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Legal Protection of Patients and the Responsibilities of Medical Personnel in the Implementation of Health Services in Indonesia: A Normative Juridical Approach

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Abstract: Health services are part of the fulfillment of fundamental human rights which in its implementation involves legal relations between patients, medical personnel, health workers, health service facilities, professional organizations, and the government. The enactment of Law Number 17 of 2023 concerning Health brings important changes to the construction of Indonesian health law because it integrates various health regulations that were previously scattered in a number of sectoral laws. This research aims to analyze the legal protection of patients, the responsibilities of medical personnel, the position of informed consent, patient safety, and legal developments after the enactment of Law No. 17 of 2023. The research uses normative juridical methods with statutory approaches, conceptual approaches, case approaches, and analytical approaches. The primary legal material consists of the 1945 Constitution of the Republic of Indonesia, Law No. 17 of 2023, Government Regulation No. 28 of 2024, and relevant Constitutional Court decisions. Secondary legal materials are in the form of legal journals, health journals, health law books, and legal doctrine. The results of the study show that Law No. 17 of 2023 has provided a relatively comprehensive basis for protection for patients and medical personnel, including through the regulation of patient rights, medical personnel rights, professional obligations, approval of health service actions, confidentiality of health data, and professional discipline mechanisms. However, there are still issues regarding legal certainty, the boundary between medical risk and negligence, dispute resolution mechanisms, health data protection, and the division of authority between the government and professional institutions. Constitutional Court Decision No. 111/PUU-XXII/2024 strengthens the independent position of the Collegium as an element of the Council's membership and provides constitutional meaning to a number of norms of the Health Law. This research offers a legal protection model that places patient rights, medical personnel protection, patient safety, professionalism, and state responsibility in one balanced framework.

Keywords: Health Law, Patient Protection, Medical Personnel, Informed Consent, Malpractice, Patient Safety.

INTRODUCTION

Health is one of the basic human needs that is closely related to human dignity and dignity. In Indonesia's constitutional perspective, the right to health has a foundation in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which guarantees the right of everyone to access health services, while Article 34 paragraph (3) affirms the state's responsibility in providing health service facilities and proper public service facilities. Thus, the implementation of health is part of the responsibility of the state as well as part of the fulfillment of human rights (Republic of Indonesia, 1945; Nurnaeni & Bachri, 2024).

The right to health not only means that a person has access to medical treatment, but also includes the right to safe, quality, affordable, non-discriminatory services, and respect for the patient's autonomy. The development of health law shows a paradigm shift from a purely paternalistic relationship to a legal relationship that places the patient as a subject who has rights and medical personnel as professionals who have authority as well as legal responsibilities (Sibarani, 2017; Widjaja et al., 2025).

Fundamental changes in the Indonesian health legal system occurred after the enactment of Law Number 17 of 2023 concerning Health. The law integrates various health sectors in one regulatory framework that includes rights and obligations, health administration, health resources, medical personnel and health workers, health service facilities, health information systems, health technology, financing, coaching, supervision, and criminal provisions (Republic of Indonesia, 2023).

Law No. 17 of 2023 also repeals a number of previous sectoral laws so that the construction of Indonesian health law has changed from a dispersed regulatory model to a more integrated regulatory model. Such integration can theoretically improve regulatory consistency, but at the same time demand strong harmonization between laws, government regulations, ministerial regulations, professional standards, and professional discipline mechanisms (Khasanofa & Khariri, 2024).

The implementation of Law No. 17 of 2023 was then strengthened through Government Regulation Number 28 of 2024. The government regulation further regulates various aspects of health administration, including health efforts, medical personnel and health workers, health service facilities, pharmaceuticals, medical devices, health technology, health information systems, funding, community participation, and guidance and supervision (Republic of Indonesia, 2024).

In a health care relationship, patients and medical personnel are in a relationship that has legal consequences. Patients have the right to information, service according to standards, approval or refusal of action, confidentiality of health information, and access to medical information. On the other hand, medical personnel have the right to legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, professional ethics, and patient health needs (Republic of Indonesia, 2023).

Legal problems arise when there are health service results that do not meet the patient's expectations. Not all poor outcomes can be directly categorized as malpractice because medical services have inherent risks in diagnosis, therapy, invasive measures, patient conditions, and scientific limitations. Therefore, the determination of liability must distinguish between medical risks, complications, medical accidents, disciplinary violations, negligence, and criminal acts (Novianto, 2015; Hasri et al., 2025).

