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The Integration of Ethics and Law in Medical Practice: The Urgency of Upholding Professional Discipline and the Theory of Legal Liability for Healthcare Professionals

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Abstract

The rapid development of modern medical science brings increasingly heavy ethical consequences for medical personnel. Every clinical decision is not only based on medical considerations but must also take into account ethical, legal, and social implications. This paper discusses the ethics of medical personnel, professional discipline violations based on Article 304 of Law Number 17 of 2023 concerning Health, and the theory of legal liability which encompasses three main forms: administrative (sanctions from the Professional Discipline Council), civil (compensation based on Article 1365 of the KUHPerdata), and criminal (Article 359 of the KUHP and Article 440 of the Health Law). The results of the discussion show that eight ethical principles (autonomy, beneficence, justice, non-maleficence, veracity, fidelity, confidentiality, and accountability) serve as the primary foundation of professional medical practice; however, significant weaknesses still exist because professional and ethical standards have not been detailed comprehensively, potentially leading to multiple interpretations. Recommendations from the Professional Discipline Council are an absolute prerequisite before criminal proceedings begin, with a maximum resolution time limit of 14 working days.

Keywords: medical ethics, professional discipline violations, professional discipline council, legal liability of medical personnel, health law.

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Introduction

The rapid development of medical science, marked by advancements in medical technology, the discovery of new drugs, and increasingly complex procedures, has brought heavier ethical consequences for medical personnel. Every medical decision made by health workers is no longer based solely on clinical considerations but must also take into account the accompanying ethical, legal, and social implications (Morrison et al., 2016). Ethics become highly crucial, as they serve as guidelines that prevent the misuse of medical science and technology that could harm patients. Without a strong ethical foundation, medical practice risks becoming a cold technical activity, losing its human touch, and potentially causing various forms of violations that harm patients, ranging from minor negligence to severe malpractice (Körtner, 2023). In line with this massive modernization, service transformation is also driven by the utilization of artificial intelligence, which offers diagnostic efficiency while simultaneously bringing new challenges to the realm of medical accountability (Khayru, 2022). Furthermore, the complexity of clinical handling now increasingly demands thorough caution, including in detecting inter-condition relationships of a patient's diseases to prevent fatal malpractice risks (Issalillah, 2022).

Ethics serve as the primary foundation that distinguishes the health profession from mere technical work. The medical code of ethics was created as a guide for the medical profession, binding both doctors and dentists in the practice of their profession, whether in relation to patients, fellow colleagues, or themselves (Kaur & Singh, 2018). The definition of a profession itself contains a broader dimension than just a livelihood; it is a shared calling in the spirit of public service. This confirms that the health profession is essentially a calling to serve the public, not just a job to earn an income, thus requiring every medical professional to prioritize the patient's interests over their own. This commitment to service serves as a main pillar in facing the challenges of national health development, especially in ensuring equal access and service quality for the public (Harianto et al., 2024). On the other hand, the integrity of this profession must be strictly guarded against all forms of legal deviation, such as the falsification of medical documents, which compromises the professional ethics of health workers themselves (Hartika et al., 2023).

In daily medical practice, ethical and legal aspects often overlap on specific issues. Many ethical norms have been elevated into legal norms, or conversely, legal norms contain ethical values (Zwitter, 2019). For example, a doctor's obligation to obtain *informed consent* was initially an ethical principle regarding patient autonomy, but it is now strictly regulated in various laws and regulations. Therefore, a medical professional cannot ignore ethical aspects under the pretext of only complying with the law, as the two mutually reinforce and complement each other. The ethics of medical personnel are broken down into eight main principles: autonomy, beneficence, justice, non-maleficence, honesty, keeping promises, confidentiality, and accountability. The overlap between fulfilling the right to autonomy and protecting medical confidentiality also becomes highly crucial in the provision of digital or online-based healthcare services (Isnani et al., 2024). Additionally, health facilities are legally bound to guarantee the availability of emergency services continuously for patient safety, particularly in remote areas (Mohamad et al., 2024).

