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Law Enforcement in Medical Practice: The Urgency of Licensing, Criminal Sanctions, and the Balance of Legal Protection for Patients and Healthcare Professionals

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Abstract

Medical practice in Indonesia requires strict regulation to protect patients while providing legal certainty for medical personnel. This writing analyzes the licensing regulations for medical practice through the Registration Certificate (STR) and the Practice License (SIP) based on Law Number 17 of 2023 concerning Health, as well as examines criminal sanctions for doctors practicing without a license. The discussion also covers the role of the Professional Discipline Council as a filter in law enforcement with a settlement deadline of 14 working days, the function of the Indonesian Medical Council in the registration and guidance of doctor competence, as well as legal protection for patients and medical personnel in medical disputes through three settlement channels, namely mediation, the professional discipline council, and the court. The results of the discussion show that compliance with the STR and SIP is not merely an administrative formality but a legal necessity that protects both parties, with the threat of imprisonment for a maximum of five years or a fine of up to Rp500,000,000 for violators.

Keywords: STR and SIP, Criminal Sanctions, Professional Discipline Council, Legal Protection for Medical Disputes, Health Law

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Introduction

Medical practice in Indonesia currently confronts a complex array of challenges that extend beyond technical medical proficiency to encompass profound legal, ethical, and public trust considerations. A physician's academic credentials are no longer sufficient to guarantee public confidence; as the public becomes increasingly discerning, there is a mounting demand for assurance that medical personnel possess formal, valid authorization. Ironically, a significant number of medical practitioners continue to operate without the requisite permits, fostering widespread doubt regarding the legality of the services rendered. This situation is exacerbated by inadequate regulatory oversight, particularly in remote areas or small clinics where monitoring is sparse. Consequently, patients are often unaware that they are being treated by unauthorized personnel, a vulnerability that becomes perilous when medical errors occur, as legal recourse becomes difficult to pursue (Wulandari & Budhiartie, 2025). Striving for an improved quality of life through sustainable policies that prioritize health and equity is therefore essential in reconstructing a safer medical landscape (Issalillah, 2021).

The phenomenon of unauthorized medical practice is not a recent development, yet it shows no signs of significant decline. A confluence of factors ranging from cumbersome bureaucratic procedures and practitioner ignorance of legal obligations to deliberate tax evasion and the avoidance of legal liability sustains this trend (Sedana, 2024). More concerning is the tendency of certain healthcare facilities, particularly smaller clinics, to intentionally employ unlicensed doctors to reduce operational costs. Such practices not only victimize patients but also undermine the integrity of the medical profession as a whole. From the patient's perspective, this lack of legal certainty places them in a precarious position, devoid of adequate protection against malpractice or negligence. Safeguarding the right to legal protection within the health service system is a fundamental guarantee required to foster a sense of security in every medical procedure (Tampil et al., 2023).

Licensing issues represent merely the tip of the iceberg in Indonesia's broader medical governance crisis. Current oversight systems remain fragmented, with regulatory bodies operating in silos without effective inter-institutional coordination. Central and local

governments, professional organizations, and independent agencies often function independently, utilizing non-integrated information bases. As a result, a physician whose license is revoked in one jurisdiction can easily practice in another due to the lack of interconnected information systems (Hayati et al., 2025). This lack of coordination also renders the handling of violations slow, convoluted, and frequently devoid of firm sanctions. In this context, an in-depth understanding of policies and procedures particularly within the health insurance system is vital to ensuring patient rights are protected amidst the complexities of healthcare bureaucracy (Hakim et al., 2024).

A subsequent challenge lies in the professional discipline mechanism, which remains a subject of intense debate among legal practitioners and medical professionals. While there is a need for swift and firm processes to deter violators and protect patients, such mechanisms must not be weaponized to criminalize practitioners who have adhered to professional standards yet faced unfavorable outcomes (Ramadhan, 2022). This tension complicates the ability of law enforcement to investigate suspected malpractice fairly. Consequently, a review of the legal aspects of patient rights within social security systems is imperative to balance medical protection with the assurance of justice for patients (Tamaka et al., 2023).

