

Research Horizon

ISSN: 2808-0696 (p), 2807-9531 (e)

Research Horizon

Volume: 05

Issue: 05

Year: 2025

Page: 1869-1880

Citation:

Dewangga, R. C., Parikesit, K. H., & Sapsudin, A. (2025). Criminal and civil responsibility of hospital for negligence of nurses who inject wrong medicine. *Research Horizon*, 5(5), 1869-1880.

Article History:

Received: July 20, 2025

Revised: September 15, 2025

Accepted: October 5, 2025

Online since: October 30, 2025

Criminal and Civil Responsibility of Hospital for Negligence of Nurses Who Inject Wrong Medicine

Ridho Cahya Dewangga^{1*}, Kiagus Handrian Parikesit¹, Asep Sapsudin¹

¹ Universitas Islam Nusantara, Bandung, Indonesia

* Corresponding author: Ridho Cahya Dewangga (ridhocahyadewangga20@uninus.ac.id)

Abstract

Medical negligence, especially nursing errors in administering drugs, can have serious impacts on patients and give rise to legal liability. This research aims to analyze the forms of criminal and civil liability of hospitals for negligence committed by nurses. Using a qualitative approach, this research collected data through in-depth interviews with health legal experts, medical practitioners, and related legal documentation. The research results show that nurse negligence can be subject to criminal sanctions in accordance with the Criminal Code if it causes injury or death to a patient. On the other hand, hospitals as institutions are civilly responsible based on the doctrine of vicarious liability, where hospitals can be asked for compensation for mistakes made by medical personnel. Various factors, including error rates, compliance with standard operating procedures, and internal hospital policies influence determination of liability. This research makes a significant contribution to understanding the legal aspects of medical negligence and provides recommendations for enhancing regulations and promoting safer medical practices.

Keywords

Civil Liability, Criminal Liability, Hospital, Medical Malpractice, Medical Negligence, Vicarious Liability.

1. Introduction

Hospitals as healthcare institutions bear a critical responsibility in ensuring patient safety. This responsibility extends beyond the delivery of quality medical services to include systematic efforts to prevent errors or incidents that may harm patients. Patient safety is a top priority because even minor mistakes in healthcare can lead to severe consequences, ranging from injury to death (Arief, 2018). To achieve this, hospitals must establish effective risk management systems encompassing the identification of potential risks, evaluation of procedures, and implementation of preventive measures. For instance, hospitals are required to ensure that healthcare professionals, including nurses and doctors, are well-trained and fully aware of patient safety protocols. Adequate medical equipment must also be provided and maintained to support safe medical practices.

Beyond technical provisions, hospitals are expected to foster a strong safety culture among their staff. This culture fosters an environment of openness in reporting incidents or mistakes without fear of punitive consequences, thereby enabling the early detection and resolution of problems. According to Amir and Purnama (2021), effective communication among medical teams, patients, and their families is also essential for preventing errors such as medication misadministration or inappropriate treatment. Additionally, hospitals have legal and ethical responsibilities to safeguard patient safety. When adverse incidents occur, hospitals may be held accountable both legally and administratively. Thus, they must develop precise mechanisms for handling complaints, conducting internal investigations, and implementing corrective measures. Accreditation and certification programs also play a vital role in improving hospital standards by requiring evaluations of procedures, facilities, and staff performance, ensuring compliance with national and international safety benchmarks (Harus & Sutriningsih, 2015; Assalmani, 2021).

Despite these mechanisms, negligence by healthcare workers, particularly nurses, remains a persistent challenge. One of the most critical risks involves medication administration, especially drug injections (Kitung et al., 2024). Negligence in this context can lead to allergic reactions, serious health complications, or even death. From a legal perspective, such negligence can result in both criminal and civil liability. Criminal liability arises when the negligence constitutes an offense under criminal law, such as causing injury or death, and may result in sanctions including fines or imprisonment. This punitive approach is intended not only to provide justice for victims but also to deter future violations of healthcare standards (Primadita, 2020). Civil liability, on the other hand, concerns compensation for damages suffered by patients or their families. Such claims often cover additional medical expenses, lost income, and intangible damages, such as emotional distress. Civil proceedings prioritize recovery and restitution for victims over punishment of offenders (Riza, 2018).

