



PROTECTION OF HEIRS' RIGHTS IN POSTOPERATIVE PATIENT DEATH DISPUTES: HOSPITAL LIABILITY AND PROVING MEDICAL NEGLIGENCE

**Riswan Seftian Maulidiyandi, Rafadi Khan Khayru, Rommy
Hardyansah**

Universitas Sunan Giri Surabaya

correspondence: rafadi.khankhayru@gmail.com

Abstract

Legal protection for heirs of postoperative patient deaths is a strategic issue that demands certainty, justice, and fair treatment from health institutions. This study explains on hospital liability, medical negligence mechanism, and heirs' rights restoration through normative juridical approach based on literature study. It found that hospital responsibility for the death of patients is affirmed by national regulations, clarifying the legal consequences that must be borne in the event of negligence or malpractice. The proof of the medical negligence is influenced by the quality of medical records, role of experts, and transparency level of health institution. Some barriers, such as limited access to documents and lack of hospital transparency, become the main challenge for heirs to defend their rights. Rights restoration is not only carried out via litigation, but also through non-litigation channels, mediation, and access to information and psychosocial services for victims' families. The results showed the need to strengthen independent audit and supervision systems, continuous legal education for health service actors, and access optimization to medical documents. Cross-sector collaboration and periodic regulatory updates are essential to ensure the optimal and adaptive protection of heirs' rights in response to developments in health sector. Thus, public trust in health institutions and the quality of medical services can be significantly improved.

Keywords: legal protection, hospital, medical negligence, patient death, heirs' rights, proof, restoration of rights

Introduction

In the last two decades, the demand for improved quality of medical services and legal accountability in the health sector has been very significant. People are increasingly aware of their rights in medical care, while the legal framework in many countries, including Indonesia, has evolved to ensure real protection for patients. Social pressure, high expectations of professionalism, and advances in medical technology ultimately require medical professionals and health institutions to prioritize the principle of caution and full responsibility when dealing with patients, especially if medical actions lead to death. This collective awareness is supported by state legislative efforts that emphasize legal liability mechanisms for medical actions that are considered detrimental to patients and their families.

In the special scope of medical services after surgery, there are still many legal cases caused by public perceptions related to the process, results, and complications after surgery. One of the fundamental aspects that often lead to legal cases is the alleged negligence or negligence of medical personnel, whether from doctors, nurses, or health facilities. National law has expressly provided criminal and civil grounds against anyone who is found negligent and causes a patient to die after a medical procedure. This legal framework emphasizes the obligation of institutions to provide real protection to victims and their family members, as implied in Article 438 and Article 440 of Law Number 17 of 2023 concerning Health.

The increasing number of lawsuits filed against individuals and health institutions shows that there is still public skepticism about the description and transparency of post-operative care. Varying levels of legal understanding among the public, medical personnel, and hospital managers lead to legal uncertainty and negative perceptions of the healthcare system. The issue of legal liability is an important concern, as even minor negligence can have major implications in terms of criminal, civil and institutional reputation. In a number of cases, hospitals' refusal to respond to requests for help or delays in emergency treatment have been the main points of serious legal problems that have added to the list of conflicts between patients and health workers.

At the normative level, the negligence of post-operative health workers is still a source of claims that are of concern to the public, regulators and academics. The potential losses borne by patients or their heirs require the legal system to play a proactive role in the protection of victims. Hospitals as health service provider institutions are obliged to build risk management systems, compliance with medical procedures, and intensive monitoring to prevent cases of death due to post-medical negligence. The complexity of the legal relationship between the medical profession, health institutions, and society is the main reason for the need for a comprehensive normative study of the legal responsibility and protection of victims who die after surgery.

