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Juridical Aspects of Diagnostic Errors in Specialist Dental Practice and the Implications for Patient Harm

Rudy[1*], Arman Lany[1]

[1] Department of Law, Faculty of Law, Universitas Islam Nusantara, Bandung, Indonesia

[*] *Corresponding author: Rudy (dr.rudhie@gmail.com)*

Abstract

Diagnostic errors in specialist dental practice pose clinical, ethical, and legal challenges to patient safety. Indonesian Laws Number 29 of 2004 and Number 17 of 2023 establish professional standards and patient rights. Yet, existing literature remains predominantly clinical, with limited legal and ethical integration. This gap underscores the need for a multidimensional approach to understanding diagnostic failures. This study examines the juridical and ethical dimensions of diagnostic errors and their impact on patient harm. Using a qualitative phenomenological and normative juridical approach, this study analyzes statutory regulations alongside empirical and scholarly evidence. The findings show that cognitive, clinical, communication, and systemic factors influence diagnostic errors in specialist dental practice, particularly delayed diagnosis, radiographic misinterpretation, symptom misidentification, and inadequate communication. These errors may cause clinical harm, patient anxiety, financial losses, and doctor-patient conflict. Diagnostic errors may incur professional liability when they deviate from applicable standards and cause harm, while gaps between legal norms (*das sollen*) and clinical practice (*das sein*) may weaken patient protection. Misdiagnosis may compromise non-maleficence and patient autonomy through inadequate information. The study concludes that an integrated clinical, juridical, and ethical approach is needed to strengthen accountability, patient protection, and healthcare quality.

Keywords

Dental Ethics, Diagnostic Error, Legal Liability, Patient Safety.

1. Introduction

Misdiagnosis (diagnostic error) remains seen as a central issue in patient safety in the global healthcare system. In medical practice, this phenomenon not only delays in the delivery of appropriate therapy but also carries the potential for serious losses for patients in physical, psychological, and economic harm (Singh et al., 2017; Newman-Toker et al., 2024). In specialist dentistry practice, anatomical complexity, heterogeneous clinical symptoms, and reliance on simultaneous radiographic interpretation make diagnosis a crucial stage and a common source of error (Elsbeth et al., 2022). Therefore, misdiagnosis cannot be understood solely as a technical problem, but rather as a multidimensional phenomenon involving clinical, cognitive, and systemic dimensions.

In the Indonesian context, increasing public awareness of the right to safe and quality health services has also strengthened awareness of medical errors, including misdiagnosis. Several reports show that medical disputes involving health workers are often associated with alleged negligence in the diagnostic process (Kemenkes, 2022). However, at the implementation level, a discrepancy remains between the normative standards set in laws and regulations and the reality of health services in the field. This reflects the difference between *das sollen* (what should be) and *das sein* (what happened), a crucial issue in the study of health law (Sari & Fikri, 2025).

The significance of this study is further strengthened because the consequences of misdiagnosis extend beyond clinical aspects to include legal and ethical dimensions. Under certain conditions, misdiagnosis can implicate legal liability for medical personnel if of violates professional standards and the principle of prudence (Ningsih et al., 2025; Koesmoeryantati & Siregar, 2025). From an ethical perspective, this phenomenon may also indicate violations of bioethical principles such as non-maleficence, beneficence, and autonomy (Beauchamp & Childress, 1994). Therefore, the analysis of misdiagnosis becomes relevant to assess the implementation of legal norms and ethical values in clinical practice.

Previous studies have explored misdiagnosis from a variety of perspectives. El-Wakeel and Ezzeldin (2022) and Murdoch et al. (2023) found that cognitive and systemic factors, including diagnostic bias and limited coordination among healthcare workers, often contribute to misdiagnosis in dentistry. Similarly, Graber et al. (2005) and Elsbeth et al. (2022) reported factors associated with diagnostic errors in clinical practice. Obadan-Udoh et al. (2024) reported that patient experiences related to diagnostic failure often stem from suboptimal communication between doctors and patients. On the other hand, Li et al. (2025) and Alharbi et al. (2025) emphasized that misdiagnosis remains a major issue in patient safety despite the continuous development of medical technology.

