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Professional Standards and SOPs in Legal Protection and Medical Service Quality in Indonesia

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Abstract

Medical professionals face increasing legal challenges due to allegations of malpractice, highlighting the need for clear legal protection mechanisms. This study aims to provide legal protection for medical professionals who deliver medical services in accordance with professional standards and Standard Operating Procedures (SOPs), based on a case study of the Makassar District Court Decision Number 1441/Pid.Sus/2019/PN Mks. The research employs a normative juridical method with a qualitative approach and doctrinal analysis of the court decision. Data sources consist of primary and secondary legal materials, which are analyzed descriptively, comparatively, and interpretatively. The findings indicate that the defendant was acquitted of all charges due to a lack of legally convincing evidence of a law violation and the absence of a final decision from the Indonesian Medical Disciplinary Honorary Council regarding professional misconduct. The application of the principle *lex specialis derogat legi generali* serves as the legal basis, establishing that Law Number 29 of 2004 concerning Medical Practice takes precedence over general criminal provisions, such as Article 360 of the Indonesian Criminal Code. The study concludes that medical personnel should receive legal protection as long as medical actions are performed in accordance with applicable professional standards, operational procedures, and professional ethics.

Keywords

Legal Protection, Lex Specialis, Medical Personnel, Professional Standards.

1. Introduction

Indonesia is a state based on the rule of law (*Rechtsstaat*) and is affirmed as a welfare state in the Preamble of the 1945 Constitution. A state based on the rule of law aims to protect the nation, promote public welfare, educate its citizens, and contribute to maintaining world order based on freedom, peace, and social justice. The indicators of a rule-of-law state are closely related to societal order and public welfare (Bakri & Jeddawi, 2022). In line with this principle, the 1945 Constitution guarantees the health and welfare of patients, including medical personnel and health workers, recognizing health as a fundamental human right. Tamon et al. (2025) and Rahma and Prayuti (2025) argue that Indonesian regulations, particularly Law Number 17 of 2023 on Health, provide a legal framework that ensures certainty for medical professionals and safeguards actions performed in accordance with Standard Operating Procedures (SOPs).

Legal protection, according to Raharjo (2000) and Nebi (2024), safeguards human rights through preventive measures to avoid violations and repressive measures to restore order or impose sanctions after violations occur. Health, as a fundamental human need and right, is a key component of welfare, recognized in both Pancasila and the 1945 Constitution. Although equal in status to other rights, access to healthcare is often considered more basic, making it a vital right for all Indonesian citizens (Utami & Alawiya, 2018). Law Number 17 of 2023 provides the legal foundation for the delivery of health services, encompassing patient rights and obligations, service standards, and the active role of the community (Widjaja, 2023; Tandry et al., 2024; Firma et al., 2025).

Within the therapeutic relationship, both patients and doctors have rights and obligations. Doctors are required to adhere to professional standards and SOPs when performing medical actions. Legal protection is granted to doctors who act in accordance with these standards, even when patients file complaints or lawsuits regarding medical procedures (Pramesuari & Agus, 2023). Hadjon (1987) distinguishes legal protection into preventive and repressive forms. Preventive legal protection aims to avert disputes by guiding government actions with caution and discretion, whereas repressive legal protection seeks to resolve disputes through judicial processes. In healthcare, preventive protection is reflected in SOPs and informed consent, while repressive protection is manifested through fair legal procedures in court (Almaida & Imanullah, 2021; Habibi et al., 2025).

The principle of *lex specialis derogat legi generali* establishes that specific laws, such as Law Number 29 of 2004 on Medical Practice and Law Number 17 of 2023, take precedence over general provisions of the Criminal Code (*Kitab Undang-Undang Hukum Pidana/KUHP*). This ensures that alleged violations in medical practice are first examined under medical law mechanisms, particularly regarding professional discipline, before general criminal provisions, such as Article 360 KUHP on negligence causing injury, are applied (Soge, 2023). Medical actions inherently carry therapeutic risks, requiring mechanisms to differentiate between ordinary negligence and professional misconduct. The Indonesian Medical Disciplinary Honorary Council (*Majelis Kehormatan Disiplin Kedokteran Indonesia/MKDKI*) assesses such breaches, and its decisions help prevent wrongful criminalization of doctors acting according to standards (Wijaya, 2017; Tambunan et al., 2025). Doctors who follow professional standards and SOPs, with proper informed consent and medical documentation, are entitled to legal immunity from prosecution (Dewi, 2019).

