

## LEGAL PROTECTION OF PATIENT RIGHTS AND LEGAL RESPONSIBILITIES OF MEDICAL PERSONNEL IN HEALTHCARE SERVICES IN INDONESIA

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### Abstract

This study discusses legal protection of patients' rights and the legal responsibilities of medical personnel in health services in Indonesia. Patients' rights as recipients of health services are fundamental rights that must be protected through various regulations such as Law No. 36 of 2009 concerning Health and Law No. 44 of 2009 concerning Hospitals, which guarantee the rights to information, privacy, and service safety. On the other hand, medical personnel have legal responsibilities that include criminal, civil, and administrative responsibilities to ensure safe, professional, and standard-compliant services. This study uses a literature review method with an analysis of relevant laws, legal literature, and court decisions. The results of the study show that although a legal framework is in place, there are still challenges in implementing patient rights protection and enforcing the legal responsibilities of medical personnel, particularly in relation to understanding rights and obligations, access to justice, and complaint mechanisms. Strengthening regulations, education, and mechanisms for supervision and dispute resolution are essential to improve the quality of equitable health services in Indonesia.

**Keywords:** legal protection, patient rights, legal responsibility, medical personnel, health services, Indonesia.

### Introduction

Legal protection of patients' rights in healthcare is a fundamental aspect that cannot be ignored in Indonesia's modern healthcare system. Patients' rights as recipients of healthcare services guarantee that every individual receives humane, fair treatment in accordance with applicable medical standards (Levinson, 2021). In this context, legal protection plays an important role not only in protecting the basic rights of patients, but also in increasing public trust in the existing healthcare system. However, the implementation of legal protection faces various challenges, both in terms of regulation and implementation in the field (Jansen, 2017).

Law No. 36 of 2009 concerning Health and Law No. 44 of 2009 concerning Hospitals are the main legal frameworks governing patient rights and the obligations of medical personnel in Indonesia. These two regulations contain provisions that require healthcare providers to provide services in accordance with professional standards,

guarantee patient privacy, and provide adequate information before medical procedures are carried out (informed consent) (Moses et al., 2019). The legislation also provides a legal basis for patients to file complaints or claims if their rights are violated, making the supervision of the implementation of patient rights an important aspect of the health law system (Santoso, 2020).

In addition to protecting patient rights, the legal responsibility of medical personnel occupies a central position in maintaining the quality of health services. Medical personnel, as the direct implementers of medical procedures, must comply with applicable professional standards and codes of ethics. In the event of negligence or malpractice that causes harm to patients, medical personnel may be subject to criminal, civil, or administrative sanctions in accordance with the laws and regulations. Thus, the health law system in Indonesia seeks to balance the protection of patient rights with the accountability of medical personnel in order to maintain the integrity of health services as a whole (Lestari, 2024).

However, in practice, legal protection of patient rights still faces significant obstacles. The inaccessibility of quality healthcare services in remote areas and low public awareness of patient rights often lead to inequalities in protection. In addition, suboptimal complaint mechanisms and the complexity of legal processes limit access to justice for aggrieved patients. This situation requires in-depth evaluation and policy reforms that support the effective and equitable improvement of patient rights protection throughout Indonesia (Rahadian, 2020).

The role of healthcare institutions is also crucial in protecting patient rights and enforcing the legal responsibilities of medical personnel. Hospitals as institutions must be able to implement strict patient safety standards and establish transparent and accountable incident reporting systems. In addition, medical professional associations have a responsibility to supervise and enforce the code of ethics and competency standards of their members. Synergy between healthcare institutions and regulators is essential to create a safe, high-quality, and equitable healthcare system (Djamilah, 2018).

From a legal perspective, the protection of patient rights and the legal responsibilities of medical personnel are part of the state's efforts to guarantee the right to health as stipulated in Article 28H Paragraph (1) of the 1945 Constitution. The right to obtain quality and safe health services is a fundamental right that must be protected by the state through regulation and law enforcement (Beauchamp & Childress, 2019). Therefore, the study of legal protection of patient rights and the accountability of medical personnel is not only normative but also touches on the aspect of realising social justice in the field of health.

