Legal Liability of Pharmacists in the Management of Pharmaceutical Preparations at Indonesian National Armed Forces Hospitals under Law Number 17 of 2023 on Health

Alfred Trisakti, Muhammad Arif Sahlepi, T. Riza Zarzani N

Abstract

The management of pharmaceutical preparations in hospitals places pharmacists in a strategic position while also exposing them to significant legal risks. In Indonesian National Armed Forces (TNI) hospitals, these risks are more complex because pharmacists may hold military status and are therefore subject to both health law and military law. This study analyzes the forms and limits of pharmacists' legal liability in the management of pharmaceutical preparations at TNI hospitals under Law Number 17 of 2023 on Health. It employs normative legal research using statutory and conceptual approaches, with legal materials analyzed qualitatively and prescriptively. The study finds that pharmacists may face administrative, professional disciplinary, civil, and criminal liability, as well as military disciplinary responsibility and military jurisdiction when the pharmacist is a soldier. Liability must be attached to actual authority and personal fault, so pharmacists should not be held responsible for systemic failures beyond their control. At the same time, Article 193 of the Health Law places legal responsibility on hospitals for losses arising from negligence by their health human resources. A regulatory gap remains because the professional disciplinary council recommendation mechanism is not expressly extended to military investigators. Legal protection for pharmacists therefore requires clearer allocation of authority, enforceable standard operating procedures, proper documentation, and harmonized law enforcement within the TNI.

***Keywords*:** legal liability; pharmacist; pharmaceutical preparations; TNI hospital; Health Law

Alfred Trisakti
Program Studi Magister Hukum Kesehatan, Universitas Pembangunan Panca Budi, Medan, Indonesia
e-mail: alfredtrisakti@gmail.com

Muhammad Arif Sahlepi, T. Riza Zarzani N
e-mail: arifsahlepi@dosen.pancabudi.ac.id, rizazarzani@dosen.pancabudi.ac.id
3rd International Conference Epicentrum of Economic Global Framework (ICEEGLOF)
Theme: Cross-Sector and Cross-Disciplinary Strategies for Achieving the SDGS
https://proceeding.pancabudi.ac.id/index.php/ICEEGLOF

Introduction

Pharmaceutical services are an integral part of hospital health services. The quality of patient therapy depends on pharmaceutical preparations that are safe, effective, of appropriate quality, and available when needed, while the entire supply chain is managed by the hospital pharmacy installation under the responsibility of pharmacists. Law Number 17 of 2023 on Health (hereinafter referred to as the Health Law) provides that pharmaceutical practice must be carried out by pharmaceutical personnel and that such practice includes production and quality control, procurement, storage, distribution, research and development of pharmaceutical preparations, as well as pharmaceutical management and services [1]. Accordingly, the management of pharmaceutical preparations in hospitals normatively falls within the professional responsibility of pharmacists.

The Health Law repealed eleven statutes in the health sector, including Law Number 36 of 2009 on Health and Law Number 44 of 2009 on Hospitals [1]. Its implementing regulation, Government Regulation Number 28 of 2024, replaced Government Regulation Number 51 of 2009 on Pharmaceutical Work [2], [3]. At the technical level, Food and Drug Authority Regulation Number 5 of 2026 confirms that all drug management activities in pharmaceutical service facilities, including hospital pharmacy installations, are under the responsibility of the pharmacist in charge [4]. This change in the regulatory regime raises a practical question that has not been sufficiently addressed: how far may pharmacists be held legally accountable, and what protection is available when a problem originates from the institutional system rather than from the pharmacist's own conduct?

This question becomes more complex in TNI hospitals. These hospitals generally serve soldiers, civil servants, military families, and members of the public, while pharmacists working in them may themselves be soldiers or civil servants. A pharmacist who is a soldier is simultaneously subject to two legal regimes: health law as a health professional and military law as a member of the TNI. The relevant military framework includes Law Number 34 of 2004 on the Indonesian National Armed Forces [5], Law Number 25 of 2014 on Military Disciplinary Law [6], and Law Number 31 of 1997 on Military Courts [7]. Article 65 paragraph (2) of Law Number 34 of 2004 provides that soldiers are subject to the general courts for violations of general criminal law, but Article 74 makes the operation of that provision dependent on the enactment of a new military justice law. As of 31 March 2026, such replacement legislation had not yet been enacted, so Law Number 31 of 1997 remained the principal reference [8].