Administrative and ethical consequences also play a crucial role in addressing negligence. Nurses may face sanctions such as suspension, dismissal, or revocation of their license by healthcare institutions (Fatimah & Rosa, 2016). Lajar et al. (2020) stated that professional organizations may impose ethical sanctions ranging from reprimands to exclusion from practice, which can affect both reputation and career. These measures not only serve a punitive function but also act as preventive mechanisms to reinforce professional standards. Hospitals themselves can be held liable through the doctrine of vicarious liability, whereby institutions bear responsibility for the negligent acts of their medical personnel carried out in the scope of their duties (Widhiantoro, 2021). Although hospitals may later seek accountability from the individual nurse involved, the legal burden initially falls upon the institution (Harmoni et al., 2022).

In the Indonesian legal context, multiple statutory frameworks reinforce the obligation of hospitals and health workers to provide safe and responsible care. Law Number 36 of 2009 on Health and Law Number 44 of 2009 on Hospitals stipulate institutional responsibilities for patient safety. Likewise, Law Number 29 of 2004 on Medical Practice and regulations from the Ministry of Health outline the procedural standards that healthcare professionals must follow (Saffa, 2024). Previous studies have examined various aspects of liability in cases of medical negligence. Adiana et al. (2023) highlighted malpractice by doctors leading to permanent disability, while Koto and Asmadi (2021) explored hospital liability for negligence committed by medical personnel under institutional supervision, emphasizing the application of vicarious liability. Meanwhile, Yandriza and Arma (2023) analyzed criminal liability in cases of nurse negligence, such as infant exchanges caused by noncompliance with standard procedures, underscoring that hospitals may also be held criminally accountable under Law Number 44 of 2009. These studies provide important insights but tend to focus either on malpractice by physicians or on extraordinary cases such as infant exchanges, leaving gaps in the understanding of how hospitals should address criminal and civil liability specifically arising from nurses' negligence in drug injections. This gap is significant because injection-related negligence is both frequent in practice and potentially life-threatening, yet its legal and institutional implications remain underexplored.

This study aims to examine the criminal and civil liability of hospitals in cases of nurse negligence related to drug injections more comprehensively. The analysis focuses on defining the boundaries of institutional responsibility, exploring legal settlement mechanisms, and identifying the broader implications for both hospitals and medical personnel. By doing so, the study contributes to enhancing the legal framework for patient protection while reinforcing the accountability of healthcare institutions in Indonesia.

2. Methods

The research method employed in this journal is a qualitative approach with a descriptive orientation. Qualitative research was chosen because it aims to understand the phenomenon in depth from the participant's or research subject's perspective. A descriptive approach is employed to thoroughly describe, analyze, and interpret the data, thereby providing a comprehensive understanding of the topic under investigation.

In qualitative research, data collection is typically carried out through techniques such as in-depth interviews, participatory observation, and document analysis. These approaches enable researchers to explore comprehensive and nuanced information that captures participants' perceptions, experiences, and the broader social context of the phenomenon under study. Since the data are generally narrative or textual in form, they demand careful and detailed analysis to uncover patterns, recurring themes, or underlying meanings. This process provides a deeper understanding of the subject matter, allowing researchers to interpret complex realities that extend beyond what numerical data can reveal.

The descriptive approach in qualitative research is designed to provide a thorough and systematic portrayal of a phenomenon, capturing its full complexity. The primary objective of this approach is to describe situations, events, or behaviors as they occur, with a focus on objectivity. Researchers are expected to present findings without manipulating or interfering with the subjects involved, thereby ensuring that the data collected reflects authentic conditions. By employing this approach, qualitative research prioritizes accuracy in describing social or human experiences over producing generalized conclusions.

In this framework, data sources are generally divided into primary and secondary. Primary data plays a central role because it is obtained directly from sources through

direct interaction with the research subject or object. Examples include in-depth interviews with participants, field observations that record real behavior, or personal documents such as diaries and letters that reflect the individual's perspective. Such data provide not only factual details but also deep insights into the experiences, feelings, and contexts surrounding the phenomenon. This directness ensures the authenticity and relevance of the information to the research objectives.

3. Results

3.1. Forms of Criminal Liability for Nurses' Negligence in Drug Injection

The discussion of hospital and nurse liability in cases of medical negligence can be further enriched by comparing it with previous studies. In this regard, it is important to highlight the similarities and differences between this research and the findings presented in several journals, including those by Adiana et al. (2023) and Goergen et al. (2023). Such a comparative analysis not only situates this study within the broader academic discourse but also clarifies its unique contribution. By examining points of convergence and divergence with earlier works, this research seeks to provide a more comprehensive understanding of the legal, ethical, and institutional dimensions of medical negligence, while also identifying areas where new insights and perspectives are offered.