Law Number 17 of 2023 concerning Health has provided a clear legal framework through the establishment of a Professional Disciplinary Council tasked with assessing ethical violations and providing recommendations before criminal proceedings begin (Tamon et al., 2025). Article 304 of this law specifically regulates professional disciplinary enforcement, including the authority of the council which can be permanent or ad hoc to determine whether a disciplinary violation has been committed by medical personnel or health workers, with a maximum resolution period of 14 working days. Recommendations from this council are vital because they determine whether investigations by the police or Civil Servant Investigators can proceed. In the criminal law enforcement process, the use of electronic instruments now plays an important role in supporting the proofing process and revealing facts objectively (Hendra et al., 2025).

Nevertheless, there is a significant weakness in the current regulation. The article does not elaborate in more detail on what constitutes the professional standards and ethics of medical and health personnel, which can lead to various meanings or opinions from different parties. This lack of clarity has the potential to trigger multiple interpretations among law enforcement officials, professional disciplinary councils, and the wider public. What is considered a violation of

professional standards by one party may not necessarily be considered as such by another because there are no objective and measurable criteria. This condition can result in inconsistency in decision-making by the Professional Disciplinary Council, which in turn can harm both patients and medical personnel themselves (Asmara, 2025). This regulatory uncertainty is feared to trigger new obstacles in service, similar to economic constraints that often limit vulnerable community groups in obtaining the right to decent care (Nalin, 2025).

More broadly, legal liability theory divides the responsibility of medical personnel into three main forms: administrative responsibility (sanctions from the professional disciplinary council), civil responsibility (compensation based on Article 1365 of the Indonesian Civil Code regarding torts), and criminal responsibility (imprisonment based on Article 359 of the Criminal Code regarding negligence resulting in death or Article 440 of the Health Law regarding the culpability of medical personnel). These three forms of responsibility do not negate each other, meaning that a single act can trigger more than one type of responsibility simultaneously (Revinesia & Revinesia, 2025). A complete understanding of ethics and law is very important, not only for medical personnel and hospitals but also for law enforcement officials, patients, the public, and policymakers. This is in line with the essence of health consumer protection, where the institutional accountability system for losses resulting from medical actions must be affirmed to ensure justice for patients (Wahyudi et al., 2025).

Based on the background of the problem, this paper aims to examine in depth the ethics of medical personnel, professional discipline violations based on Article 304 of Law Number 17 of 2023 concerning Health, and the theory of legal liability encompassing administrative, civil, and criminal aspects. The results of this study are expected to provide a comprehensive understanding for all stakeholders in the health sector in creating health service practices that are ethical, professional, and equitable.

Method

This research is a normative legal research or doctrinal legal research, which is research that examines law as a system of norms, principles, regulations, and legal doctrines. The approaches used in this research are the statute

approach and the conceptual approach. The statute approach is conducted by examining all relevant provisions in Law Number 17 of 2023 concerning Health, specifically Article 304 regarding professional discipline enforcement and Article 440 regarding the negligence of medical personnel, as well as other related statutory regulations such as the Indonesian Civil Code (Article 1365) and the Indonesian Criminal Code (Article 359). The conceptual approach is carried out by examining relevant legal concepts and doctrines, such as the theory of legal liability, principles of medical ethics, and the concept of professional discipline violations.

The legal materials used in this research consist of primary, secondary, and tertiary legal materials. Primary legal materials include Law Number 17 of 2023 concerning Health, the Indonesian Civil Code, and the Indonesian Criminal Code. Secondary legal materials include literature, scientific journals, legal articles, and expert opinions discussing medical ethics, professional discipline violations, and the legal liability of medical personnel. Tertiary legal materials consist of legal dictionaries and encyclopedias to assist in interpreting technical terms.

The technique for collecting legal materials was carried out through library research by tracing various legal documents, literature, and relevant scientific publications (Anisimova et al., 2024). All collected legal materials were then analyzed qualitatively using legal interpretation methods, namely grammatical interpretation (based on the text of the law), systematic interpretation (by connecting one article to another), and teleological interpretation (based on the purpose of the legislation). The results of the analysis are presented descriptively-analytically in the form of a systematic and structured narrative to answer the formulated problems (Rohman et al., 2024).

