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Legal Accountability of Hospitals in the Fulfillment of Patient Rights Based on Permenkes Number 6 of 2026 concerning Hospitals

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Abstract

Background: Hospitals are healthcare institutions required to provide safe, effective, high-quality, and patient-centered services. Following Law Number 17 of 2023 concerning Health, the Indonesian Government issued *Minister of Health Regulation Number 6 of 2026 concerning Hospitals* (*Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 tentang Rumah Sakit*) as a legal framework for hospital governance and administration. However, violations of patients' rights may still occur, creating a need for legal certainty regarding hospital liability.
Objective: This study aims to analyze the regulation of patients' rights and hospital obligations under *Minister of Health Regulation Number 6 of 2026 concerning Hospitals* and to examine the forms of hospital legal liability in fulfilling patients' rights.
Methods: This normative legal research employs statutory and conceptual approaches. The legal materials consist of primary, secondary, and tertiary legal sources, which are analyzed qualitatively.
Results: The findings indicate that *Minister of Health Regulation Number 6 of 2026 concerning Hospitals* requires hospitals to fulfill patients' rights through standardized healthcare services, the provision of adequate information, protection of patient privacy, patient safety, and access to quality healthcare. Violations may result in administrative, civil, or criminal liability in accordance with applicable laws and regulations. Patient protection may be pursued through complaint mechanisms, mediation, alternative dispute resolution, or litigation.
Conclusion: Strengthening supervision, improving hospital regulatory compliance, and optimizing legal protection mechanisms are essential to ensuring the effective fulfillment of patients' rights.

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INTRODUCTION

Health is a human right guaranteed by the Constitution and is one of the main elements in realizing people's welfare. Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia affirm that everyone has the right to receive health services and that the state is responsible for providing proper health service facilities (1945 Constitution,

Article 28H paragraph (1)). In its implementation, hospitals have a strategic role as health service facilities that provide comprehensive individual health services, including promotive, preventive, curative, rehabilitative, and referral services. Globally, institutional hospital accountability and patient rights protection have emerged as critical governance challenges. The World Health Organization (WHO) estimates that adverse events affect approximately 1 in 10 hospitalized patients worldwide, with a significant proportion attributable to systemic failures in hospital governance rather than individual clinical errors (Organization, 2024). The United Nations Committee on Economic, Social and Cultural Rights, through General Comment No. 14 (2000), establishes that states have an obligation to ensure that health-care institutions maintain accountability mechanisms proportionate to their role in realizing the right to health (Organization & Rights), 2023). From a comparative perspective, jurisdictions such as the United Kingdom, through the NHS Duty of Candour, and Australia, through the Australian Health Practitioner Regulation Agency (AHPRA), have developed institutional mechanisms for transparency, professional regulation, and accountability that extend beyond individual practitioner conduct to address broader aspects of health-care governance.

The development of the national health system following the enactment of Law Number 17 of 2023 concerning Health requires adjustments to the regulations governing the operation of hospitals (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). As a follow-up to health-sector reform, the Government stipulated Regulation of the Minister of Health Number 6 of 2026 concerning Hospitals, which constitutes a new legal basis for regulating the organization, governance, supervision, and provision of hospital services in Indonesia. This regulation was stipulated on June 4, 2026, and promulgated on June 12, 2026, and forms part of the Government's efforts to improve the quality of health services and strengthen the protection of patients' rights. The significant regulatory changes introduced by Permenkes No. 6 of 2026 in comparison with the previous regulatory framework, including Government Regulation No. 47 of 2021 and Permenkes No. 3 of 2020, include a revised approach to hospital classification based on service capabilities, strengthened governance and quality-improvement requirements, and more comprehensive obligations concerning patient safety, quality, reporting, and hospital administration (Kemenkes, 2022). These changes raise new analytical questions regarding the construction of hospital legal liability because the standards against which institutional compliance is assessed have been substantively reconfigured.

In the legal relationship between the hospital and the patient, the patient is not only positioned as a recipient of health services but also as a legal subject whose rights must be respected and fulfilled by the hospital. These rights include the right to safe, quality, and nondiscriminatory services; the right to obtain correct information about his or her health condition; the right to privacy and confidentiality of health data; and the right to obtain legal protection in the event of losses arising from the health services received (Naibaho et al., 2024). The fulfillment of patients' rights is an important indicator of the implementation of health services oriented toward patient safety and service quality.

Permenkes Number 6 of 2026 concerning Hospitals emphasizes that hospitals are obliged to provide safe, quality, nondiscriminatory, and effective health services by prioritizing the interests of patients (Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 Tentang Rumah Sakit, 2026)(1) letter b). This obligation demonstrates that the health service system in Indonesia adopts the principle of patient-centered care, in which patients are positioned as legal subjects whose rights must be protected. Patients' rights under this Permenkes can be identified through the corresponding obligations imposed on hospitals.

Hospitals are obliged to provide health services in accordance with hospital service standards to ensure patient safety (Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 Tentang Rumah Sakit, 2026)(1) letter b). The right to safe and quality health services is one of the fundamental rights of patients within the health service system. This right is based on the principle that everyone is entitled to health services that meet safety and quality standards and are appropriate to the patient's medical needs. This is also consistent with the principles of bioethics, namely nonmaleficence and beneficence, which emphasize that medical interventions should provide benefits and avoid causing harm to patients (Beauchamp & Childress, 2013; Faúndez Allier, 2024). In a state governed by the rule of law and committed to upholding human rights, fulfillment of the right to health services is not

only the obligation of health-care professionals but also the responsibility of hospitals as health service providers.

