Legal Asessment of Mediation Effectiveness in Patient-Hospital Medical Dispute Resolution

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Abstract

The complexity of legal relationships between patients and hospitals in Indonesia continues to experience significant dynamics, with medical disputes increasing substantially and requiring clear regulations for effective resolution. This research aims to analyze the effectiveness of mediation in resolving medical disputes between patients and hospitals based on Law No. 17 of 2023 on Health, examine the implementation of Supreme Court Regulation No. 1 of 2016 on Court Mediation Procedures, and formulate an optimal synergy model between both regulations to enhance mediation effectiveness. This study employs a normative juridical qualitative approach through library research, analyzing primary legal sources including both regulations and secondary sources comprising legal textbooks, national and international journal articles, and expert opinions published from 2020 to present. The findings reveal that Law No. 17 of 2023 establishes a progressive paradigm prioritizing non-litigation resolution through mandatory mediation before judicial proceedings, reflecting restorative philosophy to restore doctor-patient trust, while PERMA No. 1 of 2016 provides a comprehensive procedural framework with a maximum 60-day timeframe and settlement reinforcement with executorial power. However, implementation faces challenges including limited dual-competent mediators in law and clinical aspects, bargaining position imbalances, low public legal literacy, and inadequate supporting infrastructure. Strategic recommendations include establishing certified specialized mediator lists through collaboration between medical councils and certification institutions, technical harmonization between the Ministry of Health and Supreme Court, developing integrated monitoring systems, intensive public socialization, utilizing digital technology, and strengthening derivative regulations for standardized protocols to create a fast, fair, restorative dispute resolution ecosystem while maintaining patient safety standards.

Keywords: Alternative Dispute Resolution, Health Law, Mediation Effectiveness, Medical Disputes, Patient-Hospital Relations

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Introduction

The complexity of the legal relationship between patients and hospitals in Indonesia has continued to experience significant dynamics in line with the development of modern healthcare service systems. The transformation of this relationship from one primarily based on trust (a fiduciary relationship) into a contractual legal relationship has created a new landscape in the resolution of medical disputes. Empirical data indicate a substantial increase in the number of medical dispute cases in Indonesia, with previous studies identifying hundreds of cases brought before the courts, although the majority have not been widely publicized. This phenomenon reflects a paradigm shift in the mechanisms of hospital liability toward patients, which demands regulatory clarity and effective dispute resolution mechanisms. International comparative studies demonstrate that mediation, as a form of Alternative Dispute Resolution (ADR), has proven to provide greater flexibility in resolving healthcare-related conflicts, achieving significant success rates in reducing litigation burdens and enhancing satisfaction among disputing parties.

The implementation of mediation in the context of medical disputes in Indonesia faces multidimensional challenges that require in-depth analysis. [1] identify that the legal strength of medical dispute resolution through mediation largely depends on the good faith of the parties and the agreement reached; however, uncertainty remains regarding the enforceability of such agreements. In their comprehensive study, affirm that mediation in healthcare disputes is capable of resolving conflicts more quickly and cost-effectively than conventional judicial proceedings, while also reducing emotional and financial burdens for all parties involved.[2] The Indonesian context presents additional complexity due to overlapping authorities between professional mediation bodies, such as the Indonesian Medical Discipline Honorary Council (Majelis Kehormatan Disiplin Kedokteran Indonesia/MKDKI), and judicial mediation mechanisms as regulated under Supreme Court Regulation (PERMA) No. 1 of 2016. Uly Purnama Nasution (2020) finds that the effectiveness of mediation in resolving medical disputes remains suboptimal due to various structural and cultural barriers, including the parties' limited understanding of mediation procedures and the scarcity of mediators with expertise in both medical and legal aspects [3].