Result and Discussion

The rapid development of medical science, marked by advancements in medical technology, the discovery of new drugs, and increasingly complex procedures, has brought heavier ethical consequences (Letov, 2022). Every medical decision made by health workers is no longer based solely on clinical considerations but must also consider the accompanying ethical, legal, and social implications. Ethics become highly crucial, as they serve as guidelines that prevent the misuse of medical science and technology

that could harm patients (Shamima & Hossain, 2015). More than just rules, medical ethics are a reflection of humanity and respect for the dignity of the patient as a subject who possesses the right to autonomy (Pellegrino & Sulmasy, 2024). Without a strong ethical foundation, medical practice risks becoming a cold technical activity, losing its human touch, and even causing various forms of violations that harm patients, ranging from minor negligence to severe malpractice. Therefore, an in-depth understanding of the ethics of medical personnel is an absolute prerequisite for every health professional before they serve the community.

Ethics serve as the primary foundation that distinguishes the health profession from mere technical work. The medical code of ethics was created as a guide for the medical profession, binding both doctors and dentists in the practice of their profession. These ethical guidelines not only regulate the doctor-patient relationship but also the relationships among fellow colleagues, as well as the doctor's relationship with themselves. In other words, professional ethics serve as a moral compass that guides every action of medical personnel in all aspects of their lives as professionals (Setyawati & Herman, 2025).

The definition of a profession itself needs to be understood deeply because it contains a broader dimension than just a livelihood. The term "profession" is defined as a group of people who pursue an art studied as a shared calling in a spirit of public service, and such public service does not diminish in value even if it happens to be a means of earning a living. This definition affirms that the health profession, especially medicine, is essentially a calling to serve the community, not just a job to earn an income (Zhai, 2012). The consequence of this understanding is that every medical professional is required to prioritize the patient's interests above their own.

In daily medical practice, ethical and legal aspects often overlap on specific issues. In fact, the ethical aspect is often inseparable from its legal aspect. This is due to the fact that many ethical norms have been elevated into legal norms, or conversely, legal norms contain ethical values. For example, a doctor's obligation to obtain *informed consent* was initially an ethical principle regarding patient autonomy, but it is now strictly regulated in various laws and regulations (Firmansyah et al., 2022). Therefore, a medical professional cannot ignore ethical aspects under the pretext of only complying with the law, as the two mutually reinforce and complement each

other. This strong correlation affirms the importance of protecting patient rights comprehensively, both from the perspective of positive law and the medical ethics applicable in Indonesia (Herisasono et al., 2023). Therefore, implementing education regarding health law rights and obligations for patients in hospitals is a crucial step to building a balanced understanding between users and providers of medical services (Vitrianingsih et al., 2025).

The ethics of medical personnel and health workers in general are defined as the moral and professional foundation that regulates the behavior of health workers in carrying out their duties (Shree & M, 2020). This foundation is not abstract but is broken down into eight main principles that serve as practical guides for every action taken by medical personnel. These principles include autonomy, beneficence, justice, non-maleficence, honesty, keeping promises, confidentiality, and accountability. These eight principles are interrelated and must be upheld in their entirety by every medical professional in the practice of their profession. The application of these principles also extends to cutting-edge medical interventions, including the consideration of moral boundaries and regulations in the utilization of stem cell therapy, which continues to evolve (Issalillah, 2023).

The first principle is autonomy, which is based on the belief that individuals are capable of logical thought and are capable of making their own decisions. This principle recognizes that a competent adult is capable of deciding things and that others must respect those decisions. Autonomy is a right to independence and individual freedom that demands recognition of personal differences and choices. In medical practice, this principle is manifested through respect for the patient's right to determine the medical actions to be performed on them after receiving a complete explanation (Cook et al., 2020). Respect for this independence also serves as the basis for providing equal legal protection for patients who access services at the primary level, such as in community health centers (Tampil et al., 2023).

