

# LEGAL REVIEW OF MEDICAL CRIME: PATIENT PROTECTION AND PROFESSIONAL RESPONSIBILITY IN MEDICAL PRACTICE

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**Abstract:** This article discusses a review of the law related to medical crimes in the context of patient protection and professional responsibility in medical practice in Indonesia. Employing a normative juridical research method, this study combines conceptual analysis with statutory regulation, there are two main topics studied, namely: (1) What patient rights are protected by law in medical practice in Indonesia; and (2) The role of the code of ethics in determining professional responsibilities for practitioners and its relationship to medical criminal law. The first discussion elaborates on patients' fundamental rights protected by various laws and regulations in Indonesia, including the right to information, freedom to consent or refuse medical treatment, confidentiality of information, security and safety, comfort, and compensation. The most important and fundamental legal rules in the health legal system in Indonesia are Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, Law Number 17 of 2023 concerning Health, and Criminal Code / *Kitab Undang-Undang Hukum Pidana* (KUHP). The following section explains the crucial role of medical ethics codes in determining the professional responsibilities of medical practitioners, highlighting their intersection with criminal law. For instance, the principle of non-maleficence (do no harm) can be linked to criminal negligence if a healthcare professional's actions cause significant patient injury. Similarly, the principle of respect for patient autonomy aligns with the legal requirement for informed consent. By exploring these connections with real-life examples, the article aims to provide a comprehensive understanding of how law and ethics work together to protect patient rights in Indonesia. The relationship between the code of ethics and medical criminal law is discussed, emphasizing the consequences of ethical violations that can result in criminal sanctions. By analyzing these aspects, this article examines how medical criminal law can achieve justice for patients harmed by rights violations and ensure that the professional responsibilities of medical personnel are fulfilled. Hopefully, this study will improve the quality of health services and more transparent and accountable medical practices in Indonesia.

*Keywords: health law; medical negligence; code of ethics*

## I. INTRODUCTION

In the past, the world of medicine seemed inaccessible to the law. However, with increasing public awareness of the need for legal protection, medicine is not just a civil relationship; it often even develops into criminal matters (Halim et al., 2021). A criminal act or crime means an activity that involves a violation of the law (Oxford English Dictionary) or is defined as an act punishable by law that is prohibited by law or detrimental to the welfare of society (Rezaiee, 2023). Therefore,

the medical profession malpractice crime in public life is currently an act of the medical profession which is contrary to standard operating procedures, the law, and the applicable code of ethics (Saifandi et al., 2021).

As technology advances and medical procedures become more complex, malpractice cases also show an increasing trend. Medical error is not a common topic of discussion in current public health literature. However, its impact on patients' lives worldwide is alarming (Hannawa, 2012). The rise in medical malpractice cases often makes society increasingly anxious, thus encouraging people to be more critical and knowledgeable and demand their rights as patients (Yudyaningrum, 2022).

On the other hand, a doctor is a party who has experience in the medical profession and is seen to be qualified to perform medical treatments. Patients, on the other hand, are sick individuals who trust medical professionals to treat and cure them since they are aware of their condition. Therefore, physicians have a duty to give their patients the finest care possible (Halim et al., 2021). In addition, doctors are Physicians are in charge of the treatments they administer to each and every one of their patients. Based on sincere intentions based on the doctor's oath, the medical code of ethics, and professional standards to cure or help patients in carrying out their professional duties, one of the ethical responsibilities of a doctor is obedience to maintaining Indonesian medical ethics and adhering to the doctor's oath. However, it cannot be denied that malpractice has opened up patients' awareness that doctors can be negligent and place patients as victims of this negligence. The unpreparedness of medical personnel in dealing with situations and conditions adds to the chaos of health services, which ultimately impacts patient care that cannot be measured by health standards (Subarsyah, 2022).

In certain medical procedures, a risk is always attached to the medical action (inherent risk of treatment). If the doctor carries out the medical action carefully, with the patient's permission and based on Medical Service Standards), but it turns out that the risk still occurs, then the doctor cannot be blamed (Pontoh, 2013). Errors or negligence in medical professional actions will result in legal liability (depending on the nature of the loss caused). There are 3 (three) points that are related and inseparable. The first is an act that does not follow norms, the second is due to error or negligence, and the third contains the consequences of losses in legal provisions. Legal losses are regulated by law which can be recovered by imposing legal responsibility on the perpetrators and perpetrators involved through legal channels. Criminal law occupies an important role because criminal law has a special position, in the sense that criminal law is not only found in the criminal law but also various other laws and regulations outside the Criminal Code / *Kitab Undang-Undang*

*Hukum Pidana* (KUHP) such as Law on Health, Law on Health Personnel, Law on medical practice and so on (Saifandi et al., 2021).