These findings align with previous studies, which emphasize that hospitals have a fundamental obligation to ensure patient safety (Yustina, 2012; Amir & Purnama, 2021). Moreover, criminal liability requires establishing both causality and intent, while civil liability under the principle of vicarious responsibility ensures that hospitals cannot shift accountability solely onto individual nurses (Kolib, 2020; Primadita, 2020; Irianto, 2021; Daeng et al., 2023; Yunanto & Helmi, 2024).

The three journals examined share a common theme, namely the hospital's legal liability for negligence committed by both doctors and nurses. Each emphasizes the legal consequences of such negligence, which can result in severe impacts on patients, including permanent disability, baby swapping, or medication errors. The analyses are grounded in Indonesian health law, referring to the Medical Practice Law, the Hospital Law, as well as provisions in the Criminal Code and Civil Code. The primary purpose of these studies is to examine the forms of legal responsibility that hospitals bear in cases of unlawful acts committed by medical personnel. Methodologically, they generally employ a normative juridical approach, supported by qualitative analysis of statutory regulations and relevant case studies.

Several journals discuss hospital liability for medical negligence with different focuses. Adiana et al. (2023) examine physician negligence that causes permanent disability, emphasizing civil and administrative accountability within the framework of general hospital responsibilities. Meanwhile, Yandriza and Arma (2023) focus on cases of newborn swapping caused by nurse negligence, examining them from both criminal law and health ethics perspectives. In comparison, the author's journal specifically addresses nurse negligence in misinjecting drugs, which can result in patient loss, combining both criminal and civil law perspectives with an emphasis on medical maladministration.

The results of the study show that nurses' negligence in injecting drugs can be categorized as a form of medical malpractice that has the potential to cause criminal liability (Riza, 2018). Based on Articles 360 and 361 of the Criminal Code, if the mistake causes injury or death to the patient, the nurse may be charged with criminal sanctions, including confinement or fines. In addition, in more serious cases, nurses can be subject to articles related to negligence that causes the loss of a person's life (Hakim, 2019).

The results of interviews with health law experts indicate that to establish the existence of criminal elements in the negligence of nurses, it is necessary to

demonstrate causality or a causal relationship between the act of negligence and the consequences that arise in the patient (Retnowati & Sundari, 2021). Suppose it can be proven that the nurse's mistake occurred due to deliberate negligence or not in accordance with the Standard Operating Procedures (SOP). In that case, the nurse can be held criminally liable (Yandriza & Arma, 2023). However, in practice, cases of negligence by health workers are more often resolved through civil or ethical channels than through criminal proceedings, except in cases that result in fatal consequences for patients (Yustina, 2012). According to Adiana et al. (2023), criminal liability is charged against nurses (as direct perpetrators), while hospitals are held liable through civil liability (vicarious liability). Referring to the Decision of the Supreme Court Number 2576K/Pdt/2016 concerning compensation due to medical negligence.

From a civil law perspective, hospitals can be held accountable for negligence committed by nurses based on the doctrine of vicarious liability, where hospitals are responsible for the actions of medical personnel working under their auspices (Harus & Sutriningsih, 2015). In this context, hospitals have an obligation to ensure that the medical personnel they employ possess the necessary competence and work in accordance with established standards (Harmoni et al., 2022). According to Article 1365 of the Civil Code, regarding unlawful acts, patients or their families who are harmed by the fault of a nurse can sue the hospital for compensation. In addition, Law Number 44 of 2009 concerning Hospitals also states that hospitals are responsible for all forms of negligence that occur in health services (Ujjianto & Wijaya, 2020).

Analysis of legal documents and interviews with legal practitioners show that in many cases, hospitals tend to opt for settlement through mediation or financial compensation to avoid negative impacts on the institution's reputation. However, if the patient suffers significant losses, they can take legal action to get their rights (Rokayah & Widjaja, 2022). According to Amir and Purnama (2021), there is a fundamental difference between criminal liability (elements of error) and civil liability (compensation) in malpractice cases. The hospital can be held liable civilly (Article 1365 of the Civil Code) as well as criminally (Article 359 of the Criminal Code) if a flawed system causes the nurse's negligence.

