

The Process of Medical Dispute Resolution in Civil Courts in Indonesia

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Abstract

The legal relationship between doctors and patients is civil in nature and is based on a therapeutic agreement, under which both parties possess reciprocal rights and obligations. However, in practice, medical disputes frequently arise due to alleged negligence, misdiagnosis, or medical actions performed without the patient's informed consent. This study aims to analyze the legal basis for the resolution of medical disputes under Indonesian civil law, to explain the stages of civil court proceedings, and to elaborate on the forms of legal liability borne by medical professionals. The research employs a normative legal research method using statutory and conceptual approaches. The findings indicate that medical disputes may be resolved through two primary mechanisms: non-litigation and litigation. Non-litigation resolution is conducted through the Medical Professional Disciplinary Board or the Indonesian Medical Disciplinary Honor Council, while litigation is pursued through civil courts based on claims of breach of contract or tortious acts. Strengthening mediation mechanisms and enhancing legal awareness among medical professionals are essential strategies to minimize the occurrence of medical disputes.

Keywords: Medical Disputes, Civil Law, Malpractice, Dispute Settlement

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Introduction

The legal relationship between doctors and patients is fundamentally civil in nature and is established through a therapeutic contract, wherein both parties possess reciprocal rights and obligations. Doctors are legally and ethically mandated to provide medical care in accordance with professional standards and clinical guidelines, while patients are obliged to provide accurate medical histories, adhere to prescribed treatments, and fulfill administrative requirements such as payment of medical fees. This contractual framework not only ensures mutual accountability but also serves as the legal basis for assessing liability in cases of medical disputes. [1]

In practice, however, healthcare delivery in Indonesia frequently generates divergent perceptions between healthcare providers and patients regarding medical outcomes. Patient dissatisfaction may result in allegations of medical negligence, diagnostic errors, or violations of professional standards. Such disputes extend beyond individual doctor–patient interactions, impacting the credibility of medical institutions, the public’s trust in healthcare systems, and the broader perception of professional ethics.

Recent trends indicate a significant increase in medical dispute complaints in Indonesia, both within the Indonesian Medical Disciplinary Honorary Council (MKDKI) and the civil court system. Many disputes stem from seemingly minor issues, such as insufficient communication, delayed diagnoses, or procedures performed without proper informed consent. These patterns underscore the necessity of integrating legal safeguards into healthcare practice and highlight the growing awareness among patients regarding their rights and entitlements.[2]

Technological advances in medical diagnostics, therapeutic interventions, and electronic health record systems have further complicated dispute resolution. The collection and presentation of legally admissible evidence now require interdisciplinary expertise, combining medical knowledge, forensic standards, legal interpretation, and ethical assessment. Consequently, the resolution of medical disputes demands a multi-faceted approach that bridges law, clinical practice, and bioethics.[3]

Comparative studies reveal that countries such as the United States, the United Kingdom, and Japan have implemented robust medical dispute resolution mechanisms, including no-fault compensation systems and structured mediation frameworks, which prioritize timely resolution, reduce adversarial litigation, and restore trust in the healthcare relationship. In Indonesia, similar mechanisms are being institutionalized through the Medical and Health Professional Disciplinary Boards (MDTK/MDTKes) under Law No. 17 of 2023 on Health, which mandates mediation as a primary step before judicial proceedings. Nevertheless, patients retain the right to pursue civil litigation if non-litigation resolution fails to satisfy their claims. [4]

This research is therefore critical for analyzing the legal underpinnings of medical dispute resolution under Indonesian civil law, elucidating the procedural stages of civil litigation, and outlining the scope of legal accountability for healthcare professionals.[5] Furthermore, it aims to provide a framework for enhancing restorative justice in medical practice, strengthening the rule of law in healthcare, and promoting legal literacy among medical practitioners, healthcare institutions, and patients. By integrating insights from law, medicine, and ethics, the study seeks to contribute to a more equitable, efficient, and patient-centered system of medical dispute resolution in Indonesia.

Literature Review

Medical dispute resolution within the civil justice system in Indonesia has been widely discussed in legal scholarship, particularly in relation to patient rights, professional accountability, and the role of alternative dispute resolution (ADR). Scholars generally agree that medical disputes arise from alleged medical negligence, malpractice, or violations of informed consent, which are adjudicated under civil liability principles as regulated in the Indonesian Civil Code (Burgerlijk Wetboek) and sectoral health laws.[6] Several studies emphasize that civil litigation remains a formal and adversarial mechanism that often places patients in a structurally weaker position compared to hospitals and medical professionals.