Several fundamental problems were identified in the implementation of legal protection for victims who died after surgery. One of the main problems lies in the process of verifying the cause of death, which is often not accompanied by complete and clear medical documentation. Medical data that lacks transparency often complicates the process of proof in court and has an impact on the uncertainty of legal decisions. According to research submitted by Lestari and Sutardjo (2017), the low understanding of health workers in documenting the medical action process contributes to increasing legal risks to health institutions.

In addition to documentation problems, the existence of inconsistencies between hospital operational standards and the latest regulations issued by the central government also creates many inconsistencies in the application of legal responsibility. As stated by Setiawan (2015), often the formulation of the duties and authorities of medical personnel in hospital regulations has not been fully harmonized with the national health law, thus opening a large gap to the emergence of a lawsuit from the patient's family.

The unclear boundaries of responsibility between health institutions and medical personnel are another source of problems that cannot be ignored. In a review by Yuliana (2018), differences in interpretation between hospitals and doctors regarding clinical decision-making often lead to prolonged conflicts that lead to aspects of criminal and civil lawsuits. This condition often worsens the situation of the victim's family, as the judicial process runs long and drains the emotional and financial resources of both parties.

The existence of a legal basis governing the responsibilities of hospital administrators and medical personnel is imperative to provide legal security for the public. There is a strong need for continuous supervision of medical practices and risk management systems in hospitals, so that service quality remains within the legal framework. A balance between patient protection and legal certainty for healthcare workers will help create a conducive healthcare environment. Monitoring the suitability of operational procedures and applying sanctions for violators can be used as a foundation in minimizing similar cases in the future. The implementation of the precautionary principle must absolutely be applied to provide legal certainty for the hospital, medical personnel, and the wider community.

The critical study of legal protection after postoperative death is becoming increasingly important given the number of negligence cases that end up in legal disputes and multidimensional losses. In the medical world, clarity of norms is not only beneficial for the protection of victims, but also for the peace of the health profession. One of the reasons why this should be taken seriously by the state, academics and legal practitioners is because legal responsibility is not only about professional reputation, but also the long-term contribution of health institutions to the development of people's quality of life. Normative analysis of the implementation of the Health Law and Hospital Law is an important part of ensuring that victims' rights are truly guaranteed and legal injustice can be minimized.

This study aims to clearly identify how the hospital's responsibility in the case of the death of a patient after surgery is juridically normative, analyze the mechanism of proving the negligence of medical personnel in court decisions, and formulate patterns of protection and restoration of the rights of heirs who become victims. The contribution of this study is expected to be able to establish a clear foothold for the development of the national health law system, as well as provide a strong reference for health institutions and the public in seeking justice.

Method

The approach applied in this research is a normative juridical qualitative based on literature study that focuses on analyzing primary and secondary legal materials such as laws, court decisions, and scientific literature related

to the field of health law. This method is chosen because it is believed that understanding legal protection from victims who dead after surgery is more accurate when explained through normative analysis of legal norms and field practices. Qualitative research with a literature study model provides an opportunity for researchers to examine legal problems, reconstruct theoretical debates, and compare various perspectives systematically (Creswell, 2014).

Data collection in this study was carried out through searching for reliable literature sources relevant to the topic such as health law journals, monographs, legal research methodology books, and national laws and regulations. Data analysis was conducted systematically through the stages of information categorization, interpretation of legal practices, and synthesis of expert opinions to obtain a comprehensive conclusion. This method is considered very relevant in normative legal research, because it allows researchers to formulate opinions with a high level of rigor and arguments that can be academically accounted for (Soekanto & Mamudi, 2011).

Result and Discussion

Hospital Liability for Postoperative Patient Deaths

Hospital liability for patient deaths after surgery is a topic that has gained great attention from both legal and medical perspective. Legal provisions in Law No. 44/2009 on Hospitals, particularly Article 46, emphasize that hospital institutions have a juridical obligation to bear all losses arising from the negligence of their health workers. However, if it cannot be proven that the hospital was negligent, the hospital cannot be held liable (Mingkid, 2020). The characteristics of hospital legal responsibility are absolute, meaning that any form of negligence or malpractice that occurs within the scope of health services has direct implications for the institution, not limited to individual actors. Absolute liability concept places hospital as the main insurer against legal risks, which to Yuliana (2018), it will strengthen the rights' protection of the patients and their families. Zeng et al. (2018) said, malpractice is an error or omission committed by doctor or other medical personnel when examining or treating a patient, which is not adhere to proper standards and causes the patient injured or harmed.