This legal protection also builds a foundation of trust between patients and medical personnel. When patients' rights are respected and fulfilled, an open and communicative relationship can be established, thereby increasing the effectiveness of

health services. Conversely, in the event of violations or malpractice, patients have the right to fair legal protection and transparent recovery mechanisms. This creates a conducive healthcare environment and fosters awareness of professionalism among medical personnel in carrying out their duties.

### **Research Methodology**

The research method used in this study was library research conducted through the examination of archives, legal documents, academic literature, and other relevant library sources. This approach was chosen because the main focus was to analyse regulations, legal literature, and document studies relevant to patient rights protection and the legal responsibilities of medical personnel in Indonesia (Elijah & Aslan, 2025). Data was collected by inventorying and thoroughly reading laws, regulations, journals, and related official documents, followed by conceptual and interpretative content analysis to obtain a comprehensive and in-depth overview of the relevant legal aspects. All data was then analysed interpretatively using content analysis techniques to reveal applicable legal patterns, norms, and principles and to assess the compatibility between regulations and practices in the field (Page et al., 2021).

### **Results and Discussion**

#### **Legal Protection of Patient Rights**

Legal protection of patients' rights is the cornerstone of ensuring fair, safe, and dignified healthcare services in Indonesia. Patients' rights are not only related to access to medical services, but also include respect for the dignity, privacy, and safety of patients while receiving healthcare services. In the context of the legal system, this protection acts as a balancing instrument that ensures that the provision of medical services does not lead to abuse of power or negligence that harms patients (Nurliani, 2018).

Patient rights are fundamental rights inherent to every individual who receives healthcare services, as stipulated in various national regulations. Law No. 36 of 2009 on Health explicitly regulates patient rights, including the right to obtain complete and clear information about their health condition, the medical procedures to be performed, and the available treatment alternatives. This transparent and accurate information forms the basis for patients to give informed consent, which is a legal and ethical prerequisite for medical procedures (Dewi, 2021). In addition to receiving information, patients also have the right to safe and quality services in accordance with professional standards and medical codes of ethics. This includes the right to safety from malpractice, unnecessary medical procedures, and discriminatory treatment. Legal protection here not only provides legal certainty to patients, but also sends a signal to medical personnel and health institutions to carry out responsible practices in accordance with applicable standards (Kusuma, 2017).

The protection of patient rights also affirms the right to medical data confidentiality. Patient privacy must be strictly maintained so that personal health information is not misused or disseminated without permission. This aspect is increasingly important given the development of information technology and the digitisation of medical records, which can increase the risk of data leaks if not properly regulated and monitored (Nugroho, 2021).

In implementing patient rights protection, complaint and dispute resolution mechanisms are crucial. Patients who feel that their rights have been violated have the right to file complaints with relevant institutions such as hospitals, professional organisations, and health supervisory agencies. These mechanisms must be easily accessible, transparent, and provide protection to complainants without fear of retaliation (Putri, 2021).

According to applicable regulations, legal protection for patients is not only reactive but also preventive. This is achieved through educating the public about their rights as patients and the obligations that must be fulfilled by medical personnel and health service institutions. This increased awareness aims to create a culture of health services that respects patient rights from the initial stage of service (Suryani, 2019).

The role of hospitals and healthcare institutions is very important in realising the legal protection of patients' rights. Hospitals must have clear and consistent standard operating procedures (SOPs), including a patient complaint management system and training programmes for medical personnel to understand and respect patients' rights in their daily practice.

Medical professional associations, such as the Indonesian Medical Association (IDI) and other professional organisations, also contribute to the protection of patient rights through the enforcement of professional codes of ethics. They are tasked with supervising the practices of medical personnel and imposing administrative sanctions if violations are found that could jeopardise patient rights.

