

## LEGAL PROTECTION BY HOSPITALS AGAINST VIOLENCE EXPERIENCED BY DOCTORS

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### Abstract

This normative legal study aims to examine legal protection for doctors who are victims of violence in hospitals in Indonesia. Using a normative legal approach based on an analysis of legislation, legal doctrine, and academic literature, this study identifies a discrepancy between the normative legal protection provisions and their implementation in hospital institutional practice. The research findings indicate that acts of violence against doctors, whether verbal, psychological, or physical, are structural problems and correlate with the suboptimal legal protection system at the hospital level. Although Law Number 17 of 2023 concerning Health explicitly recognizes doctors' right to legal protection in carrying out their profession, in practice, hospitals still tend to limit this protection to administrative aspects and have not yet established a comprehensive legal protection mechanism. Effective legal protection has been shown to contribute directly to increasing doctors' sense of security, maintaining professional independence, and improving the quality of health services. Thus, strengthening institutional legal protection for doctors is a fundamental prerequisite for the realization of safe, quality, and equitable health services.

**Keywords:** Legal Protection, Doctors, Hospital Responsibility, Violence, Health Law.

### INTRODUCTION

Today's healthcare system relies not only on advances in medical technology and the clinical skills of healthcare professionals; protection for all parties involved in the care process is also a fundamental requirement. Hospitals—which provide curative, preventive, and rehabilitative services—should operate as professional environments safe from intimidation, violence, and non-medical pressure. However, in practice, service units often become sites of conflict that culminate in violence against healthcare workers, with physicians being among the most vulnerable. These incidents reflect the gap between the ideals of healthcare and the social realities encountered in daily practice. In recent years, there has been a rise in reports of incidents of violence against physicians in hospitals, ranging from verbal abuse, psychological distress, to physical assaults. The perpetrators are usually patients or their family members in emotional distress, driven by disappointment with treatment outcomes, limited understanding of medical risks, and decreased trust in the healthcare system. The impact of this violence extends beyond the personal realm for physicians; collectively, it has the potential to degrade the quality of care, disrupt the continuity of therapeutic relationships, and threaten the stability of the healthcare system as a whole (Hasibuan et al., 2023).

Viewed through the lens of health law, violence against doctors is a crucial issue related to the protection of the medical profession, the institutional responsibility of hospitals, and the state's obligation to ensure workplace safety. Doctors, who carry out their professional duties based on competency standards and a code of ethics, are entitled to legal protection while practicing. Under Indonesian positive law, hospitals are legal entities that bear institutional responsibility for the safety and security of healthcare workers in their workplaces. Therefore, hospitals are obligated to design and implement comprehensive protection mechanisms—including internal policies, standard operating procedures, and the provision of legal assistance and support for healthcare workers who are victims of violence. This obligation is reinforced by implementing regulations, including Government Regulation Number 28 of 2024, which emphasizes the active role of hospitals in preventing and addressing threats that hinder the performance of healthcare workers' professional duties. Even when relevant legal provisions are in place, their existence does not necessarily guarantee effective protection. Field observations indicate that many hospitals in Indonesia have not yet established comprehensive and responsive legal protection mechanisms for incidents of violence against doctors. Existing policies are often administrative and formalistic, lacking structured reporting channels or post-incident legal assistance services. As a result, violence against doctors is often viewed as a personal

problem for victims to handle alone, rather than as a systemic failure for which the hospital is responsible (Dachban, 2023). This situation highlights the significant gap between ideal legal provisions and their practical implementation. Under existing provisions, regulations are designed to provide adequate protection; however, their implementation in hospital governance remains suboptimal. This situation is further complicated by a lack of legal understanding among healthcare workers regarding their rights and weak coordination between hospitals and law enforcement officials in handling incidents of violence in healthcare facilities (Sidi, 2022).

