




The Institutional Studies of Ethical and Disciplinary Judiciary in the Medical Practice in Indonesia

Luthfi Hafidz Rafsanjani¹, Amiek Soemarmi¹, Ratna Herawati¹, Retno Saraswati¹

¹ Faculty of Law, Universitas Diponegoro, Semarang, Indonesia
luthfihafidzrafsanjani@gmail.com

Abstract. This study aims to determine, identify, and assess the existing conditions related to the institutional structure of ethical and disciplinary judiciary for medical practice in Indonesia, and the position of ethical and professional discipline verdicts as evidence in the resolution of medical practice cases in Indonesia. This research used normative juridical methods using a combination of the statute approach, conceptual approach, and analytical approach. The research results reveal that the responsibility of doctors and dentists, particularly in regard to patient safety and security, cannot merely be measured by legal standards but should also be assessed through medical culture from moral and ethical perspectives. In order to oversee the process of nurturing and enforcing medical professional ethics and discipline, the Law Number 29 of 2004 on Medical Practice has established the Indonesian Medical Council (KKI), Indonesian Medical Disciplinary Honor Council (MKDKI), the Medical Ethics Honor Council (MKEK), and the Dental Medical Ethics Honor Council (MKEKG). Often, doctors and dentists in the course of providing medical treatment to patients are confronted with legal issues. Medical Professional Standards (SPM), MKDKI decisions, or statements and recommendations provided by doctor and dentist professional organizations can serve as parameters for judges in determining the elements of wrongdoing committed by doctors or dentists. Clarity of regulations regarding the mechanism of evidence in the resolution of medical practice cases is necessary to provide legal protection for doctors and dentists, while also achieving the realization of a professionally conducted medical practice in accordance with the principles of medical discipline.

Keywords: Institutional Studies; Medical Ethics and Disciplinary Judiciary; Medical Practice.

1. Introduction

The existence of law is always confronted with real situations involving living individuals, causing the law to move dynamically by evolving social structure within society.[1] Therefore, it is only reasonable that the law is inseparable from values and morals. Law is not limited to written legislation alone, which aims to provide legal certainty, but such written rules can be subject to interpretation to provide a sense of justice for seekers of justice.[2] The agenda of legal system development often lags, as its function as a tool of social control tends to overshadow its role as a tool of social engineering, social reform, and even as a means of liberation and social

© The Author(s) 2023

A. A. Nassihudin et al. (eds.), *Proceedings of the 3rd International Conference on Law, Governance, and Social Justice (ICoLGaS 2023)*, Advances in Social Science, Education and Humanities Research 805,
https://doi.org/10.2991/978-2-38476-164-7_66

emancipation. A pragmatic understanding of legal development can give rise to the complexity of legal issues, often escaping attention when weaving the ideal elements within a constitutional state.[3] Regarding law and morality, H.L.A. Hart believes that morality plays a role as a minimum requirement in conditioning the regulation of existing changes in society, where the moral dimension can act as a counterbalance to the presence of positive law, which frequently lags behind societal developments.[4]

Enhancing awareness, willingness, and the ability to live a healthy life for every individual is achieved through a series of efforts in optimal health development, aiming to realize the highest possible degree of public health as a foundation for the development of productive human resources.[5] This realization aligns with the national goal of Indonesia as stated in the Preamble of the 1945 Constitution of the Republic of Indonesia, which is to advance the common welfare. According to article 28A and Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, health is a part of human rights inherent to every individual, supporting an individual's right to life through a series of efforts to provide safe, high-quality, and accessible healthcare services for the entire society.

According to Article 11 paragraph (1) letter a of Law Number 36 of 2014 on Healthcare Professionals the development of science and technology as support in the implementation of healthcare services needs to be reinforced by the presence of proficient human resources in the field of healthcare, both in terms of quality and quantity. As integral contributors to the effort of providing healthcare services to citizens, doctors and dentists play a crucial role in achieving the highest quality of healthcare services.[6] To fulfill the right and equitable healthcare needs, and to provide assurance and legal protection to both doctors and dentists as well as the public as recipients of medical practice within the framework of healthcare services, Law Number 29 of 2004 on Medical Practice was established.