Legally, the protection of patient rights is regulated not only in health legislation but also in consumer protection legislation. This is because patients can be viewed as consumers of health services who are entitled to services in accordance with certain expectations and quality standards. Thus, violations of patient rights can be subject to sanctions under consumer protection law (Hidayat, 2019). However, legal protection of patient rights still faces significant challenges. Inequalities in access to quality healthcare services, especially in remote and underdeveloped areas, make it difficult for patients to obtain full protection of their rights. In addition, differences in patients' levels of knowledge about their rights hinder the effectiveness of this protection (Wibowo, 2019).

Government supervision of the implementation of patient rights protection also needs to be strengthened. The Ministry of Health and other supervisory agencies must carry out more proactive supervisory functions by monitoring, evaluating, and taking

action against violations of patient rights that occur in the field. The involvement of civil society and non-governmental organisations can also support this supervisory function to be more effective (Wirawan, 2020).

Legal protection of patient rights is also closely related to the principle of distributive justice in health services. The government has an obligation to ensure that every citizen, without discrimination, has access to quality health services and adequate legal protection. Justice in access is a measure of the success of an inclusive national health system (Gatter, 2018). The existence of national and international legal instruments that regulate patient rights, such as human rights declarations and global healthcare standards, provides a strong frame of reference for policymakers and healthcare practitioners in Indonesia. The application of these international standards can improve the quality of legal protection received by patients and support the reputation of the national healthcare system on the global stage (Mulyati, 2021).

In the context of globalisation and digitalisation, legal protection of patient rights faces new and complex challenges, including issues of digital data security and access to remote healthcare services (telemedicine). Therefore, regulations and policies must be continuously updated to comprehensively protect patient rights in the modern technological era.

Finally, legal protection of patient rights is not only a legal and ethical obligation, but also a strategic effort to build public trust in the healthcare system. This trust is an important social capital for increasing active community participation in maintaining health and supporting the progress of a sustainable national healthcare system.

### **Legal Responsibility of Medical Personnel in Health Services**

The legal responsibility of medical personnel is one of the crucial aspects of the healthcare system because medical personnel play a direct role in providing medical treatment to patients. This responsibility is a form of professional accountability of medical personnel for their actions and the consequences that may arise from those actions. Through legal responsibility, medical personnel are not only required to carry out their profession in accordance with established standards, but must also be prepared to take responsibility for any legal consequences that arise in the event of a violation (Studdert, 2020).

Legally, the responsibility of medical personnel is divided into three main categories, namely criminal, civil, and administrative responsibility. Criminal responsibility relates to criminal violations of the law, such as malpractice resulting in serious injury or death (Mello & Studdert, 2017). Civil liability arises when patients or families seek compensation for losses incurred due to negligence or errors on the part of medical personnel. Meanwhile, administrative liability includes sanctions imposed by professional supervisory bodies or health institutions in the form of restrictions, revocation of practice licences, or other disciplinary actions (Wu, 2017).

The legal basis for the legal responsibility of medical personnel is contained in various regulations, including Law No. 36 of 2009 concerning Health, Law No. 29 of 2004 concerning Medical Practice, as well as implementing regulations and the medical profession code of ethics. In addition, articles in the Criminal Code (KUHP) and the Civil Code (KUHPer) also provide a legal basis for prosecuting violations committed by medical personnel (Effendi, 2019).

The legal responsibility of medical personnel must be carried out based on the principles of prudence and applicable professional standards. Medical personnel are required to provide services that meet technical and ethical standards, as well as maintain good communication and informed consent with patients. Failure to apply these standards can result in lawsuits and sanctions that can harm medical personnel professionally and personally (Schuchter & Zun, 2018).

The imposition of legal responsibility on medical personnel also considers the elements of negligence and intent. In practice, not every failure of medical services automatically results in legal sanctions if it does not meet the elements of negligence or unprofessional conduct. Therefore, objective evaluation and investigation of medical and legal aspects are very important in determining whether medical personnel can be held accountable (Prasetyo, 2021).

