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Legal Analysis of Patient and Family Consent as a Form of Agreement in the Implementation of Medical Procedures in Hospitals

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Abstract. *Patient and family decision-making regarding medical procedures is a crucial process in health care that requires conscious and voluntary consent, known asinformed consentThis process is influenced by various multidimensional factors that are not yet fully understood, especially in private hospitals in Central Java. Objective:This study aims to identify and analyze factors that influence patient and/or family decision-making regarding medical procedures performed by doctors. Method: This quantitative research uses an approachanalytical descriptivewith designcross-sectional.A sample of 120 respondents was selected using the techniquepurposive samplingfrom six private hospitals in Kudus, Demak, and Jepara Regencies. Data were collected using a structured questionnaire that had been tested for validity and reliability, and analyzed using a multivariate analysis.Pearson Correlation And simple linear regression. Results:There is a significant relationship between knowledge (r=0.304; p=0.001), psychological (r=0.323; p=0.001), cultural-religious (r=0.336; p=0.001), economic conditions (r=0.925; p=0.001), and trust in medical personnel (r=0.334; p=0.001) factors with medical decision-making. Multivariate analysis shows thateconomic conditionsis the most dominant factor influencing patient decisions (R^2=0.864; p=0.001).Conclusion:Patient and family decision-making regarding medical procedures is influenced by various factors, primarily economic conditions, followed by cultural-religious and psychological aspects. Interventions that strengthen psychological support, are sensitive to cultural values, and improve financial access are key to improving the process.informed consentwhich is more effective.*

Keywords: *Civil Agreement; Health Law; Hospital Liability; Legal; Medical Procedures; Patient and Family.*

1. Introduction

Medical decision-making by patients or their families is a fundamental element of a health care system that respects and protects human rights. This process is realized through practice.informed consent, namely consent given consciously and voluntarily by a patient after receiving sufficient information regarding the diagnosis, medical treatment options, and potential risks and benefits within the legal context in Indonesia (Kesehatan & Indonesia, 2023). Law No. 17 of 2023 concerning Health emphasizes that every individual health service action carried out by medical personnel and health workers must first obtain the consent of the patient or their family. This placesinformed consentas an ethical, legal, and professional basis for medical interactions.

Despite having a strong regulatory basis, implementationinformed consentIn the field, various obstacles still exist. Studies show that patient medical decision-making is significantly influenced by factors such as education level, psychological state, cultural values, and level of trust in medical personnel (Nurachmah et al., 2024). Furthermore, it was revealed that patient perceptions of their health condition, previous medical experience, and personal preferences also influence their readiness and ability to make appropriate decisions. (Dzahri et al., 2024)

This situation is further complicated in private hospitals, particularly in Central Java, which has diverse social and cultural characteristics. Factors such as the quality of communication between doctor and patient, the clarity of information conveyed, economic conditions, and the sociocultural values held by the patient or their family play a significant role in determining the final decision regarding a medical procedure. On the other hand, technical challenges such as limited consultation time, high medical staff workloads, and the complexity of medical terminology often hinder the achievement of good patient outcomes.informed consent the ideal.

Seeing the importanceinformed consentIn healthcare, a deeper understanding of the factors influencing patient and family decision-making is needed. Therefore, this study aimed to identify and analyze factors related to decision-making regarding medical procedures in private hospitals in Central Java. The results of this study are expected to contribute to the development of strategies to improve the quality of healthcare services through optimizing patient care practices.informed consentwhich is more participatory, transparent, and patient-centered.

2. Research Methods

This study used a quantitative approach with a descriptive analytical design and a cross-sectional approach to evaluate the relationship between various factors with patient or family decision-making regarding medical procedures. The study locations included six private hospitals in Kudus, Demak, and Jepara Regencies, with implementation in June–July 2025. The population consisted of patients or families of patients who had given informed consent for medical procedures, with a sample of 120 respondents obtained through purposive sampling techniques and evenly distributed in each hospital. Sampling took into account certain inclusion criteria and used the Slovin calculation with a 5% margin of error.