According to Consideration Letter c of Law Number 29 of 2004 on Medical Practice, purpose of the enactment of Law Number 29 of 2004 on Medical Practice is to realize the organization of medical practice that is grounded in high ethics and morals, manifested through the enhancement of authority and expertise by the advancements in science and technology in the medical field. Efforts to enhance the skills of doctors and dentists are carried out through continuous education and training, accompanied by certification, registration, licensing, as well as guidance and supervision over the implementation of medical practice. Explanation of Article 8 Letter f of Law Number 29 of 2004 and Article 1 number 12 of Law Number 29 of 2004 on Medical Practice on Medical Practice give indicates that in carrying out their profession as providers of medical practice, both doctors and dentists must always adhere to legal regulations, and ethical codes set forth by professional organizations, and are also based on the disciplines of medical or dental sciences.

In carrying out the profession as providers of medical practice, including as healthcare professionals in healthcare facilities, clinical educators in a medical education institution, and researchers in research and development institutions within the field of medical sciences, the roles of doctors and dentists are closely related to

ethical norms, laws, and professional discipline in medicine. An ethical code represents a set of moral rules used by professionals as guiding principles for their actions, with its binding power depending on those who adhere to and acknowledge it. In the realm of health, particularly in medical practice, the ethical code for doctors and dentists holds paramount importance as a code of conduct for medical professionals in the execution of their roles.[7] Alongside the ethical code, there exists a professional medical discipline that doctors and dentists must consistently abide by. According to Article 55 paragraph (1) of Law Number 29 of 2004 on Medical Practice, the professional medical discipline encompasses a set of rules and/or regulations regarding the application of medical knowledge, service standards, professional standards, and operational procedures in medical care delivery that must be followed by doctors and dentists. The regulation of both the ethical code and professional medical discipline for doctors and dentists is intended to safeguard the public by striving to enhance the quality of healthcare services and ensure the honorability of the medical profession.

2. Problems

Based on the above introductory discussion, the author formulates the research questions in this study as follows: 1) What is the existing condition related to the institutional patterns of ethical and professional discipline judicature for medical professionals in the provision of medical practice in Indonesia? and 2) How can the outcomes of ethical and professional discipline judicature serve as a foundational consideration for judges in the resolution of cases related to medical practice in Indonesia?

3. Method

This research employs a normative juridical research approach. Soerjono Soekanto defines normative juridical research as legal research that involves the examination of secondary data or literature as foundational material.[8] The secondary data utilized in this study consist of legislative regulations and judicial decisions related to the practice of medicine, serving as primary legal sources, along with legal books or journals as secondary legal sources. With this understanding, the method of reasoning employed in this research is deductive reasoning, which employs a thinking process to derive general conclusions directed toward specific instances.[9] Based on the substantive issues to be examined in this research, the research activities are conducted using a legal analysis approach, incorporating the statute approach, the conceptual approach, and the analytical approach.

4. Discussion

4.1. The Existing Condition Regarding the Institutional Structure of Ethical Judiciary and Professional Discipline of Medical Personnel in the Implementation of Medical Practice in Indonesia

Etymologically, the term "ethics" originates from Latin, being a combination of the words "*mores*" and "*ethos*", which later evolved into the concept of referring to the *mores* of a community and *ethos* of a people. The values of these *mores* and *ethos* are then formulated and codified into a code of conduct within professional circles.[10] According to Jimly Asshidiqie, the conception of ethics has developed over a significant period, wherein its presence has always been a topic of discussion among professionals and is closely related to principles or standards aimed at evaluating whether an action is good or bad, right or wrong, serving as a guide for individuals to decide whether to engage in a certain action.[3]

In its development, the professional ethics system has become a new alternative in life, representing the development of human consciousness regarding the significance of effectively upholding an ethical system. This is exemplified through the establishment of an institution to enforce the code of ethics, whether on a permanent or *ad hoc* basis.[3] Jimly Asshidiqie believes that the enforcement of morally binding ethical sanctions is more tangible in society since ethical rewards or punishments can directly form, the public perception. The formulation of ethical punishment, especially in specific professional contexts, can be structured in a graduated or gradual manner based on the level of violation of ethical actions.[3]

The functionalization of the current professional code of ethics system has not been optimally constructed as a cohesive institutionalized judiciary mechanism, similar to the effective legal norm processes. This is because worldwide, the enforcement mechanism of a code of ethics is still understood as a norm system characterized by privacy and exclusivity. This is because the validity of ethical norms is based on the internal awareness of the bound and subordinated professional community within a code of ethics system.[3] Suparman Marzuki argues that there are several issues or weaknesses regarding the existence of institutions for enforcing the code of ethics and professional discipline:[11]

- a. Often, there is an occurrence of class justice that fails to differentiate whether a case involving actions carried out by members of a certain profession falls within the jurisdiction of disciplinary courts or falls under the purview of general jurisdiction courts;
- b. The perception among the general public has emerged that the existence of disciplinary justice tends to manipulate facts and only aims to defend fellow professional colleagues. This is represented by the composition of disciplinary courts, which typically consist only of fellow professional colleagues, thus not reflecting the nature of a professional community that should protect public interests;
- c. The closed nature of disciplinary justice's characteristics gives rise to suspicions that something improper has occurred in its trial process; and

d. The usually extended duration of trials.