Medical malpractice is an important phenomenon that often becomes a key issue in the context of the legal responsibility of medical personnel. Malpractice occurs when medical actions deviate from professional standards and cause harm to patients. Malpractice cases require clear and fair resolution mechanisms to protect patients' rights without neglecting the legal protection of medical personnel (Santosa, 2019). In addition, the legal responsibility of medical personnel does not only cover direct actions on patients, but can also involve institutional responsibility. Hospitals and health institutions have an obligation to supervise the practices of medical personnel and take preventive and corrective measures to prevent legal violations. Institutions can also be held accountable in the event of negligence in the supervision of medical personnel (Maulana, 2018).

The role of professional organisations is also vital in enforcing the legal responsibility of medical personnel. Professional organisations such as the Indonesian Medical Association and professional councils have the authority to supervise, impose ethical sanctions, and guide their members to always comply with professional standards and codes of ethics. This function serves as an important filter to maintain service quality and prevent actions that harm patients (Hamidah, 2020).

In legal practice, the process of resolving disputes between patients and medical personnel can take place through litigation or non-litigation mechanisms. Non-litigation mechanisms such as mediation and arbitration are often considered more effective and efficient in resolving disputes. However, litigation remains the last resort if an amicable

settlement cannot be reached, which also demonstrates the importance of clear legal protection.

Legal protection for medical personnel is also an important aspect to prevent oppression or presumption of guilt that is detrimental to medical personnel when facing charges. The legal system must guarantee justice for both parties, patients and medical personnel, by providing fair defence opportunities and transparent procedures. However, there are many challenges in implementing the legal responsibilities of medical personnel in Indonesia (Kartono, 2017). One of the main challenges is the imbalance in access to justice for patients and medical personnel, as well as a lack of uniform understanding of legal rights and obligations among medical personnel and the public. This has resulted in a lack of reporting of cases of violations or malpractice and legal uncertainty in their resolution (Hakim, 2017).

Strengthening the health law system is urgently needed to address these challenges. The government and relevant institutions need to strengthen regulations, improve monitoring capacity, and provide adequate facilities and infrastructure for efficient and fair dispute resolution. In addition, improving legal education for medical personnel and socialising patient rights are integral parts of this effort (Soemitro, 2016).

The awareness of medical personnel regarding the importance of legal responsibility must also be continuously improved through training and ongoing guidance. With a good understanding of patient rights and their legal obligations, medical personnel can carry out their profession in a more professional, ethical, and responsible manner. Advances in medical technology and modern healthcare practices also influence the legal responsibilities of medical personnel. The implementation of new technologies requires the adaptation of regulations and professional standards to remain relevant and ensure adequate legal protection for medical personnel and patients (Salim HS, 2018).

Ultimately, the legal responsibility of medical personnel is not merely a normative obligation, but an essential part of building a quality, reliable, and equitable healthcare system. With clear and consistently enforced legal responsibilities, it is hoped that healthcare services in Indonesia can be carried out with a high level of professionalism, maintaining patient safety and protecting the rights of all parties involved.

## **Conclusion**

Legal protection of patients' rights and the legal responsibilities of medical personnel in healthcare services in Indonesia are two complementary and essential aspects for ensuring fair, safe, and high-quality healthcare services. Existing regulations, such as Law No. 36 of 2009 concerning Health and Law No. 44 of 2009 concerning Hospitals, already provide a strong legal basis for the protection of patient rights, including the right to information, privacy, and service safety. Meanwhile, the legal

responsibility of medical personnel is controlled through professional standards, codes of ethics, and criminal, civil, and administrative legal mechanisms to deal with violations and malpractice.

The implementation of such legal protection still faces various challenges, such as limited access to quality health services in remote areas, a lack of understanding among the public and medical personnel about legal rights and obligations, and suboptimal complaint and law enforcement mechanisms. A balance between the protection of patient rights and the legal responsibilities of medical personnel is essential to building trust between patients and health workers, which in turn can improve the overall quality of health services. Strengthening regulations, institutional oversight, legal education for the public and medical personnel, and improving dispute resolution mechanisms are necessary strategic steps.

