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## Legal Protection of Inpatients in Clinic in Improving Complete Health Services

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## Abstract

Legal protection in healthcare services is a crucial component in ensuring patients' rights are upheld, particularly in primary inpatient clinics where the potential for medical error still exists. A lack of understanding regarding legal procedures and complaint mechanisms can hinder the realization of patients' rights. The aim of this study is to examine the legal protection afforded to patients at the Shofa Gondangrejo Inpatient Primary Clinic, the legal remedies available when patients suffer losses due to unfulfilled rights, efforts to improve comprehensive health services, and how these services are supported by legal protection. This study employs a normative juridical method using primary and secondary data, with data collection conducted through interviews and questionnaires with the clinic's public relations team. The findings suggest that legal protection is relatively well implemented, particularly through informed consent procedures prior to medical action. Legal efforts include mediation and possible legal action under Articles 1365 and 1366 of the Civil Code. Comprehensive service improvement is achieved through enhancing staff competence, fostering a patient-centred culture, promoting effective communication, and strengthening governance. The study concludes that patient rights and obligations must be regulated, and structured complaint procedures must be established to optimize legal protection in healthcare settings.

## Keywords

Health Services, Healthcare, Legal Protection, Patient Rights, Primary Inpatient Clinic.

## 1. Introduction

Every individual who is sick desires a swift recovery to return to normal activities, as illness affects not only physical but also psychological, social, and economic aspects (Mirna et al., 2024; Mayansara et al., 2025). When home care or outpatient treatment is insufficient, hospitalization becomes necessary for intensive observation, specialized procedures, or complex care. In this context, inpatient clinics play a crucial role in ensuring access to quality health services. Shofa Inpatient Clinic, as a health provider, is expected to offer optimal care and legal protection to its patients (Rahardjo, 2000; Sandiata, 2013). However, initial findings indicate gaps in legal safeguards, particularly concerning human errors, whether intentional or accidental, arising from medical procedures and the use of technology. This highlights the urgent need to strengthen legal protection mechanisms within the clinic to ensure the upholding of patient rights.

The occurrence of human error in health services raises serious concerns about the effectiveness of patient rights protection at the Shofa Inpatient Clinic. Indicators such as unclear complaint procedures, lack of transparency in medical incident investigations, and limited access to fair compensation reflect the inadequacy of existing legal safeguards (Fitriana et al., 2022; Mende, 2023). This condition not only disadvantages patients individually but also undermines public trust in the clinic's services. The gap between the ideal of fulfilling patient rights and actual practices on the ground signals an urgent need for legal reform (Muljadi, 2008). Without a solid protection mechanism, patients face difficulties in obtaining justice, proper compensation, or even recognition of the harm they experience (Simamora et al., 2020). Although recovery remains the primary focus of treatment, legal protection, especially in cases of human error caused by treatment or technology, requires greater attention to ensure accountability and maintain the overall quality and credibility of healthcare services (Soekanto, 2006).

The complexity of the health service system that has become possible is the cause of the shortages felt by patients is very important as feedback for continuous improvement of service quality, the existence of legal protection of patients is urgently needed, this is not intended to hinder health workers, but to create a clear framework to ensure that every patient receives health services that not only cure physically, but also appreciate them as individuals with all their needs (Soetoprawiro, 2003). This can serve as the foundation for building a truly comprehensive and patient-centred healthcare system. Legal protection for patients is not just a formality, but a key pillar to ensure the accountability of healthcare providers and maintain the dignity of patients (Rimbawan, 2020; Safitri et al., 2025). Strong and structured legal protection efforts will encourage healthcare facilities to be more careful in providing services, implement high safety standards, and provide a clear pathway for patients to file complaints or seek dispute resolution (Marzuki, 2008). Without these concrete efforts, patients' rights will remain rhetoric without real implementation.