There exists a connection between ethics, discipline, and law, although these three aspects have different dimensions, so the presence of professional ethics, medical discipline, and legal norms cannot simply replace or negate each other. Referring to the Constitutional Court's Decision Number 14/PUU-XII/2014, as explained in the court's considerations, the basis of the correlation between professional ethics, medical discipline, and legal norms is that all three are forms of rules or value systems that guide for humans to exhibit proper behavior towards fellow humans and their environment, to establish order in society. However, the difference between professional ethics, medical discipline, and legal norms lies in the binding force of their sanctions when violations of their respective norms occur. Essentially, ethics, discipline, and law all stem from the same foundation, which is morality.[12]

Building upon this issue, there is a need for the development of thought among professionals to construct the application of a code of ethics system through the support of principles and mechanisms of modern and independent justice, one that is open, impartial, integrity-driven, and professional. Such a system could support the concept of the rule of law. The conception of an ethics court can complement and be aligned with the practice of legal courts, to guide behavior in human life ideally,[3] including in the realm of medical practice.

The responsibilities of doctors and dentists, especially concerning patient safety and well-being, can be evaluated not only through the lens of law but also through medical culture, viewed from a moral and ethical standpoint.[13] The legal interests in medical practice that need to be balanced include the government's efforts to ensure that the public receives quality and accountable healthcare services, as well as the need to protect and guarantee legal certainty for doctors.[13] Some fundamental ethical principles and values must consistently guide the medical profession, including that all actions of doctors should be based on the divine nature, purity of heart, integrity of character, humility, dedication to work, and scientific and social integrity. Some ethical principles that doctors and dentists must firmly adhere to in providing healthcare services to patients include:[14]

- a. Doctors and dentists have the right to choose or determine what is best for themselves and their patients (autonomy principle);
- b. Providing healthcare actions that have value and benefit for others (beneficence principle);
- c. Healthcare actions carried out by doctors and dentists should not be harmful or cause physical pain (nonmaleficence principle);
- d. Providing healthcare to patients based on fair and non-discriminatory treatment (justice principle);
- e. Healthcare actions grounded in values of honesty and truthfulness (veracity principle); and

- f. Commitment to medical service actions, fostering a sense of mutual trust between doctors and patients (fidelity principle).

Historically, even before Indonesia's period of independence, the medical and dental professions were acquainted with the term "medical ethics." However, up to the present, there have been limited instances of sanctions imposed for violations of the medical professional code of ethics committed by doctors and dentists. This is because, in practicality, the code of ethics system, which should serve as a guideline for ideal professional conduct, has not been fully and earnestly upheld. Moreover, it lacks the presence of an effective institutional infrastructure for enforcing the code of ethics.[11] In terms of institutional aspects, several institutions tasked with enforcing the code of ethics are currently not permanent (*ad hoc*) and work internally within the respective professional organizations. The nomenclature for these institutions is not uniformly designated: some are referred to as committees, commissions, honor councils, or boards of honor.[11]

In its evolution, institutionally, there exists a role for state institutions that stand independently as regulators and enforcers, similar to the functions of the judiciary combined with those of the legislative branch. These are independent state bodies, also known as auxiliary state organs or self-regulatory agencies. According to Yves Meny and Andrew Knapp, independent state institutions are a new institutional model that falls within the realm of new powers, separate from the executive, legislative, and judicial branches. It constitutes the fourth branch of government.[15] In Indonesia, there are such independent state institutions established and empowered through legislation.[16]