The issue of violence against doctors is strongly linked to the principle of human rights. The right to personal security and protection is a fundamental right stipulated in Article 28G paragraph (1) of the 1945 Constitution. In medical practice, the fulfillment of this right is crucial because it directly impacts the continuity of professional and ethical healthcare services. Doctors who work in unsafe conditions are at risk of experiencing long-term psychological stress, which can further reduce the accuracy of clinical decision-making and endanger patient safety. Therefore, a study of the forms of legal protection provided by hospitals against violence against medical personnel is a crucial and urgent issue requiring further research. This study aims to inventory and analyze various forms of violence against doctors in the hospital environment, evaluate the regulatory framework governing legal protection for medical personnel, and assess the effectiveness of the implementation of such protection by hospitals as healthcare institutions. Thus, the research findings are expected to provide theoretical contributions to the study of health law as well as normative and practical recommendations for formulating more adaptive, responsive, and equitable policies for protecting medical personnel.

Formulation of the problem

1. What forms of violence do doctors experience in carrying out their professional duties in a hospital environment?
2. How is the legal protection framework for doctors who are victims of violence reviewed from the perspective of laws and regulations in the field of health and hospital administration in Indonesia?
3. To what extent is the effectiveness of the implementation of legal protection by hospitals for doctors who experience violence, both through preventive and repressive mechanisms?

Research purposes

1. Identifying and classifying the forms of violence experienced by doctors in hospital environments in health service practice.
2. Analyzing the legal basis for legal protection for doctors who are victims of violence based on laws and regulations in the health and hospital sector.
3. Assessing the effectiveness of the role and responsibility of hospitals in providing legal protection for doctors who are victims of violence as part of the institutional obligations of health services.

## **METHOD**

This research's methodological framework combines normative review with empirical observation of healthcare practices to assess the legal protection provided by hospitals to doctors who are victims of violence. With this approach, the research is interpreted as a juridical-normative study supported by field evidence. This combination of these two perspectives allows legal analysis to be viewed not merely as written regulations but also as actual practices implemented within the hospital environment. The method in this research is a normative legal study as the main foundation, with an emphasis on a comprehensive examination of the laws and regulations governing the protection of health workers, especially doctors. The legal review takes place in layers, starting from the 1945 Constitution—especially the provisions guaranteeing the right to a sense of security—then continuing to Law Number 17 of 2023 concerning Health and its implementing regulations, including Government Regulation Number 28 of 2024. In addition, provisions regarding the institutional responsibilities of hospitals in Law Number 44 of 2009 concerning Hospitals are also analyzed to emphasize the institution's obligations in providing legal protection to medical personnel.

As a complement to the normative study, this study implements a conceptual framework that examines key concepts in the fields of health law and public administration law. The scope of the study includes preventive and enforcement legal protection mechanisms, the legal responsibility of hospital institutions, and the understanding of the right to security from a human rights perspective in the relationship between health regulations and employment provisions. This conceptual approach is intended to develop a theoretical foundation that explains the position of doctors as legal subjects entitled to protection within the health care system. Furthermore, this study combines a juridical-empirical approach to assess the implementation of legal norms at the institutional level. Field research was conducted in several hospitals in Medan City, selected to reflect a variety of facility types—including public, private,

and teaching hospitals. Primary data were collected through in-depth interviews with medical personnel, hospital administrators, and units handling legal and security matters, with the aim of obtaining a factual picture of the types of violence experienced by doctors and the legal protection mechanisms available and implemented. The reference materials in this study are grouped into three categories: primary, secondary, and tertiary legal sources. Primary legal sources include statutory norms such as laws, government regulations, and ministerial regulations governing the health sector. Secondary sources consist of relevant scientific literature, including textbooks in the field of health law, journal articles, previous research reports, and expert opinions on legal protection for medical personnel. Tertiary sources consist of supporting references such as legal dictionaries and encyclopedias, which are used to clarify certain legal terms and concepts. Material and data collection was conducted through literature review and structured interviews to obtain empirical evidence. Analysis was carried out qualitatively through the stages of data reduction, systematic organization and compilation of findings, and drawing conclusions based on legal arguments. The analytical process includes interpreting normative provisions, contextualizing field findings with respect to these norms, and assessing the suitability between existing legal regulations and the protection practices implemented by hospital institutions .

