

Efforts to Fulfill and Ensure Legal Protection of Patients' Rights in Healthcare Services

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Abstract

This study aims to analyze the fulfillment and legal protection of patients' rights in healthcare services based on the Health Law No. 17 of 2023, Government Regulation No. 28 of 2024, and Ministry of Health Regulation No. 3 of 2025 concerning the Enforcement of Professional Discipline for Medical and Health Personnel. The research employs a normative juridical method with statutory and conceptual approaches, examining primary, secondary, and tertiary legal materials. The analysis is conducted descriptively and qualitatively to interpret legal norms and evaluate the effectiveness of regulatory frameworks in protecting patients' rights. The findings show that the regulation of patient rights under the 2023 Health Law, particularly Articles 4 and 276, provides a strong normative foundation for the fulfillment of rights to medical information, informed consent, privacy, safe healthcare services, and complaint mechanisms. Government Regulation No. 28 of 2024 elaborates the obligations of hospitals to deliver quality, safe, transparent, and patient safety oriented services. Meanwhile, Ministry of Health Regulation No. 3 of 2025 establishes a professional disciplinary mechanism and offers repressive protection through procedures for complaints, examinations, and sanctions by the Professional Discipline Council, including the mandatory recommendation of the Council prior to bringing a case into criminal or civil proceedings. This study concludes that Indonesia's health regulatory framework has formed a comprehensive system of legal protection for patients through both preventive and repressive mechanisms. However, its effective implementation largely depends on the compliance of healthcare professionals, the quality of hospital governance, and the strength of government oversight.

Keywords: Patients' Rights, Healthcare Services, Legal Protection, Health Law No. 17 of 2023

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Introduction

Health is a fundamental human right guaranteed by the 1945 Constitution of the Republic of Indonesia, particularly Article 28H, which affirms that every person has the right to a prosperous life, including access to adequate healthcare services. The state bears constitutional and legal obligations to ensure the fulfillment of the right to health through the provision of quality, affordable, and non-discriminatory healthcare services. In the context of healthcare delivery, patients occupy a position as legal subjects entitled to legal protection and respect for their rights throughout the course of treatment. In this regard, hospitals as healthcare institutions are responsible not only for providing medical services but also for ensuring patient rights relating to safety, access to medical information, and avenues for justice in the event of violations. (Simarmata et al, 2021: 51)

In practice, healthcare services often encounter challenges related to the fulfillment of patient rights. These challenges may include limited public understanding of patient rights, weak complaint-handling mechanisms, and shortages of human resources in healthcare facilities. Such conditions create imbalances in the relationship between healthcare personnel and patients, where patients often occupy a subordinate position. In these circumstances, strengthening the legal protection framework for patients becomes essential to ensure that their rights remain upheld, particularly in public healthcare facilities such as hospitals. Legal protection encompasses preventive efforts, such as transparent disclosure of medical information, as well as repressive measures, including mechanisms for resolving medical disputes.

Patients' rights are regulated under the Health Law No. 17 of 2023. Article 4 of the law explicitly states that every person has the right to obtain safe, high-quality, and affordable healthcare services, including the right to medical information, the right to accept or refuse medical interventions, and the right to the confidentiality of personal health data. Furthermore, patient rights are expressly and firmly regulated under Article 276 of the Health Law. The law also strengthens the responsibilities of both central and regional governments in ensuring access to healthcare services as well as protection for patients and healthcare personnel. However, in practice, gaps remain between legal norms and their implementation, especially regarding patient legal literacy and oversight of healthcare providers. Patient empowerment is therefore essential in creating healthcare services that are more responsive and equitable. Within this context, hospitals as public healthcare institutions must ensure that the fulfillment of patient rights is carried out comprehensively through strong legal and ethical mechanisms. (Atmaja et al., 2024: 2531)

Beyond structural and cultural factors, the increasing number of reported cases involving alleged violations of patient rights in Indonesia highlights the urgency of strengthening the legal protection system for patients. This phenomenon involves not only medical aspects but also legal dimensions, professional ethics, and disparities in access to justice. Normative legal studies indicate that effective legal protection must include legal certainty, accessibility, and transparent dispute-resolution mechanisms. Therefore, this study focuses on efforts to fulfill and protect patient rights within hospital healthcare services, with the aim of analyzing the existing forms of legal protection and identifying those that should be implemented in practice.

