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The Visum et Repertum in the Indonesian Criminal Justice System: A Review of the Dual Role of Doctors and Their Legal Obligations

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Abstract

The negative evidence system in Indonesian criminal procedure law requires a minimum of two valid pieces of evidence and the judge's conviction. This research aims to analyze the status of Visum et Repertum as evidence within that evidentiary system and to identify various challenges in its practical production and utilization. The method used is normative legal research with a qualitative descriptive approach through literature studies of statutory regulations, legal literature, and forensic medical doctrine. The results of the study show that Visum et Repertum is a valid piece of evidence because it falls under the category of expert testimony. Physicians fulfill a dual role as clinicians and forensic examiners, with a legal obligation to provide statements upon the request of investigators. Major obstacles include rushed production, the involvement of non-experts, and the refusal of victims' families regarding autopsies. Consequently, there is a need for competency enhancement of forensic doctors and continuous public education.

Keywords: Visum et Repertum, evidence, expert testimony, negative evidence system, forensic medicine

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Introduction

The criminal justice process in Indonesia is built upon a system of proof that requires judges not only to rely on personal conviction but also to base their decisions on a number of legally recognized items of evidence. This system mandates the existence of at least two valid pieces of evidence before a judge can deliver a guilty verdict against a defendant. Within the framework of the negative proof system adopted by Indonesia, evidence holds a central position because, without it, a judge's conviction alone is insufficient to pass a guilty judgment (Rohman et al., 2024). Expert testimony is one such valid form of evidence that carries formal weight in court. The *Visum et Repertum* (VeR), as a medical examination document prepared by a physician based on their expertise, falls into the category of expert testimony (Hermawan & Zarzani, 2025). Nevertheless, in judicial practice, the utilization of the *Visum et Repertum* as evidence faces various issues that require in-depth examination.

There exists uncertainty regarding the legal status of the *Visum et Repertum* within the national legislative system. The term *Visum et Repertum* is not explicitly mentioned in the Criminal Procedure Code (KUHAP); it is only known as part of expert testimony without a specific designation. The primary legal basis specifically regulating the *Visum et Repertum* as a distinct document actually derives from a colonial-era legal product, namely State Gazette Number 350 of 1937. The existence of the *Visum et Repertum* in the Indonesian proof system does not absolutely bind the judge (Sukrisno et al., 2025). Judges have the authority to set aside the *Visum et Repertum* as evidence if, in their consideration, the document is irrelevant or unnecessary for discovering material truth. This condition creates legal uncertainty because criminal cases requiring medical evidence may proceed without the presence of a *Visum et Repertum*, even though medical evidence is scientifically essential for assessing the causal relationship between the defendant's actions and the injuries sustained by the victim. Furthermore, ideal medical practice in law enforcement requires the urgency of licensing, strict criminal sanctions, and a balance of fair legal protection for both patients and health professionals (Sumardi et al., 2025).

Subsequent issues arise from the practice of preparing the *Visum et Repertum* in the field, which often deviates from standard operating procedures. Based on empirical findings, the preparation of the *Visum et Repertum* is frequently rushed due to pressure from investigators seeking to complete case files immediately. This rushed condition results in medical examinations that are not conducted thoroughly or comprehensively, leading to the low quality of the *Visum et Repertum* (Febrianto & Bakhtiar, 2024). Additionally, there are instances where the *Visum et Repertum* is prepared after the victim has died, whereas ideally, the examination should be conducted while the victim is alive to obtain a complete clinical picture. A more concerning practice is the preparation of the *Visum et Repertum* by general practitioners lacking competence in forensic medicine, such as in cases of minor assault where the examination is performed by a general hospital doctor upon the investigator's recommendation. *Visum et Repertum* documents not prepared by the appropriate expert can easily have their evidentiary value dismissed by a judge in court. Medical actions that lack care or fall outside of one's competence potentially open the door to negligence, which, if reviewed juridically, can be categorized as alleged medical malpractice as strictly regulated under Law Number 17 of 2023 concerning Health (Vitrianingsih et al., 2023).