The issue of informed consent is also an important aspect in the legal relationship between patients and medical personnel. Article 293 of Law No. 17 of 2023 stipulates that individual health service actions carried out by medical personnel and health workers must obtain approval. However, recent research shows that there are still issues regarding the limits

of the emergency, patient incompetence, and objective parameters that can be used to determine exceptions to the obligation to obtain consent (Agusmidah et al., 2026).

In addition, the development of health technology has given birth to new problems regarding health data protection. Electronic medical records can improve service efficiency, but they also increase the risk of leakage, misuse, unauthorized access, and violation of patient privacy. Therefore, legal protection of medical records must be placed as an integral part of the protection of patients' rights (Siregar & Sinaga, 2025; Saputra, 2024).

Legal developments are also marked by the testing of Law No. 17 of 2023 at the Constitutional Court. The Constitutional Court's Decision No. 111/PUU-XXII/2024 which was decided on January 30, 2026 granted part of the application and provided constitutional meaning to a number of provisions regarding the Collegium, Council, professional standards, and professional supervision (Constitutional Court of the Republic of Indonesia, 2026).

The Constitutional Court in the decision interpreted the Collegium as a collection of experts from each health discipline who carry out their duties and functions independently and are elements of the Council's membership. This meaning has important implications for the construction of relationships between the government and professional institutions in maintaining the quality and professional independence of medical personnel (Constitutional Court of the Republic of Indonesia, 2026).

Based on these developments, research on health law needs to be conducted with an approach that not only analyzes the text of Law No. 17 of 2023, but also connects these norms with the theory of legal protection, justice, legal certainty, patient safety, informed consent, professional responsibility, and the Constitutional Court's decision (Sari & Ropii, 2026; Hermanto et al., 2026).

Research Formulation

1. How is the construction of legal protection of patients according to Law No. 17 of 2023 concerning Health?
2. What are the legal responsibilities of medical personnel in the implementation of health services?
3. What is the position of informed consent and patient safety in the legal relationship between patients and medical personnel?
4. How does the development of the Constitutional Court Decision affect the construction of health law?
5. What is the model of balanced legal protection between patients and medical personnel?

Research Objectives

The research aims to analyze the construction of legal protection of patients based on Law No. 17 of 2023, analyze the responsibilities of medical personnel, examine informed consent and patient safety, analyze the development of the Constitutional Court's decision, and formulate a model of legal protection that is fair for patients and medical personnel (Sari & Ropii, 2026).

METHODS

This research uses normative legal research methods or normative juridical research. Normative legal research is used because the object of research is in the form of legal norms contained in laws and regulations, legal principles, doctrines, and court decisions, not empirical research on people's behavior (Marzuki, 2017; Soekanto & Mamudji, 2015).

The legislative approach is used to analyze the 1945 Constitution of the Republic of Indonesia, Law No. 17 of 2023, Government Regulation No. 28 of 2024, and related

regulations. This approach is needed to determine the structure, substance, synchronization, and hierarchical relationship between regulations in health administration (Marzuki, 2017).

A conceptual approach is used to analyze the concepts of legal protection, patient rights, professional responsibility, informed consent, patient safety, justice, legal certainty, and professional independence. The conceptual approach is important because the term health law cannot always be understood only based on normative definitions in laws and regulations (Hadjon & Djatmiati, 2016).

The case approach is used by analyzing the Constitutional Court's decisions related to Law No. 17 of 2023, especially Decision No. 111/PUU-XXII/2024 and other relevant decisions. This approach is necessary because court decisions are an important part of positive legal developments and can give new meaning to legal norms (Constitutional Court of the Republic of Indonesia, 2026).

The primary legal materials consist of the 1945 Constitution of the Republic of Indonesia, Law No. 17 of 2023, Government Regulation No. 28 of 2024, and the Constitutional Court's decision. Secondary legal materials consist of scientific journals, health law books, results of previous research, and legal doctrine. Legal materials are analyzed qualitatively by the method of legal interpretation, norm synchronization, juridical argumentation, and conclusion drawing (Marzuki, 2017; Soekanto & Mamudji, 2015).

