



Mediation as Legal Protection for Doctors in Resolving Death-Case Medical Disputes

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Abstract. Doctors in carrying out their profession focus on providing all the abilities and knowledge they have to realize healing for patients. Because the doctor is a profession, noble values are attached to it, which must always be upheld by the holders of that profession. In Indonesia, all medical actions performed by doctors on patients are included in the realms of law and statutory regulations. When there is a loss suffered by a patient (died) as a result of a medical action performed by a doctor, the doctor is prone to criminalization. Mediation offers positive benefits, amicable dispute settlements and speedy process to affected parties. This research is normative legal research that mediation resolve the dispute and preserves the trust in the doctor-patient relationship. Using a statutory approach and a conceptual approach to produce legal findings to address legal issues in the research. It is hoped that mediation will resolve death-case medical disputes.

Keywords: Doctors, Patients, Mediation, Died, Medical Dispute

1. Introduction

Doctors are a noble profession whose main focus and goal is to provide treatment to patients who need treatment for their illness. In providing this treatment, the doctor does so based on his knowledge and knowledge for the purpose of curing the patient. The knowledge and expertise of a doctor must be continuously maintained and improved in accordance with the progress of science and technology. Doctors providing this treatment can be done at the hospital or privately (independently) in certain places. Based on this, doctors and patients are bound by a very personal relationship because it is based on the patient's trust in the doctor, known as "Therapeutic Transactions."

This therapeutic transaction is an agreement between a doctor and patient in the form of a legal relationship that creates the rights and obligations of both parties. The objective of this agreement is an attempt to cure the patient. The legal relationship between doctors and patients is rooted in a vertical patriarchal model, such as between father and son, which deviates from the "father knows best" principle.[1] A number of laws and regulations govern the doctor-patient relationship in Indonesia. at least 3 (three) key rules are closely related to the doctor-patient relationship. These laws and regulations are Law No. 29 of 2004 on medical practice

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(UU 29/2004), Law No. 36 of 2009 on health (UU 36/2009), and Law No. 44 of 2009 on hospitals (UU 44/ 2009). However, this regulation has now been declared annulled, no longer valid, and converted into a regulation with the publication of Law No. 17 of 2023 related to health (UU 17/2023).

Patients as service recipients and doctors now have rights and obligations as a result of interactions between them and their surroundings. The agreement in the informed consent for any activities by doctors against the patient follows the first administration contract, which establishes the legal connection between the patients and doctors. This legal relationship often raises a gap between the expectations and reality obtained by patients, which can be a triggering factor for conflict. If the conflict is not handled properly and immediately, it will result in a dispute between the patient and the doctor. The presumption of committing malpractice is always attached to the medical personnel who provide services, which results in prosecution, both criminal and civil.[2]

Under constitutional status, the role of the physician is very important, as it is governed by Article 34, paragraph (3) of the 1945 Constitution of the Republic of Indonesia, which states that the state is responsible for providing medical services. Appropriate public and health services. basis. Service. On that basis, the state has the obligation to respect, protect, and exercise the right to enjoy medical services, which is also a human right and a constitutional right of citizens. This obligation of the state is reflected in the exercise of all rights to access health services, the prevention of actions that may reduce the level of public health, and the development of regulations that can ensure public health and provide adequate funding and health services for all citizens. [3]

There are two possible avenues for resolving disputes: litigation (court) and non-litigation. Everyone may agree that going to court is an expensive and time-consuming process. Because traditional court systems are inherently diametrically opposed, this frequently leads to the one party prevailing and the other losing. Meanwhile, the judiciary has come under heavy fire for being excessively slow, expensive and insensitive to the needs of the public in carrying out its duties. It is viewed as being overly formalistic and technical. Because of this, there is a global issue with assessing how to strengthen the judicial system in an effective and efficient manner. Even the civil process has come under fire for being unjust and inefficient (the legal procedure was neither fair nor efficient). Justice is seen as the very last resort. Which in theory is still seen as a body that works and plays a part in maintaining truth and justice, thus litigation attempts are always a possibility that the disputing parties might pursue to resolve the current disagreement.[4]

As a noble profession, doctors will, of course, maintain the reputation and nobility of their profession by devoting themselves to their patients. The doctor, as a person, is truly an expert in his field, but in terms of determining and choosing the medical action to be taken, the patient has the right to decide for himself. The physician, as a specialist, is only obligated to treat the patient unless otherwise determined under certain circumstances.[5] This is governed by Article 293 of Law

17/2023, which states that any individual health service action performed by medical and medical personnel requires approval, where the consent is given after the patient has received a full explanation. The explanation of the reference in Article 293 of Law 17/2023 is as follows.