3.2. Nurse Errors, SOP Compliance, and Their Implications

Errors committed by nurses in the course of medical practice can vary in severity and lead to different forms of accountability depending on their impact and the level of adherence to Standard Operating Procedures (SOPs). When an error only has a minor impact, such as temporary discomfort or mild side effects that do not endanger the patient's life or health, the resolution is usually handled within ethical and administrative domains rather than through legal proceedings. These findings are consistent with prior studies, which emphasize that minor errors are generally addressed administratively or ethically, rather than through legal action (Lajar et al., 2020; Adiana et al., 2023). At the same time, strict compliance with SOPs is crucial to prevent serious harm and ensure both professional and institutional accountability (Cheluvappa & Selvendran, 2020; Amir & Purnama, 2021; Koto & Asmadi, 2021).

In such cases, institutions often prioritize educational and preventive measures over punitive sanctions. Ethically, the resolution may involve institutional mechanisms such as case evaluations, reprimands, or re-coaching of the nurse concerned. This approach is designed to raise awareness, enhance competence, and reduce the likelihood of repeated mistakes. Nurses are also expected to demonstrate professional responsibility by apologizing directly to patients and providing transparent explanations of the incident, reinforcing moral accountability (Adiana et al., 2023).

From an administrative standpoint, healthcare institutions typically implement structured procedures to address minor errors. Measures can include issuing written

warnings, documenting the incident in medical records or formal reports, and requiring participation in additional training programs. These actions ensure that healthcare standards are upheld and that nurses remain aware of the importance of caution in clinical practice. Although the impact may appear minor, even small errors can affect patients' trust in both healthcare personnel and institutions. Therefore, fostering a supportive environment where nurses feel comfortable reporting mistakes is critical (Lajar et al., 2020). This approach fosters a culture of continuous learning and improvement, enabling institutions to enhance both patient safety and professional accountability.

The situation becomes more complex when errors occur despite nurses following established SOPs. In such circumstances, liability often shifts toward the hospital as an institution, since the nurse has acted in accordance with professional standards and organizational protocols. Conversely, suppose a nurse acts outside established procedures, such as administering medication without a prescription, using unsafe techniques, or ignoring critical safety checks. In that case, their personal responsibility for any resulting harm increases significantly (Amir & Purnama, 2021). Deviations from SOPs may be classified as negligence or even deliberate carelessness, depending on the severity and consequences of the action. If such conduct results in serious injury, health complications, or patient death, the nurse may face both civil lawsuits and criminal charges.

In addition to legal consequences, failure to comply with SOPs can result in severe administrative and ethical sanctions. Healthcare institutions may impose disciplinary actions such as suspension, dismissal, or license revocation. Professional organizations may also intervene, applying penalties that range from formal reprimands to permanent exclusion from the profession (Vitvitskiy et al., 2021). Such consequences not only affect the nurse's legal standing but also their professional reputation, potentially diminishing trust from patients, colleagues, and institutions. The psychological burden may also be significant, as nurses experiencing guilt, stress, or anxiety may struggle with the personal aftermath of their mistakes.

To minimize these risks, strict adherence to SOPs and professional standards is paramount. In situations where uncertainty or emergencies necessitate procedural deviations, nurses are encouraged to seek guidance from their supervisors or collaborate with other healthcare professionals before taking action (Koto & Asmadi, 2021). Effective communication and teamwork play a crucial role in ensuring that patient interests remain protected even in challenging circumstances.

3.3. Hospital Policy in Handling Malpractice Cases

Hospitals with effective surveillance systems tend to be better equipped to identify and resolve internal problems before they escalate into legal cases. An effective surveillance system includes regular monitoring of medical practices, transparent incident reporting, and objective evaluation mechanisms. With this system, hospitals can detect errors or omissions early, allowing for immediate corrective steps to prevent escalation (Adiana et al., 2023). Effective hospital surveillance systems enable early detection of errors and prompt corrective actions, which aligns with previous studies highlighting the importance of proactive monitoring, transparent reporting, and comprehensive risk management (Goergen et al., 2015; Adiana et al., 2023; Daeng et al., 2023).