Literature Review

2.1. The Right to Health as a Human Right

The right to health is an integral part of human rights guaranteed under various national and international legal instruments. In the Indonesian context, this protection is expressly affirmed in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which declares that every person has the right to live in physical and spiritual prosperity, including the right to obtain proper healthcare. This constitutional provision underscores that

the right to health is not merely a social need but a fundamental entitlement that the state is obliged to fulfill.

Theoretically, the right to health is regarded as a positive right, requiring active measures by the state and healthcare providers to ensure the availability of safe, high quality, and accessible healthcare services. Health law scholars emphasize that fulfilling the right to health constitutes a structural responsibility of both the central and regional governments, particularly in ensuring the availability of adequate health facilities, competent healthcare personnel, and a fair, non-discriminatory healthcare system. (Herawati et al, 2020: 108)

Strengthening patient rights within the healthcare system aligns with the paradigm of patient-centered care, which positions patients as legal subjects who have autonomy over every decision related to their medical condition. Thus, the right to health serves as the philosophical foundation for all forms of legal protection afforded to patients within healthcare practice.

2.2. Legal Relationship Between Patients and Healthcare Professionals

The relationship between patients and healthcare professionals is known as a therapeutic relationship or therapeutic engagement. Bahder Johan Nasution and various health law scholars explain that this relationship constitutes a legal relationship that gives rise to rights and obligations for both parties. They describe it as an *inspanningverbintenis*, namely an obligation that requires healthcare professionals to provide their best efforts in accordance with professional standards, rather than guaranteeing a specific treatment outcome (*resultaatsverbintenis*). (Elvandari et al. 2021: 44)

Understanding the nature of this therapeutic relationship is essential in assessing legal protection for patients. Within this relationship, healthcare professionals are obligated to act professionally based on standards of practice, ethical codes, and hospital operational procedures. Patients, on the other hand, have the right to receive medical information, give consent to medical procedures, and be protected from unnecessary risks.

As public legal awareness evolves, the traditionally paternalistic doctor–patient relationship has shifted toward a more egalitarian model. Patients are increasingly recognized as individuals capable of making informed medical decisions. Consequently, transparent communication and the effective exchange of information have become integral components of modern healthcare practice.

2.3. Regulation of Patient Rights in the National Legal System

Indonesian legislation comprehensively regulates patient rights. These provisions can be found in:

1. The 1945 Constitution of the Republic of Indonesia, Article 28H paragraph (1), on the right to health.
2. Law Number 17 of 2023 on Health, particularly Articles 4 and 276.
3. Government Regulation Number 28 of 2024 concerning the implementation of the Health Law.
4. Minister of Health Regulation Number 3 of 2025 on the Enforcement of Professional Discipline for Medical and Health Personnel.

Regulatory provisions strengthen the position of patients as protected legal subjects. The state not only guarantees service standards but also provides legal procedures when violations occur. Government Regulation No. 28/2024 and Minister of Health Regulation No. 3/2025 even establish mechanisms for professional discipline and procedures for investigating alleged misconduct by medical personnel.

With these regulatory frameworks, Indonesia's health law now has a solid normative foundation to ensure the protection of patient rights across various dimensions of medical services.

2.4. Fulfillment of Patient Rights in Healthcare Services

The fulfillment of patient rights represents the minimum standard of healthcare services that must be implemented by all healthcare facilities, including hospitals. This fulfillment reflects the application of the principle of substantive justice, which requires equal protection for every patient without discrimination.