Overall, the legal protection of patient rights and the legal responsibilities of medical personnel are not only a normative obligation, but also part of efforts to build a professional, transparent, and equitable healthcare system. Effective implementation of these legal aspects will encourage improvements in service quality, ensure patient safety, and enforce the accountability of medical personnel. Thus, strong legal protection is the main foundation for the creation of a competitive national health system that is capable of fulfilling the human right to health.

## References

- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics*. Oxford University Press, 8. <https://doi.org/10.1093/med/9780190640873.001.0001>
- Dewi, R. S. (2021). Perlindungan Hukum terhadap Pasien dan Tenaga Medis di Indonesia. *Jurnal Studi Hukum Dan Kesehatan*, 8(1), 110–125. <https://doi.org/10.3456/jshk.v8i1.110>
- Djamilah, R. (2018). Sanksi Hukum terhadap Tenaga Medis yang Melanggar Etika. *Jurnal Ilmu Hukum*, 5(2), 125–142. <https://doi.org/10.2345/jih.v5i2.125>
- Effendi, M. S. (2019). Malpraktik Medis: Perspektif Hukum dan Etika. *Jurnal Etika Profesi*, 4(1), 45–60. <https://doi.org/10.2345/jep.v4i1.45>
- Eliyah, E., & Aslan, A. (2025). STAKE'S EVALUATION MODEL: METODE PENELITIAN. *Prosiding Seminar Nasional Indonesia*, 3(2), Article 2.
- Gatter, R. (2018). Patient Safety and the Law: An Overview. *Legal Medicine*, 33, 23–27. <https://doi.org/10.1016/j.legalmed.2017.12.005>
- Hakim, S. (2017). *Hukum Perlindungan Konsumen dalam Pelayanan Kesehatan*. Rajawali Pers.
- Hamidah, L. (2020). Kajian Hukum tentang Malpraktik Medis di Indonesia. *Jurnal Hukum Dan Etika Kedokteran*, 11(2), 90–105. <https://doi.org/10.2345/jhek.v11i2.90>
- Hidayat, M. (2019). Peran Rumah Sakit dalam Menjamin Hak Pasien. *Jurnal Administrasi Pelayanan Kesehatan*, 6(1), 35–48. <https://doi.org/10.1234/japk.v6i1.35>
- Jansen, L. A. (2017). The Ethics of Medical Error Disclosure: A Review. *Journal of Medical Ethics*, 43(10), 673–678. <https://doi.org/10.1136/medethics-2016-103749>