According to Sari and Prasetyo (2021), patients frequently face difficulties in proving medical negligence due to the complexity of medical evidence, limited access to medical records, and asymmetrical knowledge between the parties. This evidentiary burden often results in prolonged proceedings and increased litigation costs, reducing access to substantive justice for patients.[7]

The procedural framework for resolving medical disputes in Indonesian civil courts is governed by general civil procedural law (HIR/RBg) and supplemented by Supreme Court regulations. Research by Widodo (2020) highlights that medical disputes follow ordinary civil litigation stages, including filing of claims, mediation attempts, evidentiary hearings, expert testimony, and judicial rulings. The mandatory mediation stage introduced through Supreme Court Regulation No. 1 of 2016 aims to reduce case backlogs and encourage consensual settlements; however, its effectiveness varies depending on mediator competence and party cooperation.[8] Legal scholars also underline the interaction between civil court proceedings and professional disciplinary mechanisms. Studies by Nugroho et al. (2022) explain that decisions from medical disciplinary bodies, such as the Medical Disciplinary Honorary Council (MKDKI), are often used as supporting evidence in civil lawsuits, although they are not legally binding on judges. This dual-track dispute resolution system may lead to procedural overlap and legal uncertainty, particularly when disciplinary processes and civil litigation proceed simultaneously.

Recent literature further discusses the impact of Law No. 17 of 2023 on Health, which reinforces non-litigation dispute resolution, particularly mediation, as a prerequisite before court proceedings. According to Rahmawati (2024), this legal development reflects a shift toward restorative justice in medical dispute resolution, emphasizing dialogue, trust restoration, and proportional accountability. Nevertheless, empirical studies indicate that civil litigation remains a last resort due to its adversarial nature and limited capacity to restore doctor–patient relationships.[8]

Overall, the literature suggests that while civil courts continue to play an essential role in adjudicating medical disputes in Indonesia, their effectiveness is constrained by procedural rigidity, evidentiary challenges, and relational harm [9]. Consequently, scholars increasingly advocate for strengthening mediation mechanisms and harmonizing civil, administrative, and professional disciplinary processes to achieve fair, efficient, and patient-centered dispute resolution.

Research Methodology

This study employs a normative juridical research approach, which systematically examines legal principles, statutory regulations, judicial doctrines, and theoretical frameworks relevant to medical dispute resolution under Indonesian civil law. Normative juridical research is particularly suited for analyzing legal norms in the context of healthcare, as it allows for an in-depth understanding of the regulatory, ethical, and doctrinal foundations of medical liability without necessitating direct empirical fieldwork. This approach provides a comprehensive lens through which to explore both the legal structures governing doctor–patient relationships and the practical application of civil law principles in dispute resolution.

Type of Research

The research is classified as normative legal research, focusing on the analysis of:

1. Legislation – laws and regulations governing medical practice, patient rights, and civil liability;
2. Doctrines – authoritative interpretations from legal scholars and experts in health law;
3. Judicial Decisions – precedents and court rulings relevant to medical disputes.

This approach allows for a holistic understanding of civil liability, including contractual obligations, tortious acts, negligence, and professional accountability in the doctor–patient relationship. It emphasizes not only the legal mechanisms but also the normative

objectives of justice, patient protection, and professional integrity.

Research Approaches

To ensure rigorous and multidimensional analysis, this study integrates three complementary legal research approaches:

1. Statutory Approach (Legislation Approach):

This approach systematically analyzes statutory provisions that form the backbone of medical dispute resolution in Indonesia, including:

- a. Law No. 17 of 2023 on Health, which governs the rights and obligations of patients and healthcare providers, and emphasizes mediation and non-litigation mechanisms;
- b. Law No. 29 of 2004 on Medical Practice, regulating professional standards and legal accountability for medical practitioners;
- c. The Indonesian Civil Code (KUHPperdata), establishing general principles of contract law, tort liability, and civil remedies;
- d. Supreme Court Regulation No. 1 of 2014 on Court Mediation, providing procedural guidance for integrating mediation into civil litigation.

The statutory approach enables the identification of both procedural and substantive legal obligations, ensuring that the research is anchored in the current legislative framework.

Conceptual Approach:

This approach examines the underlying legal concepts relevant to medical liability, such as negligence, breach of contract, tortious acts, and restorative justice principles. The conceptual framework helps to contextualize how these abstract principles are applied in the practical regulation of medical disputes and how they intersect with professional ethics and patient rights.

Case Approach (Judicial Approach):

Selected judicial decisions are analyzed to illustrate how civil courts interpret statutory norms and doctrines in resolving medical disputes. This approach provides insight into:

- a. Patterns of judicial reasoning;
- b. Implementation challenges of non-litigation mechanisms such as mediation;
- c. Interaction between statutory obligations, professional disciplinary frameworks, and patient claims;
- d. The effectiveness of remedies and compensation awarded.