Medical professional malpractice committed in the medical profession needs to be studied because these errors or omissions have very detrimental consequences for patients, both physically and mentally. While specific data on the prevalence of medical malpractice cases is limited, several high-profile examples illustrate the types of cases that can lead to criminal charges, such as: (1) Unnecessary surgery: A case involved a doctor who allegedly performed unnecessary surgery on a patient, resulting in significant complications. The doctor was charged with criminal negligence and malpractice; (2) Incorrect medication: A 2020 case involved a nurse who mistakenly administered the wrong medication to a patient, leading to serious health problems. The nurse was charged with negligence and potentially causing bodily harm; and (3) Failure to obtain informed consent: A 2021 case involved a patient who suffered negative side effects from a medical procedure they did not fully understand. The doctor was accused of failing to obtain informed consent and potentially facing charges of assault or battery. Lack of understanding regarding the limitations of medical professional malpractice in detail is an obstacle to law enforcement in carrying out criminal liability efforts for medical professional malpractice. Criminal provisions can provide legal certainty for patients from excessive fear if things cause certain detrimental consequences (Saifandi et al., 2021). Thus, clear and comprehensive legal regulations are needed to protect patient rights and ensure the professional responsibilities of medical personnel.

Additionally, when providing medical treatment or services to patients, physicians and other health professionals should make appropriate use of their training and experience and exercise caution to avoid making mistakes that might endanger the patient or the physician. Up until now, Indonesian medical law has not been able to define misconduct precisely and comprehensively. Meanwhile, *Wetboek van Strafrecht* (WvS), now called the Criminal Code, does not clearly regulate criminal threats for unlawful acts in the health sector or malpractice. The application of law in the medical field is considered a legal intervention, and Indonesian Medical Code of Ethics / *Kode Etik Kedokteran Indonesia* (KODEKI) is sufficient to regulate and supervise doctors in their work, so there is no longer a need for legal intervention. Until now, in carrying out their professional duties, doctors are primarily concerned with legal protection rather than legal duty and knowledge. It shows a need for doctors to have a better understanding of ethics and law. Likewise, the confusion in understanding the medical malpractice problem is still often considered a violation of professional ethical norms and should not be subject to criminal sanctions (Putra, 2020).

From the background above, the author determines the problem formulation as follows, namely: (1) What patient rights are protected by law in medical practice in Indonesia; and (2) What is the role of the code of ethics in determining professional responsibilities for practitioners and its relationship to medical criminal law?

## **II. RESEARCH METHOD**

This article used a normative legal research method with a case approach. Normative legal research focuses on rules or principles in the sense of law, conceptualized as norms or rules originating from regulations (Hehanussa et al., 2023). Within the Indonesian healthcare system, some foundational statutes provide the legal framework for its operation, namely: Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, Law Number 17 of 2023 concerning Health, and Criminal Code / *Kitab Undang-Undang Hukum Pidana* (KUHP). The research specifications used are analytical descriptive, namely providing a complete and accurate description of the data related to the object of the problem resulting from literature studies from various references used to research, explore, and study legal reviews about medical crimes in the context of patient protection and professional responsibility in medical practice in Indonesia.

## **III. RESULTS AND DISCUSSION**

### **Patients' Rights Protected by Law in Medical Practice in Indonesia**

There is now a need for explicit legislative rules regarding malpractice in Indonesian medical law. Administrative law, criminal law, and civil law are among the numerous legal regulations governed by the substantive legal system of Indonesia. Unfortunately, systemic malfeasance is not recognised by these three legal systems (Ramadhani, 2023). Unlike common law systems, Indonesia's substantive legal system doesn't have a single, codified law on medical malpractice. This can lead to complexities when applying existing legal principles to specific cases. Key terms like "medical negligence" and "serious patient harm" lack precise definitions within the context of medical malpractice. This ambiguity creates uncertainty for both patients and healthcare professionals regarding their rights and potential liabilities. The lack of clear legal boundaries can result in varying interpretations and inconsistent rulings on malpractice cases. This creates a sense of unequal justice and hinders efforts to establish clear legal precedents. Furthermore, patients who suspect malpractice may be discouraged from pursuing legal action due to the perceived difficulty of navigating the legal system's ambiguity. This can hinder efforts to improve patient safety by

preventing valuable insights from being brought to light. On the other hand, doctors, fearing potential lawsuits even in cases of minor errors, might practice "defensive medicine." This practice, while aimed at avoiding legal repercussions, can inflate healthcare costs and not necessarily improve patient care.

