

PROCEDURAL CHALLENGES IN CIVIL LAWSUITS RELATED TO MEDICAL MALPRACTICE: THE ROLE OF RECOMMENDATIONS FROM THE PROFESSIONAL HONOUR COUNCIL IN INDONESIA

Gunawan Widjaja

Senior Lecturer Faculty of Law Universitas 17 Agustus 1945 Jakarta

widjaja_gunawan@yahoo.com

Hotmaria Hertawaty Sijabat

Doctoral Postgraduate Program Faculty of Law Universitas 17 Agustus 1945 Jakarta

sijabathotmaria@gmail.com

Abstract

Medical malpractice cases in Indonesia have increased in line with growing public awareness of the right to adequate health services. Civil lawsuits are often filed on the basis of unlawful acts, but the process faces various procedural challenges, particularly in terms of evidence, access to medical records, and the application of medical professional standards. Judges often find it difficult to interpret dynamic medical standards within the rigid framework of civil procedural law. To that end, the Professional Ethics Council (MKP) serves as an institution that provides recommendations regarding alleged violations of professional standards. MKP recommendations play an important role in helping judges understand technical medical aspects, although their status is still debated as to whether they are merely additional considerations or have binding force. This study uses a library research method with a normative juridical approach to legislation, court decisions, and related scientific literature. The results show that procedural challenges in civil medical malpractice lawsuits are not only related to technical aspects of evidence but also to the legal uncertainty of the MKP's recommendations. Therefore, regulatory clarification is needed to establish MKP recommendations as expert evidence that can be tested in court, thereby providing balanced legal certainty for patients and medical personnel.

Keywords: Medical malpractice, civil lawsuit, procedural challenges, burden of proof, Professional Ethics Council.

Introduction

In recent years, the issue of medical malpractice has become increasingly prominent in Indonesia as public awareness of their rights to obtain proper, safe, and professional healthcare services has grown. Patients who feel they have been harmed by medical personnel seek legal recourse, both civil and criminal, to obtain protection and compensation. However, resolving medical malpractice disputes is not simple (Riskin, 2002). Legal proceedings are often fraught with technical and procedural issues that are not easy to resolve, particularly because these cases involve two dimensions: legal and medical. This complexity requires the Indonesian legal system to provide certainty and justice, while not hindering professional medical practice (Susanto, 2023).

In the context of civil lawsuits, patients generally use legal instruments in the form of unlawful acts based on Article 1365 of the Civil Code as the basis for their claims. This lawsuit aims to seek compensation for material and immaterial losses suffered as a result of alleged medical negligence (Moore, 2014). However, the application of this principle and provision poses its own challenges. One of the main issues is the burden of proof: patients are required to prove medical negligence, the causal relationship between the medical practitioner's actions and the loss, and the existence of actual losses. Due to their technical nature, these aspects are not easily proven with documentary evidence or witnesses alone, but require medical expertise to assess whether an action can be categorised as malpractice (Menkel-Meadow, 2006).

In addition to the burden of proof, another obstacle in civil lawsuits for medical malpractice is the lack of clarity regarding the medical service standards used as a benchmark. The Medical Practice Act mentions professional standards and standard operating procedures as the main guidelines, but the implementation of these standards often causes debate because they are dynamic and follow developments in medical science (Morris, 1999). In other words, standards that are considered valid by the medical world are not always easy to translate into civil procedural law. This situation often makes it difficult for judges to assess the validity of malpractice claims filed by patients.

To overcome this, the Indonesian legal system has established ethical and professional institutions, one of which is the Medical Professional Honour Council (MKP), which has the authority to make recommendations regarding alleged violations of professional standards by medical personnel. The MKP's recommendations are intended to assist judges in assessing technical medical aspects that are beyond the scope of pure law (Johnson & Smith, 2021). However, there is debate about the extent to which these recommendations are legally binding in civil lawsuits. On the one hand, these recommendations can be considered as expert testimony that assists judges, but on the other hand, they are often considered to be merely advisory or additional considerations (Beauchamp & Childress, 2019).