## **RESULTS AND DISCUSSION**

### **Results**

The findings of this study demonstrate that the legal protection mechanisms implemented by hospitals against violence experienced by doctors in Indonesia have not been optimally implemented and are not yet structured into an integrated system. The study also shows a significant gap between the normative provisions guaranteeing protection for medical personnel and their implementation in hospital institutional practices. In general, the results of this study are summarized in four main findings: the variety of forms of violence experienced by doctors, the pattern of legal protection implemented by hospitals, the level of effectiveness of institutional protection in ensuring doctors' sense of security, and the readiness of hospital organizations to carry out their legal protection obligations.

### **I. Spectrum of Violence Against Doctors in Hospital Environments**

The study's findings indicate that violence experienced by doctors in hospital settings does not occur in a uniform pattern, but rather in various interconnected forms. Verbal violence is the most prevalent, encompassing demeaning remarks, threats, emotional pressure, and aggressive behavior that erodes the doctor's dignity and professionalism. This form of violence is often viewed as part of the routine dynamics of healthcare services and is rarely addressed through formal procedures, thus indirectly being considered an inherent risk of medical practice. Furthermore, the study also found physical violence, albeit at a relatively lower intensity and frequency. Physical violence generally occurs in emergency situations or when patients or families express a high level of dissatisfaction with the outcome of medical treatment. The impact is not only direct physical injury or loss but also causes prolonged psychological distress that can potentially affect the accuracy of the doctor's clinical judgment in the medical decision-making process. Furthermore, psychological violence is identified as a form of violence that is invisible but has a significant impact. This form includes intimidation, disproportionate threats of legal reporting, administrative pressure, and efforts to create a negative image of doctors. These findings confirm that violence against doctors does not always manifest in physical actions, but often occurs through non-physical pressure that gradually undermines the doctor's professional standing and authority.

### **II. Patterns of Legal Protection by Hospitals: Between Norms and Practices**

From a normative perspective, the research findings indicate that most hospitals understand their institutional obligation to provide legal protection as stipulated in Law Number 17 of 2023 concerning Health and its implementing regulations. This understanding is reflected in the existence of internal policies, security system management, and formal management structures aimed at maintaining order and safety at work. However, in terms of implementation, legal protection provided by hospitals is generally limited to administrative measures and has not yet developed into a comprehensive legal protection system. Most hospitals lack standard operating procedures that explicitly regulate the prevention, handling, and follow-up of incidents of violence experienced by doctors. The mechanisms implemented emphasize internal resolution through informal mediation, without adequate legal support for doctors as the injured parties. Furthermore, this study found that the provision of legal aid by hospitals remains limited and not consistently standardized. Legal assistance is generally only provided when an incident of violence has attracted public attention or has the potential to negatively impact the institution's reputation. In situations not

considered extraordinary, doctors are often forced to navigate legal issues independently, further weakening their bargaining position as legal subjects who should receive protection from their employers.

### **III. Effectiveness of Legal Protection and Doctors' Sense of Security**

Another crucial finding demonstrates a significant correlation between the effectiveness of institutional legal protection and doctors' sense of security in practicing medicine. Hospitals with clear and firm legal protection policies, structured reporting systems, and effective coordination with law enforcement agencies, are generally able to create a more conducive and safe work environment for doctors. Conversely, hospitals that have not established adequate legal protection mechanisms tend to be workplaces filled with legal pressure and uncertainty. Most of the doctors surveyed stated they did not feel any real legal protection from hospitals. This sense of insecurity stems not only from the possibility of physical violence but also from the lack of clear institutional support when doctors face disputes or conflicts with patients or their families. This situation fosters a defensive work pattern, where doctors tend to make medical decisions with excessive caution to avoid potential conflict.