Many criminal rules pertaining to the medical industry are regulated under the Criminal Code. Additionally, Law Number 36 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, and Law Number 29 of 2004 about Medical Practice are examples of specific law that was created in the health sector to keep up with social advancements. Health development is based on humanity, balance, benefits, protection, respect for rights and duties, fairness, gender, non-discrimination, and religious values, according to Law Number 36 of 2009 concerning Health, Article 2. Article 3 on the other hand, declares that the goal of health development is to raise people's knowledge, motivation, and capacity for leading healthy lives in order to achieve the greatest possible standard of public health as an investment in the development of socially and economically valuable human resources. It has caused unrest in society and sparked demands for stronger legal protection for patients (Agustina, 2019). Increasing public awareness of their rights has encouraged demands for legal protection for patients.

One of the most essential demands for sustaining people's life is health. A person cannot do his activities effectively if he is not well. Health is a fundamental human right (the right to self-determination), and it must be fulfilled by offering the community access to safe, high-quality, and reasonably priced healthcare. In order to maximise public health and implement health service models, law is crucial. Health services, which include medical services based on individualised interactions between physicians and patients who require healing from their ailments, strive to carry out measures to prevent and treat a disease (Halim et al., 2021).

The profession of medicine involves doctors giving patients personalised care in the form of medical services. When a patient seeks medical attention from a doctor, a therapeutic transaction—a legal arrangement between the physician and the patient—occurs. This type of legal connection, known as *inspanningsverbintenis*, differs from the legal relationship that often applies in agreements overall in that it does not guarantee healing or death (*riskikoverbentenis / resultaatsverbentenis*). The patient's role has evolved from being solely dependent on the physician to determine the course of treatment or therapy to one of equal partnership with the physician. Physicians should no longer disregard the patient's viewpoint when selecting a course of therapy, including whether or not medical intervention is required (Novianto, 2015).

Indonesian regulation (Law Number 44 of 2009 concerning Hospitals) provides comprehensive protection for patients in medical practice. In general, the fundamental rights of patients that are protected include:

- Right to information: Patients are entitled to comprehensive, precise, and comprehensible information on their medical condition, diagnosis, course of treatment, and any dangers related to the treatments they are having done.
- Right to consent to medical treatment: The patient has the right to give consent or refuse medical action. Consent must be given consciously, freely, and without coercion.
- Right to confidentiality of information: Patient health information must be kept confidential and may only be accessed by interested parties.
- Right to security and safety: Patients have the right to a safe and comfortable environment while undergoing medical treatment. Medical personnel must carry out procedures carefully and professionally to avoid risks that could harm the patient.
- Right to comfort: Patients have the right to receive medical treatments that are comfortable and dignified.
- Right to refuse medical treatment: Patients have the right to refuse medical services to be undertaken, even if the procedure is considered beneficial for their health.
- Right to compensation: Patients harmed by medical personnel's negligence or violation of rights have the right to receive compensation.

Furthermore, the patient's role in patient health services is outlined in Article 4 of Law Number 36 of 2009 concerning Health, which asserts that every individual has the entitlement to healthcare. Moreover, Article 5 of the Law stipulates that all individuals possess equal entitlements to access resources within the health sector. This clause has legal implications for three interconnected patient rights: the right to be fully informed and give permission, the right to access medical records, and the right to maintain medical secrecy. It is essential to respect the dignity and autonomy of individuals who possess inherent rights. This includes obtaining informed consent from patients after they have received information and explanations from their doctors on any medical procedures to be performed on them. The idea of informed consent safeguards the self-governing and unimpaired decision-making authority of individuals, allowing them the freedom to make their own choices regarding the medical treatment to be administered by doctors and medical workers (Setiaji et al., 2023).