The research variables consisted of one dependent variable, namely medical decision-making, and several independent variables, including knowledge level, psychological factors, cultural/religious values, economic conditions, and trust in medical personnel. All variables were measured using a structured questionnaire with a Likert scale, which had previously been tested for validity and reliability. The data collection procedure was carried out throughgoogle formafter obtaining ethical approval, with data processing steps through stagesediting, coding, entry, cleaning, and statistical analysis using SPSS. Data analysis was carried out univariately, bivariately (with testPearson Correlation), and multivariate (with simple linear regression test) to identify the dominant factors related to patient or family decisions in agreeing to or refusing medical treatment.

3. Results and Discussion

3.1. Result :

Univariate Analysis

Respondent Characteristics

Table 1: Respondent Characteristics

Variables	Frequency	Percentage	*Mean*±SD
Respondent's age (Years)			
• Early adulthood (18-25)	17	14,2	
• Late adulthood (26-35)	34	28,3	-
• Early elderly (36-45)	23	19,2	
• Late elderly (46-55)	29	24,2	
• Manula (>55)	17	14,2	
Gender			
• Man	61	50,8	-
• Woman	59	49,2	
Patient Relationship			
• I am myself	47	39,2	
• Husband and wife	34	28,3	
• Child	23	19,2	-
• Parent	10	8,3	
• Other	6	5,0	
Level of education			
• SD	21	17,5	
• JUNIOR HIGH SCHOOL	26	21,7	-
• SMA	51	42,5	
• Masters	22	18,3	
Family Agreement			
• Of	88	73,3	
• No	32	26,7	-
Level of Knowledge			
• Not enough	56	46,7	17,27±2,210
• Enough	13	10,8	
• Good	51	42,5	
Psychological Level			
• Not enough	48	40,0	11,91±1,815
• Enough	37	30,8	
• Good	35	29,2	

	Religious Culture			
•	Not affected	47	39,2	11,93±2,135
•	Affected	37	30,8	
•	Very affected	36	30,0	
	Economic Conditions			
•	Of	101	84,2	8,17±1,807
•	No	19	15,8	
	Trust			
•	Believe	67	55,8	13,58±1,430
•	Very Confident	53	44,2	
	Decision			
•	Don't agree	12	10,0	4,15±0,940
•	Neutral	9	7,5	
•	Agree	48	40,0	
•	Strongly agree	51	42,5	

Bivariate Analysis

Factor Analysis on Decisions

Table 2. Factor Analysis of Decisions

Variables	r	p value
Knowledge	0,304	0,001*
Psychological	0,323	0,001*
Religious culture	0,336	0,001*
Economic conditions	0,925	0,001**
Trust	0,334	0,001*