The next issue concerns the dual role that physicians must perform when handling victims of criminal acts. A physician is required to execute two roles simultaneously and in an integrated manner: as a clinical doctor responsible for the patient's recovery and as a forensic doctor responsible for collecting criminal evidence (Agarwal et al., 2017). These two roles have fundamentally different orientations. As a clinician, the doctor must focus on saving lives and preventing permanent disability without considering legal interests. As a forensic examiner, the doctor must search for criminal evidence such as wound patterns, signs of struggle, or biological evidence left by the perpetrator. The inability of physicians to balance these two roles results in the disruption of the investigation process or even legal flaws in the evidence produced. This role conflict arises because the principles of organizational behavior are not yet deeply understood by health workers, especially in managing institutional demands with competing interests (Darmawan, 2013). In practice, many physicians do not adequately understand how to execute both roles professionally and

ethically, resulting in *Visum et Repertum* documents that often fail to meet the juridical standards required in court.

The legal obligation of physicians to provide expert testimony when requested by investigators is mandatory and cannot be refused. This provision asserts that the interest of law enforcement in achieving justice is placed in a higher position than the duty of medical confidentiality, which ethically must be upheld by every health worker. However, in practice, the status of the *Visum et Repertum* as part of medical secrets often causes confusion among doctors. The VeR is compiled based on patient medical record data, which is confidential and may only be known by the physician and the patient concerned (Lubis & Sembiring, 2024). This confusion is understandable because, ethically, doctors are obligated to maintain patient confidentiality, yet legally, they are also obligated to provide expert testimony for the sake of justice. On the other hand, the utilization of medical record documents as valid evidence in the Indonesian judicial system carries juridical implications and specific challenges that must be understood by medical practitioners to avoid becoming entangled in legal violations (Ustani et al., 2024). Consequently, delays in the submission of *Visum et Repertum* or even refusals to prepare one occur frequently. In fact, preparing a *Visum et Repertum* based on medical record data does not actually violate medical confidentiality because it has a strong legal basis as an exception for judicial interests. Nevertheless, socialization regarding this exception remains very limited. These limitations in protection and information certainty demand a restructuring of legal protection for patients in accessing healthcare services, including at the community health center level (Tampil et al., 2023).

The most complex problems found in practice are sociocultural in nature, namely the refusal of the victim's family to undergo medicolegal examinations, especially autopsies. This refusal is based on various reasons, ranging from religious beliefs that view autopsy as an act that desecrates the corpse, customs requiring the body to be buried immediately without special treatment, psychological reasons because the family cannot bear to see the victim dissected, to practical reasons due to higher funeral costs if the body has undergone an autopsy process. These dynamics of refusal are also closely related to social relationships among

urban lifestyle characteristics and the social determinants that collectively influence population health perceptions (Warin, 2023). Yet, from a scientific-forensic perspective, an autopsy plays a crucial role in uncovering the material truth of a criminal case. Through an autopsy, investigators obtain new evidence that may not be visible from external examinations alone, and even acquire important clues to precisely determine the cause of death and identify the perpetrator. This sociocultural refusal becomes a real obstacle that cannot be resolved solely through a legal approach but requires public communication strategies and continuous education for the community.

There is a significant gap between the need for medical evidence in criminal cases and the reality of *Visum et Repertum* utilization in the field. Without a comprehensive understanding of the legal standing of *Visum et Repertum*, its correct preparation procedures, and the various obstacles that arise, the optimization of the VeR as scientific evidence will never be achieved. Furthermore, ignorance regarding the exception of medical confidentiality for judicial interests causes doctors to be reluctant to prepare *Visum et Repertum* documents, while sociocultural refusal from the victim's family eliminates opportunities to uncover material truth. The national health insurance system must also ensure that patient rights remain legally protected amidst these clashes of medicolegal interests (Tamaka et al., 2023). This research is urgent because it concerns broader law enforcement interests, namely the realization of court decisions that are accurate, fair, and based on scientific truth. This research is also important to provide practical guidance for law enforcement officials and medical personnel in performing their respective roles synergistically.