RESULTS AND DISCUSSION

Construction of Patient Rights in Law No. 17 of 2023

Law No. 17 of 2023 places the right to health as an important part of the implementation of the health system. Article 4 provides a number of rights to everyone, including the right to a healthy life, the right to obtain health information and education, the right to obtain safe, quality and affordable health services, the right to determine the necessary health services, the right to accept or reject action after obtaining information, the right to confidentiality of health data, and the right to obtain information about one's health data (Republic of Indonesia, 2023).

This construction shows the strengthening of the patient's position as a subject of law. Patients are not only seen as recipients of services, but also as parties who have autonomy in making decisions related to the health services they receive (Nurnaeni & Bachri, 2024; School et al., 2026).

Patient rights must also be understood in relation to patient obligations. This balance is important because health services are a mutual legal relationship. Patients are obliged to provide correct information about their health conditions, comply with the provisions of health service facilities, and carry out other obligations in accordance with laws and regulations (Republic of Indonesia, 2023; Christian & Joseph, 2025).

Thus, the legal protection of patients cannot be separated from the concept of shared responsibility. Medical personnel are required to provide services according to standards, while patients are required to provide complete and correct information so that the diagnosis and therapy process can be carried out professionally (Prayuti et al., 2024).

Analysis of Important Articles of Law No. 17 of 2023

Table 1. Juridical Analysis of Articles of Law No. 17 of 2023

Article	Substance	Legal Analysis	Implications
Article 4	Everyone's right to health	Putting health as a legal right that must be respected	Strengthening the patient's position
Article 5	Everyone's obligations	Demonstrating the reciprocal nature of health legal relationships	Patients have not only rights but also obligations

Article	Substance	Legal Analysis	Implications
Article 12	Government responsibilities	The state is responsible for the coaching, supervision, quality of health workers and patient protection	Strengthening state responsibility
Article 17	Health Management	Bringing together health efforts, health resources and health management	Establishing an integrated health system
Article 173	Obligations of health care facilities	Facilities are required to provide quality services and prioritize patient safety	Extending responsibility from individuals to institutions
Article 273	Rights of medical personnel and health workers	Provide legal protection throughout the practice to the standard	Balancing patient and medical personnel protection
Article 274	Obligations of medical personnel	Contains service standards, approvals, confidentiality, documentation and references	Become a benchmark of professionalism
Article 276	Patients' rights in services	Assert the right to information, services, consent/refusal and medical records	Strengthening patient autonomy
Article 277	Patient obligations	Regulating patient obligations in a service relationship	Creating a reciprocal relationship
Article 272	Collegium	Regulating the position and independence of the Collegium	Reinterpreted by the Constitutional Court
Article 293	Approval of health care measures	Affirm the need for consent before action	Legal basis for informed consent
Article 304	Professional discipline	Setting up a mechanism for disciplinary enforcement	Be a filter before further accountability
Article 308	Discipline recommendations	Relating to the protection mechanism of patients and medical personnel	Requires institutional coordination
Article 421	Supervision	Putting the government and related elements under scrutiny	Should be carried out objectively
Article 451	Criminal/professional provisions	Raising certain constitutional questions	Becoming the object of the Constitutional Court's Decision

The analysis shows that Law No. 17 of 2023 actually forms a layered protection system. Protection starts from recognition of rights, service standards, consent, documentation, supervision, discipline, and legal accountability (Republic of Indonesia, 2023).

Patient Legal Protection: Preventive and Repressive

Preventive protection is a form of protection provided before a violation occurs. In health services, preventive protection can be in the form of setting professional standards, service standards, standard operating procedures, informed consent, medical records, patient safety, and supervision of health service facilities (Sibarani, 2017; Nurnaeni & Bachri, 2024).

Repressive protection is provided when the patient suffers losses or there is an alleged violation of the law. These mechanisms can be in the form of complaints, professional discipline examinations, mediation, civil lawsuits, or criminal proceedings if they meet the elements of criminal acts (Hasri et al., 2025; Nasution et al., 2022).

In the context of medical disputes, a repressive approach must still pay attention to the special nature of health services. Medical disputes require professional judgment because legal issues are often related to diagnosis, service standards, therapeutic risks, patient conditions, and the causal relationship between actions and losses (Novianto, 2015; Adonara et al., 2025).

Legal Responsibilities of Medical Personnel

Article 273 of Law No. 17 of 2023 provides the right to legal protection to medical personnel and health workers as long as they carry out their duties in accordance with professional standards, professional service standards, operational procedure standards, professional ethics, and patient health needs (Republic of Indonesia, 2023).

