

Legal Protection of Medical Personnel in The Resolution of Medical Disputes According to Health Law Number 17 of 2023

Rahmayanti¹, Syifa Nadya Azzahra², Septi Dwi Pratiwi³, Marzuki Yusuf⁴, Ummi Rachmi Pasaribu⁵

¹Lecture Master of Health Law, Panca Budi University, Medan

^{2,3,4,5}Health Law Masters Student, Panca Budi University, Medan

Email Corresponden Author* : rahmayanti@dosen.pancabudi.ac.id

Email: ¹syifanadyazhra@gmail.com, ²marzukiyusuf@gmail.com

Abstract

The legal relationship between patients and medical personnel/health workers/hospitals establishes rights and obligations that often lead to medical disputes. These disputes arise when patients feel harmed by medical treatment. Medical dispute resolution can occur through litigation or non-litigation (mediation). Health Law Number 17 of 2023 updates the provisions for resolving medical disputes, replacing the previous Health Law and Hospital Law. The purpose of this study is to determine the legal protection for medical personnel in medical dispute resolution according to Health Law Number 17 of 2023. This research uses an analytical descriptive method with a normative juridical approach. Data collection was carried out through library research and document studies using primary legal materials such as the Criminal Code and Law Number 17 of 2023 concerning Health. The results were analyzed normatively and qualitatively, focusing on regulations governing legal issues related to health workers, especially the medical profession. The results concluded that, based on Law Number 17 of 2023 concerning Health, health workers must provide complete information to patients. If medical action adheres to standards and a failure occurs, the health worker is not to blame unless there is proven negligence or error. In case of a dispute, resolution can occur through litigation or mediation. Mediation is preferred because it is quick, inexpensive, and avoids long-term animosity. Litigation often harms the reputation and psychology of medical personnel and increases the cost and complexity of the legal process.

Keywords: Legal Protection, Medical Personnel, Medical Dispute, Health Law

1. INTRODUCTION

Constitutionally, health services have been established in Article 28H Paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which states: "Every person has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy environment, and to obtain health services." Furthermore, Article 34 Paragraph (3) of the 1945 Constitution of the Republic of Indonesia reads: "The State is responsible for the provision of proper health care facilities and public service facilities." These two articles embody the principles of just and civilized humanity and social justice for all Indonesian people (Pipi Susanti, 2020). Health is something that everyone desires. Many methods are employed to stay healthy, ranging from adopting a healthy lifestyle (as a preventive effort) to seeking treatment from doctors, dentists, or other health workers or hospitals when ill (as a repressive effort) (M Bahri Ghazali, 2022). This creates a legal relationship between patients and medical personnel, health workers, and hospitals, establishing rights and obligations (Koto & Asmadi, 2021). In this context, an agreement of will exists between the parties, indicating that they have mutually consented to enter into legal relations (Ariadi, 2019). This legal relationship originates from the patient's trust in medical personnel, health workers, and hospitals, leading the patient to provide informed consent or general consent, agreeing to the medical and/or health efforts to be performed (Puter, 2020). However, in practice, this legal relationship often leads to disputes, either medical or health-related, due to

actions by medical personnel or health workers that harm the patient's interests (Supeno, 2019)(Yayuk Puji Lestari & Ika Friscila, 2023).

Medical disputes occur between patients or their families and health workers, or between patients and hospitals/health facilities, concerning the results of treatment or outcomes achieved after patient care (Wulandari & Satiago, 2021) (Zaluchu & Syaharudin, 2022). These disputes typically arise from a lack of information provided by doctors, even though patients have the right to be informed about all aspects of the medical actions performed (Pramesuari, 2024). Medical disputes, also referred to as disagreements between the doctor and the patient/client or their family, can manifest as complaints to health facilities, professional organizations, the Medical Ethics Honor Council (MKEK), or other disciplinary and judicial institutions (Azmi et al., 2021). Medical personnel are held accountable for the services they provide, and these disputes can involve allegations of legal violations, as well as violations of professional ethics and/or professional discipline (Sinaga, 2021). The dispute resolution process can be conducted through litigation and non-litigation means. Previously, the settlement of medical disputes or health disputes through non-litigation (mediation) was governed by Article 29 of Law Number 36 of 2009 concerning Health and Article 60 letter f of Law Number 44 of 2009 concerning Hospitals. However, these provisions were revoked and declared invalid with the promulgation of Law No. 17 of 2023 concerning Health on August 8, 2023 (Yanto, 2023). This new law introduces several changes regarding the resolution of medical disputes. Based on the above descriptions, the following problem can be formulated: How is the legal protection of medical personnel addressed in Health Law Number 17 of 2023 in efforts to resolve medical disputes?