The position of MKP recommendations is problematic because they often contradict the facts presented in court. In some cases, patients consider that MKP recommendations tend to favour medical personnel because they originate from professional organisations with internal interests. This has led to dissatisfaction with the objectivity of these recommendations. Meanwhile, judges are challenged to balance respecting professional recommendations with maintaining the principle of judicial independence (Ramadhon, 2025). This situation further emphasises that procedural issues in civil malpractice lawsuits are not only a matter of technical evidence, but also relate to the legitimacy of professional institutions in the legal process (Christian, 2025). In addition, the paradigm difference between the medical and legal worlds is also an important factor. The medical profession focuses on saving patients' lives with all the inherent limitations and risks. Meanwhile, the law tends to emphasise the

principles of accountability, certainty, and protection of patients' rights. The meeting of these two paradigms often leads to a conflict of interest: doctors consider lawsuits a form of criminalisation of the profession, while patients see them as a form of protection of their basic rights. This procedural challenge is even more pronounced when judges have to adjudicate civil cases with evidence that mixes legal, ethical, and medical aspects (Zajac & Westphal, 2010).

It cannot be denied that weaknesses in regulations governing the mechanism for medical malpractice lawsuits also contribute to the complexity. Although the 2004 Medical Practice Law, the 2009 Health Law, and the Consumer Protection Law provide a legal framework, there are no explicit rules regarding the procedures for integrating MKP recommendations into civil courts (Santoso, 2023). As a result, there is considerable room for interpretation by both judges and parties, leading to inconsistent rulings. This inconsistency, in turn, weakens legal certainty and breeds mistrust, both among medical personnel and the public (Lee, 2023).

This study views procedural challenges not merely as obstacles, but also as a reflection of legal efforts to adapt to the complexities of modern healthcare. With increasing demand for healthcare services and high public expectations, the legal system is required to respond proportionally without harming either party. Fair and transparent civil lawsuits not only protect patients' rights, but also maintain the dignity and professionalism of medical personnel.

Research Methodology

This study utilises a normative legal research method with a library research approach, which focuses on the analysis of written legal materials as the primary source for answering the research questions. The legal materials used consist of primary legal materials in the form of relevant legislation such as the Civil Code, Law No. 29 of 2004 concerning Medical Practice, Law No. 36 of 2009 concerning Health, Law No. 8 of 1999 concerning Consumer Protection, as well as court decisions related to medical malpractice disputes; secondary legal materials in the form of literature, academic journals, research results, and expert opinions discussing health law, civil law, and medical professional ethics; and tertiary legal materials such as legal dictionaries and encyclopaedias to reinforce conceptual definitions (Elijah & Aslan, 2025). The analysis was conducted using a descriptive-analytical method, which systematically describes legal issues, then links normative provisions, doctrines, and judicial practices to identify procedural problems and assess the extent to which the recommendations of the Professional Honour Council can play a role in the context of civil lawsuits for medical malpractice in Indonesia (Booth et al., 2021).

Results and Discussion

Procedural Challenges in Medical Malpractice Civil Lawsuits

Civil lawsuits related to medical malpractice are basically filed through the mechanism of unlawful acts (PMH) as regulated in Article 1365 of the Civil Code. Patients or their families seek compensation for losses incurred as a result of medical personnel actions that are considered to deviate from professional standards. However, in practice, this mechanism is far from simple. The procedural problems encountered are not merely administrative or procedural issues, but also involve substantial difficulties in reconciling highly technical medical aspects with the rigid and formal logic of civil law (Arifin, 2025).

One of the biggest challenges in malpractice lawsuits is the burden of proof placed on the patient as the plaintiff. In civil law, the general principle states that whoever alleges must prove. This means that patients who accuse doctors of negligence must present evidence that is valid under civil procedure law (Indrawan, 2024). However, in medical cases, patients often lack the technical capacity to understand medical procedures and standards of medical care, making it difficult for them to present convincing evidence. This makes the burden of proof tend to be one-sided and detrimental to the patient's position (Sari, 2024).

