Evidence in Medical Civil Lawsuit Cases: Legal Perspectives and Practical Challenges in Medical Dispute Resolution

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Abstract

This study aims to analyze the evidence in medical civil lawsuit cases in Indonesia using a qualitative descriptive method based on literature studies. The study material includes laws and regulations, court decisions, MKDKI decisions, and relevant legal and medical literature. The results of the study show that the principle of actori incumbit probatio remains the basis for proof, but its implementation faces obstacles to access to evidence controlled by the medical community, thus reducing the balance of evidence. Medical records and expert testimony were identified as the main evidence with high probative value, while the MKDKI verdict served as preliminary evidence that strengthened the juridical-scientific assessment. The main obstacles include limited access to medical records, differences in interpretations of the concept of "negligence" between law and medicine, and weak inter-institutional synergy. The recommendations proposed include strengthening regulations on access to medical records, increasing the capacity of judges through legal medical education, and regulating the reversal of the burden of proof in a limited manner to realize substantial justice.

Keywords: Medical Records; Expert Testimony; Medical Civil Lawsuit; Honorary Council of Medical Discipline (MKDKI)

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Introduction

Medicine, as a profession rooted in a humanitarian ethos and ethical responsibility, is in a unique position in the social and legal structure. On the one hand, doctors are the main actors in health services that aim to restore the patient's biological condition; on the other hand, their actions always contain potential risks that can cause legal consequences if there are deviations from the standards of the medical profession (Widjaja, 2025). This is where the problem known as medical disputes arises, a juridical phenomenon that reflects the meeting between medical science and civil law norms. In Indonesia's positive legal system, the relationship between doctors and patients is no longer paternalistic like the classical paradigm that places the patient solely as a passive object, but as a contractual relationship based on the principles of equality and freedom of contract (Septrina, 2025). The contractual form is realized through a therapeutic agreement that contains the rights and obligations of both parties, including the doctor's obligation to carry out medical measures in accordance with professional standards and medical ethics rules. Violations of these obligations can give birth to legal liability, both in the criminal, civil, and administrative realms (Widjaja, 2025).

In the context of a civil lawsuit, proof is the most crucial aspect. Civil law requires the existence of valid evidence regarding the elements of unlawful acts (onrechtmatige daad) or default. These elements include the existence of errors or omissions, the losses caused, and the causal relationship between the two (Abduh, 2020). Challenges arise when the object of proof is a medical procedure that is full of scientific and technical complexity, requiring interpretation from experts and documentary evidence such as medical records. Medical records in the law of proof function as written evidence that has high probative value, because it reflects the entire diagnostic and therapeutic process carried out on patients (Abduh, 2020). However, it is not uncommon for these documents to be not fully compiled or even misused, thus obscuring the material truth. In practice, limited patient access medical records are an obstacle in proving the existence of medical negligence that results in losses (Ramadhani, 2017 in Abduh, 2020).

Furthermore, the mechanism for resolving medical disputes involving the Indonesian Medical Disciplinary Honorary Council (MKDKI) has important significance because the institution's decisions are often used as preliminary evidence in civil and criminal cases (Widjaja, 2025). The MKDKI examines alleged violations of doctors' discipline and determines whether medical actions have deviated from applicable professional standards. However, the effectiveness of the MKDKI decision is often debated due to the limited authority in imposing civil sanctions in the form of compensation (Mello, 2021 in Widjaja, 2025).

In Indonesia, medical disputes often lead to civil lawsuits filed by patients or patients' families against doctors or hospitals. This lawsuit demands compensation for material and immaterial losses suffered by patients due to alleged negligence in medical services. However, to be categorized as malpractice that gives rise to civil liability, careful and objective proof is required. The judge must assess whether the doctor's actions have deviated from professional standards and whether there is a causal relationship between the action and the resulting harm (Dorteis et al., 2024).

The complexity of proving medical civil cases does not only stem from the scientific aspect of medicine, but also from the difference in perception between law and medicine regarding the concept of "error". In law, mistakes (schuld) contain elements of willfulness and negligence, while in medical practice, not every bad result can be qualified as professional error. Therefore, judges are required to have a deep understanding of the technical aspects of medicine and must be careful in assessing whether an action falls under the category of medical risk or malpractice (Sulistyani & Syamsu, 2017 in Widjaja, 2025).