Existing studies on pharmacists' legal liability have largely focused on community pharmacies, non-prescription drug services, and the circulation of prescription-only medicines, and many still rely on the former regime under Law Number 36 of 2009. Research concerning hospitals and health professionals has discussed hospital liability for refusing emergency patients under the Health Law [9], hospital liability for medical negligence [10], the legal status of trainees in teaching hospitals [11], and guarantees of halal pharmaceutical products [12]. Within the military setting, existing research has only begun to address the criminal liability of military physicians [13]. Based on the literature reviewed by the authors, studies specifically examining pharmacists' management of pharmaceutical preparations in military hospitals using the Health Law as the primary analytical framework remain limited. The novelty of this article lies in mapping pharmacists' liability across two legal regimes, namely the Health Law regime and the military law regime, and in defining measurable limits of liability so that professional legal protection remains grounded in statutory provisions.

Based on the foregoing, this study addresses two questions: (1) what forms of legal liability apply to pharmacists in managing pharmaceutical preparations at TNI hospitals under the Health Law; and (2) what are the limits of such liability and the forms of legal protection available to pharmacists, including pharmacists who hold military status? The study aims to answer these questions and formulate their implications for the governance of pharmacy installations within the TNI.

Literature Review

Under the Pure Theory of Law, a person is legally responsible for an act when a sanction may be imposed because the act is contrary to a legal norm [14]. Kelsen distinguishes fault-based responsibility from absolute responsibility, while modern criminal law generally adheres to the former. In Indonesian criminal law, this is reflected in the principle of no criminal liability without fault, which requires intent or negligence on the part of the offender as well as the capacity to be held responsible [15]. Consequently, a systemic failure that cannot be linked to a pharmacist's personal fault does not automatically give rise to the pharmacist's criminal liability. Conversely, the principle of vicarious liability permits an institution to bear responsibility for the negligence of its personnel, and this principle has been applied to hospitals in studies of medical negligence during the COVID-19 period [10].

Hadjon distinguishes legal protection into preventive protection, which seeks to prevent disputes through clear norms and procedures, and repressive protection, which resolves disputes after they arise [16]. This distinction is applied analogically in this article: clear authority, standard procedures, and documentation are categorized as preventive protection, whereas recommendations from the professional disciplinary council and out-of-court dispute resolution are categorized as repressive protection.

Minister of Health Regulation Number 72 of 2016 details the management of pharmaceutical preparations, medical devices, and disposable medical materials in hospitals through the stages of selection, needs planning, procurement, receipt, storage, distribution, destruction and recall, control, and administration [17]. This technical standard remains an operational reference, but its legal position must be read together with the Health Law and Government Regulation Number 28 of 2024 as higher and more recent norms. Following the enactment of the Health Law, pharmaceutical personnel consist of pharmacists and vocational pharmaceutical personnel [1]. This distinction is important because management activities may be assisted by vocational personnel, while responsibility as the person in charge remains with the pharmacist [4].

TNI soldiers are bound by military discipline, which emphasizes hierarchy and obedience to superior orders [6]. This characteristic may affect the analysis of fault because military pharmacists work within a chain of command that may also influence decisions concerning the procurement and distribution of pharmaceutical preparations in hospitals.

Research Method

This study is normative legal research, namely research that examines positive legal norms contained in legislation and legal doctrine [18]. It uses a statutory approach to examine the Health Law and its implementing regulations, and a conceptual approach to place the concepts of legal liability and legal protection within the analytical framework [19].

Primary legal materials include Law Number 17 of 2023, Government Regulation Number 28 of 2024, Food and Drug Authority Regulation Number 5 of 2026, Minister of Health Regulation Number 72 of 2016, Law Number 1 of 2023 on the Criminal Code [20], Law Number 31 of 1997, Law Number 34 of 2004, and Law Number 25 of 2014. Secondary legal materials consist of textbooks, journal articles, and legal news sources explaining the primary materials. The materials were collected through library research and online searches of statutory databases and legal portals, then analyzed qualitatively and prescriptively using grammatical, systematic, and teleological interpretation. Conclusions were drawn deductively to answer the research questions.