Based on the background of the problem described, this study aims to analyze the legal status of Visum et Repertum as evidence within the Indonesian negative evidence system based on the prevailing statutory regulations. This research also aims to identify various issues that arise in the practice of creating and utilizing Visum et Repertum, whether they are technical-procedural in nature, related to human resource competence, or sociocultural obstacles. Furthermore, this study aims to formulate the theoretical and practical implications of these findings for strengthening the function of Visum et Repertum within the Indonesian criminal justice system. More specifically, this study also aims to explain

the correct procedures for creating Visum et Repertum, outline the types of Visum et Repertum based on the nature and needs of criminal law, and provide an understanding of the exceptions to medical confidentiality obligations regarding the creation of Visum et Repertum for judicial purposes. This research is expected to provide policy recommendations that can serve as a reference for law enforcement officials, medical personnel, and other stakeholders in optimizing the utilization of Visum et Repertum as scientific evidence in court.

Method

This research uses a normative juridical approach by examining the legal provisions governing the evidentiary system and evidence in criminal cases, particularly those related to documents resulting from medical examinations. The legal materials used include primary legal materials in the form of relevant statutory regulations, as well as secondary legal materials consisting of legal literature, scientific articles, and doctrines from experts in the fields of criminal procedure law and forensic medicine. Data collection was conducted through literature study by systematically identifying, classifying, and analyzing all legal provisions and literature discussing the status, function, and procedures for creating medical documents for the purpose of evidence in court. All collected legal materials were then processed and analyzed qualitatively.

The data analysis technique used in this research is qualitative descriptive analysis, which aims to describe systematically, factually, and accurately the applicable legal provisions and their implementation in criminal justice practice. The analysis is conducted by interpreting legal texts using grammatical, teleological, and systematic interpretation methods to obtain a comprehensive understanding of the intent and purpose of each relevant legal provision (Serediuk et al., 2024). Additionally, this study identifies various issues arising in the practice of creating and utilizing medical documents as evidence, including technical, procedural, and sociocultural constraints faced by the parties involved. All findings are then compiled narratively and systematically to address the research problems.

Data validity in this research is obtained through the tracing of authoritative and relevant legal sources, as well as by employing a

multidisciplinary approach that combines the perspectives of legal science and forensic medicine. This multidisciplinary approach is essential given that the object of study lies at the intersection of the legal and medical realms, which possess different logics, terminologies, and procedures. To avoid interpretational bias, the authenticity and applicability of every cited legal provision were verified, while every medical concept used was validated through accredited medical literature. The final results of this research are presented in a systematic narrative description while maintaining objectivity and the traceability of sources.

Result and Discussion

The system of proof adopted in Indonesian criminal procedure law refers to the provisions contained in Law Number 8 of 1981 concerning the Criminal Procedure Code, hereinafter abbreviated as KUHAP. Based on a normative study of all articles regulating the mechanism of proof, Indonesia explicitly applies the negative proof theory, or what is known in legal doctrine as *negatief wettelijk bewijstheorie*. This theory requires that a judge's conviction does not stand alone but must be based on evidence that is legally valid according to the law (Royani et al., 2023). This approach differs from the positive proof system, which relies solely on a judge's conviction, as well as the free proof system, which grants broad authority without being bound by formal rules. Thus, the negative proof theory establishes legal provisions as the sole valid basis in the decision-making process in court, ensuring that every criminal verdict must arise from a structured and legally measurable process.

The provisions regarding this negative proof theory are specifically regulated in Article 183 of the KUHAP, which serves as the primary reference for judges in examining and deciding criminal cases. This article clearly states that a judge is not permitted to impose a sentence on any person unless there are at least two valid pieces of evidence according to the law. This provision is imperative or binding, meaning judges have no choice but to adhere to the minimum number of pieces of evidence determined (Ritonga et al., 2025). In judicial practice, this minimum requirement of two pieces of evidence is known as *minimum legitimatie*, or the threshold of proof that must be met before a judge delivers a verdict. If a judge possesses only one piece of valid evidence, even if their

conviction regarding the defendant's guilt is strong, the judge is formally obligated to acquit the defendant because the requirement of at least two pieces of evidence has not been met. This article serves as a primary foundation that protects human rights within the criminal justice process.