These provisions must be read together with Article 274 which requires medical personnel to provide services according to standards, obtain approval, maintain the confidentiality of patients' health, make records or service documents, and refer patients to medical personnel or other health workers who have appropriate competence and authority (Republic of Indonesia, 2023).

Juridically, the two articles form a balanced pattern of rights and obligations. Medical personnel receive legal protection if they carry out their profession professionally, while this protection has limits in the form of compliance with standards and patient needs (Prayuti et al., 2024; Sari & Ropii, 2026).

The liability of medical personnel needs to be differentiated into ethical, disciplineal, administrative, civil, and criminal liability. This distinction is important because each has a different legal basis, evidentiary procedure, and consequences (Akbari et al., 2025).

Medical Risks Are Not the Same as Malpractice

One of the main problems in health law is the tendency to equate poor medical outcomes with malpractice. Legally, such conclusions cannot be made automatically because medical procedures have risks that cannot always be eliminated, even when medical personnel have acted according to standards (Novianto, 2015; Sibarani, 2017).

The assessment of alleged malpractice must consider professional liability, violations of standards, causal relationships, and the existence of losses. In the medical law literature, the structure of the analysis can be associated with the elements of duty, dereliction of duty, direct causation, and damage (Novianto, 2015; Adonara et al., 2025).

Thus, health law needs to distinguish at least between medical risks, complications, medical accidents, professional misconduct, negligence, disciplinary violations, and criminal acts. This distinction is needed to maintain justice for patients while preventing the criminalization of medical personnel who have carried out their duties professionally (Fauziah et al., 2025; Wicaksono, 2026).

Informed Consent as Legal Protection

Informed consent is one of the main instruments in the protection of patients' rights. Approval of an action is not just an administrative signature, but a communication process that allows patients to understand the health condition, purpose of the action, benefits, risks, alternatives, and consequences of the medical action to be taken (Wirabrata, 2020; Priyadarshini & Kartika, 2025).

Article 293 of Law No. 17 of 2023 emphasizes that individual health service actions must be approved. The norm strengthens the principle of patient autonomy and provides a legal basis for medical personnel to carry out actions after obtaining valid approval (Republic of Indonesia, 2023).

However, recent research shows that there is still room for interpretation regarding the condition of incapacitated patients and emergencies. The unclarity of objective indicators of emergencies has the potential to cause differences in interpretation in practice and can affect the protection of patients and medical personnel (Agusmidah et al., 2026).

Therefore, informed consent should be positioned as a two-way communication process, not just a document. The quality of consent should be seen from whether the patient is actually adequately informed and able to make decisions freely (Priyadarshini & Kartika, 2025).

Medical Records as an Instrument of Legal Protection

Medical records have clinical, administrative, educational, research, and legal functions. In the context of medical disputes, service documentation can be an important resource for reconstructing actions taken, clinical decisions, communication, and the development of patients' conditions (Mariani, 2015; Yustiarta et al., 2025).

The development of electronic medical records increases efficiency, but it also poses new risks to data security and confidentiality. Health data includes information that has a high level of sensitivity so that the storage system must have adequate security mechanisms (Saputra, 2024; Siregar & Sinaga, 2025).

The protection of patient data must also be linked to the patient's right to the confidentiality of health information. Confidentiality violations can have legal consequences if data is used or disseminated without a valid legal basis (Mariani, 2015; Nazuhra et al., 2026).

Patient Safety as a Legal Paradigm

Patient safety is an important part of the implementation of health services. Law No. 17 of 2023 places safe and quality services as part of the rights of the community and the responsibility of the health system (Republic of Indonesia, 2023).

Patient safety does not depend only on individual medical personnel. Organizational factors, communication, procedures, facilities, resources, technology, workload, and coordination also affect the risk of patient safety incidents (Widjaja & Sijabat, 2025).

Therefore, a legal approach to medical incidents should not simply look for individuals to be punished, but also identify whether there are weaknesses in the system that allow mistakes to occur. This approach is in line with the goal of patient safety because dispute resolution can be a means of improving service quality (Widjaja & Sijabat, 2025).

Responsibilities of Health Care Facilities

Legal responsibility in health services does not only lie with individual medical personnel. Health service facilities also have responsibility for service quality, patient safety, documentation systems, operational procedures, and service governance (Firmansyah & Utomo, 2021).