Is:
Weak correlation: *
Strong correlation: **

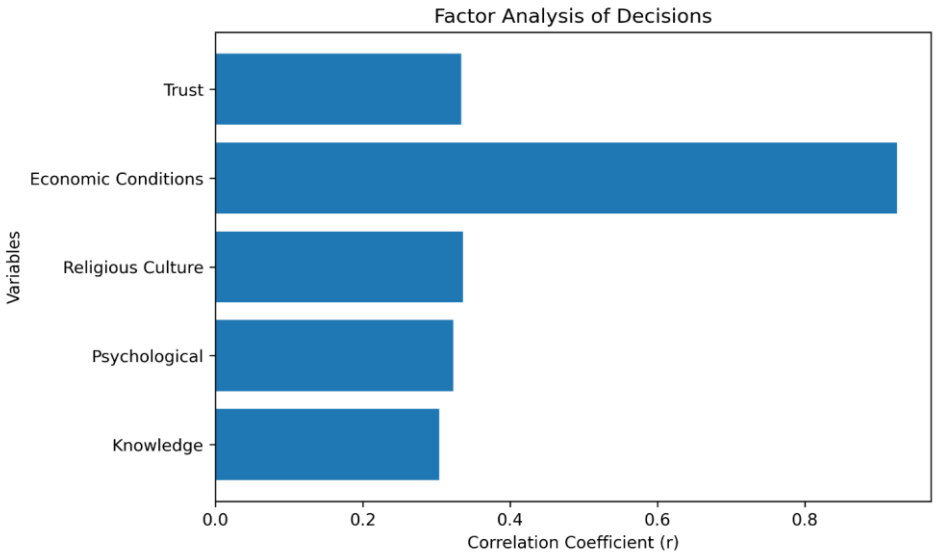

Figure 1 . Factor Analysis of Decisions

Table 2 / Figure 1: above shows that all factors have a relationship with patient decisions, indicated by a p-value of less than 0.05. Then, the factor with the strongest relationship was economic conditions, indicated by a value of r = 0.925 after statistical analysis using the Pearson correlation with the IBM SPSS 21 software program.

Multivariate Analysis

Analysis of Factors That Have the Most Relationship to Decisions

Table 3. Analysis of Factors Most Related to Decisions

Variables	R	R^2	Line Equation	P value
Knowledge	0,179	0,032	2,837+0,076	0,051
Psychological	0,269	0,072	2,490+0,139	0,003*
Religious culture	0,340	0,116	2,361+0,150	0,001*
Economic conditions	0,929	0,864	0,200+0,484	0,001**
Trust	0,148	0,22	2,831+0,097	0,107

Is:

Weak correlation: *

Strong correlation: **

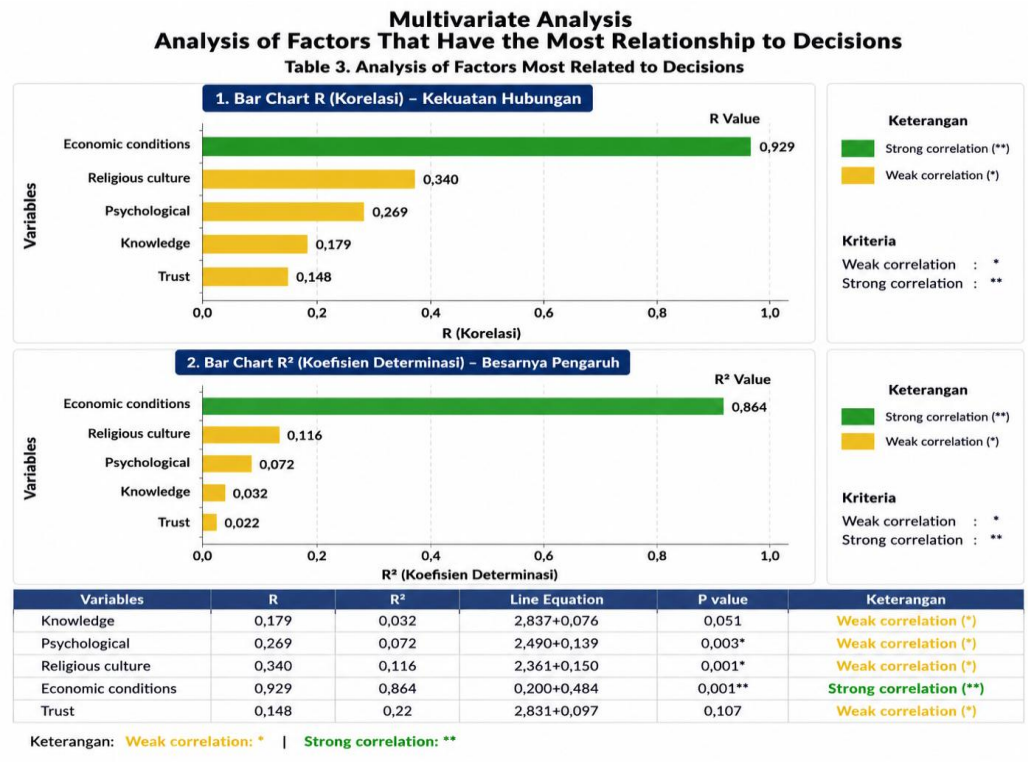

Figure 2. Analysis of Factors Most Related to Decisions

From Table 3 / Figure 2: above shows that the level of knowledge does not find a linear relationship between decisions marked with a p value of 0.051. This means that the patient's decision is not influenced by the patient's level of knowledge. Furthermore, Psychology shows a linear relationship between patient psychology and patient decisions. From the b value = 0.139, it means that the patient's decision variable will increase by 0.139 if the patient's psychology is in the good category. Then the religious culture factor is found a linear relationship between the patient's religious culture and patient decisions. From the b value = 0.150, it means that the patient's decision variable will increase by 0.150 if the patient's religious culture is in the unaffected category. Economic conditions show a linear relationship between the patient's economic condition and patient decisions. From the b value = 0.484, it means that the patient's decision increases by 0.484 if the economic condition increases for each "Yes" condition. The final result obtained is that there is no linear relationship between patient trust and patient decisions marked with a p value of 0.107. This means that patient decisions are not influenced by the patient's level of trust.

3.2. Discussion :

The first finding of this study showed no significant relationship between patient knowledge and patient satisfaction with hospital surgery. This finding indicates that patients' decisions about surgery are not solely influenced by their knowledge of the procedure.

Several previous studies support this finding, noting that although patient knowledge of medical procedures is a crucial component of the decision-making process, other factors such as trust in medical personnel, family support, and the patient's level of anxiety and emotional state play a more dominant role. In this case, patients may understand the risks and benefits of surgery but still decide whether to accept or refuse based on psychological and social considerations. (Setyawan, 2022)

Furthermore, in clinical practice, many patients decide to undergo medical treatment after receiving an explanation from a doctor they deem competent, rather than solely based on their own understanding of the medical information provided. This suggests that trust in medical professionalism can overcome patients' limited knowledge. (Nurachmah et al., 2024)

Therefore, although knowledge is important as a basis for patient education, medical decision-making is complex and influenced by various non-cognitive aspects, including cultural values, previous personal experiences, and social environmental influences (Notoadmodjo, 2012)

Another finding from this study also showed a significant relationship between patient psychological factors and the decision to undergo surgery at the hospital. This finding indicates that psychological conditions, such as anxiety, fear, stress, and mental readiness, play a significant role in the medical decision-making process, particularly when facing invasive procedures like surgery.

Patients experiencing high levels of anxiety tend to be more hesitant and take longer to make decisions about surgery. This is due to concerns about potential complications,

pain, or even death, which often cloud patients' minds before medical procedures. (Elsavina et al., 2025)

Furthermore, psychological support from family and healthcare professionals can influence a patient's mental readiness. Patients who feel emotionally supported are more likely to accept surgery because they feel more confident and secure. (Fitriana et al., 2022) The decision to undergo medical treatment is not only based on logical considerations and knowledge, but is also influenced by emotional state and trust in the surrounding environment.

Psychological factors are also closely related to patient risk perception and expectations regarding surgical outcomes. As explained by (Notoadmodjo, 2012), an individual's perception of a procedure will determine how they respond, including in the context of medical decision-making. Therefore, psychological interventions such as pre-operative counseling are crucial to help patients overcome their fears and improve their mental preparedness for surgery.

The research results show that cultural and religious factors significantly influence patients' decisions regarding surgical procedures in hospitals. Culture and religion influence patients' perspectives on illness, the healing process, and what medical procedures are considered normatively acceptable or unacceptable.

Religious and cultural values often form the basis of patients' considerations in accepting or refusing surgical procedures. (Tung et al., 2023) For example, some patients may refuse surgical procedures because they believe that the body should not be harmed except in very urgent circumstances, or postpone the decision until they have received the blessing of religious leaders or family.