One of the key components of an effective surveillance system is the presence of a specialized unit or team responsible for managing medical incidents, such as the quality committee or the patient safety committee. This team is responsible for collecting data, identifying the root cause of the problem, and providing recommendations for improvement. With a proactive approach, hospitals can reduce the risk of repeated errors and ensure that healthcare standards are maintained (Daeng et al., 2023).

In addition, hospitals with effective surveillance systems typically also have an organizational culture that encourages incident reporting without fear of retribution. This encourages healthcare workers, including nurses, to report errors or adverse events honestly (Goergen et al., 2015). Transparent reporting enables hospitals to take corrective actions promptly, such as providing additional training, refining protocols, or enhancing communication among teams.

By resolving issues internally, the hospital not only prevents the case from developing into a legal issue but also maintains the trust of patients and the community. Patients tend to feel safer and more comfortable knowing that the hospital has an effective mechanism in place for handling mistakes and promoting self-improvement. Additionally, internal settlement can also reduce the costs and time spent on legal proceedings, both for the hospital and the health sector involved. However, it is essential to note that a robust surveillance system aims not only to prevent lawsuits but also to enhance the overall quality of healthcare services. By continuously evaluating and improving, hospitals can create a safer working environment for healthcare workers and achieve better patient outcomes (Primadita, 2020)

Hospitals with effective oversight systems can manage risks and resolve issues promptly before they escalate into legal cases. This not only protects hospitals and healthcare workers from legal consequences but also enhances the quality of service and fosters public trust in these institutions (Yandriza & Arma, 2023). Hospital policies in handling medical negligence also play an important role in determining the resolution path taken.

3.4. Aspects of Ethics and Professionalism

In addition to legal accountability, professional ethics play a crucial role in addressing negligence by nurses or other health workers. Professional ethics are moral principles that guide behavior, emphasizing integrity, honesty, accountability, and concern for patients' well-being. When mistakes occur, nurses are ethically required to acknowledge errors, report them to supervisors, apologize to patients or their families, and participate in corrective measures (Amir & Purnama, 2021). Such conduct not only demonstrates professionalism but also helps restore public trust in healthcare institutions. Ethics further require nurses to learn from mistakes through self-reflection, evaluation, and preventive steps, such as additional training, adherence to protocols, or skill improvement, thereby enhancing service quality. Nursing organizations enforce these standards by providing guidance, coaching, and, when necessary, sanctions ranging from reprimands to temporary license suspension or removal from professional organizations (Kitung et al., 2024).

Ethical accountability complements legal responsibility, as nurses are expected to acknowledge errors, report incidents, and engage in corrective actions, reinforced by professional sanctioning mechanisms such as the Nursing Professional Honorary Council (*Dewan Kehormatan Profesi/DKP*) (Amir & Purnama, 2021; Retnowati & Sundari, 2021; Gunawan et al., 2023). The DKP's procedures typically begin with a report or complaint regarding negligence, which can come from patients, families, co-workers, or the institution itself. Upon receiving a report, the DKP conducts a thorough and transparent investigation involving all relevant parties to gather evidence and verify facts (Lajar et al., 2020). Through this process, the DKP not only upholds ethical discipline but also contributes to improving the quality of health services and protecting patient rights (Cheluvappa & Selvendran, 2020). By integrating ethical oversight with legal frameworks, hospitals and professional organizations create a system in which accountability is comprehensive, ensuring that both moral and legal responsibilities are addressed.

The role of the DKP in providing ethical sanctions against negligent caregivers is an important part of efforts to maintain the standards of the nursing profession. Through a fair and transparent process, DKP not only upholds ethical discipline but

also contributes to improving the quality of health services and protecting patients' rights (Cheluvappa & Selvendran, 2020).

The results of this study show that liability for medical negligence is complex and involves various legal aspects, including criminal, civil, and ethical. Medical negligence is not only related to mistakes made by medical personnel, but also to how these mistakes can affect patients and their impact on the institutions where medical personnel work (Yunanto & Helmi, 2024). In the context of criminal law, liability can be applied if the negligent act causes physical harm or even the death of the patient (Miziara & Miziara, 2022). In this case, nurses or other medical personnel can be charged with the negligence article in the Criminal Code which regulates criminal sanctions in the form of imprisonment or fines. However, to prove the existence of a criminal error, evidence is needed that shows that there is a direct relationship between negligence and the consequences caused, as well as the existence of an element of intentionality or intentional negligence (Primadita, 2020).