- a. Diagnose;
- b. Point;
- c. The actions of the health services taken and their goals;
- d. Risk and Complications may arise;
- e. Alternative actions and risks;
- f. Risks of inaction; and
- g. Prognosis after receiving an action.

The enactment of Law 17/2023 is a form of protection and exercise of the Indonesian government's right to health care, as Law 17/2023 was enacted with the aim of improving the provisions of the Law on Health to improve the quality of life. awareness, will, and ability to live healthy so that people realize their suffering. - Optimal healthcare as stipulated by the 1945 Constitution of the Republic of Indonesia. In addition, the performance of medical practice, which is the focus of various healthcare efforts, should be carried out by qualified and ethical, professional, and competent doctors, who must continuously improve quality through continuous training, certification, registration, accreditation, orientation, inspection, and supervision so that the practice of medicine is consistent with the development of science and technology. Doctors with scientific equipment have idiosyncrasies. This particularity is found in the justification given by the law, namely, the introduction of medical acts on the human body with the aim of improving health.[6]

One method of alternative dispute resolution (ADR) or alternative problem solving is the mediation process. Through negotiation and the aid of a mediator, mediation is a procedure for resolving disputes by helping the parties come to an agreement. There is no research that shows mediation is related to patient death if there is a medical dispute between the patient's family and the doctor. This research will provide an overview of the effectiveness of alternative dispute resolution (mediation) in resolving medical disputes under Indonesia law.

2. Problems

When doctors face cases of patient death, the doctor is faced with explaining the circumstances of death to the patient. Although doctors are experts in their field and often perform medical procedures for patients, they are also human beings who can perform actions that directly and indirectly affect the patient's health. When an explanation is carried out, the decision is in the hands of the family, whether to accept or reject the results. Whether the patient's family accept or rejects the results of the

medical treatment (in this case death), the dispute does not proceeding according to its flow.[7]

Based on this, Article 303 of Law 17/2023 provides that doctors are obliged to exercise quality control, control costs, and ensure patient safety when performing medical services. Article 301 of Law 17/2023 also stipulates that when performing medical services, all doctors and nurses are obligated to keep the patient's personal health confidential. Doctors must perform the service in accordance with the operating procedures to avoid errors.

3. Method

This study is a normative legal research that aims to understand how regulation and law enforcement against something exists. Legal research essentially starts from human curiosity expressed in the form of problems or questions, where each legal problem or question requires an answer and will gain the new knowledge that is considered correct. [8]. Legal research itself according to *Blacks Law Dictionary* is "The finding and assembling of authorities that bear on a question of law" and "the field of study concerned with the effective marshalling of authorities that bear on a question of law [9]. In the study of normative law, the problem-based approach will allow researchers to use the results of other legal sciences for the purposes of legal analysis and interpretation. Clinical study shows that the causes of medical dispute are multiple, among which include : (1) The patient die and the poor communication between doctors and the family of patient, (2) high demand patients, (3) poor service in hospitals and (4) irregularities in medical treatment. Several books and various journal references provide arguments and analyze mediation as legal communication in resolving death-case medical disputes.[10]

4. Discussion

4.1. Legal Protection for Doctors in Carrying out Medical Actions that Cause Patients to Die

Legislative provisions function as laws designed to be a means or instrument for each subject of law to properly perform its obligations and achieve its rights fairly. Violation of the law occurs when some subjects of the law fail to perform their obligations or because they violate the rights of other legal subjects. To ensure legal certainty in society, the law itself must also be based on the foundation of justice, namely the principle of justice in the community itself.