Religion plays a role in shaping patients' beliefs about destiny, prayer, and medical intervention. Some patients believe that healing comes solely from (Jors et al., 2015), so medical procedures such as surgery are considered complementary or even unnecessary if spiritual efforts have already been undertaken. This suggests that spirituality and religious beliefs can either strengthen or weaken patients' medical decisions.

In a cultural context, (Rachman et al., 2023) stated that in certain communities, decisions regarding medical procedures are often collective, so they are determined not only by the patient but also by the extended family or traditional leaders. This demonstrates that communal culture remains very strong and influences the clinical decision-making process.

Therefore, it is important for health workers to understand the patient's cultural and religious background in order to provide an appropriate, empathetic communication approach that does not conflict with the patient's religious values.

The results of this study indicate that a patient's economic situation significantly influences their decision to undergo surgery at a hospital. Economic factors are a key factor in patients' decisions regarding whether to approve or postpone medical

procedures, particularly if the procedure is expensive or not fully covered by health insurance.

According to (Aborode et al., 2023), patients with low economic status tend to refuse or postpone surgery due to concerns about being unable to cover additional costs such as post-operative medication, continued hospitalization, or transportation. Economic uncertainty prevents patients from making optimal medical decisions, even if they understand the importance of surgery for their health.

Another study by (Nashihah et al., 2023), also found that access to healthcare financing, whether through BPJS (Social Security Agency) or private insurance, significantly influences patient decisions. Patients with active health insurance and understanding of claims procedures are more likely to accept surgery because they feel more financially secure. Conversely, patients without financial protection take longer to consider the economic risks.

Economic factors not only directly influence patient decisions but also impact family support for those decisions, as in collectivist cultures, healthcare costs are often a shared burden. This reinforces the importance of a family's overall economic resilience as a significant determinant of a patient's medical decisions. (Padovany et al., 2022)

Thus, interventions in the form of financial education and access to social assistance or hospital fee relief are essential to help patients from lower-middle economic classes make informed medical decisions.

The results of this study indicate that there is no significant relationship between patient trust in medical personnel and their decision to undergo surgery. This finding indicates that a patient's level of trust in doctors or healthcare facilities is not the sole determinant of medical decision-making.

According to (Fitriana et al., 2022), although most patients express confidence in their doctor's competence, the decision to undergo surgery is more influenced by internal factors such as mental readiness, financial situation, and family considerations, rather than trust alone. In other words, high levels of trust do not necessarily translate into a decision to undergo medical treatment if other factors are not supportive. (Borges et al., 2021)

A similar study also found that patients still refuse surgery even though they express trust in their doctors. This refusal is more due to fear of the procedure, religious beliefs, or health myths within their social environment, rather than a lack of trust in medical professionals. (Sandra, 2018)

Furthermore, patient beliefs are dynamic and contextual, and may not always be the determining factor in clinical decisions, particularly in situations where patients are emotionally distressed or confronted with information they do not fully understand. (Lee et al., 2024)

These findings reinforce the understanding that medical decision-making is a multifactorial process, and that trust alone is not enough to motivate patients to accept surgery, especially if there are unresolved psychological, social, or economic barriers.

4. Conclusion

This study concludes that patient and family consent to medical procedures in hospitals can be understood as a form of civil agreement within the framework of health law, reflecting the legal relationship between patients, families, and medical personnel in the implementation of medical actions. The results show that medical decision-making is influenced by several factors, including knowledge, psychological conditions, cultural-religious values, economic conditions, and trust in medical personnel. However, economic conditions are the most dominant factor influencing patient decisions, followed by psychological and cultural-religious aspects. These findings indicate that the implementation of informed consent is not merely an administrative requirement but a complex process shaped by social, cultural, psychological, and economic considerations. Therefore, strengthening effective communication, providing psychological support, respecting cultural values, and improving financial access to healthcare are essential to ensure that patient consent truly reflects a valid and fair civil agreement in medical practice.

