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Legal Review of the Validity of Electronic Medical Records as Valid Evidence in Medical Disputes

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Abstract

Electronic medical records are a product of digitalization in the healthcare sector and have been recognized under Indonesian law. However, their validity as evidence in medical disputes remains normatively uncertain due to the overlap between health law, information technology law, and the law of evidence. This study aims to examine the legality of electronic medical records as evidence in civil and criminal proceedings, as well as to identify the validity criteria and evidentiary strength of electronic medical records in medical disputes. This research employs a normative juridical method using a literature study approach, analyzing legislation, court decisions, and scholarly works through systematic and comparative qualitative analysis. The findings indicate that electronic medical records are legally acknowledged as valid evidence within the frameworks of health law and electronic information law. However, its admissibility is conditional, requiring compliance with authentication standards and guarantees of data integrity. In conclusion, while electronic medical records have legal recognition, their evidentiary validity is not automatic and depends on fulfilling specific technical and legal requirements to ensure legal certainty in medical disputes.

Keywords

Electronic Medical Records, Evidentiary Validity, Legal Certainty, Medical Disputes.

1. Introduction

The development of digital health services in Indonesia has accelerated significantly, particularly following the implementation of Electronic Medical Records (EMRs) as mandated by Minister of Health Regulation Number 24 of 2022 (Ramadhan et al., 2024). This transformation reflects the integration of information technology into the health system, enabling more efficient, effective, and accurate clinical documentation as well as continuity of care (Torab-Miandoab et al., 2025). Furthermore, Law Number 17 of 2023 concerning Health formally recognizes that medical records may exist in both conventional and electronic forms (Novianti & Bakhtiar, 2024).

Beyond their clinical and administrative functions, EMRs also carry significant juridical implications, particularly regarding their status as evidence in medical disputes (Hapsari, 2014). Under Law Number 29 of 2004 concerning medical practice, medical records are recognized as documents that may serve as evidence in medical malpractice litigation, provided that malpractice can be proven and all legal requirements are fulfilled (Basyarudin, 2022). However, the transition from conventional to electronic records introduces new legal complexities, particularly in determining their evidentiary validity.

EMRs operate at the intersection of health law, information technology law, and evidentiary law, each imposing distinct standards. Health law governs the form, function, and confidentiality of records under Law Number 29 of 2004, while information technology law regulates system reliability, availability, and authentication (Faida, 2016). At the same time, evidentiary law determines the admissibility of digital documents in court. The lack of alignment among these frameworks often leads to legal ambiguity and inconsistent judicial outcomes.

In addition, issues of personal data protection and information security are central to the admissibility of EMRs as evidence. Given that EMRs contain sensitive personal and health-related information, they are vulnerable to data breaches (Saputra, 2024). Therefore, robust technical safeguards such as certified digital signatures, audit trails, and access controls are essential to ensure data authenticity and integrity (Juwita, 2025). Within the framework of electronic evidence, system integrity is a fundamental requirement for establishing the reliability of digital data presented in court (Putra et al., 2023).

Previous studies by Rubiyanti (2023) have examined EMRs from the perspectives of health law and information systems management, while Basyarudin (2022) focused on data protection and the validity of electronic evidence under the information and electronic transactions law. However, a significant gap remains in integratively addressing the convergence of health law, information technology law, and evidentiary law in medical disputes, particularly regarding the authenticity and integrity of electronic evidence, indicating a fragmented and underdeveloped conceptual framework.

The discourse on EMRs as legal evidence highlights two main perspectives: health law, which emphasizes confidentiality and compliance, and information technology law, which focuses on data security, integrity, and authentication. Studies by Basyarudin (2022) and Daud et al. (2024) indicate that although EMRs are formally recognized, their use in court is often constrained by verification and authentication issues. Studies by Faida (2016), Wulandari (2021), and Saputra (2024) further show that evidentiary weight depends on technical reliability, such as digital signatures and audit trails.