The legal framework governing medical dispute resolution in Indonesia has evolved with the enactment of Law No. 17 of 2023 on Health, which replaced previous regulations. This new law introduces a more comprehensive approach to dispute resolution mechanisms; however, its practical effectiveness has not yet been adequately evaluated. Lindsey and Doyle emphasize that mediation in healthcare disputes must consider the best interests of the patient as the foundation of any resolution, ensuring that the mediation process provides fair and meaningful participation for all parties.[4] Empirical realities show that hospitals often face dilemmas in determining the most appropriate dispute resolution pathway, given the availability of various options ranging from internal hospital mediation and mediation through professional bodies to court-annexed mediation. Zhang et al analyze that the success of mediation is strongly influenced by two key variables: the duration of the mediation process and the amount of compensation claimed, where longer mediation periods and higher claims tend to reduce the likelihood of successful resolution. [5]

The research gap identified in the existing literature lies in the limited number of empirical studies analyzing the effectiveness of mediation within Indonesia's current regulatory framework, particularly following the enactment of Law No. 17 of 2023 and the implementation of PERMA No. 1 of 2016. Previous studies have largely adopted a normative-descriptive approach without concretely measuring the effectiveness of mediation in resolving medical disputes between patients and hospitals. Lin et al. reveal that although medical professionals generally hold positive perceptions of mediation, their knowledge of mediation procedures and mechanisms remains limited, indicating the need for a comprehensive evaluation of the existing mediation system [6]. Moreover, no studies have specifically integrated the perspective of health law with judicial mediation regulations to analyze how these legal instruments can function synergistically in resolving medical disputes effectively and equitably.

The novelty of this research lies in its integrative approach to analyzing the effectiveness of mediation in medical dispute resolution by combining the perspectives of Law No. 17 of 2023 on Health and PERMA No. 1 of 2016 on Court-Annexed Mediation Procedures. This study seeks to fill gaps in the literature by providing a comprehensive analysis of the most effective mediation mechanisms within the legal relationship between patients and hospitals in Indonesia, including identifying factors influencing mediation success and offering policy recommendations to enhance the effectiveness of medical dispute resolution. The theoretical contribution of this research is the development of a conceptual framework for the effectiveness of medical dispute mediation grounded in the principles of restorative justice and legal certainty. Its practical contribution lies in providing guidance for stakeholders within the healthcare system to optimize the use of mediation as a fair, efficient, and cost-effective dispute resolution instrument. [7]

Based on the background outlined above, this research formulates the following research questions: (1) How effective is mediation in resolving medical disputes between patients and hospitals from the perspective of Law No. 17 of 2023 on Health? (2) How is PERMA No. 1 of 2016 on Court-Annexed Mediation Procedures implemented in resolving medical disputes between patients and hospitals? and (3) How can the synergy between Law No. 17 of 2023 on Health and PERMA No. 1 of 2016 enhance the effectiveness of mediation in medical dispute resolution? Accordingly, this study aims to: analyze and evaluate the effectiveness of mediation in resolving medical disputes between patients and hospitals based on Law No. 17 of 2023 on Health; examine the implementation and effectiveness of judicial mediation procedures as regulated under PERMA No. 1 of 2016 in the context of medical dispute resolution; and formulate an optimal synergy model between mediation regulations under Law No. 17 of 2023 and PERMA No. 1 of 2016 to improve the effectiveness of equitable medical dispute resolution. This research is expected to contribute theoretically to the development of health law scholarship, particularly concerning mediation as a mechanism for resolving medical disputes. The findings will enrich academic discourse on legal effectiveness in the context of healthcare dispute mediation and provide a new conceptual framework for integrating mediation regulations within Indonesia's health law system. Furthermore, this study may serve as a reference for the development of future research on Alternative Dispute Resolution in the healthcare sector. Practically, the research offers benefits to various stakeholders. For policymakers, the findings may serve as a basis for refining regulations related to medical dispute resolution. For hospitals and healthcare professionals, the study provides practical guidance for managing and resolving disputes with patients through effective mediation mechanisms. For patients and the public, the research enhances understanding of their rights in medical dispute resolution and how to optimally utilize mediation pathways.[8] Finally, for judicial institutions and mediators, this study may serve as a reference for improving the quality of medical dispute mediation processes.