However, most previous studies have focused on clinical and quantitative approaches, such as prevalence and risk factor analysis, and have not fully explored the dimensions of meaning, subjective experience, and the social dynamics underlying misdiagnosis. In addition, research that integrates specific legal and ethical perspectives in the practice of specialist dentists in Indonesia is still relatively limited. This condition shows that there is a research gap that requires a qualitative approach to produce a more comprehensive understanding. The novelty in this study lies in the application of an interdisciplinary approach that combines the analysis of health law and medical ethics to understand misdiagnosis more comprehensively. Different from previous research that tends to be fragmented, this study positions misdiagnosis as a phenomenon that is at the intersection between legal norms (*das sollen*), the reality of clinical practice (*das sein*), and professional ethical values. In addition, this study also constructs a multidimensional responsibility analysis framework that includes civil, administrative, and ethical dimensions in a single conceptual unit.

Based on this framework, this study aims to analyze the juridical and ethical aspects of misdiagnosis in the practice of specialist dental practice and its implications for patient losses. The research focus includes the process of misdiagnosis, forms of legal accountability, and the implementation of ethical principles in clinical practice. This research is expected to make a theoretical contribution to the development of health law and medical ethics, as well as a practical contribution in improving the quality of health services and patient protection through strengthening professional standards, increasing ethical awareness, and strengthening the patient safety system.

2. Methods

Current research has used a transcendental phenomenological qualitative design to gain an in-depth understanding of the experiences and practices experienced by specialist dentists and patients in relation to diagnostic errors. This method is used because it facilitates contextual and subjective analysis of phenomena, especially in clinical, ethical, and legal dimensions that cannot be quantitatively measured (Creswell & Poth, 2018). In addition, this study combines a normative juridical approach of analyzing laws and regulations, especially Law Number 29 of 2004 concerning Medical Practice (particularly Article 51) and Law Number 17 of 2023 concerning Health, which affirms patients' right to safe and quality health services. The legal materials consist of primary legal materials in the form of relevant laws and regulations and secondary legal materials derived from scientific literature and previous studies concerning diagnostic errors, health law, professional responsibility, and medical ethics. The combination of the two approaches is used to assess the alignment between clinical practice and legal and ethical norms.

The research procedure is carried out in stages, starting with the preparation stage in the form of preparing research instruments and collecting legal documents, then continuing with data collection through in-depth interviews, limited observations, and documentation studies. The informants consist of specialist dentists and patients who have direct experience with the diagnostic process and are selected using purposive sampling. Specialist dentists are selected based on relevant clinical experience, while patients are selected based on their experience undergoing the diagnostic process in specialist dental practice and their ability to describe their experiences. Informants who are unable to provide informed consent or whose experiences are not directly relevant to the research focus are excluded.

This process continues until data saturation is reached, that is, when no significant new information emerges. In-depth interviews with specialist dentists explore diagnostic decision-making, cognitive and clinical factors, workload, time pressure, diagnostic facilities, radiographic interpretation, technology, communication, and patient safety practices, while interviews with patients focus on diagnostic experiences and the clinical, psychological, and economic consequences. Limited observations and relevant documentation complement and contextualize the interview findings. The data obtained is then transcribed verbatim, classified, and compiled systematically to support the analysis process. All stages of research are documented in detail to ensure transparency and traceability (Denzin, 2017).

Data were analyzed using thematic analysis based on the interactive model of Miles et al.'s (2014) interactive model, consisting of data reduction, presentation, and conclusion drawing. Open and axial coding identified categories and themes related to cognitive, clinical, communication, and systemic factors. Empirical findings were compared with normative juridical analysis to assess clinical practices against legal norms and the gap between *das sollen* and *das sein.* Ethical analysis considered non-maleficence, beneficence, and autonomy. The study triangulated sources and methods by comparing dentists, patients, documents, interviews, observations, and

documentation. Member checking confirmed interpretations with selected informants (Iivari, 2018).

3. Results and Discussion

3.1. Diagnostic Errors in Specialist Dental Practice

The findings of this study show that misdiagnosis in specialist dental practice is a complex phenomenon that does not stand alone but emerges from interactions among cognitive, clinical, communication, and health service system factors. Physician informants indicated that time pressure, high workload, and limited diagnostic facilities affect the accuracy of clinical decision-making. Within this framework, misdiagnosis not only reflects individual limitations, but also reflects the weakness of the system in supporting safe clinical practice. These findings reinforce the view that diagnostic error is a systemic phenomenon that requires a holistic approach (Elsbeth et al., 2022).