Besides justice, Hans Kelsen opined that the law is a system of norms. While the standard itself is a statement that defines the aspect of "should" or who should do it, it does include some rules about what "should" be done. Norms are products of human intentions and actions. Laws include general rules that can be used as guidelines for individuals' behavior in society. These rules limit society by reducing

or taking action against individuals. The existence of these rules creates legal certainty.[11] Reinforced by Utrecht, who stated that legal certainty has two (two) meanings, namely, the existence of rules of a general nature to tell individuals what actions to take. may or may not be done, and in the form of legal certainty for individuals to authoritarian government, because with these rules, individuals can know the state can blame for them or do anything against them.[12]

The doctor performing his duties and functions in performing medical examinations and treatment procedures for patients must also be prescribed by law in this respect. Not only because it is enshrined in the 1945 Constitution of the Republic of Indonesia and other laws and regulations, but also because these rules are established to give legal certainty and fairness to physicians so that they know their rights and obligations in relation to medical care and feel free from pressure or threat from any party and to the patient, as a client, they help them understand their rights and obligations. In this case, the legal provisions governing the medical profession in carrying out medical actions also provide legal protection for doctors.

According to Satjipto Rahardjo is an attempt to protect a person's interests by giving him the right to Human Rights to act within the framework of his interests.[13] Meanwhile, Fitzgerald is concerned with legal protection, which aims to integrate and coordinate different interests in society because, in an interest transaction, the protection of several interests can be done by restricting the various interests on the other side. The interest of law is to deal with human rights and interests, so that it has the highest authority to determine which human interests need to be regulated and protected. Legal protection should consider stages, that is, legal protection arising from legal regulation and any legal regulation introduced by the community and between individuals and the government, who are considered to represent the interests of the community.[14] According Lili Rasjidi and LB Wyasa Putra, law can function to create protection that is not only adaptive and flexible but also predictive and antipathy.[15]

The rights and obligations of doctors and patients are explained as follows.

- a. Doctor's Rights (Vide: Article 273 Law 17/2023):
 - 1) Protected by law as long as they perform their duties in accordance with professional standards, standards of professional service, standard operating procedures, and professional ethics as well as the health needs of the client (patient).
 - 2) Collect complete and accurate information from patients or their families;
 - 3) To be entitled to an appropriate salary/wage, official remuneration, and allowances according to work performance, as prescribed by law.
 - 4) Get protection for safety, health and safety in the workplace;
 - 5) To enjoy health insurance and employment insurance in accordance with the law;

- 6) Be protected from treatment that is inconsistent with dignity, morality, ethics, and socio-cultural values;
 - 7) To be rewarded according to the provisions of law;
 - 8) Gain growth opportunities through the development of skills, knowledge, and careers in the field;
 - 9) Deny wishes of patients or other parties that conflict with professional standards, service standards, standard operating procedures, code of ethics, or regulations; and
 - 10) To enjoy other rights as prescribed by law.
- b. Doctor's Obligation (*Vide*: Article 274 of Law 17/2023):
- 1) Provide medical services according to professional standards, operating procedures, professional ethics, and the patient's health needs.
 - 2) Obtain consent from the patient or their family for action to be taken;
 - 3) Keep the patient's health confidential;
 - 4) Establish and maintain records and/or documentation regarding examination, care and actions taken; and
 - 5) Refer the patient to a healthcare professional or other healthcare worker with the appropriate skills and authority.
- c. Patient Rights (*Vide*: Article 276 of Law 17/2023):
- 1) Collect information about your own health;
 - 2) Get a full explanation of the medical services they receive;
 - 3) Obtain medical services relevant to medical needs, professional standards, and quality of service;
 - 4) Refuse or accept medical action, except for medical action necessary to prevent communicable diseases and control outbreaks or epidemics;
 - 5) Access information contained in medical records;
 - 6) Seek medical or other medical advice; and
 - 7) To enjoy other rights as prescribed by law.
- d. Patient Obligations (*Vide*: Article 277 of Law 17/2023):
- 1) Provide complete and truthful information about their health problems;
 - 2) Follow the advice and instructions of the Medical Officer and the Medical Staff;
 - 3) Comply with regulations applicable to medical examination and treatment establishments; and
 - 4) Claim compensation for services received.