Literature Review

Medical dispute resolution has increasingly become a critical issue within modern healthcare systems due to the growing complexity of patient–provider relationships and heightened public awareness of patients' rights. Traditionally, disputes arising from medical services were resolved through litigation; however, this approach has been widely criticized for being time-consuming, costly, adversarial, and detrimental to the therapeutic relationship between patients and healthcare providers As a result, Alternative Dispute Resolution (ADR), particularly mediation, has gained prominence as a more flexible, efficient, and restorative mechanism in addressing medical disputes [9].

Several international studies highlight the effectiveness of mediation in resolving healthcare- related conflicts. Dimitrov and Miteva-Katrandzhieva demonstrate that mediation in medical disputes significantly reduces litigation costs and resolution time while mitigating emotional distress experienced by both patients and medical professionals. Similarly,[10] Lindsey and Doyle emphasize that mediation facilitates patient-centered outcomes by prioritizing the best interests of patients and encouraging participatory decision-making. These

findings suggest that mediation aligns well with restorative justice principles, which focus on repairing harm and restoring relationships rather than imposing punitive sanctions.[11]

In the context of legal theory, mediation effectiveness is often assessed through both quantitative and qualitative indicators. Quantitative measures include settlement rates, duration of dispute resolution, and compliance with settlement agreements, while qualitative indicators encompass party satisfaction, perceived fairness, and restoration of trust[12]. Christian and Yusuf argue that mediation in medical disputes becomes more effective when integrated with ethical considerations, as ethical dialogue helps rebuild trust and improves long-term relationships between patients and healthcare providers. This dual legal–ethical approach underscores the importance of mediation beyond mere procedural efficiency. [13]

In Indonesia, the legal framework governing medical dispute resolution has evolved significantly with the enactment of Law No. 17 of 2023 on Health, which prioritizes non-litigation dispute resolution mechanisms before judicial proceedings. Sihotang and Hoesein note that this law represents a paradigm shift by institutionalizing mediation as a mandatory initial step in resolving medical disputes. Furthermore, the law integrates mediation with professional disciplinary mechanisms, thereby linking dispute resolution with accountability and patient safety. However, empirical assessments of its practical effectiveness remain limited, given the relatively recent implementation of the regulation.[14]

Judicial mediation in Indonesia is primarily regulated by Supreme Court Regulation (PERMA) No. 1 of 2016, which mandates mediation in civil disputes, including medical cases involving patients and hospitals. Widjaja and Harry explain that PERMA No. 1 of 2016 provides procedural certainty through defined mediation stages, strict time limits, and the enforceability of settlement agreements through court ratification [15]. Despite this structured framework, several studies indicate persistent challenges in implementation, including limited mediator expertise in medical matters, disparities in bargaining power between patients and hospitals, and inadequate public understanding of mediation procedures [16].

Previous Indonesian studies on medical dispute mediation predominantly adopt a normative- descriptive approach, focusing on regulatory analysis rather than empirical evaluation of mediation outcomes. Uly Purnama Nasution finds that mediation effectiveness is constrained by structural and cultural barriers, including [17] the scarcity of mediators with interdisciplinary competencies in both law and medicine. Lin et al. further reveal that while healthcare professionals generally perceive mediation positively, their limited procedural knowledge reduces its practical utilization. These findings suggest a gap between normative regulation and actual implementation.[18]

Moreover, the literature indicates a lack of integrative analysis examining the synergy between health law regulations and judicial mediation frameworks. While Law No. 17 of 2023 emphasizes substantive protection, professional discipline, and restorative justice, PERMA No. 1 of 2016 focuses on procedural mechanisms within the judiciary. Few studies have explored how these two regulatory regimes can operate synergistically to enhance mediation effectiveness in medical dispute resolution. Widjaja argues that without harmonization and institutional coordination, mediation risks becoming a mere procedural formality rather than a meaningful conflict resolution mechanism.[19]