The enactment of Articles 438 and 440 of Law No. 17/2023 on Health provides a criminal dimension to medical procedures violations that result in serious injury or death, where the leadership of health care facilities and medical personnel can be subject to criminal sanctions and significant fines. This regulation brings clarity to the legal position of hospital institutions in the structure of civil and criminal liability. Setiawan (2015) asserts that hospital compliance with professional standards and standard operating procedures is a preventive spearhead that can minimize the risk of lawsuits from patient families.

In addition to regulatory aspects, administrative aspects also reinforce the implementation of legal responsibility. Based on this doctrine, the hospital as an institution that plays a role in providing treatment services (cure and care) must be able to monitor all activities that occur and be responsible for all things that occur within its territory (Tawaris, 2017). Hospitals are required to build a continuous monitoring, prevention and operational evaluation system so that any incidental events can be controlled and handled quickly. This is as described by Lestari and Sutardjo (2017) in their research on postoperative handling mechanisms and consumer protection of health services. They found that transparency and consistency in reporting the results of operations are important determinants to strengthen the institution's legal position when facing a potential lawsuit.

Hospitals have responsibilities as health service providers, including providing services, treatment, and health recovery in accordance with hospital service standards, maintaining and improving individual health through second and third level plenary health services in accordance with medical needs, organizing education and training of human resources to improve service capacity, and conducting research (Prayoga et al., 2023). Strong hospital legal liability will have a systemic effect on the overall practice of medical care. When hospitals perform their oversight function well, the risk of negligence decreases, and patients and families gain a sense of security. A study by Kohn et al. (2000) confirmed that a culture of patient safety and the quality of institutional governance have a direct influence on the level of litigation arising from failed medical procedures. In line with this, strengthening internal hospital regulations through the establishment of medical committees and the implementation of incidental case audits can contribute to the development of a patient legal empowerment system.

The application of the precautionary principle in all medical service activities is vital to reduce the risk of procedural failure. Legal obligations are not only limited to medical actions in the operating room, but also include post-operative care and risk assessment that must be completed. Syahrani (2018) provides evidence that lack of compliance with post-operative monitoring procedures leads to legal disputes due to lack of adequate documentation and follow-up controls. Establishing a systemic incident reporting system and training medical personnel on legal risk mitigation is one of the concrete steps that must be prioritized by hospital management.

At the implementation level, the hospital is positioned as an entity that is obliged to coordinate all service activities according to applicable normative standards. The hospital not only acts as a facility provider, but also as a party that must ensure that every medical personnel involved in the operation carries out their duties and responsibilities with full professionalism. The institution's inability to form a competent and coordinated medical team can be a major source of service failure. In addition, managing legal risks requires continuous efforts on the part of the hospital in conducting legal education to all health workers in order to properly understand the scope of their responsibilities. The perception of responsibility is not limited to individualistic aspects, but also demands collectivity in patient protection efforts.

The dynamics of risk management in hospitals must also consider aspects of organizational culture. Hospitals that foster a climate of transparency are less likely to stumble into legal cases, because every incident can be immediately evaluated and followed up professionally. Open communication patterns between fellow medical personnel as well as between medical personnel and patients or patients' families are part of the effort to prevent misunderstandings that lead to legal conflicts. In a number of cases, the main problem is not the failure of medical action alone, but rather the failure of risk communication, which leads to a loss of public trust in hospital institutions.