In addition to the requirement of at least two valid pieces of evidence, Article 183 of the KUHAP also requires that the judge must obtain the conviction that a criminal act has truly occurred and that the defendant is legally and convincingly guilty of committing that criminal act. This judicial conviction must not be born from intuition or personal prejudice but must be a logical derivation from the evidence presented in court (Astafyev, 2024). There are two main pillars in Indonesia's negative proof system: the objective pillar, consisting of two valid pieces of evidence, and the subjective pillar, consisting of the judge's conviction based on that evidence. The existence of the *Visum et Repertum*, hereinafter abbreviated as VeR, becomes extremely important in the court proceedings of criminal cases, particularly those involving victims of injury, poisoning, or death resulting from a criminal act. The VeR functions as evidence capable of bridging the gap between medical facts and judicial needs in court.

The Visum et Repertum essentially contains a written statement prepared by a physician based on their medical expertise after performing a series of examinations on a victim, whether the victim is still alive or has deceased (Febrianto & Bakhtiar, 2024). The information contained in the VeR can be legally categorized as expert testimony, as regulated in Article 184 of the Criminal Procedure Code (KUHAP), which lists five types of valid evidence: witness testimony, expert testimony, documents, judicial clues, and defendant testimony. By including the VeR in the expert testimony category, it automatically meets the requirements as valid evidence within the negative proof system. This status is highly strategic because the VeR is not merely an ordinary medical document; it has transformed into a legal document possessing formal evidentiary weight in court. A consequence of this status is that any error or discrepancy in the preparation of the VeR can result in the dismissal of its evidentiary value.

Regarding the role of physicians in court, individuals in the medical profession possess a highly important and strategic role when involved in criminal justice processes. In criminal cases requiring medical proof, a doctor indirectly fulfills two simultaneous roles that are dual in nature yet

integrated into a single line of victim service. This dual role arises because the physician is not only responsible for the patient's clinical recovery but is also accountable to legal interests that require scientific proof concerning the victim's condition. These two roles must be carried out professionally and ethically without conflating therapeutic interests with forensic interests (Lira, 2023). A physician's inability to distinguish between these two roles can result in the disruption of the investigation process or even legal flaws in the evidence produced. Therefore, a deep understanding of these two roles is an absolute prerequisite for any physician involved in handling victims of criminal acts. Organizing this understanding is urgent, given that legal protection for patients against medical negligence often stems from unclear boundaries of professional responsibility in the field (Lethy et al., 2023).

The first role that a physician must fulfill in criminal cases is that of a clinical doctor, or what is medically referred to as an attending doctor. In this role, the physician performs their primary function as a healthcare provider responsible for the patient's safety and recovery. The doctor performs a series of medical actions, starting with a comprehensive physical examination of the patient's entire body to discover any abnormalities or injuries sustained. Subsequently, the doctor conducts an anamnesis or medical interview to extract subjective information from the patient regarding the injury mechanism, perceived complaints, and previous health history. The doctor also performs supporting examinations such as radiology, blood laboratory tests, or toxicology screenings if necessary (Anane, 2023). Based on all this data, the doctor establishes a clinical diagnosis and determines the most appropriate therapy to treat the patient. In this role, the doctor is not permitted to consider legal interests outside their therapeutic responsibility, as the primary priority is saving lives and preventing permanent disability. Rapid accessibility to emergency medical services is also a primary determinant of patient satisfaction, which is significantly influenced by the quality of clinical service as well as the location of adequate healthcare facilities (Mardikaningsih, 2022). Furthermore, precision in handling this phase is crucial for preventing complications, much like the importance of understanding the interconnection between periodontal health and the progression of systemic disease in patients with chronic conditions (Issalillah, 2022).

The second role that a physician must also fulfill in criminal cases is that of a forensic doctor, or assessing doctor, tasked with performing examinations from the perspective of criminal law. In this role, the doctor conducts a forensic anamnesis that not only extracts medical information but also information regarding the possible presence of criminal elements in the event that befell the victim. The doctor performs a clinical forensic examination focused on searching for criminal evidence, such as wound patterns characteristic of blunt or sharp force trauma, signs of resistance, defense injuries, and biological evidence like semen, blood, or hair that may have been left by the perpetrator. The doctor also conducts forensic supporting examinations whose results will be analyzed to support medicolegal conclusions. After the entire sequence of examinations is complete, the doctor concludes the results objectively and in writing in the form of a Visum et Repertum (Hermawan & Zarzani, 2025). This document is then submitted to the investigator to be used as evidence in court. In this role, the doctor must remain neutral and impartial toward both the victim and the suspect.

