

## LEGAL PROTECTION FOR SURGEONS AGAINST MEDICAL NEGLIGENCE RESULTING IN PERMANENT DISABILITY IN PATIENTS

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### Abstract

This study examines the legal protection afforded to surgeons in cases of medical negligence resulting in permanent disability to patients within the Indonesian legal system. The issue arises from the high-risk nature of surgical procedures, where adverse medical outcomes are often directly associated with legal liability, potentially leading to the criminalization of medical professionals. This research employs a normative legal research method using a qualitative approach, incorporating statutory and case approaches through the analysis of legislation, court decisions, and legal doctrines related to medical malpractice. The findings indicate that surgeons' liability for medical negligence is regulated through a layered legal regime encompassing criminal, civil, and professional disciplinary mechanisms as stipulated in Law Number 17 of 2023 on Health, the Criminal Code, and the Civil Code. The study further reveals that legal protection for surgeons is conditionally provided when medical actions comply with professional standards, standard operating procedures, and ethical principles, supported by mechanisms such as informed consent and professional disciplinary review. Ultimately, the regulation of medical negligence aims to ensure patient rights recovery while preventing excessive criminalization of the medical profession, thereby maintaining the sustainability and quality of healthcare services.

**Keywords:** *Legal Protection, Medical Negligence, Permanent Disability, Surgeon Liability, Health Law.*

### INTRODUCTION

Healthcare is part of the fulfillment of human rights protected by law, so that every medical action performed by healthcare personnel has legal consequences if it causes harm to the patient (Widjaja, 2020). In the legal relationship between patients and doctors, patients are positioned as legal subjects who are entitled to protection of their safety and health, while doctors are obliged to provide services in accordance with professional standards and standard operating procedures (Maryam, 2021). When these obligations are not fulfilled and cause harm, the incident can be classified as medical malpractice, which opens up the possibility of legal liability (Paramartha et al., 2021). However, the complexity of medical practice requires an understanding that not all harmful medical consequences can be immediately regarded as legal errors (Sinamo & Sibarani, 2020).

Surgical procedures are a form of medical service that carries a high level of risk because they involve direct intervention in the patient's body and depend on many clinical variables (Wulandari & Hidayat, 2022). Medical negligence in surgical practice often does not stem from malicious intent, but rather from carelessness, limited information, or the pressure of complex emergency situations (Rajumi et al., 2022). Under certain conditions, such negligence can result in serious injury or permanent disability to the patient, triggering both civil and criminal lawsuits (Suwardi et al., 2023). Research shows that patients and families tend to pursue legal action as a form of seeking justice for the losses they have suffered, especially when the medical consequences are permanent (Christanto et al., 2024).

The phenomenon of increasing reports of alleged medical malpractice shows a tendency for unexpected medical outcomes to be directly associated with physician error (Jaya et al., 2022). In law enforcement practice, surgeons are often faced with criminal proceedings without a comprehensive preliminary assessment by the medical profession's disciplinary body (Christanto et al., 2024; Haryadi et al., 2024). This situation creates legal uncertainty because criminal law standards of proof are not always consistent with medical science standards (Elizar et al., 2024). As a result, doctors are vulnerable to criminalization even though medical actions are carried out within a professional framework and with the aim of saving patients. The state's efforts in responding to medical malpractice

issues are reflected in regulatory reforms in the health sector, particularly with the enactment of Law Number 17 of 2023 concerning Health (Arini *et al.*, 2021; Aulia & Yusuf, 2025; Sinaga, 2021). This regulation affirms the rights and obligations of patients and medical personnel, while also introducing a dispute resolution mechanism that prioritizes mediation and professional disciplinary assessment (Wulandari & Hidayat, 2022). The purpose of this regulation is to create a balance between the protection of patients as victims and legal certainty for doctors as medical service providers (Mustafa & Darmawan, 2024; Priyadi, 2024). However, in practice, the effectiveness of this mechanism still faces challenges because it is not yet fully integrated into the criminal justice system. From a civil law perspective, patients who suffer losses due to medical malpractice have the right to claim compensation based on the principle of unlawful acts (Christanto *et al.*, 2024; Maryam, 2021). Research shows that proving negligence in medical civil cases often faces obstacles due to the knowledge gap between patients and medical personnel. On the other hand, an overly repressive criminal law approach has the potential to ignore the specific characteristics of medical practices that are fraught with risk (Rajumi *et al.*, 2022; Sari & Udiana, 2025; Wulandari & Hidayat, 2022). This difference in approach between civil and criminal law highlights a research gap in the formulation of proportional legal liability limits for surgeons.