A conceptual gap persists in integrating health law, IT law, and evidentiary law, resulting in inconsistent judicial practices, as noted in studies by Putra and Sidi (2023) and Novianti and Bakhtiar (2024). In practice, despite recognition under Articles 5 and 11 of Law Number 11 of 2008 concerning information and electronic

transactions, the acceptance of EMRs remains inconsistent. For example, EMRs have been accepted as valid evidence in Supreme Court Decision Number 123 K/Pdt/2018, yet some lower courts continue to reject them due to inadequate authentication (Daud et al., 2024)

The novelty of this research lies in its integrated analysis of EMR validity across health law, information technology law, and the law of evidence. It highlights practical judicial challenges, including authentication, system integrity, and burden of proof. The study proposes that EMRs do not have automatic evidentiary value; instead, their admissibility is conditional upon meeting authentication and integrity requirements, despite their formal recognition under health law. This study addresses three research questions: how consistent is the acceptance of electronic medical records as evidence in judicial practice, to what extent regulatory disharmony affects their legality and evidentiary value, and what administrative and infrastructural factors influence their use as evidence in court. This study aims to analyze the validity of EMRs as evidence in medical disputes by integrating legal principles from health law, information technology law, and the law of evidence. It seeks to establish juridical parameters for assessing EMR validity, particularly in relation to authentication and data integrity, so that EMRs can serve as legally binding and strong evidence in court.

2. Methods

This research utilizes a normative legal research method with a juridical-normative approach. The research objects in this study are the legal norms, standards, and legal systems governing the validity and evidentiary weight of EMR in medical litigation processes. The rationale for employing an applied normative research method is that the nature of the problems faced relates to regulatory conflicts or the application of statutory provisions in court proceedings, which is more appropriately examined doctrinally rather than empirically. Additionally, the researcher uses a statutory approach, a conceptual approach, and a case approach.

The research was conducted in Bandung over a period of six months. This is supported by the availability of internet facilities that can be used to access numerous online legal sources, such as the Legal Documentation and Information Network of the Supreme Court of the Republic of Indonesia, the Supreme Court decision directory, as well as electronic journals and similar sources. The object of this research is not directed at individuals involved in handling medical records in the form of EMRs disputed in court. The object is the applicable law in the form of court decisions regarding medical records and information technology, as well as the law of evidence. The legal materials used as objects and instruments in this study are primary legal materials (laws, regulations, and court decisions) and secondary legal materials (legal textbooks and other scientific publications at national and international levels). The secondary literature used in this study refers to scientific publications from 2021 to 2025.

This activity is the result of library research using the documentation method and surveys of laws and regulations, as well as the study of court decisions and literature reviews. The steps taken are as follows: Legal issues (identification and characterization of legal issues). Legal materials (inventory and classification of legal sources, national and foreign, related to the studied theme). Analysis of laws and regulations through a systematic approach to the law, and jurisprudence analysis with an analytical approach to the legal reasoning used by courts in their decisions. In this regard, the argumentative structure regarding EMR authentication and integrity standards becomes the focus of the study. Data is analyzed descriptively and analytically in a qualitative manner so that it can be explained, understood, and compiled systematically to adequately and harmoniously present the statutory regulations. The analytical section employs systematic and comparative approaches

to verify the coherence between health law, information technology law, and the law of evidence, and consequently, the norms that provide legal certainty in resolving medical litigation.

3. Results and Discussion

3.1. Inconsistency in the Acceptance of EMRs as Evidence

This research aims to determine the differences in judicial approaches to the use of Electronic Medical Records (EMRs) as evidence in medical disputes at the medical revision court. It states that all electronic documents are valid legal evidence as governed by Law Number 11 of 2008 concerning Information and Electronic Transactions, which was subsequently amended by Law Number 19 of 2016 (Anjani & Santoso, 2018). Another relevant law in this matter is Law Number 17 of 2023 concerning Health, which dictates that medical records in both printed and electronic formats must be maintained (Novianti & Bakhtiar, 2024). Based on the aspect of normative legitimacy, there is no doubt that EMRs are legally valid documents; however, this is not entirely aligned with judicial practice in the medical revision court, as this research intends to reveal based on the obtained data.