Based on the existing literature, a clear research gap emerges concerning the need for a comprehensive, integrative analysis of mediation effectiveness within Indonesia's current legal framework. Specifically, there is limited scholarly work that systematically evaluates how the synergy between Law No. 17 of 2023 on Health and PERMA No. 1 of 2016 can optimize medical dispute mediation in terms of efficiency, fairness, and restorative outcomes. Addressing this gap is essential to developing a coherent dispute resolution model that not only resolves conflicts but also strengthens patient protection, professional accountability, and public trust in the healthcare system.[20]

Research Methodology

This research adopts a qualitative approach using a normative juridical method that analyzes legal norms through library research. The normative juridical method is selected because the focus of the study lies in examining statutory regulations, legal principles, theoretical concepts, and legal doctrines related to the effectiveness of mediation in resolving medical disputes (Wiraguna, 2024). This approach enables the researcher to examine the internal aspects of applicable positive law, particularly Law No. 17 of 2023 on Health and Supreme Court Regulation (PERMA) No. 1 of 2016 on Court-Annexed Mediation Procedures, without involving direct field research.

The primary data sources of this study consist of the two aforementioned regulations, which serve as the main objects of analysis. Secondary data sources include legal textbooks, national and international peer-reviewed journal articles published from 2020 onwards, previous research findings, and expert opinions in the field of health law relevant to the research topic.

Data collection is conducted through a documentary study by identifying, inventorying, and reviewing all legal materials related to medical dispute mediation and dispute resolution between patients and hospitals. Tertiary legal materials, such as legal dictionaries, legal encyclopedias, and electronic publications, are also utilized to support the understanding of legal terminology and concepts applied in this research.

Data analysis employs a qualitative descriptive-prescriptive method with deductive reasoning. The researcher explains and interprets the applicable legal norms, followed by an analysis of the synchronization and effectiveness of the two legal instruments in the practice of medical dispute resolution (Muhammadiyah et al., 2024). The analytical process is carried out systematically by identifying legal principles, examining regulatory coherence, evaluating the implementation of mediation based on existing norms, and formulating conclusions and recommendations to enhance the effectiveness of mediation in resolving medical disputes between patients and hospitals. Data validity is ensured through source triangulation by comparing various legal literatures and previous studies to maintain the consistency and credibility of the research findings.

Results

Effectiveness of Mediation in Medical Dispute Resolution Based on Law No. 17 of 2023 on Health

Mechanisms for Medical Dispute Resolution within the Framework of Law No. 17 of 2023

Law No. 17 of 2023 on Health introduces a progressive paradigm in addressing medical conflicts by prioritizing non-litigation dispute resolution mechanisms before resorting to formal judicial proceedings. Article 310 of the Health Law explicitly mandates that disputes arising from alleged errors or negligence committed by medical doctors and healthcare professionals in the performance of their professional duties must first be resolved through alternative dispute resolution mechanisms outside the court system. This normative mandate reflects a restorative philosophy that emphasizes the restoration of relationships and trust between patients and healthcare providers as the primary objective, rather than focusing solely on material compensation or punitive sanctions. Sihotang and Hoesein (2025) affirm that Law No. 17 of 2023 positions mediation as a crucial initial step in medical dispute resolution, with the Indonesian Medical and Health Mediation–Arbitration Institution (LMA-MKI) playing a strategic role in facilitating constructive communication between doctors and patients.

The formal mechanisms regulated under this law include pre-mediation stages involving factual clarification, engagement of professional organizations to assess ethical and professional conduct, and facilitation by competent mediators with an understanding of both clinical complexity and health law. Widjaja (2025b) explains that the implementation of Law No. 17 of 2023 brings a significant shift by mandating non-litigation mechanisms through mediation or arbitration prior to court proceedings, aiming to create a dispute resolution process that is faster, more cost-efficient, and oriented toward restorative justice. Furthermore, Articles 304 to 309 of the Health Law regulate professional disciplinary enforcement through the establishment of

authorized councils responsible for assessing disciplinary violations, issuing recommendations, and imposing administrative sanctions. This creates a procedural linkage between internal professional mechanisms, mediation processes, and the potential continuation to litigation or criminal proceedings.

