



THE LEGAL SYSTEM FOR PROFESSIONAL DISCIPLINE OF MEDICAL PERSONNEL: CONSTRUCTING JUSTICE AND DIGNITY

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ABSTRACT

The medical professional discipline grants the Minister too broad authority to add types of disciplinary violations without clear boundaries. This study aims to analyze the regulation of the Minister of Health's role in the provisions regarding the medical professional discipline in Indonesia, which is currently not based on dignified justice. This study uses a socio-legal research approach. The results show that the regulation of the Minister of Health's role in the medical professional discipline is considered not based on dignified justice because it grants the Minister too broad authority to determine additional types of violations without adequate oversight mechanisms, thus creating legal uncertainty. Substantial, structural, and cultural weaknesses include the potential for unilateral expansion of norms, low competence of officials in the field of health law, and a culture that weakens social control. Therefore, reconstruction is needed by transferring the authority to determine types of violations from the Minister to an independent professional institution, following the Singaporean SMC model adapted to Indonesia's constitutional character, in order to build a more accountable, fair, and dignified disciplinary system.

1. Introduction

The preamble to the 1945 Constitution of the Republic of Indonesia mandates that the ideals of the Indonesian nation,¹ which are also the goals of the Indonesian nation, are to protect all Indonesians and all of Indonesia's territory, advance public welfare, improve the nation's intellectual life, and participate in establishing a world order based on independence, eternal peace, and social justice. One of the ideals that is currently being pursued is the goal of

¹ Anang Dony Irawan and Banu Prasetyo., Pancasila Sebagai Landasan Politik Hukum Kebangsaan Indonesia. *Jurnal Pendidikan Sosial Keberagaman*, Vol.9 No.1, 2022, page. 1-7.

advancing public welfare.² Therefore, the Indonesian nation is carrying out development in various fields, one of which is development in the health sector. Development in the health sector is a policy that must be implemented comprehensively, integrated, and continuously.³

Medical and healthcare professionals are required to practice in accordance with professional standards and ethics.⁴ He emphasized that healthcare professionals must adhere to established procedures, maintain patient confidentiality, and refer patients when necessary. A professional code of ethics serves as the primary foundation that guides every action and decision taken by healthcare professionals. Professional discipline in the medical field is a guideline for the management of medical services, usually structured in the form of specific service standards for each type of disease. Professional ethics and professional discipline are two different things. Professional ethics are provisions regarding right and wrong in the practice of a profession, based on moral values.⁵

In Indonesia, health development is carried out through the National Health System, where it must provide quality, fair (non-discriminatory), and equitable (well-distributed) health service.⁶ A doctor can only begin professional practice as a medical practitioner after reciting the Doctor's Oath. The Doctor's Oath is a set of promises made in the name of God. The oath is based on the 1984 Geneva Declaration of the World Medical Association, which refines the Hippocratic Oath and is officially recognized as such in Government Regulation No. 26 of 1960. Because their work involves saving humanity from disease, to maintain the dignity and honor of the profession and the trust of the public receiving their services, an ethical and moral foundation is necessary to ensure that the doctor's services are not influenced by other motives, such as business motives, trade, or buying and selling that exploit sick people for profit.

Discipline⁷ is the essence of a profession. This is because discipline has a regulatory scope regarding how a profession carries out its professional mandate and carries out its duties in providing services to the public. Regarding physicians, discipline regulates how a doctor can behave and act professionally in carrying out their profession. Therefore, what is regulated in medical discipline concerns the quality standards for carrying out medical procedures

2 Andri Winjaya Laksana, et. al., The Sufism Healing As An Alternative Rehabilitation For Drug Addicts and Abusers, *QIJIS: Qudus International Journal of Islamic Studies*, Vol.11 No.1, 2023, page. 149-176

3 Hardisman., *Pembangunan Kesehatan Komprehensif Integratif. In: Analisis Teoritis dan Praktis Kebijakan Kesehatan Nasional Indonesia*. Diandra Pustaka. Yogyakarta, 2019. page 1.

4 Mira K. Desai, Medical Professionalism and Ethics, *Sage Journals*, Vol.13 No.2, 2022, page. 113-118.

5 Kyagus Badius Sani., Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan. *Jurnal Hukum Dan Etika Kesehatan*, Vol.2 No.1, 2022, page. 15-31.