In Supreme Court Decision Number 123 K/Pdt/2018, the Supreme Court opined that EMRs can be classified as documentary evidence because the system generating the electronic record is a valid and verifiable electronic document. The Supreme Court stated that the EMR electronic system is capable of proving and demonstrating that the system generating the data in the EMR can maintain data integrity. Thus, the EMR meets the authenticity and reliability requirements as stipulated in the Law on Information and Electronic Transactions (Putra & Sidi, 2023).

Conversely, a 2021 Central Jakarta District Court decision rejected the plaintiff's request to solely use the EMR as the primary and only evidence because there was no system verification and no independent electronic verification within the EMR. Therefore, the EMR was not considered sufficiently strong as the sole and primary evidence. In several High Court-level decisions, it has been ruled that EMRs can be used conditionally, supported by other documents, typically in the form of expert testimony, to verify the EMR system and ensure the quality of the EMR system (Juwita, 2025). In this case, the EMR is a crucial document that needs support from other documents to be used as evidence in trial proceedings.

From a descriptive theory perspective, the legal validity of electronic documents as evidence and the juridical applicability of EMRs are always subject to the judge's assessment of authentication requirements (Wulandari, 2021; Naurah, 2025; Firma et al., 2025). Through the perspective of legal certainty theory, it is evident that the application of electronic documents as evidence has not met the required standards of consistency and predictability. According to statutory regulations, formal legal certainty is guaranteed through uniform and consistent application of the law by the courts. In situations where an EMR is accepted as evidence at one judicial level while the same EMR is rejected at another level due to differences in assessment, legal fragmentation persists, and legal uncertainty escalates.

Digital evidence can be explained through evidentiary theory, where digital evidence differs from documentary evidence. In documentary evidence, information is recorded on a tangible medium. In digital evidence, information is verified by the digital system where it is generated and stored. Therefore, in assessing digital evidence, courts primarily consider the authenticity, integrity, and reliability of the EMR system (Alkhseilat et al., 2024; Alias et al., 2025). The free assessment evidentiary system allows evidentiary weight to be determined based on the individual judge's conviction or discretion. However, the lack of well-defined

technical criteria for determining the admissibility of digital evidence can lead to inconsistent rulings across various courts.

Table 1. Comparison of Judges' Reasoning on EMRs in Medical Disputes

Decision Number	Court Level	Legal Issue	Judge's Stance on EMR	Ratio Decidendi	Normative Implication
Supreme Court Decision Number 123 K/Pdt/2018	Supreme Court	Validity of EMR as documentary evidence	Accepted as valid evidence	EMR fulfills the elements of a valid and verifiable electronic document	Explicit recognition of EMRs in civil evidence
Central Jakarta District Court Decision 2021. Case Number: 71/Pdt.G/2021/P N Jkt.Pst	District Court	Authentication and integrity of electronic data	Rejected as primary evidence	No system verification and verifiable electronic signature	Reiteration of the importance of technical authentication
High Court Decision. Case Number: 45/PDT/2022/P T DKI	High Court	Harmonization of ITE Law and Health Law	Accepted with additional proof (conditional evidence)	EMR is valid but requires expert confirmation to ensure integrity	Evidentiary strength is conditional

Table 1 provides a summary of Supreme Court, high court, and district court decisions based on the arguments underlying their reasoning. From this summary, it is apparent that the courts' willingness to accept EMRs as evidence is not uniform. At the cassation level, the court accepted the EMR as long as it was presented as a verified electronic document (Ransbotham et al., 2021). At the first instance level, the court may reject the EMR if it believes there is no technical method to verify the document's accuracy and reliability. At the appellate level, courts generally accept the EMR provided there is supporting evidence confirming the system's reliability. Thus, the primary challenge for the judiciary is not the statutory regulation of EMRs as evidence, but the technical authentication of the document and a unified judicial evidentiary policy.

From a normative perspective, the predictability of testing outcomes is essential. As previously explained, EMR authentication standards have not been normatively formulated through legislative procedures or established as a supreme court decision to serve as mandatory requirements for determining the admissibility of EMRs as electronic evidence in court. If this condition remains unchanged, the inconsistencies found in court decisions will persist. Therefore, to enhance legal certainty in electronic medical document disputes, integrated evidentiary requirements must be formulated in national statutory regulations (Vukmir, 2024). Examples include the use of audit trails, verification of electronic signatures, and the issuance of certificates for EMR systems. In this regard, formulating technical regulations and integrating evidentiary requirements is highly crucial to achieving uniform acceptance of EMRs as electronic evidence across all courts in Indonesia.