2. METHODOLOGY

This research employs an analytical descriptive method with a normative juridical approach (Fuqoha, 2020). Analytical descriptive refers to describing the applicable laws and regulations in conjunction with legal theories. The normative juridical approach involves reviewing or analyzing secondary data in the form of applicable laws and regulations (Sudrajat, 2023). Secondary data used in this study include primary legal materials such as national legal sources, and secondary legal materials that provide explanations of primary legal materials in the form of documents (Sriono et al., 2021). Data collection in this study was conducted through library research and document studies. Secondary source materials include the Criminal Code, Law Number 17 of 2023 concerning Health, and other legal sources and legislation related to medical disputes. These references and rules were obtained through Google Scholar. The results of the research are presented in this paper. The data collected is analyzed using a qualitative normative method. This approach is normative because the research focuses on applicable regulations as positive legal norms that govern legal issues concerning health workers, especially those in the medical profession.

3. RESULTS AND DISCUSSION

Medical Disputes

Understanding medical disputes requires a broader comprehension of the concepts of conflict and dispute within social and legal interactions. In English vocabulary, the distinction between "conflict" and "dispute" highlights the evolution of a difference of interest into a formally recognized disagreement by the parties involved. Conflict, often latent and underlying, can evolve into a dispute when the aggrieved party expresses dissatisfaction, either directly to the other party or to a third party. This marks the transition from conflict to dispute, where unresolved conflict through dialogue or mediation prompts the aggrieved party to seek resolution through formal or legal mechanisms (Mufrizal & Risdawati, 2024). Medical disputes arise from the legal relationship between doctors and patients in efforts to cure (Zaluchu & Syaharudin, 2022). This relationship in medical science generally functions as an active-passive biomedical relationship (Karjoko et al., 2021). In this dynamic, the doctor's superiority in biomedical knowledge is evident, with doctors being active and patients passive. The patient's passive attitude is based on trust in the doctor's ability to heal or treat (Wu et al., 2021). From the legal perspective, the relationship between doctors and patients can arise from two scenarios: contractual (therapeutic) relationships and relationships due to law (*zaakwarneming*). In a contractual relationship, the doctor and patient are considered to have agreed to an arrangement once the doctor initiates medical action. In contrast, a relationship due to law arises because of the obligations imposed on the doctor (Santoso et al., 2019). Medical disputes often focus on the outcome of care that does not meet the expectations of the patient or their family, often disregarding the process involved (Moore et al., 2017). Such disputes may include violations of medical ethics, medical discipline, patient rights, or broader societal interests. Key characteristics of medical disputes include a doctor-patient relationship, allegations of negligence or wrongdoing by healthcare providers, and a focus on the cure as the dispute's central object (Laryionava et al., 2018). This

understanding aids in navigating the complexity of medical disputes, emphasizing the importance of dialogue, transparency, and mediation to prevent conflicts from escalating into disputes requiring judicial resolution. It also underscores the importance of professional ethics, standards of care, and effective communication between doctors and patients as preventive measures to reduce potential disputes (Mufrizal & Risdawati, 2024).

Causes of Medical Disputes and Their Regulation in Law Number 17 of 2023 on Health

This study briefly lists some causes of medical disputes. Below is a brief analysis of these causes and their examples:

1. **Communication Failure and Inadequate Information:** Effective communication is crucial in the doctor-patient relationship. Any lack of clarity in conveying the diagnosis, risks of the procedure, and expectations of the treatment outcome can lead to dissatisfaction. Example: A patient undergoes surgery with the understanding that recovery will be quick but is not informed of the risk of complications that may prolong the recovery process. This leads to disappointment and claims against the doctor.
2. **Errors in Medical Diagnosis and Treatment:** Errors in diagnosis or therapy are common causes of medical disputes, often due to misunderstanding or negligence. Example: A patient with serious symptoms is misdiagnosed as having a minor condition without further investigation, resulting in the patient's condition worsening due to the absence of appropriate intervention.
3. **Non-compliance with Ethical and Legal Standards:** Violations of medical ethics and legal standards create doubt and mistrust, triggering disputes. Example: Disclosure of patient medical information without consent violates patient privacy and invites lawsuits against healthcare institutions.
4. **Dissatisfaction with Treatment Outcomes:** Unrealistic expectations of patients or differing perceptions of treatment outcomes can lead to dissatisfaction and disputes. Example: A patient who expects a complete recovery from a chronic condition through a certain procedure is disappointed when the outcome is not as expected, even though the outcome is in line with medical standards.
5. **Insufficient Resources:** Under-resourced health systems can contribute to a decline in the quality of care, increasing the risk of medical errors. Example: Hospitals with overloaded staff may not be able to give each patient enough attention, potentially leading to medication errors or neglect.