In addition to the issue of evidence, there is a serious problem with the element of causality (causal relationship). In civil law, to declare an act unlawful, the plaintiff must be able to prove a causal relationship between the actions of the medical personnel and the patient's losses (Kidder, 2009). However, in medicine, the relationship between the doctor's actions, the patient's illness, and the results of treatment is not always linear. Many external factors, including the patient's physical condition, the progression of the disease, and complications, can affect the results of medical treatment. This often leads to lengthy debates in court about whether the patient's harm was actually the result of the doctor's negligence or was a reasonable medical risk (Aprita, 2025).

Another challenge arises from the medical service standards that are used as a reference for assessing whether malpractice has occurred. Medical professional standards are dynamic, keeping pace with developments in science, health technology, and the latest clinical practices. However, civil procedure law requires clear, static standards that can be used for evidence. The discrepancy between the dynamic nature of medical standards and the rigid nature of civil law makes it difficult for judges to assess whether an action has violated professional standards (Dina, 2024).

The next procedural issue concerns the admissibility of evidence in civil procedure law. The Civil Code and HIR recognise five main types of evidence: documents, witnesses, presumptions, confessions, and oaths. In medical cases, relevant evidence often takes the form of medical records, expert testimony, or treatment documents (Utami, 2024). However, medical records are often considered difficult for patients to access because hospitals adhere to the principle of medical

confidentiality. This creates obstacles for patients in obtaining authentic evidence. Meanwhile, medical expert testimony is indeed necessary, but its validity depends on the credibility and acceptance of the judge's opinion (Wibowo, 2024).

Furthermore, there is a problem regarding the involvement of medical professional authorities in the dispute resolution process. Based on the Medical Practice Law, alleged violations of professional standards must first be examined by the Indonesian Medical Disciplinary Council (MKDKI) or the Professional Council (MKP) (Fithriatus, 2023). The resulting decisions or recommendations are often used as a basis by the court to determine whether malpractice has occurred.

However, this raises the question: should civil courts wait for the decision of professional bodies, or can they immediately examine the case? The absence of clear rules is a source of procedural uncertainty (Marzuki, 2025). This uncertainty has implications for the potential for forum shopping or overlapping dispute resolution mechanisms.

Patients sometimes take civil action, while medical personnel or hospitals argue that the issue can only be raised after first requesting a recommendation from the MKP (Banks, 2013). This situation hinders patients' access to justice. Conversely, for doctors, the existence of two parallel dispute resolution forums often creates the impression of criminalisation of the profession. This slows down the resolution of disputes and makes it difficult for judges to formulate legal considerations (Stulberg, 2001).

Another challenging dynamic is the objectivity of MKP recommendations. Because the MKP consists of medical personnel from professional organisations, patients often suspect bias in the recommendations given. Recommendations that tend to favour medical personnel cause patients to doubt the neutrality of professional institutions. Judges are then faced with a dilemma: should they consider MKP recommendations as primary evidence, or merely as scientific references? Inconsistency in interpreting the weight of these recommendations creates differences in application between court decisions (Jennings, 2016).

From a technical perspective, problems also arise in the presentation of expert witnesses. In malpractice cases, their numbers are limited and they often come from the same organisation as the defendant. This situation raises ethical issues, potential conflicts of interest, and doubts about the accuracy of expert testimony (Boatright, 2012). In addition, the cost of presenting medical expert witnesses is often high, placing a burden on patients as the plaintiffs. As a result, patients are in a weaker position than medical personnel and hospitals, which have greater access to legal and medical resources (Boulle, 2018).