This study does not examine court decisions or empirical data from any specific hospital. Its findings are therefore normative and do not purport to describe practice at a particular institution. The authors' review found no information indicating that Minister of Health Regulation Number 72 of 2016 had been revoked following the enactment of the Health Law. Accordingly, the regulation is treated as a technical reference insofar as it does not conflict with higher-ranking legal norms.

Results and Discussion

4.1 . Legal Position of Pharmacists in the Management of Pharmaceutical Preparations

Article 145 of the Health Law places pharmaceutical practice within the scope of work of pharmaceutical personnel, subject to limited exceptions for other health personnel in certain circumstances, and delegates further regulation to the government [1]. At the hospital level, Minister of Health Regulation Number 72 of 2016 translates this mandate into a sequence of management stages [17], while Food and Drug Authority Regulation Number 5 of 2026 assigns responsibility to the pharmacist in charge, who may be assisted by other pharmaceutical personnel holding a valid practice license [4]. These two layers of regulation have a direct implication: pharmacists' authority over the management of pharmaceutical preparations extends across the entire process, and their responsibility is therefore not limited to the final stage of dispensing medicines to patients.

Table 1 maps the stages of pharmaceutical management together with their principal legal risk points. This mapping constitutes the authors' analysis of the applicable legal norms and is not an empirical finding.

Table 1. Stages of pharmaceutical preparation management, legal risk points, and normative basis

No.	Stage	Legal risk point	Normative basis
1	Selection and needs planning	Planning that does not reflect therapeutic needs and applicable service standards	Article 274(a) [1]; Minister of Health Regulation 72/2016 [17]
2	Procurement and receipt	Acceptance of preparations that fail to meet safety, efficacy, and quality standards or originate from unauthorized sources	Articles 138 and 435 [1]
3	Storage	Storage that fails to meet quality requirements; storage of narcotic and psychotropic medicines without complying with applicable standards	Articles 138 and 139 [1]; Food and Drug Authority Regulation 5/2026 [4]
4	Distribution and dispensing	Errors involving the medicine, dosage, or patient; dispensing without adequate information	Articles 274 and 276 [1]; Article 440 [1]; Article 474 of Law 1/2023 [21]
5	Destruction and recall	Destruction or recall not conducted in accordance with legal requirements; unfit preparations remaining in the hospital	Food and Drug Authority Regulation 5/2026 [4]; Government Regulation 28/2024 [2]
6	Control and administration	Inadequate recording and reporting that weakens traceability and evidentiary reliability	Article 274(d) [1]; Food and Drug Authority Regulation 5/2026 [4]

The mapping shows that legal risk is not concentrated at a single stage. Storage and distribution are the stages most closely associated with criminal risk because the quality of pharmaceutical preparations is either preserved or impaired during storage, while dispensing errors occur at the distribution stage. Procurement is the stage that depends most heavily on other actors, making the limits of pharmacists' responsibility particularly important at this point, as discussed in Section C. Verification at the procurement stage is not limited to quality because the Health Law also requires guarantees of halal pharmaceutical preparations [1], and research on this requirement has identified practical challenges relating to the substitution of non-halal ingredients [12].

4.2 Forms of Pharmacists' Legal Liability

The legal liability of pharmacists in managing pharmaceutical preparations may be grouped into five categories: administrative liability, professional disciplinary liability, civil

liability, criminal liability, and, for pharmacists who are soldiers, military disciplinary responsibility and military jurisdiction. Table 2 summarizes these categories.

Table 2. Forms of legal liability applicable to pharmacists at TNI hospitals

No.	Form	Legal basis	Principal provision
1	Administrative	Article 189 paragraph (2) [1]	Violations of hospital obligations are subject to administrative sanctions; primary responsibility lies with the hospital as the service provider
2	Professional disciplinary	Articles 274, 304, and 308 [1]	Compliance with professional standards is assessed by the professional disciplinary council; its recommendation is required before a criminal investigation relating to health services proceeds
3	Civil	Article 193 [1]; Articles 1365 and 1367 of the Indonesian Civil Code [22]	The hospital is legally responsible for losses caused by negligence of its health human resources
4	Criminal	Articles 435, 436, and 440 [1]; Article 474 of Law 1/2023 [21]	Circulation of pharmaceutical preparations that fail to meet standards; practice without expertise and authority; and negligence causing serious injury or death may give rise to criminal sanctions
5	Military discipline and jurisdiction	Law 34/2004 [5]; Law 25/2014 [6]; Law 31/1997 [7]	Applies to pharmacists who are soldiers; military disciplinary sanctions may be imposed by the authorized superior, while criminal offenses fall within military court jurisdiction