According to Yandrizza and Arma (2023), the responsibility of hospitals is based on employment (civil) relationships and elements of gross negligence (criminal). Stating that hospitals can be punished if they neglect to supervise (Article 365 of the Criminal Code) or are charged with a civil lawsuit (Article 1367 of the Civil Code). Meanwhile, in the civil realm, hospitals as health service providers are also responsible for negligent acts committed by nurses or other medical personnel, in accordance with the principle of vicarious liability. Hospitals are responsible for ensuring that every medical personnel working under their auspices has carried out their duties in accordance with the applicable standard operating procedures and has sufficient competence (Hakim, 2019). If negligence occurs and harms the patient, the hospital can be sued to seek compensation for the losses incurred. This lawsuit can cover various types of losses, both material and non-material. Material losses include additional medical expenses that the patient must incur due to the error, rehabilitation costs for the recovery of health conditions, or other financial losses, such as loss of income due to the patient's inability to work during the recovery period. Meanwhile, non-material losses include physical, emotional, or psychological suffering suffered by the patient as a result of such negligence.

In the legal context, hospitals can be held civilly liable under the principle of vicarious liability, which makes them responsible for the actions of health workers under their authority, even if negligence is directly committed by nurses or other staff. However, hospitals may demand liability from the negligent health workers if the error arises from non-compliance with established procedures. Compensation claims typically begin with mediation or negotiation between patients or their families and hospitals, and if unresolved, proceed to court. In such cases, patients must prove the occurrence of negligence, violation of service standards, and a causal link to the harm suffered. Courts may also impose punitive damages as punishment for gross negligence or willful disregard of patient safety, aiming to deter recurrence. Beyond financial consequences, negligence lawsuits can damage a hospital's reputation and reduce public trust, emphasizing the need for risk management, continuous training, quality monitoring, and effective complaint mechanisms (Ujianto & Wijaya, 2020; Makhfud & Jamaludin, 2025).

In addition to legal dimensions, ethical accountability is crucial. The Nursing Professional Honorary Council can impose sanctions on negligent nurses, ranging from warnings and suspensions to revocation of practice licenses (Gunawan et al., 2023). Ethical accountability highlights the moral and professional responsibility of medical personnel toward patients and the integrity of the profession itself (Retnowati & Sundari, 2021).

The determination of liability in cases of medical negligence is also influenced by various factors, such as the severity of negligence, the compliance of medical personnel with applicable procedures, and the policies taken by hospitals in handling

the problem (Goergen et al., 2023). Therefore, strengthening clear regulations and operational standards is very important to prevent medical negligence and ensure clarity in legal accountability for medical personnel and hospitals. Thus, the solution of the problem of medical negligence is not only seen from a legal point of view, but must involve a thorough analysis that includes criminal law, civil law, and the code of ethics of the medical profession (Ehigiator & Ucheagwu, 2021). Therefore, it is necessary to strengthen regulations and increase awareness of health workers regarding the importance of compliance with service standards to prevent similar cases from occurring in the future.

4. Conclusion

The study finds that nurse negligence in drug injection can result in both criminal and civil liability. From a criminal perspective, nurses proven to have caused patient injury or death due to negligence may be prosecuted under provisions of the Criminal Code, facing penalties ranging from fines to imprisonment depending on the severity of the offense. Civilly, hospitals hold responsibility through the principle of vicarious liability, which obliges them to ensure all medical staff comply with established SOPs. If negligence occurs, patients or their families can pursue compensation claims. Furthermore, factors influencing liability include the seriousness of the error, adherence to SOPs, hospital malpractice policies, and ethical-professional responsibilities.

Practically, the findings highlight the urgent need for stronger hospital risk management systems, regular staff training, and effective reporting mechanisms to minimize negligence. Ensuring compliance with SOPs and fostering an ethical culture of accountability are essential in safeguarding patient safety and institutional trust. Theoretically, this research contributes to discussions on the intersection of criminal, civil, and ethical accountability in healthcare law, providing a framework for understanding how institutional and individual responsibilities are interconnected. This study is limited by its focus on legal liability without extensive empirical data from malpractice case outcomes. Future research could examine case studies across various hospital settings to assess how legal principles are applied in practice. Comparative studies involving different legal systems would also enrich the understanding of medical negligence accountability and inform improvements in Indonesian healthcare regulations.