3.2. Regulatory Disharmony

From the explanation above, it can be concluded that there is a lack of harmonization between health law, information technology law, and civil procedural law based on the principles of the rule of law regarding the status of EMR and their

evidentiary weight. On one hand, Law Number 17 of 2023 concerning Health dictates that medical records in the form of EMRs must be maintained by all health service providers, and all contained data must be managed responsibly. Additionally, there are various government regulations relating to electronic documentation within the medical record system (Rubiyanti, 2023; Saputra, 2024).

On the other hand, according to Law Number 11 of 2008 concerning Information and Electronic Transactions as amended by Law Number 19 of 2016, information and electronic documents recorded electronically are deemed sufficient as evidence as long as the data's authenticity can be proven, it remains unaltered, and it can be relied upon (Putra & Sidi, 2023). However, this law entirely omits mentioning the requirements for EMRs in medical dispute proceedings within the context of civil or criminal procedural law. Furthermore, regulations in the health sector regarding the obligation of all health service providers to maintain and manage medical records are not further detailed in implementing regulations for courts to apply as evidentiary tools regarding the status of EMRs in medical litigation (Wulandari, 2021). Consequently, judicial findings regarding the status of EMRs are open-ended and interpretable based on the judge's discretion during trials, ultimately leading to diverse court rulings.

From a legal system theory standpoint, the effectiveness of a norm is a function of consistency among legal substance, institutional structure, and legal culture (Angkasa et al., 2021). The recognition of EMRs is regulated under two branches of law: health law and information technology law. Judicial non-uniformity in this matter due to the absence of uniform technical guidelines for assessing the evidentiary weight of EMRs is an indicator of inconsistency among components of the legal system (Daud et al., 2024). This condition indicates that integration among legal system components remains suboptimal. Administrative norms mandating the use of EMRs do not automatically transform into operational evidentiary norms in the litigation process (Wulandari, 2021). Fragmentation among these legal regimes encourages judges to perform systematic interpretations independently, ultimately producing varied approaches in judicial practice. Thus, the issue is not an absolute legal vacuum, but a structural and sectoral regulatory disharmony.

Furthermore, this disharmony reflects an absence of policy synchronization between health regulators and judicial authorities in responding to the digital transformation of health services (Hani, 2021). Digitalization is positioned as an administrative obligation and part of national health system reform, but its judicial implications have not been parallelly formulated in procedural law (Dachban et al., 2023; Wibawa et al., 2023). This lack of simultaneity creates potential normative tension: health service facilities are required to use electronic systems, while in the evidentiary process, the technical validity of these systems remains debatable. Within the legal system theory framework, this condition exposes weaknesses in the coordinative functions between legal sub-systems, hindering the realization of comprehensive effectiveness and legal certainty.

It is predicted that regulatory harmonization through integrated implementing regulations or cross-sectoral technical guidelines must be accelerated to strengthen the interconnections between health system components (Thiel, 2024). By doing so, health standards, information technology standards, and procedural law can be developed structurally and authentically, rendering EMRs stable, measurable, and legally certain. Without harmonization and coordination, regulatory fragmentation will continue to cause uncertainty in electronic medical record practices and legal protection for patients and healthcare providers. Normative and structural integration is seen as the initial step to ensure that the digital transformation of Indonesia's health sector aligns with legality, legal certainty guarantees, and judicial efficiency.

3.3. Administrative and Infrastructural Factors

Beyond normative issues and regulatory disharmony, this research found that administrative and infrastructural factors significantly contribute to the doubt or rejection of electronic medical records in judicial practice. Decision data indicates that in several cases, judges doubted the evidentiary weight of EMRs due to inadequate audit trail documentation, the absence of certified electronic signatures, and the unavailability of technical evidence regarding the security and integrity of the system (Juwita, 2025).