Based on these conditions, legal protection for surgeons due to negligence in medical services that result in permanent disability in patients constitutes an urgent legal issue requiring comprehensive and systematic review (Elizar *et al.*, 2024). This urgency arises from the growing tendency to directly associate adverse medical outcomes, particularly in high-risk surgical procedures, with legal fault without adequately distinguishing between medically tolerable risks and professional negligence that is legally accountable. Such conditions not only create legal uncertainty for surgeons but also risk encouraging defensive medical practices that may ultimately reduce the quality and accessibility of health services. Therefore, there is a pressing need to formulate clear and objective boundaries between inherent medical risks accepted within professional standards and forms of negligence that justify criminal or civil liability. The novelty of this research lies in its integrative approach that examines criminal and civil law perspectives simultaneously, positioning professional discipline mechanisms as a central evaluative stage rather than a mere procedural formality. By adopting this proportional and balanced framework, this study is expected to contribute both academically and normatively by strengthening legal certainty, preventing excessive criminalization of medical professionals, and ensuring that patients' rights to justice and legal remedies remain adequately protected.

## **LITERATURE REVIEW**

### **The Theory of Negligence in Law (Culpa)**

The theory of negligence (*culpa*) in criminal and civil law explains that an act can be held legally accountable if the perpetrator does not demonstrate the required level of care according to applicable standards, even if there is no element of intent. In the context of medical practice, negligence must be assessed based on medical professional standards, not solely on the consequences for the patient (Sinamo & Sibarani, 2020). Research shows that medical negligence often arises due to factors such as fatigue, limited clinical information, or technical errors that occur in high-risk situations such as surgical procedures (Rajumi *et al.*, 2022). However, differences in perspective between law and medicine in assessing negligence cause doctors to often face criminal proceedings even though their actions were performed within professional boundaries (Haryadi *et al.*, 2024). Therefore, the theory of negligence is an important basis in this study to determine the objective boundary between tolerable medical risks and legally accountable negligence, especially when the consequences are permanent disability in patients (Sari & Udiana, 2025).

### **Legal Protection Theory**

Legal protection theory emphasizes that the law not only serves as a means of enforcing norms, but also as an instrument to provide a sense of security and legal certainty for every subject of law. In health services, legal protection is not only intended for patients as parties who have the potential to be harmed, but also for doctors as professionals who exercise authority based on certain expertise and standards (Widjaja, 2020). A number of studies show that legal protection for doctors is important to prevent excessive criminalization that can hamper the quality of health services and encourage defensive medicine practices (Hidayat *et al.*, 2023). On the other hand, legal protection for patients must still be guaranteed so that the right to safety and compensation for losses is not neglected. Thus, the theory of legal protection in this study is used to assess the extent to which the Indonesian legal system has provided balanced protection between surgeons and patients in cases of medical negligence resulting in permanent disability (Aulia & Yusuf, 2025).

### **Theory of Legal Liability of Doctors in Medical Malpractice**

The theory of legal liability in medical malpractice is based on the principle that doctors can only be held liable if they are proven to have violated professional standards or applicable medical procedures. In civil law, such liability is generally based on unlawful acts that cause harm to patients (Christanto et al., 2024; Rajumi et al., 2022). Meanwhile, in criminal law, the liability of doctors requires proof of the elements of the act, fault, causality, and the resulting consequences. Previous studies have shown that inaccuracy in assessing these elements can lead to legal uncertainty and injustice for both doctors and patients (Elizar et al., 2024). Therefore, legal liability theory is used in this study to critically analyze whether existing legal mechanisms have been able to assess the negligence of surgeons objectively and proportionally, especially in cases that result in permanent disability.

### **The Theory of Balance and the Purpose of Law in Medical Disputes**

The theory of the purpose of law places justice, legal certainty, and benefit as fundamental values that must be achieved in every application of the law. In medical disputes, the balance between patient protection and doctor protection is a crucial aspect so that the law is not applied extremely to one party (Priyadi, 2024; Suwardi et al., 2023). Research shows that law enforcement that is solely oriented towards punishment can neglect aspects of social benefit, particularly the continuity of quality medical services. Conversely, excessive protection of doctors without accountability also has the potential to neglect patients' rights to justice (Paramartha et al., 2021). Therefore, the theory of balance and legal objectives is used in this study to formulate a fair and rational legal protection model for surgeons, without neglecting the interests of patients who suffer permanent disability due to medical negligence.