Normatively, the right to safe and quality health services is guaranteed by Article 4 letter c of Law Number 17 of 2023 concerning Health, which states that everyone has the right to safe, quality, and affordable health services in order to achieve the highest attainable standard of health (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). This provision demonstrates that safety and service quality are integral components of the right to health. In addition, Article 276 letter c of Law Number 17 of 2023 concerning Health emphasizes that patients have the right to receive health services in accordance with their medical needs, professional standards, and quality-of-care requirements (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). Thus, hospitals are not only obliged to provide health services but must also ensure that such services are provided in accordance with professional standards, service standards, and applicable standard operating procedures. Recent studies show that hospital compliance with quality standards and patient-safety requirements is also an important indicator in the accreditation process and in supporting long-term institutional sustainability (Central Kalimantan Provincial Health Office).

The right to health information is one of the fundamental rights of patients and has an important position in the provision of health services. This right derives from the principle of respect for patient autonomy, which recognizes each individual's right to make choices concerning the medical treatment he or she will receive based on complete, accurate, and understandable information. Without adequate information, patients cannot provide informed consent or actively participate in decision-making concerning their health (Susilo et al., 2025).

From a human rights perspective, the right to health information forms part of the right to access adequate health services. Health information enables patients to understand their health conditions, diagnoses, the purposes of medical interventions, the benefits and risks of such interventions, available treatment alternatives, prognosis, and estimated health-care costs. Therefore, providing adequate information is an important prerequisite for realizing transparent, accountable, and patient-oriented health services (Heriyanto, 2026; Koeswadji, 1998).

Law Number 17 of 2023 concerning Health provides guarantees for patients' rights to obtain information concerning their health and adequate explanations concerning the health services they receive. Article 276 stipulates, among other things, that patients have the right to obtain information about their health, receive an adequate explanation concerning the health services they receive, receive health services according to their medical needs and professional standards, consent to or refuse medical interventions subject to the statutory exceptions, and obtain access to information contained in their medical records (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). This provision demonstrates that health information is not limited to the patient's disease or health condition but also encompasses relevant aspects of the health services that the patient receives. Recent studies confirm that Law Number 17 of 2023 emphasizes the protection of patients' rights, the obligation to provide adequate information, and the importance of documenting consent to medical interventions (Republika, 2026; Susilo et al., 2025).

The right to health information is also closely related to the implementation of informed consent. According to Nasution (2013), valid consent to a medical procedure can only be given if the patient first receives sufficient information about the medical procedure to be performed (Satria et al., 2022). Thus, information is an essential element in the legal relationship between physicians, hospitals, and patients. If a medical procedure is performed without providing adequate information, the patient's rights may be violated even if the procedure itself is performed in accordance with professional standards (2013), This is also supported by a study concerning medical procedures performed without informed consent, as reflected in Supreme Court Decision Number 3203 K/Pdt/2017 (Dandapala, 2025). The Supreme Court decision itself concerned the performance of dental procedures without the patient's written informed consent. In addition, the patient's right to health information includes not only the right to receive information but also the right to access information contained in medical records in accordance with applicable laws and regulations. Medical records have an important function as documentation of health services and as evidence in the event of a medical dispute. Therefore, patients have the right to access information contained in their medical records subject to the applicable legal and ethical provisions (Ameln, 1991; Rosyada, 2025). Contemporary challenges to this right also arise from the protection of patients' personal data,

considering that electronic medical records contain personal and health data subject to the provisions of Law Number 27 of 2022 concerning Personal Data Protection (R. Indonesia, 2022; Pradana, 2025).

The right to emergency services is one of the fundamental rights of patients guaranteed under the Indonesian health-law system. This right is based on the principles of humanity and the right to health, which require health-care facilities to provide immediate assistance to patients in medical emergencies without discrimination and without allowing administrative or financial considerations to delay necessary care. Emergency services aim to prevent death, disability, and deterioration of health resulting from delays in medical treatment (Hardisman, 2025; Triwibowo, 2014). Law Number 17 of 2023 concerning Health affirms that, in an emergency, health-care facilities are required to provide health services that prioritize saving lives and preventing disability (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). The provision further prohibits health-care facilities from refusing patients, requesting advance payment, or prioritizing administrative matters in a manner that causes health services to be delayed. Thus, hospitals cannot refuse emergency patients on the grounds of an absence of payment guarantees, incomplete patient identification, or other administrative reasons where doing so would delay emergency care. Recent legal scholarship also recognizes that, under certain emergency circumstances, medical interventions may be performed without prior express consent based on the doctrine of presumed consent, provided that the intervention is necessary to save the patient's life or prevent disability, subject to the applicable statutory requirements (Damayanti et al., 2024).

This obligation also embodies the social function of hospitals. As institutions that provide health services, hospitals are not solely business-oriented but also have a social responsibility to provide assistance to patients who require immediate medical services. According to Yustina (2012), the social function of hospitals means that hospitals are obliged to provide health services needed by the community, particularly in circumstances that threaten patients' lives (Andrianto, 2026). The patient's right to emergency services is also closely related to the principle of patient safety. In an emergency, the speed and accuracy of medical interventions are crucial to the success of patient rescue. Therefore, hospitals are obliged to provide emergency services supported by competent health-care professionals, adequate facilities and infrastructure, and an effective referral system when their available capabilities are insufficient to provide the services required by patients (Guwandi, 2007; Tetelepta & Mustain, 2026).