Data Sources

The study draws upon multi-tiered legal materials to ensure a comprehensive analysis:

1. Primary Legal Materials:

Statutes, regulations, ministerial directives, and official guidelines governing medical practice, patient rights, and civil liability, which form the normative foundation of the research.

2. Secondary Legal Materials:

Peer-reviewed books, scholarly journals, legal commentaries, and prior research studies that provide interpretation, theoretical insights, and contextual analysis relevant to medical dispute resolution.

3. Tertiary Legal Materials:

Legal dictionaries, encyclopedias, and authoritative reference works, which assist in clarifying terminology, doctrinal principles, and the historical evolution of applicable laws.

Data Collection Techniques

Data were systematically collected through library research, including:

1. Consultation of physical and digital law libraries;

2. Access to official government portals such as peraturan.go.id and the Supreme Court of Indonesia;
3. Review of national and international academic databases relevant to health law and civil liability.

This method ensures that the research is grounded in credible and verifiable sources, covering both regulatory frameworks and scholarly interpretation.

Data Analysis Techniques

Data analysis was conducted using qualitative descriptive methods with a deductive reasoning framework, involving:

1. Systematic identification, description, and interpretation of statutory provisions, judicial rulings, and doctrinal sources;
2. Comparative analysis between civil law theory and its practical application in medical dispute resolution;
3. Assessment of the alignment between non-litigation mechanisms (such as mediation) and civil litigation procedures;
4. Evaluation of the efficacy, accountability, and restorative justice outcomes of the legal instruments applied.

The analysis emphasizes both legal effectiveness—measured by compliance, resolution rate, and enforceability—and ethical and relational effectiveness, including the restoration of trust between healthcare providers and patients. By integrating legal theory, doctrinal insights, and case law, the study contributes to a robust understanding of how medical disputes are managed within Indonesia's civil law system and provides a basis for policy recommendations to enhance the effectiveness of legal and non-legal dispute resolution mechanisms.

Results

Legal Foundations of Medical Dispute Resolution

The resolution of medical disputes in Indonesia is embedded within a multilayered legal framework that combines civil law, statutory provisions, professional standards, and judicial doctrines. These legal instruments collectively govern the obligations of healthcare practitioners, the rights of patients, and institutional accountability:

1. Indonesian Civil Code (KUHPerdata), Articles 1365–1367: Establishes tort liability and civil responsibility for unlawful acts. These provisions form the core framework for assessing medical malpractice, negligence, or institutional liability arising from professional misconduct.
2. Law No. 29 of 2004 on Medical Practice: Defines the scope of professional duties and responsibilities for medical practitioners, including adherence to ethical standards, clinical competence, and compliance with statutory obligations.
3. Law No. 36 of 2009 and Law No. 17 of 2023 on Health: Codify the rights and obligations of patients and healthcare providers, emphasizing restorative justice, patient safety, and accountability in medical practice. These laws reflect a progressive paradigm prioritizing non-litigation dispute resolution and safeguarding public trust.
4. Supreme Court Regulation No. 1 of 2014 (PERMA 1/2014) on Court Mediation: Mandates mediation as the initial step in civil disputes, including medical disputes, encouraging negotiation, reconciliation, and expedited resolution.
5. General Principles of Civil Law: Includes doctrines such as good faith (*itikad baik*), contractual obligations, and accountability for fault, which guide judicial evaluation of disputes and mediate the balance between patient protection and professional autonomy.

The convergence of these legal sources forms a comprehensive framework that balances punitive, restorative, and compensatory approaches, facilitating the fair and equitable resolution of medical disputes while upholding public confidence in the healthcare system.

Procedural Stages of Medical Dispute Resolution in Civil Courts

Medical disputes pursued through litigation follow a structured procedural framework designed to integrate mediation with adjudication:

- 1) **Filing a Complaint:** Aggrieved patients may initiate lawsuits in District Courts based on breach of contract (*wanprestasi*) or tortious acts (*perbuatan melawan hukum*). Complaints must include detailed factual and evidential bases, including medical records and expert reports.
- 2) **Mandatory Court-Directed Mediation:** Before substantive hearings, courts require parties to attempt mediation as stipulated in PERMA 1/2014. This stage promotes negotiation, evidence-based clarification, and reconciliation under the supervision of certified mediators, reflecting the principle of proportionality and restorative justice.
- 3) **Trial Examination:** Judges examine documentary evidence, including medical records, laboratory results, and professional guidelines, and may call upon medical experts to provide specialized testimony. The trial integrates both legal and clinical analysis to ensure just and technically sound adjudication.
- 4) **Judgment:** Courts may issue rulings including:
 - a. Material and immaterial compensation;
 - b. Annulment of therapeutic contracts that fail to meet legal or ethical requirements;
 - c. Institutional liability of hospitals for systemic failures.
- 5) **Appeal and Cassation:** Dissatisfied parties may pursue appeals (*banding*) or cassation (*kasasi*), ensuring procedural fairness, hierarchical oversight, and the development of jurisprudence in medical law.