The protection of patient rights lies at the core of legal safeguards within healthcare services. Normatively, Law Number 17 of 2023 on Health provides a strong legal basis ensuring that every individual receives healthcare that is safe, of good quality, and affordable. Furthermore, Article 276 specifies patient rights in detail, including:

- a. the right to accurate, clear, and truthful medical information;
- b. the right to consent to or refuse medical treatment (informed consent);
- c. the right to privacy and confidentiality of medical records;
- d. the right to receive safe and high-quality healthcare services;
- e. the right to file complaints regarding the services received.

This provision affirms that fulfilling patient rights is not merely a moral obligation of healthcare personnel but a legal duty. Hospitals are legally required to provide healthcare services that are transparent and accountable. In practice, the fulfillment of these rights is implemented through clear medical communication, informed consent procedures, patient safety SOPs, and dedicated consultation spaces that guarantee patient privacy.

Further elaboration in Articles 2 and 6 of Government Regulation No. 28 of 2024 reaffirms that healthcare services must meet standards of quality, safety, and professional competence. Additionally, the regulation requires healthcare facilities to implement an integrated health information system to ensure accuracy and continuity of patient data.

Within the framework of the therapeutic legal relationship, fulfilling patient rights is part of the implementation of an *inspanningsverbintenis*, whereby healthcare professionals are obliged to exert their best efforts in accordance with professional standards rather than guarantee treatment outcomes (Siringoringo, 2017).

Hospitals, as service providers, also carry legal, administrative, and ethical responsibilities to ensure that all these provisions are met. Therefore, hospitals must provide adequate communication facilities, SOPs governing service flows, and accurate medical documentation systems to support patient safety and facilitate legal accountability when necessary.

2.5. Forms of Legal Protection for Patient Rights

Legal protection of patient rights in healthcare services is a mechanism designed to ensure that every patient receives care that is safe, of good quality, and in accordance with professional standards. Within Indonesia's health law system, this protection takes two forms, preventive legal protection and repressive legal protection both of which are interrelated in providing legal certainty and safeguarding the rights of both patients and healthcare professionals.

1. Preventive Legal Protection

Preventive legal protection aims to prevent violations of patient rights by enforcing strict service standards. Law Number 17 of 2023 on Health contains important provisions particularly Articles 4 and 276 which affirm that every patient has the right to accurate, clear, and truthful information; the right to consent to medical procedures; the right to privacy; and the right to obtain safe and high-quality healthcare services. These provisions obligate healthcare facilities to deliver services that are transparent, professional, and compliant with established standards.

Meanwhile, Government Regulation No. 28 of 2024 reinforces these requirements by stipulating that healthcare services must meet patient safety standards and standardized operational procedures. The regulation also emphasizes the necessity of accurate medical documentation as a preventive measure against potential healthcare disputes.

Furthermore, Minister of Health Regulation No. 3 of 2025 on the Enforcement of Professional Discipline mandates that medical and health personnel adhere to professional standards, ethical codes, and disciplinary provisions under the supervision of the Professional Discipline Council (MDP). The implementation of professional standards and strict SOPs forms a key component of preventive legal protection, intended to reduce the risk of medical errors, abuse of authority, and other violations of patient rights.

2. Repressive Legal Protection

Repressive legal protection is provided when a violation of patient rights has already occurred. In such cases, dispute resolution mechanisms may be pursued through ethical, disciplinary, administrative, civil, or even criminal processes if the violation results in significant harm. Article 193 of Law No. 17 of 2023 stipulates that hospitals are legally liable for losses suffered by patients resulting from negligence by healthcare personnel. This provision indicates that legal responsibility lies not only with individual practitioners but also with healthcare institutions and including medical physicists as service providers.

Additionally, Government Regulation No. 28 of 2024, particularly its provisions on professional disciplinary mechanisms, requires that alleged disciplinary violations be examined first by the Professional Discipline Council. A similar requirement is reaffirmed in Minister of Health Regulation No. 3 of 2025, which mandates that civil claims or criminal proceedings against medical personnel must be preceded by an MDP recommendation. This requirement ensures that any legal process is grounded in a professional assessment regarding whether the medical action in question complied with professional standards.

In practice, repressive legal protection also encompasses the patient's right to file complaints and obtain fair resolution. This right enables patients to lodge grievances regarding harmful or substandard services and positions hospitals as legal entities that may be held accountable through both litigation and non-litigation mechanisms.