The right to protection and respectful treatment is rooted in recognition of human dignity, which requires every patient to be treated as a legal subject with rights, freedoms, and interests that must be respected by health-care professionals and hospitals. In the health-care relationship, patients are not merely objects of medical intervention but individuals entitled to fair, humane, and nondiscriminatory treatment, as well as respect for their personal, religious, cultural, and other values (Ameln, 1991; Rosyada, 2025). Philosophically, respect for patients reflects the principle of respect for autonomy, which recognizes a person's right to make decisions concerning matters affecting himself or herself. According to Beauchamp and Childress (2013), the principle of respect for autonomy requires health-care professionals to recognize patients' rights to make decisions regarding the health services they receive, including the right to accept or refuse medical treatment after receiving adequate information (Faúndez Allier, 2024). Therefore, respect for patients is not limited to the professional attitude of health-care professionals but also encompasses recognition and protection of patients' legal rights.

In the Indonesian health-law system, the right to protection and respect is part of the patient's rights guaranteed by Law Number 17 of 2023 concerning Health. Patients have the right to receive humane, fair, honest, and nondiscriminatory health services and to have their rights protected while receiving health services. This provision demonstrates that hospitals are obliged to create a service environment that respects patients' dignity regardless of ethnicity, religion, race, gender, social status, economic condition, or other background. The right to protection also includes protection against various actions that may harm patients, whether physically, psychologically, socially, or legally. According to Hadjon (1987), legal protection is the protection of a person's rights and interests provided by law to prevent arbitrariness in the exercise of power (Effendi & Arfendi, 2026). In the context of health services, legal protection is realized through the regulation of patient rights, hospital obligations, health-service standards, complaint mechanisms, and dispute-resolution

mechanisms in the event of violations of patient rights. Recent research also shows that protecting patients in vulnerable or urgent situations requires clarity regarding the responsibilities of medical authorities so that patients' dignity and safety are maintained (Irawati, 2024).

The right to access health services is one of the fundamental rights of patients guaranteed under the Indonesian health-law system. This right means that everyone is entitled to equal opportunities to obtain available, quality, safe, and affordable health services without discrimination. Access to health services includes not only the availability of health facilities but also the ease of obtaining services, affordability of costs, and equality of treatment in receiving health services (Siregar, 2023; Soekanto & Herkutanto, 1987). From a human rights perspective, the right to access health services forms part of the right to health recognized in various national and international legal instruments. This right places responsibility on the state to ensure the availability of facilities, health-care professionals, medicines, and health-service systems that can be accessed by all segments of society. According to the United Nations Committee on Economic, Social and Cultural Rights, access to health services includes four interrelated elements, namely availability, accessibility, acceptability, and quality (Committee on Economic, 2000; Organization & Rights), 2023).

In Indonesia, the guarantee of the right to access health services is constitutionally regulated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which states that everyone has the right to receive health services (1945 Constitution, Article 28H paragraph (1)). In addition, Article 34 paragraph (3) of the 1945 Constitution emphasizes that the state is responsible for providing proper health service facilities for the community. This provision demonstrates that access to health services is a constitutional right that must be fulfilled by the state through various national health policies and programs. In the context of hospital services, access to health services is not limited to admission for treatment but also includes access to information, competent health-care professionals, specialist and subspecialist services, and an effective referral system. According to Yustina (2012), hospitals as health service institutions have a social function that requires health services to be accessible to the community according to medical needs (Andrianto, 2026). Therefore, hospitals should not restrict services in ways that are contrary to the principles of fairness and nondiscrimination. This is strengthened by recent studies confirming that the legal protection of patients' rights encompasses information, health services, the right to file complaints, and the right to choose physicians and treatment classes (Naibaho et al., 2024).

However, in practice, various problems remain that have the potential to result in violations of patients' rights, such as delays in medical services, errors in medical interventions, inadequate medical information, refusal of patients under certain circumstances, and weak complaint and dispute-resolution mechanisms. Such conditions may cause losses to patients and give rise to claims of legal liability against hospitals as health service providers. These forms of liability are not limited to civil liability but may also include administrative and criminal liability, depending on the nature and severity of the violation. Empirical studies indicate an increasing trend in medical-malpractice litigation in Indonesia, alongside growing public awareness of patients' rights. Data from the Indonesian Medical Dispute Mediation Board indicate that reported medical disputes increased from approximately 120 cases in 2019 to more than 280 cases in 2024, with hospital-level complaints constituting approximately 65% of total filings (D. M. K. D. K. Indonesia, 2024).

Juridically, hospitals as legal entities have an obligation to ensure that health services are provided in accordance with professional standards, service standards, standard operating procedures, and applicable laws and regulations. If these obligations are not fulfilled and the failure results in losses to a patient, the hospital may be subject to legal liability based on applicable doctrines, including corporate liability and, where legally applicable, vicarious liability (Abdurrohman et al., 2024; Hukumonline, 2021). Therefore, clear regulations concerning hospital obligations and legal accountability are important to provide legal certainty for both patients and health service providers.