The provisions on the rights and obligations of doctors and patients in Law 17/2023 are intended to provide legal certainty. Therefore, it can be concluded that normative legal certainty occurs when a regulation is established and enacted with certainty because it is clear, logical, and unquestionable. multiple interpretations), logical and predictive. Legal certainty is a condition in which human (doctor-patient) behavior, both individuals, groups, and organizations, are bound within corridors outlined by the rule of law. The existence of legal certainty is necessary in relation to the principle of creating the rule of law, as in Mr. Kordela's point of view: "Rule of law as the higher principle of the legal system's formal principles of the rule of law that justify the legal validity of a definition of a group of values [16] on. legal certainty, according to Jan Michael Otto defined it as the possibility that in certain situations there can be clear (clear), consistent, and easy to obtain rules issued by and recognized because (power) of the state, the authorities (government) apply these legal rules consistently and also submit and obey them, citizens in principle adjust their behavior to these rules.[17]

Regarding the duty of doctors in providing medical services and as a form of satisfying public health, the state passed Article 268 of Law 17/2023 stipulating that in order to protect people receiving medical services and improve the quality of medical examination and treatment. A council was established for medical services for doctors and dentists. Meanwhile, based on Article 450 of Law 17/2023, the Medical Council of Indonesia (KKI) was declared to be still in force before the establishment of the Council in accordance with Article 268 of Law 17/2023. The functions of the Medical Council of Indonesia (KKI) are to regulate, approve, appoint, and guide doctors and dentists to practice medicine to improve the quality of medical services. The functions of the Indonesian Medical Council (KKI) are to register doctors and dentists, approve training standards for the profession of doctors and dentists, and guide the implementation of medical cooperation activities with related organizations according to their respective functions. Article 269 of Law 17/2023 stipulates that carrying out the functions of the Indonesian Medical Council (KKI) has the following roles: developing internal policies and standardizing the performance of the functions of the board of directors, conducting registration of health workers and medical staff, and conducting professional training for Health Officers and Health Officers.

In addition to the establishment of a Council, the government also established an autonomous National Assembly to carry out its functions in the performance of duties in the field of professional discipline. Pursuant to Article 304 of Law 17/2023 for the purpose of maintaining professional discipline and determining whether there are violations of professional discipline by medical staff and security personnel. On this basis, anyone who knows or is concerned about being harmed as a result of the actions of medical and/or healthcare personnel in the exercise of their professional discipline may file a complaint in writing. Written to the Board on the basis of Article 305, paragraph (1)) of Law 17/2023, which provides that a complaint in the form of a comment must contain at least: the complainant's identity, the name and address where the medical or health care worker practiced, and when the action was taken; and

reasons for complaint did not remove any person's right to report suspected offenses to the authorities and/or bring civil action in court provided they first receive a recommendation from the Association copper. It seems that the actions of health workers and medical staff while practicing medicine if they cause harm, there are 3 (three) ways to hold doctors accountable, namely by gathering, prosecuting civil, and criminal reporting to the Police of the Republic of Indonesia.

Sanctions to be applied if a physician complains to the Board are governed by Article 306 of Law 17/2023, in which the Board may impose disciplinary measures in the form of a written warning, requesting education or training from the nearest health sector educational institution or teaching hospital authorized to provide such education. The criminal provisions in Law 17/2023 are as follows:

Article 429 of Law 17/2023:

Paragraph 1)

If a medical worker or a health worker commits an offense specified in Article 428, the penalty may be increased by one third (one third);

Paragraph (3)

A health care worker or healthcare worker performing an abortion for an urgent medical indication or the victim of a rape or other sexual violence crime resulting in pregnancy, as referred to in section 60, is not subject to punishment.

Article 438 of Law 17/2023:

Paragraph 1

Managers of medical service establishments, medical staff and/or medical staff who do not give first aid to patients in case of emergency at medical service establishments specified in Articles 174 and 275, Clause (1) be sentenced to prison. a maximum of 2 (two) years or a maximum fine of Rp 2,000,000,000.00 (Two Billion Rupiahs);

Paragraph 2:

In the event that the conduct referred to in paragraph (1) results in disability or death, the head of the medical facility shall be sentenced to imprisonment for a maximum of 10 (ten) years or a fine of up to Rp 2,000,000,000. billion Rupiahs);

Article 439 of Law 17/2023:

Any person other than a Medical Practitioner or a Medical Practitioner practicing as a Medical Practitioner or a Medical Practitioner who has obtained a SIP shall be liable to imprisonment for a maximum of 5 (five) years or a fine of up to up to Rp 500,000,000 (Five hundred million rupiahs);

Article 440 of Law 29/2004:

Paragraph 1:

Any medical or healthcare worker who is negligent resulting in serious injury to a patient may be imprisoned for up to 3 (three) years or a fine of up to Rp 250,000,000 (two hundred and fifty million rupiahs);

Paragraph 2:

If the negligence referred to in paragraph (1) results in death, each medical officer or health worker shall be sentenced to imprisonment for a term not exceeding 5 (five) years or a fine of not more than Rp 500,000,000 (five hundred million rupiahs).

