



Legal Protection for Physicians in Medical Practice under Law No. 17 of 2023: A Socio-Legal Study at Siloam Hospital, Bogor

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Abstract

Background: Physicians remain vulnerable to legal claims despite having performed medical actions in accordance with professional standards, making effective legal protection under Law No. 17 of 2023 increasingly important.

Objective: This study aims to analyze the construction of legal protection for medical personnel and the pattern of hospital accountability in the implementation of medical actions after the enactment of Law Number 17 of 2023 concerning Health.

Methods: The method used is normative juridical with an empirical approach through literature studies, analysis of laws and regulations, and interviews.

Results: The results of the study show that the legal protection of medical personnel has been positivized in Article 273 paragraph (1) letter a of Law No. 17 of 2023, while the obligation of hospitals obtains an operational basis through Article 851 of PP No. 28 of 2024. A case study at Siloam Hospital in Bogor City shows the implementation of protection through a layered mediation and supervision mechanism by the Medical Committee, *MKEK*, and *MKDKI*.

Conclusion: However, the study identifies three implementation obstacles: (1) suboptimal synchronization of derivative regulations under Law No. 17/2023; (2) weak implementation of informed consent procedures; and (3) vulnerability of physicians to litigation not grounded in professional medical assessments. This study contributes a novel analytical framework distinguishing normative legal protection from its operational implementation at the institutional level, providing evidence-based recommendations for hospital governance reform.

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INTRODUCTION

The medical profession occupies a central position in public health systems, yet physicians in Indonesia face significant and growing legal risks that extend well beyond professional negligence. Despite performing medical actions in compliance with procedural standards and professional codes of ethics, physicians are increasingly confronted with lawsuits, reputational harm, and social sanctions from patients or their families dissatisfied with medical outcomes (Fetrus, 2025; Hariyani, 2005; Machmud, 2008). This legal vulnerability does not arise solely from negligence but is often amplified by restrictive hospital policies and regulatory provisions that conflict with physicians' professional judgment.

This vulnerability often does not arise solely from professional negligence, but is also triggered by restrictive and counterproductive internal hospital policies or government

regulations ([Machmud, 2008](#)) Law Enforcement and Legal Protection for Doctors Alleged to Have Committed Medical Malpractice ([Machmud, 2008](#); [Riyanto, 2023](#)). This creates a moral and professional dilemma for doctors, who must choose between complying with restrictive regulations or prioritizing medical principles for the patient's best interests, which, ironically, may expose them to legal claims ([Riyanto, 2020, 2023](#)). This imbalance creates injustice, where claims and negative stigma are often directed only at doctors without considering the roles and responsibilities of hospitals (therapeutic transaction, namely a form of agreement between doctors and patients and/or hospitals, which arises because of legal consequences and creates rights and obligations for both parties. Therapeutic transactions differ from other transactions commonly carried out in society because they have specific characteristics compared to agreements in general. The uniqueness of the agreement lies in the object agreed upon) and the government as the policymaker that influences doctors' decisions.

This condition creates anxiety and uncertainty in carrying out the profession. If adequate legal protection is not available, it may reduce the quality of medical services because doctors may feel hesitant or reluctant to take actions that are actually needed by patients. Therefore, clear and adequate legal certainty and legal protection are required so that doctors have a clear and accountable basis for every medical action they perform ([Rusli, 1993](#); [Worang, 2025](#)). This legal certainty guarantees that doctors who act in accordance with professional standards will be protected, and not merely required to comply with third-party regulatory standards.

The enactment of Law of the Republic of Indonesia Number 17 of 2023 concerning Health should serve as an answer to this vulnerability. Article 273 paragraph (1) letter a explicitly states that "medical personnel and health workers, in carrying out their practice, are entitled to legal protection as long as they perform their duties in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics." This confirms that medical personnel have the right to obtain legal protection while performing their duties in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics, as well as meeting patients' health needs ([Komalawati, 1989](#); [Silalahi et al., 2026](#)). This provision demonstrates the presence of the state in protecting doctors who work professionally and responsibly ([Komalawati, 1989](#); [Silalahi et al., 2026](#)).

The urgency of this issue is underscored by national data. Indonesia's Medical Disciplinary Board (*MKDKI*) recorded a significant rise in physician disciplinary complaints following the 2023 Health Law reform, with reports indicating over 200 formal disciplinary cases annually at national level (*MKDKI*). A study by Riyanto and Fuad ([2023](#)) found that 68% of surveyed hospital physicians at private hospitals reported experiencing or witnessing legally threatening situations related to medical outcomes, despite acting in conformity with standard operating procedures. Internationally, the WHO (2006) has highlighted the chilling effect of disproportionate medical liability on healthcare quality in emerging economies, noting that excessive litigation risk reduces physician willingness to perform high-risk but necessary procedures ([Organization, 2024](#)). These findings collectively establish that the implementation gap between Law No. 17 of 2023's normative protections and actual hospital-level legal security represents a significant and timely research problem ([Hariwibowo, 2025](#); [Nomor 17, 2003](#)).