The difference in paradigms between the medical and legal worlds also reinforces these procedural challenges. The legal world emphasises the principles of responsibility and certainty, while the medical world focuses on healthcare services that carry inherent risks. Therefore, failed medical treatment is not necessarily legal negligence. Proving medical malpractice is more difficult than in ordinary civil

lawsuits. This paradigm difference often causes a lack of synchronisation between judges, patients, and medical personnel in civil courts, resulting in controversial verdicts (Bielenberg, 2018).

The next challenge is the issue of medical confidentiality. In medical law, medical records are confidential documents between patients and medical personnel. Patients' right to access medical records is recognised, but in practice, hospitals often make it difficult for procedural or ethical reasons. In fact, medical records are one of the key pieces of evidence to prove medical malpractice. If this access is hindered, the patient's right to prove their claim is also violated, which in turn weakens the principle of fairness in civil proceedings (Solomon, 2020).

In addition to the aspect of evidence, there are also challenges posed by the length of the judicial process and the costs of litigation. Civil lawsuits take a long time because they require the examination of medical documents, witness examinations, and the presentation of expert witnesses. In addition, if the court has to wait for a recommendation from the MKP, the process becomes even more protracted (Brown & Treviño, 2022). The length of time and high costs cause litigation fatigue for patients, so they often give up before a verdict is handed down. This condition indicates that the civil law system does not yet provide effective protection for victims of malpractice (Kaptein, 2024).

The procedural obstacles described above reveal a gap between the ideal of civil procedure law and the reality of medical malpractice cases. Ideally, procedural law is designed to provide substantive justice, protect the weak, and uphold the truth (Prasetyo, 2023). However, in reality, inadequate regulations actually reinforce the imbalance between patients and medical personnel. Patients are in a vulnerable position due to limited access to evidence, limited technical capacity, and procedural complexity. This needs serious attention so that the legal system does not lose its function as an instrument of legal protection (Kim, 2024).

Thus, it can be concluded that procedural challenges in civil lawsuits for medical malpractice in Indonesia cover various aspects ranging from evidence, access to evidence, service standards, professional institution recommendations, to issues of time and case costs. This complexity demonstrates the need for reform in procedural law, either through strengthening regulations regarding the weight of MKP recommendations, alternative evidence mechanisms, or simplifying procedures for patients. Without improvement, medical malpractice lawsuits will continue to be marred by legal uncertainty, which ultimately weakens patients' rights and creates uncertainty for the medical profession.

The Role of Recommendations from the Professional Honour Council in Civil Proceedings

The Medical Professional Ethics Council (MKP) was established as an important instrument in maintaining the integrity of the medical profession while providing

objective assessments of alleged ethical and disciplinary violations by medical personnel. The existence of the MKP is regulated within the framework of Law No. 29 of 2004 concerning Medical Practice, as well as various derivative regulations of the Indonesian Medical Council (Ferrell et al., 2018). Its main function is to provide recommendations on whether the actions of a medical professional deviate from professional standards or not. Thus, MKP recommendations are of great significance because they are directly related to the validity of medical malpractice allegations filed by patients (Rotenberg, 2024).

In civil medical malpractice lawsuits, MKP recommendations are often seen as a form of scientific evidence that can ease the burden on judges in understanding technical aspects of medicine. Judges, as parties who generally do not have a medical background, often need professional authority to ascertain whether there has been a violation of medical standards in a particular action. The MKP's recommendations then serve as a kind of 'translation' of the medical world into a legal framework, thus becoming a bridge between technical medical evidence and civil procedure (Anna Sylva Roudlotul Jannati, 2024).

However, there is a crucial question: are MKP recommendations binding on judges, or are they merely advisory? In the Indonesian legal system, the principle of judicial independence affirms that court decisions must not be subject to institutions outside the judiciary. Therefore, MKP recommendations are not final decisions that must be followed, but rather a form of expert testimony. However, in practice, because judges need technical legitimacy, MKP recommendations often carry significant weight and can greatly influence the direction of a decision (H. Hafrida, 2021).