This is important because service errors can occur as a result of system failures, not just individual errors. In these conditions, the responsibility assessment must consider whether the facility has provided adequate resources, SOPs, supervision, referral systems, and patient safety mechanisms (Syamsul & Aida, 2023).

Medical Dispute Resolution

Medical disputes have special characteristics because they involve legal aspects as well as medical technical aspects. Therefore, dispute resolution requires a mechanism that can

provide space for professional judgment and communication between the parties (Nasution et al., 2022).

Mediation can be an important mechanism because it provides an opportunity for patients and medical personnel to resolve conflicts dialogically without directly using litigation mechanisms. Mediation can also improve communication and therapeutic relationships damaged by disputes (Nasution et al., 2022).

However, mediation should not take away the patient's right to justice when serious violations occur. Therefore, a dispute resolution mechanism needs to be designed in stages while still providing access to disciplinary, civil, or criminal processes if the legal requirements are met (Hasri et al., 2025).

Development of Constitutional Court Decision No. 111/PUU-XXII/2024

The Constitutional Court Decision No. 111/PUU-XXII/2024 is one of the important developments in contemporary health law. The case examines a number of norms of Law No. 17 of 2023 regarding Collegiums, Councils, professional standards, supervision, and other provisions (Constitutional Court of the Republic of Indonesia, 2026).

The Court granted part of the application and gave meaning to Article 1 number 26. The phrase regarding the Collegium as a "fitting apparatus of the Council" is interpreted as "an element of the membership of the Council", while the Collegium continues to carry out its duties and functions independently (Constitutional Court of the Republic of Indonesia, 2026).

This meaning has an important meaning because the quality of the health profession requires scientific independence. Independence does not mean that professional institutions are free from state supervision, but it means that professional decision-making must be avoided from interventions that can damage scientific standards and the interests of patients (Constitutional Court of the Republic of Indonesia, 2026).

Constitutional Court Decision and the Balance of Patient-Medical Personnel Protection

The development of the Constitutional Court's decision shows the need to maintain a balance between state authority and professional independence. The state has the responsibility to provide guidance and supervision, while professional institutions have the function of maintaining the quality of science and professionalism (Harefa & Harsono, 2024).

This balance is important because patients need assurance that medical personnel work according to accountable standards, while medical personnel need assurance that assessments of their professionalism are carried out by competent and objective mechanisms (Hermanto et al., 2026).

State of the Art

Table 2. State of the Art Research

No.	Researcher/Year	Research Focus	Methods	Key Findings	Gap
1	Sibarani (2017)	Protection of patients victims of malpractice	Normative	Preventive and repressive protection	Has not yet analyzed Law 17/2023
2	Wirabrata (2020)	Informed consent	Normative	Consent as a protection for patients and doctors	Not yet included the latest developments in the Health Law
3	Nasution et al. (2022)	Medical dispute mediation	Normative	Mediation is essential for dispute resolution	Has not integrated the 2026 Constitutional Court Decision
4	Sukertayasa & Arjawa (2023)	Online health consultation	Normative	Legal protection of digital patients	Telemedicine focus

No.	Researcher/Year	Research Focus	Methods	Key Findings	Gap
5	Khasanofa & Khariri (2024)	Regulatory Impact Analysis Law 17/2023	SLR	The importance of regulatory impact analysis	Not focusing on patients – medical personnel
6	Prayuti et al. (2024)	Doctor and patient protection	Juridical Literature	Two-party protection required	Has not analyzed the development of the 2026 Constitutional Court
7	Siregar & Sinaga (2025)	Electronic medical record data	Normative	Patient data protection is important	Focus on electronic data
8	Hasri et al. (2025)	Protection of victims of malpractice	Normative	Legal mechanisms of patients	Has not integrated professional independence
9	Fauziah et al. (2025)	Dental malpractice	Normative	Criminal liability risk	Specific dentistry
10	Adonara et al. (2025)	Res ipsa loquitur	Normative	The doctrine of proof in malpractice	Has not yet developed a systemic protection model
11	Agusmidah et al. (2026)	Informed consent	Normative	There are still gaps in certain parameters	Focus consent
12	Scarlet Witch (2026)	Implementation of the Health Law	Normative	Patient and medical personnel protection	Has not yet developed an integrative model
13	Hermanto et al. (2026)	Balance of protection	Normative	Need for a balance of rights	Has not integrated patient safety and MK
14	This research	Patient and medical personnel protection	Multidimensional Normative	Rights, standards, safety, profession and constitutional court based integrative model	—

State of the art shows that previous research generally addressed certain aspects separately, such as malpractice, informed consent, mediation, patient data, or physician protection. This research seeks to integrate these various aspects in one legal framework after the enactment of Law No. 17 of 2023 and the development of Constitutional Court decisions until 2026 (Sari & Ropii, 2026; Hermanto et al., 2026).