The obligation to maintain medical records, including in electronic formats, is affirmed in Law Number 17 of 2023 concerning Health, and the recognition of electronic documents as valid evidence is regulated in Law Number 11 of 2008 concerning Information and Electronic Transactions as amended by Law Number 19 of 2016 (Kesuma, 2023). In practice, however, not all healthcare facilities possess electronic systems meeting standards for security, authentication, and systematic data change logging. In remote areas, limitations in internet networks, hardware, and human resource competencies in managing health information systems further weaken the quality of the implementation of EMRs (Egwar et al., 2020; Babo et al., 2023). These conditions directly impact evidentiary capabilities when medical disputes occur, as the technical aspects intended to guarantee data integrity cannot be convincingly demonstrated before the court.

From the perspective of legal effectiveness theory, the applicability of a norm is not solely determined by its juridical formulation, but also by law enforcement structures, supporting facilities, and the legal culture of society. This theory asserts that law will be effective if there is an alignment between the established norms and the empirical conditions supporting their application. Descriptively, the obligation to use EMRs has indeed been established by health sector regulations, but factually, not all health facilities possess the adequate administrative and technological capacity to implement it optimally. Infrastructural unpreparedness causes a weak evidentiary position for EMRs in court, as judges require technical guarantees of data authenticity and integrity as required by the information technology law regime (Putra & Sidi, 2023). Thus, the problem of EMR admissibility is not merely a matter of legal interpretation, but also a reflection of the imbalance between normative demands and the readiness of supporting facilities.

Furthermore, administrative factors such as non-uniform standard operating procedures, weak internal oversight, and the lack of national electronic system certification further undermine the technical legitimacy of EMRs in the evidentiary forum (Fitriyah et al., 2022). When health facilities use disparate systems without integrated interoperability and security standards, the quality of the data generated varies (Kurniadi & Pratiwi, 2017; Ningsih et al., 2022). This variation implies differing evidentiary strengths in court. In this context, legal effectiveness theory shows that without the support of adequate facilities and structures, legal norms potentially become ineffective despite being formally in force.

Although it is predicted that EMRs will continue to register uneven data quality due to the ongoing processes of upgrading information technology infrastructure, nationalizing electronic system standardizations, and improving human resource competencies, this inequality will become even more pronounced between regions with developed infrastructure and those lagging behind. If the state can harmonize EMR standards, provide electronic certificates for healthcare IT infrastructure, and offer technical and financial support, EMR documentation will become more credible as evidence of medical service documentation. Consequently, administrative improvements and health infrastructure development will enhance the technical validity of EMR documentation in court, thereby creating legal certainty in medical disputes arising from the use of electronic media in Indonesia (Komalasari & Mustafa, 2024).

4. Conclusion

This study concludes that electronic medical records are formally recognized as valid legal evidence within Indonesian courts under both health law and information technology law frameworks, particularly Law Number 17 of 2023 concerning Health and Law Number 11 of 2008 concerning Information and Electronic Transactions, as amended by Law Number 19 of 2016. Nevertheless, such recognition does not guarantee automatic admissibility in judicial practice. The evidentiary value of EMRs remains conditional upon the fulfillment of authentication requirements, as well as the assurance of data integrity, system reliability, and proper electronic system governance. In practice, the challenges surrounding EMR admissibility are less related to the absence of legal norms and more to the lack of harmonization across legal regimes, insufficient procedural standards, and limited technological and infrastructural capacities within healthcare institutions.

The findings of this study imply that strengthening the role of EMRs as legal evidence requires a comprehensive regulatory integration between health law, information technology law, and procedural law. This includes the establishment of standardized technical requirements, such as certified electronic signatures, audit trails, system certification, and clear evidentiary guidelines in court procedures. In addition, improving digital health infrastructure and enhancing the competence of human resources managing EMR systems are essential, particularly in regions with limited technological access.

However, this study is limited by its normative juridical approach, which relies primarily on secondary data and does not empirically assess judicial practices or the real-world implementation of EMR systems. Therefore, future research is recommended to adopt empirical and comparative approaches to evaluate how authentication standards are applied in court proceedings, as well as to examine regional disparities in EMR implementation. Such research would provide a stronger foundation for developing more effective legal and technical frameworks to ensure the reliability and admissibility of EMRs in resolving medical disputes.

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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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