Administrative liability under the Health Law is primarily directed at hospitals as service providers through sanctions for violations of hospital obligations under Article 189 paragraph (2) [1]. For individual pharmacists, professional disciplinary liability is more directly relevant. Article 274 requires health personnel to provide services in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics; obtain patient consent for the services provided; maintain the confidentiality of patient health information; create and retain records; and refer patients to competent and authorized personnel when necessary [1]. Determining whether these obligations have been violated falls within the authority of the professional disciplinary council established by the Minister under Article 304 [1].

In civil law, Article 193 provides that hospitals are legally responsible for all losses arising from negligence committed by their health human resources [1]. This formulation is consistent with employer liability for the acts of subordinates under Article 1367 of the Indonesian Civil Code, in addition to the general basis of an unlawful act under Article 1365 [22]. Studies of medical negligence have placed this principle within the framework of vicarious liability, under which hospitals bear responsibility for negligent acts committed by their personnel [10], while studies of the Health Law indicate that hospital responsibility may simultaneously have civil, criminal, and administrative dimensions [9]. For pharmacists, Article 193 has a dual significance. Patients who suffer losses have a clear institutional party against whom a claim may be directed, namely the hospital, while pharmacists do not automatically bear the entire loss personally. However, this provision does not eliminate a pharmacist's professional disciplinary or criminal liability when personal negligence is proven. Article 275 paragraph (2) also exempts health personnel from claims for compensation when providing assistance in emergencies or disasters to save lives or prevent disability [1], which may be relevant to pharmacists who supply emergency medicines.

In the criminal sphere, Article 435 imposes criminal sanctions on any person who produces or circulates pharmaceutical preparations and/or medical devices that fail to meet standards and/or requirements of safety, efficacy or benefit, and quality as referred to in Article 138 paragraphs (2) and (3). The maximum penalty is twelve years' imprisonment or a fine of up to IDR 5,000,000,000 [1]. This wording creates an interpretive issue for hospital

management because the offense refers only to 'producing' and 'circulating', whereas the prohibition in Article 138 also encompasses storage [1]. Where a hospital pharmacy installation stores and dispenses pharmaceutical preparations to patients, it must therefore be determined whether such activity falls within the meaning of 'circulating'. A strict grammatical interpretation requires every element of the offense to be carefully proven, while an overly broad interpretation could transform every quality nonconformity in a hospital into unlawful circulation of substandard products without examining the pharmacist's fault. Accordingly, the pharmacist's intent or negligence in relation to the condition of the pharmaceutical preparation must still be established [15], [20].

Article 436 imposes criminal sanctions on persons who lack the expertise and authority to conduct pharmaceutical practice as referred to in Article 145 paragraph (1). The offense is punishable by a fine of up to IDR 200,000,000, with an aggravated penalty where the practice involves prescription-only medicines, namely imprisonment for up to five years or a fine of up to IDR 500,000,000 [1]. This provision primarily targets unqualified persons, but it also has an indirect implication for the pharmacist in charge: knowingly allowing pharmaceutical work to be performed by an unauthorized person may be assessed as participation in a criminal offense where the relevant element of fault can be proven.

Article 440 regulates negligence by medical personnel or health personnel that causes serious injury to a patient, punishable by imprisonment for up to three years or a fine of up to IDR 250,000,000, and negligence resulting in death, punishable by imprisonment for up to five years or a fine of up to IDR 500,000,000 [1]. Since Law Number 1 of 2023 came into force on 2 January 2026 [23], negligence resulting in death has also been regulated by Article 474, which provides an equivalent maximum penalty [21]. The two provisions operate as a special rule and a general rule. Under the principle of lex specialis derogat legi generali, negligence occurring in the provision of health services by health personnel should be assessed under Article 440, with the standard for determining negligence derived from the professional standards and standard operating procedures required by Article 274 [1]. Research on military physicians has reached a similar conclusion, namely that where conduct is covered by both general and special criminal provisions, the special criminal provision should prevail [13].