Research Novelty

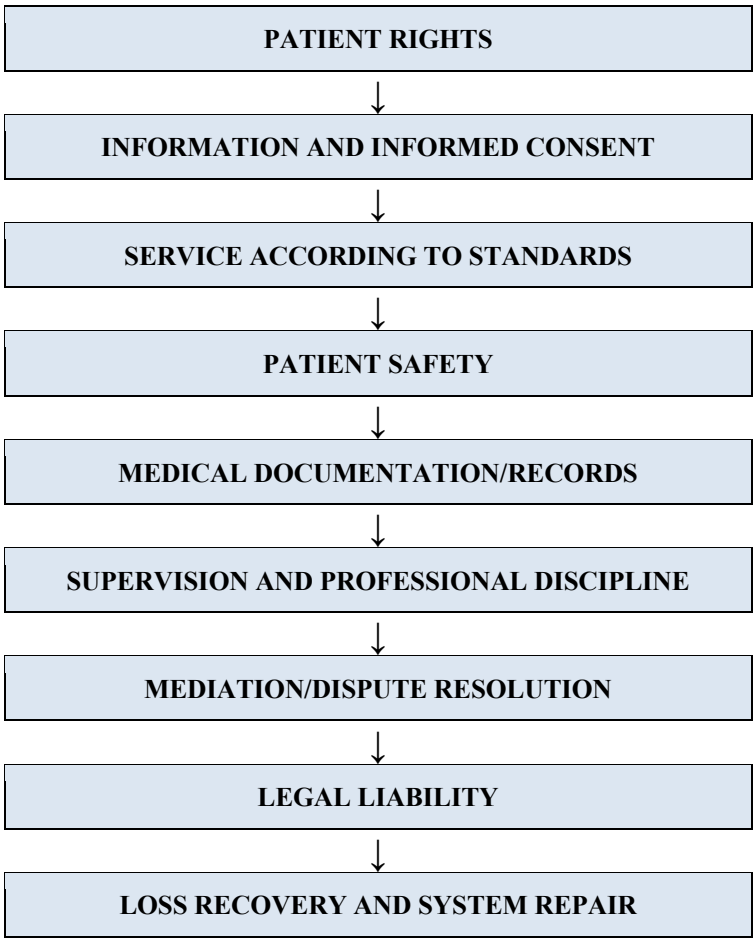
Table 3. Research Novelty

Dimensions	Previous Research	This research
Objects	Patients or medical personnel separately	Patients and medical personnel simultaneously
Regulation	Sectoral Law/Law 17/2023	UU 17/2023 + PP 28/2024
Approach	Generally statute/conceptual	Statute + conceptual + case + analytical
Informed consent	Focus of approval	Consent + autonomy + protection of medical personnel
Malpractice	Error focus	Differentiation of risk–complications–negligence–malpractice
Patient safety	Limited	Be the main principle
Health data	Data-specific research	Integrated in patient protection

Dimensions	Previous Research	This research
Profession	Responsibility focus	Professional rights + independence of the College
Constitutional Court Decision	Limited	Integrated as a positive legal development
Output	Partial analysis	Balanced legal protection model

Equitable Health Legal Protection Model

Based on the results of the research, the legal protection model offered can be formulated as follows:



The model suggests that health law should not only function as a punitive instrument after a loss has occurred. The law must function as a preventive, corrective, repressive instrument, as well as an instrument to improve the quality of health services (Widjaja & Sijabat, 2025; Sari & Ropii, 2026).

Theoretical Analysis

Legal Protection Theory

Legal protection theory is used to look at how the law provides assurance to patients and medical personnel. Preventive protection is carried out through regulations, service standards, informed consent, and supervision, while repressive protection is provided through dispute resolution mechanisms and legal accountability (Hadjon & Djatmiati, 2016; Sibarani, 2017).