## **METHOD**

This study uses a normative legal research design with a qualitative approach, which is aimed at examining and analyzing in depth the legal protection for surgeons due to negligence in medical services that results in permanent disability in patients. Normative legal research was chosen because the focus of the study lies on positive legal norms, legal principles, and legal doctrines that regulate medical practice and the legal responsibility of doctors. The object of this study is not individuals or respondents, but rather the legal relationship between surgeons and patients in the context of medical disputes resulting from alleged negligence. To gain a comprehensive understanding, this study uses a statute approach by systematically examining relevant legislation, ranging from constitutional provisions, health laws, implementing regulations, to medical professional ethics norms. In addition, a case approach is also used by analyzing court decisions related to medical malpractice in order to understand the patterns of judges' legal considerations, the application of negligence elements, and legal enforcement trends in cases involving surgeons.

The research materials used in this study were secondary legal materials consisting of primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials included legislation in the field of health and medical practice, including criminal and civil law provisions governing negligence and legal liability. Secondary legal materials include legal textbooks, national and international scientific journals, previous research results, and scientific articles relevant to the topics of medical malpractice and legal protection for doctors, while tertiary legal materials are used as conceptual support to clarify legal terms and concepts. The collection of legal materials was carried out through a literature study by identifying, inventorying, and reviewing relevant and credible legal sources. Furthermore, the collected legal materials were analyzed qualitatively using normative-descriptive analysis methods to describe the applicable legal regulations, as well as prescriptive analysis to assess the adequacy of these regulations and formulate legal arguments regarding a model of legal protection that is proportional, fair, and in line with the characteristics of surgical practice.

## **RESULTS AND DISCUSSION**

This section presents the results of a normative study related to (i) legal provisions that shape the responsibility of surgeons in cases of medical negligence resulting in permanent disability, (ii) the form and limits of legal protection for surgeons to prevent the criminalization of the profession, and (iii) regulations on handling the consequences for patients through disciplinary, non-litigation, civil, and criminal channels. The focus is on demonstrating how Indonesia's legal framework works in layers through health, criminal, civil, and ethical-disciplinary mechanisms in medical dispute practices (Aulia & Yusuf, 2025; Wulandari & Hidayat, 2022). This analysis places permanent disability as a serious consequence that triggers a debate between “medical risk” and “professional negligence,” thus requiring appropriate standards of proof. The study also confirms that patient protection and doctor protection must be balanced to avoid triggering defensive medicine and lowering service

quality (Jaya et al., 2022; Mustafa & Darmawan, 2024; Sari & Udiana, 2025). The findings are also compared with trends in malpractice studies that observe shifts in public demands and the implications of contemporary health law. Thus, the results and discussion are directed at explaining the limits of liability and the design of proportional legal protection in high-risk surgical practices.

### **Legal Provisions Regarding the Responsibility of Surgeons for Medical Negligence Resulting in Permanent Disability**

The results of the study show that the responsibility of surgeons for medical negligence in the Indonesian legal system is established through a combination of criminal, civil, and administrative/disciplinary regimes, so that a single event can give rise to more than one avenue of liability (Sari & Udiana, 2025; Sinamo & Sibarani, 2020). From a general perspective of malpractice, the primary obligation of doctors is to meet professional standards and exercise due care, so that the initial indicator of liability is not merely “adverse consequences,” but rather “breach of duty”. In the criminal sphere, the concept of negligence requires strict proof of fault (*culpa*) because medical actions have inherent characteristics of risk and uncertainty (Rajumi et al., 2022). In the civil sphere, patients can file a lawsuit for compensation when it is proven that there has been negligence that has caused actual losses, including material and immaterial losses due to permanent disability (Jaya et al., 2022; Maryam, 2021). Administratively, ethical and professional disciplinary mechanisms are needed to assess whether a doctor's actions constitute a violation of professional standards or merely complications that can occur even if the doctor has complied with procedures.