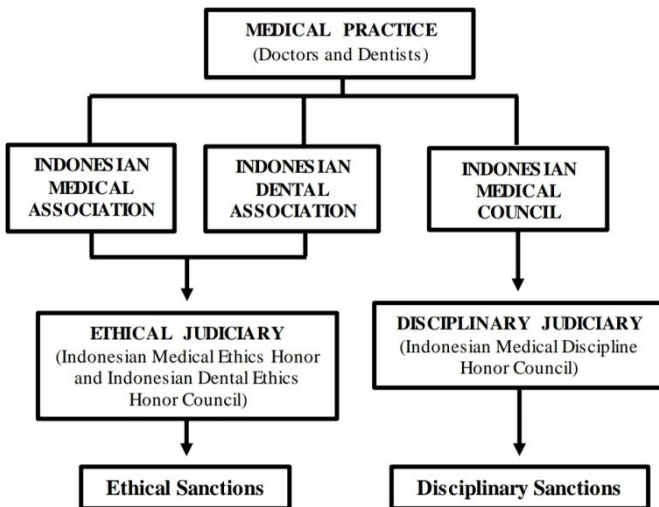


Fig. 1. Institutional structure of ethical and disciplinary judiciary in the medical practice in Indonesia.

To guide the balanced implementation of protecting both the public's and medical professionals' interests within the framework of legal protection and ethical

morality in the field of medicine, an independent institution has been established. One of its independent tasks is to oversee the development and enforcement of professional discipline for doctors and dentists. According to Article 1 number 14, Article 55 paragraph (1), and Article 55 paragraph (2) of Law Number 29 of 2004 the institution is the Indonesian Medical Council (Konsil Kedokteran Indonesia or KKI), along with its autonomous subsidiary, the Indonesian Medical Discipline Honor Council (Majelis Kehormatan Disiplin Kedokteran Indonesia or MKDKI). The establishment of MKDKI, mandated by Law Number 29 of 2004 on Medical Practice, positions it as an autonomous body under KKI, with the authority to determine whether errors were committed by doctors and dentists in the application of medical and dental discipline. It is also empowered to impose sanctions for violations of professional discipline. Additionally, depends on guidelines MKEK for upholding the medical profession's code of ethics, this role is carried out by the Indonesian Medical Ethics Honor Council (Majelis Kehormatan Etik Kedokteran or MKEK), an autonomous body under the Indonesian Medical Association. For the enforcement of the code of ethics for dentists, the Indonesian Dental Ethics Honor Council (Majelis Kehormatan Etik Kedokteran Gigi or MKEKG) operates under the Indonesian Dental Association.[17]

According to Article 69 paragraph (1) of Law Number 29 of 2004 on Medical Practice The implication of the decisions issued by MKDKI (Indonesian Medical Discipline Honor Council) regarding disciplinary violations is the imposition of binding disciplinary sanctions upon doctors, dentists, and KKI (Indonesian Medical Council). By Article 69 paragraph (3) of Law Number 29 of 2004 on Medical Practice, the disciplinary sanction decisions established by MKDKI may involve written warnings, recommendations to KKI for the revocation of registration certificates or practice permits, or even the imposition of obligations on doctors or dentists to undergo education or training at medical or dental education institutions. Regarding the examination procedures in MKDKI's disciplinary proceedings, especially concerning the process of doctors' and dentists' complaints regarding alleged violations of medical and dental professional discipline, these are regulated in KKI Regulation Number 50 of 2017 on Procedures for Complaints by Doctors and Dentists. Further regulations are detailed in MKDKI Regulation Number 1056/U/MKDKI/VII/2018 regarding the Procedure for Handling Complaints on Discipline of Doctors and Dentists. The establishment of these regulations is the implementation of the mandate outlined in Article 70 of Law Number 29 of 2004 on Medical Practice.

4.2. Output of Ethical and Professional Discipline Judicature as a Basis for Judicial Consideration in Resolving Medical Practice Cases in Indonesia

The relationship between patients and healthcare professionals, in this case doctors and dentists, is grounded in three aspects: medical, moral, and legal relationships. The basis of trust from patients towards doctors or dentists, which underlies their efforts to provide the best possible treatment for the ailments suffered by patients, forms the foundation of the medical relationship between doctors or dentists and patients. Moral principles in fulfilling the obligations of doctors and patients in medical practice form the basis for the moral relationship between patients and doctors or dentists. In the

context of legal relationships, regulations regarding the rights and responsibilities of patients as well as doctors or dentists are stipulated in legislation, indicating an equal position or status between doctors and patients.[18]