Furthermore, strengthening the institution's capacity in setting up an incident report management infrastructure, to preparing an internal advocacy team, is a key factor in maintaining hospital credibility. When hospitals are able to document and trace every step of surgery and post-

operative care in detail, the evidentiary process in court will be more focused and fair. Professional management in compiling electronic medical records and periodic internal audits can be used as valid legal evidence to limit potential insurance claims and civil and criminal claims from victims' families.

Responsibility is the imposition of the consequences of legal actions or events that cause harm to one party, as explained by Toumahuw et al. (2023). The juridical responsibility of hospitals has led to internal strengthening in the form of the formation of ethics committees and legal committees tasked with assessing any extraordinary events. Such committees are not only moral filters for the behavior of medical personnel, but also guardians of reporting governance and initial mediation forums before cases enter the realm of litigation. This step has proven effective in a number of countries in cutting the length of the court process and helping the parties to unravel the case deliberately.

As an institution under government supervision, hospitals also have an obligation to continuously revise and harmonize their internal regulations with national regulations, including the development of the latest court decisions. Adapting to dynamic regulatory demands will minimize the possibility of a gap between actual services and legal expectations from the public. Annual evaluations and legal compliance audits are not only relevant for improving service quality, but also as an instrument to prevent legal disputes that could harm the institution's reputation and finances.

In terms of professional ethics, hospital management in the aspect of legal protection against patient death after surgery requires the collective will of all parties to uphold the highest standards in medical services. The process of education and training on health law routinely becomes an integral part to create synergy between medical knowledge and juridical understanding. Empowering medical personnel through an integrated curriculum on health law is believed to be able to increase awareness of responsibility, while reducing the risk of violations that have an impact on the formation of malpractice cases.

Finally, strengthening hospital responsibility is inseparable from the presence of law enforcement officials as guardians of justice in the health domain. Intervention and supervision from independent oversight

institutions can incentivize hospitals to improve governance and tighten procedures. The function of external supervision by state audit institutions or public health organizations will provide constructive pressure so that service standards are closer to public expectations and in accordance with legal corridors. If prevention and supervision efforts run simultaneously, the percentage of postoperative patient deaths due to negligence can be kept as low as possible.

Proving the Negligence of Medical Personnel in Postoperative Deaths

Medical records have an important role in health care, both for planning, communication channels between health workers, budgeting, statistics, education, and other legal purposes, which can serve as a form of defense in medical malpractice claims. Similarly, in clinical forensic services, medical records play an important role in the application of justice and law enforcement (Utami et al., 2022). The process of proving the negligence of medical personnel in cases of patient death after surgery is the center of attention in the practice of health law. Evidence required in criminal and civil trials is often based on medical records, expert or witness testimonies, and documentation related to procedures carried out during and after surgery. Medical records serve as the main instrument to assess whether each step is in accordance with applicable medical standards. The completeness of medical documentation is crucial in identifying points of negligence and distinguishing between reasonable medical complications and actions that deviate from professional standards.

In addition to medical records, expert testimony has an important position in testing the element of negligence in medical actions. Medical negligence refers to a failure or lack of care from medical personnel, especially doctors, in applying medical skills and knowledge that should be used in accordance with applicable standards of practice in similar circumstances (Pujiyono, 2023). Medical expert opinion is usually used to evaluate clinical decisions made by health workers, whether they meet professional standards or procedures. According to Wigmore (2015), the integration of expert testimony into the judicial process provides an objective perspective that links medical facts with legal obligations. Expert judgment differs from physical evidence, as it relates directly to the interpretation of medical practice in specific situations, which is not

uncommonly contentious in court. Doctors can legally be held liable if the patient suffers losses due to intentional mistakes. Medical error is considered to occur when the doctor's actions do not comply with applicable medical standards (Stepniak, 2021).