Medical disputes between physicians and patients are equally complex. Every medical act, no matter how minor, carries inherent risks that cannot be entirely eliminated, even when physicians exercise the utmost care (Sharma, 2025). However, not all patients fully comprehend this reality. It is crucial to prioritize informed consent and patient autonomy in clinical practice to ensure that physicians and patients share a mutual understanding of treatment risks (Issalillah et al., 2023). Furthermore, social environment factors and health system support structures are instrumental in determining population health, particularly for vulnerable groups such as the elderly, who require specialized attention in service provision (Warin, 2023; Khayru, 2022). Without clear guidelines, medical disputes risk being resolved subjectively and inconsistently.

In light of these challenges, this paper aims to provide a comprehensive understanding of the regulations governing medical

practice licensing, criminal sanctions for violators, the role of oversight institutions, and the legal protections afforded to patients and medical personnel in the event of disputes. It is hoped that all stakeholders including physicians, hospitals, law enforcement, and the public will gain a clearer understanding of their respective rights and obligations under Law Number 17 of 2023 concerning Health.

The objective of this writing is to outline and analyze juristically the licensing regulations of medical practice through the Registration Certificate (STR) and the Practice License (SIP) based on Law Number 17 of 2023 concerning Health, as well as to examine criminal sanctions for doctors practicing without a license. Additionally, this writing aims to explain the role of the Professional Discipline Council and the Indonesian Medical Council in the supervision of medical personnel, and to analyze the balance of legal protection for patients and medical personnel in medical dispute resolution. The results of this discussion are expected to contribute to the development of health law and serve as a practical reference for stakeholders in implementing the prevailing legislative provisions.

Method

This research is a normative legal research or doctrinal legal research, which is a research that examines law as a system of norms, principles, regulations, and legal doctrines. The approaches used in this research are the statute approach and the conceptual approach. The statute approach is conducted by examining all relevant provisions in Law Number 17 of 2023 concerning Health, specifically Articles 263, 264, 304, 308, 310, 312, 439, 441, and 442, as well as other related legislative regulations such as the Criminal Code (Article 512a) and the Indonesian Medical Council Regulation Number 1 of 2005 concerning the Registration of Doctors and Dentists. The conceptual approach is conducted by examining relevant legal concepts and doctrines, such as the theory of legal liability, the concept of licensing (license, dispensation, and concession), as well as the principles of legal protection in medical disputes.

The legal materials used in this research consist of primary, secondary, and tertiary legal materials. Primary legal materials include Law Number 17 of 2023 concerning Health, the Criminal Code, the Criminal Procedure Code, as well as relevant implementing regulations. Secondary

legal materials include literature, scientific journals, legal articles, and expert opinions discussing the licensing of medical practice, criminal sanctions for medical personnel, the roles of the Professional Discipline Council and the Indonesian Medical Council, as well as legal protection in medical disputes. Tertiary legal materials consist of legal dictionaries and encyclopedias to assist in interpreting technical terms.

The technique for collecting legal materials is conducted through library research by tracing various relevant legal documents, literature, and scientific publications (Sedelius, 2024). All collected legal materials are then analyzed qualitatively using legal interpretation methods, namely grammatical interpretation (based on the text of the law), systematic interpretation (by connecting one article with another), and teleological interpretation (based on the purpose of the legislation's formation). The results of the analysis are presented in a descriptive-analytical manner in the form of a systematic and structured narrative to address the formulated problems (Rohman et al., 2024).

Result and Discussion

Regulatory Frameworks in Medical Practice: Licensing, Accountability, and the Prevention of Malpractice

Medical practice constitutes the core of the entire health service delivery system. A physician or dentist cannot rely solely on their academic credentials; they must conduct their profession underpinned by ethics, morality, and expertise, which are continuously refined through ongoing education and training. To ensure medical practice evolves alongside advancements in science and technology, a consistent framework of certification, registration, licensing, guidance, supervision, and monitoring is required (Arif, 2022). Every health professional is mandated to ensure that all services provided comply with standards and procedures established in prevailing legislation. In practice, adherence to these regulations also encompasses consumer safety aspects, including when the public purchases personal medical devices online (Sulaiman et al., 2024).