Regarding the patient's right to autonomy regarding informed consent, surgery in general without informed consent is considered abuse. The illegality of surgery as abuse stems from the



lack of informed permission. Therefore, if informed consent is present, the unlawful character of the operation as abuse is negated. Informed consent is the basis for eliminating criminal penalties as a justification, not a forgiving reason. In addition, emergency medical procedures that ignore informed consent can be justified based on the principle of the subsidiarity in law. A law has provided the way to defend conflicting legal interests, meaning that one cannot defend both. Thus, what must be chosen is to defend a greater legal interest (for example, from the danger of death) rather than defending a smaller legal interest (the doctor's interest in being protected from prosecution) without informed consent (Bawono, 1970).

### **The Role of the Code of Ethics in Determining Professional Responsibility for Practitioners and Its Relation to Medical Criminal Law**

Medical personnel are highly skilled professionals who are responsible for delivering exceptional medical services to patients. They utilise evidence-based medical knowledge and adhere to ethical principles to provide the highest quality of care (Siregar et al., 2021). Doctors or physicians, being professionals, have the responsibility for every medical procedure performed on patients. While performing his professional responsibilities, he diligently relies on his good intentions, specifically exerting significant efforts guided by his understanding of the doctor's oath, medical code of ethics, and professional standards to provide treatment or assistance to patients (Erdiansyah, 2013). The core ethical principles enshrined in medical codes of conduct in Indonesia frequently intersect with criminal law, creating a crucial overlap that protects patients and ensures responsible healthcare practices. Here's a breakdown of some key examples:

1. **Respect for Autonomy (Self-Determination):** This principle acknowledges the patient's right to make informed decisions about their healthcare. Informed consent is a cornerstone of this principle. Failing to obtain it before a medical procedure can have legal ramifications. For instance, a doctor performing an elective surgery without proper informed consent, especially if the patient was unaware of potential complications, could be charged with assault or battery if the procedure leads to significant harm. Additionally, withholding critical information about treatment options could be seen as a violation of patient autonomy and potentially lead to charges of fraud or deception.
2. **Justice (Fairness):** This principle emphasizes fair and equitable access to healthcare resources. While not a direct criminal offense, a situation where a doctor consistently prioritizes wealthy patients over those in need, particularly if it involves denying necessary treatment to the less fortunate, could be investigated. If evidence suggests a

deliberate and discriminatory pattern, the doctor might face disciplinary action from their medical association and potentially lose their license.

3. **Beneficence (Doing Good):** This principle emphasizes the doctor's obligation to act in the patient's best interest and promote their well-being. This principle intersects with criminal law in several ways. Performing unnecessary medical procedures for personal gain, such as unnecessary surgeries or excessive prescriptions for financial incentives, could be considered criminal negligence or malpractice if it leads to patient harm. Similarly, withholding life-saving treatment from a patient who is competent and expresses a desire for it could be seen as a violation of beneficence and potentially lead to charges of neglect.
4. **Non-maleficence (Do No Harm):** This principle forms the foundation of medical ethics, emphasizing the physician's duty to avoid causing harm to the patient. This principle has perhaps the most significant overlap with criminal law, such as performing a medical procedure without proper qualifications or training, leading to patient injury, could be considered criminal negligence or reckless endangerment, and prescribing medication without considering potential allergies or interactions, resulting in serious patient harm, could be seen as medical malpractice and potentially lead to criminal charges.

The code of ethics is a guideline for doctors' behavior, as stated in the Minister of Health Decree Number 434/Menkes/SK/X/1983. The code of medical ethics was created by considering the International Code of Medical Ethics, which is based on the ideal foundation of Pancasila and the structure of the 1945 Constitution (Subarsyah, 2022). The Indonesian medical code of ethics regulates relationships between people, which include the general obligations of a doctor, the relationship between a doctor and his patient, the doctor's obligations to his colleagues, and the doctor's obligations to himself. There are violations of the points of the Indonesian Medical Code of Ethics, which are purely ethical violations, and there are also those which are both ethical and legal violations simultaneously. A violation of ethics does not always mean a violation of the law; conversely, a violation of the law does not always constitute a violation of medical ethics (Erdiansyah, 2013). Apart from that, in the behavior of doctors towards patients, there is no clear standard between violations of the law and violations of the code of ethics, which shows that legal requirements are essential and must be used to resolve problems in medical malpractice. Meanwhile, the Criminal Code only regulates if an act is carried out deliberately and deliberately planned, as well as negligence that causes injury, serious injury, and negligence that causes death (Wiraditya, 55-68).