This process demonstrates the synergistic interplay of statutory directives, professional standards, judicial scrutiny, and mediation mechanisms, enhancing the fairness, efficiency, and legitimacy of medical dispute resolution.

Forms of Civil Liability for Healthcare Providers

Civil liability in medical practice is multifaceted and includes:

1. **Material and Immaterial Compensation:** As per Article 1365 KUHPerdata, covering economic losses and non-economic damages resulting from negligence or malpractice.
2. **Institutional Liability of Hospitals:** Article 1367 KUHPerdata mandates accountability of healthcare facilities for organizational deficiencies, staffing issues, or procedural lapses.
3. **Annulment of Therapeutic Contracts:** Contracts can be voided if they fail to meet legal validity, informed consent, or professional ethics standards.
4. **Negligence-Based Accountability:** Healthcare practitioners are liable for breaches of professional standards or negligent acts, emphasizing both technical competence and ethical responsibility.

This typology illustrates the interconnection between individual, contractual, and institutional responsibility, emphasizing legal accountability in conjunction with professional ethics.

Role of Professional Organizations

Professional associations, including Indonesian Medical Association (IDI), Indonesian National Nurses Association (PPNI), and Indonesian Midwives Association (IBI), are pivotal in supporting dispute resolution:

1. **Legal Assistance:** Provide guidance, advocacy, and representation for members involved in disputes, ensuring legal and procedural compliance.
2. **Expert Opinions (Amicus Curiae):** Offer specialized medical-legal insights to assist courts in complex cases involving technical and ethical considerations.
3. **Ethics and Competency Oversight:** Maintain professional standards, enhance public

trust, and prevent malpractice through supervision and peer review.

4. Education and Risk Mitigation: Conduct training on medical law, ethics, and risk management to proactively reduce potential disputes.

While these organizations cannot impose legal sanctions, they are critical in enforcing professional discipline, maintaining ethical compliance, and fostering a culture of accountability and patient-centered care.

Methodological Integration in Health Law Research

This study employs a normative juridical approach augmented by a multidimensional methodology to comprehensively analyze medical dispute resolution:

- 1) Statutory Analysis (Statute Approach): Critical examination of applicable laws, including civil code provisions, medical practice regulations, and court mediation frameworks.
- 2) Conceptual Analysis (Conceptual Approach): Exploration of key legal constructs such as tort liability, contractual obligations, negligence, and ethical standards in healthcare.
- 3) Case Law Analysis (Case Approach): Systematic review of judicial decisions on medical disputes to illustrate practical application, identify trends, and evaluate consistency with legal theory.
- 4) Integrative Analysis: Cross-referencing statutory provisions, professional standards, and case law to assess procedural efficiency, fairness, and alignment with restorative justice principles.

This methodology ensures a holistic understanding of medical dispute resolution, bridging theory, jurisprudence, clinical practice, and institutional regulation to generate actionable insights for law, policy, and professional governance.

Conclusion

Medical dispute resolution in Indonesia is fundamentally regulated within the framework of civil law, which conceptualizes the relationship between doctors and patients as a contractual relationship grounded in a therapeutic agreement. Medical disputes may arise due to negligence, misdiagnosis, procedures performed without patient consent, or violations of professional medical standards. Dispute resolution can be pursued through two primary channels: **non-litigation** and litigation.

The non-litigation route is conducted through the Medical Personnel Disciplinary Council (MDTK) or the Indonesian Medical Honorary Disciplinary Council (MKDKI), which serve to enforce professional discipline and resolve conflicts through professional, ethical, and procedural mechanisms. Conversely, the litigation route involves civil court proceedings, based on claims of breach of contract or unlawful acts (tort) as regulated under the Indonesian Civil Code (KUHPerdata).

The litigation process in medical disputes typically involves several stages, including filing a complaint, court-mandated mediation, evidentiary examination, and judgment. Judges often rely on the testimony of medical experts to determine the presence or absence of negligence. Forms of civil liability for healthcare providers may include material and immaterial compensation, annulment of therapeutic contracts, or institutional liability of hospitals for acts committed by medical personnel under their supervision.

Conceptually, the legal framework for medical dispute resolution in Indonesia is relatively robust. However, challenges remain, such as the limited effectiveness of medical mediation, low legal literacy among healthcare providers, and the suboptimal role of professional disciplinary bodies in preventing and resolving conflicts before they escalate to the courts. Therefore, medical dispute resolution requires a comprehensive approach that extends beyond legal procedures to include ethical, educational, and managerial strategies, ensuring that trust between patients and healthcare providers is maintained and reinforced.

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