The preparation of the *Visum et Repertum* as valid evidence cannot be initiated by a physician on their own but must be based on an official request from the police investigator handling the criminal case. This official request is usually conveyed in the form of an examination request letter containing the victim's identity, the alleged criminal act experienced, and medicolegal questions that must be answered by the physician through the VeR. The primary purpose of preparing a VeR upon an investigator's request is to obtain new evidence previously unknown or to gain clues that can direct the investigation toward the actual perpetrator. The investigator's authority to request the preparation of a VeR is formally regulated under Article 133 of the Criminal Procedure Code (KUHAP), which provides a strong legal basis for such investigator actions (Lubis & Sembiring, 2024). Without an official request from an investigator, a VeR prepared by a physician will merely hold the status of an ordinary medical document with no evidentiary weight in court. Synergy between investigators and physicians is a key factor in the success of proving criminal cases that require medical evidence. In a broader scope, this administrative synchronization is similar to the importance of understanding policies and procedures in health insurance claim filings to

ensure the validity of legal documents (Hakim et al., 2024). Harmonious cross-sector collaboration and clear bureaucratic channels between police institutions and medical parties reflect the importance of structuring internal factors to improve overall organizational performance effectiveness (Darmawan, 2024).

Article 133 of the KUHAP explains in detail that investigators have the legal authority to submit requests for expert testimony to forensic medicine institutions, individual physicians, or other experts relevant to the case being handled. Requests for expert testimony are primarily submitted in cases involving victims of injury due to violence, victims of poisoning by hazardous substances, or deceased victims strongly suspected to have been caused by an event constituting a criminal act (Tomayahu et al., 2024). All such requests are made solely for judicial interests so that material truth can be uncovered scientifically and objectively. Furthermore, Article 133 of the KUHAP also regulates that the request for expert testimony must be made in writing, signed by the authorized investigator. This written request letter must explicitly contain an order to conduct an examination of the injuries suffered by the victim, an examination of the corpse if the victim has already passed away, and/or a post-mortem examination known as a forensic autopsy. This forensic autopsy is highly important, especially for cases of unnatural death or deaths strongly suspected to be the result of criminal violence. This legal authority of investigators shows how public law can override individual autonomy for the sake of justice, contrary to ordinary clinical practice which absolutely upholds the right to informed consent and patient autonomy (Issalillah et al., 2023). However, in medical emergencies, the doctrine of necessity and presumed consent remain valid legal bases for physicians to act without having to wait for formal legal intervention (Abdullah et al., 2023).

The obligation of a physician to provide expert testimony when requested by an investigator is firmly asserted in Article 179 of the KUHAP, which is a specific article regulating expert testimony in the Indonesian criminal justice system. This article states in clear legal language that every person requested to provide testimony as a forensic medical expert, physician, or other expert has a legal obligation to provide such expert testimony for the sake of realizing justice. This provision is

imperative or *dwingend recht*, meaning no physician can refuse a request for expert testimony from an investigator for any reason, including reasons of professional ethics or medical confidentiality. If a physician refuses to provide expert testimony after being officially requested by an investigator, that physician can be subject to legal sanctions in accordance with applicable laws and regulations. In practice, this obligation often conflicts with the high workload of physicians in hospitals, yet legally it must be prioritized as it concerns broader law enforcement interests. A good understanding of Article 179 of the KUHAP is very important for every physician practicing in Indonesia (Susilo et al., 2024). Compliance with these criminal regulations is also in line with the obligation to adhere to other medical law boundaries, such as the strict prohibition against falsifying health certificates from the perspectives of both criminal law and professional ethics (Hartika et al., 2023). Furthermore, to guarantee professional safety, Indonesian law provides a strong legal basis for the protection of physicians in emergency situations, even without a practice permit at the scene of the incident (Juliarto et al., 2023).