6 Absori, Absori, Kiara Hanna Quinnccilla, Rizka Rizka, Arief Budiono, and Natangsa Surbakti., Doctor Placement's Policy and Its Implications in Indonesia: Legal Qualitative Study. *Open Access Macedonian Journal of Medical Sciences*, Vol.10, 2022;

7 Wahyu Andrianto., Secarik Catatan untuk Majelis Disiplin Dokter. <https://www.hukumonline.com/>, Accessed on June 4, 2025

and enforcing discipline in maintaining the quality of the medical profession.⁸

Medical professional discipline is the rules and/or provisions for the application of scientific knowledge in the delivery of services that must be followed by doctors and dentists.⁹ Dr. drg Harry P. Nugroho, SH, MKes, MH stated that violations of professional discipline by doctors and dentists can essentially be grouped into three (3) things. First, carrying out medical practice incompetently. Second, failing to carry out professional duties and responsibilities towards patients properly. Third, reprehensible behavior that damages the dignity and honor of the medical/dental profession.¹⁰ These three issues are then outlined in the Indonesian Medical Association (KKI) regulations concerning 28 types of medical disciplinary violations. Disciplinary violations occur when a doctor/dentist fails to comply with standards in their practice. Furthermore, if the practice fails to comply with standards and results in harm to the patient, it can constitute a legal violation.

The professional discipline of doctors and dentists according to the Indonesian Medical Council Regulation Number 4 of 2011 concerning the Professional Discipline of Doctors and Dentists Article 1 number 1 is compliance with the rules and / or provisions for the application of science in the implementation of medical practice.¹¹ Meanwhile, what is meant by medical practice according to the Indonesian Medical Council Regulation concerning the Professional Discipline of Doctors and Dentists Article 1 number 2 is a series of activities carried out by doctors and dentists towards patients in implementing health efforts.¹² In Article 2 of the Indonesian Medical Council Regulation Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists, it is mandated that the Regulation of Professional Discipline of Doctors and Dentists aims to provide protection to the public, maintain and improve the quality of health services, and maintain the honor of the profession.¹³

The Government of the Republic of Indonesia on May 19, 2025, promulgated the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical

8 Yosua David Mantiri, Devy KG Sondakh, and Friend H. Anis., Kedudukan Putusan Majelis Kehormatan Etika Kedokteran Ikatan Dokter Indonesia Dalam Perspektif Dominus Litis Terhadap Perkara Malpraktik Medis. *Al-Zayn: Jurnal Ilmu Sosial & Hukum*, Vol.3 No.5, 2025, page. 7508-7541.

9 Nefrisa Adlina Maaruf, Abdul Kholib, and Beniharmoni Harefa., The Authority of the Professional Disciplinary Council and Its Implications for Legal Certainty for Medical and Health Personnel. *International Journal of Social Welfare and Family Law*, Vol.2 No.2, 2025, page. 135-157.

10 Persatuan Dokter Gigi Indonesia., Webinar Akbar PDGI : Etik, Disiplin, dan Hukum Merupakan Kebutuhan Bagi Dokter Gigi dan Bukan Keterpaksaan, <https://pdgi.or.id/> Accessed on July 10, 2025

11 Johan Akbari, R. Lina Sinaulan, and Edi Saputra Hasibuan., Rekonstruksi Regulasi dan Kewenangan Majelis Disiplin Profesi dalam Penegakan Etika dan Disiplin Kedokteran di Indonesia. *Jurnal Hukum Pelita*, Vol.6 No.2, 2025, page. 586-601.

12 Hesti Widyawati., Aspek Hukum Mahasiswa Pendidikan Profesi Dokter Gigi Dalam Pelayanan Kesehatan. *Jurnal Juristic*, Vol.2 No.2, 2021, page. 166-177

13 Niru Anita Sinaga., Penyelesaian Sengketa Medis Di Indonesia. *Jurnal Ilmiah Hukum Dirgantara*, Vol.11 No.2, 2021, page. 1-21

Personnel and Health Personnel. In the order of statutory regulations, the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical Personnel and Health Personnel is a mandate from Article 713 of Government Regulation Number 28 of 2024 which reads, "The Professional Disciplinary Council as referred to in Article 712 has the task of enforcing professional discipline for Medical Personnel and Health Personnel based on the provisions for enforcing discipline stipulated by the Minister." Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical Personnel and Health Personnel is also a mandate from Article 718 of Government Regulation Number 28 of 2024 which reads, Further provisions regarding the selection implementation mechanism, procedures for appointing and dismissing members, and work procedures for enforcing discipline by the Professional Disciplinary Council are regulated by Ministerial Regulation.¹⁴

Legally, this Ministerial Regulation revokes and declares invalid several regulations, including: Minister of Health Regulation Number 150/Menkes/Per/I/2011 concerning Membership of the Indonesian Medical Disciplinary Honorary Council; Indonesian Medical Council Regulation Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists; Indonesian Medical Council Regulation Number 50 of 2017 concerning Procedures for Handling Disciplinary Complaints of Doctors and Dentists; and Indonesian Medical Council Regulation Number 51 of 2017 concerning Guidelines for Integrated Development of Doctors and Dentists.