The medical profession demands profound clinical knowledge and skills, executed in alignment with both professional ethics and regulatory requirements. Having completed rigorous academic training, physicians possess specialized expertise far exceeding that of a layperson. This scientific

foundation empowers doctors to exercise professional authority the right and power to perform medical actions aimed at disease prevention, health promotion, treatment, and recovery (Sutrisno et al., 2023). Because medical risks are inherent in clinical settings, a clear understanding of the limits of this authority is essential to minimize diagnostic errors that could jeopardize patient well-being (Setiyadi et al., 2023).

To mitigate disciplinary infractions, administrative violations, and potential criminal acts by health workers, guidance and supervision must be conducted by legally mandated entities, including central and local governments, health professional councils, and professional organizations. Enhanced commitment and coordination among stakeholders including legislation concerning certification through competency testing, registration, licensing, and professional rights are vital for overseeing the quality of health human resources sustainably (Rasaki et al., 2024). Strengthening this legal framework serves as a critical step in safeguarding patient safety and preventing malpractice within healthcare facilities (Mustafa & Darmawan, 2024).

Regarding the mechanics of licensing, three primary forms are recognized. First, the license proper or *de eigenlijke vergunning*, issued to regulate specific objects protected by the permit, such as hospital and pharmacy permits. Second, dispensation, which constitutes an exception to general provisions that the legislature did not fundamentally intend to grant. Third, concession, a permit granted by the government to encourage a specific enterprise by providing facilities endowed with certain authority (Siagian et al., 2024).

Both the form and content of a license must ensure legal certainty. The issuance of a license must encompass several critical elements: the authorized government institution possessing the necessary subject-matter expertise; a complete address; a clear *dictum* or substance explaining the rationale for the permit alongside the inherent rights and obligations; the specific conditions, limitations, and requirements attached to the permit; and the objective grounds or considerations based on factual events and legal subjects. Furthermore, additional disclosures are often required, such as justifications for potential denials based on state interests (e.g., security or ideology), provisions on transferability, parole-like conditional permits, alignment with positive law, and the

stipulation of validity periods (Ichsanullah & Santiago, 2022). Complementing these structures, regulations governing healthcare advertising must also be strictly observed to provide enhanced protection for patients as consumers (Sahidu et al., 2023).

In the healthcare sector, a physician seeking to establish a practice or provide medical services must fulfill specific government-mandated requirements. A doctor is required to hold a *Surat Tanda Registrasi* (STR) or be officially employed as a physician, dentist, or specialist. Furthermore, to legally conduct medical practice, the physician must possess a *Surat Izin Praktik* (SIP). Nationally, physicians and dentists are registered with the Indonesian Medical Council (*Konsil Kedokteran Indonesia*). Only registered doctors are permitted to work; the STR provides the formal authorization to practice, while the SIP issued by the District or City Health Office is mandatory for specific practice locations. It is imperative to note that a physician or dentist is permitted to have a maximum of three practice locations (Saputro & Candrakirana, 2025).

Obligations constitute a form of accountability that all parties must satisfy to uphold agreed-upon regulations or contracts. Generally, an obligation is defined as an individual's endeavor to take responsibility for a specific matter, whether moral or legal. Obligations are categorized into "perfect obligations," grounded in law and linked to the rights of others, and "imperfect obligations," grounded in morality and not necessarily linked to others' rights. From a legal perspective, an obligation is a responsibility assigned or established by law for an individual or organization (Febriawan et al., 2024).

