pISSN 2798-2106 eISSN 2808-4470

Studi Ilmu Sosial Indonesia
Vol. 5, No. 2, 325-340

LEGAL PROTECTION FOR PATIENTS AS CONSUMERS OF HEALTHCARE SERVICES: THE SYSTEM OF HOSPITAL LIABILITY FOR DAMAGES RESULTING FROM MEDICAL TREATMENT

Wahyudi, Kurnia Wijaya, Rafadi Khan Khayru

Universitas Sunan Giri Surabaya

correspondence: dr.kurniawijaya@gmail.com

Abstract

This research aims to analyze the liability of hospitals for losses resulting from medical actions performed by doctors within the perspectives of health law, civil law, and consumer protection. The research method used is normative legal research with a statute approach and a conceptual approach. The analyzed legal materials include Law Number 17 of 2023 concerning Health, the Indonesian Civil Code, and Law Number 8 of 1999 concerning Consumer Protection. The results of the research show that hospital liability originates from three complementary legal regimes. Health regulation through Article 193 of the Health Law affirms the hospital's institutional responsibility for the negligence of medical personnel. Civil law through Articles 1365 to 1367 of Indonesian Civil Code provides the basis for compensation regarding unlawful acts, negligence, and the principle of vicarious liability. The Consumer Protection Law strengthens the patient's position as a consumer with rights to service safety, correct information, and compensation with a reversed burden of proof. This research concludes that the integration of these three legal regimes forms a multidimensional liability framework, encompassing civil, institutional-administrative, and consumer aspects. Consequently, hospitals are obliged to develop strict and accountable internal management systems, the government needs to strengthen supervision, and the public needs to increase awareness of their rights as patients.

Keywords: hospital liability, medical actions, patient protection, vicarious liability, malpractice

Wahyudi, W., K. Wijaya, & R. K. Khayru. 2025. Legal Protection for Patients as Consumers of Healthcare Services: The System of Hospital Liability for Damages Resulting from Medical Treatment, Studi Ilmu Sosial Indonesia, 5(2), 325-340.

Introduction

Healthcare is one of the most fundamental human needs. Every individual has the right to receive safe, high-quality, and professional medical services from hospitals and healthcare personnel. However, in practice, instances often occur where patients suffer losses due to medical actions taken by doctors or other healthcare staff. These losses can manifest as physical injury, permanent disability, or even death, which should not have occurred had the medical service been carried out according to the applicable professional standards and operational procedures (Arimbi & Arimbi, 2025). This phenomenon is known as medical malpractice, which has become a serious concern within the national health legal system. The hospital's accountability for losses caused by a doctor's medical actions is a central issue that requires in-depth examination. This is essential to ensure optimal legal protection for patients as consumers of healthcare services. Such legal protection is highly crucial, especially for underprivileged patient groups whose basic rights to access care are often vulnerable to being overlooked (Noor et al., 2023). Therefore, every health facility is required to have mature readiness, including the assurance of institutional accountability when providing specialized services such as palliative care for patients with terminal illnesses (Wahyusetiawan et al., 2024).

A hospital's accountability for a doctor's medical actions has complex and multi-layered dimensions. A hospital is not only responsible for technical medical aspects but also simultaneously bears institutional, civil, administrative, and consumer-related responsibilities. The hospital occupies a central position as the medical service provider that supplies facilities, establishes procedures, and coordinates all healthcare personnel. Any negligence or actions that do not meet standards performed under its supervision can generate legal liability for the institution (Budiman et al., 2023). There is still significant legal ambiguity regarding the extent to which a hospital can be held accountable for the errors of individual medical staff. This condition often harms patients, as hospitals tend to disassociate themselves by arguing that actions were performed by doctors individually. Consequently, patients who suffer losses find it difficult to obtain justice and appropriate compensation. This complexity in legal relationships is also influenced by the applicable administrative systems, where clarity regarding referral pathways and compliance with operational

standards serves as an important benchmark in assessing the validity of the legal bond between patients and health facilities (Djakantara et al., 2025). This responsibility even extends to modern operational aspects, such as the hospital's obligation to maintain service security despite technical disruptions caused by information system failures (Yatno et al., 2023).

The legal basis for hospital accountability stems from various normative domains, namely specific health regulations, general civil law, and consumer protection principles. These three legal sources should complement each other to provide legal certainty for the aggrieved party. Law Number 17 of 2023 concerning Health serves as the primary umbrella regulation governing the institutional accountability of hospitals. Hospitals are legally responsible for all losses caused by the negligence or errors of medical personnel within the hospital environment. However, the implementation of these provisions in the field still faces various challenges. Many malpractice cases remain unresolved optimally due to weak law enforcement and a lack of public understanding regarding their rights as patients (Shidiq & Syawali, 2025). An in-depth study on the integration of these three legal regimes is urgently needed. Beyond case handling aspects, strengthening regulations at the primary level, such as in Community Health Centers, is also necessary to guarantee the quality of patient protection equitably (Tampil et al., 2023). Improvements to this legal framework must also be able to address the needs of all elements of society, including the provision of facilities that are accessible and friendly to persons with disabilities (Subiakso et al., 2023).