However, although the 2023 Health Law has come into force, a fundamental question arises regarding the implementation and effectiveness of the law in actual practice ([Hardisman, 2025](#)). This study highlights that the legal protection provided must consider the principle of legal utility, where the law should not only punish but also provide justice and benefit to all parties, including doctors, while supporting the creation of optimal health services (Indonesia, Regulation of the Minister of Health No. 585/Men.Kes/Per/IX/1989, Art. 1). For a doctor carrying out medical practice, the doctor will provide services that can be accounted for both ethically and legally. ([Fetrus, 2025](#)), Legal Protection for Health Workers in Medical Disputes.

Furthermore, based on the Decree of the Executive Board of the Indonesian Medical Association Number 221/PB/A.4/04/2002, issued in Jakarta on April 19, 2002, concerning the Implementation of the Indonesian Medical Code of Ethics, the Executive Board of the Indonesian Medical Association resolved to stipulate:

First: To revoke the KODEKI (Indonesian Medical Code of Ethics) resulting from the 1993 MKEK-MP2A National Working Meeting.

Second: To establish the implementation of the Indonesian Medical Code of Ethics (KODEKI) resulting from the 2001 Third National Meeting on Medical Ethics as an ethical guideline for doctors in practicing the medical profession.

Third: With the implementation of the Indonesian Medical Code of Ethics as referred to in the second point, all doctors practicing the medical profession are required to firmly adhere to KODEKI.

Fourth: All Regional Boards, Branches, and other organizational bodies of the Indonesian Medical Association are required to disseminate KODEKI to all doctors within their respective working areas.

The above decree affirms that a doctor has a primary obligation to protect life. As stipulated in Article 11 of the 2002 Medical Code of Ethics, which states: "Every doctor must always remember the obligation to protect human life." However, in carrying out their duties, doctors cannot act unilaterally. Medical actions must be based on informed consent (informed consent is medical consent that arises after the patient has been given an explanation regarding the illness suffered and the predictable consequences according to medical science in relation to treatment, and the patient accepts the condition to receive the medical intervention to be performed on them and gives consent) or approval for medical action given consciously by the patient or their family. Indonesia, Law No. 29 of 2004 concerning Medical Practice, Art. 51 (Nomor 29, 2004; Pustaka, 2026). The legal vulnerability faced by doctors creates anxiety and uncertainty in practicing their profession (Hidayatullah & Juarsa, 2026; Kartika et al., 2020). If adequate legal protection is not available, this may reduce the quality of medical services because doctors feel hesitant or reluctant to take actions that are actually needed by patients (Herniwati et al., 2020; Siregar, 2023). This is where legal certainty becomes important, so that doctors have a clear and accountable basis for every medical action performed (Hasan et al., 2026; Soeroso, 2002).

Therefore, this research is highly relevant for an in-depth examination of the extent of legal protection for doctors in performing medical actions after the enactment of Law of the Republic of Indonesia Number 17 of 2023 concerning Health at Siloam Hospital, Bogor City. The study at Siloam Hospital Bogor City was selected to examine the actual implementation of this regulation, identify emerging obstacles, and assess whether the law has succeeded in creating fair legal certainty and providing benefits for doctors and the wider community.

A review of existing literature on physician legal protection in the Indonesian context reveals a notable gap. While prior studies have examined medical malpractice law (Machmud, 2008), hospital liability (Riyanto, 2020, 2023), and informed consent obligations (Komalawati, 1989; Silalahi et al., 2026), no study has specifically investigated the implementation of Law No. 17 of 2023's physician protection provisions at the institutional level of a specific hospital using a socio-legal approach that combines normative analysis with primary field data (Nomor 17, 2003). Previous research has addressed legal frameworks in abstract or general terms without examining the causal mechanisms by which restrictive hospital policies and regulatory provisions constrain physician clinical decisions, nor how the layered mediation system (Medical Committee–MKEK–MKDKI) operates in practice. This study addresses that gap by providing an empirical analysis of Law No. 17/2023 implementation at Siloam Hospital Bogor, thereby contributing a novel institutional case study to the literature on health law reform in Indonesia.

The novelty of this study lies in three dimensions: (1) it is the first empirical study to analyze the implementation of physician legal protection provisions under Law No. 17 of 2023 at a specific private hospital in Indonesia (Nomor 17, 2003); (2) it identifies and analyses the causal mechanisms by which specific regulatory and hospital policy provisions create or restrict physician legal protection in practice; and (3) it develops an analytical framework distinguishing normative legal protection (as written in law) from institutional legal protection (as operationalized in hospital governance), thereby offering a replicable model for future socio-legal research on health law implementation.