References

- Adejumo, O. A., & Adejumo, O. A. (2020). Legal perspectives on liability for medical negligence and malpractices in Nigeria. *Pan African Medical Journal*, 35(1), 53-64.
- Adiana, I. N., Pidada, I. B. A., & Herawati, K. M. (2023). Tanggung jawab hukum rumah sakit terhadap kelalaian tenaga medis yang mengakibatkan pasien cacat permanen. *Al-Dalik: Jurnal Ilmu Sosial, Politik, dan Hukum*, 1(3), 61-67.
- Amir, N., & Purnama, D. (2021). Perbuatan perawat yang melakukan kesalahan dalam tindakan medis. *Kertha Wicaksana: Sarana Komunikasi Dosen dan Mahasiswa*, 15(1), 26-36.
- Arief, B. N. (2018). *Masalah penegakan hukum dan kebijakan hukum pidana dalam penanggulangan kejahatan*. Jakarta: Prenada Media.
- Assalmani, M. A. (2021). Corporate criminal liability in Indonesian law concerning fund transfer. *Research Horizon*, 1(6), 229-236.
- Cheluvappa, R., & Selvendran, S. (2020). Medical negligence-key cases and application of legislation. *Annals of Medicine and Surgery*, 57(1), 205-211.
- Daeng, Y., Ningsih, N., Khairul, F., Winarsih, S., & Zulaida, Z. (2023). Pertanggungjawaban pidana rumah sakit dan tenaga medis di atas tindakan malpraktik berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Innovative: Journal of Social Science Research*, 3(6), 3453-3461.