The actions or actions of doctors as legal subjects in society can be distinguished between their daily actions, which are not related to their profession, and their actions, which are related to the implementation of their profession. Likewise, the legal responsibilities of doctors can be differentiated between the legal responsibilities of doctors not related to the implementation of their profession and legal responsibilities about their profession. Legal responsibilities related to the profession's implementation can still be differentiated between responsibilities for professional provisions, namely KODEKI, contained in the Decree of the Minister of Health of the Republic of Indonesia No. 434/Men.Kes/SK/X/1983 and responsibility for legal provisions covering the fields of administrative law, criminal law, and civil law. In criminal law, sanctions are imposed based on mistakes or negligence, whether intentional or unintentional. An intentional error that results in the death of the victim is equated with murder, and if the victim does not die, it is called an act of abuse with sanctions of abuse (Pontoh, 2013). Due to the severity of the harm caused by these crimes and the lack of oversight within the medical profession, medical crimes are arguably the most dangerous type of occupational crime (Hogan, 2016).

In connection with the responsibilities that a doctor must carry out in his profession, he cannot be separated from the legal provisions that apply in carrying out his profession. These legal provisions contain the rights and obligations of a doctor in carrying out his duties or profession. Doctors must know what their obligations are and what their rights are. In relation to legal obligations, this concerns what doctors can and cannot do or should or should not do in their profession. The main legal obligations of a doctor are divided into 4 (four) things consisting of: 1) The obligation to diagnose disease; 2) Obligation to treat disease; 3) The obligation to provide sufficient information to the patient in a language the patient understands, whether requested or not; and 4) The obligation to obtain the patient's consent (without coercion or pressure) to the medical action to be carried out by the doctor after the doctor has provided sufficient information that the patient understands. Doctors, in carrying out their profession, more specifically in carrying out their responsibilities, are bound by legal provisions, so that the doctor's responsibilities are in the form of legal responsibilities that must be fulfilled, which include, among other things, responsibilities in the field of criminal law (Ronoko, 2015).

Indonesia has legal regulations related to medical practice that apply in Indonesia based on positive law, which is contained in Law Number 29 of 2004 concerning Medical Practice. Although there is a legal basis for cases of malpractice by doctors against patients, as stated in Article 66 paragraph 1, this means that if a patient is aware that their interests are being harmed by a doctor's actions, they can only file a written application to the chairman of the Indonesian Medical Discipline Honorary Council / *Majelis Kehormatan Disiplin Kedokteran Indonesia*

(MKDKI). It is important to note that the legal basis only offers administrative sanctions as a means of protecting the patient. However, whether a patient will receive the compensation regulated in this regulation is still being determined. It creates problems in society related to medical practice because it is known that the community needs medical practice related to the health service sector; health is an important element in life. Malpractice cases have several associations on legal regulations, which have juridical implications if a doctor makes negligence or mistakes in providing health services. It is also necessary to know what elements are the benchmarks that an action given by a doctor constitutes an act of error or negligence because the perspective in looking at this matter must not only be seen from the perspective of the professional code of ethics but also must be seen from a legal perspective to protect patients who are harmed by an act of doctor's malpractice (Napatipulu & Alhakim, 2022).

The criminal act of malpractice committed by the medical profession which results in injury or death of a patient is a criminal act if it meets the elements of negligence for an act which causes another person to be injured in such a way or die. In the Criminal Code / KUHP, an act which causes another person to be injured in such a way or die is formulated in in Articles 359 and 360. Article 361 of the Criminal Code is a criminal aggravation article for perpetrators who, while carrying out a position or livelihood, commit criminal acts mentioned in Article 359 and Article 360 of the Criminal Code. Based on this article, for medical professionals who have caused such injury or death related to their duties or position or work, Article 361 of the Criminal Code provides for a more serious criminal threat (Saifandi et al., 2021).

The formation of the MKDKI is stipulated in Article 304, paragraph 2 of Law Number 17 of 2023 concerning Health. The main purpose of MKDKI is to safeguard patients, uphold the quality of patient care, and preserve the reputation and integrity of the medical profession. It is a legally binding process in the medical field to determine whether a doctor has erred in the application of medical disciplinary knowledge. The MKDKI is an autonomous entity separate from the Indonesian Medical Council / *Konsil Kedokteran Indonesia* (KKI). It operates independently and is accountable to the KKI. Meanwhile, the KKI is accountable for ensuring that the president fulfils their responsibilities. Filing complaints with MKDKI does not negate the entitlement of any individual to report alleged health offences to the authorities or file a lawsuit seeking compensation. In this scenario, it is possible for a doctor to refer a medical disagreement to the police for additional investigation, but a decision from the MKDKI is required (Lathoif & Budiarsih, 2024).