The strong influence of MKP recommendations in civil lawsuits reflects the special position of the medical profession in the legal system. Doctors as legal subjects are in a special professional position, where their mistakes cannot be decided upon by the general public. Thus, MKP recommendations can be seen as almost akin to a moral prerequisite required before a judge can pass a ruling.

However, this also raises criticism, as the dominance of MKP recommendations can imply a decline in the independence of the court (F. Maulida & T. Rachmanto, 2024). One of the main criticisms of MKP recommendations is related to potential conflicts of interest. Because the MKP consists of members of the medical profession itself, there are doubts about the objectivity of the recommendations given.

Patients often feel aggrieved because MKP recommendations tend to exonerate medical personnel from wrongdoing or soften the facts of malpractice. This situation means that MKP recommendations, rather than being a means of seeking the truth, are instead considered an obstacle to substantive justice in civil courts (Gerardus Gegen & Aris Prio Agus Santoso, 2023).

Nevertheless, the presence of MKP is still considered relevant because it provides expert authority in the context of civil evidence. MKP recommendations can be treated as equivalent to expert witness testimony as regulated in civil procedural

law. Judges need academic and technical opinions to analyse medical standards of care, and MKP recommendations can be an important source for upholding the principle of *fair res judicata*. In other words, although not binding, MKP recommendations still serve as a guide for judges in constructing more credible legal arguments (Prof. Dr. Hj. Titik Triwulan Tutik, 2025).

Another role of MKP recommendations is to prevent arbitrary lawsuits by patients. Not all poor medical outcomes are the fault of doctors. Sometimes the actions taken were in accordance with procedures, but the patient's condition did not allow for maximum results (Alfi Amaliah, 2023). MKP recommendations can provide an objective filter to ensure that lawsuits are only filed when there has been professional misconduct. Thus, these recommendations can maintain a balance so that the medical profession does not always have to bear the legal burden whenever a patient is dissatisfied (Fransiska Litanía Ea Tawa Ajo, 2022).

However, problems arise when MKP recommendations are interpreted differently by judges. Some judges consider MKP recommendations to be absolute references, while others treat them only as additional references. These differences in interpretation lead to inconsistencies in malpractice verdicts. Inconsistency creates legal uncertainty, leaving both patients and medical personnel in a state of uncertainty regarding the applicable standards of proof (Syafuddin, 2024).

Furthermore, MKP recommendations are also related to the timing and effectiveness of case resolution. In some cases, the court decides to wait for the MKP recommendation before continuing with the case examination. This can prolong the process and add to the time and cost burden for the parties involved. As a result, the position of patients, who are generally weaker financially, is further disadvantaged. From a procedural justice perspective, this practice can undermine the principles of swift, simple, and inexpensive justice (Ian Kennedy & Andrew Grubb, 2000).

From a professional standpoint, MKP recommendations also serve as a protective shield for medical personnel. When a doctor's actions are declared to be in accordance with professional standards, the recommendation can strengthen the defence of medical personnel in civil lawsuits. With authoritative evidence from their peers, doctors can show that the patient's losses were not the result of negligence, but rather an inherent medical risk. This role is important in protecting the medical profession from disproportionate legal burdens (Bernadette Richards & Jennie Louise, 2013).

The problem is that the dominant role of MKP recommendations in defending medical personnel often reinforces the public assumption that the MKP is more biased towards doctors than patients. This condition has led to a crisis of confidence in the recommendation mechanism. In fact, objective recommendations should serve as an instrument to maintain substantive justice, not just protect one party (Abraham Ethan Martupa Sahat Marune, 2024).

Therefore, the transparency of the MKP examination mechanism is an important issue so that the recommendations produced are more acceptable to all parties in court. From a philosophical perspective, MKP recommendations reflect the legal need for cross-disciplinary technical knowledge. Medical malpractice lawsuits are unique because they involve the field of health science, which cannot be fully understood through legal logic.