Law No. 17 of 2023 on Health provides new insights into the regulation of medical disputes in Indonesia by introducing the concept of out-of-court alternative dispute resolution. According to Prof. Basuki, several factors cause medical disputes, ranging from differences in perception and interpretation of medical facts and data, and prejudice against violations of rights and obligations, to communication failures between patients and medical personnel (Mufrizal & Risdawati, 2024). The importance of effective communication in the doctor-patient relationship is recognized as a crucial step in reducing potential disputes.

Article 310

In the event that medical personnel or health personnel are suspected of committing an error in carrying out their profession that causes harm to the patient, disputes arising from the error shall first be resolved through out-of-court alternative dispute resolution.

Article 440

1. Any medical personnel or health personnel who commits negligence resulting in serious injury to a patient shall be punished with imprisonment for a maximum of 3 (three) years or a maximum fine of Rp250,000,000.00 (two hundred fifty million rupiah).
2. If the negligence as referred to in paragraph (1) results in death, every medical personnel or health personnel shall be punished with imprisonment for 5 (five) years or a maximum fine of Rp500,000,000.00 (five hundred million rupiah).

The provision in Article 440, which prescribes penalties for medical or health personnel who commit negligence, demonstrates that the law also provides protection for patients from serious errors that can cause severe injury or death. By establishing clear criminal sanctions, the law offers a strong warning to health workers to exercise caution and adhere to professional standards in the performance of their duties.

Legal Protection of Medical Personnel in Resolving Medical Disputes According to Health Law Number 17 of 2023

Health workers play a crucial role in enhancing the quality of health services. They encompass individuals who dedicate themselves to the health field with a professional demeanor, knowledge, and skills acquired through higher education, often requiring specific authorizations to conduct health-related activities. Article 273

of Law No. 17 of 2023 regulates the practices of medical personnel and health personnel (Abd.Wahid et al., 2024). According to Article 28D paragraph (1) of the 1945 Constitution, every individual is entitled to recognition, guarantees, protection, and the assurance of a fair and impartial legal system, ensuring equal treatment before the law. This principle aligns with Article 5 paragraph (1) of Law No. 39/1999 on Human Rights, which affirms every person's right to be acknowledged as a private individual entitled to demand and receive equal treatment and protection in accordance with their human dignity (Irawan et al., 2021). Article 304 paragraph (1) of Law No. 17 of 2023 emphasizes the necessity of enforcing professional discipline to support the professionalism of medical and health workers. Article 308 (1) strengthens this by stipulating that medical personnel or health workers suspected of committing unlawful acts in delivering health services, which could lead to criminal sanctions, must first seek a recommendation from the assembly as outlined in Article 304 (Abd.Wahid et al., 2024). Health workers, in carrying out their duties, may encounter unexpected challenges that require legal protection to ensure certainty and fair treatment. The government provides this protection through both preventive and repressive measures under Health Law No. 17 of 2023. Preventive legal protection focuses on preventing disputes by regulating the registration and practice of personnel. According to Article 260 (1) of the law, every medical and health worker must possess an STR (registration certificate), while Article 263 (1) mandates that certain types of medical and health workers must obtain a license to practice, issued in the form of SIP (license). Repressive legal protection, on the other hand, addresses dispute resolution through public courts in cases of malpractice by medical personnel. Satjipto Rahardjo, inspired by Fitzgerald's legal objectives, defines legal protection as safeguarding one's interests by empowering individuals to act within the context of those interests (Abd.Wahid et al., 2024).

Health workers are shielded legally when they provide comprehensive explanations to patients and/or their families regarding diagnosis, medical procedures, objectives, alternatives, and associated risks and complications. They cannot be held liable for outcomes if the procedure adheres to medical standards. It is incumbent upon health workers to furnish clear information and foster a trusting relationship (BHSP) so patients can make informed decisions about their treatment, as per Article 276 of Law No. 17 of 2023, which guarantees patients the right to thorough health information and explanations (Suswati et al., 2023). Conversely, if a health worker is blamed for actions caused by the patient's non-disclosure of medical history, non-compliance with medical instructions, or refusal of agreed treatments, the fault lies with the patient. According to Article 277 (a) and (b) of Law No. 17/2023, health workers have the right to receive complete and honest patient information and expect patient compliance with their instructions and relevant health service regulations. Failure to comply may constitute "contributory negligence" under health law theory, wherein the patient shares responsibility for unfavorable outcomes (Cheluvappa & Selvendran, 2020). Juridical malpractice encompasses three distinct forms: civil malpractice, criminal malpractice, and administrative malpractice, each serving as a legal framework to address different violations in the healthcare sector:

1. Civil Malpractice

Civil malpractice arises when health workers fail to fulfill their therapeutic obligations as stipulated in agreements or engage in unlawful acts (*onrechtmatige daad*) resulting in harm to patients. In cases of negligence, civil malpractice typically involves minor negligence (*culpa levis*); however, if the negligence is severe (*culpa lata*), it may be categorized as criminal malpractice. An example of civil malpractice includes a surgeon inadvertently leaving surgical material inside a patient's body, necessitating a corrective procedure without prolonged negative consequences for the patient.