Indonesian civil law, through the Indonesian Civil Code Indonesian Civil Code, provides a general basis for accountability for losses suffered by other parties. Article 1365 of the Indonesian Civil Code regulates unlawful acts that oblige the perpetrator to provide compensation. Article 1366 of the Indonesian Civil Code expands the scope of responsibility by including negligence or carelessness as a basis for accountability. Equally important, Article 1367 of the Indonesian Civil Code affirms the principle of employer responsibility or *vicarious liability*, which places the hospital as the party responsible for losses caused by medical personnel working under its supervision. This principle is highly relevant in the legal relationship between hospitals and doctors. The application of the principle of *vicarious liability* in malpractice cases in Indonesia is still not optimal because

debates frequently occur regarding the employment status between hospitals and doctors (Flora, 2025). This condition creates legal uncertainty that harms patients. Such uncertainty becomes even more complicated when linked to the implementation of integrated referral systems between health facilities, which in practice require clear juridical responsibility from each agency involved (Siregar & Rangkuti, 2024).

In addition to health regulations and civil law, Law Number 8 of 1999 concerning Consumer Protection provides an additional dimension of great importance. This law qualifies patients as consumers of health services, while hospitals act as business operators. Consequently, patients possess consumer rights that are explicitly regulated, including the right to comfort, safety, and security in using services. This principle provides the strongest legal protection for patients because it shifts the burden of proof from the weaker patient to the hospital, which possesses access and control over medical services (Pramono & Kusumaningrum, 2023). However, the application of this law in medical malpractice cases is still rarely utilized by patients due to a lack of legal awareness. In reality, one of the consumer rights that must be fulfilled by medical business operators is honest and transparent information regarding medical cost details and the risks of clinical actions that the patient will face (Rachim et al., 2024). This aspect of protection also encompasses strict oversight of medical advertising and promotion rules so that the public, as consumers, is shielded from misleading service information (Sahidu et al., 2023).

Malpractice cases in Indonesia serve as a clear illustration of how the legal basis for hospital accountability is tested in practice (Revinesia & Revinesia, 2025). A regional hospital became the public spotlight when a patient passed away after undergoing a simple surgery. The patient's family felt that the medical procedure was not carried out in accordance with the applicable health service standards. The supervisory institution, the Ombudsman of the Republic of Indonesia, encouraged the patient's family to use the hospital's internal complaint mechanism first before pursuing legal action. This event highlights the importance of having adequate complaint and institutional accountability mechanisms. This case also affirms the important role of supervisory bodies in ensuring that hospitals fulfill their legal obligations diligently. Unfortunately, not all malpractice cases receive the same attention from supervisory bodies. Many patients

ultimately choose to remain silent because legal processes are complicated, expensive, and time-consuming.

The integration of the three legal regimes health regulations, civil law, and consumer protection should form a comprehensive framework of accountability. This framework allows hospitals to understand the boundaries of their legal obligations while affirming the patient's right to demand accountability. The doctrine of institutional negligence or *corporate negligence* emphasizes that hospitals have non-delegable duties. These duties include selecting competent doctors, providing adequate medical facilities, and supervising service quality on an ongoing basis. Failure to perform these duties makes the hospital institutionally negligent, regardless of whether there was error by individual medical personnel. Hospitals are also obligated to prioritize non-litigation dispute resolution through mediation and restorative justice before pursuing court proceedings (Flora, 2025). Nevertheless, many hospitals have not yet fully understood and applied these obligations consistently.

Based on the description above, it is clear that although the legal framework for hospital accountability is normatively available, its implementation in the field still faces various obstacles. The gap between legal provisions and healthcare practice creates legal uncertainty that harms patients. Furthermore, the complexity of legal relationships between hospitals and doctors, as well as the public's weak legal awareness, become specific challenges in the enforcement of patient rights. Therefore, an in-depth study is required to comprehensively analyze the accountability of hospitals for losses resulting from doctors' medical actions from the perspectives of health regulation, civil law, and consumer protection.

Based on the background of the problem described above, this research aims to analyze and describe in depth the liability of hospitals for losses caused by medical actions performed by doctors from the perspectives of health regulations, civil law, and consumer protection. This research also aims to identify various obstacles encountered in the implementation of hospital liability in Indonesia, as well as to provide recommendations for strengthening internal hospital management systems, increasing government supervision, and enhancing public legal awareness in order to realize optimal, fair, and equitable patient protection.

Method

This research utilizes a type of normative legal research or library research, which is research conducted by examining library materials or secondary data as the primary object. The approaches used in this research are the statute approach and the conceptual approach. The statute approach is carried out by examining all statutory regulations relevant to the issues under study, including Law Number 17 of 2023 concerning Health, the Indonesian Civil Code specifically Article 1243, Article 1365, Article 1366, and Article 1367 as well as Law Number 8 of 1999 concerning Consumer Protection. The conceptual approach is conducted by analyzing various doctrines, legal principles, and expert views related to hospital liability, vicarious liability, corporate negligence, and the protection of patients as consumers of health services.