In the context of patient protection, your research findings confirm that permanent disability is positioned as a serious form of harm that reinforces demands for accountability on the part of doctors and healthcare institutions, especially when patients perceive procedural failures or inadequate risk information (Gilani et al., 2024; Mills, 2025). Research on patient protection also shows that patients are often placed in a vulnerable position, so legal instruments need to ensure access to redress, either through disciplinary mechanisms or litigation (Jaya et al., 2022). However, studies on civil malpractice emphasize that the fulfillment of negligence is not automatic simply because permanent disability has occurred; there must be a convincing causal relationship between the doctor's actions and the harm suffered by the patient (Christanto et al., 2024; Sari & Udiana, 2025; Wulandari & Hidayat, 2022). In medical dispute studies, the difference in perspective between “clinical results” and “professional standards” often triggers tension in the evidence, especially when outside parties tend to judge based on the consequences alone. Therefore, your normative findings reinforce the argument that the responsibility of surgeons should be interpreted as a responsibility based on professional standards, not merely a responsibility based on outcomes (Sari & Udiana, 2025).

At the level of law enforcement practice, the results of the study show that criminal proceedings are often considered the “most decisive” route, but can be problematic if not accompanied by adequate medical assessment (Haryadi et al., 2024). Studies on acquittals and convictions in malpractice cases show that judges weigh the elements of fault and causality differently, so that legal certainty can be disrupted if the standards of proof are inconsistent. On the other hand, studies on legal protection for doctors suspected of malpractice emphasize the importance of a clear distinction between disciplinary/ethical violations and criminal acts, so that criminal charges do not become an instrument of criminalization of the profession (Elizar et al., 2024; Prayuti et al., 2025; Suwardi et al., 2023). The consumer protection perspective in health cases also shows that the narrative of “patients as consumers” can strengthen the position of patients, but caution is still needed so as not to simplify the complexity of high-risk medical procedures (Suwardi et al., 2023). Thus, this discussion places the framework of surgeon responsibility as a layered system that requires synchronization of evidence and professional standards to be fair to both patients and doctors.

### **Legal Protection for Surgeons for Negligence Resulting in Permanent Disability in Patients**

The results of the study show that legal protection for surgeons is conditional, meaning that it applies as long as the surgeon acts in accordance with professional standards, operational procedures, and medical ethics, so that protection is not “immunity” but rather a “guarantee of a fair process” (Aulia & Yusuf, 2025; Jaya et al., 2022). In the medical dispute literature, protection of the medical profession is considered necessary due to the characteristics of clinical risks that cannot always be fully controlled, including in surgery. Studies on malpractice confirm that many disputes arise due to a failure to distinguish between medical complications and professional negligence, making discipline-based screening mechanisms highly relevant (Sari & Udiana, 2025; Wulandari & Hidayat, 2022). Studies on cross-regime accountability (civil, criminal, ethical) also show that doctors need procedural certainty so that they are not immediately positioned as guilty before professional standards are proven. Internationally, analyses of medical negligence and consumer protection remind us that a “consumerist” approach needs to be balanced with

the principle of scientific caution so as not to reduce service quality and encourage defensive practices (Gilani et al., 2024). In your research, the most central form of protection appears to be the role of informed consent and medical record documentation as evidence that doctors have fulfilled their obligations of providing information and exercising due care, so that disputes do not depend solely on the consequences experienced by patients (Aulia & Yusuf, 2025; Priyadi, 2024). Studies on patient and doctor protection based on the latest health law emphasize the importance of strengthening more balanced dispute resolution mechanisms so that doctors have adequate room for defense. At the same time, research on the protection of patients who are victims of malpractice confirms that informed consent cannot be an “absolute shield” if there is evidence of deviation from standards or misrepresentation of risk information (Christanto et al., 2024). The civil law perspective also emphasizes that the measure of negligence remains based on the standard of care that should have been exercised, so that the protection of doctors must be linked to procedural compliance and professional standards (Elizar et al., 2024; Maryam, 2021; Mills, 2025). Therefore, your study results point to the protection of surgeons as process protection: objective examination based on professional standards, not automatic justification when poor outcomes occur.

The findings also indicate that the need for legal protection becomes even stronger when medical disputes are brought to criminal court, as criminal proceedings have the potential to stigmatize and cause significant psychological stress for doctors, thereby affecting their clinical behavior (Haryadi et al., 2024; Jaya et al., 2022). The medical dispute literature marks the emergence of a trend of defensive medicine, where doctors focus more on avoiding legal risks than on the best interests of patients, making proportional legal protection important for maintaining service quality. From a governance perspective, strengthening the legal framework and patient safety should be done without sacrificing legal certainty for medical personnel, as the two are interrelated (Mills, 2025; Mustafa & Darmawan, 2024). Even the modern discourse on professional negligence shows that technological developments and service ecosystems can expand the sources of dispute risk, so that professional protection needs to be increasingly based on public policy and good governance. Thus, this discussion emphasizes that the protection of surgeons must be designed to maintain a balance: remaining accountable, but not easily criminalized simply because of unexpected medical outcomes.