Departing from these conditions, the discussion of proving medical civil lawsuits is very urgent. Proof is the spirit of every civil justice process, because without convincing evidence, lawsuits

lose their juridical basis. In medical cases, proof also serves as a dual protection mechanism: for patients to obtain justice for the losses suffered, and for medical personnel to avoid accusations without a strong legal basis (Gunawan, 2025).

Based on the description above, the problems to be studied can be formulated as follows: what is the legal concept of proof in medical civil lawsuits in Indonesia?, what are the evidence that can be used in proving medical civil lawsuits, and what is the strength of proof?, what is the role of institutions such as MKDKI in contributing to proving medical civil lawsuits? and what are the obstacles and juridical solutions in the implementation of proving medical civil lawsuits in Indonesia.

Literature Review

2.1. Evidence in Medical Civil Lawsuit Cases: Legal Perspectives and Practical Challenges in Medical Dispute Resolution

In civil law, proof is one of the important elements that must be considered in every trial, including in medical civil lawsuit cases. This process involves trying to convince the judge of the truth of the claims filed by the plaintiff. Medical civil lawsuits often cover complex issues, where the evidence presented must be able to clearly illustrate the existence of medical negligence or error that caused harm to the patient. Therefore, proving in this case requires in-depth legal knowledge, as well as the ability to identify and present valid and relevant evidence. One of the main challenges in proving a medical civil lawsuit case is the complex nature of the medical case itself. Medical evidence often involves a variety of technical terms that may not be fully understood by parties without a medical background. Therefore, the judge must be able to cooperate with a medical expert who can provide an explanation of the medical condition that is the subject of the case. Evidence in this medical lawsuit also often involves medical records, examination reports, and testimony from medical personnel, all of which must be carefully evaluated.

In addition, proving in medical civil lawsuits also requires an understanding of the applicable medical professional standards. Every medical professional, be it doctors, nurses, or other health workers, has an obligation to carry out their duties in accordance with the professional standards that apply in society. In this context, the plaintiff must be able to prove that the medical measures taken by the defendant (doctor or hospital) did not meet the standard, thereby causing loss or injury to the patient. On the other hand, the defendant will try to prove that the medical measures they carried out were in accordance with the standards and there was no negligence. Another challenge in proving this case is the role of non-medical evidence, such as witnesses who can provide information about the circumstances surrounding the incident. Evidence like this is no less important in providing a comprehensive picture of the incident in question. For example, eyewitnesses can provide perspective on how medical procedures are carried out, whether there are procedures that are not in accordance with protocol or even there is unclear communication between patients and medical personnel. Therefore, non-medical evidence is also often an overlooked part of the evidentiary process.

In practice, parties filing medical civil lawsuits often face difficulties in gathering strong enough evidence. Many patients or their families do not have full access to medical records or other evidence that can support their claims. On the other hand, the defendant's hospital or medical party often has more control over the evidence. This can be a major obstacle in achieving justice, because the difficulty of obtaining evidence that can be accounted for will weaken the position of the plaintiff. However, the Indonesian legal system has clearly regulated

the obligation of the party who has evidence to disclose such information in the evidentiary process. Articles in the Code of Civil Procedure (KUHAP) and the Medical Practice Law provide guidelines on how evidence must be submitted and examined in court. However, the reality is that there are still many challenges in its implementation, both in terms of law that has not been fully accommodated to the development of medical science, and in terms of legal culture that affects the perspective of medical procedures.

Proving in a medical civil lawsuit case not only involves strict legal aspects, but also requires a deep understanding of the medical practice itself. The challenges faced in this evidentiary process are not only related to legal technical issues, but also involve external factors such as access to evidence and the influence of the growing legal culture in society. Therefore, it is important for legal practitioners to continue to develop their knowledge in this area, as well as to work closely with competent medical experts, to ensure that justice can be best enforced.