Improving these services is crucial because, often, amid a focus on the curative aspect, important dimensions of patients' rights such as the right to clear and accurate information, the right to consent to medical procedures, the right to privacy and confidentiality, the right to lodge complaints, and the right to safe and quality services have not been fully integrated consistently (Siswati, 2013). When these rights are not met, patients can feel helpless, unheard, or even distrust the existing care system. This not only hinders the healing process but can also lead to wider harm, both physically and psychologically. The non-fulfillment of patients' rights necessitates efforts to provide stronger legal protection, enabling these rights to be fulfilled optimally. To achieve comprehensive healthcare in an inpatient primary clinic, more relevant references and guidance are needed. This will enable patients

to receive optimal treatment. Therefore, health services at Shofa Clinic need to be adequately improved by patient rights, so that the clinic's health services become comprehensive.

This study aims to examine the legal protection provided to patients at the Shofa Gondangrejo Inpatient Primary Clinic and to analyze the available legal remedies for patients who suffer losses due to the non-fulfillment of their rights. Additionally, this research seeks to identify efforts made to improve the quality and completeness of health services for inpatients. It also aims to explore how comprehensive health services can be implemented effectively with the support of legal protection, ensuring that patient rights are upheld and the standard of care is consistently maintained.

## **2. Literature Review**

Legal protection for inpatients forms the foundation of a patient-centered healthcare system, ensuring that their rights are upheld during hospitalization. Kusuma (2009) underscores that the therapeutic relationship between doctors and patients is not only ethically driven but also legally binding through informed consent and therapeutic agreements. These mechanisms ensure patients receive clear, accurate, and comprehensive information about medical procedures, empowering them to make informed decisions. In Indonesia, this protection is codified in key regulations, including Law No. 29 of 2004 on Medical Practice, Law No. 44 of 2009 on Hospitals, and Law No. 17 of 2023 on Health, which collectively mandate the rights to information, consent, and safe treatment. The Consumer Protection Law (Law No. 8 of 1999) further reinforces patients' rights to fair treatment, accurate information, and compensation for harm, aligning with global standards, such as the World Health Organization's Declaration on the Promotion of Patients' Rights. These laws aim to create a balanced relationship between healthcare providers and patients, emphasizing accountability and transparency.

Hadjon (1987) elaborates that legal protection encompasses both preventive measures, such as informed consent, and repressive measures, like complaint mechanisms, to address violations of patient rights. However, Mirna et al. (2024) highlight practical gaps in implementation, including unclear complaint procedures and limited patient awareness of their rights, which undermine the effectiveness of these legal frameworks. Similarly, Lakoro et al. (2025) note that the rise of digital health records introduces new challenges in protecting patient data, requiring updated legal safeguards. These findings suggest that while Indonesia's legal framework is robust, its application in primary clinics requires continuous improvement to bridge the gap between regulatory ideals and practical realities, ensuring both patient empowerment and provider accountability.

Implementing legal protection for inpatients remains a challenge, particularly in ensuring fair treatment and accessible remedies. Mende (2023) argues that patients, as healthcare consumers, require clear legal avenues to address grievances, yet many primary clinics struggle to provide these. Studies by Mirna et al. (2024) and Fitriana et al. (2022) reveal that unclear complaint procedures, insufficient staff training, and weak institutional mechanisms often prevent patients from seeking justice, especially in cases of medical negligence or substandard care. These issues are exacerbated by low patient awareness of their legal rights, which limits their ability to navigate complaint systems effectively. Awangga (2023) emphasizes that clinics must ensure transparency regarding treatment risks, costs, and patients' rights to refuse procedures, but inconsistencies in practice often erode trust. This is particularly critical in primary care settings, where resources and oversight may be limited compared to larger hospitals.

Internationally, Vincent (2010) highlights similar challenges, noting that weak complaint mechanisms and inadequate patient education undermine confidence in

healthcare systems globally. In Indonesia, Nurvidyaning et al. (2025) note that policies such as the Standard Inpatient Class under the National Health Insurance System introduce complexity, as inconsistent service standards can compromise patient protections. Furthermore, Lakoro et al. (2025) underscore the emerging challenge of protecting patient data in the era of digital health systems, where breaches of confidentiality pose new legal risks. These findings highlight the need for enhanced staff training, standardized procedures, and proactive patient education to ensure legal protections are not only theoretical but also practically accessible. Addressing these challenges requires clinics to adopt robust governance structures and culturally sensitive communication to foster trust and accountability.