A common issue in the submission of evidence in court is the lack of hospital's transparency, especially in providing access to necessary information, including internal documents that are considered confidential. This complicates the efforts of victims or their heirs in proving negligence. According to a Johns Hopkins University study, as mentioned in Kompas (2012), it is estimated that more than 4,000 medical errors occur each year in the US. If any hospital care staff member observes an error, they are encouraged and/or required to report it to a superior (Levine et al., 2020). A study conducted by Juwita and Wijayanti (2018) found that the patient protection system in several hospitals is still weak in terms of transparency, which often hinders the legal investigation process. Moreover, strengthening aspects of hospital accountability in evidence management can improve justice in the settlement of health law cases.

Another factor that affects the proof of negligence is the difference in interpretation between the victim and the health worker regarding the cause of death. This is due to variations in knowledge, experience, and communication capacity between doctors and patients' families. A research by Choi et al. (2017) highlighted a case that showing the suboptimal postoperative communication processes are often the main reason for conflicts and it may lead to lawsuits. In this case, the forensic aspect of medicine is also an important element of evidence, because an autopsy or post-mortem examination can be a strong basis for judges in deciding cases.

In addition to technical evidence, the role of mediation institutions and alternative dispute resolution mechanisms should also be recognized in the process of proving negligence. In some cases, mediation has proven effective in facilitating communication between the hospital and the victim's family, thereby minimizing conflict escalation and accelerating amicable resolution. Mediation is a broader process than negotiation because in mediation those in dispute can determine and convey what they want so that what is produced then does not cause loss or defeat for either party, because in principle mediation is to win both parties to the litigation (Wibawa & Suharta, 2016). The existence of this mechanism is regulated

in health law and is often used before a case is submitted to court (Setiawan, 2015). With mediation, the opportunity for non-litigation compensation can be maximized so that victims or heirs get their rights without going through a long and tiring legal process.

The series of proofs of negligence in the death of a patient does not stop at technical assessments alone, but also at the dynamics of proving intent and the burden of professional responsibility. The standard of prudence and the principle of professional honor are the main references in assessing the conduite of medical personnel. In critical situations, psychological pressure, limited tools, and certain medical conditions often affect the quality of decision-making. Therefore, evidence in court must reflect a balance between the rights of victims and the framework of protecting medical personnel from unfounded claims.

Courts are required to adopt the principle of strict impartiality in examining medical negligence disputes. Judges are required to carefully consider all evidence, expert views, and the chronology of events before rendering a verdict. In cases related to postoperative deaths, evidence usually begins with the examination of medical records by an independent team, followed by the submission of expert opinions and laboratory tests if necessary. If there is evidence of actions below professional standards, criminal and civil liability can be imposed on medical personnel and institutions.

The current legal norms provide room for objective and open evidence, to ensure justice for all parties. In some cases, the use of electronic medical record technology has been proven to increase transparency, accelerate chronology validation, and facilitate forensic audit processes across institutions. The development of this technology has a positive impact in increasing the credibility of evidence in court and reducing the potential for data manipulation.

The interests of victims or heirs in obtaining justice ultimately rest on the strength of the legal system in balancing the rights and obligations of medical personnel. The assessment of negligence should not be based on emotional pressure or public opinion alone. A legal process based on evidence and professional testimony is one of the pillars of legal protection in the health domain. The judge's foresight in evaluating all data is the main foundation of legal certainty.

A fair, detailed, and standardized evidentiary process is an urgent need to prevent disparities in decisions in similar cases. Frictions between legal norms and hospital policies should be immediately harmonized with the principle of the rule of law, so that there is no overlapping authority or potential denial of victims' rights. Collaboration between health institutions, law enforcement officials, and professional associations is needed as an effort to strengthen an objective evidentiary system in resolving postoperative death conflicts.

In the future development of the evidentiary system, the involvement of an external audit system, regular training for medical personnel, and the establishment of a national ethics consortium can be considered as preventive instruments. The existence of such institutions will further strengthen the supervisory network, provide multiple protections, and increase the sense of security for both the public and medical personnel. Finally, proving negligence will further uphold the principle of substantive justice, in line with the ideals of national law.