METHOD

This study employs a socio-legal research design that integrates normative juridical analysis with empirical field research. The normative component applies a statute approach to examine Law No. 17 of 2023 concerning Health ([Nomor 17, 2003](#)), Government Regulation No. 28 of 2024, and related ministerial regulations; a conceptual approach drawing on legal protection theory and medical liability doctrine; and a case approach analysing relevant MKDKI disciplinary decisions. The empirical component is based on semi-structured, in-depth interviews conducted at Siloam Hospital Bogor in April 2026. Informants were selected using purposive sampling based on the following criteria: (1) currently practising physicians at Siloam Hospital Bogor; (2) direct experience with informed consent procedures and/or medical dispute situations; and (3) willingness to participate. A total of five physician-informants participated, representing orthopaedics, general surgery, obstetrics-gynaecology, ENT, and general practice specialisations, with clinical experience ranging from 5 to 20 years. Primary legal materials include legislation, regulations, and court/disciplinary decisions. Secondary materials include academic monographs, peer-reviewed journals, and scholarly legal commentaries. Data from interviews were validated through source triangulation (cross-checking physician accounts against hospital document review and regulatory texts) and member checking (returning interview transcripts to informants for verification). Qualitative content analysis was applied to identify patterns, causal mechanisms, and implementation gaps in the law's physician protection provisions. This study received approval from the hospital research committee and all informants provided written informed consent; identities are protected through pseudonymisation.

RESULTS AND DISCUSSION

The medical profession is a noble profession related to the welfare of human beings, and it is therefore often said that professions in the medical field always carry out moral and intellectual imperatives. Becoming a medical professional means being willing to serve sick people so that they may recover and to serve healthy people so that they do not become ill, through prevention and improvement of their health status; thus, a spirit of service must exist. This attitude is very important in forming the most fundamental ethical attitude ([Makasengehe et al., 2023](#)).

The medical profession is a profession that must be practiced with high morality because it must always be ready to provide assistance to those who need it. Medical science continues to develop and advance, so whether medical science is beneficial to society depends on its philosophical foundation and idealism. (Ibid.). As medical personnel, doctors not only perform the technical function of service delivery but also bear professional, ethical, and legal responsibility for every medical action taken. Normatively, the profession of doctor is understood as health personnel who possess special competence in the field of medicine. This competence is obtained through formal education and training and is legitimized by the state through licensing mechanisms.

On the other hand, to support the realization of optimal health services or medical services, various supporting factors are required, including the availability of qualified, competent, and adequate health human resources in terms of both quantity and quality. In addition, health services must also be supported by adequate health facilities. Human resources involved in the provision of health services include medical personnel and health workers. Referring to Article 1 number 6 of Law Number 17 of 2023 concerning Health, the definition of medical personnel is as follows: (See the provisions of Article 1 number 6 of Law Number 17 of 2023 concerning Health).

"Medical Personnel are every person who dedicates themselves to the health sector and possesses professional attitudes, knowledge, and skills obtained through medical or dental professional education that requires authority to carry out health efforts."

Operationally, the definition of a "Doctor" is a health professional (physician) who serves as the patient's first point of contact to resolve all health problems encountered, regardless of

disease type, organology, age group, and gender, as early as possible and to the greatest possible extent, in a comprehensive, holistic, continuous manner, and in coordination and collaboration with other health professionals, using the principles of effective and efficient service while upholding professional, legal, ethical, and moral responsibility. The services provided are limited to the basic medical competence obtained during medical education. According to the Great Dictionary of the Indonesian Language, a doctor is a graduate of medical education who is an expert in diseases and their treatment. Meanwhile, according to the World Health Organization (WHO) in (2006), a doctor is a health service provider who practices the medical profession, especially by promoting, maintaining, or restoring human health through the study, diagnosis, and treatment of diseases, injuries, and other physical and mental disorders (Organization, 2024). According to Astuti (2025), a doctor is a person who has the proper authority and license to provide health services, particularly to examine and treat diseases, and who does so according to the law in health services (Evan, 2023).

Doctors as medical personnel have special authority in the provision of health services, which derives from professional competence and legal legitimacy granted by the state. This authority is obtained through medical professional education, continuous training, and fulfillment of administrative and legal requirements as regulated by legislation. With this legitimacy, doctors are positioned as principal subjects in the implementation of medical actions that are directly related to patient safety and health. Normatively, doctors' authority not only reflects mastery of knowledge and technical skills, but also affirms the ethical and legal responsibilities attached to every medical action performed.

Implementation of Law of the Republic of Indonesia Number 17 concerning Health in Providing Legal Protection for Doctors at Siloam Hospital, Bogor City

Health services are one of the important aspects of modern society that continues to develop. Health is a fundamental human right, universally recognized and protected in various laws and international conventions. Recognition of the importance of the right to health has provided a strong foundation for the formation of a legal framework regulating the health sector, including medical practice in hospitals. Indonesia's health service system faces a series of complex challenges that create a dynamic situation for medical practitioners, especially in hospital settings. (Riyanto, 2023).

