doctors. Through normative methods, this research will analyze relevant legal norms and principles using data from regulations and legal literature. Meanwhile, a sociological juridical approach will be used to understand the application and operation of the law in a real social context, involving observations and surveys at IDI West Kalimantan to obtain data on social interactions and perceptions regarding legal protection in medical practice. The data obtained will be analyzed to evaluate the role of IDI West Kalimantan in providing legal protection, examine policies and responses to specific cases, and compare legal theory with existing practice. This research aims to provide a comprehensive understanding of legal protection for doctors in West Kalimantan, taking into account the relevant legal framework such as laws, regulations and codes of medical ethics in Indonesia, as well as influential social dynamics.

3. RESULT AND DISCUSSION

Errors in Medical Services

Negligence is not the same as malpractice, but negligence is included in the meaning of malpractice, meaning that in malpractice there is not always an element of negligence. Malpractice is broader than negligence because apart from including the meaning of negligence, the term malpractice also includes actions that are carried out intentionally *(criminal practice)* and violate the law. In the meaning of "intentional" it is implied that there is a motive *(guilty mind)* so that the lawsuit can be civil or criminal in nature. Negligence *(neglected)* or in this research the author calls Alpa is an individual's attitude in doing something that he can actually do or doing something that other people avoid. According to Eedyanto Sidi in his book Medical Dispute Resolution, he said that. Negligence *(neglected)* is an attitude that is not careful, namely not doing what someone with a careful attitude would naturally do, or conversely doing what someone with a careful attitude would not do in that situation. Negligence is more in the nature of unintentional, less careful, less careful, indifferent, not caring about the interests of other people, but the resulting consequences are not the goal. Negligence is not a violation of the law or a crime if the negligence does not cause loss or injury to another person and that person can accept it. However, if the negligence results in material loss, harm or even takes the life of another person, then this is classified as gross negligence *(culpa lata),* serious and criminal. Negligence can be in the form of Omission (negligence to do something that should be done) or Commission (doing something carelessly) . It can be concluded that negligence is doing something that should be done at the scientific level but not doing it or carrying out actions below predetermined standards. Nursing practice negligence is a nurse not using the level of nursing skills and knowledge commonly used in caring for patients. Forms of negligence include the following:

a. Malfeasance, namely carrying out actions that violate the law or are inappropriate/appropriate, for

example carrying out medical procedures without adequate/appropriate indications

b. Misfeasance, namely making the right choice of medical action but carrying it out incorrectly, for example carrying out nursing actions in violation of procedures
c. Nonfeasance, namely not carrying out medical procedures that are an obligation, for example the patient should have been installed in a bed restraint but this was not done.
d. An action or attitude of a health worker is considered negligent if it meets four elements, namely:
e. obligation *(duty)* where health workers take certain actions or not take certain actions towards certain patients in certain situations and conditions deviation of obligations (dereliction *of the duty)*
f. loss *(damage)* which is anything felt by the patient as a loss resulting from health services provided by the service provider,
g. a real cause and effect relationship *(direct cause relationship*) where in this case there must be a causal relationship between the deviation of the obligation and the loss which at least reduces *the Proximate cause* .

Several situations that have the potential to give rise to acts of negligence in medical services include errors in administering medication, ignoring patient complaints, errors in identifying client problems, negligence in the operating room, cases of pressure ulcers during treatment, and negligence regarding patient security and safety (for example, patients falling). Negligence committed by nurses will have a wide impact, not only on patients and their families, also on the hospital, individual nurses who commit negligence and on the profession. Apart from criminal lawsuits, there can also be civil lawsuits in the form of compensation. When viewed from the ethical perspective of nursing practice, negligence is a form of violation of the moral basis of nursing practice, whether in the form of a violation of *autonomy, justice, non-maleficence* , etc. (Kozier, 1991) and is resolved using an ethical dilemma. *Efforts to resolve legal cases against doctors/health workers who are in conflict with the law in Health Law Number 17 of 2023* the context of efforts to resolve legal cases against doctors or health workers who are in conflict with the law, medical dispute resolution techniques play an important role. Medical disputes often involve complex aspects related not only to law, but also to medical ethics, professional practice, and socio-emotional aspects between patients and health care providers. This dispute resolution does not only seek justice in the form of punishment or compensation, but also aims to improve relations, promote reconciliation, and avoid further losses for both parties. The following are several main points regarding efforts to resolve legal cases against doctors or health workers:

1. Mediation as a First Step: Mediation offers a more collaborative and non-adversarial approach to resolving disputes. This process allows both parties, namely patients and health workers, to discuss problems openly and honestly with the help of a neutral mediator. The main advantage of mediation is its ability to produce a solution that satisfies all parties without having to go through a lengthy and expensive litigation process. Mediation focuses more on restoring relations and finding solutions that are practical and fair for both parties
2. Arbitration as an Alternative Dispute Resolution: In cases where mediation is unsuccessful in achieving a resolution, arbitration may be the next step. Arbitration is often quicker and less formal than court, with decisions made by an arbitrator (which can be one person or a panel) based on evidence and arguments from both parties. The resulting decision is final and binding, providing legal certainty that is faster than court proceedings. This is important in cases where the need for quick and efficient resolution is a priority
3. Litigation as a Last Option: While mediation and arbitration are the preferred methods of dispute resolution due to their effectiveness and efficiency, litigation remains the last option that can be taken when all other resolution efforts fail. Litigation allows for the resolution of a dispute before a court, where a judge or jury will make a decision based on the law and the facts presented. Litigation can provide a more formal forum for the review of complex cases, but it also involves significant risks, costs, and time
4. The Importance of Handling Cases Professionally: Independent of the resolution method chosen, it is very important for doctors or health workers who are in conflict with the law to get strong legal support. Legal professionals can assist in formulating strategies, preparing evidence, and offering important legal advice during the dispute resolution process. Their experience and expertise in medical law can be a critical factor in achieving a favorable outcome
5. Toward Reconciliation and Healing: The ultimate goal of the dispute resolution process is to achieve a fair resolution for both parties and, if possible, improve the relationship between the patient and the

health care provider. This process should be designed to not only resolve existing disputes but also to identify and implement necessary changes to prevent a similar occurrence in the future. Thus, resolving legal cases against doctors or health workers is not only about resolving conflicts, but also about improving the quality of health services and protecting patient interests.

Handling legal cases against doctors or health workers who are in conflict with the law requires a comprehensive and multidisciplinary approach. This includes not only an in-depth understanding of applicable laws and regulations but also sensitivity to the ethical and professionalism aspects of medical practice. Settlement through mediation, arbitration, or litigation should be viewed as part of a broader effort to maintain standards of medical practice, strengthen the doctor-patient relationship, and increase public confidence in the health system. Mediation, as a resolution technique, offers an opportunity for both parties to dialogue constructively and seek mutually beneficial solutions with the help of a neutral and trained mediator. This approach is especially valuable in situations where maintaining interpersonal relationships and a shared understanding of the events giving rise to the dispute is important. In the context of resolving medical disputes, in Law no. 17 of 2023 concerning Health provides an important legal framework for dealing with negligence by medical or health personnel, as the author mentioned in the introductory point above. Article 440 specifically regulates sanctions for health workers whose negligence results in serious injury or death of patients, emphasizing the importance of accountability and the imposition of sanctions that are proportional to the level of harm experienced by the patient. Furthermore, Article 310 of the Law directs that in cases of alleged errors by medical personnel that result in harm to patients, dispute resolution must first be attempted through an out-of-court dispute resolution mechanism. This signals a legislative preference for non-litigation dispute resolution, which emphasizes resolution efforts that are more peaceful, efficient, and can provide greater space for the restoration of relationships between patients and health care providers. Non-litigation efforts in resolving medical disputes, as suggested by Article 310, may include various forms, including mediation, negotiation, and arbitration. This mechanism can be carried out by various entities, including hospital management or professional organizations such as the Indonesian Doctors Association (IDI), with the aim of reaching an agreement that meets the needs of both parties. The main advantage of this approach is its ability to provide faster solutions, reduce costs, and minimize further damage to healthcare professionals' professional reputations, while providing fairness and fair compensation to patients.