From Constitutional Court's Decision Number 82/PUU-XIII/2015, the specific position of doctors and dentists holds autonomy to perform a series of actions involving human bodies and lives, a privilege not shared by other healthcare professionals. Often, doctors or dentists engaged in medical procedures with patients face legal challenges, encompassing reporting suspected criminal acts, civil liability claims, or administrative issues. Certainty in the regulations surrounding the evidentiary mechanism in resolving medical practice disputes is essential to provide legal protection to doctors and dentists, ensuring the practice of medicine aligns with the discipline of medical science, prioritizing patient well-being and safety through knowledge, skills, and proper medical procedures in line with professional standards and operational procedures. From the perspective of ensuring human rights, constitutional Article 28D paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees, *"Every person shall have the right to the recognition, guarantees, protection, and legal certainty that are fair as well as equitable treatment under the law."*

From Article 1 number 14, Article 55 paragraph (1), and Article 55 paragraph (2) of Law Number 29 of 2004, the proof of allegations against doctors and dentists for causing harm to patients or suspected negligence in medical procedures should be grounded in medical science. This is because medical practices carried out by doctors and dentists involve a requirement to rely on medical knowledge and technology acquired through education, experience, ethics, and professional discipline. An autonomous institutional role exists in medical practice through the Indonesian Medical Discipline Honor Council (MKDKI), an authority that determines whether doctors and dentists have violated the discipline of medical and dental science.

Article 66 paragraph (3) of Law Number 29 of 2004 on Medical Practice stipulates that complaints of alleged violations of professional discipline by doctors or dentists filed by complainants to MKDKI do not eliminate anyone's right to report to competent authorities for suspected criminal actions and/or file civil lawsuits in court. Based on these provisions, it is understood that there is a correlation between legal norms and professional discipline norms for doctors and dentists. The resolution of medical professional discipline issues is not independent or separate from addressing allegations of medical actions by doctors and dentists through litigation, both criminal and civil. Moreover, the existence of medical professional discipline can be synergized with the process of proving alleged criminal acts and/or civil claims related to medical practice, where medical professional discipline can serve as a reference to identify elements of wrongdoing or unlawful acts committed by doctors and dentists by medical science principles.[19]

Conceptually, Article 66 paragraph (3) of Law Number 29 of 2004 on Medical Practice, which stipulates the opportunity for every individual, including patients, to report alleged criminal acts or file civil claims regarding medical actions performed by doctors or dentists, implicitly carries the meaning of making medical discipline the primary reference in the examination process of such legal cases. This is intended to

mitigate the risk of doctors or dentists being legally found guilty. Depends on Constitutional Court's Decision Number 14/PUU-XII/2014, ideally, in the imposition of criminal penalties or compensation judgments in a civil context, the possibility of a legal guilty verdict should be precluded when medical actions performed by doctors or dentists have been determined to comply with or not violate professional discipline by the decision of MKDKI.

In Constitutional Court's Decision Number 14/PUU-XII/2014, there's a consideration from the Constitutional Court judges that the assessment standards for medical actions conducted by doctors and dentists should not solely be based on general criminal aspects but should be grounded in medical discipline standards formulated by an official institution mandated by Law Number 29 of 2004 on Medical Practice. This is based on the uniqueness of the medical profession and its authority over actions related to human bodies and lives, which inherently carry the risk of disability and even the loss of life.[20] The specificity and distinctiveness of the medical and dental professions provide a strong rationale for law enforcement agencies to consider medical knowledge and professional discipline as the primary reference when examining and deciding on cases, both criminal and civil, in the litigation process.

Through such a constructed understanding, the author believes that in addition to the evidence presented in legal proceedings, there should also be regulations regarding the adoption of Medical Professional Standards (SPM), MKDKI decisions, or statements and written recommendations provided by doctor and dentist professional organizations as parameters for judges to determine the elements of wrongdoing committed by doctors or dentists. The status of this evidence could be classified as scientific evidence, which is considered valid evidence as stipulated in Article 184 paragraph (1) of Law Number 8 of 1981 on Criminal Procedure, as well as Article 154 of the Indonesian Civil Procedure Code.

However, according to the author, this concept still encounters obstacles, as there's still Article 79 paragraph (4) of Regulation KKI Number 50 of 2017 which states, "Decisions regarding violations of discipline by Doctors and Dentists are not evidence in the field of criminal and civil law." This provision weakens the position of MKDKI decisions as scientific evidence to be used as evidence in the examination process of criminal and civil cases. Therefore, there's also a need to realign the provisions of legislation governing the resolution of issues involving doctors or dentists.