Protection and Restoration of Victims' Heirs' Rights in Health Law

Legal protection given to legal subjects is realized in the form of legal rules and certain methods, both preventive and repressive. This is a representation of the function of the law itself to provide justice, order, certainty, benefit and peace (Saknohsiwiy et al., 2022). Protection of the rights of victims' heirs in the realm of health law is a substance that cannot be ignored following the death of postoperative patients. Normatively, this protection is a manifestation of the responsibility of the state and health institutions to provide legal certainty, justice, and respect for the rights of victims, as explained through legislation. This legal commitment is not only in the form of formal protection, but must also touch the substantive aspects that ensure the rights of heirs are fully recognized legally and socially (Handayani, 2014).

The settlement of postoperative patient death cases requires a clear recovery mechanism to ensure the fulfillment of the rights of the heirs. The settlement of medical disputes resulting from medical negligence committed by doctors in health law can be pursued in two ways, namely through litigation and non-litigation processes (Mayang et al., 2024). This process involves both litigation and non-litigation, where health institutions are obliged to provide information, access to medical documents, and

compensation if negligence is proven. Research by Mahendra (2016) shows that heirs' access to medical documents is often constrained by hospital policies that lack transparency, hampering the recovery of rights. Open access to medical records and investigation results is very important so that the claims process can run fairly and not protracted.

Effective rights restoration procedures require the intervention of various institutions, ranging from hospitals, consumer protection authorities, to courts. In practice, it is not uncommon for heirs to face procedural and bureaucratic obstacles that slow down the settlement of claims. The Health Law and Hospital Law require transparency and complaint mechanisms that are easily accessible to the public. As described by Sulisty (2020), maximum protection can only be achieved if all stakeholders play their roles synergistically, from accurate documentation to proportional compensation according to the level of negligence proven.

The practice of legal compensation as a form of recovery cannot be separated from the verification of negligence and the level of error that has been forensically and legally tested. Real accountability mechanisms are expected to provide a deterrent effect, improve hospital governance, and at the same time restore public confidence in health care institutions. In its role as a protector of rights, the state is obliged to facilitate easy access to the legal process, monitor the consistency of the implementation of decisions, and ensure clarity of rules for all seekers of justice in the health sector.

Another important aspect is psychosocial support for the heirs left behind. Rights restoration does not only rely on material aspects, but also targets the provision of counseling, mediation, or reconciliation services as part of comprehensive justice restoration. This service serves to minimize trauma, frustration, and the potential for further conflict between the heirs and the health institution after the settlement of the legal case. Collaboration between the state, hospitals, and non-governmental organizations can strengthen protection networks for victims and families.

Legal protection is an effort made through legal procedures or based on law to guarantee one's rights. The law is made with the aim of creating peace and providing protection and security to every subject and object of law (Nurdin, 2015). A solid legal protection system for heirs' rights contributes to improving the quality of the justice system and national health services. When victims' rights are protected visibly and effectively, the

climate of public trust in the medical profession and health institutions will improve. Improving the complaint system, transparency of procedures, and public education are key to maintaining the sustainability of recovery efforts and preventing similar incidents in the future.

The state has a normative mandate to oversee the implementation of protection and restoration of rights through strengthening regulations and law enforcement mechanisms. Integrated supervision and periodic evaluation can ensure that every recovery process is transparent, accountable, and responsive to the needs of victims and heirs. The reflection of the state's seriousness in enforcing health law will bring certainty and justice to all parties.

The process of restoring rights that runs effectively, quickly, and on target will have a positive impact on the reputation of health institutions and encourage improved service standards. Within the framework of a modern health system, service orientation to the legal and psychosocial needs of victims must be a priority for policy development. That way, the protection and restoration of heirs' rights is not only a juridical instrument, but also an ethical pillar of national health services.