Permenkes Number 6 of 2026 concerning Hospitals serves as a legal instrument that strengthens hospital governance while emphasizing hospitals' obligations to provide services oriented toward patient safety and the protection of patient rights. However, the effectiveness of implementing these provisions requires further study, particularly concerning the forms of legal accountability and liability applicable to hospitals in cases involving violations of patients' rights. This study is important in view of increasing public awareness of patient rights and the increasingly complex legal relationships arising from modern health services. Three prior studies are particularly

relevant to this inquiry. Naibaho, Triana, and Otapiani (2024) examined the protection of patient rights under Indonesian health legislation but focused on the pre-Permenkes 6/2026 regulatory framework and did not analyze the new hospital classification and governance provisions. Irawati (2024) investigated the responsibility of medical authorities toward vulnerable patients but limited the analysis to civil liability without addressing the tripartite administrative, civil, and criminal dimensions of legal accountability. Vitrianingsih, Miarsa, and Yahya (2025) documented trends in medical-malpractice litigation but did not connect these empirical patterns to the specific normative changes introduced by Permenkes 6/2026. None of these studies systematically integrates the three forms of hospital legal liability (administrative, civil, and criminal) within the new regulatory architecture established by the 2026 Ministerial Regulation, leaving a clear research gap that the present study addresses.

The research gap lies in the absence of scholarly analysis that systematically constructs a tripartite framework of hospital legal liability (administrative, civil, and criminal) specifically within the normative architecture of Permenkes 6/2026, which introduces substantially revised institutional standards compared with the previous regulatory regime. The novelty of this study consists of three elements. First, it constructs a comprehensive three-form liability framework specifically calibrated to the revised capability-based hospital classification system. Second, it integrates the doctrines of corporate liability, vicarious liability, and direct liability within the Indonesian health-law context following the enactment of the 2026 regulation. Third, it applies Friedman's legal system theory to assess whether the new regulation provides adequate substantive, structural, and cultural conditions for effective hospital accountability (Friedman, 1975; Radtke & Canzler, 2026). The urgency of this study is directly linked to potential accountability gaps created by the transition to the new regulatory framework. During this transitional period, unclear constructions of legal liability may leave patients without effective legal remedies and hospitals without sufficiently clear compliance standards. Against this background, the fulfillment of patients' rights is a fundamental aspect of the provision of health services that must be guaranteed by hospitals as health service providers. However, there remains potential for violations of patients' rights that may cause losses and legal consequences for hospitals. Therefore, a comprehensive study is needed concerning the regulation and forms of legal accountability of hospitals in fulfilling patients' rights based on applicable laws and regulations, particularly Permenkes Number 6 of 2026 concerning Hospitals. Based on this background, this research focuses on one main problem, namely: "What is the form of legal accountability of hospitals in fulfilling patient rights based on Permenkes Number 6 of 2026 concerning Hospitals?"

This study aims to analyze the regulation of patient rights and hospital obligations based on Regulation of the Minister of Health Number 6 of 2026 concerning Hospitals; examine the forms of legal accountability of hospitals in fulfilling patients' rights; and analyze the legal protection mechanisms available to patients when their rights are not fulfilled. The results of the research are expected to contribute to the development of health law, particularly in relation to hospital legal accountability and patient-rights protection, as well as to provide input for policymakers and health service providers in realizing fair, quality, and patient-safety-oriented health services.

METHOD

This research used normative legal research methods with a statutory approach and a conceptual approach. The statutory approach was used to examine Regulation of the Minister of Health Number 6 of 2026 concerning Hospitals in relation to Law Number 17 of 2023 concerning Health, the Civil Code, and the Criminal Code, while the conceptual approach was used to analyze the doctrines of corporate liability, vicarious liability, and direct liability, as well as the principles of patient-centered care and informed consent underlying hospital legal liability.

The data used consisted of primary legal materials in the form of relevant laws and regulations and secondary legal materials in the form of books, journals, and opinions of health-law experts, including recently published literature from the preceding ten years to ensure the relevance of the analysis to current developments in health regulations and practices (Marzuki, 2017; Susanti et al., 2022). Data were collected through library research and analyzed qualitatively using a descriptive-analytical method, namely, by describing and relating the norms contained in Permenkes Number 6 of 2026 to the concepts of administrative, civil, and criminal accountability and assessing

their effectiveness through Friedman's (1975) theory of legal effectiveness, which encompasses the structure, substance, and culture of law (Radtke & Canzler, 2026). The normative analysis employed four methods of legal interpretation: (i) grammatical interpretation, to determine the textual meaning of the provisions of Permenkes Number 6 of 2026; (ii) systematic interpretation, to examine the coherence among the Ministerial Regulation, Law Number 17 of 2023, the Civil Code, and the Criminal Code; (iii) teleological interpretation, to assess whether the regulatory provisions achieved their intended purpose of protecting patients' rights; and (iv) constructive interpretation, to develop a tripartite liability framework based on the intersection of statutory provisions and doctrinal principles. Friedman's legal system theory (1975), comprising structure, substance, and culture, was employed as an explicit analytical tool, rather than merely as a reference, to evaluate the systemic adequacy of the new regulatory framework for hospital accountability (Ahmad & Zamri, 2024). The theoretical frameworks used as analytical tools in this study included: (i) Friedman's legal system theory (1975), which was applied to evaluate whether the structure (institutional framework), substance (normative provisions), and culture (compliance behavior) of Permenkes Number 6 of 2026 collectively provided adequate conditions for hospital accountability; (ii) legal protection theory (1987), which was used to assess the adequacy of preventive and repressive protection mechanisms for patients; and (iii) bioethical principles (Beauchamp & Childress, 2013; Faúndez Allier, 2024), specifically nonmaleficence and beneficence, which served as normative benchmarks for evaluating hospital obligations.