5. Conclusion

The responsibility of doctors and dentists, especially concerning patient safety and security, can be assessed not only through legal means but also from a medical culture perspective in terms of morality and ethics. There is a relationship between ethics, discipline, and the law, although these three elements possess distinct dimensions. Thus, the existence of professional ethics, medical discipline, and legal norms cannot solely replace or negate each other. In overseeing the enforcement of ethical and

professional discipline norms in the medical field, autonomous institutions have been established, such as MKDKI, MKEK, and MKEKG.

Frequently, doctors and dentists face legal issues while carrying out a series of medical procedures on patients, including reporting alleged criminal actions, civil compensation claims, and administrative matters. The establishment of a clear mechanism for evidence presentation in the resolution of medical practice cases is essential to provide legal protection for doctors and dentists. This mechanism aids in realizing a professional medical practice by the principles of medical discipline. The existence of medical professional discipline can be synergized with the process of proving allegations of criminal actions and/or civil claims related to medical practice.

References

- [1] E. Warassi, *Pranata Hukum Sebuah Telaah Sosiologis*. Semarang: Suryandaru Utama, 2005.
- [2] C. Wulandari, "Kedudukan Moralitas Dalam Ilmu Hukum," *J. Huk. Progresif*, 2020, doi: 10.14710/hp.8.1.1-14.
- [3] J. Asshiddiqie, *Penguatan Sistem Pemerintahan dan Peradilan*. Jakarta: Sinar Grafika, 2015.
- [4] K. Dimiyati, Absori, K. Wardiono, and F. Hamdani, *Etos hukum dan Moral*. Yogyakarta: Genta Publishing, 2018.
- [5] K. Nugrianti, R. Herawati, and S. A. Gading, "Tinjauan Yuridis Tugas dan Wewenang Majelis Kehormatan Disiplin Kedokteran Indonesia," *Diponegoro Law J.*, 2017.
- [6] Andryawan, "Kedudukan Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI) dan Konsil Kedokteran Indonesia (KKI) dalam Penegakan Disiplin Kedokteran di Indonesia (Studi Putusan Mahkamah Agung RI Nomor: 298k/tun/2012)," *J. Era Huk.*, 2016.
- [7] A. I. Dewi, *Etika dan Hukum Kesehatan*, Pustaka Bo. Yogyakarta, 2008.
- [8] Soerjono Soekanto dan Sri Mamudji, "Penelitian Hukum Normatif Suatu Tinjauan Umum," in *Rajawali Pers, Jakarta*, 2007.
- [9] H. Ishaq, *Metode Penelitian Hukum Dan Penulisan Skripsi, Tesis, Serta Disertasi*. 2017.
- [10] B. J. Nasution, *Hukum Kesehatan Dan Pertanggungjawaban Dokter*. 2005.
- [11] J. Asshiddiqie, "Menggagas Peradilan Etik Di Indonesia," *Menggagas Peradilan. Etik di Indones.*, 2015.
- [12] Guwandi, *Hukum dan Dokter*. Jakarta: Sagung Seto.
- [13] S. T. Arinanto, *Memahami Hukum dari Konstitusi sampai Implementasi*. Jakarta: Rajawali Press, 2011.
- [14] J. Asshiddiqie, "Rule of Law and Rule of Ethics & Constitutional Law and Constitutional Ethics," in *Peradilan Etik dan Etika Konstitusi*, Jakarta: Sinar Grafika, 2015.
- [15] E. Trisulo, "Konfigurasi State Auxiliary Bodies dalam Sistem Pemerintahan Indonesia," Universitas Indonesia, 2012.
- [16] A. Basarah, "Kajian Teoritis Terhadap Auxiliary State'S Organ Dalam Struktur Ketatanegaraan Indonesia," *Masal. Huk.*, 2014.

- [17] Y. A. T. . Ohoiwutun, "Penyelesaian Etika Kedokteran dalam Praktik Pelayanan Medis," *Maj. Ilm. Huk. dan Masy.*
- [18] N. M. I. Alim, "Putusan Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI) sebagai Alat Bukti Awal dalam Penegakan Hukum Kesehatan," *Pascasarj. Univ. Hasanuddin.*
- [19] I. K. G. OKA WIJAYA, "Putusan Majelis Kehormatan Disiplin Kedokteran Indonesia Sebagai Alat Bukti Dalam Hukum Acara Pidana," *Yuridika*, 2017, doi: 10.20473/ydk.v32i1.4829.
- [20] K. Kizaki, L. J. Schwartz, and O. R. Ayeni, "Evidence first, practice second in arthroscopic surgery: use of placebo surgery in randomised controlled trial," *J. Med. Ethics*, 2019, doi: 10.1136/medethics-2019-105598.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