For pharmacists who are soldiers, the liabilities described above overlap with military responsibility. Conduct that does not constitute a criminal offense may be addressed through military disciplinary law by the superior authorized to impose punishment [6], while criminal offenses are adjudicated within the military justice system. Article 9 paragraph (1)(a) of Law Number 31 of 1997 grants military courts jurisdiction over criminal offenses committed by soldiers [7] and, until replacement legislation is enacted, this jurisdiction continues to apply to general criminal offenses [8]. By contrast, pharmacists who are civil servants working in the same hospital are subject to the general courts. Research on military physicians has found that no specific regulation governs the application of criminal law to military doctors and that their dual status as medical professionals and TNI members creates legal complexity [13]. The same reasoning may be extended to military pharmacists because they possess the same type of dual legal status. This difference in forum has an important consequence: two pharmacists who commit similar errors within the same pharmacy installation may be processed through different judicial channels.

4.3 Limits of Liability and Legal Protection for Pharmacists

The limits of pharmacists' liability may be derived from three principles reflected in the legal norms discussed above. First, liability should correspond to authority. Pharmacists are responsible for matters within their authority and control, and the assignment of responsibility to the pharmacist in charge under Food and Drug Authority Regulation Number 5 of 2026 [4] is fair only if it is accompanied by actual authority to reject, withhold, or return pharmaceutical preparations that fail to meet legal requirements. Second, criminal liability is personal and fault-based [15]. Systemic failures, such as budget limitations or procurement policies determined by other authorities, therefore cannot be attributed to pharmacists when they have complied

with professional standards and formally reported the relevant constraints to hospital management. Third, civil responsibility for negligence committed by hospital health human resources lies with the hospital under Article 193 [1], rather than with the pharmacist alone.

For pharmacists who are soldiers, the second principle must be read together with the duty to obey superior orders. Criminal law recognizes grounds for excluding punishment where conduct is carried out pursuant to a lawful official order [20], but an order issued without authority or one that is manifestly unlawful does not automatically excuse the person who executes it. Accordingly, where a superior orders the acceptance or release of pharmaceutical preparations that clearly fail to meet quality requirements, obedience alone does not relieve the pharmacist of responsibility. The legally protective course is to make a written refusal or submit a documented report through the chain of command.

The legal protection available under the Health Law may be classified using Hadjon's distinction [16]. Preventive protection is reflected in the duties set out in Article 274: providing services in accordance with professional standards and procedures, and maintaining proper records, may serve as evidence that the pharmacist has fulfilled his or her professional obligations [1]. Repressive protection is reflected in two mechanisms. First, Article 308 requires a recommendation from the professional disciplinary council before an investigation may proceed against medical personnel or health personnel suspected of committing a criminal offense in the provision of health services. The recommendation assesses compliance with professional standards, service standards, and standard operating procedures, must be issued within fourteen working days, and if the council does not respond within that period, approval is deemed to have been granted [1]. Second, Article 310 requires disputes arising from alleged errors by medical personnel or health personnel that cause harm to patients to first be resolved through alternative dispute resolution outside the courts [1].

At this point, a regulatory gap specific to the TNI environment becomes apparent. Article 308 states that an application for a recommendation in a criminal case is submitted by a civil servant investigator or an investigator of the Indonesian National Police [1], whereas criminal investigations involving soldiers are conducted by military investigators [7]. Under a grammatical interpretation, the recommendation mechanism does not automatically bind military investigators, creating a risk that military pharmacists will not receive the same procedural protection available to their civilian counterparts. A teleological interpretation could extend the mechanism to military investigators because the purpose of the provision is to ensure professional assessment before a criminal process proceeds [1]. However, interpretation has limits. Research on the constitutional limits of interpretation by the Constitutional Court distinguishes judicial review of norms from the creation of new norms so that judicial correction does not take over the role of the legislature [24]. By analogy, extending Article 308 to military investigators solely through interpretation should not substitute for express regulation. Normative protection also does not guarantee effective implementation. Research on the protection of suspects' rights in narcotics investigations shows that legal guarantees may remain merely procedural and administrative in practice [25], while research on the status of co-assistants in teaching hospitals reveals a similar pattern under the Health Law, namely insufficiently detailed regulation and the need for clearer inter-institutional guidance [11]. Without an explicit rule, legal certainty for military pharmacists depends excessively on the policy and interpretation of individual military investigators.