RESULTS AND DISCUSSION

Hospital Legal Accountability in Fulfilling Patients' Rights Based on Hospital Obligations

The fulfillment of patients' rights is one of the main indicators of the implementation of quality, safe, and equitable health services. From a health law perspective, the relationship between a patient and a hospital is a legal relationship that gives rise to reciprocal rights and obligations. Hospitals not only function as health service providers but also as legal subjects responsible for ensuring the fulfillment of patients' rights through the provision of safe, quality, effective, nondiscriminatory, and patient-safety-oriented health services. The hospital obligations stipulated in Article 36 paragraph (1) of *Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 tentang Rumah Sakit* (Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 Tentang Rumah Sakit, 2026) constitute normative instruments that connect patient rights with hospital legal accountability. These obligations serve as juridical standards for assessing a hospital's compliance with the principles of patient protection and as parameters for determining whether a violation of patient rights has occurred.

Conceptually, hospital legal liability is based on three main doctrines, namely *corporate liability*, *vicarious liability*, and *direct liability*. The doctrine of *corporate liability* places hospitals as corporations responsible for failures in governance, risk management, and service systems. The doctrine of *vicarious liability* asserts that hospitals may be held responsible for the acts or omissions of medical personnel and health workers who work within an employment or other legally recognized relationship with the hospital. In its development, this doctrine has been associated with *respondeat superior*, under which an employer may be held vicariously liable for the acts of an employee committed within the scope of employment, as well as the doctrine of *ostensible or apparent agency*, under which a hospital may be held liable for the acts of physicians who appear to patients to be agents of the hospital (Andrianto, 2026; Hukumonline, 2021). The doctrine of *direct liability*places the hospital as the party directly responsible for institutional failures, such as failures to provide adequate facilities and infrastructure, establish and implement standard operating procedures, or maintain patient safety systems (Nasution, 2013; Satria et al., 2022). Recent research on the application of the *corporate liability* doctrine based on Article 193 of Law Number 17 of 2023 also confirms that hospitals are obliged to maintain safe facilities and equipment, including the calibration of medical devices, as a concrete form of institutional responsibility (Abdurrohman et al., 2024). Thus, violations of hospital obligations may constitute violations of patient rights that can give rise to legal consequences in the administrative, civil, and criminal realms.

Forms of Hospital Legal Accountability in Fulfilling Patient Rights

In the implementation of health services, hospitals not only function as health service institutions but also as legal subjects that may be held accountable for acts or omissions that cause losses to patients. Hospital legal liability is a consequence of the principle of the rule of law (*rechtsstaat*), which requires that actions giving rise to legal consequences be subject to accountability in accordance with applicable laws and regulations. In the context of health services, hospital accountability aims to provide legal protection to patients while ensuring the provision of safe, quality, and professional health services (Andrianto, 2026; Yustina, 2012).

Permenkes No. 6 of 2026 concerning Hospitals places hospitals as health service institutions responsible for ensuring the fulfillment of patients' rights, service quality, patient safety, and the implementation of health services in accordance with established standards. From a health law perspective, violations of these obligations may give rise to legal liability for hospitals as legal entities providing health services. Although the technical arrangements concerning sanctions and forms of accountability are also governed by Law Number 17 of 2023 concerning Health and other applicable legal provisions, *Permenkes* No. 6 of 2026 emphasizes hospitals' obligations to provide safe, quality, effective, and nondiscriminatory services; respect and protect patients' rights; and implement good hospital governance (*tata kelola Rumah Sakit yang baik*) and good clinical governance (*tata kelola klinis yang baik*). Therefore, hospital liability can be classified into several forms as follows.

Administrative Accountability

Administrative liability is a form of responsibility that arises from a hospital's noncompliance with obligations stipulated in laws and regulations, service standards, and hospital governance requirements. Article 36 of *Permenkes* No. 6 of 2026 requires hospitals to provide safe and quality health services, maintain medical records, implement a referral system, establish internal hospital regulations, and maintain systems for preventing accidents and responding to disasters, among other obligations (Peraturan Menteri Kesehatan Nomor 6 Tahun 2026 Tentang Rumah Sakit, 2026). In addition, hospitals are required to establish internal hospital regulations (*peraturan internal Rumah Sakit*) to ensure good hospital governance and good clinical governance through organizational regulations and regulations governing medical and health professional staff (*peraturan staf medis dan staf Tenaga Kesehatan*) (Permenkes No. 6 of 2026, Article 61 paragraphs (1) and (4)). The latest study on hospital governance guidelines confirms that *compliance* is an important indicator in hospital accreditation and, at the same time, a long-term investment in institutional sustainability, so strengthening the legal culture within the hospital environment is crucial (Kemenkes, 2025).