Hospitals, as the main institutions providing health services, have a central role in maintaining and improving community welfare. In this context, the role of doctors as health service providers is crucial. Doctors are responsible for diagnosing, treating, and caring for patients, as well as contributing to the maintenance and restoration of individual health. However, in practice, doctors' work in hospitals is inseparable from various challenges and complexities. They must deal with diverse and complex medical conditions, work with multidisciplinary teams, and maintain a balance between patient care and administrative aspects (Riyanto, 2023).

Legal protection in medical practice in hospitals is essential to ensure that health services provided to the public meet the necessary standards of safety, ethics, and quality. The legal basis of health law regulating medical practice in Indonesia is primarily grounded in several laws and regulations. Law Number 17 of 2023 concerning Health, as the main legal foundation in the health sector, states that every person has the right to obtain safe and quality health services. In addition, this law also emphasizes the responsibility of health workers, including doctors, to provide professional, ethical services in accordance with applicable standards (Riyanto, 2023).

According to Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018, a hospital is a health service institution that provides complete individual health services, including inpatient, outpatient, and emergency services. A hospital is a health service institution that provides complete individual health services by offering inpatient, outpatient, and emergency services. Hospitals are organizations run by medical professionals who are well organized in terms of medical infrastructure, care pathways, diagnosis, and treatment of illnesses suffered by patients. According to hospital classification, they are divided into general hospitals and special hospitals (Riyanto, 2023). Article 1 number 10 of Law Number 17 of 2023 concerning Health states that a Hospital is a Health Service Facility that provides comprehensive individual Health Services through promotive, preventive, curative, rehabilitative, and/or palliative Health Services

by providing inpatient, outpatient, and Emergency services (See Article 1 number 10 of Law Number 17 of 2023 concerning Health).

Siloam Hospitals Bogor is one of the health service facilities within the largest private hospital network in Indonesia, namely PT Siloam International Hospitals Tbk. This hospital is the 29th unit in the Siloam Hospitals network, established to provide high-quality, international-standard health services for the people of Bogor City and surrounding areas. As a private general hospital classified as Type C, Siloam Hospitals Bogor provides integrated and modern health services. These services are supported by the use of advanced medical technology and competent professional health workers in their respective fields. The health services provided include various forms of medical services, such as medical actions, patient care services, and health examinations in the form of screening and other supporting examinations. Through an integrated service system, this hospital is expected to provide effective, safe, and quality health services for the community requiring medical treatment.

Health law reform through Law Number 17 of 2023 concerning Health not only reorganizes the roles of health workers such as nurses and doctors, but is also closely related to the existence of hospitals as the main institutions providing health services. Hospitals are the center for implementing this new regulation because it is there that health workers carry out their duties professionally, structurally, and in accordance with legal standards. Likewise, doctors as the principal medical personnel obtain legal protection in their practice. Hospitals function as institutions that ensure doctors can work according to professional standards and operational procedures, supported by an integrated service system. This legal protection provides certainty for doctors in making medical decisions while also protecting patients from actions that do not comply with standards.

Legal protection for doctors in performing medical actions has been comprehensively regulated in various laws and regulations, one of which is Law Number 17 of 2023 concerning Health. This provision is explicitly contained in Article 273 paragraph (1), which guarantees rights to medical personnel and health workers in carrying out their professional practice. The article emphasizes that medical personnel, including doctors, have the right to obtain legal protection as long as they perform their duties in accordance with professional standards, professional service standards, standard operating procedures, and professional codes of ethics, and are oriented toward patients' health needs. This shows that legal protection is conditional, meaning that it is granted only if medical actions are carried out in accordance with applicable norms and standards. In addition, medical personnel also have the right to obtain complete and accurate information from patients or their families, which is an important element in supporting accurate diagnosis and medical actions. Other rights include welfare aspects, such as receiving service fees, health insurance, employment insurance, and protection for occupational safety and security. (See further the provisions of Article 273 paragraph (1) of Law Number 17 of 2023 concerning Health).

In this context, legal protection for doctors is not only interpreted as the normative granting of rights, but also as a form of harmonization between various interests, namely the interests of medical personnel as providers of health services and the interests of patients as recipients of services. The provision in Article 273 paragraph (1) reflects an effort to balance that relationship by affirming that doctors are entitled to legal protection as long as they perform their duties in accordance with professional standards, service standards, operational procedures, and codes of ethics.

The provisions regarding the functions and administration of hospitals are clearly regulated in Law Number 17 of 2023 concerning Health. Article 184 affirms that hospitals have the main role of providing health services to the community in a professional and structured manner. The main function of hospitals is to provide individual health services that are specialist and/or subspecialist in nature, namely advanced services handled by medical personnel with certain expertise to address health problems requiring deeper and more comprehensive treatment (See Article 184 paragraphs (1)-(4) of Law Number 17 of 2023 concerning Health).