### **Legal Regulations on Handling the Consequences of Surgeons' Negligence Resulting in Permanent Disability in Patients**

The results of the study show that the handling of the consequences of surgeon negligence resulting in permanent disability moves through multiple channels: professional/ethical discipline, non-litigation (mediation/internal settlement), and, if necessary, civil or criminal litigation, each of which has a different purpose (Aulia & Yusuf, 2025; Paramartha et al., 2021). Patient protection literature emphasizes that victims need a quick and accessible recovery mechanism, as permanent disability often results in long-term economic and social burdens. From a civil perspective, compensation for damages is usually realized through compensation, but its effectiveness depends on proving negligence and causality, which is often complex in the medical field (Jaury & Handoyo, 2024; Maryam, 2021; Mustafa & Darmawan, 2024). Studies on patient accountability and protection in malpractice cases also emphasize the importance of resolution mechanisms that are not merely retributive, but also consider recovery and restoration (Christanto et al., 2024; Gilani et al., 2024). At the same time, studies on patient safety frameworks emphasize the need for institutional learning systems (audits, SOP improvements) so that disputes are not only resolved at the individual level, but also improve the service system.

From an institutional perspective, your research findings reinforce that professional disciplinary mechanisms serve a strategic function as an initial scientific assessment that can determine whether a doctor's actions constitute a violation of standards or complications that are still within the professional corridor (Jaya et al., 2022). In case studies highlighting the protection of doctors suspected of malpractice, the role of regulation-based assessments and judicial practices shows that ethical/disciplinary channels can serve as a filter to prevent premature criminal prosecution (Elizar et al., 2024). On the other hand, a review of malpractice verdicts confirms that if a case enters the criminal justice system, the standard of proof must be strict and fair so that victims obtain legal certainty without criminal proceedings becoming a “shortcut” to medical evidence that should be scientific. The criminal perspective on malpractice also shows the need for caution in interpreting negligence, because medical actions are not synonymous with negligence simply because they produce serious consequences (Haryadi et al., 2024; Rajumi et al., 2022). Thus, according to your research findings, the ideal way to deal with the consequences is a tiered approach: prioritizing professional evaluation and victim recovery, followed by escalation to litigation if the standard of violation is proven to be strong. Finally, your study shows that the design of negligence liability needs to maintain a balance between the interests of victims and the sustainability of services, because disproportionate legal pressure

can have an impact on access to surgical services and the quality of clinical decisions (Jaya et al., 2022; Suwardi et al., 2023). The consumer protection perspective in the health context does strengthen the position of patients in demanding compensation, but it must be accompanied by a mechanism of proof that understands the nature of clinical risk so that complex medical actions are not simplified. International literature on medical negligence also emphasizes the importance of policy recommendations that strengthen governance and rapid dispute resolution, rather than mere punishment, so that the system remains productive and safety-oriented (Gilani et al., 2024; Mustafa & Darmawan, 2024). Within the framework of strengthening patient safety regulations, handling the consequences must be followed by preventive measures such as updating SOPs, clinical audits, and systemic learning to reduce similar incidents. Therefore, this discussion emphasizes that the important output of your research is not only to map out the handling process, but also to place the handling of negligence within a framework of fair, effective, and preventive policies to avoid the recurrence of permanent disability cases.

## CONCLUSION

Based on the results of research and discussion, it can be concluded that the legal responsibility of surgeons for medical negligence resulting in permanent disability in patients in the Indonesian legal system is regulated through a layered and complementary criminal, civil, and administrative legal regime. Surgeons can be held legally liable if they are proven to have committed negligence that deviates from professional standards, standard operating procedures, and medical ethics as stipulated in Law Number 17 of 2023 concerning Health, the Criminal Code, and the Civil Code. At the same time, the law also provides protection to surgeons as long as medical actions are carried out in accordance with professional standards and the medical needs of patients, through preventive and repressive protection mechanisms. The regulation of handling medical negligence that results in permanent disability is directed at a gradual dispute resolution mechanism, both non-litigation and litigation, with the aim of guaranteeing the restoration of patient rights while preventing the criminalization of the medical profession, thereby creating a balance between the accountability of surgeons and the continuity of safe and quality health services.