The legal materials used in this research consist of three types: primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials include statutory regulations governing health, civil law, and consumer protection. Secondary legal materials consist of literature, scientific journals, legal articles, and results of previous research relevant to the topics of hospital liability and medical malpractice. Tertiary legal materials consist of legal dictionaries and legal encyclopedias used to understand technical terms in this research. The collection of legal materials was conducted through the library research technique, namely by searching, inventorying, and systematically reviewing various legal documents related to the problems being studied (Hendra et al., 2025). The sources of legal materials were obtained from physical libraries, online legal databases, and accredited legal journals.

The legal material analysis technique used in this research is descriptive qualitative analysis. The descriptive analysis aims to systematically, factually, and accurately describe the prevailing legal provisions regarding hospital liability for medical actions by doctors from the perspectives of health regulation, civil law, and consumer protection. Qualitative analysis is conducted by interpreting the collected legal materials to find meanings, relationships, and implications of these legal provisions toward the issues being studied (Majeed et al., 2023). All analyzed data are then presented in the form of a systematic, logical, and comprehensive scientific narrative. Finally, from the results of the analysis,

conclusions are drawn to answer the research objectives, and policy recommendations are provided to address various obstacles faced in the implementation of hospital liability in Indonesia.

Result and Discussion

The hospital's accountability for losses caused by a doctor's medical actions is a vital foundation for providing legal protection for patients as consumers of healthcare services. The legal basis for this accountability stems from various normative domains, namely specific health regulations, general civil law, and consumer protection principles. These three legal sources complement each other to provide legal certainty for the aggrieved party. The interaction between statutory provisions and juridical arguments derived from legal doctrine serves as the primary footing for understanding a hospital's accountability obligations when medical malpractice occurs (Permatsari et al., 2025). A comprehensive understanding of this legal basis is essential for both patients and hospitals so that the rights and obligations of each party can be upheld fairly and proportionally. Furthermore, the dynamics of these regulations must remain adaptive to challenges and changes in national health development, both concerning service accessibility and disease management (Harianto et al., 2024). In this regard, guarantees of protection must not differentiate based on social background, especially in fulfilling the juridical rights of underprivileged patients to avoid discrimination in obtaining access to care (Noor et al., 2023).

Health regulations serve as the primary foundation for the institutional accountability of hospitals. Law Number 17 of 2023 concerning Health acts as the main umbrella law regarding hospital accountability for the medical actions of health personnel. Article 193 of that law explicitly states that hospitals are legally responsible for all losses incurred due to negligence or errors committed by medical personnel and health workers within the hospital environment (Krisnarto et al., 2025). This provision affirms that the hospital, as a healthcare service institution, has an institutional obligation to ensure patient safety and the quality of the medical services provided. Article 192 paragraph (1) of the same law stipulates that hospitals are not responsible if the patient or their family consciously refuses or stops treatment after receiving comprehensive

medical explanations from health personnel. Institutional compliance with this rule is an important indicator in maintaining service quality to realize patient satisfaction, as is commonly used as a standard for evaluation in primary healthcare facilities (Khayru & Issalillah, 2022). Even in the utilization of national health insurance programs such as BPJS, analysis of technical and administrative service quality remains a key benchmark in assessing the performance accountability of service providers (Darmawan et al., 2022).

The provision in Article 192 paragraph (1) of the Health Law reaffirms the hospital's obligation to provide sufficient and accurate information to the patient. Consequently, patients can make decisions based on that information voluntarily and responsibly. Health regulations also require hospitals to meet healthcare standards and standard operating procedures. Hospitals are also obligated to conduct strict supervision over the actions of medical personnel working under their organization. Non-compliance with these standards becomes one of the primary grounds for legal lawsuits filed by aggrieved patients (Nirmalasari et al., 2025). Such losses can manifest as permanent disability, physical or psychological injury, or even death resulting from medical actions that do not conform to medical professional standards and applicable legal procedures. Hospitals that are negligent in meeting service standards can be held institutionally accountable. This obligation to enforce service standards also encompasses the developing digital realm, such as the requirement to maintain the legality and privacy protection standards of patient data in telepsychiatry services and online mental health consultations (Isnani et al., 2024). On the other hand, professional ethics and criminal law aspects also strictly monitor the compliance of medical personnel, especially in preventing the falsification of health certificates that could damage the integrity of the service system (Hartika et al., 2023).

Indonesian civil law contains provisions that serve as a general basis for accountability for losses suffered by other parties due to unlawful acts. Article 1365 of the Indonesian Civil Code states that every unlawful act that causes loss to another person obliges the perpetrator to compensate for that loss. The elements that must be fulfilled for an action to be qualified as an unlawful act are the existence of an act, the existence of fault, the existence of loss, and a causal link between the act and the loss.

This provision provides a strong normative foundation for patients to demand compensation if medical actions do not conform to professional standards or cause negative impacts on the patient's health. This principle applies generally to all forms of acts that harm other parties, including healthcare services in hospitals (Flora, 2025). In measuring causality and the impact of civil losses, an in-depth understanding of the patient's clinical condition is highly necessary, such as examining the link between periodontal tissue health and the progression of chronic systemic diseases that can exacerbate the patient's physical condition (Issalillah, 2022).