Guidance and supervision of hospital operations are carried out by the Minister, governors, and regents/mayors in accordance with their respective authorities. If a hospital fails to comply with these obligations, administrative sanctions may be imposed in accordance with the applicable laws and regulations. Under Article 79 of *Permenkes* No. 6 of 2026, violations of Article 36 paragraph (1), among other specified provisions, may result in administrative sanctions in the form of oral reprimands, written reprimands, administrative fines, adjustment or revocation of accreditation status, and/or revocation of the hospital's business license (*perizinan berusaha Rumah Sakit*). In the context of protecting patients' rights, administrative accountability serves as a preventive instrument to ensure hospital compliance with health service standards. In addition to compliance with clinical service standards, hospitals are also required to comply with administrative obligations concerning the management and protection of patients' personal data, including the appointment of a Data Protection Officer where required under Law Number 27 of 2022 concerning Personal Data Protection, considering that health data are classified as specific personal data (R. Indonesia, 2022; Pradana, 2025).

Civil Liability

Hospital civil liability is rooted in the legal relationship created when a patient registers to receive health services. Under the current hospital classification framework established by *Permenkes* No. 6 of 2026, hospital classification is determined based on the level of service capability (*tingkatan kemampuan pelayanan*), which consists of *paripurna*, *utama*, *madya*, and *dasar*. This framework emphasizes that hospitals must provide services consistent with their established service capabilities and classifications.

This legal relationship can be analyzed through two forms of civil-law doctrine:

1. Therapeutic Contract (*Inspanningsverbintenis*): An engagement based on the provision of maximum professional effort. Hospitals and health professionals generally do not guarantee recovery as a particular result (*resultaatverbintenis*), but are required to provide prudent, quality medical services in accordance with professional standards, service standards, and standard operating procedures.
2. Hospital Contract: A civil-law relationship concerning the provision and management of hospital facilities, infrastructure, rooms, medical equipment, and other services necessary to provide safe and appropriate health care to patients.

Patients' rights in civil law constitute subjective rights. The fulfillment of these rights is regulated within the framework of hospital governance under *Permenkes* No. 6 of 2026 and its implementing regulations. Violations of such rights may entitle patients to seek compensation for material or immaterial losses, subject to the applicable legal requirements:

1. Right to Medical Information: Failure to provide clear information concerning a patient's diagnosis, proposed medical procedures, risks, benefits, and alternatives, as required for valid informed consent, may give rise to civil liability.
2. Right to Quality Clinical Services: Based on the hospital's service classification and capabilities, hospitals are required to provide services in accordance with the clinical competencies and clinical authorities (*kewenangan klinis*) of their medical personnel.
3. Right to Safety and Security: Negligence concerning hospital facilities, infrastructure, or medical equipment, including the failure to ensure appropriate maintenance and calibration, may constitute a breach of a legal obligation and, depending on the circumstances, may give rise to civil liability.

In the legal relationship between the hospital and the patient, there is a legal obligation that can give rise to civil liability in the event of a loss. Civil liability may arise on the basis of breach of contract (*wanprestasi*) or unlawful acts (*onrechtmatige daad*). A lawsuit for breach of contract under Article 1243 of the Civil Code may be filed if the hospital is considered to have failed to fulfill its obligations under the therapeutic agreement, for example, by failing to perform an agreed obligation, delaying the provision of services, or providing services that do not meet applicable professional, service, or hospital standards. In assessing *wanprestasi* in a therapeutic agreement, the patient generally must establish the existence of an obligation arising from the agreement, a breach of that obligation, actual loss, and a causal connection between the breach and the claimed loss. Evidence may include the agreement or evidence of the patient's registration, medical records, and other evidence demonstrating that the applicable standard or contractual obligation was not fulfilled.

As for unlawful acts (*onrechtmatige daad*) based on Article 1365 of the Civil Code, hospitals can be held accountable based on two principles. First, *corporate liability*, under which hospitals may independently be held civilly liable if the patient's losses are caused by systemic organizational failures (Heriyanto, 2026; Koeswadji, 1998). Second, *vicarious liability* is based on Article 1367 of the Civil Code, under which a hospital may bear civil responsibility for losses arising from the negligence of health personnel working under its authority or supervision, subject to the requirements established by law (Heriyanto, 2026; Koeswadji, 1998). Recent empirical research shows that there is a gap in court decisions regarding the application of *vicarious liability*, where some decisions place hospitals as parties that are also responsible, while other decisions impose full responsibility on doctors (Budiman et al., 2023), in (Vitrianingsih et al., 2025). These findings affirm the importance of the principle of fairness in the implementation of *vicarious liability*, which must balance patients' rights to safe services with the rights of medical personnel and hospitals to legal certainty (Vitrianingsih et al., 2025).

The elements of an unlawful act that must be established include the existence of an unlawful act, such as a violation of professional medical standards or standard operating procedures; the existence of fault (*schuld*) in the form of intent or negligence; the existence of actual loss suffered by the patient; and a causal relationship (*causaliteit*) between the fault or unlawful conduct and the patient's loss. This form of liability may result in material or immaterial compensation for patients harmed by the actions of medical personnel or by negligence in hospital management (Muhammad, 2014; Setiadi, 2025).