Within the framework of preventive protection, four governance measures can be derived from the norms examined in this study: a written letter of assignment clearly defining the authority of the pharmacist in charge and the division of duties with vocational pharmaceutical personnel; standard operating procedures for every stage identified in Table 1 and formally approved by hospital management; a written reporting mechanism for constraints in procurement and storage; and orderly recordkeeping in accordance with Article 274(d) [1]. These measures do not eliminate liability, but they alter the evidentiary position. A pharmacist who can demonstrate compliance with all four measures is in a stronger legal position when

fault is alleged. This approach is consistent with recommendations in studies of hospital liability that call for stronger supervision systems and greater staff compliance with established procedures [9].

It must be emphasized that legal protection does not amount to immunity. Articles 435, 436, and 440 remain fully applicable to pharmacists who act intentionally or negligently, and patient safety remains the principal rationale underlying these provisions. The argument advanced in this article is limited but important: legal liability should follow proven fault and actual authority, rather than attach automatically to a professional title or position.

Conclusion

The legal liability of pharmacists in managing pharmaceutical preparations at TNI hospitals is multilayered. It includes administrative and professional disciplinary liability, civil liability, criminal liability, and, for pharmacists who are soldiers, military disciplinary responsibility and military jurisdiction. The Health Law places pharmaceutical management within the responsibility of pharmaceutical personnel under Article 145, establishes standards that may give rise to criminal sanctions under Articles 138 and 435, criminalizes pharmaceutical practice without the required expertise and authority under Article 436, and regulates negligence causing serious injury or death under Article 440.

The limits of pharmacists' liability are determined by actual authority and personal fault. Systemic failures outside a pharmacist's control should not be attributed to that pharmacist, while the hospital bears legal responsibility for losses arising from negligence by its health human resources under Article 193. Legal protection is available through professional standards and documentation, recommendations from the professional disciplinary council under Article 308, and out-of-court dispute resolution under Article 310. However, the recommendation mechanism does not expressly extend to investigations conducted by military investigators.

Accordingly, hospital leaders and TNI institutions should define pharmacists' authority in writing, adopt standard operating procedures for each stage of pharmaceutical management, and establish formal reporting channels for operational constraints. TNI policymakers, together with the Ministry of Health, should harmonize the professional disciplinary council recommendation mechanism with investigations conducted by military investigators, whether through internal regulation or an inter-institutional memorandum of understanding. Future research should test these normative findings using empirical data from TNI hospital pharmacy installations and relevant military court decisions.

References

[1] Republik Indonesia, Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6887, 2023.

[2] Pemerintah Republik Indonesia, Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, 2024.

[3] Farmasetika.com, "PP 28 Th 2024 menggantikan PP 51 Th 2009 dan PP 20 Th 62, eksistensi apoteker terancam?," 1 August 2024. [Online]. Available: https://farmasetika.com/2024/08/01/pp-28-th-2024-menggantikan-pp-51-th-2009-dan-pp-20-th-62-eksistensi-apoteker-terancam/

[4] Badan Pengawas Obat dan Makanan, "Regulasi baru BPOM atur pengelolaan obat dan bahan obat di fasilitas pelayanan kefarmasian dan fasilitas lain," Press Release, 2026. [Online]. Available: https://www.pom.go.id/siaran-pers/regulasi-baru-bpom-atur-pengelolaan-obat-dan-bahan-obat-di-fasilitas-pelayanan-kefarmasian-dan-fasilitas-lain

[5] Republik Indonesia, Undang-Undang Nomor 34 Tahun 2004 tentang Tentara Nasional Indonesia, 2004.