Informed consent and therapeutic contracts are critical mechanisms for ensuring legal protection in healthcare, safeguarding both patient autonomy and provider accountability. Komalawati (2002) argues that informed consent is not merely a procedural requirement but a fundamental expression of respect for patient autonomy, rooted in the legal principle of *obligatio de moyens*, which obligates doctors to provide their best efforts without guaranteeing outcomes. Yunanto (2009) describes therapeutic contracts as formal agreements that delineate the rights and obligations of both parties, fostering mutual accountability in medical interactions. In Indonesia, these principles are supported by Articles 1365 and 1366 of the Civil Code, which address liability for unlawful acts, and Articles 1370 and 1371, which regulate compensation for harm or death due to negligence (Salim, 2007). These legal provisions ensure that patients have recourse in cases of malpractice, while providers are protected when acting within the bounds of professional standards.

However, Mustajab (2013) and Sriatmi (2023) note that standardizing informed consent processes remains challenging, particularly in primary clinics where staff competence and patient literacy levels vary. Maradona and Damayanti (2023) emphasize the need for patient education to ensure meaningful participation in decision-making, who advocate for culturally sensitive communication to enhance consent processes globally. Additionally, Lakoro et al. (2025) highlight that informed consent must now include data privacy agreements, given the increasing reliance on electronic medical records, which introduces new risks of confidentiality breaches. Strengthening these mechanisms requires standardized standard operating procedures, continuous training, and patient-centred communication strategies to ensure that informed consent and therapeutic contracts effectively uphold patient rights and align with both legal and ethical standards in healthcare delivery.

### 3. Methods

This research employs a qualitative method with a descriptive-analytical approach, aiming to provide a comprehensive and in-depth description of the actual conditions taking place in the field. Through this approach, researchers can understand phenomena holistically by analyzing various field findings and interpreting them systematically. The research method employed is a normative juridical approach, which focuses on studying law through the analysis of both primary and secondary legal materials. Primary data were obtained directly through observations and interviews conducted with relevant parties within the Klikin Shofa environment, particularly with the public relations division. These interactions were essential for capturing first-hand insights related to the legal protection of patients in the clinic. Meanwhile, secondary data were sourced from various trusted digital sources and documents relevant to the research topic. These included legal texts, academic journals, and government regulations that support the legal framework analyzed in this study, thereby strengthening the validity and comprehensiveness of the research findings.

The data collection process in this study was conducted using in-depth interview techniques with clinic staff, complemented by a literature review to establish a robust theoretical foundation. The instruments used during this stage included questionnaires and interview guidelines, both of which were designed to systematically explore relevant information related to the legal protection of patients. This approach enabled researchers to collect data directly from the field while also supporting the empirical findings with a robust theoretical framework. After the data were collected, the next step involved a thorough analysis process through careful examination and interpretation of the collected information. This analytical process was conducted to develop conclusions that directly addressed the research questions and issues raised. In addition to presenting a descriptive overview of the conditions found in the clinic, this research also aims to strengthen its academic value by grounding its findings within the framework of normative legal studies. This combined approach ensures that the results not only reflect actual practices but are also theoretically sound and contextually grounded in law.

## **4. Results**

### **4.1. Legal Protection for Inpatients at Pratama Shofa Clinic**

Preventive efforts in providing legal protection for patients are an essential component of the health service system, particularly to minimize losses arising from potential medical malpractice (Maradona & Damayanti, 2023). In the context of health law, the doctor-patient relationship is legally binding through a therapeutic agreement. This legal agreement allows the doctor to perform medical procedures based on professional competence and is founded on the *obligatio de moyens* principle, emphasizing best efforts rather than guaranteed outcomes. The legal relationship implies mutual obligations; doctors must provide services in accordance with professional standards, while patients have the right to receive adequate information and safe, high-quality care.

At the Shofa Gondangrejo Inpatient Primary Clinic, patient protection is aligned with Article 4 of Law Number 8 of 1999 on Consumer Protection. Patients are entitled to safe health services, the freedom to choose their provider, accurate information, and the right to express complaints and receive legal assistance if their rights are violated. The legal framework is further reinforced by Law Number 29 of 2004 on Medical Practice, which ensures legal certainty for patients and regulates medical procedures. Articles 276 and 277 of Law Number 17 of 2023 emphasize patients' rights to clear information and services based on professional standards and medical necessity.