Article 441 of Law 17/2023:

Paragraph 1:

Any person who uses an identity in the form of a title or other form giving the impression to the relevant community is a Medical Officer or a Medical Practitioner who holds STR and/or SIP as mentioned in Section 312 letter a means imprisonment for a term not exceeding 5 (five) years or a fine not exceeding Rp 500,000,000.00 (Five hundred million Rupiahs);

Paragraph 2:

Any person who uses a tool, method or other method to provide a service to the public gives the impression that the person concerned is a Medical Practitioner or a Medical Practitioner who has DOS and/or PIS under the meaning of Article 312 letter b shall be punished with imprisonment for a term not exceeding 5 (five) years or a fine not exceeding Rp 500,000,000.00 (five hundred million rupiahs).

Article 442 of Law 17/2023:

Every Person Can be imprisoned up to 5 (five) years or fined up to Rp any person employing non-SIP paramedics or healthcare workers mentioned in article 312 letter c. 500,000,000.00 (five hundred million rupiahs).

As explained above, several criminal provisions of Law 17/2023 have been described in relation to actions and events that qualify as criminals in the practice of medicine. In fact, the spirit of Law 17/2023 is very evident in the protection of the law for doctors when performing medical acts towards patients. In fact, it is quite clear that medical acts are performed by doctors for the purpose of treating patients, and the patient is found dead, which cannot be directly considered a medical malpractice. doctor's health. In carrying out their medical practice, doctors are obligated to provide medical services according to professional standards and standard operating procedures, so even if it harms the patient (deceased), it cannot directly prove that the doctor has committed a crime. medical malpractice.

According to Hermien Hadiati K professional standard is a good intention or intention of a doctor based on a professional code of ethics, an agreement, or approval from a professional doctor to determine which actions may or may not be taken in carrying out medical practice.[18] Doctors in carrying out their profession adhere to 3 (three) things, namely: authority, expertise and general thoroughness.[19] The description of this matter is as follows:

- a. Authority. Jurisdiction in this case is divided into 2 (two) things: professional competence of the doctor (material authority) and legal authority (formal authority). The material authority belongs to the doctor himself, that is, only within the scope of his profession can the doctor perform medical acts. For example, a pediatrician cannot perform medical procedures in adult patients

who are ill. Official jurisdiction is defined as a physician not authorized to perform medical acts if he does not have a certificate of registration or license to practice under Law 17/2023.

- b. Expertise. Expertise itself according to the explanation of UU 17/2023 states that this expertise includes 3 (three) things: (1). Ability to master knowledge (2). ability in specialist fields, and (3). Be professional in day-to-day affairs. The level of expertise of a doctor is determined by their level of education and experience in practicing medicine.[20]
- c. General rigor. Accuracy, in general, means that doctors must do something carefully, thoroughly, and cautiously and not be careless. Accuracy and accuracy are measured in general, meaning that accuracy in carrying out medical actions must also be carried out by any doctor in carrying out the same medical action.

World Medical Association World Medical Association defines medical malpractice as "Medical malpractice involves the physician's failure to conform to the standard of care for treatment of the patients condition, or lack of skill, or negligence in providing care to the patient, which is the direct cause of an injury to the patients". Further World Medical Association also reminded us that not all medical failures are the result of medical malpractice. An unforeseen adverse event (death of a patient) that occurs during a standard medical procedure, but results in the death of a patient, is not included in the definition of malpractice or medical negligence. "An injury occurring in the course of medical treatment which could not be foreseen and was not the result of the lack of skill or knowledge on the part of the treating physician should not bear any liability [20] In line with this, in Black's Law Dictionary regarding medical malpractice is defined as "a professional misconduct or unreasonable lack of skill or failure of one rendering professional services to exercise that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable number of the profession with the result of injury, loss or damage to the recipient of those services or to those entitled to rely upon them."

Meanwhile, for the doctor's ethical violation (not violating the legal standard), the doctor will be summoned and tried before the National Assembly to be held responsible for his ethical violation. The activities of the Association aim to maintain the responsibility, professionalism, and nobility of the medical profession. Currently, the Board is the only professional panel to hear cases of alleged medical ethics violations.