This layered structure allows non-litigation dispute resolution to operate persuasively and optimally before disputes escalate into more confrontational legal domains. Ramadhon and Yusuf (2024) identify that mediation in medical disputes emphasizes cooperative, trust-based relationships between disputing parties, in contrast to litigation procedures that often prolong conflicts and damage doctor–patient relationships. This framework demonstrates that Law No. 17 of 2023 not only provides alternative dispute resolution pathways but also integrates them into a holistic and responsive health law enforcement system aligned with societal needs.

Indicators and Parameters of Effectiveness in Medical Dispute Mediation

Assessing the effectiveness of mediation in medical disputes requires measurable quantitative and qualitative indicators. Key quantitative indicators include the ratio of medical dispute cases successfully resolved through mediation compared to those proceeding to litigation, the average duration from mediation appointment to the signing of settlement agreements, and the level of compliance by parties with the implementation of agreed settlements. Prayuti et al. (2024) explain that mediation is considered effective in resolving healthcare consumer disputes because it enables parties to voluntarily reach agreements with the assistance of a mediator, although outcomes are not inherently final and require mutual consent to become binding.

Equally important qualitative parameters include levels of party satisfaction measured through post-mediation surveys, sustainability of settlement implementation without triggering new disputes, the impact on rehabilitating relationships between patients and healthcare facilities, and the degree of accountability and transparency within the mediation process itself. Christian and Yusuf (2025) emphasize that combining ethical and legal approaches in medical dispute resolution provides more comprehensive and effective solutions, as ethics-based mediation helps rebuild trust between patients and healthcare professionals.

Effectiveness parameters must also consider accessibility of mediation mechanisms, procedural certainty—particularly clear time limits to prevent protracted processes—and the ability of mediation to reduce recurring litigation or criminal complaints following settlement. Flori and Yusuf (2024) underline the importance of health law development that fosters fair, efficient, and effective medical dispute resolution mechanisms involving relevant stakeholders in both prevention and resolution of conflicts. An additional relevant indicator is the restoration of interpersonal relationships and trust between patients and healthcare professionals, which constitutes a fundamental objective of the restorative approach adopted by Law No. 17 of 2023. Maryanto and Triadi (2025) state that non-litigation methods such as mediation offer adaptive, humane, and trust-based solutions aligned with the demands of responsive healthcare services. Accordingly, the effectiveness of mediation should be assessed not merely in terms of material dispute resolution but also in its capacity to restore victims, protect public interests, and maintain safety standards and professional accountability in a sustainable manner.

Implementation of Supreme Court Regulation No. 1 of 2016 in the Context of Medical Dispute Resolution

Judicial Mediation Procedures and Stages in Medical Disputes

Supreme Court Regulation (PERMA) No. 1 of 2016 on Court-Annexed Mediation Procedures provides a comprehensive technical framework for integrating mediation into civil litigation processes, including medical disputes involving patients and hospitals (Supreme Court of the Republic of Indonesia, 2015). This regulation mandates mediation efforts as stipulated in Articles 3 and 17, requiring judges to direct disputing parties to mediation before proceeding to substantive case examination. Judicial mediation begins with a pre-mediation stage in which

parties select a mediator from the list of certified court mediators or agree upon a non-judge mediator, as regulated in Articles 19 and 20.

Widjaja and Harry (2025) explain that while court proceedings offer final and binding decisions with potential compensation for patients, they also entail risks of high costs, prolonged processes, and psychological impacts on both parties. Substantive mediation must be completed within a maximum period of 30 days, extendable once for an additional 30 days by mutual agreement, as stipulated in Article 24 of PERMA. Confidentiality and the closed nature of mediation proceedings are guaranteed under Article 5, while good faith requirements and sanctions for bad faith participation are regulated under Articles 7, 22, and 23.

Yusuf (2024) identifies that Indonesia's legal system prioritizes restorative justice and mediation mechanisms as the first step in resolving medical disputes, distinguishing it from jurisdictions that favor more formal and structured litigation approaches. If mediation results in an agreement, it is formalized into a deed of settlement and ratified by a judge as a binding and enforceable court decision pursuant to Articles 27 and 28. The certification requirement for mediators under Article 13 ensures mediator competence; however, medical disputes demand specialized understanding of clinical issues and healthcare professional standards. This procedural clarity provides legal certainty and a structured pathway for disputing parties, ensuring mediation functions as a substantive resolution mechanism rather than a mere procedural formality.