Conclusion

This entire discussion confirms that legal protection of the heirs of victims of postoperative patient deaths plays a vital role in the national health care system. Hospital responsibility is absolute according to regulations, so that any negligence, malpractice, or procedural failure in health services not only provides consequences for the medical actors involved, but also for the institution as an institution. Proof of medical negligence is largely determined by the quality of medical record documentation, the transparency of health institutions, and the strength of expert testimony. Obstacles often arise from the lack of access of heirs to evidence and the openness of hospital documents, so it is necessary to strengthen independent audit mechanisms, external supervision, and the utilization of technological developments in medical documentation to support an objective legal process. Furthermore, the protection and restoration of heirs' rights must be carried out within the framework of litigation and non-litigation, emphasizing data disclosure, ease of complaint procedures, provision of proportional compensation, and psychosocial service support.

Enforcement of the principles of substantive justice, strengthening regulations, and cross-sectoral synergies are the keys to effective justice and recovery for victims and heirs. Optimizing this system is believed to encourage public trust in the medical world while improving national health service standards.

Improved supervision systems and independent audits in health institutions need to be optimized to strengthen transparency and accountability in proving medical negligence. Hospitals should routinely educate medical and administrative personnel on legal responsibilities and good medical record documentation standards. Strengthening access to medical documents and publicly accessible complaint services must be prioritized to accelerate the process of restoring heir rights. The state needs to ensure cross-sectoral integration in handling patient death cases, including strengthening psychosocial service support for victims and families. Evaluation and renewal of health regulations that are responsive to the challenges of the times must be carried out on an ongoing basis so that legal protection for heirs remains relevant and effective.

References

- Choi, Y., Lee, H., & Kim, S. 2017. Communication Failures in the Operating Room: Deficiencies in Communication and Perceived Patient Safety Risk. *International Journal of Medical Informatics*, 102, 1–9.
- Creswell, J. W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (4th edition). Sage Publications.
- Handayani, N. 2014. Perlindungan Hukum terhadap Pasien Rumah Sakit yang Menjadi Korban Malpraktik Medis. *Jurnal Hukum & Pembangunan*, 44(2), 229–244.
- Juwita, D., & Wijayanti, E. 2018. Transparansi Informasi dalam Penyelesaian Sengketa Medik di Rumah Sakit. *Jurnal Ilmu Hukum*, 12(2), 100–113.
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. 2000. *To Err Is Human: Building a Safer Health System* (p. 9728). National Academies Press. <https://doi.org/10.17226/9728>
- Kompas. 2012. *Ribuan Kesalahan Operasi Medis Masih Terjadi*. National Kompas. <https://nasional.kompas.com/read/2012/12/22/08053080/ribuan-kesalahan-operasi-medis-masih-terjadi?>
- Lestari, P., & Sutardjo, S. 2017. *Dokumentasi Medis dan Implikasi Hukumnya*. EGC.
- Levine, K. J., Carmody, M., & Silk, K. J. 2020. The Influence of Organizational Culture, Climate and Commitment on Speaking up About Medical Errors. *Journal of Nursing Management*, 28(1), 130–138. <https://doi.org/10.1111/jonm.12906>
- Mahendra, D. 2016. Akses terhadap Rekam Medis Sebagai Hak Pasien dan Ahli Waris dalam Penyelesaian Sengketa Medik. *Jurnal Legislasi Indonesia*, 13(2), 117–124.