The second principle is beneficence, which emphasizes the obligation to carry out actions or services that provide profit or benefit to the patient or their family. This principle also illustrates that every action to be performed must provide more benefits than side effects or losses to the patient (Glorioso, 2025). In other words, a medical professional must always consider the benefit-risk ratio of every proposed medical intervention and only carry out actions that clearly provide

clinical benefits to the patient. This dimension of benefit also includes legal rights for groups of people with special needs, including the fulfillment of inclusive and friendly health service access for persons with disabilities (Subiakso et al., 2023).

The third principle is justice, which is reflected in professional practice when healthcare professionals work to provide appropriate treatment in accordance with the law, standards of practice and sound medical judgement in order to ensure high-quality healthcare. This principle requires healthcare professionals not to discriminate when providing care, but rather to treat every patient fairly regardless of their social or economic background, ethnicity, religion or other status. Justice also means that the allocation of limited healthcare resources must be carried out proportionally and based on medical need (Rusínová et al., 2023). From a consumer protection perspective, this principle of justice must also be implemented through strict regulations on medical advertising to protect the public from misleading information (Sahidu et al., 2023).

The fourth principle is *nonmaleficence*, which means not causing harm or injury, whether physical or psychological, to the patient. This principle is a manifestation of the ancient adage in medicine, "*primum non nocere*" (first, do no harm). Every medical professional is obligated to avoid actions that could endanger the patient, whether due to procedural errors, negligence, or incompetence. If a procedure carries a risk of harm, that risk must be justified by the magnitude of the expected benefits (Tapia, 2024). Efforts to minimize these harmful risks also depend heavily on the reliability of supporting infrastructure, where hospitals bear full legal responsibility if service disruptions occur due to information system failures (Yatno et al., 2023). Aside from technical system readiness, the commitment to suppress the risk of harm and maintain overall patient safety acts as a fundamental factor in boosting the operational effectiveness of healthcare institutions (Darmawan, 2024).

The fifth principle is *veracity* (honesty), which must be possessed by all healthcare providers to convey the truth to every patient so that the patient understands. The information provided must be accurate, comprehensive, and objective. Truth is the basis for fostering mutual trust between medical personnel and patients. Without honesty, it is impossible

to build the trust that serves as the foundation for an effective therapeutic relationship. Medical personnel must not withhold important information regarding diagnosis, prognosis, or procedure risks from the patient, except in very limited situations regulated by law (Friedland, 2025). This obligation to be honest is in line with the demands for transparency regarding detailed medical costs and procedure risks that must be fulfilled by private healthcare providers within the applicable legal construction (Rachim et al., 2024). This transparency of information ultimately becomes a crucial benchmark in evaluating public satisfaction, especially for public health insurance patients accessing services at the primary level (Darmawan et al., 2022).

The sixth principle is *fidelity* (keeping promises), which reflects the significant responsibility of a medical professional to improve health, prevent disease, restore health, and minimize suffering. This principle demands a firm commitment from medical personnel toward their profession and the patients they serve. Keeping promises also means that medical personnel must be consistent between their words and actions, as well as take full responsibility for every action agreed upon with the patient (Tapia, 2024). This professional commitment also includes the doctor's compliance with legal and ethical rules in completing medical records thoroughly, accurately, and in a timely manner (Mubarak et al., 2023).

The seventh principle is *confidentiality*, which requires that information about the patient must be guarded and not disseminated. Documentation regarding the patient's health status may only be read for the purposes of treatment and the improvement of the patient's health. Discussions regarding the patient outside of service areas must be avoided. This principle of confidentiality has exceptions only in situations regulated by law, for example, for reporting specific infectious diseases or within the framework of judicial processes; however, in general, a patient's medical information is a private right that must be protected (Wong, 2024). This ethical dilemma demands a clear harmonization in health law between the obligation to report infectious disease cases for the public interest and the protection of the patient's personal identity confidentiality (Agustina et al., 2025).