- Dahlawi, S., Menezes, R. G., Khan, M. A., Waris, A., & Naseer, M. M. (2021). Medical negligence in healthcare organizations and its impact on patient safety and public health: A bibliometric study. *F1000Research*, *10*(1), 174-185.
- Ehigiator, E., & Ucheagwu-Okoye, O. (2021). Medical negligence and criminal liability: An evaluation of the Nigerian Position. *Madonna University, Nigeria Faculty of Law Journal*, *6*(2), 620-630.
- Fatimah, F. S., & Rosa, E. M. (2016). Efektivitas pelatihan patient safety: Komunikasi S-bar pada perawat dalam menurunkan kesalahan pemberian obat injeksi di Rumah Sakit PKU Muhammadiyah Yogyakarta Unit II. *Jurnal Ners dan Kebidanan Indonesia*, *2*(1), 32-41.
- Goergen, S., Schultz, T., Deakin, A., & Runciman, W. (2015). Investigating errors in medical imaging: lessons for practice from medicolegal closed claims. *Journal of the American College of Radiology*, *12*(9), 988-997.
- Gunawan, A. C., Yudanto, D., & Junaidi, A. (2023). Tinjauan hukum pidana terhadap tindakan malpraktek dalam bidang kesehatan atau medis. *UNES Law Review*, *6*(2), 5387-5397.
- Hakim, L. (2019). Implementasi teori dualistis hukum pidana di dalam Rancangan Kitab Undang-Undang Hukum Pidana (RKUHP). *Krtha Bhayangkara*, *13*(1), 1-16.
- Halim, R. S., Chandra, T. Y., & Mau, H. A. (2023). Pemenuhan hak restitusi terhadap korban tindak pidana kelalaian medis di Indonesia. *Jurnal Multidisiplin Indonesia*, *2*(9), 3048-3075.
- Harmoni, D., Fahmi, F., & Yetti, Y. (2022). Tanggung jawab rumah sakit atas kelalaian tenaga medis dalam pelayanan kesehatan. *Journal of Science and Social Research*, *5*(2), 302-311.
- Harus, B. D., & Sutriningsih, A. (2015). Pengetahuan perawat tentang keselamatan pasien dengan pelaksanaan prosedur keselamatan pasien rumah sakit (KPRS) di Rumah Sakit Panti Waluya Sawahan Malang. *Care: Jurnal Ilmiah Ilmu Kesehatan*, *3*(1), 25-32.
- Irianto, F. (2021). Pertanggungjawaban hukum pidana rumah sakit sebagai korporasi pelayanan kesehatan. *Sol Justicia*, *4*(2), 163-174.
- Kitung, P., Rokhmat, R., & Wijayanti, E. (2024). Pertanggungjawaban perawat terhadap pasien di rumah sakit ditinjau dari hukum perdata. *Jurnal Cahaya Mandalika*, *5*(2), 930-941.
- Kolib, A. (2020). Analisis yuridis perbandingan risiko medis dengan kelalaian medis. *AL-MANHAJ: Jurnal Hukum dan Pranata Sosial Islam*, *2*(2), 238-254.
- Koto, I., & Asmadi, E. (2021). Pertanggungjawaban hukum terhadap tindakan malpraktik tenaga medis di rumah sakit. *Volksgeist: Jurnal Ilmu Hukum dan Konstitusi*, *8*(6), 181-192.
- Lajar, J. R., Dewi, A. A. S. L., & Widyantara, I. M. M. (2020). Akibat hukum malpraktik yang dilakukan oleh tenaga medis. *Jurnal interpretasi hukum*, *1*(1), 7-12.
- Miziara, I. D., & Miziara, C. S. M. G. (2022). Medical errors, medical negligence, and defensive medicine: A narrative review. *Clinics*, *77*(1), 42-53.
- Makhfud, M., & Jamaludin, A. (2025). Legal Accountability and Policy Gaps in Social Engineering-Based Phishing Cybercrimes. *Research Horizon*, *5*(3), 797-806.
- Mulyadi, D., Danil, E., Chandrawila, W., & Warman, K. (2020). Medical negligence dispute settlement in Indonesia. *Indian Journal of Forensic Medicine & Toxicology*, *14*(4), 1044-1055.
- Najib, N., & Zaiki, F. A. (2023). Analysis of medical negligence cases in medical imaging: A scoping review. *Journal of Medical Imaging and Radiation Sciences*, *54*(3), 536-547.
- Primadita, A. (2020). Tanggung jawab hukum perawat terhadap hak-hak klien dalam upaya pelayanan asuhan keperawatan di rumah sakit. *Jurnal Juristic*, *1*(1), 67-80.
- Retnowati, A., & Sundari, E. (2021). Kebijakan hukum pidana terhadap malpraktik medis pada rumah sakit. *Justitia et Pax*, *37*(1), 73-84.
- Riza, R. A. (2018). Tanggung jawab dokter terhadap pasien dalam hal terjadinya malpraktik medik dilihat dari perspektif hukum perdata. *JCH (Jurnal Cendekia Hukum)*, *4*(1), 1-8.
- Rokayah, S., & Widjaja, G. (2022). Kelalaian (negligence) dan malpraktik medis. *Cross-border*, *5*(1), 463-473.
- Saffa, A. S. N. R. A. (2024). Pertanggungjawaban pidana perawat di rumah sakit pada kasus tertukarnya bayi yang baru lahir. *Jurnal Panorama Hukum*, *9*(2), 219-230.
- Ujianto, M. B., & Wijaya, W. (2020). Tanggung jawab hukum dokter terhadap gugatan pasien dalam pelayanan kesehatan di rumah sakit. *Jurnal Juristic*, *1*(1), 52-66.
- Vitvitskiy, S. S., Kurakin, O. N., Yepryntsev, P. S., Skriabin, O. M., & Sanakoiev, D. B. (2021). Professional negligence when providing medical care: Criminal and procedural aspects. *Medico-legal Update*, *21*(3), 464-468.

- Widhiantoro, D. C. (2021). Aspek hukum malpraktik kedokteran dalam perundang-undangan di Indonesia. *Lex Privatum*, 9(9), 1099-1111.
- Yandriza, Y., & Arma, D. (2023). Pertanggungjawaban pidana rumah sakit atas kelalaian perawat yang mengakibatkan tertukarnya bayi yang baru dilahirkan dalam perspektif hukum kesehatan di Indonesia. *UNES Law Review*, 6(1), 2642-2656.
- Yunanto, A., & Helmi, S. H. (2024). *Hukum pidana malpraktik medik, tinjauan dan perspektif medikolegal*. Yogyakarta: Penerbit Andi.
- Yustina, E. W. (2012). *Mengenal hukum rumah sakit*. Jakarta: CV Keni Media.

Acknowledgment

We gratefully acknowledge the contributions of individuals who supported the completion of this article.

Funding Information

This research did not receive any funding.

Conflict of Interest Statement

The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

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



Copyright: © 2025 by the authors.

This work is licensed under the terms and conditions of the Creative Commons Attribution-ShareAlike 4.0 International License

(<https://creativecommons.org/licenses/by-sa/4.0/>).