This study analyzes the Makassar District Court Decision Number 1441/PID.SUS/2019/PN Mks, involving a general practitioner with a master's degree in biomedicine, accused of alleged medical malpractice. The practitioner was acquitted of all charges, as she was not proven legally or convincingly guilty. This

case underscores the importance of understanding the limits of legal liability for doctors and balancing patient protection with legal certainty for medical professionals. This study aims to examine legal protection for medical professionals who provide services in accordance with professional standards and SOPs, ensuring that properly performed medical actions are safeguarded under the law.

2. Methods

This study employs a normative legal research method with a qualitative approach, aiming to provide a comprehensive analysis of legal issues related to the protection of medical personnel (Najla & Kansil, 2024; Nurchasanah et al., 2025). The research focuses on doctrinal analysis, examining both the substance and application of the law as reflected in court decisions and statutory provisions. By employing a doctrinal framework, the study seeks to understand formal legal rules as well as their practical implementation in judicial processes, particularly in cases involving allegations of medical malpractice or breaches of professional standards.

Several complementary legal research approaches are applied. The statute approach is used to analyze relevant regulations, including laws governing medical personnel and professional obligations, to determine the legal framework that safeguards healthcare workers. The case approach examines the Makassar District Court Decision Number 1441/PID.SUS/2019/PN Mks, providing an empirical illustration of how the law is applied in practice and highlighting judicial reasoning in handling malpractice claims. Additionally, the conceptual approach is applied to clarify fundamental legal concepts, such as malpractice, professional standards, and legal protection, which form the analytical foundation for interpreting the court decision and assessing regulatory adequacy.

Data sources include primary legal materials, such as court decisions and statutory regulations, as well as secondary legal materials, including textbooks, journal articles, and previous research relevant to legal protection and medical law. Data collection was conducted through comprehensive library research to ensure a thorough review of authoritative sources. For data analysis, multiple techniques are employed. Descriptive analysis is used to present legal facts clearly, comparative analysis assesses consistency between statutory provisions and case outcomes, and interpretative analysis examines the *ratio decidendi* of the court decision. The study integrates legal protection theory as the primary analytical framework, providing a basis to evaluate whether existing laws and judicial decisions adequately safeguard the rights of medical personnel, balancing preventive and repressive legal protection measures. This comprehensive methodological approach ensures that the research not only describes the law but also critically assesses its effectiveness in protecting healthcare professionals.

3. Results and Discussion

3.1. Judicial Analysis of the Acquittal Verdict

In a landmark decision dated July 1, 2020, the Makassar District Court acquitted the defendant of all criminal charges. This ruling is legally significant as it delineates the boundaries of criminal liability in medical practice. The panel of judges declared that the defendant was not legally and convincingly proven guilty (*niet bewezen verklaard*) of the offenses specified in both the first and second indictments. Consequently, the court ordered the restoration of the defendant's rights concerning her capacity, position, dignity, and reputation (*rehabilitatie*), as documented in the court records (Supreme Court of the Republic of Indonesia, 2019).

The judicial reasoning in this acquittal demonstrates meticulous adherence to the principles of criminal evidence law, particularly regarding the burden of proof. The court's analysis of the First Indictment is particularly instructive. The Public

Prosecutor charged the defendant under Article 79 letter c in conjunction with Article 51 letter a of Law Number 29 of 2004 concerning Medical Practice. The core of the charge was that the defendant “willfully” (*opzet*) failed to fulfill her obligation to provide medical services in accordance with professional standards, SOPs, and the patient’s medical needs (Nurchasanah et al., 2025).

However, the judicial panel carefully examined the element of “willfulness” and the alleged violation of standards. In criminal law, establishing a deviation from a professional standard requires an authoritative benchmark. The judge found that the prosecution failed to present a final and definitive decision from the Central Medical Ethics Honorary Council of the Indonesian Medical Association (*Ikatan Dokter Indonesia/IDI*) confirming that the defendant had indeed violated professional standards. Without a final declaratory rule from the competent ethical authority, the alleged standard violation remained speculative (Wijaya, 2017). The court reasoned that one cannot be found guilty of “willfully failing to fulfill obligations” if the breach has not been professionally and conclusively established. Consequently, the *actus reus* (guilty act) was not proven, rendering the *mens rea* (guilty mind) irrelevant.