Article 1366 of the Indonesian Civil Code broadens the scope of liability by including negligence or lack of care as a basis for accountability. In healthcare, many malpractice cases arise not due to malicious intent on the part of medical personnel, but as a result of negligence in meeting medical service standards that should have been observed. As an institution responsible for the actions of medical personnel under its supervision, a hospital cannot avoid liability for such negligence. The hospital cannot claim that the action was performed by medical personnel who were not its direct employees. Article 1367 of the Indonesian Civil Code affirms the principle of employer liability, known as *vicarious liability*. This principle is relevant to the legal relationship between hospitals and doctors, as the hospital provides the facilities, coordination, and supervision of the medical services rendered (Sudjana et al., 2025). Alongside digitalization, this internal supervision system can now be optimized through the utilization of artificial intelligence to transform management efficiency while minimizing the risk of clinical negligence in hospitals (Khayru, 2022).

Juridically, based on Article 1367 of the Indonesian Civil Code, a hospital bears responsibility for losses caused by the actions of doctors working within its environment. Furthermore, Article 1243 of the Indonesian Civil Code regarding default can serve as a basis for accountability if the relationship between the patient and the hospital is viewed as a therapeutic contract. Under this contract, the hospital is obligated to provide medical services in accordance with the promises and professional standards agreed upon. A discrepancy between the medical action and the contract may constitute default, which is actionable by the patient in court. Thus, civil law provides a broad basis for patients to claim

damages, whether through the concepts of tort, negligence, employer liability, or default (Suryoutomo et al., 2025). This demonstrates the flexibility of civil law in accommodating various forms of patient losses.

Law Number 8 of 1999 concerning Consumer Protection provides an additional legal basis to affirm that patients are consumers of healthcare services. Hospitals and medical personnel are business operators providing these services. This law defines a consumer as any person who uses services available in society, including healthcare services, and derives benefits from those services. Article 4 of this law establishes consumer rights, including the right to comfort, safety, and security in using services. Consumers are also entitled to accurate, clear, and honest information regarding the condition and risks of using services. This provision is highly relevant in medical malpractice cases, as patients as consumers have the right to fully understand all the risks of the medical interventions they will undergo. This right to information serves as the foundation for providing medical consent (*informed consent*). Within the Indonesian legal construction, this right to information obligates both private and government healthcare providers to be transparent regarding detailed medical costs and all clinical risks before an action is performed (Rachim et al., 2024). Protection for patients as consumers of health services is further strengthened by the existence of strict regulations concerning medical advertising to prevent misleading promotions and to protect the public's right to choose (Sahidu et al., 2023).

Article 8 of the Consumer Protection Law prohibits business operators from trading or providing services that do not meet or are not in accordance with the required standards. This prohibition also encompasses the provisions of applicable statutory regulations. In healthcare, medical malpractice can be categorized as the provision of services that do not meet the professional standards or standard operating procedures in effect. This condition certainly causes significant losses to patients as service recipients. Furthermore, Article 19 of this law affirms that business operators are responsible for providing compensation for damages, pollution, or losses to consumers. Such compensation is provided as a result of the use of services that do not conform to the promised quality or applicable standards. In hospitals, compensation includes the reimbursement of additional medical

expenses, material compensation, and immaterial compensation for the patient's suffering (Suryoutomo et al., 2025).

The Consumer Protection Law is designed to protect the weak position of consumers in the trade of services or goods. Classifying patients as consumers expands the legal space for compensation efforts beyond the concept of pure civil liability. This classification also surpasses the institutional accountability of hospitals that is internal in nature. This reflects that consumer protection law can strengthen a patient's right to demand compensation outside of conventional civil litigation mechanisms (Kumar, 2025). Malpractice cases in Indonesia serve as a clear illustration of how the legal basis for hospital accountability is tested in practice. A regional hospital became the public spotlight when a patient passed away after undergoing a simple surgery. The patient's family felt that the medical procedure was not carried out in accordance with the applicable health service standards, leading them to demand accountability from the hospital.

In that case, the patient's family demanded accountability from the hospital for the actions taken by the medical personnel. The supervisory institution, the Ombudsman of the Republic of Indonesia, encouraged the patient's family to utilize the hospital's internal complaint mechanism first. The institution also ensured that the follow-up on the complaint proceeded in accordance with the applicable procedures before the case was brought into a wider legal sphere. This event highlights the importance of having adequate complaint and institutional accountability mechanisms as part of public service and health regulations. Simultaneously, this event reaffirms the important role of supervisory institutions in ensuring that hospitals fulfill their legal obligations diligently. The integration of various legal foundations for hospital accountability comprising health regulations, civil law, and consumer protection forms a comprehensive framework to protect patient rights (Tanaya & Putri, 2025).

The legal framework formed by health regulations, civil law, and consumer protection creates a harmonization that allows hospitals to understand the boundaries of their legal obligations. At the same time, this framework affirms the patient's right to demand accountability legally. The principle of employer liability, or *vicarious liability*, regulated in Article 1367 of the Civil Code, ensures that a hospital can be held accountable

for the actions of medical personnel. This applies even if the doctor does not have the status of a permanent employee, because the hospital provides the facilities, coordination, and supervision of the service. The doctrine of institutional negligence, or *corporate negligence*, emphasizes duties that cannot be delegated to other parties. These duties include the selection of competent doctors, the provision of adequate medical facilities, and the supervision of service quality on an ongoing basis. Failure to perform these duties makes the hospital institutionally negligent, regardless of whether there was error by individual medical personnel (Flora, 2025).