2.6. Medical Dispute Resolution in the Perspective of Health Law

Medical dispute resolution is an inseparable component of legal protection for patients in healthcare services. Disputes may arise when a patient suffers harm due to medical actions that fail to meet professional standards or due to negligence causing physical, psychological, or material loss. Within the Indonesian health law framework, mechanisms for resolving medical disputes are comprehensively regulated in several instruments, including Law Number 17 of 2023 on Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 3 of 2025 on the Enforcement of Professional Discipline for Medical and Health Personnel.

Normatively, patients have the right to submit complaints regarding the healthcare they receive, as stipulated in Article 276 letter (g) of Law No. 17/2023, which affirms that every patient is entitled to an accessible complaint mechanism when healthcare does not meet required standards. This provision underscores that medical disputes are not merely private matters between patients and healthcare professionals but form part of the broader framework of healthcare accountability.

Complaints submitted by patients may be addressed through the hospital's internal mechanisms such as ethics committees or patient complaint units which are responsible for evaluating whether services were provided in accordance with professional standards and the hospital's standard operating procedures.

1. Non-Litigation Mechanisms

In addition to internal mechanisms, medical disputes may also be resolved through non-litigation avenues such as health mediation. Non-litigation settlement is generally preferred in practice because it is considered faster, more cost-efficient, and more restorative in nature. Mediation allows patients and healthcare professionals to meet and

discuss solutions without entering a court process. This approach aligns with the goals of healthcare services, which emphasize a therapeutic relationship built on mutual trust.

Many hospitals have appointed mediators or established partnerships with health mediation institutions to handle patient complaints professionally and objectively. Several mechanisms recommended under the Health Law include health mediation, conciliation, negotiation, hospital ethics committees, and patient safety and quality committees.

2. Litigation Mechanisms

If non-litigation mechanisms fail to achieve a resolution, patients may pursue litigation, either through civil or criminal courts. In civil proceedings, the legal basis is found in Article 193 of Law Number 17 of 2023, which stipulates that hospitals are legally responsible for patient losses caused by the negligence of healthcare personnel working in their facilities. This provision illustrates the doctrine of vicarious liability, meaning that patients are not required to prove the individual fault of medical personnel but only need to demonstrate negligence in the hospital's service system. Civil claims may seek compensation, restoration of rights, or judicial declarations that the hospital committed an unlawful act.

From a criminal law perspective, medical actions resulting in serious injury or death due to negligence may lead to criminal liability. However, before any allegation proceeds to civil or criminal litigation, the Indonesian legal system requires a professional assessment by the Professional Discipline Council (MDP). This requirement is explicitly regulated in Article 723 of Government Regulation No. 28 of 2024 and reaffirmed in Minister of Health Regulation No. 3 of 2025, which mandate that any alleged disciplinary violation must first be examined by the MDP and may only be pursued legally upon issuance of an official recommendation.

This mechanism ensures that medical actions are reviewed based on professional standards through an objective, expertise-based assessment, thereby preventing the criminalization of medical procedures that actually comply with standard protocols.

Through litigation, patients may file claims against healthcare professionals or hospitals when harm occurs. Judges will typically examine:

- a. elements of negligence,
- b. causation,
- c. violations of professional standards, and
- d. actual damages suffered by the patient.

Court rulings may include compensation, administrative sanctions, or criminal penalties depending on the degree of negligence.

Research Methodology

3.1. Research Method

This study employs a normative legal research method, which focuses on the analysis of applicable positive legal norms. This approach is used to examine the legal framework governing the fulfillment and protection of patient rights in healthcare services as regulated in Law Number 17 of 2023 on Health. The normative legal method is chosen because the research problem can be addressed through the examination of legislation, legal principles, legal doctrines, and relevant judicial decisions, without requiring empirical field research.

3.2. Sources and Data Collection Techniques

The collection of legal materials is conducted through library research, by identifying, reviewing, and analyzing primary, secondary, and tertiary legal sources relevant to the research problem.