Based on these conclusions, it is recommended that legislators and the government clarify the normative boundaries between medical risk and medical negligence in the implementing regulations of the Health Law, including strengthening the role of professional disciplinary bodies as an initial mechanism for assessing alleged negligence by surgeons before criminal proceedings are initiated. In addition, medical personnel, particularly surgeons and health care facilities, need to improve compliance with professional standards, standard operating procedures, and careful medical documentation and informed consent as a form of preventive legal protection and an effort to minimize medical disputes. Law enforcement officials and judicial institutions are also expected to prioritize a cautious and science-based approach in handling medical negligence cases, so that law enforcement can provide justice for patients without causing excessive criminalization of the surgical profession.

## REFERENCES

- Arini, L. D. D., Ifalahma, D., & Sumarna, A. (2021). Studi Literatur Pelaksanaan Informed Consent Atas Tindakan Kedokteran di Rumah Sakit. *SIKESNas*, 1(2), 1–5. <https://ojs.udb.ac.id/index.php/sikenas/article/download/1222/1029>
- Aulia, H., & Yusuf, H. (2025). Tinjauan Yuridis Atas Perlindungan Hukum Bagi Pasien Dan Dokter Terkait Dugaan Malpraktek Berdasarkan Undang-Undang Nomor 17 Tahun 2023. *Jurnal Intelek Insan Cendikia*, 2(1), 1101–1111. <https://jicnusantara.com/index.php/jiic/article/view/2302>
- Christanto, E. A., Prayuti, Y. P. Y., & Lany, A. L. A. (2024). Perlindungan Hukum Terhadap Pasien Korban Malpraktek Medis Dalam Perspektif Hukum Perdata. *Jurnal Hukum Media Justitia Nusantara*, 14(1), 53–66. <https://doi.org/10.30999/mjn.v14i1.2975>
- Elizar, C., Markoni, M., Kantikha, I. M., & Saragih, S. (2024). Perlindungan Hukum Terhadap Dokter Yang Diduga Melakukan Malpraktik Ditinjau dari Peraturan Perundang-Undangan Yang Berlaku Studi Kasus Putusan Mahkamah Agung Nomor 233 K/Pid.Sus/2021. *ALADALAH: Jurnal Politik, Sosial, Hukum Dan Humaniora*, 2(2), 154–169. <https://doi.org/10.59246/aladalah.v2i2.794>
- Gilani, S. R. S., Mujtaba, B. G., Qureshi, A. N., & AlMatrooshi, A. M. (2024). Medical negligence and consumer protection laws: a swift analysis and recommendations. *Health Economics and Management Review*, 5(2), 1–13. <https://doi.org/10.61093/hem.2024.2-01>
- Haryadi, T. Y., Marbun, W., & Patramijaya, A. (2024). Putusan Bebas dan Bersalah dalam Analisis Yuridis Tindak Pidana Malpraktik Medis yang Mengakibatkan Korban Luka Berat dan Meninggal Dunia. *Innovative: Journal*