The application of the principles of fault and negligence as regulated in Article 1365 and Article 1366 of the Civil Code becomes a primary benchmark in determining the legal liability of a hospital. Every unlawful act that causes loss to another party obliges the perpetrator to compensate for that loss. Legal liability also applies to negligence or lack of care in carrying out duties. This principle is highly relevant because many patient losses arise due to procedural negligence, incomplete communication, or a lack of compliance with professional standards by medical personnel. The integration of these three legal frameworks confirms that a hospital has an obligation to conduct medical services professionally, ethically, and in accordance with national legal standards. This obligation encompasses the provision of complete information, supervision of medical personnel, fulfillment of operational procedures, and guarantees of patient safety in every medical action (Tulak et al., 2025). This serves as the foundation for a healthcare service system that is oriented toward patient safety and legal compliance.

A hospital's accountability for a doctor's medical actions has complex and multi-layered dimensions. A hospital is not only responsible for technical medical aspects but also simultaneously bears institutional, civil, administrative, and consumer-related responsibilities. This concept of multidimensional accountability is essential for guaranteeing the rights of patients as consumers of healthcare services. The hospital occupies a central position as the medical service provider that supplies facilities, establishes procedures, and coordinates all health personnel. Therefore, any negligence or action that does not conform to standards performed under its supervision can generate legal liability for the institution (Krisnarto et al., 2025). A hospital cannot completely

disassociate itself from the legal consequences of the actions of medical personnel within its working environment.

From a civil law perspective, the form of hospital accountability is realized through the provision of financial compensation and the fulfillment of the rights of aggrieved patients. A hospital can be sued on the grounds of default if it fails to fulfill the performance promised in a therapeutic transaction with a patient. The provisions in Article 1243 of the Civil Code stipulate that a party who fails to fulfill a performance is obliged to compensate for costs, losses, and interest that arise. Furthermore, liability also arises based on unlawful acts as regulated in Article 1365 of the Civil Code. This article affirms that every act that causes loss to another person obliges the party concerned to fully compensate for that loss. The doctrine of substitute liability, or *vicarious liability*, is regulated in Article 1367 of the Civil Code as an important legal basis (Permatsari et al., 2025).

The doctrine of *vicarious liability* under Article 1367 of the Indonesian Civil Code positions the hospital as the party liable for losses incurred due to the actions of medical personnel working under its supervision (Krisnarto et al., 2025). This provision applies even if the doctor acted individually in providing medical services to the patient. Law Number 17 of 2023 concerning Health reinforces the position of the hospital as a corporate legal subject that bears full responsibility. Article 193 of that law affirms that the hospital is legally responsible for all losses resulting from the actions of medical personnel working under its auspices. This provision establishes the hospital as the primary guarantor for aggrieved patients. This institutional responsibility cannot be waived on the grounds that the actions were performed by medical personnel individually without the knowledge of hospital management.

The Health Law also prioritizes non-litigation dispute resolution through mediation mechanisms and restorative justice approaches, as regulated in Article 277. Hospitals are obligated to pursue dispute resolution through internal mechanisms and mediation before court proceedings are initiated by patients who feel aggrieved. Administrative responsibilities are also regulated in this law, including sanctions in the form of written warnings, fines, or the revocation of operational permits. Such sanctions are imposed if the hospital is proven to have disregarded

patient safety in the administration of medical services (Perangin-Angin et al., 2025). These provisions emphasize the principles of patient safety, service integrity, and comprehensive institutional accountability. Consequently, health regulations govern not only the clinical aspects but also the managerial and administrative aspects of the hospital.

From a consumer protection perspective, patients are classified as consumers of health services, while hospitals act as business operators. Article 19 of Law Number 8 of 1999 concerning Consumer Protection establishes the hospital's obligation to provide compensation for losses suffered by patients. This compensation may take the form of refunds, re-treatment in accordance with standards, or the provision of appropriate indemnity. The principle of the reversal of the burden of proof is regulated in Article 28 of the Consumer Protection Law, which places the hospital in a position to prove the absence of fault in medical services. If the hospital fails to prove that there was no negligence or error, the institution is obligated to bear full responsibility for the patient's losses (Suryoutomo et al., 2025). This principle provides the strongest legal protection for patients as the weaker party. Protecting this strong legal standing is crucial, particularly in ensuring juridical rights for underprivileged patients so they do not experience discrimination or obstacles when demanding justice for inadequate services (Noor et al., 2023). Aside from the legal aspects of proof, patient satisfaction as a consumer is fundamentally influenced by real-world dimensions, such as the quality of technical service received and the ease of physical access to the health facility (Mardikaningsih, 2022).

A hospital's responsibility within the framework of consumer protection also encompasses aspects of products and services, including medical devices used in medical procedures. The hospital is responsible for every service defect or negligence that arises due to facilities or procedures that do not meet standards. Patients have the right to receive repairs, replacements, or adequate compensation for the losses they suffer. The hospital's accountability can essentially be constructed as an integrated and multidimensional legal regime. This regime covers civil aspects, institutional administration, and consumer protection simultaneously (Amalia, 2023). This construction asserts that hospitals are no longer positioned solely as providers of healthcare infrastructure, but as corporate legal subjects that bear full responsibility. In fulfilling these facilities, both

private and government hospitals are legally bound to provide emergency services 24 hours a day without interruption, especially in regions with limited geographical access (Mohamad et al., 2024). In addition to physical service availability, the expansion of health facility reach now relies heavily on telemedicine applications, although its implementation still faces dynamic technical regulatory challenges (Khayru & Issalillah, 2022).