The obligation to hold an SIP is explicitly regulated under Article 263, paragraph (1) of Law Number 17 of 2023 concerning Health, which states that specific medical and health personnel are required to hold a license to practice their profession. Furthermore, Article 263, paragraph (2) mandates that this license be issued in the form of an SIP. The Indonesian Medical Council has also established through Article 36 of Council Regulation Number 1 of 2005 that every physician or dentist practicing in Indonesia must hold an SIP (Susanti et al., 2025). This provision is vital to guarantee that patients receive adequate legal protection against irresponsible medical actions (Lethy et al., 2023).

Requirements for obtaining an SIP are governed by Article 264, paragraph (1) of Law Number 17 of 2023, which stipulates that applicants must hold both an STR and a designated practice location. Thus, the STR and SIP function as a unified requirement for medical practice. Article 37 further clarifies that the SIP is issued by the authorized health official in the district or city where the practice is carried out and is limited to a maximum of three locations (Usman et al., 2025). This alignment is essential for maintaining the integrity of medical documentation, thereby preventing any form of forgery that could cause harm to all involved parties (Hartika et al., 2023).

Article 312 of Law Number 17 of 2023 strictly prohibits any individual from using titles or methods that create the impression of holding an STR or SIP without legitimate authorization. However, exceptions exist: registered physicians and dentists may provide incidental medical services without an SIP provided they notify the local District or City Health Office in situations such as responding to requests from health service facilities, providing disaster relief, participating in social service initiatives, or accepting assignments from the Health Office (Wulandari & Budhiartie, 2025). This regulation provides legal certainty for physicians performing emergency duties outside their official practice locations (Juliarto et al., 2023).

It must be treated as a serious concern that practicing medicine without an STR or SIP, if resulting in harm to a patient's physical or mental health, or loss of life, can be categorized as medical malpractice. This consequence remains applicable even if the practice does not contravene professional standards and procedures and was conducted with the patient's informed consent. Consequently, adherence to licensing regulations is not merely an administrative formality but a fundamental component of legal protection for both the patient and the medical professional. Therefore, every medical action necessitates a precise balance between obtaining patient consent and upholding the doctor's professional responsibility (Amir et al., 2024).

Legal Responsibility and Criminal Sanctions: Addressing Unauthorized Medical Practice

The legal responsibility of a physician, commonly referred to as medical liability, is founded upon the professional code of ethics designed to guide

all practitioners. This code serves three primary objectives: facilitating decision-making, providing individual direction for professional behavior, and establishing behavioral patterns expected by service recipients. Within the healthcare domain, a physician may be held accountable for any action that causes patient harm, particularly when such harm results from negligence or a lack of due care during medical procedures. All infractions committed by health personnel must be addressed through established legal processes, and may escalate from administrative breaches to criminal offenses. Legislation is enacted with the primary intent of preventing errors in medical practice and protecting patients from harm. If a violation of Law Number 17 of 2023 concerning Health is proven to constitute a criminal act, criminal sanctions must be imposed in accordance with the proved offense (Pribadi et al., 2024). Adherence to this code of ethics acts as a primary bulwark against illegal practices, such as the falsification of health documents, which can entail severe legal consequences for the practitioner (Hartika et al., 2023).

The prevalence of physicians practicing without a SIP creates a state of legal uncertainty for healthcare consumers. From a legal perspective, criminal acts involving doctors practicing without a license are classified as "special crimes," as they specifically target individuals possessing the qualifications of a physician or dentist (Manuaba et al., 2025). Law Number 17 of 2023 concerning Health mandates several sanctions regarding this matter. Article 439 stipulates that any person who is not a medical or health professional but conducts practice while creating the impression of possessing an SIP is subject to a maximum imprisonment of five years or a maximum fine of Rp500,000,000.

Furthermore, Article 441, paragraph (1) mandates that any individual who uses identities, titles, or other forms that create the impression of possessing an STR or SIP is subject to the same penalty: a maximum of five years' imprisonment or a fine of Rp500,000,000. Article 441, paragraph (2) reinforces this by stating that anyone utilizing tools, methods, or other means in providing services that create the impression of possessing an STR or SIP faces an identical penalty. Additionally, Article 442 dictates that any person who employs medical or health personnel lacking an SIP shall be sentenced to a maximum of five years' imprisonment or a maximum fine of Rp500,000,000. Notably,

in emergency situations, regulatory exceptions provide space for physicians to perform medical duties even if not physically present at an official practice location (Juliarto et al., 2023).