Effectiveness of PERMA No. 1 of 2016 in Patient–Hospital Disputes

The effectiveness of implementing PERMA No. 1 of 2016 in resolving medical disputes between patients and hospitals depends on several key factors related to procedural execution and human resource capacity. First, mediators' ability to comprehend clinical complexities and medical professional standards is critical, given that PERMA mandates mediator certification without specifying healthcare-specific competencies. Widjaja (2025b) notes that mediation and arbitration implementation continues to face complex challenges, including low compliance with outcomes, limited public understanding, and inadequate human resources and infrastructure.

Second, certainty of party participation and good faith attendance, as regulated in Articles 6 and 7, are prerequisites for productive mediation. In practice, however, disparities in bargaining power often arise between patients and hospitals supported by experienced legal teams. Third, the mediation timeframe limited to a maximum of 60 days (including extensions) under Article 24 may be insufficient for cases requiring detailed clinical expert examination or extensive medical documentation. Ramadhon and Yusuf (2024) highlight that challenges in mediation implementation include difficulties in reaching mutual agreements and limited legal awareness among healthcare professionals and patients.

Fourth, mechanisms allowing parties to involve experts or community figures as additional facilitators (Article 26) offer flexibility in bridging technical and social aspects, yet the availability of independent experts who are accessible, timely, and affordable remains limited. Prayuti et al. (2024) observe that arbitration effectiveness depends heavily on arbitrator expertise in technically complex cases, whereas mediation tends to be more effective due to its facilitation of voluntary agreement. Fifth, converting mediation agreements into enforceable deeds of settlement provides legal certainty; however, compliance levels in practice require systematic monitoring to assess mediation's long-term impact. Although PERMA provides a robust procedural framework, actual effectiveness depends on mediator capacity, availability of medically trained mediators, access to comprehensive medical evidence, and adequate legal infrastructure to ensure mediation outcomes are fair, efficient, and sustainable.

Synergy between Law No. 17 of 2023 and PERMA No. 1 of 2016 in Optimizing Medical Dispute Mediation

Harmonization and Synchronization of the Two Regulations

Harmonization between Law No. 17 of 2023 and PERMA No. 1 of 2016 is essential to create

a coherent and effective medical dispute resolution system. The Health Law establishes mediation as a priority mechanism with substantive provisions encompassing patient protection, professional standards, disciplinary council roles, and administrative sanctions, while PERMA regulates judicial mediation procedures that ensure procedural certainty within court proceedings (Republic of Indonesia, 2023). The strategic intersection of both regulations lies in institutional coordination: the Health Law mandates mediation prioritization and links it with professional discipline enforcement, while PERMA provides instruments to integrate mediation into judicial procedures through mandatory judicial direction, time limits, and ratification of settlements.

Widjaja and Harry (2025) emphasize the need for strengthened regulation and synergy between professional mechanisms and judicial pathways to achieve fair, effective, and restorative medical dispute resolution in Indonesia. Optimal synergy requires technical synchronization between health authorities overseeing professional standards and the judiciary implementing PERMA, allowing mediation to accommodate medical evidence needs, disciplinary recommendations, and service quality audits without undermining procedural certainty. Christian and Yusuf (2025) explain that integrating ethical principles with legal regulation is expected to minimize dispute potential and enhance hospital service quality. Normative harmonization must also ensure consistent interpretation of key terms such as "error" or "negligence" to prevent procedural ambiguity or constitutional challenges. Synchronization should extend to timelines, aligning statutory deadlines under the Health Law with mediation periods under PERMA to avoid procedural overlap or gaps that hinder efficiency.