Regarding the second indictment, the prosecution sought to apply Article 360 paragraph (1) of the Criminal Code, concerning negligence (*culpa*) causing grievous bodily harm. The prosecution argued that the defendant’s actions directly caused severe injury to the patient. The judges, however, assessed the nature of the act itself. The court recognized that the medical procedure performed in a beauty clinic constituted a legitimate medical action, rather than common assault or reckless behavior. By categorizing the act as a medical intervention, the court applied the specific regulatory framework governing medical practice (Pramesuari & Agus, 2023).

The court further argued that establishing “negligence” in a medical context differs fundamentally from proving negligence in a general criminal context, such as a traffic accident. Medical negligence requires proof of deviation from the standard of care expected of a competent physician under similar circumstances. Since the prosecution relied on general criminal provisions without grounding them in a proven violation of medical discipline, the element of criminal negligence was not satisfied (Betlehem & Redi, 2025). The acquittal reflects a strict application of the presumption of innocence, emphasizing that an adverse medical outcome (such as injury or patient dissatisfaction) does not automatically constitute criminal liability. By acquitting the defendant, the court affirmed that the standard of proof in medical criminal cases must be beyond a reasonable doubt, and such doubt cannot be overcome without expert confirmation of malpractice.

The findings of this study indicate that medical personnel who act in accordance with professional standards, SOPs, and professional ethics are entitled to legal protection, even in the event of complaints or criminal claims. This case underscores the importance of understanding the limits of criminal liability for physicians and confirms that legitimate medical actions cannot be criminalized without clear evidence of professional misconduct and a final decision from the competent ethical body. Accordingly, the study affirms that the application of the principle of *lex specialis derogat legi generali* and preventive legal protection through adherence to SOPs and professional ethics is crucial for ensuring legal certainty for medical personnel in Indonesia, consistent with prior research findings (Yusuf & Ridawati, 2025; Sijabat & Widjaja, 2025; Rosnida et al., 2025).

3.2. The Application of *Lex Specialis Derogat Legi Generali*

The doctrinal cornerstone of the court’s decision in Case Number 1441/Pid.Sus/2019/PN Mks is the consistent application of the principle *lex specialis derogat legi generali* (special law overrides general law). This principle is not merely a procedural rule but a substantive protection mechanism within the Indonesian

legal system. In this context, Health Law and the Medical Practice Law (Law Number 29 of 2004) are considered *lex specialis*, containing exceptional norms that regulate the unique relationship between providers and recipients of health services. Conversely, the Criminal Code serves as the *lex generalis* (Tamon et al., 2025).

The court's reliance on this principle addresses a fundamental issue in medical law: the inadequacy of general criminal statutes to accommodate the nuances of medical science. As noted by legal scholars, the nature of medical practice is characterized by the coexistence of "therapeutic miracles" and "therapeutic risks" (Soge, 2023). A medical procedure, even when performed with the highest degree of care and in full compliance with SOPs, carries an inherent risk of failure or side effects.

In this specific case, the public prosecutor attempted to use Article 360 of the KUHP to criminalize the outcome of the treatment. This article punishes "negligence causing injury." However, the application of this general article ignores the concept of medical risk. If Article 360 were applied broadly to medical practice without the filter of the *lex specialis*, any doctor whose patient suffers a complication could be liable for imprisonment (Betlehem & Redi, 2025). The judge ruled that the provisions of Law Number 29 of 2004, specifically Article 51 letter a (obligation to follow standards) and Article 79 letter c (criminal penalty for willful violation), must be the primary legal basis.

This judicial interpretation creates a protective legal barrier. It establishes that a doctor possessing a valid Practice License (*Surat Izin Praktik/SIP*) and Registration Certificate (*Surat Tanda Registrasi/STR*) is operating under a specific legal mandate. Their actions are governed by the "Therapeutic Contract" (*Inspanningsverbintenis*), which is an obligation of best effort, not an obligation of result (*Resultaatsverbintenis*) (Pramesuari & Agus, 2023). Therefore, the failure to achieve a desired result (a cured patient) or the occurrence of an adverse event (injury) cannot be prosecuted as a common crime under the general Penal Code unless there is a proven deviation from the professional mandate.