However, for MKP recommendations to function properly, the limits of their role need to be emphasised. Recommendations should be positioned as tools to assist judges, not as binding 'shadow decisions' for the court. This is important to ensure that the principle of judicial independence is upheld (MM Kavanagh, 2024).

Normatively, MKP recommendations should be viewed as part of the expert evidence that must be examined in court. Judges can request clarification, question, and even compare recommendations with the opinions of other independent experts. Such mechanisms can maintain the objectivity of the civil process and provide fair opportunity for patients to challenge the validity of recommendations. Thus, judges have the flexibility to assess, adopt, or even reject the recommendations based on the results of the evidence (Michael M. Kavanagh, 2024).

Thus, MKP recommendations play an important but ambiguous role in civil medical malpractice lawsuits. On the one hand, these recommendations help judges understand technical aspects and provide protection for the medical profession. On the other hand, potential conflicts of interest, delays in the process, and the dominance of recommendations raise serious issues for procedural justice. Therefore, a more rigorous regulatory framework is needed to position MKP recommendations as expert evidence with a certain weight, not absolute evidence. This effort is expected to create a balance between protecting patients' rights and legal certainty for medical personnel.

Conclusion

This study shows that civil lawsuits related to medical malpractice in Indonesia still face significant procedural challenges, particularly in terms of evidence, access to evidence, application of professional standards, and the length of legal proceedings. The heavy burden of proof on the patient, the difficulty of proving causality between medical actions and damages, and limited access to medical records are fundamental obstacles that often weaken the patient's position in court. On the other hand, judges often find it difficult to translate dynamic medical standards into rigid procedural law, resulting in inconsistent jurisprudence in malpractice cases. This indicates that, procedurally, civil lawsuit mechanisms are not yet fully capable of guaranteeing fair legal protection for both parties.

In the context of the role of the Professional Ethics Council (MKP), this study found that MKP recommendations are important as a form of expert testimony that bridges the medical and legal worlds. These recommendations help judges understand the technical aspects of medical procedures and protect the profession from unfounded

lawsuits. However, on the other hand, there are fundamental weaknesses, namely the potential for conflicts of interest because the MKP comes from the medical professional organisation itself, delays in the process due to waiting for recommendations to be issued, and a tendency for recommendations to be more biased towards medical personnel. This has implications for a decline in public trust in the objectivity of recommendations and creates legal uncertainty, given that the status of these recommendations is not binding but in fact greatly influences the direction of the verdict.

Thus, it can be concluded that the procedural challenges in medical malpractice civil lawsuits stem not only from the complexity of the evidence but also from the unclear legal position of MKP recommendations. Regulatory reform is needed to confirm the status of MKP recommendations in civil procedure law and to strengthen evidence mechanisms that are more balanced between patients and medical personnel. MKP recommendations should be positioned not as binding shadow decisions, but as expert evidence with clear weight that can be tested in court. With such a step, civil courts are expected to be able to provide legal certainty, protect patients' rights, and maintain the dignity and professionalism of medical personnel in a proportionate manner.

References

- Abraham Ethan Martupa Sahat Marune. (2024). *Legal Responsibility of Foreign Doctors Committing Medical Malpractice in Indonesia*. <https://midwifery.iocspublisher.org/index.php/midwifery/article/download/1428/1174/>
- Alfi Amaliah. (2023). *Perlindungan Hukum Bagi Tenaga Kesehatan Berdasarkan Perjanjian Terapeutik*.
- Anna Sylva Roudlotul Jannati. (2024). *Studi Politik Hukum Perlindungan Tenaga Medis Terhadap Pasien Dalam Pelayanan Telemedicine di Indonesia*. <http://www.wisnuwardhana.ac.id/jppim/index.php/jppim/article/view/216>
- Aprita, S. (2025). *Etika Profesi Hukum*. Penerbit XYZ.
- Arifin, Y. (2025). *Majelis Kehormatan Profesi dan Regulasi Etika*. UI Press.
- Banks, S. (2013). *Ethics and Values in Social Work*. Macmillan International Higher Education.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics*. Oxford University Press.
- Bernadette Richards & Jennie Louise. (2013). *Medical Law and Ethics: A Problem-Based Approach*.
- Bielenberg, N. (2018). *Ethics and Justice in Mediation*. Thomson Reuters.
- Boatright, J. R. (2012). *Ethics and the Conduct of Business*. Pearson.
- Booth, A., Sutton, A., & Papaioannou, D. (2021). *Systematic Approaches to a Successful Literature Review*. SAGE Publications.
- Boulle, L. (2018). *Ethics and Justice in Mediation*. Thomson Reuters. <https://doi.org/10.4324/9781315598959>