Furthermore, according to Article 308 paragraph (1) of Law Number 17 of 2023 concerning Health, patients have the right to file complaints against medical personnel or health workers who are suspected of engaging in illegal activities while providing healthcare services. These individuals may face criminal penalties, but before that, they must seek recommendations from a panel of experts, as outlined in Article 304 of the same law. Doctors who commit misconduct and damage patients might face criminal prosecution under Article 360, paragraphs (1) and (2) of the Criminal Code. This article serves as the legal framework for the imposition of sanctions or penalties on doctors in cases when their errors or carelessness in medical practice lead to significant harm or disease to others, or impede their ability to fulfil their professional duties within a certain timeframe (Lathoif & Budiarsih, 2024).

#### **IV. CONCLUSION**

Indonesian law provides broad protection for patient rights, including the right to information, freedom to consent or refuse medical treatment, confidentiality, security, comfort, and compensation. The medical code of ethics acts as a moral and ethical foundation. Still, serious violations can result in medical criminal sanctions, which are expected to provide justice for injured patients while ensuring that medical personnel carry out their duties professionally. Although this article can contribute to increasing public understanding of their rights as patients and the responsibilities of medical personnel, as well as increasing awareness of medical personnel to comply with ethical codes and professional standards, for more in-depth research, it may be necessary to focus discussion on certain aspects, for example on types of medical crimes or the challenges of enforcing medical criminal law in Indonesia.

Research is needed to identify the specific types of medical crimes most prevalent in Indonesia. This could involve analyzing data on reported cases of medical negligence, malpractice, and fraudulent practices. Understanding the hurdles associated with enforcing medical criminal law is crucial. This could involve examining factors like resource limitations, bureaucratic complexities, and potential external influences. Furthermore, examining specific cases of medical crimes and their legal outcomes can offer valuable insights into the real-world complexities of navigating the legal and ethical landscape.

#### **REFERENCES**

Agustina, E. (2019). Criminal Law Policy In Health Care. *International Journal Of Research In Law, Economic And Social Sciences*, 1(2), Article 2. <https://doi.org/10.32501/injuriless.v1i2.51>