The implication of this ruling is profound for the medical profession. It confirms that a doctor cannot be equated with a common tortfeasor or criminal. A driver who runs a red light and injures a pedestrian is negligent because running a red light is inherently illegal and dangerous. A doctor who performs an incision that leads to an infection is not inherently negligent, as the incision was a necessary part of the treatment. The *lex specialis* principle ensures that the doctor's action is judged against the specific standards of the medical profession, not the general standards of the public (Damayanti et al., 2023). By prioritizing the Medical Practice Law over the KUHP, the court provided legal certainty, ensuring that criminalization is reserved only for those who truly violate the specific norms of their profession, rather than those who simply encounter unfortunate medical outcomes.

The findings of this study indicate that medical professionals acting in accordance with SOPs, professional standards, and ethical mandates are entitled to legal protection, even when patient outcomes are unfavorable. This conclusion is supported by previous studies emphasizing that adherence to professional protocols and ethical guidelines is essential to safeguard healthcare practitioners from legal liability (Scott, 2013; Stewart, 2024; Setyawati & Herman, 2025). Collectively, these studies confirm that comprehensive legal protection anchored in the *lex specialis* principle and reinforced by regulatory compliance promotes both patient safety and professional certainty, preventing unwarranted criminalization while maintaining accountability for genuine professional misconduct.

3.3. The Indonesian Medical Disciplinary Council in Criminal Prosecution

The third critical dimension of the court's decision concerns the procedural relationship between administrative law, disciplinary enforcement, and criminal

prosecution. The decision underscores the pivotal role of the MKDKI and MKEK. The Medical Practice Law mandates the establishment of the MKDKI as an autonomous institution authorized to determine whether there are errors in the application of medical discipline (Article 1 point 14 and Article 66 of Law Number 29 of 2004) (Betlehem & Redi, 2025).

The court decision highlighted a crucial jurisprudential point: a criminal investigation into a doctor's professional conduct essentially requires a prior investigation or a definitive decision by the disciplinary body (MKDKI/MKEK). This aligns with the view that medical discipline is a distinct domain requiring peer review (Wijaya, 2017; Woodman & Mangoni, 2023). The judge in a criminal court is a legal expert, not a medical expert. Therefore, the judge relies on the disciplinary council to establish the "standard of care" and to determine if a deviation occurred.

In the procedural history of the practitioner's case, a significant gap in evidence was identified. The prosecution presented findings from the Makassar Branch of the MKEK, which stated that the defendant was "suspected" of negligence, particularly regarding the documentation of informed consent. However, the court noted that the defendant had exercised her right to appeal this finding to the Central MKEK in Jakarta. At the time the criminal trial concluded, the Central MKEK had not yet issued a final, binding decision confirming the violation of professional standards (Wijaya, 2017).

The court affirmed that the disciplinary process must be exhausted and conclusive to serve as a valid basis for criminal liability. A preliminary or contested finding from a regional ethics board is insufficient to meet the high standard of proof required in a criminal trial. By acquitting the defendant, the court effectively established the MKDKI/MKEK as a "gatekeeper" to criminal prosecution (Natalia et al., 2025). Without a declaration of a disciplinary violation from this authorized body, the prosecution could not objectively prove the element of "failure to meet standards" required by Article 79 of the Medical Practice Law.

This reinforces the concept that administrative and disciplinary accountability should ideally precede criminal liability in professional malpractice cases. If the MKDKI, the body composed of medical and legal experts specifically tasked with reviewing technical competence, has not declared a doctor guilty of a disciplinary breach, it is legally incoherent for a general court to find that same doctor guilty of a crime based on the same conduct. This judicial stance protects medical professionals from premature criminalization and ensures that technical medical disputes are first vetted by those with the necessary expertise to distinguish between malpractice and medical risk. The findings of the disciplinary council serve as essential evidence; without them, the prosecution lacks the specific foundation required to prove medical malpractice under the *lex specialis regime* (Tamon et al., 2025).

The findings of this study indicate that legal protection for medical professionals can only be ensured when the disciplinary process has been fully completed and conclusively determined, and when medical actions are performed in accordance with professional standards and SOPs. These findings are supported by previous studies emphasizing the importance of peer review and disciplinary mechanisms as fundamental bases for assessing medical malpractice. Prior research by Kwindia et al. (2022), Bethlehem and Redi (2025), and Natalia et al. (2025) highlights that decisions issued by professional disciplinary councils function as a crucial legal foundation and evidentiary basis before criminal sanctions can be imposed on medical personnel.