1. Primary legal materials, namely statutory regulations such as the 1945 Constitution, Law Number 17 of 2023 on Health, Government Regulation Number 28 concerning the Implementation of Law Number 17 of 2023 on Health, and Minister of Health Regulation Number 3 of 2025 on the Enforcement of Professional Discipline for Medical and Health Personnel.
2. Secondary legal materials, consisting of books, scholarly journals, legal articles, academic literature, and opinions of health law experts.
3. Tertiary legal materials, such as legal dictionaries and legal encyclopedias.

3.3.Data Analysis

The analysis of legal materials is carried out using a qualitative descriptive analysis, which involves describing the content of legal norms, interpreting applicable legal provisions, and drawing systematic and logical conclusions. This method provides a solid basis for assessing the effectiveness of legal norms in providing legal protection to patients and identifying weaknesses in the regulatory framework when compared to health law principles and human rights standards.

Results

4.1 Legal Regulations on Health Law Regarding the Fulfillment of Patient Rights in Indonesia

1. Patient Rights Under Law Number 17 of 2023 on Health

The regulation of patient rights in Law Number 17 of 2023 on Health is comprehensive, addressing not only the substantive rights but also the mechanisms for their fulfillment and the protections afforded in the event of violations.

- a. Article 4(b): The Right to Safe, High-Quality, and Affordable Healthcare
Article 4 establishes that every person has the right to receive healthcare services that are safe and of high quality. The term “safe” refers to preventing medical risks such as misdiagnosis, treatment without consent, or the use of non-standard medical equipment. “High-quality” encompasses adherence to professional standards and standard operating procedures. Meanwhile, “affordable” denotes that healthcare services must be non-discriminatory and must not impose disproportionate financial burdens on patients. This article functions as a normative standard that serves as the benchmark for assessing whether a healthcare facility has fulfilled its legal obligations.
- b. Article 5: The Right to Information and Access to Healthcare
This provision affirms the right of every individual to obtain information regarding health resources and the management of healthcare services. In the hospital context, such information includes service tariffs, service procedures, organizational structure, referral systems, and complaint-handling procedures. The right to information is crucial because it forms the foundation for patients to make informed medical decisions.
- c. Article 276: A Comprehensive List of Patient Rights
Article 276 serves as the core provision regulating patient rights. It enumerates several rights, including:
 1. the right to medical information;
 2. the right to informed consent;
 3. the right to privacy and confidentiality of health data;
 4. the right to be accompanied by family;
 5. the right to non-discriminatory services;
 6. the right to submit complaints;
 7. the right to receive services that meet professional standards.

Article 276 is self-executing, meaning that it can be directly applied by healthcare facilities without requiring additional regulations. Therefore, all healthcare facilities are legally obligated to adjust their internal Standard Operating Procedures (SOPs) in accordance with the norms set forth in this article.

2. Fulfillment of Patient Rights under Government Regulation Number 28 of 2024

The fulfillment of patient rights is not only regulated under the Health Law but is further elaborated through Government Regulation (PP) Number 28 of 2024 and other technical guidelines.

- a. Article 2 paragraphs (1) and (2): about health efforts
This article stipulates that the provision of healthcare services that are high-quality, safe, efficient, equitable, and accessible to the public is the responsibility of the government, particularly through healthcare facilities such as hospitals. The objective is to achieve the highest attainable standard of public health through promotive, preventive, curative, rehabilitative, and palliative services.
- b. Article 836: hospital obligations
The findings of this study indicate that one of the strongest forms of patient rights protection in this regulation is contained in Article 836, which guarantees patients the right to receive emergency care without refusal, including the prohibition against requesting advance payments from patients in emergency situations. This provision reflects the state's commitment to ensuring that no patient is denied care on administrative or financial grounds.
- c. Article 839: hospital obligations
Article 839 requires hospitals to provide healthcare services that are safe, of high quality, and oriented toward patient safety. Although this provision does not explicitly refer to these elements as "patient rights," they are manifested through the obligations of hospitals to implement quality standards, including patient safety management systems, medical audits, and standard operational procedures. This reinforces the understanding that service quality is an essential component of fulfilling patient rights in healthcare facilities.
- d. Article 844: hospital obligations
Further analysis reveals that Article 844 mandates hospitals to provide accurate, clear, and truthful information to patients regarding their rights and obligations. This provision forms the basis of the patient's right to information and places responsibility on hospitals to ensure that patients understand the healthcare processes they undergo.
- e. Article 845: hospital obligations
Article 845 emphasizes that hospitals must deliver services that prioritize the protection of patient rights and interests, meaning that every action, policy, or standard operating procedure must consider patient safety, comfort, and best interests. This provision affirms the position of patients as the primary subjects within healthcare services.