An Ideal Synergy Model to Enhance Mediation Effectiveness

An ideal synergy model between Law No. 17 of 2023 and PERMA No. 1 of 2016 requires several strategic operational elements to comprehensively enhance medical dispute mediation effectiveness. First, establishing a roster of specialized mediators certified with dual competencies in legal and clinical aspects through collaboration between health councils and mediator certification bodies would ensure mediators' capacity to address technical, ethical, and professional standards. Maryanto and Triadi (2025) emphasize the importance of improving legal literacy and institutional capacity to expand non-litigation methods in the healthcare sector.

Second, formal procedural pathways should link disciplinary council recommendations under Articles 304–307 of the Health Law with mediation status, ensuring mediation outcomes are recorded and considered in disciplinary processes without undermining professional accountability and patient safety. Third, systematic documentation and accountability mechanisms should ensure mediation agreements can be ratified as enforceable deeds of settlement pursuant to PERMA. Fourth, integrated monitoring and evaluation indicators jointly developed by the Ministry of Health, the Supreme Court, and professional organizations should objectively measure mediation outcomes, including success rates, party satisfaction, resolution timeframes, and litigation burden reduction. Sihotang and Hoesein (2025) highlight that structured mediation is expected to yield mutually beneficial outcomes, restore doctor–patient relationships, and reduce judicial system burdens.

Fifth, intensive public education and socialization efforts targeting patients, healthcare facilities, and medical professionals are necessary to position mediation as a credible dispute resolution mechanism rather than an avenue to evade legal accountability. Widjaja (2025a) recommends enhancing education, strengthening regulation, developing mediator and arbitrator competencies, and effectively utilizing technology to establish mediation and arbitration as primary dispute resolution options that are fast, affordable, and fair. When substantive norms under Law No. 17 of 2023 and procedural frameworks under PERMA No. 1 of 2016 are implemented in an integrated manner with adequate institutional capacity, comprehensive medical data, and structured monitoring systems, they will create a medical dispute mediation ecosystem that is efficient, equitable, restorative, and capable of safeguarding professional safety standards and accountability for the broader public interest.

Conclusion

The effectiveness of mediation in resolving medical disputes between patients and hospitals has been significantly strengthened through the synergy between Law No. 17 of 2023 on Health and Supreme Court Regulation (PERMA) No. 1 of 2016. The Health Law establishes a progressive paradigm by prioritizing non-litigation dispute resolution through mediation as a mandatory mechanism prior to judicial proceedings, reflecting a restorative philosophy aimed at rebuilding doctor–patient trust. PERMA No. 1 of 2016 provides a comprehensive procedural framework by ensuring clearly defined stages, a maximum mediation period of 60 days, and the formalization of settlement agreements into deeds of settlement with enforceable legal force. The effectiveness of mediation is measured through quantitative indicators, including resolution ratios, duration of proceedings, and compliance rates, as well as qualitative indicators encompassing party satisfaction and the restoration of interpersonal relationships. Nevertheless, implementation continues to face challenges, such as the limited availability of mediators with dual competencies in legal and clinical fields, imbalances in bargaining power, low levels of public legal literacy, and insufficient supporting infrastructure to sustainably optimize mediation processes.

To further enhance the effectiveness of medical dispute mediation, strategic measures are required, including the establishment of a roster of specialized certified mediators with dual competencies through collaboration among the Medical Council, professional associations, and mediator certification bodies. Technical harmonization between the Ministry of Health and the Supreme Court must be strengthened to synchronize the timeframes for disciplinary council recommendations with judicial mediation deadlines in order to prevent procedural overlap. The development of an integrated monitoring and evaluation system capable of objectively measuring mediation outcomes is essential to ensure accountability and continuous improvement. Intensive public outreach targeting communities, healthcare professionals, and healthcare facilities through structured educational programs should be implemented to position mediation as a credible mechanism that upholds restorative justice. The utilization of digital technologies to facilitate settlement documentation, access to medical evidence, and inter-party communication can further enhance procedural efficiency. Finally, strengthening derivative regulations governing the competencies of specialized medical mediators and establishing standardized mediation protocols are crucial to creating a dispute resolution ecosystem that is efficient, equitable, and capable of maintaining patient safety standards.

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