By Law Number 44 of 2009 on Hospitals, particularly Article 32, patients have the right to receive humane, fair, and professional services, to receive full medical explanations, to maintain data privacy, and to file complaints or seek alternative medical opinions. They also hold the right to accept or reject procedures, maintain religious practices during treatment, and pursue legal recourse in the event of unsatisfactory care. These laws illustrate a comprehensive legal commitment to patient protection in Indonesia. Patients also have legal responsibilities, as outlined in Article 53 of Law Number 29 of 2004, including providing accurate health information, complying with medical advice, adhering to health facility regulations, and making appropriate payments.

At Shofa Clinic, legal protection practices are observed from the Emergency Unit (ER) onwards. Patients are informed about their condition, proposed medical actions, and administrative processes. Doctors explain diagnoses and procedures to patients and their families, while nurses prepare the necessary tools and obtain informed consent. This consent includes approval for hospitalization or procedures and emphasizes that treatment efforts are not guarantees of recovery. The clinic adheres

to Article 45 of Law No. 29 of 2004 and Minister of Health Regulation No. 290/MENKES/PER/III/2008 regarding informed consent. These documents serve as evidence that healthcare professionals have fulfilled their legal obligations. After admission, patients receive oral and written explanations of their rights and responsibilities, in line with Article 52 of Law Number 29 of 2004. Each room displays this information along with customer service contact details, demonstrating the clinic's transparency and responsiveness. These practices confirm that Shofa Clinic integrates legal principles with ethical responsibility to ensure patient protection and continuous improvement of service quality.

#### **4.2. Legal Remedies for Patient Rights Violations at Shofa Clinic**

In the medical world, the risk of error or malpractice cannot be eliminated, so patients need to be aware of the legal avenues available to them. Explicit and documented informed consent is a crucial deterrent against potential harm. This document ensures that patients understand the procedure and its associated risks, and protects healthcare professionals from legal action, provided the procedure is performed by professional standards. Informed consent reflects the principle of patient autonomy and the medical principle of "primum non nocere." This document serves as evidence that the patient's right to understand and agree to the procedure has been respected. For healthcare professionals, this documentation serves as the basis for accountability in the event of complications or adverse outcomes. At Shofa Inpatient Primary Clinic, informed consent procedures are well-executed, including providing a thorough explanation of the procedure, risks, and costs.

In the event of malpractice, patients can submit a written complaint to the clinic management, accompanied by relevant medical records, laboratory results, and supporting testimony (Maradona & Damayanti, 2023). The parties responsible are the medical personnel performing the procedure and the clinic that failed to supervise them. Patient rights are protected by several laws and regulations, including Law No. 17 of 2023 concerning Health, Law No. 29 of 2004 concerning Medical Practice, and Law No. 44 of 2009 concerning Hospitals. Furthermore, the Criminal Code also contains related articles, such as Article 322 concerning medical confidentiality, Articles 359 and 360 concerning negligence resulting in injury or death, and Article 1365 of the Civil Code, which concerns unlawful acts.

In civil law, Article 1365 of the Civil Code requires the party causing the loss through error to provide compensation. Articles 1370 and 1371 regulate compensation for death or physical disability. Clinics can also be held liable under Article 1367 paragraph (3) for the negligence of medical personnel under their management. In the context of breach of contract, Article 1243 of the Civil Code explains that compensation can be claimed if the obligated party fails to fulfill the terms of the agreement after being given a legal warning. Initial efforts to resolve the alleged malpractice at Shofa Clinic were conducted internally by summoning the parties involved and meeting with the patient to seek an amicable solution. If found to have violated the rules, medical personnel may be subject to administrative sanctions, up to and including termination of employment, following the Clinic's Standard Operating Procedures. However, if the actions are carried out per the Standard Operating Procedures (SOP), medical personnel will only receive guidance. The practices implemented by Shofa Clinic demonstrate a commitment to legal awareness and ethical responsibility in providing safe and transparent services, as well as proactive and responsive efforts to address suspected violations of patient rights. The legal regulations used serve as a basis for patient protection and as a guide for healthcare workers in carrying out their profession professionally.