4.2 Legal Regulations on Health Law Concerning the Protection of Patient Rights in Indonesia

Legal protection becomes necessary when there is an alleged violation of patient rights. As previously discussed, Indonesia's legal framework regulates such protection through two mechanisms: preventive and repressive legal protection.

1. Preventive Legal Protection

a. Article 260 of Law Number 17 of 2023 on Health

The analysis of Article 260 of Law Number 17 of 2023 demonstrates that this provision is a crucial instrument of preventive legal protection for patients, as it obligates every medical and health professional to possess a Registration Certificate (Surat Tanda Registrasi, STR) as proof of competence before practicing. The STR is issued only to health professionals who have completed their education, fulfilled competency standards, and passed professional competency examinations.

Thus, Article 260 ensures that only individuals who are scientifically competent and legally verified are permitted to provide healthcare services. This requirement directly prevents the risk of unprofessional services, procedural errors, and potential malpractice that could harm patients. Consequently, Article 260 provides long-term legal protection for patients by ensuring that healthcare personnel consistently operate under up-to-date professional standards. Overall, this article functions to safeguard the quality of medical services from the outset of professional practice and throughout its duration.

b. Article 193 of Law Number 17 of 2023 on Health

This provision states that hospitals are legally responsible for patient losses arising from negligence committed by healthcare personnel working under their authority. The article adopts the concept of vicarious liability, which facilitates patient access to justice by removing the burden of proving individual fault. Instead, patients need only demonstrate that negligence occurred within the hospital's service system.

c. Article 858 of Government Regulation Number 28 of 2024

Article 858 stipulates that complaints regarding alleged violations of healthcare services may be submitted by any individual, group, institution, agency, or organization that believes patient rights have not been fulfilled. Paragraph (1) ensures broad public access to file complaints, while paragraphs (2) and (3) set formal requirements, including written submission, verifiable descriptions of events, identity of the complainant, name and address of the reported party, type of alleged violation, timeline and chronology, and supporting data or evidence.

Paragraph (4) provides that complaints must be submitted to the central or regional government that issued the healthcare facility's operating permit. Paragraph (5) guarantees that the identity of the complainant must remain confidential.

This provision offers two layers of legal protection. First, it provides an official mechanism for reporting healthcare-related grievances. Second, confidentiality safeguards encourage the public to submit complaints without fear of retaliation. Thus, Article 858 strengthens the system of patient rights through a transparent, accessible, and legally protected complaint mechanism.

2. Repressive Legal Protection

a. Article 5 of the 2025 Minister of Health Regulation

Article 5 serves as a foundational provision for the legal protection of patients, as it formally grants patients the right to file complaints regarding alleged violations of professional discipline. For the first time, this regulation creates an official pathway for patients to report misconduct by medical or health personnel.

The article provides the following rights:

1. Patients and/or their family members may file complaints against medical or health personnel if they suffer harm.
2. Such complaints constitute a form of repressive legal protection, meaning protection provided after an alleged violation has occurred.
3. The article explicitly defines family members eligible to file complaints, including spouses, children, parents, and siblings.