2. Criminal Malpractice

Criminal malpractice occurs when a patient dies or suffers disability due to the reckless or negligent actions of health workers. It manifests in three forms:

- a) Intentional criminal malpractice, such as withholding assistance in emergency situations where no alternative help is available, or issuing false certificates, e.g., performing an abortion without proper medical procedures.
- b) Reckless criminal malpractice involves actions that contravene legal standards or professional norms, or performing procedures without informed consent, e.g., a nurse's negligence causing infection and swelling due to improperly administered IV.
- c) Negligent criminal malpractice results from the careless actions of health workers leading to patient disability or death, e.g., a nurse accidentally severing a baby's finger while removing a splint used for IV fixation.

3. Administrative Malpractice

Administrative malpractice arises when health workers violate state administrative laws. Examples include practicing midwifery without proper licensure or permits, conducting activities outside the scope of authorized practice, operating with an expired permit, or failing to maintain accurate records.

A health worker suspected of medical malpractice or violating the law in their profession can face prosecution under administrative, civil, or criminal law. Regardless of the truth of the allegations, widespread media coverage can potentially destroy the hard-earned reputation and career of the accused. Medical malpractice can occur intentionally or negligently, as medical personnel, being human, cannot completely eliminate the possibility of making mistakes or errors (Šepec, 2018). In Indonesia, medical dispute resolution can proceed through litigation or non-litigation methods. Litigation involves public courts, whereas non-litigation involves open dialogue such as negotiation, mediation, or arbitration to achieve a mutual agreement. According to the code of ethics for medical personnel, mediation is crucial in protecting medical personnel suspected of malpractice because many disputes stem from communication failures, as noted in Law No. 17 of 2023 on health, Article 310. This article stipulates that disputes arising from mistakes made by medical or health workers in their professional duties that harm patients must first undergo alternative dispute resolution outside the court (Miyagami et al., 2023). The mediation stage facilitates faster resolution of issues and is more effective in minimizing losses and deficiencies in dispute resolution, particularly considering the principle of "presumption of innocence" until proven guilty by a court decision. The resolution of healthcare cases through litigation often has a detrimental impact on health workers. Apart from immediate damage to their career prospects, even if they are not necessarily guilty, they may lose patients' trust in the future, not to mention the shame experienced personally and within their family, which can also become a prolonged moral burden (Parks-Savage et al., 2018).

Litigation is a legal process where a court issues a binding decision in a legal proceeding that assesses matters of law and liability. The two processes of medical dispute resolution, mediation and litigation, are fundamentally different but both serve as methods to resolve medical disputes. Litigation is commonly employed for resolving medical disputes, whereas mediation is gaining recognition for its effectiveness in resolving such disputes. These two processes are increasingly interconnected, with mediation becoming mandatory before proceeding to court in medical dispute cases. The primary drawbacks of litigation include high costs, lengthy proceedings, significant psychological burdens, and the formalities and complexities of the legal process. The losses from litigation can impact the reputation of health workers, hospitals, and healthcare centers (Berlin, 2017). Beyond reputational damage, litigation often imposes psychological burdens different from those experienced by plaintiffs. From the community's perspective, litigation decisions can reduce the quality of healthcare services as health workers become more risk-averse in their practice, leading to higher healthcare costs. Litigation can also result in costs exceeding the damages sought by the plaintiff, requiring both plaintiff and defendant to retain legal representation (Rappaport & Selbst, 2019). Furthermore, litigation in medical disputes can strain relationships between health workers and patients or their families. For these reasons, it is preferable to resolve medical disputes through mediation. The author recommends mediation as the primary method for resolving medical disputes because it is faster, cheaper, simpler, and does not lead to prolonged animosity since neither party emerges as the "loser," unlike in litigation where one party prevails and the other feels dissatisfied, potentially fostering enduring hostility.

4. CONCLUSION

Legal protection for medical personnel in resolving medical disputes is governed by Health Law Number 17 of 2023. Health workers have an obligation to provide patients with comprehensive and transparent information regarding diagnoses, procedures, risks, and treatment alternatives. If medical procedures are performed according to standards but result in failure, health workers cannot be held accountable unless negligence or error is proven. Medical personnel may encounter three types of malpractice: civil, criminal, and administrative. Medical disputes can be addressed through litigation or non-litigation methods such as mediation. Mediation is preferred due to its speed, cost-effectiveness, and ability to prevent prolonged animosity. In contrast, litigation often damages the reputation and mental well-being of medical personnel and escalates legal expenses and complexities. Therefore, mediation should be the primary choice for resolving medical disputes.

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