Within the Guidelines for the Implementation of the Criminal Procedure Code (*KUHAP*), it is established that the purpose of criminal procedural law is to seek and obtain or at the very least approximate material truth: the most comprehensive truth regarding a criminal case. This is achieved by applying the provisions of criminal procedural law honestly and precisely, aiming to identify the perpetrator, solicit judicial examination, and obtain a court verdict to determine if a criminal act was committed and whether the defendant is culpable (Sukadana, 2024). This evidentiary process plays a central role in determining a physician's liability concerning medical risks (Amir et al., 2024).

Legal recourse constitutes a vital component of the pursuit of justice and substantive truth, serving both the defendant and the public prosecutor. Article 1 number 12 of the Criminal Procedure Code (*KUHAP*) defines legal recourse as the right of a defendant or prosecutor to challenge a court decision through appeals, cassation, or the convict's right to petition for a judicial review as regulated by law. Such measures are enacted to protect the rights of the accused, honor human rights, and uphold the rule of law, as they provide a legal mechanism for defense (Ihsan et al., 2025). This legal framework must be viewed in the context of national health development, which now necessitates a comprehensive legal approach, particularly regarding the management and accessibility of healthcare services (Harianto et al., 2024).

During trial proceedings, a panel of judges determines a case by evaluating diverse evidence including witness testimony, expert opinions, statements from the defendant, circumstantial evidence, and physical evidence to form a firm conviction. In sentencing, judges must weigh aggravating and mitigating factors. Under Article 312 of Law Number 17 of 2023 concerning Health, various actions by medical and health personnel are subject to criminal fines. These include intentionally practicing without a *Surat Tanda Registrasi* (STR), foreign health workers providing services without a temporary STR and *Surat Izin Praktik* (SIP), or practicing without the required permits (Syarifudin, 2024). Beyond administrative compliance, clinical practice also demands that physicians maintain a holistic

understanding of patient health, such as the relationship between periodontal status and the progression of systemic diseases (Issalillah, 2022).

The act of intentionally employing a physician without an SIP—such as by a clinic manager constitutes a criminal offense. Under Article 512a of the Criminal Code (*KUHP*), individuals who, as a profession or side job, perform the work of a doctor or dentist without the required license in non-emergency situations may face imprisonment or fines (Sidik et al., 2025). The delivery of high-quality health services is inextricably linked to patient satisfaction (Mardikaningsih, 2022), the fulfillment of access rights for patients with special needs (Subiakso et al., 2023), and institutional readiness in handling service disruptions caused by information system failures (Yatno et al., 2023). In conclusion, a license functions as an administrative legal instrument utilized by the government to regulate public behavior and ensure orderly conduct. To achieve this objective, adequate administrative structures are required. Central to the functionality of such organizations is the implementation of a clear division of labor, supported by the essential pillars of effective coordination and oversight.

The Role of the Professional Discipline Council and the Indonesian Medical Council in Overseeing Medical Personnel

Oversight of medical practice cannot be conducted partially by a single institution; rather, it requires the concerted involvement of various parties possessing authority congruent with their respective functions. A tiered and coordinated supervisory system is essential given the complexity of health services, which involve numerous stakeholders ranging from the government and professional organizations to independent bodies such as the Indonesian Medical Council. Without effective oversight, potential ethical breaches, professional disciplinary violations, and criminal acts within the health sector become increasingly difficult to detect and address. Legislation has established two complementary key bodies: the Professional Discipline Council, which addresses ethical and disciplinary violations, and the Indonesian Medical Council, which regulates registration and competency standards. These institutions operate within distinct legal corridors while sharing the unified objective of protecting the public from unprofessional practice

and upholding the dignity of the health profession (Firdaus et al., 2024). This oversight framework also plays a vital role in protecting patient rights to ensure they receive quality care in accordance with both legal norms and medical ethics (Herisasono et al., 2023).