### **IV. Institutional Readiness of Hospitals for Legal Protection**

The research findings also indicate differences in the level of institutional preparedness in implementing protection for doctors. Hospitals supported by a solid organizational structure and adequate resources tend to be better prepared to design and implement legal protection systems, including the establishment of internal legal units and security training for medical personnel. This variation in readiness reflects that legal protection for doctors has not yet become an institutionalized standard in hospital governance, but is still heavily influenced by the internal policies of each institution. However, legally, the obligation to provide legal protection is binding and inherent in hospitals as legal entities providing healthcare services. Overall, the results of this study emphasize the need to strengthen legal protection for doctors in hospitals, both in terms of institutional structures and normative regulations. Legal protection should not be understood solely as a reactive measure following a violent incident, but needs to be developed as a system that integrates prevention and law enforcement efforts on an ongoing basis. Without these improvements, hospitals have the potential to fail to optimally fulfill their legal function as protectors of medical personnel and could threaten the sustainability of the provision of safe, quality, and dignified healthcare.

## **Discussion**

The increasing number of incidents of violence against doctors in the provision of healthcare services reflects a paradox in the contemporary healthcare system. On the one hand, doctors are positioned as professionals who bear significant ethical and legal responsibilities, while on the other, they are vulnerable to various forms of violence, both physical and non-physical, without adequate legal protection. This situation indicates that the relationship between doctors, patients, and hospitals is not yet fully regulated within a legal framework capable of guaranteeing proportional, balanced, and fair protection for all parties involved.

### **1. Legal Foundation for Legal Protection of Doctors by Hospitals**

Legally, doctors as medical personnel have received recognition and guaranteed protection within the national legal system. Law Number 17 of 2023 positions medical personnel as legal subjects entitled to protection in carrying out professional practice. This emphasizes that the state's obligations are not limited to prosecuting doctors' professional responsibilities but also include guarantees of their safety, honor, and dignity in the provision of healthcare services. In an institutional context, hospitals, as legal entities providing healthcare services, have a legal obligation to realize this protection. Hospitals function not only as medical service facilities but also as institutions responsible for creating a safe work environment for medical personnel. Therefore, legal protection for doctors is a normative consequence of hospitals' status as legal subjects, not merely an administrative policy. However, practical reality shows that these normative arrangements have not been fully implemented optimally. Legal protection is still often understood administratively and formally, so it has not yet been realized in the form of a structured and sustainable institutional protection system and mechanism.

### **2. Violence against Doctors as a Violation of Professional Rights**

Violence experienced by doctors, whether in the form of verbal, physical, or psychological pressure, can be legally viewed as a violation of the professional rights of medical personnel. Non-physical forms of violence, often considered emotional consequences in healthcare, actually have significant legal implications, as they have the potential to compromise professional freedom and objectivity in making medical decisions. Within the framework

of healthcare law, medical practice is carried out in situations of scientific uncertainty and clinical risk. If external pressures in the form of threats, intimidation, or mental distress are not addressed through institutional protection mechanisms, doctors are at risk of engaging in defensive medical practices. This situation not only impacts the quality of care but also has the potential to endanger patient safety. Therefore, violence against doctors cannot be understood solely as an individual loss, but rather as a problem that disrupts the public interest in obtaining safe and quality healthcare. The findings of this study indicate a persistent tendency to excuse violence as part of the professional risk, a view that is inconsistent with the principles of protecting healthcare workers.

### **3. Institutional Responsibilities of Hospitals in Protecting Doctors**

Discussions regarding legal protection for doctors cannot be separated from the institutional responsibilities of hospitals. As legal entities coordinating medical services, hospitals bear the obligation to prevent, address, and remediate the impact of violence experienced by medical personnel. This obligation encompasses both prevention and enforcement. Within the preventive dimension, hospitals are obligated to provide effective security systems, conflict management procedures, and reporting mechanisms that are clear, secure, and easily accessible to doctors. Meanwhile, within the repressive dimension, hospitals must provide concrete protection through legal assistance and institutional support in the event of violence. However, research findings indicate that this repressive aspect is often not optimally implemented, particularly when violence is viewed as an individual matter between doctor and patient. This situation reflects a mismatch between legal obligations and institutional practices. In practice, hospitals tend to adopt a defensive stance to maintain their institutional reputation, thus preventing the protection of doctors from being a top priority. However, legally, a hospital's failure to provide protection can be classified as a form of institutional negligence in fulfilling its legal obligations.