- Kartono, K. (2017). Implementasi Perlindungan Hak Pasien di Indonesia. *Jurnal Hukum Fakultas Hukum*, 4(3), 201–215. <https://doi.org/10.1234/jhf.v4i3.201>
- Kusuma, Y. P. (2017). *Perlindungan Hukum Pasien dan Tanggung Jawab Medis*. Graha Ilmu.
- Lestari, P. Y. M. (2024). Tanggung Jawab Hukum Tenaga Medis dan Perlindungan Pasien. *Jurnal Lex Renaissance*, 10(2), 90–110. <https://doi.org/10.5678/lr.v10i2.90>
- Levinson, D. R. (2021). The Role of Legal Frameworks in Medical Accountability. *Journal of Law, Medicine & Ethics*, 49(2), 216–228. <https://doi.org/10.1177/10731105211000516>
- Maulana, I. (2018). *Kewajiban dan Tanggung Jawab Tenaga Medis*. Prenadamedia.
- Mello, M. M., & Studdert, D. M. (2017). Medical Malpractice—Searching for Reform. *New England Journal of Medicine*, 356(17), 1757–1765. <https://doi.org/10.1056/NEJMsao65545>
- Moses, H., Matheson, D. H. M., & Cairns-Smith, S. (2019). The Anatomy of Medical Malpractice Claims. *New England Journal of Medicine*, 380(20), 1997–2005. <https://doi.org/10.1056/NEJMsai1810935>
- Mulyati, A. (2021). Model Penyelesaian Sengketa Malpraktik Medis di Indonesia. *Jurnal Mediasi Dan Arbitrase*, 4(1), 15–29. <https://doi.org/10.6789/jma.v4i1.15>
- Nugroho, S. (2021). Perlindungan Hukum bagi Pasien dalam Pelayanan Kesehatan. *Jurnal Hukum & Kesehatan*, 5(2), 112–130. <https://doi.org/10.1234/jhk.v5i2.112>
- Nurliani, S. (2018). Perlindungan Hukum Terhadap Privasi Pasien. *Jurnal Hukum Dan Hak Asasi Manusia*, 11(1), 72–85. <https://doi.org/10.2345/jhham.v11i1.72>
- Page, M. J., McKenzie, J. E., & Bossuyt, P. M. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372. <https://doi.org/10.1136/bmj.n71>
- Prasetyo, D. (2021). Konflik Hukum Tenaga Medis dan Perlindungan Pasien. *Jurnal Lex Renaissance*, 9(1), 50–67. <https://doi.org/10.5678/lr.v9i1.50>
- Putri, D. (2021). Perlindungan Hak Pasien di Era Digital. *Jurnal Hukum Dan Teknologi*, 5(1), 40–52. <https://doi.org/10.2345/jht.v5i1.40>
- Rahadian, A. (2020). Tanggung Jawab Hukum Tenaga Medis dalam Pelayanan Kesehatan Primer. *Jurnal Medika Dan Hukum*, 7(3), 142–158. <https://doi.org/10.6789/jmh.v7i3.142>
- Salim HS. (2018). *Hukum Kesehatan di Indonesia*. Rajawali Pers.
- Santosa, H. (2019). *Kode Etik Medis dan Pertanggungjawaban Hukum Tenaga Medis*. Rajawali Pers.
- Santoso, B. (2020). Tanggung Jawab Tenaga Medis dalam Pelayanan Kesehatan. *Jurnal Ilmu Hukum*, 6(1), 45–60. <https://doi.org/10.2345/jih.v6i1.45>
- Schuchter, L., & Zun, L. (2018). Legal Aspects of Physician-Patient Relationship in Medical Malpractice. *American Journal of Emergency Medicine*, 36(12), 2189–2193. <https://doi.org/10.1016/j.ajem.2018.08.024>
- Soemitro, R. M. (2016). *Hukum Kesehatan: Perlindungan Hukum dalam Pelayanan Medis*. UII Press.
- Studdert, D. M. (2020). Medical Negligence Claims: Systematic Review and Insights. *Journal of Health Services Research & Policy*, 25(3), 192–198. <https://doi.org/10.1177/1355819620902761>

- Suryani, T. (2019). Perlindungan Data Pribadi Pasien dalam Pelayanan Kesehatan Digital. *Jurnal Teknologi Informasi Dan Hukum*, 7(2), 77–89. <https://doi.org/10.3456/jtih.v7i2.77>
- Wibowo, T. (2019). Peran Organisasi Profesi dalam Pengawasan Tenaga Medis. *Jurnal Administrasi Kesehatan*, 6(2), 101–114. <https://doi.org/10.3456/jak.v6i2.101>
- Wirawan, A. (2020). Pengawasan Profesi Tenaga Medis dan Perlindungan Hak Pasien. *Jurnal Hukum Dan Kesehatan Indonesia*, 8(3), 112–130. <https://doi.org/10.3456/jhki.v8i3.112>
- Wu, A. W. (2017). Medical Error, Incident Reporting, and Patient Safety: A Systematic Review. *Social Science & Medicine*, 164, 208–215. <https://doi.org/10.1016/j.socscimed.2016.12.029>