The Professional Discipline Council was established pursuant to Article 304 of Law Number 17 of 2023 concerning Health. This body holds a central role in assessing whether professional disciplinary violations have been committed by medical and health personnel. The Council may function as a permanent fixture for specific regions or as an *ad hoc* body formed as needed to handle particular cases. Its authority encompasses investigating alleged violations, summoning relevant parties, and determining whether professional misconduct has occurred. In executing its duties, the Council must adhere to the principles of justice, transparency, and accountability, as its findings exert a direct impact on the careers and reputations of medical personnel. Furthermore, the Council must be composed of competent experts in their respective fields, including representatives from professional organizations, academia, and the government (Tamon et al., 2025).

A critical aspect of the Professional Discipline Council's mechanism is the established deadline for case resolution, which is set at a maximum of 14 working days from the receipt of a complaint. This provision is crucial for providing legal certainty for all disputing parties, both patients and medical personnel. In practice, this relatively short timeframe mandates that the Council operate with speed, precision, and professionalism without compromising the quality of the investigation. Patients who have been harmed do not need to endure months of uncertainty to determine whether an action violated professional discipline, and accused medical personnel are similarly spared from prolonged uncertainty that could impede their professional performance. Thus, the 14-day deadline represents a balance between procedural speed and investigative depth (Firdaus et al., 2024).

The recommendations issued by the Professional Discipline Council carry significant legal weight. These recommendations serve as a gateway for further legal proceedings; without such a recommendation, law enforcement agencies are restricted from advancing investigations into alleged criminal violations by medical personnel. In essence, the Council

functions as a filter that prevents unwarranted criminalization of medical personnel who have operated according to professional standards. The Council's recommendation may declare that no disciplinary violation occurred, thereby halting criminal proceedings, or conversely, it may state that a violation transpired, providing a robust foundation for law enforcement to conduct further investigation. This mechanism protects medical personnel from premature criminal charges while simultaneously ensuring access to justice for patients who have genuinely been harmed (Prabowo & Prabowo, 2025). Ultimately, it remains vital to ensure that every medical action is consistently rooted in informed consent and respect for patient autonomy to prevent future disputes (Issalillah et al., 2023).

The Indonesian Medical Council (*Konsil Kedokteran Indonesia* or KKI) serves as the national authority regulating the registration of physicians and dentists. KKI is empowered to establish competency standards, professional standards, and codes of medical ethics that serve as benchmarks for all doctors across Indonesia. Furthermore, KKI is responsible for issuing the STR, a mandatory prerequisite for any physician to practice. KKI also holds the authority to recommend the revocation of an STR if a physician is proven to have committed serious breaches, whether ethical violations or criminal acts related to their profession. Through this mandate, KKI performs a dual role—granting authorization while simultaneously acting as the body capable of rescinding that authority if abused, placing KKI in a highly strategic position within Indonesia's medical oversight system (Wirawan et al., 2025). The effectiveness of this oversight must reach all societal segments, including ensuring equitable healthcare access for the underprivileged (Noor et al., 2023) and guaranteeing legal protection for nurses operating within hospital settings (Yulius et al., 2023).

Additionally, KKI is tasked with fostering the professional development of physicians and dentists through continuing education programs. The purpose of this guidance is to ensure that doctors remain abreast of rapidly evolving medical science and technology. KKI may recommend retraining, advanced education, or even the temporary suspension of an STR for doctors deemed no longer competent (Gunawan, 2023). Through this mechanism, KKI functions not merely as a repressive oversight body, but as a preventative and educational one.

Possession of an STR does not guarantee lifelong practice; the registration renewal system which requires physicians to demonstrate ongoing professional development serves as a critical instrument in maintaining the quality of national healthcare services. This system also serves as a key factor in enhancing patient satisfaction regarding the quality of care provided in public health facilities (Darmawan et al., 2022).