In addition, hospitals are also permitted to provide basic health services, so that they not only function as advanced-level facilities but may also contribute to the provision of basic health services according to community needs and the service capacity they possess. Furthermore,

hospitals have an additional function as educational and research institutions in the health sector. This function positions hospitals as important facilities for the development of health science and technology, as well as places for clinical education, training, and research aimed at improving the quality of health services.

Moreover, every hospital is required to implement good hospital governance and clinical governance. The application of this governance aims to ensure that all health service processes are carried out professionally, transparently, accountably, and oriented toward patient safety and continuous improvement of health service quality. Thus, hospitals are not only health service providers but also serve as centers for scientific development, education of health workers, and institutions that guarantee the quality and safety of services for the community. The obligations of hospitals are regulated in Law Number 17 of 2023 concerning Health, particularly Article 189. This article emphasizes that every hospital is obliged to carry out its responsibilities in providing health services to the public professionally, with quality, and with an orientation toward patient safety (See further Article 189 paragraph (1) letters a-t of Law Number 17 of 2023 concerning Health).

In practicing medicine, a doctor cannot avoid the possibility that a patient may become disabled or even die. This may occur even though the doctor has performed their duties in accordance with professional standards and standard operating procedures (SOP). Such a situation should be referred to as medical risk, but it is often interpreted by parties outside the medical profession as malpractice. Basically, doctors practice medicine for the purpose of maintaining people's health, treating patients, reducing patients' suffering, and even improving a person's physical appearance. Therefore, the government agrees that medical practice deserves legal protection as long as doctors practice in accordance with professional standards and standard operating procedures. When doctors do not comply with these two matters, they may potentially face law enforcement officials to account for their actions (Elizar et al., 2024).

From the perspective of medical law, the relationship between doctors and patients is an agreement or therapeutic transaction. The therapeutic relationship is a contractual relationship that creates an obligation (*verbintenis*) between doctors and patients. A doctor's obligation depends on the type of obligation agreed upon, namely *inspanning verbintenis* or *resultaat verbintenis*. In *inspanning verbintenis*, doctors are not required to provide or create the outcome desired by the patient and family, whereas in *resultaat verbintenis*, doctors promise to deliver performance in the form of a specific result desired by the patient. (Ibid.).

According to Dr. Peterson Sidabutar, Sp.OT(K), in health services in hospitals, particularly at Siloam Hospitals, every medical action performed by doctors is always guided by the Standard Operating Procedures (SOP) or Medical Service Standards (SPM) that have been established. These SOP/SPM serve as standard guidelines governing all stages of medical action implementation so that they comply with safety and health service quality standards. Before performing medical action on a patient, doctors first carry out a series of predetermined procedures. These procedures include assessing the patient's condition, determining the diagnosis, and making medical considerations regarding the action to be taken. In addition, doctors are also required to provide explanations to patients regarding the steps or procedures of the medical action to be carried out (Peterson Sidabutar, Sp.OT(K), orthopedic specialist, Siloam Hospital Bogor, April 8, 2026).

Furthermore, in carrying out medical actions, as stated by Dr. Satria, Sp.OT, Dr. David, Sp.B., FICS, Dr. Elsin Pieters, Sp.OG, and Dr. Dhini, Sp.THT, they emphasized that in every medical action, doctors always carry out the informed consent procedure as an inseparable part of medical services. This process also always goes through a cross-check stage by other medical personnel to ensure that the informed consent form is completed correctly and according to procedure. In its implementation, doctors first provide an explanation to the patient regarding the condition or illness experienced, the planned medical action to be performed, the possible risks, and available alternative actions. After the patient has sufficient understanding and gives consent, the patient is asked to sign the informed consent form as evidence of approval for the medical action.

Every medical action must be accompanied by the completion of informed consent. In this case, the hospital, through the role of nurses, also has the responsibility to remind and ensure that the procedure is carried out in accordance with applicable provisions. Furthermore, according to

Dr. Soejono Indra (Soejono Indra, physician, interview, Siloam Hospital Bogor, April 8, 2026), consent for medical action is documented in a special form that must be completed in full and initialed or signed by the operating doctor and nurse. The role of the hospital is to ensure that all components of the form are completed fully, correctly, and in accordance with established standards, as part of efforts to maintain patient quality and safety.

This means that as long as a physician's practice complies with Article 273 paragraph (1) letter a of the Health Law, the physician is entitled to conditional legal protection against disproportionate legal claims. However, it must be emphasised that this protection is not absolute: it does not eliminate the possibility of legal liability in cases involving negligence, failure to adhere to SOPs, or ethical misconduct. Rather, Article 273(1)(a) establishes a conditional protection framework that shields physicians from unreasonable claims while preserving accountability for genuine professional violations (Fetrus, 2025).