In daily practice in the field, the preparation of the *Visum et Repertum* is often carried out hastily by physicians for various reasons that prioritize investigation interests over medical thoroughness. This rushed condition usually occurs because investigators push for the VeR to be completed immediately to complete case files that must soon be handed over to the public prosecutor. Additionally, there are practices where the VeR is prepared after the victim has died, even though the VeR examination is ideally conducted while the victim is still alive to obtain a more complete picture of the victim's injuries and clinical condition. More concerning is that some VeR documents are not prepared by physicians who are true experts in the field of forensic medicine, such as in cases of minor assault where the investigator recommends a VeR but the examination is only performed by a general practitioner working at a hospital, not by a forensic specialist. This practice is certainly very risky from the standpoint of proof because a VeR not prepared by the appropriate expert can be easily dismissed by a judge in court (Simanjuntak et al., 2024). Ideally, every VeR preparation for criminal interests must involve a physician who possesses competence and certification in the field of forensic medicine. Inaccuracy or errors in determining injuries at this phase potentially trigger

accusations of misdiagnosis, which have direct implications for the physician's legal responsibility in both civil and criminal terms (Setiyadi et al., 2023). Furthermore, if such negligence is proven, the hospital as a corporation also holds institutional responsibility for medical errors committed by health personnel under its umbrella (Mening et al., 2023).

As evidence in court proceedings, the *Visum et Repertum* (VeR) is not only required to meet the standard medical record writing standards applicable in hospitals but must also fulfill various specific requirements mandated by the criminal justice system. These requirements include the clarity of the victim's identity, an objective and measurable description of injuries, the absence of contradictions between the descriptive section and the conclusion, and the use of standardized medical terminology that can be scientifically accounted for. On the other hand, the VeR is also a part of medical confidentiality because this document is essentially compiled based on the patient's or victim's medical record data, which is confidential and may only be known by the treating physician and the patient concerned. The status of the VeR as a part of medical confidentiality often causes confusion among physicians regarding whether the VeR may be announced or submitted to third parties such as investigators and prosecutors. This confusion is understandable because, ethically, physicians are obligated to maintain patient confidentiality, yet legally, they are also obligated to provide expert testimony for the sake of justice (Suhatril, 2025). This potential regulatory clash reflects the need for patient rights protection within the national health insurance system so that their normative rights are not neglected during the legal process (Tamaka et al., 2023). Enforcement of the rules for writing and distributing this document must be managed professionally in accordance with organizational behavior principles to minimize inter-institutional conflicts of interest (Darmawan, 2013).

Nevertheless, the preparation of a *Visum et Repertum* based on a patient's medical record data cannot be categorized as an act that violates medical confidentiality, as such an action possesses several strong and mutually supporting legal foundations. First, Article 3 of Government Regulation Number 10 of 1966 concerning the Mandatory Preservation of Medical Confidentiality states that the obligation to maintain confidentiality is only imposed on health workers; however, there is an

exception for judicial interests. Second, Article 322 of the Criminal Code (KUHP), which regulates criminal sanctions for anyone who intentionally reveals secrets they are required to keep due to their position or profession, also includes an exception if the disclosure is made in the context of fulfilling a legal summons. Third, Article 133 of the Criminal Procedure Code (KUHAP), which has been explained previously, explicitly grants investigators the authority to submit requests for expert testimony to physicians (Anshari & Natasya, 2025). With these three legal foundations in place, a physician need not hesitate to prepare and submit a VeR to an investigator, as such an act is actually the execution of applicable legal provisions. This formal foundation is crucial as a guarantee of legal certainty, similar to the importance of law enforcement regarding health worker negligence in the use of herbal medicine to absolutely protect patient safety (Mansyur et al., 2024).