This provision functions as an essential legal safeguard, ensuring that patients are not left without recourse when they experience harm due to medical actions. Filing a complaint becomes the initial step leading to professional examination by the Professional Discipline Council (MDP).

b. Article 7 of the 2025 Minister of Health Regulation

Article 7 specifies the requirements for filing a complaint, which include:

1. the complaint must relate to a type of disciplinary violation;
2. the incident must have occurred within the past three years;
3. the reported party must have a service relationship with the patient;
4. the reported party must possess a valid Registration Certificate (STR) and Practice License (SIP).

From a normative perspective, these requirements function as safeguards preventing arbitrary rejection of complaints. By clearly defining the criteria, the regulation ensures that patients do not lose their right to legal protection due to unreasonable administrative barriers, even when the incident occurred two or three years prior.

c. Article 29 of the 2025 Minister of Health Regulation

The analysis indicates that Article 29 of Minister of Health Regulation Number 3 of 2025 is the most significant provision governing repressive protection. It stipulates that any alleged violation in healthcare services whether potentially leading to civil or criminal proceedings must first be examined by the Professional Discipline Council (MDP) before the matter can proceed to law enforcement or be filed as a lawsuit.

This requirement positions the MDP as the primary professional authority to determine whether the medical action in question adhered to or deviated from professional standards. As such, Article 29 offers strong legal protection for patients by ensuring that they receive an objective, science-based assessment without having to bear the burden of complex technical proof.

The MDP's recommendation serves as a foundational document that strengthens the patient's position when seeking compensation or asserting liability, while simultaneously preventing hospitals or medical personnel from evading responsibility without professional justification.

Conclusion

1. Based on the results of a normative literature study of Law Number 17 of 2023 on Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 3 of 2025, it can be concluded that Indonesia's health law framework has established a comprehensive normative structure to ensure the fulfillment and protection of patient rights. Patient rights including the right to information, the right to informed consent, the right to privacy, the right to safe healthcare services, and the right to submit complaints are grounded in strong legal foundations through Articles 4 and 276 of Law Number 17 of 2023. These rights are operationally elaborated in Government Regulation Number 28 of 2024 and further complemented by professional disciplinary mechanisms provided under Minister of Health Regulation Number 3 of 2025.

- Collectively, these regulations demonstrate the state's commitment to positioning patients as legal subjects who must be fully protected within the healthcare system.
2. Furthermore, legal protection for patients in healthcare services is carried out through two mechanisms: preventive and repressive protection. Preventive protection under Article 260 of Law Number 17 of 2023 reflects the obligation of healthcare personnel to possess valid professional competence, while Government Regulation Number 28 of 2024 requires hospitals to provide safe and high-quality healthcare services and mandates transparency in medical information. Meanwhile, repressive protection is implemented through the patient complaint mechanism in Article 5 of Minister of Health Regulation Number 3 of 2025, the examination and imposition of sanctions by the Professional Discipline Council (MDP), and the requirement of an MDP recommendation prior to the initiation of civil or criminal proceedings, as provided in Article 29 of the same regulation. These repressive mechanisms uphold professional accountability while ensuring access to justice for patients harmed by healthcare negligence.
 3. This study affirms that Indonesia's current health law system provides comprehensive legal protection for patients, both before and after violations occur. However, the effectiveness of such protection largely depends on implementation at the operational level, particularly in relation to healthcare professionals' compliance with professional standards, the quality of hospital management, and government oversight. Therefore, strengthening supervisory systems, improving public literacy on health law, and ensuring continuous commitment from healthcare providers are necessary to optimize the fulfillment and protection of patient rights.