An integrative approach to hospital accountability positions the legal protection of patients as the fundamental goal of the national health legal system. From a civil law perspective, hospital accountability is manifested in the obligation to provide compensation, which includes both material and immaterial losses. This obligation arises if it is proven that default, tort, or the application of the principle of substitute liability occurred. The therapeutic legal relationship born between the patient and the hospital creates an obligation for the hospital to conduct medical services in accordance with professional standards, service standards, and applicable standard operating procedures (Suryoutomo et al., 2025). If these obligations are not met and result in losses for the patient, the hospital is civilly liable for all resulting legal consequences. The implementation of the right to standardized service often intersects with the community's economic factors, where financial conditions are frequently the primary determinant for vulnerable groups, such as women, in accessing adequate reproductive health services (Nalin, 2025).

Hospitals are also responsible for the actions of doctors and health personnel who act within the scope of their duties, authority, and institutional supervision. Law Number 17 of 2023 concerning Health reinforces the position of the hospital as a legal entity that is corporately responsible for the administration of healthcare services (Khoironi & Nazidah, 2024). This law mandates that hospitals prioritize non-litigation dispute resolution mechanisms, including mediation and restorative justice approaches. These mechanisms are forms of legal protection oriented toward the restoration of patient rights in a fast and equitable manner. Hospitals are also required to ensure the consistent implementation of standard operating procedures, patient safety, and healthcare quality. Violations of these obligations may result in the imposition of strict administrative sanctions. Within this accountability framework, information

transparency is a primary pillar, where health facilities are required to maintain transparency regarding detailed medical costs and the clinical risks of every procedure to be undertaken (Rachim et al., 2024).

Administrative sanctions that can be imposed on hospitals include written warnings, administrative fines, operational restrictions, and even the revocation of operational permits. These sanctions reflect the institutional and managerial dimensions of hospital accountability in providing healthcare services (Redi & Marliana, 2024). Within the framework of the Consumer Protection Law, patients have the right to services that are safe, high-quality, and free from harm. Consequently, the hospital, as a business operator, is responsible for providing compensation that is adequate, proportional, and timely. The application of the principle of the reversal of the burden of proof in resolving consumer disputes significantly strengthens the patient's legal position. The burden of proof is shifted to the hospital to demonstrate that there were no elements of fault or negligence in the medical services provided. This creates a legal balance that favors the protection of the patient.

The integration of these three legal regimes affirms the hospital's obligation to establish and implement an internal management system that is strict, measurable, and accountable. This system includes the processes of selection and credentialing of medical personnel, supervision of healthcare quality, complete and accurate documentation of medical records, and the maintenance of transparent and effective communication with patients. The obligation to provide adequate information regarding the risks, benefits, and consequences of medical actions is an inseparable part of fulfilling valid medical consent (*informed consent*). Medical malpractice incidents occurring in various hospitals demonstrate that failure to fulfill these obligations carries potential legal consequences. These consequences may take the form of civil lawsuits, administrative sanctions, and disciplinary actions against both medical personnel and the hospital institution. This multidimensional accountability serves to strengthen patient safety protection and encourage hospital accountability.

Conclusion

Hospital liability for losses resulting from medical actions by doctors constitutes the primary foundation of legal protection for patients as

consumers of healthcare services. Based on the results of the discussion, this liability originates from three complementary legal regimes, namely health regulations, civil law, and consumer protection. Health regulation through Law Number 17 of 2023 affirms the hospital's institutional responsibility for the negligence of medical personnel. Civil law through Articles 1365 to 1367 of the KUHPerdata provides the basis for compensation regarding unlawful acts, negligence, and the principle of vicarious liability. Meanwhile, the Consumer Protection Law strengthens the patient's position with rights to service safety, correct information, and compensation with a reversed burden of proof. The integration of these three regimes forms a multidimensional liability framework, in which the hospital is not only responsible for technical medical aspects but also institutionally, civilly, administratively, and as a consumer provider. The success of patient protection depends heavily on the implementation of strict, accountable, and patient-safety-oriented internal hospital management systems.

The results of this discussion carry important implications for various parties. For the government, stricter supervision is required regarding hospital compliance with service standards and operating procedures, as well as the strengthening of supervisory bodies such as the Ombudsman in handling patient complaints. For hospitals, the implication is the obligation to build a comprehensive internal management system, including the selection of competent medical personnel, quality service supervision, accurate medical record documentation, and the provision of transparent information to patients as a form of fulfilling informed consent. Hospitals must also prioritize non-litigation dispute resolution mechanisms such as mediation and restorative justice before legal action is pursued through the courts. For patients and the public, the most urgent implication is an increased awareness of their rights as consumers of health services, including the right to correct information, the right to safety, and the right to claim compensation if they experience losses due to malpractice. Patients also need to understand that the reversed burden of proof in the Consumer Protection Law provides a stronger bargaining position. Theoretically, this research reinforces the understanding that hospital liability is multidimensional

and integrative, which cannot be separated from the synergy between health regulations, civil law, and consumer protection.