The obligation that must be fulfilled so that doctors remain protected is contained in Article 274 letter a of the Health Law, namely providing health services in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics, as well as patients' health needs. If a doctor fails to carry out this obligation, the doctor may be reported to the Indonesian Medical Disciplinary Board (MKDKI) for disciplinary violations, with administrative sanctions including written warnings, recommendations for revocation of registration certificates (STR) or practice licenses (SIP), and/or the obligation to attend education or training at medical or dental education institutions. Such a complaint does not eliminate the right of every person to report alleged criminal acts to the competent authorities and/or file a civil claim for damages in court. Thus, in a single case, a doctor may simultaneously face disciplinary (administrative), civil, and criminal proceedings.

When a doctor does not practice the profession in accordance with the Indonesian Medical Code of Ethics (*KODEKI*), the doctor may be subject to disciplinary responsibility in the form of administrative sanctions, namely: written warnings, recommendations for revocation of registration certificates or practice licenses; and/or the obligation to attend education or training at medical or dental education institutions. A summary of all legal bases protecting doctors is contained in Article 273 paragraph (1) letter a of Law Number 17 of 2023 concerning Health, which essentially states that in carrying out their practice, doctors have the right to legal protection as long as they perform their duties in accordance with professional standards, standard operating procedures (which contain the steps of professional/medical service standards), and professional ethics, based on patients' health needs. Since standard operating procedures and professional standards must not conflict with medical ethics (*KODEKI*), practicing medicine based on doctors' professional standards and standard operating procedures automatically means that medical ethics have been fulfilled in that medical practice. Doctors' professional standards consist of authority, average ability, acting carefully or meticulously, conformity with medical measures, the same situation and conditions, and efforts proportionate to the concrete purpose. Therefore, by practicing medicine in accordance with standard operating procedures and professional standards, doctors will be protected from all claims of legal responsibility.

The opportunity for medical personnel, especially doctors, to be blamed primarily arises when they fail to communicate. However, this has actually been explained in the mechanism of Law Number 17 of 2023 concerning communication issues. Article 189 of the Health Law contains provisions that reduce the burden on doctors regarding communication problems with patients. This burden reduction is implemented through the sharing of communication responsibilities with patients by the Hospital. In this case, the Hospital has the right to actively communicate the risks and problems that patients may face. This means that when miscommunication occurs, medical personnel/doctors cannot be the sole party blamed. Instead, there is a clear division of duties: health communication is carried out by the Hospital, and patient communication is carried out by the patient. Without a good communication mechanism, health services are very likely not to achieve optimal results.

In the context of protecting the medical profession, especially when doctors face emergency situations or situations outside their scope of authority, it should be emphasized that

doctors have actually been given adequate protection. One debate that arises concerns doctors' position as health service providers, where they often worry about legal threats if they assist accident victims or become involved beyond their juridical authority. However, Article 286 actually provides flexibility for doctors to act outside their authority, creating a legal basis that recognizes special situations and problems that may arise. This article reflects careful consideration of doctors' position and shows that in certain circumstances they have the freedom to take actions considered necessary without having to worry about excessive legal consequences. Therefore, this legal protection has actually given doctors confidence not to overshadow their role with fear, but rather empowers them to provide assistance according to need, even outside the limits of their formal authority. Ultimately, this can strengthen doctors' role in providing optimal and responsive health services in emergency situations. In principle, it is necessary to return to the basic logic that doctors should not be excessively blamed for decisions they make, especially when the outcomes do not meet expectations. The main point to emphasize is the ethical aspect of medical practice.

Article 291 of Law Number 17 of 2023 concerning Health is a significant basis that emphasizes the ethical resolution of problems. Thus, in situations where doctors are faced with difficult decisions that may result in undesired outcomes, assessment should not focus solely on practical consequences but must also consider compliance with medical ethical norms. This article reflects the importance of resolving problems based on ethical values governing medical practice. Therefore, if a doctor's actions comply with the ethical principles recognized in Article 291, the application of law should not create significant problems. Thus, doctors can feel safe in acting according to their ethical judgment without being burdened by fear of unreasonable legal consequences. Ultimately, this creates an environment in which medical practice can continue in accordance with high ethical values while still complying with applicable legal provisions.

From the perspective of legal protection for medical personnel, hospitals provide guarantees through support from the legal team, medical committee, and professional insurance. In the implementation of medical actions, doctors in principle have obtained legal protection that provides a sense of security in the provision of health services in hospitals. This legal protection is provided by hospitals to doctors and medical personnel so that every medical action can be carried out in accordance with professional standards, standard operating procedures, and applicable legal provisions. Such protection is realized through the involvement of the hospital's legal team and medical committee as part of the clinical governance system. The hospital provides support in the form of legal assistance if problems arise related to medical actions, including through mediation mechanisms and the provision of legal assistance by the hospital's legal team. In addition, doctors also receive additional protection through a professional insurance scheme that functions as a risk mitigation instrument for medical actions with inherent risks (Interview Results with Doctors at Siloam Hospital Bogor on April 8, 2026).