4. Conclusion

This study finds that the boundaries of criminal liability in medical practice are highly dependent on clear and conclusive proof of a violation of professional standards. The court emphasized that medical actions performed in accordance with

professional standards, SOPs, and medical ethics cannot automatically be criminalized merely because they result in unfavorable outcomes for patients. The application of the principle *lex specialis derogat legi generali* positions the Medical Practice Law as the primary legal framework for assessing alleged medical errors, thereby limiting the direct application of general provisions under the Criminal Code unless a disciplinary violation has first been established. Furthermore, the decision highlights the essential role of professional disciplinary bodies, particularly the Indonesian MKDKI and MKEK, as the initial mechanisms responsible for determining whether a deviation from the standard of care has occurred before criminal proceedings may be pursued.

The implications of these findings indicate that legal protection for medical professionals largely depends on strict compliance with professional standards, proper medical documentation, and the effective functioning of professional disciplinary mechanisms. However, this study is limited by its focus on a single court decision, which may not fully represent broader patterns in the adjudication of medical malpractice cases. Therefore, future research is recommended to conduct comparative analyses of multiple court decisions related to medical malpractice across different jurisdictions to provide a more comprehensive understanding of judicial approaches in such cases. Further studies may also explore the institutional role of professional disciplinary bodies in greater depth and integrate perspectives from health law, medical ethics, and public policy to develop a more comprehensive legal framework that simultaneously protects medical professionals and safeguards patients' rights.

References

- Almaida, Z., & Imanullah, M. N. (2021). Perlindungan hukum preventif dan represif bagi pengguna uang elektronik dalam melakukan transaksi tol nontunai. *Privat Law*, 9(1), 218–226.
- Bakri, R., & Jeddawi, M. (2022). Analisis indeks negara hukum Indonesia (Indonesia's of law state index analysis). *Pallangga Praja*, 4(2), 107–115.
- Betlehem, A. D. T., & Redi, A. (2025). Legal updates to the disciplinary sanctions mechanism for medical and health workers in Article 308 of Law Number 17 of 2023 concerning health. *Greenation International Journal of Law and Social Sciences*, 3(3), 1302–1311.
- Damayanti, L. Z., Suriaatmadja, T. T., & Lucyati, A. (2023). Legal protection in medical disputes for doctors in relation to the principle of *lex specialist*. *Intellectual Law Review (ILRE)*, 1(2), 66–80.
- Dewi, F. P. K. (2019). Legal protection for doctor who performs medical treatments that lead patient to death. *Rechtsidee*, 6(1), 6–17.
- Firma, F. R., Jusri, E., & Sapsudin, A. (2025). Comparative review of informed consent as a legal safeguard in healthcare: Perspectives from Indonesia and other countries. *Research Horizon*, 5(4), 1265–1280.
- Habibi, N., Anwar, D. A., & Suparman, O. (2025). Legal protection of inpatients in clinic in improving complete health services. *Research Horizon*, 5(4), 1611–1622.
- Hadjon, P. M. (1987). *Perlindungan hukum bagi rakyat di Indonesia: Sebuah studi tentang prinsip-prinsipnya, penanganannya oleh pengadilan dalam lingkungan peradilan umum dan pembentukan peradilan administrasi negara*. Gresik: Bina Ilmu.
- Kwinda, M., Labuschaigne, M., & Slabbert, M. (2022). Disciplinary proceedings against healthcare practitioners facing criminal charges: The role of the Health Professions Council of South Africa. *South African Journal of Bioethics and Law*, 15(2), 44–47.
- Najla, T. A., & Kansil, C. S. T. (2024). Perlindungan hukum atas hak kesehatan warga negara: Tanggung jawab negara dalam sistem kesehatan nasional. *Jerumi: Journal of Education Religion Humanities and Multidisciplinary*, 2(2), 1425–1432.
- Natalia, K., Seko, S., & Soa, A. H. (2025). The legal ratio of resolving criminal acts through the professional disciplinary council within the health law system. *Jurnal Hukum to-ra: Hukum untuk Mengatur dan Melindungi Masyarakat*, 11(3), 601–609.