Several previous studies confirm that misdiagnosis is a global issue in patient safety. El-Wakeel and Ali (2025) and Nakhapaksirat et al. (2025) found that a combination of cognitive and systemic factors often triggers misdiagnosis in dentistry. Suzuki et al. (2022) and Mikesell and Bontempo (2023) reported that patients' experiences of misdiagnosis significantly affected trust in medical personnel and quality of life. Meanwhile, Tokede (2024) emphasized that the burden of misdiagnosis in dental practice remains high and requires system-level intervention.

The results show that the dominant forms of misdiagnosis include delayed diagnosis, radiographic interpretation errors, and mistakes in recognizing early symptoms of the disease. Delayed diagnosis generally occurs in cases with ambiguous or non-typical symptoms, requiring follow-up examinations that are not always optimally performed. This condition reflects limitations in the process of clinical reasoning, which is influenced by clinical experience and cognitive bias (Kachalia et al., 2007; Busby et al., 2018).

The findings also show that errors in radiographic interpretation are a significant factor in the occurrence of misdiagnosis. Informants indicated that limitations in interpreting radiographic results, particularly in complex cases, often resulted in inaccurate diagnoses. This underscores the importance of improving technology-based diagnostic competencies and providing ongoing training for specialist dentists. These findings are in line with Tokede (2024), who asserts that misclassification of periodontal disease is often rooted in misinterpretations of clinical data.

In addition to technical factors, the communication aspect plays an important role in the occurrence of misdiagnosis. Patients report that ineffective communication hinders their understanding of their overall health condition. In some cases, providers do not adequately convey information about possible alternative diagnoses and the risks of medical action. This condition not only increases the potential for misdiagnosis, but also negatively impacts the therapeutic relationship between the doctor and the patient (Page & Wessely, 2003). The classification of diagnostic errors identified in specialist dental practice, along with their clinical and non-clinical impacts.

Table 1. Classification of Misdiagnosis

Types of Diagnostic Errors	Clinical Impact	Non-Clinical Impact
Delay in diagnosis	Worsening of the disease	Increased costs
Radiographic misinterpretation	Inappropriate therapy	Patient distrust
Misidentification of symptoms	Inaccurate diagnosis	Patient anxiety
Lack of communication	Therapeutic incompatibility	Doctor-patient conflict

Table 1 illustrates that diagnostic errors can produce both clinical and non-clinical consequences. Delays in diagnosis may contribute to disease progression, while errors in testing and interpretation can result in inappropriate clinical decisions and treatment. Misidentification of symptoms may lead to inaccurate diagnoses, whereas inadequate communication can contribute to doctor-patient conflict. These consequences align with Auerbach et al. (2024), who found that diagnostic errors were common among hospitalized patients and associated with significant patient harm, particularly through problems in clinical assessment, test ordering, and test interpretation.

3.2. Juridical Aspects of Diagnostic Errors and Professional Liability

From a legal perspective, the results of this study show that misdiagnosis made outside professional standards can be understood as a form of professional negligence. In professional dental practice, the diagnostic process is not merely a clinical activity but also forms part of the professional obligations that must be carried out in accordance with applicable standards. Provisions regarding the obligation of doctors to provide services in accordance with professional standards and operational procedures are regulated in Article 51 of Law Number 29 of 2004 concerning medical practice (Khalid, 2023). Therefore, when a diagnostic process deviates from established professional standards and harms patients, the practice may raise questions about professional accountability. This legal perspective emphasizes that diagnostic errors should be assessed not only by their clinical consequences but also by whether professionals fulfilled their obligations.

Violations of these provisions may give rise to legal liability in the civil, administrative, and ethical realms. Civil liability may be relevant when diagnostic errors result in losses experienced by patients, while administrative liability may arise in relation to compliance with professional and regulatory requirements. At the same time, the ethical dimension concerns the professional responsibility of dentists in maintaining standards of care and protecting patients from preventable harm. Thus, the existence of a diagnostic error does not automatically establish legal liability. Rather, the error needs to be assessed in relation to professional standards, the circumstances surrounding the clinical decision-making process, and the consequences experienced by the patient (Fahrul, 2025; Yuarsa, 2025). This distinction is important in determining whether the error reflects an unavoidable clinical outcome or a deviation from professional obligations.

In addition, Law Number 17 of 2023 concerning health emphasizes that every patient has the right to receive safe, quality, and harmless health services. In this context, misdiagnosis that causes a patient's loss can be seen as a violation of that right, thus strengthening the patient's position in obtaining legal protection. The protection of patient rights places an obligation on healthcare professionals and healthcare institutions to provide services that prioritize safety and quality. Consequently, misdiagnosis should be considered not only an individual clinical event but also an issue of fulfilling patients' legal rights. Thus, the law functions not only as a regulatory instrument, but also as a mechanism for the accountability of the medical profession and the protection of patients (Republic of Indonesia, 2023).