[6] Republik Indonesia, Undang-Undang Nomor 25 Tahun 2014 tentang Hukum Disiplin Militer, 2014.
[7] Republik Indonesia, Undang-Undang Nomor 31 Tahun 1997 tentang Peradilan Militer, 1997.
[8] Hukumonline, "Bisakah prajurit TNI diadili di peradilan umum?," 31 March 2026. [Online]. Available: https://www.hukumonline.com/klinik/a/bisakah-prajurit-tni-diadili-di-peradilan-umum-lt69cc76cc5a14d/
[9] G. Naurah, M. Simarmata, I. Risdawati, S. Sumarno, and T. R. Zarzani, "Analysis of hospital legal responsibility in cases of refusal of emergency patients based on Law No. 17 of 2023 concerning Health," Legal Brief, vol. 14, no. 3, pp. 495–505, 2025, doi: 10.35335/legal.v14i3.1350.
[10] I. M. Siregar, T. R. Zarzani, Y. Anwar, H. A. Sinaga, and F. Fauzan, "Kajian hukum pidana terhadap atas kelalaian tenaga medis di masa COVID-19," in Proc. Seminar of Social Sciences Engineering and Humaniora (SCENARIO), 2021, pp. 564–569. [Online]. Available: https://jurnal.pancabudi.ac.id/index.php/scenario/article/view/1833
[11] A. H. Pasaribu, T. R. Zarzani, and M. A. Sahlepi, "Legal review of the legal status of co-assistant in the teaching hospital according to Law No. 17 of 2023 concerning Health," in Proc. Int. Conf. Islamic Community Studies, 2025, pp. 7017–7023. [Online]. Available: https://proceeding.pancabudi.ac.id/index.php/ICIE/article/view/1326
[12] F. Rafianti, T. R. Zarzani, and M. A. Sahlepi, "Harmonization of halal drug guarantee provisions from the perspective of Law No. 17 of 2023 on Health and the principles of Maqāṣid al-Sharī'ah in efforts to protect the health of the Muslim community," in Proc. Int. Conf. Islamic Community Studies, 2025, pp. 6472–6477. [Online]. Available: https://proceeding.pancabudi.ac.id/index.php/ICIE/article/view/1240
[13] A. I. A. Atmaja, Sutarno, and B. Pramono, "Pertanggungjawaban pidana dokter militer di bidang hukum kesehatan," Jurnal Hukum dan Etika Kesehatan, vol. 5, no. 1, pp. 50–63, 2025, doi: 10.30649/jhek.v5i1.233.
[14] H. Kelsen, *General Theory of Law and State*. Cambridge, MA, USA: Harvard University Press, 1945.
[15] Moeljatno, *Asas-Asas Hukum Pidana*. Jakarta, Indonesia: Rineka Cipta, 2008.
[16] P. M. Hadjon, *Perlindungan Hukum bagi Rakyat di Indonesia*. Surabaya, Indonesia: PT Bina Ilmu, 1987.
[17] Menteri Kesehatan Republik Indonesia, Peraturan Menteri Kesehatan Nomor 72 Tahun 2016 tentang Standar Pelayanan Kefarmasian di Rumah Sakit, 2016.
[18] S. Soekanto dan S. Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat*. Jakarta, Indonesia: RajaGrafindo Persada, 2003.
[19] P. M. Marzuki, *Penelitian Hukum*. Jakarta, Indonesia: Kencana, 2011.
[20] Republik Indonesia, Undang-Undang Nomor 1 Tahun 2023 tentang Kitab Undang-Undang Hukum Pidana, 2023.
[21] Hukumonline, "Pasal kelalaian yang mengakibatkan kematian dalam KUHP dan UU 1/2023." [Online]. Available: https://www.hukumonline.com/klinik/a/pasal-kelalaian-yang-mengakibatkan-kematian-dalam-kuhp-dan-uu-1-2023-lt517da4b063376/
[22] *Kitab Undang-Undang Hukum Perdata (Burgerlijk Wetboek)*, Staatsblad 1847 Nomor 23.
[23] Sekretariat Negara Republik Indonesia, "KUHP dan KUHAP baru resmi berlaku, penegakan hukum di Indonesia memasuki era baru." [Online]. Available: https://www.setneg.go.id/baca/index/kuhp_dan_kuhap_baru_resmi_berlaku_penegakan_hukum_di_indonesia_masuki_era_baru
[24] I. U. Tanjung, Ismaidar, M. J. Rambe, and A. Ananta, "Constitutional limits of the Constitutional Court's interpretation between negative legislators and positive legislators," in Proc. Int. Conf. Islamic Community Studies, 2025, pp. 2603–2611. [Online]. Available: https://proceeding.pancabudi.ac.id/index.php/ICIE/article/view/828

[25] Y. Bustami, F. Rafianti, and T. R. Zarzani, “The dynamics of the protection of suspects’ rights in narcotics investigations in the era of repressive law enforcement (a study at the North Sumatra Regional Police),” in Proc. Int. Conf. Islamic Community Studies, 2025, pp. 8039–8050. [Online]. Available: https://proceeding.pancabudi.ac.id/index.php/ICIE/article/view/1483