In the context of Law No. 17 of 2023, both forms of protection are actually available. The main problem lies in the consistency of implementation, interagency coordination, legal literacy, and the ability of officials and parties to understand the special characteristics of medical disputes (Sari & Ropii, 2026).

Theory of Legal Certainty

Legal certainty requires clear, consistent, and predictable rules. In health law, legal certainty is important so that patients understand their rights and medical personnel understand the limits of their authority and professional responsibilities (Marzuki, 2017).

The Constitutional Court's decision has an important function in clarifying the norms that raise constitutional problems. Decision No. 111/PUU-XXII/2024 is an example of how constitutional interpretation can clarify the position of the Collegium and its relationship with the Council (Constitutional Court of the Republic of Indonesia, 2026).

Theory of Justice

Justice in health law does not mean always winning over patients or always protecting medical personnel. Justice means providing protection based on facts, professional standards, service standards, proof, and the level of errors that can be accounted for (Hermanto et al., 2026).

Therefore, health law must avoid two forms of injustice, namely the neglect of patients who have actually suffered losses and the criminalization of medical personnel who have acted according to professional standards (Fauziah et al., 2025; Wicaksono, 2026).

Research Implications

Theoretically, this research strengthens the view that health law is a multidisciplinary field of law that connects administrative law, civil law, criminal law, professional law, human rights law, and public health law (Nurnaeni & Bachri, 2024).

Practically, this study shows the need to improve legal literacy for patients and medical personnel. Patients need to understand the right to information, consent, medical records, and complaints, while medical personnel need to understand the boundaries of authority, documentation, risk communication, and professional responsibility (Prayuti et al., 2024; Agusmidah et al., 2026).

In terms of policy, the government needs to ensure that the implementation of Law No. 17 of 2023 and Government Regulation No. 28 of 2024 runs with institutional harmonization. State supervision must run without eliminating the scientific independence of professional institutions as affirmed in the development of the Constitutional Court's decision (Constitutional Court of the Republic of Indonesia, 2026).

CONCLUSION

First, Law No. 17 of 2023 has established a relatively comprehensive legal framework in patient protection through the regulation of the right to information, safe and quality services, approval or rejection of actions, confidentiality of health information, and access to medical information (Republic of Indonesia, 2023).

Second, medical personnel also receive legal protection while carrying out their duties in accordance with professional standards, professional service standards, operational procedure standards, professional ethics, and patient health needs. This protection must be understood as professional protection, not immunity from legal liability (Republic of Indonesia, 2023; Prayuti et al., 2024).

Third, informed consent is an important instrument to protect patient autonomy and provide legal certainty for medical personnel. However, clearer technical arrangements are needed regarding patient incompetence and emergency situations (Agusmidah et al., 2026).

Fourth, medical dispute resolution must distinguish between medical risks, complications, medical accidents, professional error, negligence, disciplinary violations, and criminal acts. This distinction is needed to ensure justice for patients while preventing the criminalization of medical personnel (Novianto, 2015; Adonara et al., 2025).

Fifth, Constitutional Court Decision No. 111/PUU-XXII/2024 provides important developments regarding the independence of the Collegium and its position as an element of the Council's membership. These developments reinforce the need for a balance between state authority, professional independence, patient protection, and health service safety (Constitutional Court of the Republic of Indonesia, 2026).

Sixth, the ideal health law model is one that integrates patient protection, medical personnel protection, informed consent, patient safety, medical documentation, professional discipline, dispute resolution, and improvement of the health service system. With this model, the law not only functions to punish after a violation occurs, but also to prevent losses and improve the quality of health services (Sari & Ropii, 2026; Widjaja & Sijabat, 2025).

Advice

The government needs to carry out sustainable harmonization between Law No. 17 of 2023, Government Regulation No. 28 of 2024, implementing regulations, professional standards, and disciplinary provisions so that there is no overlap of authority or legal uncertainty (Khasanofa & Khariri, 2024).

Healthcare facilities need to strengthen patient safety systems, informed consent, medical records, data protection, risk communication, and internal complaint mechanisms (Siregar & Sinaga, 2025; Saputra, 2024).

Medical personnel and health workers need to obtain health law education on an ongoing basis, especially regarding professional rights and obligations, consent to actions, documentation, data confidentiality, professional discipline, and dispute resolution mechanisms (Akbari et al., 2025).

The public needs to acquire health law literacy so that they can understand the rights and obligations of patients and distinguish between medical risks and suspected malpractice (Hasri et al., 2025).

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