4.2. Arrangements for Mediation in Providing Legal Protection for Doctors to Resolve Death-Case Medical Disputes

Medical disputes can have a variety of causes. Incorrect communication is the main reason for medical conflicts, accounting for 24.0% of them in primary hospitals and 43.7% in secondary hospitals, respectively, according to Zeng et al. (2018). A significant risk factor for the aggressive doctor is the patient's age, profession, and location.[21] According to Wang et al. (2020), the three main causes of disagreement were the doctor or nurse's or patient's skills (27%) and dissatisfaction with treatment

and medication (7%). For example, the patient might ask the hospital to assume sole or total responsibility for the unsatisfactory medical outcome, let alone the patient's death. While hospital management issues (4%), lack of informed consent (3%) and medical accidents (unexpected and accidental medical injuries, typically caused by restricted medical conditions and skills) account for a smaller number of instances, they do occur. – the case. The number of complaints received regarding medical professionals rose from roughly 2,000 to a peak of about 2,650 in 2013-2014. In between 50 and 60 percent of the instances, complaints are made about medical services. Next come concerns about staff attitudes (20%) and administrative procedures (17%) [22].

One of the Alternative Dispute Resolution (ADR) techniques utilized in establishing claims of medical malpractice is mediation. According to Cheng & le Roux-Kemp (2017), it alludes to the voluntary and private process wherein the parties look for workable solutions to their disagreements.[23] Whereas (Li et al., 2018) stated that mediation is a voluntary and private conflict resolution procedure in which the mediator, along with three other neutral parties, works with the parties to resolve their current conflicts. This is helpful when direct communication has failed due to deteriorated relations between the parties. Surgery (46.2%), treatment (21.0%), and diagnostics (13.9%) were among the circumstances for which the type of mediation in the litigation was intended. The most prevalent types of side effects in the lawsuits examined were related to surgery (39.3%), medicine (19.1%), and diagnostics (18.6%). Both mediated (32.7%) and judged (41.1%) litigation had deaths as the most frequent conclusion. The most frequent result in both mediated litigation (24.8%) and judged cases (29.1%) is permanent harm.[24]

According to Schaad et al. (2019), among the cases reviewed, 1995 (41%) were settled through mediation by agreement, 1030 were settled by reconciliation, 559 were settled by reporting the case to the court, and 1017 were withdrawn following mediation. About 90% of medical disagreements under the current system were addressed through mediation, but more police backup was required to deal. There were 550 cases involving that were settled with their assistance with an average mediation period of 87 days and a mediation compensation of about CNY 60, 200. [25]

According to Widjaja (2020) that lower resolution success rates ($p < 0.01$) and greater compensation rates ($p < 0.01$) were linked to longer resolution times and more patient-claimed money throughout Indonesia. In contrast to being governed by laws, statutory regulations, and other restrictions, mediation is ungoverned. The root of mediation is found in regional Indonesian culture. Mediation is highly advised by researchers as a way to settle medical conflicts in Indonesia.[26]

The mediation process is an appropriate effort to resolve medical disputes between doctors and patients, unless there is clear intentional action by a doctor in medical practice, causing the patient to die.[27] In addition, the implementation of Alternative Dispute Resolution (ADR) methods in mediation helps maintain a good

physician-patient relationship and mutual acceptance regardless of the outcome of the decision. in the process of mediation with a sense of satisfaction (win-win solution).

5. Conclusion

There are several nomenclatures for the occurrence of losses suffered by patients as a result of medical procedures performed by physicians especially if the patient die. There is not even a single understanding of the exact term used in this case; some call it negligence, while others call it medical (supervisory) negligence; hence, the current treatment becomes uncertain. For physicians, professional standards and standard operating procedures have been prescribed for medical procedures performed in patients. Evidence from this study suggests that the medical dispute with mediation will give the cost effective, mediation preserves the relationship between doctors and the family patients when the patient die and mediation process is less procedural. On this basis, legal protection is necessary for doctors in their practice. The Board's presence is part of a legal defence for doctors and patients in the event that a medical dispute may arise. Law 29/2004, Law 36/2009, and Law 44/2009, finally amended by Law 17/2023, provide a number of alternatives that can be applied to patients and their families who suffer from harm by the doctor's conduct or by making complaints about them in Parliament, taking civil action in court, and reporting crimes to the Indonesian National Police.

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