References

Amalia, C. R. 2023. Legal Responsibility For Patient Rights For Negligence In Health Services According To Law Number 44 Of 2009. *Proceedings Series On Social Sciences & Humanities*, *14*, 39–43.

Arimbi, D., & Arimbi, D. 2025. Legal Responsibility For Medical Risks, Medical Errors, And Malpractice In Health Services. *Lex Publica : Jurnal Ilmu Hukum Forum Pimpinan Pendidikan Tinggi Hukum Indonesia*, *12*(1), 63–89.

Budiman, A., Rizka, R., & Absori, A. 2023. Juridical Analysis of Hospital Liability for Actions of Doctors Performing Medical Malpractice. *Soepra Jurnal Hukum Kesehatan*, *9*(1), 95-101.

Darmawan, D., Issalillah, F., Khayru, R. K., Herdiyana, A. R. A., Putra, A. R., Mardikaningsih, R., & Sinambela, E. A. 2022. BPJS patients satisfaction analysis towards service quality of public health center in Surabaya. *Media Kesehatan Masyarakat Indonesia*, *18*(4), 124-131.

Djakantara, R. H., R. Hardyansah, & R. K. Khayru. 2025. The Legal Relationship between Patients and Healthcare Facilities: An Analysis of the Referral System, Standard Operating Procedures, and Agreements under the 2023 Health Act, *Studi Ilmu Sosial Indonesia,* 5(2), 281-298.

Flora, H. S. 2025. Civil Liability In Medical Malpractice Cases In Private Hospitals. *Leges Privatae.*, *2*(2), 33–39.

Harianto, A. V., Vitrianingsih, Y., Issalillah, F., & Mardikaningsih, R. 2024. Challenges and Changes Concerning National Health Development in Indonesia: Legal Perspectives, Service Access, and Infectious Disease Management. *International Journal of Service Science, Management, Engineering, and Technology*, *5*(2), 22-26.

Hartika, Y., Saputra, R., Pakpahan, N. H., Darmawan, D., & Putra, A. R. 2023. A Study on the Falsification of Health Certificates: Perspective of Criminal Law and Professional Ethics. *Journal of Social Science Studies*, *3*(2), 175-180.

Hendra, H., Nopianti, N., & Roni, A. 2025. Keberadaan Instrumen Elektronik Dalam Mengungkapkan Tindak Pidana. *Solusi*, *23*(1), 14–21.

Isnani, S., Herisasono, A., & Khayru, R. K. 2024. Legality and Privacy Protection Standards in Telepsychiatry and Online Mental Health Services. *Journal of Social Science Studies*, *4*(1), 227-236.

Issalillah, F. 2022. Exploring the Interconnection Between Periodontal Health and Systemic Disease Progression in Chronic Conditions. *Journal of Social Science Studies*, 2(1), 173-178.

Khayru, R. K. 2022. Transforming healthcare: the power of artificial intelligence. *Bulletin of Science, Technology and Society*, *1*(3), 15-19.

Khayru, R. K., & Issalillah, F. 2022. Service quality and patient satisfaction of public health care. *International Journal of Service Science, Management, Engineering, and Technology*, *1*(1), 20-23.

Khayru, R. K., & Issalillah, F. 2022. The equal distribution of access to health services through telemedicine: Applications and challenges. *International Journal of Service Science, Management, Engineering, and Technology*, *2*(3), 24-27.

Khoironi, Moh. L., & Nazidah, F. P. A. 2024. Hospital Liability For Negligence Of Medical Personnel Found In Hospitals Following The Issuance Of The Constitutional Court Decision Number 82/PUU-XIII/2015. *Arena Hukum*, *17*(3), 639–666.

Krisnarto, E., Lisdiyono, E., Kusumaningrum, A. E., & Noor, A. 2025. *Hospital Accountability For Medical Actions: A Justice-Oriented Approach Based On The Doctrine Of Vicarious Liability*. *4*, 914–914.

Kumar, A. 2025. *Assessing The Protection Of Medical Consumers In India Under The Consumer Protection Act, 2019*. *08*(03(I)), 155–164.

Majeed, N., Hilal, A., & Khan, A. N. 2023. Doctrinal research in law: Meaning, scope and methodology. *Bulletin of Business and Economics (BBE)*, *12*(4), 559-563.

Mardikaningsih, R. 2022. Patient Satisfaction Based on Quality of Service and Location. *Journal of Islamic Economics Perspectives*, *4*(1), 31-37.

Mohamad, Y., Dirgantara, F., & Khayru, R. K. 2024. Legal Analysis of Hospitals' Obligation to Provide 24/7 Emergency Services in Areas with Limited Access. *Journal of Social Science Studies*, *4*(1), 137-144.

Nalin, C. 2025. Economic Factors as Determinants of Women Access to Reproductive Health Services. *Studi Ilmu Sosial Indonesia*, 5(1), 245-264.