Research Methodology

The research method used in this article is qualitative descriptive with a library study approach. This method aims to describe and analyze the phenomenon of proof in medical civil lawsuits based on relevant legal sources and literature. Study materials include laws and regulations (Civil Code, health regulations), court decisions and MKDKI decisions/decisions, textbooks, scientific articles, and legal and medical publications that directly discuss the proof of medical cases; The selection of sources is carried out purposively and relevant to the formulation of the problem.

Results

4.1 Legal Concepts Regarding Evidence in Medical Civil Lawsuit Cases

Proof in a medical civil lawsuit is a crucial stage that determines whether or not a claim can obtain legal legitimacy. In the context of civil procedure law, the basic principle of proof is determined by Article 1865 of the Civil Code which emphasizes that "whoever submits a postulate, he is obliged to prove the evidence" (actori incumbit probatio) (Abduh, 2020). This principle affirms the position of the plaintiff as a party burdened with the obligation to prove the existence of unlawful acts or defaults by medical personnel. However, in the context of medical disputes, the application of these principles is not always absolute. The relationship between doctor and patient is asymmetrical, where patients have limitations in accessing medical information and evidence controlled by hospitals or medical personnel (Widjaja, 2025). As a result, the evidence is often unbalanced. Some modern legal systems adopt reversal of burden of proof , in which doctors must prove that their actions have conformed to the standards of the medical profession (Hershenhorn & Adimey, 2025). In Indonesian judicial practice, judges still use the traditional approach by keeping the burden of proof in the hands of the plaintiff. However, modern trends suggest that judges began to use the principle of substantive justice by assessing the proportionality of the burden of proof. This is reflected in a number of court decisions that consider the limitations of patients in obtaining evidence (Gunawan, 2025). Thus, the evidence in medical civil lawsuits in Indonesia moves towards the paradigm of restorative justice and health consumer protection.

4.2 Evidence in Proving a Medical Civil Lawsuit and Its Evidentiary Power

According to Article 1866 of the Civil Code, evidence in civil cases consists of: (1) written evidence, (2) witnesses, (3) suspicions, (4) confessions, and (5) oaths. In the context of medical civil lawsuits, two types of evidence have the dominant probative weight, namely medical records and expert testimony.

1. Medical Records as Written Evidence. Medical records are legal documents that record the entire process of medical actions against patients. Based on Permenkes No. 269/Menkes/Per/III/2008, medical records function as valid written evidence in court (Abduh, 2020). The power of proof is prima facie, meaning that it can be trusted until proven otherwise. Complete and authentic medical records reflect the doctor's adherence to the principles of prudence and professionalism. On the other hand, incompleteness or manipulation of medical record data can be used as a basis for proving negligence or procedural violations. In the case of Dr. Oen Solo Baru Hospital vs. Mulyani (2017), the judge considered the incompleteness of medical records as a form of administrative negligence that weakened the defendant's position (Septrina, 2025).
2. Expert Witness. In medical cases, judges are not medical experts. Therefore, expert testimony is needed to assess whether the doctor's actions are in accordance with the medical standard of care (Widjaja, 2025). Expert testimony is used to bridge the gap between scientific truth and juridical truth. The evidentiary value is free, meaning that the judge has the freedom to assess the weight of expert testimony based on the credibility and consistency of his arguments (Mello, 2021).
3. MKDKI Decision as Preliminary Evidence. The Indonesian Medical Discipline Honorary Council (MKDKI) examines violations of the discipline of the medical profession and can provide recommendations that serve as preliminary evidence in court (Gunawan, 2025). Although the MKDKI decision is not binding, it has significant juridical value as an indicator of deviations from the standards of the medical profession. For example, in the case of Ni Luh Putu Pertiwi vs. Sanglah Hospital (2019), the court used the MKDKI decision as complementary evidence to determine the negligence of doctors.
4. Witnesses and Suspects. Witnesses in medical cases usually come from other medical personnel or the patient's family. However, witness testimony is often limited due to the complexity of medical terminology. Therefore, courts tend to prioritize written evidence and expert testimony over the testimony of public witnesses (Abduh, 2020).

Thus, the evidentiary power in a medical civil lawsuit is not single, but complementary between documents, experts, and professional institutions.