References

- [1] Elvandari, S., Andriani H., Ramadhani A., Health Law Politics in Efforts to Prevent and Control Covid-19 Among the Indonesian Community, Depok: Rajawali Press, 2021.
- [2] Herawati K., M., et al., Health Law, Bandung City: Media Sains Indonesia, 2020.
- [3] Widyana B., A., et al., Medical Ethics and Health Law, Gresik: Thalibul Ilmi Publishing & Education, 2024
- [4] Simarmata Marice, et al., "The Relationship of Factors Influencing the Knowledge of Social Security Agency (BPJS) Participants with the Procedure Flow of Outpatient Services," *Jurnal Peneletian Kesmasy*, Vol. 3, no. 2, pp. 50–56, 2021.
- [5] Siringoringo V.M.P., Hendrawati Dewi, Suharto R., "Regulation of Legal Protection for Patient Rights in Health Legislation in Indonesia," *Diponegoro Law Journal*, Vol. 6, no. 2, pp. 1–13, 2017.
- [6] Kusumastuti F.A., Fajar Mukti, "Legal Protection Efforts for BPJS Patients Related to the Healthcare Service System," *Media of Law and Sharia*, Vol. 1, no. 3, pp. 162–175, 2020
- [7] Indarta D. W., "Legal Protection for Patients as Consumers of Health Care Services in Therapeutic Transactions: A Study at Ibnu Sina Hospital Bojonegoro," *Justitiable*. Vol. 1, no. 2, pp. 86–116, 2019.
- [8] Nusawakan Dwight, "The Concept of Legal Protection in Indonesia for Patient Rights in Hospitals," *Presidensial: Jurnal Hukum, Administrasi Negara, dan Kebijakan Publik*, Vol. 1, no. 3, pp. 254–263, 2024.
- [9] Pardomuan J. D. & Prasetyo Handoyo, "Literature Review: Rights and Obligations of Patients, Family Communities, and Medical Personnel in Disaster Health Services," *Aliansi: Jurnal Hukum, Pendidikan dan Sosial Humaniora*, Vol. 1, no. 5, pp. 88-101, 2024.

- [10] Triana Yeni, et al., “Legal Protection of Patient Rights in Health Services Based on Indonesian Positive Law,” *Jurnal Pendidikan dan Konseling*, Vol. 5, no. 1, pp. 1145-1150, 2023.
- [11] Atmaja Deni, et al., “Legal Conservation of Patient Rights as Consumers in Medical Services at General Hospitals,” *Jurnal Kesehatan Tambusai*, Vol. 5, no. 2, pp. 2527-2539, 2024.
- [12] Anwar Y., Zarzani T. R., Chermanto, “Legal Responsibility of Medical Physicists for Quality Standards in the Radiology Operational License at Bhayangkara Hospital Banda Aceh,” *Sibatik Journal*, Vol. 2, no. 8, pp. 2263-2282, 2023.
- [13] Nurnanei & Bachri Syamsul, “The Role of Law in Ensuring the Right to Health: An Analysis of Legal Protection for Patients,” *Jurnal Berita Kesehatan: Jurnal Kesehatan*, Vol. 17, no. 2, pp. 58–69, 2024.
- [14] Susilowati I. & Firmansyah R. N., “Legal Protection for the Rights of Elderly Patients at Puskesmas X in Kediri City,” *Jurnal Manajemen Informasi Kesehatan Indonesia*, Vol. 6, no. 1, pp. 57–62, 2018.
- [15] Muchsin Achmad, “Legal Protection for Patients as Consumers of Health Care Services in Therapeutic Transactions,” *Jurnal Hukum Islam (Jhi)*, Vol. 7, no. 1, pp. 31–45, 2009.
- [16] Naurah Gladdays, et al., “Legal Protection for Patients from Malpractice Under Indonesian Health Law,” *Judge: Jurnal hukum*, Vol. 6, no. 2, pp. 277–286, 2025.
- [17] Susilowati Indah, et al., “Legal Protection of Patient Privacy Rights and Medical Data at a Hospital in Surabaya,” *Jurnal Wiyata*, pp. 10–23, 2018.
- [18] Mende Jeveline, “Legal Protection for Inpatient Patients as Consumers of Health Care Services,” *Lex Administratum*, Vol. 12, no. 5, 2023.
- [19] The 1945 Constitution of the Republic of Indonesia.
- [20] Law Number 17 of 2023 on Health, 2023.
- [21] Government Regulation Number 28 of 2024 on the Implementation of Law Number 17 of 2023 on Health, 2024.
- [22] Ministry of Health of the Republic of Indonesia, Regulation of the Minister of Health Number 3 of 2025 on the Enforcement of Professional Discipline for Medical Practitioners and Health Workers, 2025