The eighth principle is *accountability*, which is the definitive standard that the actions of a professional can be assessed in unclear

situations or without exception. Accountability requires every medical professional to be ready to justify their every action, from ethical, legal, and professional perspectives. This principle ensures that medical personnel cannot hide behind ambiguity, but must be able to demonstrate that every decision and action is based on the applicable professional standards (Peteet et al., 2023). This moral and legal responsibility is clearly reflected in the accountability aspect of healthcare facilities when providing palliative care services for patients with terminal conditions (Wahyusetiawan et al., 2024).

The entirety of the ethical principles described above does not arise in a vacuum, but rather is rooted in international ethical guidelines that have developed over centuries. This code of ethics is based on international guidelines such as the Hippocratic Oath from ancient Greece and the 1948 Declaration of Geneva, which is a modern reformulation of that oath. These international guidelines are then adapted into the local Indonesian context through the Indonesian Medical Code of Ethics (*KODEKI*). *KODEKI* is a specific guide in Indonesia that regulates the responsibility of doctors in providing medical services humanely, professionally, and without discrimination. By adhering to *KODEKI*, doctors and medical personnel in Indonesia have a clear and contextual guide in practicing their profession daily, enabling them to provide the best service for patients while protecting themselves from unreasonable ethical and legal claims (Mulijono, 2025). Furthermore, the alignment of these ethical principles is also realized through the provision of guarantees for the fulfillment of legal rights for underprivileged community groups so they continue to receive equal protection within the national health service system (Noor et al., 2023).

Understanding ethical violations by medical personnel and health workers cannot be separated from the concept of professional disciplinary violations itself. Within the scope of Article 304 of Law Number 17 of 2023 concerning Health, professional disciplinary violations refer to actions that are inconsistent with professional standards, codes of ethics, or other regulations governing the behavior of medical personnel and health workers in carrying out their duties. In other words, any deviation from the established guidelines whether in the form of technical medical standards or professional moral norms can

be categorized as a professional disciplinary violation. This concept is important because it serves as the gateway for the ethical enforcement process against health workers suspected of committing errors in the practice of their professional duties (Supraba et al., 2025). The potential for such disciplinary violations is indirectly closely related to societal demands regarding service quality, where patient satisfaction is often determined by the quality of medical personnel performance and the accessibility of the health facility's location (Mardikaningsih, 2022).

Law Number 17 of 2023 concerning Health serves as the primary foundation governing the responsibility of medical and health personnel, including the mechanism for professional disciplinary enforcement. Article 304 of this law specifically regulates professional disciplinary enforcement through several provisions. Paragraph (1) states that to support the professionalism of Medical and Health Personnel, professional disciplinary enforcement must be applied. Paragraph (2) asserts that for the purpose of such disciplinary enforcement, the Minister shall form a council that carries out duties in the field of professional discipline. Paragraph (3) explains that this council determines whether or not a professional disciplinary violation has been committed by Medical and Health Personnel. Paragraph (4) adds that the council in question may be permanent or *ad hoc*. Finally, paragraph (5) mandates that further provisions regarding the duties and functions of the council be regulated by a Government Regulation (Tamon et al., 2025). Thus, this law has provided a clear institutional framework for handling professional disciplinary violations in the health sector. The standardization of this regulation is ultimately aimed at optimizing service quality in the public sector to achieve comprehensive patient satisfaction (Khayru & Issalillah, 2022a). This includes the utilization of digital technology-based innovations, which simultaneously presents new legal challenges in striving for equitable access to healthcare for the wider community (Khayru & Issalillah, 2022b).

The enforcement of professional discipline through the council formed by the Minister has several key points that need to be understood deeply. The first point concerns the formation of the Professional Disciplinary Council itself. The law mandates the formation of a council, whether permanent or *ad hoc*, tasked with

assessing and handling ethical violations within a maximum resolution period of 14 working days. This timeframe is relatively short compared to general legal processes, and it is hoped that it will provide swift legal certainty for all disputing parties. The second point concerns protection for medical personnel. The law provides legal protection to medical personnel if they work in accordance with professional standards and ethics. This protection ensures that they are not unfairly punished due to situations beyond their control, such as system errors or unpredictable external factors (Abdullah & Binarsa, 2025).