However, the implementation of these legal norms has not been optimal. A gap exists between legal norms (*das sollen*) and clinical practice (*das sein*), influenced by structural factors such as limited facilities, weak supervision, and an organizational culture that has not supported patient safety. This shows that the effectiveness of implementation in the field does not necessarily follow the existence of regulations. The gap indicates that the achievement of patient protection requires not only the existence of comprehensive legal norms, but also their consistent implementation within clinical practice. In this context, strengthening facilities, supervision, and an organizational culture that supports patient safety is important to ensure that

professional obligations and patient rights established by law can be implemented effectively.

3.3. Ethical Implications and Patient Losses

From an ethical perspective, misdiagnosis in this study shows a potential violation of bioethical principles, in particular non-maleficence and autonomy. Patients who do not obtain adequate information experience limitations in giving consent to medical procedures (informed consent). Therefore, misdiagnosis not only has an impact on the clinical aspect, but also on moral integrity in the practice of medicine (Vanderschaeghe et al., 2018). This study shows that in daily practice, specialist dentists often face ethical dilemmas, especially when faced with limited information and time pressures. In such conditions, diagnostic decisions often rely on intuition and clinical experience, which can increase cognitive bias. This indicates the importance of applying a reflective approach in clinical practice.

In the broader context of healthcare delivery systems, this study identified the limitations of clinical decision support systems as a contributing factor to the increased risk of diagnostic errors. The data also show how diagnostic technology and integrated health information systems, in the hands of physician informants, can improve accuracy. These findings are in line with the findings of Castaneda et al. (2015), which relate to a rule-based approach from the lens of systems thinking to minimize medical errors. In addition, the patient safety culture has not developed optimally. Misdiagnoses are often not reported due to concerns about legal consequences or professional stigma. This hinders organizational learning and continuous system improvement. From a patient's perspective, misdiagnosis has a multidimensional impact that includes medical, psychological, and economic aspects. Patients experience anxiety, decreased confidence, and additional costs due to inappropriate therapy. Therefore, misdiagnosis is a serious problem that affects the overall quality of life of patients (Giardina et al., 2018).

This study shows that the way doctors respond to misdiagnosis plays an important role in maintaining the sustainability of therapeutic relationships. Openness, empathy, and honest communication have been shown to reduce potential conflicts, while defensive responses actually make the situation worse. These findings suggest that communication plays a strategic role in managing medical risk. From a professional perspective, the prevention of misdiagnosis requires improving competence through continuous training and the implementation of evidence-based practice. In addition, the integration of legal and ethical dimensions in medical education is important to strengthen professional awareness. The results and discussion of this study confirm that misdiagnosis in specialist dentist practice is a multidimensional phenomenon that requires an integrative approach that includes clinical, juridical, and ethical aspects. This approach is needed to improve the quality of health services and ensure legal protection and patient safety (Hutagaol & Fikri, 2025).

4. Conclusion

This study shows that misdiagnosis in specialist dental practice is a multidimensional phenomenon influenced by cognitive, clinical, communication, and healthcare system factors. The main forms of error include delayed diagnosis, radiographic misinterpretation, symptom misidentification, and inadequate communication, which affect patients' clinical conditions, trust, anxiety, and economic burden. From a juridical perspective, misdiagnosis that deviates from professional standards may result in civil, administrative, and ethical liability under professional obligations in health regulations. The findings indicate potential violations of the principles of non-maleficence and autonomy when patients do not receive adequate information. The implications of this study emphasize the

importance of strengthening professional standards, dentist-patient communication, diagnostic competence, clinical decision-support systems, and patient safety culture. Integrating legal and ethical perspectives is essential to strengthen patient protection and professional accountability.

This study has several limitations. The phenomenological approach and purposive selection of informants limit the generalizability of the findings to specialist dental practice more broadly. In addition, subjective accounts provided by informants may be influenced by personal perceptions and sensitivity to professional and legal issues. The normative analysis was also limited to regulations and legal materials relevant to the research focus. Future research could employ a socio-legal or empirical juridical approach to examine the implementation of legal norms in resolving misdiagnosis cases, as well as a comparative normative juridical approach to compare regulations and mechanisms of diagnostic liability in Indonesia with those of other countries.

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