In positive law, the failure to adequately fulfill patients' rights must be addressed through appropriate legal and institutional mechanisms. *Permenkes* No. 6 of 2026 emphasizes the

improvement of service quality and the implementation of appropriate internal governance and complaint-handling mechanisms. Civil disputes may be resolved through non-litigation or litigation channels. Under Article 310 of Law Number 17 of 2023 concerning Health, where a medical professional or health worker is alleged to have committed an error in carrying out professional duties that causes a loss to a patient, the resulting dispute must first be resolved through an alternative dispute resolution mechanism outside the court. Accordingly, direct negotiation, mediation, or other appropriate non-litigation mechanisms may be pursued before litigation, in accordance with the applicable legal framework (Budiman et al., 2023; Rahardjo, 1980). Non-litigation settlement is generally considered an effective option because it prioritizes a peaceful and relatively prompt resolution of disputes (Abbas, 2009; Rosalina et al., 2025). If the dispute cannot be resolved through such mechanisms, the patient may pursue available legal remedies, including filing a civil lawsuit before the competent District Court to seek compensation for losses allegedly caused by malpractice, negligence, or deficiencies in hospital services or facilities.

Criminal Liability

In modern Indonesian criminal law, the subject of law is no longer limited to natural persons (*natuurlijke persoon*) but also includes corporations (*rechtspersoon*). Based on Article 447 of Law Number 17 of 2023 concerning Health, hospitals in the form of legal entities, such as PTs, foundations, and BLUs, are expressly recognized as entities that can be held criminally liable.

The new paradigm of Permenkes Number 6 of 2026 tightens this control function through the strengthening of *Hospital Governance* and *Clinical Governance*. If the governance system required by the Minister of Health is deliberately disregarded to the point of causing a patient's death, the resulting error is no longer considered merely the negligence of an individual doctor but may instead constitute a systemic error attributable to the hospital corporation (Chazawi & Ferdian, 2011; Gemilang, 2024). Criminal liability arises when there is a violation of the law that satisfies the elements of a criminal offense, such as gross negligence resulting in serious harm to patients. This is consistent with the development of the concept of corporate criminal liability in modern law (Muladi & Priyatno, 2010; Pratama et al., 2025).

Violations of patient rights regulated in Permenkes Number 6 of 2026 can give rise to criminal offenses if they satisfy the elements stipulated in Law Number 17 of 2023 concerning Health (Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, 2023). Some of these specific offenses include:

1. Refusal to treat patients in an emergency. Hospitals are obliged to provide life-saving services without first requiring a down payment. If hospital management orders the rejection of an emergency patient, resulting in the patient's disability or death, the hospital, as a corporation, may be subject to criminal liability under the applicable provisions.
2. Employing medical personnel without the required authorization (SIP/STR). Permenkes Number 6 of 2026 requires a strict credentialing process to ensure that services are provided within the hospital's actual service capabilities (*Capability-Based Hospital*). If a hospital employs doctors or other medical personnel who do not possess a valid Registration Certificate (*Surat Tanda Registrasi* or STR) or Practice License (*Surat Izin Praktik* or SIP), the corporation may be subject to criminal liability under the applicable criminal provisions of the Health Law.
3. Systemic failures resulting in serious injury or death of a patient. Hospitals are required to provide and maintain appropriate and properly calibrated medical facilities and equipment to ensure patient safety. Failure to provide safe facilities and equipment that results in a patient's death may give rise to corporate liability where the applicable elements of the offense are satisfied.

Based on Articles 447 and 448 of Law Number 17 of 2023 *juncto* the provisions concerning corporations under the new Criminal Code (Nomor 1, 2023), criminal sanctions applicable to hospitals as corporations are not imposed in the form of imprisonment but may take the frm of criminal fines. These sanctions may include the payment of compensation to patients or the heirs of victims, revocation of the operational license for hospital services, whether partially or entirely, and, in certain circumstances, temporary or permanent closure of part or all the hospital's clinical

activities.

Permenkes Number 6 of 2026 functions as a *standard of care* or a measure of legal compliance. In criminal law, to determine whether a hospital has committed negligence (*culpa*), the judge may assess whether the hospital management has complied with the requirements stipulated in this Ministerial Regulation. If the hospital has implemented Hospital By-Laws, conducted human-resource credentialing according to the hospital's service capabilities, and integrated a patient-safety information system, the hospital may have a legal basis for arguing that the offense resulted solely from an individual's conduct rather than from corporate fault. A critical distinction must be drawn between a Ministerial Regulation functioning as an institutional regulatory-compliance standard and the clinical standard of care applied to assess the conduct of individual medical professionals. The former establishes a baseline for assessing institutional hospital liability, whereas the latter is determined by professional medical practice guidelines and peer standards, which may differ from or exceed regulatory requirements. Courts assessing *culpa* should apply the institutional compliance standard when evaluating hospital-level liability and the clinical standard when evaluating individual practitioners' liability.

Legal Analysis of the Effectiveness of Hospital Accountability

The effectiveness of hospital legal accountability can be analyzed through Lawrence M. Friedman's theory (2013) of legal effectiveness, which divides the success of legal implementation into three main components: legal structure (apparatus and institutions), legal substance (laws and regulations), and legal culture (community and professional behavior) (Ahmad & Zamri, 2024). Structure and substance are core components of a legal system, but they are limited to its design or blueprint. According to Friedman, the element that gives life to the legal system is legal culture, which refers to people's attitudes, values, and opinions toward the law (Lesmana, 2025).