The term *Visum et Repertum* is, in fact, never explicitly mentioned or written in the text of the Indonesian KUHAP nor in the previous criminal procedure law known as the *Reglement Indonesia* that was updated or RIB. In the existing articles of the KUHAP, the VeR is more widely known and referred to as part of expert testimony without specifically naming the term *Visum et Repertum*. This means that, terminologically, the VeR does not have a separate article status in the KUHAP but is included in the general category of expert testimony. The primary legal basis specifically regulating the VeR as a separate document is actually provided in State Gazette Number 350 of 1937, which is a legal product inherited from the Dutch colonial era. Furthermore, the existence of the VeR in the Indonesian proof system is not absolutely binding (*bindend*) upon the judge. This means that a judge may set aside the VeR as evidence if, in the judge's consideration, the VeR is irrelevant or unnecessary for discovering material truth in the case being examined (Sukrisno et al., 2025). Although the VeR is important, its presence is not absolutely mandatory. This lack of absolute binding nature is sometimes one of the normative factors behind the low number of malpractice claims by patients harmed by medical errors, as scientific proof in court often depends heavily on the judge's discretion (Kurniawan et al., 2024). Therefore, equal juridical protection for impoverished patients in healthcare services must continue

to be fought for so that justice does not become selective (Noor et al., 2023).

However, although a judge has the authority to set aside the *Visum et Repertum* (VeR), the decision to disregard such medical evidence in cases that objectively require scientific proof can serve as grounds for the objecting party to file an appeal or a cassation. In judicial practice, setting aside the VeR without clear and rational reasons can be categorized as an error in the application of the law or a lack of sufficient consideration in the judge's verdict. The Supreme Court in its jurisprudence has asserted that evidence which is relevant and significant to the essence of the case may not be simply ignored by a court of first instance. If the VeR is the only scientific evidence capable of explaining the causal relationship between the defendant's actions and the victim's injuries, then disregarding it has the potential to lead to an incomplete or unjust verdict (Simanjuntak et al., 2024). Although the VeR is not normatively binding, in practice and juridically, a judge is obligated to provide accountable reasons if they decide to set aside the VeR in the considerations of their verdict. This effort to enforce judicial accountability is in line with law enforcement in midwifery practice regarding malpractice in delivery services, aimed at ensuring the victim's right to scientific truth (Safitri et al., 2023).

The *Visum et Repertum* is produced from a series of comprehensive examinations conducted by a physician on a victim, whether the victim suffered injuries due to violence or has passed away. For victims who are alive and injured, they are usually taken to the nearest general practitioner or directly to a forensic specialist if the injuries are classified as serious and require in-depth analysis for legal purposes. Meanwhile, for deceased victims, the standard procedure that must be performed is an autopsy, or what is more widely known by the public as dissection, which is the act of dissecting the body of the deceased to determine precisely the cause of death and the background behind the occurrence of that death. The objective of both types of examinations is essentially the same, namely to obtain objective and measurable new evidence that will subsequently be written systematically into the *Visum et Repertum* document. Based on its nature, the VeR is divided into three types: the definitive VeR, which is permanent and complete; the temporary VeR,

which cannot yet be concluded because the victim is still under treatment; and the follow-up VeR, which is an update of the temporary VeR after the victim's condition has either worsened or improved. Based on criminal law, the VeR is divided into four categories: the injury VeR (which also covers poisoning), the moral crime VeR for sexual violence cases, the autopsy VeR for deceased victims, and the psychiatric VeR for victims suffering from mental disorders as a result of a criminal act (Simamora et al., 2025). The process of identifying the cause of death and injury is also sociologically influenced by the social relationships among urban lifestyle characteristics and the social determinants of population health that affect the acceptance of medicolegal procedures (Warin, 2023). Therefore, the state must continue to carry out reforms to answer the challenges of national health development in Indonesia, from the perspectives of regulation, accessibility, and the management of medical complications in the field (Harianto et al., 2024).

Although theoretically many criminal cases require a *Visum et Repertum* (VeR) for evidentiary purposes in court, the reality in the field shows that family members of the victim are often unwilling to allow the victim to undergo a series of medicolegal examinations, especially autopsies for deceased victims. This refusal by the family is usually based on various disparate reasons, ranging from religious beliefs that view an autopsy as an act that desecrates a corpse, customary reasons requiring the body to be buried immediately without special treatment, psychological reasons because the family cannot bear to see the victim dissected, to practical reasons due to higher funeral costs if the body has undergone an autopsy process. In fact, from a scientific-forensic perspective, an autopsy plays a crucial role in uncovering the material truth of a criminal case. Through an autopsy, law enforcement officials, especially investigators, will obtain new evidence that may not be visible from external examinations alone, and can even acquire important clues to precisely determine the cause of death and identify the actual perpetrator of the criminal act (Bakhtiar, 2024). Socialization regarding the benefits of autopsies for the sake of justice must be continuously conducted for the public.