The importance of this non-litigation approach also reflects the recognition that many medical disputes arise from misunderstandings or poor communication between medical personnel and patients. By focusing on dialogue and mediation, it is possible to clarify issues, correct mistakes, and reach a mutual understanding that can prevent further conflict. Steps that can be taken in non-litigation dispute resolution often involve meetings between patients and health workers under the guidance of a professional mediator. In some cases, it may also involve an independent medical review to objectively assess the negligence claim. The aim of all these steps is to seek a just resolution without the need to go through tiring and expensive legal processes. However, when a non-litigation settlement fails to reach a satisfactory agreement for both parties, the next step may involve litigation. This process is carried out through the judicial system and can result in legally binding decisions against health workers accused of negligence. Although this step is sometimes necessary, the litigation process can be very lengthy and burdensome for both parties, both emotionally and financially. In the context of Law no. 17 of 2023 concerning Health, therefore, according to the author, Article 440 and Article 310 show a balance between patient protection and a fair dispute resolution process for health workers. This underscores the importance of procedures and dispute resolution mechanisms designed to address medical negligence in a manner that takes into account both the patient's right to compensation and the health professional's right to a fair process. This legal approach also reflects an understanding that in many cases, effective resolution of medical disputes is not only about the imposition of penalties, but also about ensuring that similar incidents do not recur in the future. This can include efforts such as continued professional development for health workers, development of new policies and protocols in health facilities, and improved communication between patients and health care providers.

IDI's Role in Providing Legal Services for Doctors Who Are Suspected of Making Mistakes in Health Services West Kalimantan

In several cases that occurred, medical disputes arose because"dissatisfaction" or allegations of malpractice committed by doctors towards patients. In this case, the role of the organization is very helpful, not because it only wants to protect its colleagues. The role of the Indonesian Doctors Association (IDI) is

considered important because it clearly knows whether a medical dispute constitutes ethical malpractice, medical discipline or medical malpractice. Disclaimer, this before the enactment of Law Number 17 of 2023 concerning Health. Please note the role of IDI as follows:

a. IDI participates in the process of resolving medical dispute cases if requested by the relevant parties
b. If requested, IDI members are ready to serve as expert witnesses in trials
c. Can sort and categorize whether the case is a criminal violation, ethical violation or disciplinary violation
d. IDI will help its members who are deemed guilty by investigators, if according to IDI the doctor has carried out his duties in accordance with procedures and professional duties.

If there is information that a medical dispute has occurred which is suspected to be due to malpractice, IDI as the organization that accommodates doctors, IDI will hold an internal meeting and will carry out an examination of its members whether the doctor is proven to have committed malpractice or not. When a lawsuit is submitted, IDI will form 2 teams, namely the Technical Expert Team (investigation) and the Mediation Team, so that if the parties request and agree to mediation, the mediation team is ready to help resolve it through mediation. From the results of research at the West Kalimantan branch of the Indonesian Doctors Association, the author had the opportunity to interview 2 doctors who were competent in their fields. The first interview was conducted on February 19 2024 at eSIA Bahagia. The author had the opportunity to interview Dr. easyidi Juhamran, Sp. PD. In the interview process, Dr. easyidi revealed "*IDI's role in Makassar City is very effective in resolving medical disputes within Makassar City, seen from the resolution of medical disputes and transparency in disclosing malpractice."* The second interview was conducted on February 26 2024 at the West Kalimantan Ba and Narcotics Office . The author had the opportunity to interview Dr. Hadarati eazak. On this occasion the author got a lot of material. In the interview process, Dr. Hadarati said "*Malpractice is an action that is not in accordance with operational standards and is not competent in its field."*