### **4. Legal Protection as an Instrument of Governance and Service Quality**

Legal protection for doctors has strategic significance, not solely related to individual interests but also serves as a control mechanism in hospital governance. Those that have developed a systematic legal protection system tend to create a more conducive work climate and strengthen internal trust. This directly impacts the quality of healthcare services and patient safety. Conversely, weak legal protection fosters a work culture permeated by fear and legal uncertainty. Neglecting this aspect has the potential to reduce the quality of care and increase the risk of future conflicts and legal disputes.

### **5. Legal and Institutional Implications**

This explanation emphasizes that the issue of legal protection for doctors is not merely a matter of professional ethics, but also a legal and institutional issue that requires serious and systematic restructuring. Hospitals must prioritize the protection of medical personnel as a fundamental standard in institutional governance, not simply a reactive measure to situational pressures. Normatively, the existing legal framework provides a relatively adequate legal basis. The main problem lies in the effectiveness and consistency of its implementation at the institutional level. Without strong institutional commitment, guarantees of legal protection risk remaining merely normative and losing their practical effectiveness. Therefore, strengthening legal protection by hospitals is a crucial prerequisite for the provision of safe, high-quality, and equitable healthcare services. Such protection serves not only to protect doctors as legal subjects but also to maintain the continuity and integrity of the healthcare system as a whole.

## **CONCLUSION**

Several main conclusions can be drawn as follows:

1. **The Availability of a Normative Framework for Physician Protection Has Not Been Optimally Implemented.** At the normative level, the national health legal system has provided a foundation for legal protection for physicians as medical personnel, as stipulated in Law Number 17 of 2023 concerning Health and its implementing regulations. This regulation recognizes and guarantees the right of physicians to obtain legal protection in carrying out their professional duties and authorities. However, this normative arrangement has not been fully realized through systematic, consistent, and coordinated implementation at the hospital level as a healthcare provider.
2. **Violence Against Doctors as a Structural Problem, Not an Incidental Event.** Acts of violence against doctors, whether verbal, physical, or psychological, cannot be understood as incidental or isolated incidents, but rather as a structural problem rooted in weak institutional protection mechanisms. The view that places

violence as an inherent risk in the medical profession reflects a systemic failure to recognize doctors as legal subjects who should receive active and ongoing protection from hospitals.

3. Hospitals' Legal Protection Responsibilities Are Inherent and Non-Transferable. Hospitals, as legal entities, have inherent legal protection obligations for physicians that cannot be delegated to other parties. These responsibilities include preventive measures, incident management, and providing legal assistance if a physician experiences violence in the course of their professional duties. A hospital's failure to actively fulfill these obligations could be considered institutional negligence, which is contrary to the principles of good and responsible healthcare governance.
4. The Effectiveness of Legal Protection as a Determining Factor in the Quality of Healthcare Services. Legal protection for physicians is directly related to their sense of security in practicing their profession and the quality of clinical decision-making. A hospital's inability to guarantee legal protection risks encouraging defensive medical practices and creating an unsupportive work environment, which can negatively impact the quality of healthcare services and patient safety.
5. Legal Protection as a Means to Improve Hospital Governance. Legal protection for doctors is not only intended to guarantee the personal rights of medical personnel, but also serves as an instrument for evaluation and correction in the implementation of hospital governance. The existence of a structured legal protection system encourages hospitals to improve risk management, strengthen security, and develop effective conflict resolution mechanisms, so that health services can be provided safely, professionally, and based on principles of justice.

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