The *Visum et Repertum* is not merely a medical administrative document; it is a connecting knot between the clinical realm and the judicial realm in criminal law enforcement in Indonesia. The existence of

the VeR asserts that justice cannot be fully upheld without relying on objective scientific knowledge, especially in cases involving victims of injury, poisoning, or death. Nevertheless, the effectiveness of the VeR as evidence is highly dependent on three interrelated key factors: the technical competence of the examining physician, the accuracy of the request procedure from the investigator, and the willingness of all parties to respect the results of scientific examinations without subjective intervention. When one of these factors is not met, the VeR has the potential to lose its evidentiary power, which can subsequently hinder the judicial process and even cause injustice for both the victim and the defendant (Suyoko et al., 2023). Strengthening institutional capacity, both within the police force and in forensic medicine institutions, has become a necessity that can no longer be delayed.

The greatest challenge in the utilization of the *Visum et Repertum* in the future is not merely technical or procedural, but also sociocultural, concerning public perception of medicolegal examinations. There remains a tendency in some communities to reject autopsies or other forensic examinations due to religious beliefs, customs, or the psychological trauma of the victim's family. Such refusals, while worthy of respect regarding personal autonomy rights, objectively eliminate the opportunity to uncover the actual material truth. Thus, a continuous and scientific evidence-based public communication strategy is needed to explain that forensic examinations, including autopsies, are not acts that violate human norms or spiritual beliefs, but are scientific instruments to uphold justice for the victim and their own family. Moving forward, synergy between law enforcement officials, medical professional organizations, religious leaders, and community leaders is an absolute prerequisite so that the VeR can function optimally without triggering cultural resistance.

Conclusion

The negative evidence system in the KUHAP (Indonesian Criminal Procedure Code) requires at least two valid pieces of evidence and the judge's conviction. Visum et Repertum (VeR) constitutes valid evidence as it falls under the category of expert testimony as regulated in Article 184 of the KUHAP. A physician fulfills two roles in criminal cases: as a clinical doctor treating the patient and as a forensic doctor producing a VeR upon

the request of investigators pursuant to Article 133 of the KUHAP. The physician's obligation to provide expert testimony is affirmed in Article 179 of the KUHAP, which is mandatory in nature. In practice, the preparation of a VeR is often rushed due to the pressures of the investigation and does not always involve forensic medical experts, thereby risking a reduction in its evidentiary weight. The VeR is part of medical secrecy; however, its production does not violate the law because there is a statutory basis providing exceptions for judicial purposes. The term "VeR" is not explicitly found in the KUHAP but rather in Staatblad (LN) Number 350 of 1937, and its existence does not absolutely bind the judge. Nevertheless, the dismissal of a VeR by a judge without rational reasoning in a case requiring medical evidence can serve as grounds for an objecting party to file an appeal or cassation, as it potentially leads to an error in the application of the law. Types of VeR vary based on their nature (definitive, provisional, follow-up) and based on criminal law requirements (injury, sexual crimes, corpses, psychiatry). The primary obstacle in utilizing VeR is the refusal of the victim's family toward forensic examinations, particularly autopsies, caused by religious beliefs, customs, psychological factors, or practical considerations.

Theoretically, the results of this discussion reinforce the understanding that VeR stands as valid expert testimony evidence within the Indonesian negative evidence system, with the caveat that its binding force depends heavily on the judge's consideration. Practically, it is necessary to enhance the competence of physicians in producing VeRs that meet both medical and juridical standards, as well as to strengthen coordination between investigators and forensic medical institutions. Juridically, it is crucial for judges to provide adequate reasoning if they disregard a VeR to prevent procedural defects that could be challenged at the appeal or cassation levels. Socially, continuous education must be provided to the public regarding the importance of forensic examinations, including autopsies, as scientific instruments to uncover material truth and uphold justice for victims of criminal acts.

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