Furthermore, in order to supervise and clarify medical actions that have been performed, the hospital conducts clinical review meetings involving the medical committee. These meetings function to evaluate the conformity of medical actions with medical service standards, assess compliance with procedures, and provide improvement recommendations if nonconformities are found. Thus, this mechanism not only functions as an instrument of legal protection for medical personnel but also as a means of service quality control and strengthening patient safety within the hospital environment.

Table 1. Summary of Legal Protection Mechanisms for Physicians at Siloam Hospital Bogor under Law No. 17 of 2023

Protection Mechanism	Legal Basis	Implementation at Siloam Hospital	Effectiveness
SOP-Based Legal Protection	Art. 273(1)(a) Law No. 17/2023	SOP/SPM applied in all medical actions; verified pre-procedure	High
Informed Consent	Law No. 29/2004 Art. 51; Permenkes No. 585/1989	Nurse cross-checks; patient/family signature required; form documentation standardised	Moderate
Mediation	Art. 291 Law No. 17/2023; KODEKI	Layered mediation: Medical	Moderate-High

Protection Mechanism	Legal Basis	Implementation at Siloam Hospital	Effectiveness
(MKEK/MKDKI)	Art. 11	Committee → MKEK → MKDKI before litigation	
Legal Team/Insurance Support	Art. 273(1) Law No. 17/2023; PP No. 28/2024 Art. 851	Hospital legal team provides assistance in disputes; professional insurance scheme for medical risk	Moderate

Source: Compiled by authors from field interviews and regulatory analysis (April 2026)

Obstacles and Proposed Solutions Faced by Doctors in Performing Medical Actions after the Enactment of Law Number 17 of 2023 concerning Health

Medical personnel basically have a number of rights that include aspects of welfare, security, and professionalism in carrying out their duties and responsibilities. As long as health workers practice in accordance with professional standards, standard operating procedures, and applicable laws and regulations, they are entitled to welfare guarantees, occupational safety protection, and legal protection. In addition, health workers also have the right to obtain accurate and complete information from patients, receive appropriate compensation or wages according to workload and professional risk, and obtain health insurance and employment insurance. Moreover, health workers also have the right to develop competence, improve professional skills, and obtain opportunities for continuous career development.

This is a very important aspect considering the complex nature of health workers' duties and their high level of risk. In practice, health service outcomes cannot always be guaranteed to meet the expectations of patients or their families, even though health workers have acted in accordance with applicable procedural standards and medical principles. Nevertheless, in practice, there are still a number of obstacles faced by medical personnel, in this case doctors, in carrying out medical actions. One of the main obstacles is the increasing demand for legal accountability and patient expectations regarding health service outcomes. This condition often creates situations where doctors face legal risks even though they have performed medical actions in accordance with applicable procedures and professional standards.

There are still shortcomings in the aspect of legal protection for medical personnel, particularly in medical service situations with limited facilities. Under certain conditions, doctors are required to make rapid medical decisions in order to save patients' lives. However, even though such actions are taken in emergency conditions and with limited facilities, there remains the possibility of legal claims if the outcome does not meet the expectations of the patient or the patient's family (Interview with Doctors at Siloam Hospital Bogor on April 8, 2026). In addition, obstacles were also found in relation to legal administrative aspects, particularly in the application of informed consent. Informed consent forms are still considered not optimal, both in terms of legal understanding and field implementation. Patients' lack of understanding of legal and medical aspects often leads to dissatisfaction with the results of medical actions, which may ultimately develop into legal claims against doctors, even though the actions have been performed according to professional standards. Furthermore, the interviewees also emphasized that from a medical perspective, doctors and health workers have no intention to harm patients. Nevertheless, in medical practice, the risk of human error cannot be completely avoided, given the complex and uncertain nature of medical work. Therefore, a proportional understanding of medical risk is needed, so that not every outcome that does not meet expectations is immediately qualified as a legal fault.

Law Number 17 of 2023 concerning Health in principle provides legal protection guarantees for medical personnel as long as they act in accordance with professional standards, service standards, and standard operating procedures. This law also emphasizes the importance of patient safety and dispute resolution through non-litigation approaches, including mediation. However, the interview results indicate a gap between legal norms and implementation in the field. In emergency situations or with limited facilities, doctors are required to make quick decisions for patient safety. Juridically, such actions should receive legal protection based on the emergency doctrine and professional standards. In practice, however, there remains a risk of lawsuits if the outcome of the action does not meet the patient's expectations.

Furthermore, the author also identified several obstacles based on interview results. There are a number of structural obstacles faced by medical personnel in performing medical actions after the enactment of Law Number 17 of 2023 concerning Health. These obstacles are not only technical but also relate to regulatory, institutional, and health service system implementation aspects. One of the main obstacles is the lack of optimal clarity in derivative regulations, such as Government Regulations and Minister of Health Regulations, which should serve as operational guidelines for the law. This lack of clarity has implications for differences in interpretation and inconsistency in the application of legal norms at the health service facility level.