- Nebi, O. (2024). Analisis upaya preventif dan represif penegakan hukum pidana terhadap kekerasan anak di wilayah hukum Kepolisian Sektor Kota Jambi. *Parlementer: Jurnal Studi Hukum dan Administrasi Publik*, 1(3), 206–217.
- Nurchasanah, N., Sakti, M., & Nugroho, A. A. (2025). Juridical analysis of law number 17 of 2023 concerning health on legal protection for medical and health personnel. *Asian Journal of Social and Humanities*, 4(2), 2348–2356.
- Pramesuari, F. D., & Agus, A. S. S. (2023). Hak dan tanggung jawab dokter dalam melakukan tindakan medis. *Jurnal Hukum dan HAM West Science*, 2(9), 702–720.
- Raharjo, S. (2000). *Ilmu hukum*. Bandung: PT Citra Aditya Bakti.
- Rahma, A., & Prayuti, Y. (2025). Legal implications of Law Number 17 of 2023 on health for SOPs and risk management in hospitals. *Research Horizon*, 5(6), 2977–2986.
- Rosnida, R., Akbar, M. A., AM, M. A. A., Irbahiah, I., Haerani, Y., & Sari, P. (2025). Legal protection of health workers in emergency medical procedures: An analysis of legal certainty in Indonesia and Thailand. *Jurnal Ius Constituendum*, 11(1), 87–105.
- Scott, R. W. (2013). *Legal, ethical, and practical aspects of patient care documentation: A guide for rehabilitation professionals*. Burlington: Jones & Bartlett Publishers.
- Setyawati, N. B., & Herman, K. M. S. (2025). The complexity of health professional ethics from a legal and regulatory perspective. *Greenation International Journal of Law and Social Sciences*, 3(2), 641–648.
- Sijabat, H. H., & Widjaja, G. (2025). Hospital law: A comprehensive review of operational aspects, management, and legal responsibilities of hospitals in the context of health services and legal protection for medical personnel. *Injosedu: International Journal of Social and Education*, 2(9), 2772–2783.
- Soge, A. D. (2023). Analisis penanganan kesalahan profesi medis dan kesehatan dalam UU Nomor 17 Tahun 2023 tentang Kesehatan menurut perspektif hukum kesehatan. *Jurnal Hukum Caraka Justitia*, 3(2), 146–164.
- Stewart, T. (2024). Ethics and legal principles. In *Psychiatric-mental health nurse practitioner program companion and board certification exam review workbook* (pp. 29–52). Cham: Springer Nature Switzerland.
- Supreme Court of the Republic of Indonesia. (2019). *Decision No. 1441/Pid.Sus/2019/PN Mks*.
- Tambunan, E. M., Harahap, S. Y., Khalishah, K., Lubis, A. R., & Sitompul, B. V. (2025). Legal accountability and innovative strategies in enhancing healthcare workers' compliance with the implementation of informed consent and refusal in midwifery services in Medan City. *Journal of Law, Politic and Humanities*, 6(1), 198–211.
- Tamon, O., Setiawan, E. W., & Sapsudin, A. (2025). Legal protection for doctors under law number 17 of 2023 concerning health. *Research Horizon*, 5(4), 1281–1292.
- Tandry, N., Arif, M. J., Siregar, Z., & Rosiwa, R. (2024). The legal protection for patients in medical practice and healthcare services. *International Journal of Law, Social Science, and Humanities*, 1(2), 100–110.
- Utami, N. A. T., & Alawiya, N. (2018). Perlindungan hukum terhadap pelayanan kesehatan tradisional di Indonesia. *Volksgeist: Jurnal Ilmu Hukum dan Konstitusi*, 2(1), 11–20.
- Widjaja, G. (2023). Pelayanan kesehatan bagi pasien menurut UU No. 17 Tahun 2023 tentang Kesehatan. *Innovative: Journal of Social Science Research*, 3(5), 2490–2498.
- Wijaya, I. K. G. O. (2017). Putusan majelis kehormatan disiplin kedokteran Indonesia sebagai alat bukti dalam hukum acara pidana. *Yuridika*, 32(1), 1–20.
- Woodman, R. J., & Mangoni, A. A. (2023). A comprehensive review of machine learning algorithms and their application in geriatric medicine: Present and future. *Aging Clinical and Experimental Research*, 35(11), 2363–2397.
- Yusuf, M., & Ridawati, I. (2025). Legal certainty and legal protection for healthcare professionals in hospital medical practice. In *Proceedings of International Conference on Islamic Community Studies* (pp. 3175–3184). Medan: Universitas Pembangunan Panca Budi.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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