The synergy between the Professional Discipline Council, the Indonesian Medical Council, the Health Office, and professional organizations such as the Indonesian Medical Association (*Ikatan Dokter Indonesia* or IDI) is essential for creating a tiered and comprehensive oversight system. The Professional Discipline Council addresses ethical and disciplinary violations, KKI manages registration and competency, the Health Office issues the SIP and supervises practice within its jurisdiction, and IDI focuses on the ethical and moral guidance of its members. Without robust coordination among these four entities, gaps in enforcement may emerge, leaving both patients and medical personnel with suboptimal protections. Consequently, implementing regulations that strictly define coordination mechanisms and information exchange between these institutions is vital. An integrated oversight system is expected to ensure that medical practice in Indonesia remains professional, ethical, and accountable, thereby bolstering public trust in the health profession. This synergy must extend to the fulfillment of patient rights within social health insurance systems (Tamaka et al., 2023), patient protection in community health centers (Tampil et al., 2023), and specific attention toward social support systems for the elderly in accessing healthcare services (Khayru, 2022).

Legal Protection for Patients and Healthcare Professionals in Medical Disputes

In every therapeutic relationship between a physician and a patient, the potential for medical disputes remains an inherent reality, stemming from negligence, miscommunication, or unpredictable medical factors. Relationships built upon mutual trust are vulnerable to friction, particularly when treatment outcomes diverge from patient expectations. Patients may feel aggrieved despite the physician's strict adherence to professional standards, often due to intractable conditions or unavoidable

complications; conversely, physicians may face unfounded legal claims from disappointed patients. Consequently, a balance between the protection of patient rights and legal safeguards for medical personnel is essential. Law Number 17 of 2023 concerning Health provides a comprehensive legal framework designed to ensure fairness for both parties (Wulan et al., 2025). This framework underscores the imperative of maintaining high-quality service in healthcare facilities to proactively minimize the potential for disputes (Darmawan et al., 2022; Mardikaningsih, 2022).

For patients who feel harmed by the health services received, the law provides three dispute resolution pathways commensurate with the severity of the grievance. The first pathway involves mediation or negotiation at the facility where the dispute occurred an informal, rapid, and cost-effective method recommended for minor disputes. The second pathway entails the Professional Discipline Council, which specializes in alleged ethical and disciplinary violations. The third pathway involves the courts, encompassing both civil and criminal litigation for serious cases such as malpractice resulting in permanent disability or death. Article 310 of Law Number 17 of 2023 explicitly affirms that medical disputes may be resolved through mediation, arbitration, or the court system, granting patients the liberty to select the pathway best aligned with their interests (Siregar et al., 2024).

For medical personnel, the law provides equally critical legal protections. Practitioners operating in accordance with professional standards, service standards, and standard operating procedures cannot be held criminally liable solely due to unsatisfactory treatment outcomes. Article 308 of Law Number 17 of 2023 mandates a recommendation from the Professional Discipline Council before any criminal investigation can be initiated (Tamon et al., 2025). This provision serves as a vital legal bulwark, preventing unwarranted criminalization, a principle that extends to nursing personnel performing medical duties in hospital environments (Yulius et al., 2023).

Informed consent stands as one of the most crucial legal instruments for protecting both parties. Obtained properly after the patient receives a comprehensive explanation regarding diagnosis, prognosis, risks, and alternatives it serves as evidence that the patient is fully informed (Yuliana, 2024). Once a patient provides conscious and voluntary consent, unavoidable medical risks become the patient's responsibility;

however, *informed consent* cannot serve as a shield for negligence or procedural errors. Thus, while it protects against inherent risks, it does not absolve practitioners from liability for reckless acts falling outside professional standards. Comprehensive documentation of *informed consent* and medical records remains the primary evidentiary support in medical disputes (Ustani et al., 2024).