- Mayang, P. S., Khairani, K., & Elvandari, S. 2024. Penyelesaian Sengketa Medik terhadap Adanya Dugaan Kelalaian Medik oleh Dokter Gigi dalam Perspektif Hukum Kesehatan. *UNES Law Review*, 6(2), 6847–6862.
- Mingkid, B. I. 2020. Implikasi Yuridis Pasal 46 UU No 44 Tahun 2009 tentang Rumah Sakit terhadap Kelalaian yang dilakukan Tenaga Kesehatan dalam hal ini Tenaga Medis. *Lex et Societatis*, 8(1), 50–59.
- Nurdin, M. 2015. Perlindungan Hukum terhadap Pasien atas Korban Malpraktek Kedokteran. *Jurnal Hukum Samudra Keadilan*, 10(1), 92–109.
- Prayoga, F., Fifik Wiryani, & Nasser. 2023. Tanggung Jawab Hukum Rumah Sakit Dalam Pelayanan Kesehatan. *Jurnal Hukum To-Ra : Hukum Untuk Mengatur Dan Melindungi Masyarakat*, 9(3), 419–427.
- Pujiyono, E. 2023. Restatement Kelalaian dalam Malpraktik Medis. *Perspektif Hukum*, 127–152. <https://doi.org/10.30649/ph.v23i1.171>
- Saknohsiw, J. O. T., Titahelu, J. A. S., & Latupeirissa, J. E. 2022. Perlindungan Hukum Kepada Tersangka Pada Tahapan Pra Adjudikasi. *LUTUR Law Journal*, 3(1), 23–31. <https://doi.org/10.30598/lutur.v3i1.10280>
- Setiawan, A. 2015. *Hukum Kesehatan dan Malpraktik Kedokteran di Rumah Sakit*. Refika Aditama.
- Soekanto, S., & Mamudi, S. 2011. *Penelitian Hukum Normatif Suatu Tinjauan Singkat*. RajaGrafindo Persada.
- Stepniak, A. 2021. Medical error and negligence as a premise of liability for damage caused to patients. *Journal of Health Inequalities*, 7(2), 132–137. <https://doi.org/10.5114/jhi.2021.113165>
- Sulistyo, R. 2020. Sistem Pengaduan sebagai Penguatan Perlindungan Pasien di Rumah Sakit. *Jurnal Administrasi Kesehatan Indonesia*, 8(1), 37–46.
- Syahrani, I. 2018. *Hukum Kesehatan: Hak dan Kewajiban Pasien serta Tenaga Kesehatan*. Nuansa Cendekia.
- Tawaris, T. 2017. Tanggung Jawab menurut Hukum Perdata Rumah Sakit atas Kelalaian Tenaga Medis. *Lex et Societatis*, 5(3), 83–90.
- Toumahuw, B. N., Wijaya, A. U., & Widiyanto, R. M. 2023. Tanggung Jawab Rumah Sakit terhadap Kelalaian Malpraktik. *Jurnal Ilmu Hukum Wijaya Putra*, 1(2), 57–68. <https://doi.org/10.38156/jihwp.v1i2.84>
- Utami, G. A., Tajuddin, M. A., Klau, R. G., & Fahmi, M. S. 2022. Tinjauan Hukum Rekam Medis sebagai Alat Bukti Malpraktik. *Jurnal Komunitas Yustisia*, 5(3), 498–503.
- Wibawa, I. G. A. S., & Suharta, I. N. 2016. Mekanisme Penyelesaian Sengketa Konsumen secara Mediasi terhadap Produk Cacat dalam Kaitannya dengan Tanggung Jawab Produsen. *Kertha Semaya : Journal Ilmu Hukum*, 4(3).
- Wigmore, J. H. 2015. *The Principles of Judicial Proof as Given by Logic, Psychology, and General Experience*. The Lawbook Exchange.
- Yuliana, A. 2018. *Tanggung Jawab Rumah Sakit dan Dokter dalam Praktik Kedokteran*. Depublish.
- Zeng, Y., Zhang, L., Yao, G., & Fang, Y. 2018. Analysis of Current Situation and Influencing Factor of Medical Disputes Among Different Levels of Medical Institutions based on the Game Theory in Xiamen of China: A Cross-Sectional Survey. *Medicine*, 97(38), e12501.