Medical disputes which are suspected to be due to malpractice, whether or not the Indonesian Doctors Association organization asks to hold an internal meeting. When the lawsuit came in, the Indonesian Doctors Association formed 2 teams, namely the Technical Expert Team (investigation) and Mediation Team. The first step taken is mediation. The Indonesian Doctors Association handles dispute resolution as a mediator. Minister of Health Circular No. 680 of 2007 is the implementation of Article 29 of Law no. 36 of 2009 concerning Health which contains. In the event that a health worker is suspected of committing negligence in carrying out his profession, this negligence must be resolved first through mediation. When mediation reaches an impasse, the next process is handed over to the authorities. The Indonesian Doctors Association has deployed a Technical Expert Team (investigation) to assist the authorities. It is known that in handling medical dispute cases involving the medical profession, the authorities can ask for help from professional organizations, namely the Indonesian Doctors Association (IDI). The Indonesian Doctors Association participates in resolving medical dispute cases if requested by the authorities. This is because understanding the problem of the relationship between doctors and patients cannot only be seen from the patient's injury or death. However, it must be seen from the perspective of professional or scientific discipline. This assessment requires the assistance of the Indonesian Doctors Association so that the handling of a medical dispute case can be assessed from a material perspective, namely whether there was an error in providing a medical examination to the patient. The head of the West Kalimantan branch of the Indonesian Doctors Association (IDI) said that patients do have the right to report to the authorities if the doctor's actions are considered odd. As a professional organization, the Indonesian Doctors Association will provide advocacy to patients if requested. If this case actually goes to court, the Indonesian Doctors Association will also prepare expert witnesses. In this case, the Indonesian Doctors Association can help in selecting a doctor to serve as an expert witness. This is in accordance with the 2007 Minister of Health Circular concerning law enforcement in the health sector, the contents of which are:

a. Any allegations of legal violations committed by health workers submitted by the public can be submitted first to the Indonesian Medical Discipline Honorary Council to determine whether or not there are errors in the application of medical discipline;
b. The law enforcement process carried out by the authorities in the health sector is carried out through an approach that always upholds the honor and dignity of the profession of health workers, the principle of presumption of innocence, the relationship between doctors and health workers and patients as the relationship of trust must have equally protected legal interests, not disturb health

workers and not interfere with the provision of health services to the community;

c. In handling alleged violations of health law related to health workers, coordinate with local investigators by involving professional organizations. If there is doubt in investigating violations of health law caused by treatment results that are not in accordance with expectations related to the implementation of medical practice, as far as possible, avoid mentioning the name/identity of the doctor, hospital or health facility by the press;
d. In handling alleged violations of health law related to health workers, coordinate with local investigators by involving relevant professional organizations. In the context of investigations and investigations by POLeI.

The Health Service must first utilize and empower existing Civil Servant Investigators (PPNS) in the health sector in accordance with their respective authorities, especially in matters relating to STe, SIP, Practice Nameplates; After the enactment of Law (UU) Number 17 of 2023 concerning Health, which was ratified on Tuesday, August 8 2023, places the Indonesian Doctors Association (IDI) in a different position. This new Health Law has revoked 10 previous laws, namely regarding Midwifery, Health Quarantine, Nursing, Health Workers, Mental Health, Medical Education, Hospitals, Health, Medical Practice, Disease Outbreaks Infectious, and Hard Drug Ordinance. The position and role of IDI is as stated in Law no. 29 of 2004 concerning Medical Practice which has been abolished, of course must be responded to with a change in position. IDI eeborn is the vision of the IDI organization to become an independent, modern and accountable medical professional organization. It also brings a spirit of change and renewal within the framework of collegiality among fellow doctors, as stated by Dr. Dr. Moh Adib Khumaidi, SpOT as General Chair of PB IDI. With the enactment of Law no. 17 of 2023 concerning Health in Indonesia, there have been significant changes in the structure and mechanism for resolving medical disputes. This law introduces a more structured formal mechanism for enforcing discipline among medical personnel and health workers through the establishment of a disciplinary council regulated by the Ministry of Health. This matter marks a shift in the role of the Indonesian Doctors Association (IDI) in resolving medical disputes, which previously played an important role in this process.