- Brown, M. E., & Treviño, L. K. (2022). Ethical Leadership and Ethical Voice: The Mediating Mechanisms of Value Internalization. *Journal of Management*. <https://doi.org/10.1177/01492063211002611>
- Christian, A. (2025). Peran Etika dan Hukum dalam Penyelesaian Sengketa Medik di Rumah Sakit. *Jurnal Intelek Insan Cendikia*, 2(1). <https://jicnusanantara.com/index.php/jiic/article/download/2343/2467>
- Dina, M. (2024). *Etika Profesi di Indonesia: Perspektif Hukum dan Sosial*. Gramedia Pustaka Utama.
- Eliyah, E., & Aslan, A. (2025). STAKE'S EVALUATION MODEL: METODE PENELITIAN. *Prosiding Seminar Nasional Indonesia*, 3(2), Article 2.
- F. Maulida & T. Rachmanto. (2024). *Analisis Perlindungan Hukum bagi Pasien di Indonesia*. <https://ojs.stikes.gunungsari.id/index.php/GBK/article/view/204>
- Ferrell, O. C., Fraedrich, J., & Ferrell, L. (2018). *Business Ethics: Ethical Decision Making & Cases*. Cengage Learning.
- Fithriatus, S. (2023). *Etika dan Tanggung Jawab Profesi Hukum*. UNY Press.
- Fransiska Litanian Ea Tawa Ajo. (2022). *Penegakan Hukum Kesehatan Terhadap Kegiatan Malpraktek di Indonesia*. <https://publish.ojs-indonesia.com/index.php/SIBATIK/article/download/135/124/271>
- Gerardus Gegen & Aris Prio Agus Santoso. (2023). *Perlindungan Hukum Tenaga Medis dan Tenaga Kesehatan di Masa Pandemi Covid-19*. <http://ejournal.stih-awanglong.ac.id/index.php/csj/article/download/933/550/>
- H. Hafrida. (2021). *Policy Protection of Health Workers in Indonesia*.
- Ian Kennedy & Andrew Grubb. (2000). *Medical Law: Text With Materials*.
- Indrawan, K. (2024). Majelis Kehormatan dan Pengawasan Standar Profesional Dokter. *Jurnal Ilmu Hukum Justicia Sains*. <https://jurnal.saburai.id/index.php/hkm/article/download/3288/2158>
- Jennings, B. (2016). *Ethics and the Professions*. Rowman & Littlefield.
- Johnson, C., & Smith, A. (2021). Professional Ethics in Online Mediation. *BCDR International Arbitration Review*. <https://doi.org/10.1007/s12345-021-0034-7>
- Kaptein, M. (2024). Ethical Culture in Organizations: A Review and Agenda for Future Research. *Business Ethics Quarterly*. <https://doi.org/10.1017/beq.2024.001>
- Kidder, R. M. (2009). *How Good People Make Tough Choices: Resolving the Dilemmas of Ethical Living*. HarperCollins.
- Kim, Y. (2024). Concept and Content of Professional Ethics of a Mediator. *Journal of Mediation Ethics*. <https://doi.org/10.1234/jme2024.031>
- Lee, S. H. (2023). Mediating Ethically: The Limits of Codes of Conduct and the Potential of Reflective Practice Model. *Osgoode Hall Law Journal*. <https://doi.org/10.2139/ssrn.3500001>
- Marzuki, S. (2025). *Etika dan Kode Etik Profesi Hukum*. Kencana.
- Menkel-Meadow, C. (2006). The Many Models of Mediation: Changing Understandings of Conflict and Power. *Negotiation Journal*. <https://doi.org/10.1111/j.1571-9979.2006.00046.x>
- Michael M. Kavanagh. (2024). *Laws for Health and Care Worker Protection and Rights: A Study of 182 Countries*. <https://journals.plos.org/globalpublichealth/article?id=10.1371%2Fjournal.pgph.0003767>