5. References

Journals:

Aborode, A. T., Mago, A., Ahmed, F. K., Ubechu, S. C., Oko, C., & Ahmed, F. A. (2023). Delay in surgical treatment in low-income and middle-income countries: an editorial. *Annals of Medicine & Surgery*, *85*(7), 3256–3257. https://doi.org/10.1097/ms9.0000000000000866

Borges, M., Lucchetti, G., Leão, F. C., Vallada, H., & Peres, M. F. P. (2021). Religious affiliations influence health-related and general decision making: A brazilian nationwide survey. *International Journal of Environmental Research and Public Health*, *18*(6), 1–10. https://doi.org/10.3390/ijerph18062873

Kesehatan & Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan. *Undang-Undang*, *187315*, 1–300.

Lee, C., Kim, S., & Ha, Y. (2024). *The Impact of Procedural Justice and Trust on Customers ′ Continuity Intention Toward Healthcare Providers*. https://doi.org/10.1177/00469580241271128

Nashihah, P., Suryawati, C., & Kusumastuti, W. (2023). Kajian Keputusan Partisipasi Badan Usaha Mikro dan Kecil dalam Program Jaminan Kesehatan Nasional di Kabupaten Jombang. *Jurnal Kebijakan Kesehatan Indonesia*, *12*(1), 27. https://doi.org/10.22146/jkki.81594

Nurachmah, E., Gayatri, D., Masfuri, & Saharuddin. (2024). Faktor-Faktor Yang Mempengaruhi Pengambilan Keputusan Klinis Untuk Perawat Gawat Darurat: Systematic Review. *Jurnal Keperawatan*, *16*, 483–496.

Padovany, M. M. N., Patterson, R. H., Bowder, A. N., Brien, E. O., Alkire, B. C., Katz, A. M., Mitnick, C. D., & Lu, C. (2022). *Impact of out- - pocket expenses for surgical care on households in rural Haiti : a mixed- - methods study*. https://doi.org/10.1136/bmjopen-2022-061731

Rachman, A., Oktovin, O., & Unja, E. E. (2023). Pengambilan Keputusan Masyarakat Banjar Dalam Pengobatan Ba'urut Pada Patah Tulang. *Jurnal Keperawatan Suaka Insan (Jksi)*, *8*(2), 190–195. https://doi.org/10.51143/jksi.v8i2.482

Sandra, R. (2018). Hubungan Spiritualitas dengan Tingkat Kecemasan pada Pasien Pre Operasi di Rumah Sakit Islam Ibnu Sina Padang. *Jurnal Kesehatan Medika Saintika*, *9*(1), 24. https://doi.org/10.30633/jkms.v9i1.140

Tung, H. F., Chen, Y. L., Chen, C. L., Gee, M. J., Muo, C. H., & Chiu, S. L. (2023). How Cultural Behaviors and Superstitions Associate the Willingness to Undergo Cataract Surgery in Taiwan: A Nationwide Survey. *Medicina (Lithuania)*, *59*(5), 1–8. https://doi.org/10.3390/medicina59050973

Books:

Notoadmodjo, S. (2012). Promosi Kesehatan & Prilaku Kesehatan. In *Jakarta: EGC*.

Setyawan, D. A. (2022). Buku Statistika Kesehatan Analisis Bivariat pada Hipotesis Kesehatan. In *Tahta Media Group*.

Internet:

https://law.ui.ac.id/tanggung-jawab-hukum-rumah-sakit-di-indonesia-oleh-wahyu-andrianto-s-h-m-h/

https://www.nu.or.id/nasional/sejumlah-pasal-kontroversial-dalam-uu-kesehatan-yang-disahkan-dpr-4N9tE

Regulation:

Law No. 17 of 2023 concerning Health