Legal protection for medical personnel also encompasses the right to legal assistance. The law recognizes that practitioners involved in disputes are entitled to counsel and the presumption of innocence until a permanent court verdict is rendered (Rahayu et al., 2024). Professional organizations, such as the Indonesian Medical Association (*Ikatan Dokter Indonesia* or IDI), play an essential role in providing legal aid to members facing litigation, alleviating the psychological pressure that might otherwise impede professional performance.

Conversely, patient protection includes the right to honest and complete information, the right to grant or refuse consent, and the right to compensation if harm caused by negligence is proven (Sidabuke, 2023). Patients are also entitled to be accompanied by family during clinical processes. These rights are guaranteed by law and must be upheld for all, including vulnerable populations and individuals with disabilities (Herisasono et al., 2023; Subiakso et al., 2023; Noor et al., 2023).

In conclusion, both patients and medical personnel possess legal instruments to protect their rights, provided each party fulfills their obligations in good faith. The primary key to preventing medical disputes lies in effective communication, empathy, and patience. Clinical success relies on adherence to regulations and robust operational systems (Vitrianingsih et al., 2023; Issalillah, 2022; Yatno et al., 2023). The law views dispute resolution pathways as a last resort rather than a primary objective. Therefore, enhancing communicative quality, ensuring transparency, and fostering a culture of mediation within healthcare facilities represent far more effective long-term investments than reliance on purely repressive legal mechanisms. Through a collective commitment, medical disputes can be minimized and resolved in a fair, rapid, and civilized manner.

Conclusion

The possession of STR and SIP is an absolute obligation for every doctor practicing in Indonesia. Law Number 17 of 2023 concerning Health has explicitly regulated criminal sanctions for practice without a license, including for parties who employ unlicensed medical personnel, with a threat of imprisonment for a maximum of five years or a fine of up to Rp500,000,000. The Professional Discipline Council serves as the primary filter in law enforcement, as its recommendation is a prerequisite before a criminal investigation against medical personnel can be conducted, with a maximum settlement time limit of 14 working days. The Indonesian Medical Council is responsible for registration, the establishment of competency standards, and ongoing guidance for doctors. Finally, the law also provides a balance of legal protection for patients and medical personnel through three dispute resolution channels, namely mediation, the Professional Discipline Council, and the court, while mandating informed consent as a crucial legal instrument.

For doctors and medical personnel, compliance with the obligation to possess an STR and SIP is not merely an administrative formality, but a legal necessity that protects them from criminal sanctions and malpractice claims. For hospitals and clinics, they are obliged to ensure that every medical professional employed has a valid license, as Article 442 of the Health Law threatens criminal penalties for those who employ medical personnel without an SIP. For law enforcement officials, the investigation process regarding alleged malpractice cannot begin without a recommendation from the Professional Discipline Council, making collaboration with professional institutions a necessity. For patients, three dispute resolution channels are available to choose from according to their needs; however, they must also understand that not every poor medical outcome constitutes malpractice. For policymakers, implementing regulations are required to detail the coordination mechanisms between the Professional Discipline Council, the Indonesian Medical Council, the Health Office, and professional organizations so that the oversight system operates effectively and in an integrated manner.

The Government and the Ministry of Health are advised to immediately issue Government Regulations or Ministerial Regulations that outline measurable indicators for violations of professional and

ethical standards, as well as coordination mechanisms between supervisory agencies. Professional organizations such as the IDI and PPNI need to actively conduct socialization and continuous training regarding STR and SIP obligations, codes of ethics, and complaint mechanisms within the Professional Discipline Council. Law enforcement officials should build strong cooperation with the Professional Discipline Council and involve health experts in the investigation process. Hospitals and healthcare facilities are advised to form internal ethical and legal committees to prevent violations, handle patient complaints early, and ensure that every medical professional employed possesses a valid STR and SIP. Finally, the public and patients need to be educated about their legal rights, including the importance of informed consent and the available dispute resolution channels, so that medical disputes can be resolved fairly, quickly, and civilly without always needing to result in criminal proceedings.

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