The third point, which is equally important, concerns sanctions for violations. The law stipulates that severe violations can lead to administrative sanctions such as the revocation of practice licenses, or even criminal charges if the violation involves criminal acts. In other words, there is a tiered graduation of sanctions ranging from oral warnings, written warnings, and temporary suspension of practice licenses to permanent revocation, depending on the severity of the violation. The fourth point concerns the complaint procedure. Patients or their families who feel aggrieved can report to the Professional Disciplinary Council. This council is the official venue for complaints by patients or families who feel harmed by medical or health personnel. The time limit for handling disputes in this Disciplinary Council is a maximum of 14 (fourteen) working days from the receipt of the application, making the process relatively fast compared to general judicial processes (Wulan et al., 2025).

The Professional Disciplinary Council plays a very crucial role in the overall law enforcement system against medical and health personnel. The council will produce recommendations while determining the existence or absence of professional misconduct by medical and health personnel. Recommendations from this Disciplinary Council are very important because they determine whether investigations by the police or Civil Servant Investigators (PPNS) can proceed. In other words, before law enforcement officials can criminally prosecute a medical professional suspected of malpractice, they must first obtain a recommendation from the Professional Disciplinary Council stating that a violation of professional standards, service standards, or standard operating procedures has occurred. Reports or complaints from patients or families who feel aggrieved must also be accompanied by sufficient evidence for

investigation. This mechanism is designed to prevent unreasonable criminalization of medical personnel who have actually worked according to professional standards (Yandriza et al., 2025).

Nevertheless, there is a significant weakness in the current regulation. The article does not elaborate in more detail on how the professional standards and ethics of medical and health personnel are defined, which can lead to various meanings or opinions from different parties. This lack of clarity has the potential to trigger multiple interpretations among law enforcement officials, the professional disciplinary council, and the wider public. For example, what is considered a violation of professional standards by one party may not necessarily be considered as such by another because there are no objective and measurable criteria. This condition can result in inconsistency in decision-making by the Professional Disciplinary Council, which can then harm both patients and the medical personnel themselves. Therefore, implementing regulations are needed, ideally in the form of a Government Regulation or Ministerial Regulation, that explicitly outline the indicators of violations of professional standards and ethics (Cahjono et al., 2025). With clear and measurable guidelines, it is hoped that the professional disciplinary enforcement process can run more objectively, transparently, and accountably, thereby providing justice for all parties involved.

Understanding legal responsibility related to medical malpractice cannot be separated from the fundamental meaning of responsibility itself. The theory of legal responsibility emphasizes the meaning of responsibility born from statutory provisions, so that the theory of responsibility is interpreted in the sense of *liability* (Arimbi & Arimbi, 2025). In other words, an individual or a corporation can be said to be legally responsible if their actions meet the elements determined by law, not merely based on moral or ethical judgment alone. This interpretation is important because it carries the consequence that accountability must be proven through applicable legal procedures, complete with mechanisms for evidence, sanctions, and available legal remedies. In the realm of healthcare, the legal responsibility of medical personnel and hospitals can arise from various types of violations, ranging from minor to severe, and each has different paths and legal consequences.

In general, legal responsibility is divided into three main forms: administrative responsibility, civil responsibility, and criminal responsibility. These three forms of responsibility do not negate each other, meaning that a single act can trigger more than one type of responsibility simultaneously. For example, a doctor who commits malpractice can be subject to administrative sanctions in the form of revocation of their practice license, be sued for civil damages by the patient, and simultaneously be processed criminally because their negligence resulted in death (Pribadi et al., 2024). Therefore, it is important for every medical professional and hospital manager to understand these three paths of responsibility along with their respective criteria and consequences.