In terms of normative substance, the effectiveness of protecting patients' rights has increased significantly through Permenkes Number 6 of 2026. This regulation abolishes the conventional hospital classification system (Class A, B, C, and D) and replaces it with a classification based on actual service capabilities (Capability-Based Hospital). This strengthens the basis for claims of breach of contract or unlawful acts when a hospital performs medical procedures beyond the limits of its service capabilities. The mandate for digital service accountability also makes it easier for patients to substantiate their claims through medical records because digital medical-record data are more transparent and traceable. However, the relaxation of the transition period under Article 83 of Minister of Health Regulation Number 6 of 2026, which provides for governance adjustments for hospitals for up to two years and for primary hospitals for up to four years, risks creating *gray areas* or legal uncertainty regarding the fulfillment of patients' rights to certainty concerning service quality standards during the transition period.

In terms of legal structure, the readiness of supervisory and law-enforcement agencies to implement hospital accountability is crucial. This new regulation strengthens the position of Hospital Governance and Clinical Governance, but there are important structural challenges. Based on Article 52 paragraph (2) of Permenkes Number 6 of 2026, hospital owners are permitted to propose State Civil Apparatus (ASN) personnel from the Ministry of Health to occupy positions on the Hospital Supervisory Board, which may create a potential conflict of interest. The placement of regulators from the Ministry of Health as well as internal supervisors on the Supervisory Board has the potential to weaken the effectiveness of administrative oversight because it may compromise objectivity. On the other hand, the application of the doctrine of vicarious liability (Article 1367 of the Civil Code) becomes more effective because hospitals may be held responsible for the conduct of affiliated or partner doctors, without gaps in protection arising from freelance or independent-contract arrangements. Consequently, the Prosecutor's Office and the Police may benefit from the compliance indicators established under this Ministerial Regulation.

Legal culture is the most significant factor in testing the effectiveness of the law. A classic problem in health services is information asymmetry, which refers to a substantial disparity in medical knowledge between doctors or hospitals and ordinary patients. In Indonesia, a culture of kinship and fear of facing costly legal proceedings may make patients more likely to accept adverse medical outcomes as fate rather than as potential violations of their legal rights. Some hospitals respond to the corporate-penalty provisions of Law Number 17 of 2023 concerning Health by practicing *defensive medicine*, which involves conducting excessive examinations or procedures

primarily to protect against legal or bureaucratic liability rather than focusing on patient recovery. This practice has the potential to adversely affect patients' financial rights. Contemporary research on *vicarious liability* confirms that the gap between normative regulation and juridical implementation requires the application of substantive justice principles rather than reliance solely on written norms, so that patients' rights to safe services can be balanced with the rights of medical personnel and hospitals to legal certainty (Vitrianingsih et al., 2025).

Permenkes Number 6 of 2026 demonstrates a strengthening of regulations concerning patient protection through the affirmation of hospital obligations and health-service standards. However, in practice, the effectiveness of legal accountability still faces various obstacles, such as weak hospital supervision, limited patient access to complaint mechanisms, low levels of public legal awareness, and difficulties in proving liability in medical cases (Marzuki, 2017; Susanti et al., 2022). Therefore, strengthening the hospital legal-accountability system requires increased supervision, greater service transparency, legal education for the community, and enhanced professionalism among health workers (Effendi & Arfendi, 2026; Hadjon, 1987).

CONCLUSION

Based on the results of research and legal analysis regarding the legal accountability of hospitals in fulfilling patient rights based on the Minister of Health Regulation Number 6 of 2026 concerning Hospitals, it can be concluded that, following the enactment of the Minister of Health Regulation Number 6 of 2026, there has been a shift in the paradigm of hospital legal accountability, which is now based on the classification of actual service capabilities (Capability-Based Hospital). Under this framework, legal liability is divided into three areas: administrative liability, which arises from violations of public operational standards and failures to fulfill service qualifications (Basic, Intermediate, Main, and Plenary), with tiered sanctions that may extend to the revocation of hospital licenses; civil liability, which is based on breach of contract (*wanprestasi*) for failure to fulfill clinical quality obligations and on unlawful acts (*perbuatan melawan hukum*) through the doctrines of corporate responsibility and corporate liability for the negligence of health-care personnel and affiliated physicians; and criminal liability, which opens the possibility of corporate criminal liability based on Article 447 of Law Number 17 of 2023 concerning Health in conjunction with the new Criminal Code, under which hospitals may be subject to fines and additional sanctions in the form of operational closure if proven to have committed systemic negligence resulting in harm to a patient's life. The implementation of legal accountability, however, has not yet been carried out effectively and holistically. In terms of legal substance, this regulation is highly progressive because it provides greater certainty regarding patients' clinical rights. In terms of legal structure, however, the effectiveness of supervision is diminished by Article 52, which creates a potential conflict of interest through the placement of active ASN personnel from the Ministry of Health within the Hospital Supervisory Board. In terms of legal culture, effectiveness remains hampered by the significant asymmetry of medical information between ordinary patients and hospital institutions, as well as by the tendency of hospitals to practice defensive medicine primarily for bureaucratic and institutional security.

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AUTHOR CONTRIBUTION STATEMENT

All authors contributed to the conception and design of the study, development of the research framework, analysis and interpretation of legal materials, and preparation of the manuscript. The first author was responsible for drafting the initial manuscript, while the other authors contributed to reviewing, revising, and improving the intellectual content. All authors have read and approved the final version of the manuscript and agreed to be accountable for all aspects of the research.

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