Nirmalasari, L., Husain, B., & Sutrisno, S. 2025. Pertanggungjawaban Hukum Informed Consent Dalam Perspektif Hukum Perdata Kesehatan. *Ranah Research*, *8*(1), 204–213.

Noor, A., Herisasono, A., Hardyansah, R., Darmawan, D., & Saktiawan, P. 2023. Juridical Review of the Rights of Indigent Patients in Health Services in Indonesia. *Journal of Social Science Studies*, *3*(2), 253-258.

Perangin-Angin, T. A., Silaban, L. S., Batubara, S. A., & Sinaga, J. 2025. Mediation As An Alternative To Legal Dispute Resolution In Health Services In Hospitals. *Justisi*, *11*(1), 192–202.

Permatsari, A. P., Mansyur, S., Agustina, A., & Prayuti, Y. 2025. Tanggung Jawab Hukum Perdata Rumah Sakit Dalam Pelayanan Kesehatan Terhadap Pasien. *As-Syar I : Jurnal Bimbingan Dan Konseling Keluarga*, *7*(3). 129-141.

Pramono, A., & Kusumaningrum, A. E. 2023. Perlindungan Hukum Terhadap Pasien Sebagai Konsumen Jasa Pelayanan Kesehatan Dalam Transaksi Terapeutik. *JISPENDIORA : Jurnal Ilmu Sosial, Pendidikan Dan Humaniora*, *1*(1), 109

Rachim, R., Hardyansah, R., & Khayru, R. K. 2024. The Obligation of Medical Cost and Risk Information Transparency by Private Healthcare Providers in Indonesian Legal Construction. *Journal of Social Science Studies*, *4*(2), 207-222.

Redi, A., & Marliana, L. 2024. Hospital responsibilities toward patients in the implementation of health services. *International Journal of Engineering Business and Social Science*, *2*(03), 997-1008.

Revinesia, A., & Revinesia, A. 2025. *A Legal Analysis Of Medical Malpractice In The Indonesian Legal System*. *2*(3), 137–141.

Sahidu, S., Putra, A. R., & Darmawan, D. 2023. Medical Advertising Regulations and Patient Protection as Consumers of Healthcare Services. *Journal of Social Science Studies*, *3*(1), 331-342.

Shidiq, M. H., & Syawali, H. 2025. Tanggung Jawab Hukum Rumah Sakit Terhadap Korban Malpraktik Oleh Tenaga Medis Di Kabupaten Purwakarta Menurut Undang-Undang No. 17 Tahun 2023. *Bandung Conference Series Law Studies*, *5*(2), 835-842. . Https://Doi.Org/10.29313/Bcsls.V5i2.18635

Siregar, Z. M., & Rangkuti, Z. A. 2024. Implementation Of An Integrated Referral System (Sisrute) In Improving Health Service Referrals At Rumah Sakit Umum Pusat (RSUP) H. Adam Malik Medan. *Journal Of Law, Poliitic And Humanities*, *4*(5), 1285–1295.

Subiakso, A., Juliarto, T. S., Darmawan, D., Sisminarnohadi, S., & Romli, R. I. A. 2023. Legal Rights in Access to Health Services for Persons with Disabilities. *Bulletin of Science, Technology and Society*, *2*(3), 15-20.

Sudjana, D. P. P., Effendi, D., Zakaria, C. A. F., Noor, A., & Anggraeni, E. N. 2025. Analisis Vicarious Liability Dalam Pertanggungjawaban Rumah Sakit Terhadap Gugatan Malpraktik Medis. *Jurnal Riset Rumpun Ilmu Sosial, Politik Dan Humaniora*, *5*(1), 236–247.

Suryoutom, M., Kusumaningrum, A. E., & Mariyam, S. 2025. Liability Of Hospitals For Negligent Health Services As A Tort. *Journal Of Lifestyle And Sdgs Review*, *5*(2), E03009–E03009.

Tampil, V. C., Mubasyiroh, A. A., Khayru, R. K., Darmawan, D., & Prasetyo, B. A. 2023. Legal Protection for Patients in Health Services at Community Health Centers. *Studi Ilmu Sosial Indonesia*, 3(2), 85-100.

Tanaya, V., & Putri, I. 2025. The Civil Liability Of Hospitals For Malpractice Committed By Healthcare Personnel Resulting In Baby Switched At Birth Incidents. *Jurnal Ius: Kajian Hukum Dan Keadilan*, *13*(1), 1–19.

Tulak, N., Fadila, A., Tulak, N., & Fadila, A. 2025. Pertanggungjawaban Hukum RS Atas Kelalaian Medik Dan Sanksi Terhadap Tenaga Medis Di RS. *Jurnal Ilmu Hukum, Humaniora Dan Politik*, *5*(6), 5469–5474.

Wahyusetiawan, R., Herisasono, A., Khayru, R. K., Vitrianingsih, Y., & Issalillah, F. 2024. Health Facility Accountability for Terminal Patient Palliative Care Services Under Health Law. *International Journal of Service Science, Management, Engineering, and Technology*, *6*(2), 45-57.

Yatno, Y., Darmawan, D., & Khayru, R. K. 2023. Hospitals' Legal Responsibility for Service Disruptions due to Information System Failures. *Journal of Social Science Studies*, *3*(1), 319-330.