The first form is administrative responsibility. This type of responsibility is typically handled by the Professional Disciplinary Council, which is authorized to impose administrative sanctions on medical personnel proven to have violated the code of ethics or professional standards. The administrative sanctions that can be imposed vary, ranging from oral warnings, written warnings, and the suspension of practice licenses for a certain period, to the permanent revocation of practice licenses. These sanctions are usually applied for violations that do not involve serious physical harm to the patient, such as breaches of medical information confidentiality, minor negligence in medical record documentation, or violations of communication ethics with patients and their families. Although administrative sanctions do not involve imprisonment or large compensatory payments, their impact on a medical professional's career can be highly significant, especially if their practice license is revoked (Wardhana & Sulistyo, 2025). Administrative responsibility functions as an internal professional control mechanism to maintain service quality standards and protect the public from unprofessional medical practices.

The second form is civil responsibility. If the negligence committed by medical personnel or a hospital results in material or immaterial losses for a patient, then the patient or their heirs may file a civil lawsuit based on Article 1365 of the Civil Code (*KUHPerdata*) regarding torts (*onrechtmatige daad*). This article states that every act that violates the law and causes harm to another person obligates the person whose fault caused the harm to compensate for said damage. Civil lawsuits are typically aimed

at obtaining financial compensation for the losses suffered by the patient (Suryoutom et al., 2025). For example, if a doctor's negligence causes a patient to suffer permanent disability, rendering them unable to work, the patient may sue for compensation covering medical costs, future loss of income, and psychological suffering. The amount of compensation is determined by the court based on submitted evidence, including expert medical testimony and actuarial calculations of the material losses suffered. Unlike criminal responsibility, which emphasizes punishing the perpetrator, civil responsibility focuses more on restoring the condition (*restitutio in integrum*) or providing compensation for the victim.

The third form is criminal responsibility. Serious violations such as malpractice that causes death or serious injury to a patient may be subject to criminal sanctions based on Article 359 of the Criminal Code (*KUHP*). This article regulates negligence resulting in the death of another person, which is punishable by a maximum of five years of imprisonment. Furthermore, Law Number 17 of 2023 concerning Health also regulates specifically in Article 440 regarding the negligence of medical personnel that results in serious injury (a maximum of three years in prison) or death (a maximum of five years in prison). Another example of criminal responsibility in the health sector is illegal abortion, which violates criminal law provisions. In cases such as these, medical personnel may not only be subject to imprisonment and fines but also additional sanctions in the form of the permanent revocation of their practice license (Wulan et al., 2025). Criminal responsibility is the most severe form of accountability because it involves a person's freedom, so the burden of proof requires a higher standard, namely *beyond a reasonable doubt*.

Furthermore, as previously explained, criminal proceedings against medical personnel also require a prior recommendation from the Professional Disciplinary Council, meaning not all alleged violations can be immediately processed criminally (Čipka & Šalková, 2024).

These three forms of legal responsibility administrative, civil, and criminal—form an integrated system in law enforcement within the health sector. This system is designed to reach various levels and types of violations, ranging from minor to severe. Administrative responsibility acts as the first line of defense in handling ethical and professional disciplinary violations (Wardhana & Sulistyo, 2025). Civil responsibility

provides a compensation mechanism for patients who suffer losses due to the negligence of medical personnel. Meanwhile, criminal responsibility acts as the ultimate instrument to punish very serious violations that endanger the lives of patients (Lira, 2023). By understanding these three forms of responsibility holistically, stakeholders in the health sector medical personnel, hospital management, law enforcement officials, and patients can understand their respective rights and obligations as well as the appropriate legal paths to pursue in the event of a medical dispute. The integration of these three forms of responsibility also affirms that the health profession is not above the law but is subject to the same rules as other professions, while remaining mindful of the specificities and complexities of medical actions that require assessment by experts in their field.

The understanding of ethics and law is not merely theoretical knowledge neatly stored in textbooks, but must be implemented tangibly in every interaction between medical personnel and patients. A doctor who understands the principle of autonomy will always request medical informed consent correctly and never force their will upon a patient. A nurse who understands the principle of confidentiality will never discuss a patient's condition in public spaces or with unauthorized parties. A hospital manager who understands the theory of legal responsibility will ensure that monitoring systems and standard operating procedures are strictly enforced to prevent malpractice caused by systemic negligence. Ethics and law are two sides of the same coin in dignified healthcare (Setyawati & Herman, 2025).