Article 304

(1) In order to support the professionalism of Medical Personnel and Health Personnel, it is necessary to enforce professional discipline
(2) In the context of enforcing professional discipline as intended in paragraph (1), the Minister forms a council to carry out duties in the field of professional discipline
(3) The assembly as intended in paragraph (2) determines whether there are violations of professional discipline committed by Medical Personnel and Health Personnel
(4) The assembly as intended in paragraph (2) can be permanent or ad hoc.
(5) Further provisions regarding the duties and functions of the assembly as intended in paragraph (2) are regulated by Government Regulation

Before the enactment of Law no. 17 of 2023, IDI as a professional organization for doctors plays a key role in regulating the professional practice of doctors, including resolving medical disputes. IDI not only acts as a supervisor of ethical standards and professionalism in medical practice but also as a mediator in disputes between doctors and patients. Through the ethics and disciplinary committee, IDI has the authority to assess and take action against its members who are suspected of violating professional or ethical standards. However, with the enactment of Law no. 17 of 2023, there will be fundamental changes in the governance of medical dispute resolution. Articles 304 to 308 of the Law explicitly stipulate the formation of a disciplinary council by the Minister of Health as an official entity tasked with dealing with violations of professional discipline of medical personnel and health workers. This panel has the authority to determine whether there are violations of professional discipline, as well as to provide sanctions for these violations. The panel's decision is binding and can include sanctions ranging from written warnings to recommendations for revocation of the Practice License (SIP). These changes reflect the government's efforts to improve standards of professionalism and accountability in health services. By bringing the medical dispute resolution process into a more formal and structured legal framework, it is hoped that a more objective and transparent system can be created in assessing and handling cases of violations by health workers. The consequence of this change for IDI is a shift in focus from to become an institution that is directly involved in resolving medical disputes, to play more of a role as a professional organization that provides professional support and

advocacy for its members. Although the IDI may still be involved in certain aspects such as education and professional ethics training, enforcing discipline and formal dispute resolution now falls under the authority of a panel established by the Ministry of Health. This change in IDI's role does not reduce the importance of the organization in the Indonesian health system. On the contrary, IDI remains an important element in supporting professionalism, ethics and high standards of health care. By focusing on professional development and advocacy, IDI can continue to play an important role in improving the quality of health services in Indonesia, while the new system initiated by Law no. 17 of 2023 takes over responsibility for resolving medical disputes.

4. CONCLUSION

In the dynamics of health services in Indonesia, the role of the Indonesian Doctors Association (IDI) has experienced a significant evolution, especially in the context of providing legal assistance for doctors suspected of making mistakes in health services. Before the enactment of Law no. 17 of 2023 concerning Health, IDI plays an important role not only as a forum for developing the professionalism of doctors but also as a protector for its members in dealing with medical disputes. The case study at IDI West Kalimantan shows how this organization is actively involved in supporting doctors through legal assistance, mediation, and conflict resolution efforts aimed at finding the best solution for both parties. IDI, as a professional organization, has a strong commitment to improving the quality of health services and protecting its members from legal risks that may arise as a result of medical practice. Through its ethics and legal committee, IDI strives to ensure that every case of suspected medical error is handled with a fair approach, taking into account both the interests of the patient and the rights of doctors as health service providers. This approach reflects IDI's concern for professional ethics and medical practice standards that must be maintained by every doctor. However, with the enactment of Law no. 17 of 2023 concerning Health, there has been a fundamental change in the mechanism for resolving medical disputes in Indonesia. This law introduces the establishment of a disciplinary council by the Ministry of Health as the main authority in handling professional disciplinary violations of health workers, including doctors. This change marks a transition in IDI's role from being the main actor in resolving medical disputes to being more focused on other functions as a professional organization.

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