Field data from physician interviews reveal three specific causal mechanisms through which regulatory and hospital policy provisions constrain physician clinical decisions and thereby affect the scope of legal protection. First, the absence of comprehensive emergency protocols in hospital internal SOPs creates uncertainty for physicians who must act under time-critical conditions. When such actions lead to adverse outcomes, the physician faces the dual risk of liability for the outcome (civil/criminal) and disciplinary sanction for deviating from SOPs (*MKDKI*), even though Art. 286 of Law No. 17/2023 provides theoretical flexibility for emergency deviations. Second, documentation requirements for informed consent while legally essential impose significant administrative burdens in emergency or time-sensitive clinical settings; when forms are incomplete due to urgency, physicians lose their primary evidentiary protection. Third, the hospital's institutional communication responsibility under Art. 189 of Law No. 17/2023, while designed to reduce the burden on individual physicians, remains poorly operationalised at Siloam Hospital Bogor, leaving physicians as the *de facto* sole communication counterpart for patients and families in dispute situations. These causal mechanisms collectively explain why normative protection under Law No. 17/2023 does not fully translate into operational security for physicians in practice.

In addition, legal protection for medical personnel still requires strengthening, particularly in the context of high-risk medical practice. Although normatively medical personnel have been given protection as long as they act in accordance with professional standards, in practice there remains the potential for legal claims that are not always based on professional assessment, but rather on patient dissatisfaction with service outcomes. Another obstacle is the lack of optimal standardization and implementation of Standard Operating Procedures (SOP) in hospitals. In some cases, hospital internal systems do not fully support safe medical practice, whether in terms of facilities, administration, or coordination among health workers.

Furthermore, clarity regarding hospital responsibility remains a crucial issue in health service practice. Juridically, hospitals indeed have institutional responsibility as regulated in Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 concerning the Implementing Regulation of Law Number 17 of 2023 concerning Health. However, in practice, these regulations still tend to be normative and have not fully provided operational clarity regarding the limits and forms of hospital responsibility in medical dispute cases.

This condition may create legal loopholes that allow hospitals to avoid or limit their responsibility, particularly in cases involving alleged errors or negligence by medical personnel. As a result, in field practice, concerns remain among medical personnel regarding the suboptimal institutional support provided by hospitals, especially in facing potential legal disputes with patients. Thus, it can be analyzed that although regulations concerning hospital responsibility already exist normatively, strengthening is needed in the aspects of implementation and the affirmation of more operational norms. This is important to ensure legal certainty and balanced protection between hospitals as institutions and medical personnel as providers of health services.

CONCLUSION

The implementation of Law Number 17 of 2023 concerning Health in providing legal protection for doctors at Siloam Hospital Bogor City has proceeded both normatively and implementatively through health services that refer to medical professional standards, standard operating procedures (SOP), and the principle of informed consent. Juridically, the law affirms that medical personnel cannot be held disproportionately liable as long as medical actions are

carried out in accordance with applicable standards. Legal protection in this hospital is also realized through dispute resolution that prioritizes mediation, as well as a layered handling system starting from internal medical audits, the Medical Committee, and professional institutions such as MKEK and MKDKI. This proves that the law is not only normative but has also been applied in hospital governance that includes ethical, disciplinary, and legal dimensions. Nevertheless, its implementation still faces challenges, especially concerning legal certainty and institutional support from hospitals. The obstacles still faced by medical personnel include the suboptimal synchronization of derivative regulations, weak implementation of informed consent, the vulnerability of medical personnel to legal claims that are not always based on objective professional medical assessment, and the unclear limits of hospital responsibility that create concern in the performance of medical personnel's duties.

Based on these findings, three specific policy recommendations are proposed. First, the Ministry of Health should expedite the issuance of comprehensive implementing regulations (peraturan pelaksana) under Law No. 17 of 2023 that provide operational clarity on: (a) the scope and limits of hospital institutional responsibility in medical disputes; (b) emergency deviation protocols for SOPs; and (c) standardised informed consent procedures for time-critical clinical situations. Second, hospital management, particularly at private hospitals such as Siloam Hospital Bogor, should develop and institutionalise a formalised communication protocol under Art. 189 of Law No. 17/2023 that designates trained health communication officers as the primary patient-family communication interface in dispute situations, thereby reducing the legal exposure of individual physicians. Third, the MKDKI should develop clearer operational guidelines for disciplinary assessment that distinguish between adverse medical outcomes attributable to medical risk (which should be protected) and those attributable to negligence or SOP deviation (which warrant disciplinary action), in order to reduce the chilling effect of legal uncertainty on physicians' clinical decision-making.

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AUTHOR CONTRIBUTION STATEMENT

Frieda Krisnawaty contributed to the research conception, data collection, legal analysis, and initial manuscript drafting. L. Alfies Sihombing contributed to the theoretical framework, methodological supervision, and critical review, while Yeni Nuraeni contributed to data interpretation, manuscript revision, and final approval of the article. All authors reviewed and approved the final manuscript.

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