4.3 The Role of MKDKI in Proving Medical Civil Lawsuit Cases

The Indonesian Medical Discipline Honorary Council (MKDKI) has a strategic function as an ethical and professional discipline institution under the authority of the Indonesian Medical Council. Based on Law Number 29 of 2004 concerning Medical Practice, MKDKI is authorized to assess whether a doctor violates the discipline of the medical profession. MKDKI decisions are often used as additional evidence in civil proceedings, even though they are not binding absolutely. The probative value of MKDKI's decision lies in an objective scientific assessment based on professional standards. The judge can use the MKDKI decision to strengthen the evidence of the existence of elements doctor's mistakes or negligence (Widjaja, 2025b). In practice, MKDKI plays a role in three areas of evidence:

1. As a source of scientific data, because the results of disciplinary examinations reflect the suitability of the doctor's actions with medical procedures.
2. As an ethical and professional filter, which ensures that negligence is not interpreted haphazardly by the general public.
3. As a juridical reference, the court can use the MKDKI decision as guiding evidence to assess the doctor's responsibility (Gunawan, 2025).

However, there are still limitations. MKDKI does not have the authority to impose civil sanctions or damages, but only imposes disciplinary sanctions such as the revocation of temporary practice licenses. Therefore, the results of the MKDKI examination only serve to strengthen the evidence, not as a single basis in a civil decision (Mello, 2021).

4.4 Obstacles and Juridical Solutions in the Implementation of Medical Civil Lawsuit Proof

The implementation of proving medical civil cases in Indonesia faces a number of structural, procedural, and substantial obstacles.

1. Structural Barriers. The health legal structure in Indonesia has not fully supported a transparent evidentiary system. Many hospitals refuse to provide copies of medical records to patients on the grounds of professional confidentiality, even though this is contrary to the patient's right to medical information (Abduh, 2020).
2. Procedural Barriers. The absence of a standard standard in the reporting of medical errors makes it difficult for courts to determine the line between negligence and reasonable medical complications. In addition, the long expert examination process also poses obstacles to proving efficiently (Widjaja, 2025).
3. Substantial barriers. Differences in interpretation between the medical and legal worlds regarding the term "negligence" often lead to inconsistencies in judgments. Law assesses from the aspect of prudence, while medical assesses from the inherent risk of action (Sulistyani & Syamsu, 2017 in Widjaja, 2025).

As a solution, it is necessary to strengthen the proof system through:

- Regulations that require hospitals to open limited access to medical records for patients or their legal representatives.
- Increasing the capacity of judges through legal medicine education to be able to understand the technical aspects of medicine.
- Synergy between MKDKI and judicial institutions in setting uniform medical negligence standards (Gunawan, 2025).

4.5 Critical Analysis

The proof of medical civil lawsuit cases should be directed to corrective justice, namely the restoration of patients' rights without sacrificing the dignity of the medical profession. The evidentiary process is not just looking for faults, but also testing whether the doctor's actions were carried out with good intentions and prudence in accordance with professional ethics (Widjaja, 2025a). Judges must balance between legal justice and medical fairness. Rigid evidence will give birth to inequality, while evidence that is too soft can lower the standard of medical professionalism. Therefore, the paradigm of proof in Indonesia needs to be directed at the principle of proportional accountability that is balanced between patient protection and the autonomy of the medical profession. Conceptually, in the future, it is necessary to revise the

law of proof in medical disputes to accommodate a limited reversal of the burden of proof, explicit recognition of the MKDKI decision, and affirmation of medical records as the main evidence. Thus, the Indonesian legal system can realize a balance between scientific truth and juridical justice in every medical case.

Conclusion

Proof in a medical civil lawsuit case is the core of the judicial process that determines the validity of a lawsuit. The principle of actori incumbit probbatio remains the basic, but it needs to be adjusted to the conditions of the doctor-patient relationship that is unbalanced in terms of information and access to evidence. Medical records, expert testimony, and MKDKI verdicts are the main evidence that has a high probative value, because it is able to explain both the scientific and juridical aspects of medical action. However, the implementation of proof in Indonesia is still faced with limited access to medical documents, differences in interpretations of negligence, and weak synergy between legal institutions and professions. Therefore, evidence in medical disputes needs to be directed at a balance between patient protection and respect for the dignity of the medical profession.

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