Legal actions that can be taken by inpatients at the Shofa clinic who suffer losses due to the non-fulfillment of their rights will be reviewed by the clinic first. If patients or family members have suffered losses, they are expected to submit complaints, criticisms, and suggestions to the nurse or through the customer service

department. Furthermore, the clinic will listen and delve into the issues that arise. After that, the public relations will contact the Head of Nursing and the Nurse Committee if the problem is related to the nurse. Suppose the issue is related to the doctor. In that case, the public relations officer will contact the medical committee, and then the Head of Nursing will call the individual involved (nurse or doctor) for an explanation. After the problem is identified, public relations will facilitate a meeting between the two parties to determine a solution. If the problem has been resolved, the clinic will apologize to the patient and his family. This step is taken to maintain a relationship of trust with the patient and ensure the patient's loyalty to the clinic.

On the other hand, the head of nursing, together with the nursing committee and the head of the room, guides the nurse or doctor concerned. This process may continue with the imposition of sanctions, including warnings I-II to dismissal, if they do not comply with the Clinical Standard of Procedure Operations. However, suppose the nurse or doctor performs their duties according to the established procedures. In that case, they will not be sanctioned but only advised to be more careful in treating patients.

#### **4.3. Efforts to Improve Complete Health Services for Inpatients**

Efforts to improve comprehensive health services for inpatients at Inpatient Primary Clinics necessitate a holistic and sustainable approach, with a focus on optimizing available resources (Sriatmi, 2023). Several steps have been taken to achieve this goal, including improving the competence and skills of doctors, nurses, and other health workers by establishing clinical service standards. In addition, service standards and processes are enhanced through the implementation of SOPs, conducting thorough initial patient assessments, and fostering effective communication with patients and their families. A strong focus is also placed on patient safety, ensuring that all procedures are carried out with minimal risk and in line with best practices. Furthermore, the clinic continues to strengthen its management and governance structures to support more accountable and efficient delivery of health services.

The full-service aspect of legal protection includes a comprehensive assessment, which considers not only the physical condition of the patient but also their psychological, social, and spiritual needs during the time support can be provided. Building efficient and empathetic interactions involves conveying information, listening to patient complaints, and involving patients and their families in the decision-making process related to their treatment (Maradona & Damayanti, 2023). Additionally, it is essential to provide a safe and comfortable treatment environment and ensure that an appropriate referral process is in place for patients who require further treatment at a higher medical facility. Clear instructions should also be provided after the patient's stay.

Legal protection services for patients at Shofa inpatient clinics ensure that patients' rights are respected and fulfilled during the healthcare process. Aspects of this legal protection service include: 1) a thorough explanation of the patient's medical condition, the plan of action to be taken, as well as the risks, benefits, alternative options, and cost estimates before approval for medical treatment is granted, 2) the right to quality and safe health services where patients are entitled to receive services by professional standards, standard operating procedures applied in the clinic, and patient safety standards. The clinic's responsibility is to provide safe and quality services, 3) the right to privacy and confidentiality of medical records, 4) the right to a second opinion, i.e. patients can seek judgment from other doctors if they feel necessary, 5) the right to be treated fairly and without discrimination regardless of ethnicity, religion, race, social status, or health condition, 6) the right to file a complaint with the clinic if they are dissatisfied.

## 5. Discussion

The findings of this study illustrate that legal protection for patients at the Shofa Gondangrejo Inpatient Primary Clinic has been implemented with a fairly structured approach, particularly through the application of informed consent, transparency in service delivery, and adherence to existing health regulations (Syahputra et al., 2022). The existence of a therapeutic contract between doctors and patients serves as a strong legal foundation that underlies the rights and obligations of both parties, reinforcing the principle of *obligatio de moyens*, which means that doctors are required to make their best effort without guaranteeing outcomes (Awaludin & Perceka, 2019). This principle not only ensures that medical actions are carried out professionally and ethically but also provides legal clarity to both patients and health workers regarding the nature of medical service responsibility.