A holistic understanding of ethics and law also serves as a protective tool for medical personnel themselves. In an era where the public is increasingly critical and legally aware, medical personnel who do not understand the ethical and legal foundations of their profession will be highly vulnerable to claims and lawsuits (Thomas, 2020). Conversely, medical personnel who work in accordance with professional standards, codes of ethics, and statutory regulations will possess a strong position if they are ever accused of malpractice. They can demonstrate that every action taken was in accordance with procedures, well-documented, and based on accountable scientific evidence. The existence of the Professional Disciplinary Council, which provides recommendations

before criminal proceedings begin, is very important because it provides space for medical personnel to prove they are innocent before facing long and exhausting legal processes.

The synergy between ethics and law in healthcare essentially aims to realize one fundamental thing: public trust in the health profession. When the public believes that doctors, nurses, and hospitals work with integrity, competence, and high care, then therapeutic relationships will function well, patient adherence to treatment will increase, and health service outcomes will be optimal. Conversely, when that trust is lost due to various malpractice cases not handled fairly, the entire healthcare system will be disrupted. Therefore, efforts to enforce ethics and law in the health sector are not merely to punish those who are guilty, but beyond that, to maintain and restore public trust, which is the most valuable social capital for the health profession. With a shared commitment from all parties medical personnel, hospital management, law enforcement, and the public an ethical, professional, and just healthcare system is not merely a dream, but a necessity that can be realized.

Conclusion

Based on the description of medical personnel ethics, ethical violations, the theory of legal liability, and their urgency and relevance in health service practices, it can be concluded that ethics is the fundamental foundation that distinguishes the health profession from ordinary technical work. The eight ethical principles autonomy, beneficence, justice, non-maleficence, veracity, fidelity, confidentiality, and accountability serve as the moral compass that every medical professional must uphold in carrying out their profession. Law Number 17 of 2023 concerning Health has provided a clear legal framework through the establishment of the Professional Discipline Council, which is tasked with assessing ethical violations and providing recommendations before criminal proceedings begin, with a maximum resolution time limit of 14 working days. The theory of legal liability divides the responsibility of medical personnel into three main forms: administrative (sanctions from the professional discipline council), civil (compensation based on Article 1365 of the KUHPerdata), and criminal (imprisonment based on Article 359 of the KUHP or Article 440 of the Health Law), all three of which

form an integrated system in health law enforcement. Nevertheless, significant weaknesses still remain because professional and ethical standards have not been detailed comprehensively, potentially leading to multiple interpretations among law enforcement officials, the professional discipline council, and the public at large.

This understanding of ethics and law carries important implications for various parties. Medical personnel are required to master ethical principles and legal provisions because every action they take can be held accountable through administrative, civil, or criminal liability. Hospitals must implement strict supervision systems and standard operating procedures to prevent ethical violations. Law enforcement officials cannot conduct investigations without a recommendation from the Professional Discipline Council, making collaboration with health professional organizations a necessity. Patients and the public need to understand their rights, including filing complaints to the professional discipline council, demanding civil compensation, or reporting suspected criminal acts. Meanwhile, policymakers must immediately draft implementing regulations that explicitly outline the indicators of professional standard violations to ensure that no multiple interpretations occur.

It is suggested that the Government and the Ministry of Health immediately issue Government Regulations or Ministerial Regulations that outline measurable indicators of violations regarding professional standards, service standards, and standard operating procedures. Health professional organizations, such as the IDI and PPNI, need to actively conduct socialization and continuous training on the code of ethics and the complaint mechanisms within the Professional Discipline Council. Law enforcement officials should build strong cooperation with the Professional Discipline Council and involve health experts in the investigation process. Hospitals are advised to establish internal ethics and legal committees to prevent violations, handle patient complaints early, and provide legal assistance to medical personnel. Finally, the public and patients need to better understand their legal rights, including filing complaints to the professional discipline council as an initial step and documenting every medical action received. With the consistent implementation of these suggestions, the enforcement of ethics and law in

the health sector is expected to operate more objectively, transparently, and equitably for all parties.

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