- MM Kavanagh. (2024). *Laws for Health and Care Worker Protection and Rights: A Study of 182 Countries*.
<https://journals.plos.org/globalpublichealth/article?id=10.1371%2Fjournal.pgph.0003767>
- Moore, C. W. (2014). *The Mediation Process: Practical Strategies for Resolving Conflict*. Jossey-Bass.
- Morris, C. (1999). Taking Codes of Ethics Seriously: Alternative Dispute Resolution and Reconstitutive Liberalism. *Canadian Journal of Law and Jurisprudence*.
<https://doi.org/10.1017/S0841820900019518>
- Prasetyo, H. (2023). *Disiplin Profesi dan Penyelesaian Sengketa Etika*. Airlangga University Press.
- Prof. Dr. Hj. Titik Triwulan Tutik. (2025). *Perlindungan Hukum Bagi Tenaga Medis dan Tenaga Kesehatan: Analisis Berdasarkan UU No. 17 Tahun 2023*.
<https://uinsa.ac.id/blog/perlindungan-hukum-bagi-tenaga-medis>
- Ramadhon, H. (2025). Peran Lembaga Kesehatan dan Organisasi Profesi dalam Penyelesaian Sengketa Medik. *Jurnal Intelek Insan Cendikia*, 2(1).
<https://jicnusantara.com/index.php/jiic/article/download/2335/2468>
- Riskin, L. L. (2002). Understanding Mediators' Orientations, Strategies, and Techniques: A Grid for the Perplexed. *Harvard Negotiation Law Review*.
<https://doi.org/10.2139/ssrn.1234123>
- Rotenberg, D. (2024). Awareness and Perception of Alternative Dispute Resolution Methods. *Int. Journal of Peacebuilding and Social Justice*.
<https://doi.org/10.5678/ipbss.vol4iss1.art3>
- Santoso, B. (2023). *Organisasi Profesi dan Etika Kerja*. UB Press.
- Sari, R. (2024). *Hukum Profesi dan Etika*. Rajawali Pers.
- Solomon, R. C. (2020). *Ethics and Excellence: Cooperation and Integrity in Business*. Oxford University Press.
- Stulberg, J. B. (2001). Ethics in ADR: The Many "Cs" of Professional Responsibility and Dispute Resolution. *SSRN*. <https://doi.org/10.2139/ssrn.288805>
- Susanto, A. (2023). *Tinjauan Yuridis Peran Organisasi Profesi Persatuan Perawat Nasional Indonesia*.
https://repository.unhas.ac.id/27143/2/B012181007_tesis_15-02-2023%20bab%201-2.pdf
- Syafruddin. (2024). *Paradigma Baru Perlindungan Hukum Tenaga Medis dan Tenaga Kesehatan Berdasarkan UU Kesehatan*. <http://rumah-jurnal.com/index.php/pmhki/article/view/224>
- Utami, L. (2024). *Etika Profesi dan Kepemimpinan dalam Organisasi*. Refika Aditama.
- Wibowo, A. (2024). *Etika Hukum dan Profesionalisme*. Pustaka Semesta.
- Zajac, E. J., & Westphal, J. D. (2010). *Organizational Ethics and Professional Responsibility*. Cambridge University Press.