The documentation and implementation of informed consent procedures, as mandated by Law Number 29 of 2004 and Permenkes Number 290/MENKES/PER/III/2008, demonstrate a conscious effort to integrate legal awareness into medical practice. This is essential, especially in anticipating disputes over the results of medical procedures that may not meet patient expectations (Siringoringo et al., 2017). Informed consent functions not only as a communication tool but also as legal evidence that patients have been adequately informed and have voluntarily agreed to the medical procedures to be undertaken.

Nevertheless, this study also highlights the ongoing importance of strengthening complaint mechanisms and ensuring legal accountability in the event of unexpected incidents, such as alleged malpractice or service-related negligence. Although the clinic has internal mechanisms, including public relations, nurse and medical committees, and patient counselling services, to respond to complaints and implement guidance or sanctions for medical personnel, these mechanisms still rely heavily on the internal discretion of the clinic. Thus, there is a risk of lack of transparency or impartiality in handling patient grievances (Suhardini, 2016; Eptara et al., 2023).

Furthermore, this study demonstrates that legal protection for patients is supported not only by health-specific regulations (e.g., Law No. 29/2004, Law No. 44/2009, Law No. 17/2023), but also by civil and criminal provisions within the Indonesian legal system. The application of articles such as 1365, 1367, 1370, and 1371 of the Civil Code as well as articles 359, 360, and 322 of the Criminal Code provides a broader juridical basis for patients or their families to pursue legal remedies in the event of loss, injury, or death due to negligence or unlawful acts by medical personnel (Mashuda & Pramono, 2019; Swari et al., 2022). However, in practice, patients are often constrained by the complexity of legal procedures, lack of knowledge, or reluctance to pursue litigation. Therefore, the availability of legal education and access to assistance for patients is a crucial area for development in future health service improvement. Another important point is the clinic's proactive effort to educate patients about their rights and obligations, including the placement of visible posters and provision of contact information for feedback (Supriyatin, 2018; Siahaan & Gultom, 2021). This openness reflects a commitment to transparency and continuous improvement. Nevertheless, ensuring that patients understand and internalize these rights, especially those with limited health literacy or coming from vulnerable groups, requires more than just written communication. It necessitates direct, empathetic, and culturally appropriate communication strategies (Subawati et al., 2020).

The findings imply that while the Shofa Gondangrejo Inpatient Primary Clinic has established a structured legal protection framework through informed consent, transparency, and adherence to health regulations, further improvement is needed to ensure impartial, accessible, and responsive legal remedies for patients. Strengthening independent oversight, expanding patient legal education, and

adopting culturally sensitive communication strategies can enhance patient rights protection, build public trust, and align healthcare services more closely with a rights-based and accountable health system.

## **6. Conclusion**

Based on the research conducted at Shofa Gondangrejo Inpatient Primary Clinic, it can be concluded that legal protection for patients has been implemented quite well, particularly through the informed consent procedure. The practice of obtaining written approval from the patient's family before any medical action reflects not only legal compliance but also ethical respect for patient autonomy. This is in line with Article 45 of Law Number 29 of 2004 concerning Medical Practice and Regulation of the Minister of Health Number 290/MENKES/PER/III/2008 on approval procedures for medical measures. In cases where patients' rights are violated, legal remedies are available through internal complaint mechanisms and, if necessary, legal action based on Articles 1365 and 1366 of the Civil Code.

Practically, these findings emphasize the importance of institutionalizing clear informed consent procedures and strengthening complaint resolution mechanisms to ensure patient rights are upheld. This study supports the concept of therapeutic contracts as legal and ethical foundations for medical interactions, reinforcing the notion that medical care must be both professional and legally accountable. However, this study has limitations. It is primarily based on qualitative data from one clinic, making generalization to other institutions cautious. Moreover, it does not assess patients' perceptions of how well their rights are understood or fulfilled. Future research should expand the scope to compare implementation across multiple primary clinics and hospitals, include patient satisfaction assessments, and explore how digital documentation (e.g., electronic consent forms) can further strengthen legal protection. Additionally, longitudinal studies could provide insight into how ongoing legal education and professional training affect compliance with ethical and legal standards in healthcare service delivery. Such developments are necessary for realizing a patient-centered healthcare system supported by strong legal safeguards.

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### ***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.



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