- Bawono, B. T. (1970). Kebijakan Hukum Pidana Dalam Upaya Penanggulangan Malpraktik Profesi Medis. *Jurnal Hukum*, 25(1), 453. <https://doi.org/10.26532/jh.v25i1.204>
- Erdiansyah. (2013). Pertanggungjawaban Pidana Terhadap Dokter Atas Kesalahan Dan Kelalaian Dalam Memberikan Pelayanan Medis Di Rumah Sakit. *Jurnal Ilmu Hukum Riau*, 3(2), 9084. <https://www.neliti.com/publications/9084/>
- Halim, A., Nurdin, M., & Soejono, S. (2021). Criminal Liability Medical Negligence And Medical Malpractice. *The 2nd International Conference And Call Paper*, 1(1), Article 1. <https://jurnal.unissula.ac.id/index.php/lics/article/view/13411>
- Hannawa, A. F. (2012). Medical Error Disclosure: A Pressing Agenda For Public Health Researchers. *Journal Of Public Health Research*, 1(3), 214. <https://doi.org/10.4081/jphr.2012.e33>
- Hehanussa, D. J. A., Sopacua, M. G., Surya, A., Titahelu, J. A. S., Monteiro, J. M., Siregar, R. A., Bagenda, C., Rinaldi, K., Rifa'i, I. J., Nurwandri, A., Aidil, A. M., Hasanuddin, H., Zaleha, Z., Satory, A., & Irwanto, I. (2023). *Metode Penelitian Hukum*. Widina Media Utama. <https://repository.penerbitwidina.com/publications/559439/>
- Hogan, S. (2016). Medical Crime: Occupational Crime At Its Worst. *Sociological Imagination: Western's Undergraduate Sociology Student Journal*, 5(1). <https://ir.lib.uwo.ca/si/vol5/iss1/5>
- Lathoif, M. I., & Budiarsih, B. (2024). The Strength Of Proof Of Mkdki Decisions In Medical Crime Cases In Indonesia. *Activa Yuris: Jurnal Hukum*, 4(1), Article 1. <https://doi.org/10.25273/ay.v4i1.18092>
- Napitupulu, A. S., & Alhakim, A. (2022). Pertanggungjawaban Hukum Pidana Terhadap Tindakan Malpraktek Oleh Dokter Kepada Pasien. *Jurnal Justitia : Jurnal Ilmu Hukum Dan Humaniora*, 9(5), Article 5. <https://doi.org/10.31604/justitia.v9i5.2388-2400>
- Novianto, W. T. (2015). Penafsiran Hukum Dalam Menentukan Unsur-Unsur Kelalaian Malpraktek Medik (Medical Malpractice). *Yustisia*, 4(2). <https://jurnal.uns.ac.id/yustisia/article/download/8670/7756>
- Pontoh, M. R. (2013). Penegakan Hukum Pidana Terhadap Resiko Medik Dan Malpraktek Dalam Pelaksanaan Tugas Dokter. *Lex Crimen*, 2(7), 3105. <https://www.neliti.com/publications/3105/>
- Putra, A. P. (2020). Penyelesaian Dan Pertanggungjawaban Pidana Dokter Terhadap Pasien Dalam Perkara Malpraktik Medik. *Magistra Law Review*, 1(01), Article 01. <https://doi.org/10.35973/malrev.v1i01.1410>
- Ramadhani, S. S. (2023). Urgensi Payung Hukum Tindak Pidana Medis Dalam Upaya Penyelesaian Sengketa Medis. *Jatijajar Law Review*, 1(2), Article 2. <https://doi.org/10.26753/jlr.v1i2.809>
- Rezaiee, Z. H. (2023). Study The Types Of Medical Crimes And Medical Infractions In The Penal Code Of Afghanistan. *Nuijb*, 2(02), Article 02. <https://nuijb.nu.edu.af/index.php/nuijb/article/view/45>
- Ronoko, K. G. Y. (2015). Pertanggungjawaban Dokter Atas Tindakan Malpraktek Yang Dilakukan Menurut Hukum Positif Indonesia. *Lex Crimen*, 4(5), 3313. <https://www.neliti.com/publications/3313/>

- Saifandi, J., S, S., & Hatta, M. (2021). Tindak Pidana Malpraktek Profesi Medis. *Jurnal Ilmiah Mahasiswa Fakultas Hukum Universitas Malikussaleh*, 4(1), Article 1. <https://doi.org/10.29103/jimfh.v4i1.4264>
- Setiaji, S., Sulistiyono, A., & Isharyanto. (2023). The Urgency Of Utilizing Restorative Justice As An Alternative In The Enforcement Of Medical Crime In Indonesia. *Res Militaris*, 13(1), Article 1. <https://resmilitaris.net/menu-script/index.php/resmilitaris/article/view/1643>
- Siregar, I. M., Zarzani, T. R., Anwar, Y., Sinaga, H. A., & Fauzan, F. (2021). Kajian Hukum Pidana Terhadap Atas Kelalaian Tenaga Medis Di Masa Covid-19. *Scenario (Seminar Of Social Sciences Engineering And Humaniora)*, 564–569. <https://jurnal.pancabudi.ac.id/index.php/scenario/article/view/1833>
- Subarsyah, T. (2022). Menyoal Pertanggungjawaban Hukum Pidana Terhadap Tindakan Malapraktik Kedokteran Di Tengah Pandemi Covid-19 Di Indonesia. *Mimbar Hukum*, 34(1), Article 1. <https://doi.org/10.22146/mh.v34i1.2257>
- Wiraditya, G. G. A. (55-68). Pertanggungjawaban Pidana Dalam Malapraktik Kedokteran Dalam Perspektif Hukum Kesehatan Indonesia. *Jurnal Kertha Desa*, 9(1). <https://ojs.unud.ac.id/index.php/kerthadesa/article/download/66341/38766/>
- Yudyaningarum, C. P. (2022). Pertanggung Jawaban Pidana Pelaku Malpraktik Medis. *Academos Jurnal Hukum Dan Tatanan Sosial*, 1(2), Article 2. <https://journal.um-surabaya.ac.id/academos/article/view/14229>