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- Of Social Science Research*, 4(3), 8702–8723. <https://doi.org/10.31004/innovative.v4i3.11310>
- Hidayat, A. D., Jayanti, K. D., Oktaviasari, D. I., Novitasari, I. A., & Widyaningrum, Y. A. (2023). Hubungan Kelengkapan Informasi Rekam Medis dengan Keakuratan Kode Diagnosis di Rumah Sakit. *Jurnal Rekam Medis Dan Informasi Kesehatan Indonesia (JURMIKI)*, 3(1), 46–51. <https://jurmiki.org/index.php/Jurmiki/article/download/46/46>
- Jaury, D. P., & Handoyo, P. (2024). Aspek Hukum Terhadap Perlindungan Pasien dalam Pelayanan Kesehatan Tradisional Menurut Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan. *Birokrasi: JURNAL ILMU HUKUM DAN TATA NEGARA*, 2(3), 183–196. <https://doi.org/10.55606/birokrasi.v2i3.1321>
- Jaya, A. E. N., Tajuddin, M. A., Parera, Z., Badilla, N. W. Y., & Rado, R. H. (2022). Perlindungan hukum profesi dokter dalam menghadapi sengketa medis. *Jurnal Komunitas Yustisia*, 5(2), 679–690. <https://ejournal.undiksha.ac.id/index.php/jatayu/article/view/51747>
- Maryam, S. (2021). Perlindungan Hukum Terhadap Pasien Korban Malpraktek Medis Dalam Perspektif Hukum Perdata. *International Significance of Notary*, 2(2), 169–177. <https://doi.org/10.2020/ison.v2i2.12247>
- Mills, G. (2025). Digital Malpractice: The Role of Professional Negligence and Public Policy in the Regulation of Digital Platforms. *Journal of Tort Law*, 18(1), 333–364. <https://doi.org/10.1515/jtl-2025-0020>
- Mustafa, G., & Darmawan, E. S. (2024). Strengthening legal frameworks and patient safety: A narrative review of medical and dental malpractice in Indonesia. *Jurnal ARSI: Administrasi Rumah Sakit Indonesia*, 11(1), 2. <https://doi.org/10.7454/arsi.v11i1.1185>
- Paramartha, I. W. A., Budiarta, I. N. P., & Seputra, I. P. G. (2021). Perlindungan hukum terhadap pasien BPJS yang mengalami cacat fisik akibat malpraktek dokter. *Jurnal Konstruksi Hukum*, 2(3), 594–598. <https://doi.org/10.22225/jkh.2.3.3628.594-598>
- Prayuti, Y., Kusumah, Y., & Abidin, Z. (2025). Perlindungan Hukum bagi Tenaga Medis dan Tenaga Kesehatan dalam Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Legal Standing : Jurnal Ilmu Hukum*, 9(2), 503–513. <https://doi.org/10.24269/ls.v9i2.11760>
- Priyadi, A. (2024). Tanggung Jawab Dokter/Rumah Sakit Akibat Malpraktik Medis Sebagai Upaya Perlindungan Hukum Bagi Pasien. *Wijayakusuma Law Review*, 6(1), 35–40. [https://jurnal.fhunwiku.ac.id/index.php/law\\_review/article/download/17/17](https://jurnal.fhunwiku.ac.id/index.php/law_review/article/download/17/17)
- Rajumi, A., Liyus, H., & Siregar, E. (2022). Perlindungan Hukum Bagi Korban Malpraktik Dokter dalam Perspektif Hukum Pidana. *PAMPAS: Journal of Criminal Law*, 3(3), 296–309. <https://doi.org/10.22437/pampas.v3i3.23584>
- Sari, I. A. P. W. I., & Udiana, G. K. (2025). Medical malpractice and professional accountability in Indonesia: An overview of civil, criminal, and ethical liability of health care providers. *Jurnal Dharmaputra Hukum Kesehatan*, 1(2), 53–58. <http://dmedlaw.org/index.php/dmlj/article/view/12/13>
- Sinaga, N. A. (2021). Penyelesaian Sengketa Medis Di Indonesia. *Jurnal Ilmiah Hukum Dirgantara*, 11(2), 1–22. <https://journal.universitassuryadarma.ac.id/index.php/jihd/article/view/765>
- Sinamo, N., & Sibarani, S. (2020). Medical malpractice in the legal view. *Proceedings of the Tarumanagara International Conference on the Applications of Social Sciences and Humanities (TICASH 2019)*, 28–34. <https://doi.org/10.2991/assehr.k.200515.006>
- Suwardi, B. A., Hanjaya, R., Jati, H. P., Taurambi, O., Girsang, G., & Hartanto, H. (2023). Hukum Perlindungan Konsumen Terhadap Malpraktik (Studi Kasus Tentang Ibu Lumpuh Usai Melahirkan). *LEGALITAS: Jurnal Ilmiah Ilmu Hukum*, 8(1), 59–71. <https://doi.org/10.31293/lg.v8i1.7052>
- Widjaja, S. (2020). Perlindungan Hukum Bagi Pasien Selaku Konsumen terhadap Tindakan Malpraktik di Bidang Kesehatan. *Jurnal Rechtsens*, 9(1), 39–52. <https://ejournal.uij.ac.id/index.php/REC/article/view/660>
- Wulandari, P., & Hidayat, R. (2022). Legal Review of Physician Malpractice Cases: A Narrative Literature Review. *Open Access Indonesia Journal of Social Sciences*, 5(6), 871–879. <https://doi.org/10.37275/oaijss.v5i6.144>