However, the provisions of Article 4 paragraphs (3) and (4) of Minister of Health Regulation Number 3 of 2025 open the way for the Minister of Health to add types of professional disciplinary violations against medical and health workers without clear limitations. This very broad authority raises fundamental problems, because the Minister who establishes these regulations does not come from the medical or health professions, and therefore does not have the competence to determine the categories of professional disciplinary violations based on professional ethical standards. Regulations that allow for additional types of violations based solely on the Minister's subjective judgment create the potential for bias in establishing disciplinary norms, whereas this authority should fall under the authority of professional bodies with expertise in their respective fields.

Previous research by Nadeak stated that the establishment of the Professional Disciplinary Council to replace the Indonesian Medical Disciplinary Honorary Council introduced a more comprehensive and equitable disciplinary enforcement mechanism in the Indonesian healthcare sector. The MDP is tasked with overseeing not only the medical and dental professions but also encompasses all other healthcare professions. With this broader scope, the MDP plays a crucial role in providing initial assessments of alleged disciplinary

14 Marissa Sekararum, Mokhammad Khoirul Huda, and Pramono Pramono., *Ratio Legis Pengaturan Surat Tanda Registrasi Seumur Hidup Bagi Tenaga Medis. Jurnal Hukum dan Etika Kesehatan*, Vol.4 No.2, 2024, page. 52-67.

violations, allowing each case to be handled more objectively and in accordance with professional and operational standards, as well as applicable legal provisions. The MDP's role in the healthcare legal system is expected to reduce inequalities in the handling of medical cases, particularly through a preventive and rehabilitative approach. This not only supports legal protection for healthcare workers but also ensures that the public receives safe and professional medical services.¹⁵ Another study by Widjaja states that the MDP expands the scope of oversight beyond doctors to include other healthcare professionals, and strengthens the screening mechanism for cases before they reach legal proceedings. This new system protects medical personnel from potential disproportionate criminalization while also safeguarding patients' rights to adequate legal protection.¹⁶

The two studies above have not addressed the issue of the Minister's authority to add types of disciplinary violations as stipulated in Article 4 paragraphs (3) and (4) of the Minister of Health Regulation Number 3 of 2025, nor have they examined the risk of legal uncertainty due to the potential expansion of subjective and non-competency-based violations. This study presents a novelty by filling this gap through a regulatory reconstruction analysis that positions the Minister of Health's role within the corridor of dignified justice.

The objectives of this study are to analyze the regulation of the Minister of Health's role in the provisions concerning the professional discipline of medical personnel in Indonesia, which is currently not based on dignified justice. Analyze the weaknesses of the regulation of the Minister of Health's role in the provisions concerning the professional discipline of medical personnel at this time. Formulate a reconstruction of the regulation of the Minister of Health's role in the provisions concerning the professional discipline of medical personnel based on dignified justice.

2. Research Methods

This research on the reconstruction of the regulation of the role of the Minister of Health in the discipline of the medical profession based on Dignified Justice uses the constructivism paradigm.¹⁷ This type of research uses qualitative research. Qualitative research is descriptive research and tends to use analysis.¹⁸ Doctrinal research approach method,¹⁹ The data sources used are secondary data, including Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024 concerning Health, Regulation of the Minister of Health Number 3 of 2025 concerning the professional discipline

15 Jasmen Ojak Haholongan Nadeak., *Penerapan Disiplin Profesi Sebagai Instrumen Penegakan Hukum Pidana Kesehatan Berbasis Keadilan Prosedural*, *Kongres ke-6 MHKI*, Palembang 5-6 Desember 2024, page. 184-195

16 Gunawan Widjaja., *Transformasi Penegakan Disiplin Profesi Medis: Dari Mdkki Ke Majelis Disiplin Profesi Sebagai Screening System Dugaan Malpraktik*, *Journal of Community Dedication*, Vol.4 No.4, 2025, page. 149-160

17 Suteki dan Galang Taufani., *Metodologi Penelitian Hukum, Filsafat, Teori Dan Praktik*, Depok: Rajawali Pers, 2018, page.61-64

18 Kristiawanto., *Memahami Penelitian Hukum normatif*, Jakarta: Prenada, 2022, page. 31

19 Irianto, Sulistyowati and Shidarta (eds)., *Metode Penelitian Hukum: Konstelasi dan Refleksi*. Jakarta: Yayasan Obor Indonesia. 2011, page. 1-14.

of Medical Personnel and Health Personnel, The data collection method used is a literature study.

3. Results And Discussion

3.1 The Current Professional Discipline for Medical Personnel is Not Based on Dignified Justice

Legal certainty²⁰ is a fundamental principle in a democratic state governed by the rule of law. This principle serves as the foundation for realizing justice and order in society and the state. The Medical Disciplinary Council was established with the aim of protecting the public from incompetent medical practices, improving healthcare standards, and upholding the honor and integrity of the medical and dental professions.

Health inequality, especially the unfair availability of doctors, involves health determinants, such as community access to healthcare facilities.²¹ Enforcing discipline within the medical profession is a fundamental aspect that ensures that medical practice is conducted ethically, competently, and responsibly. Professional discipline is the primary foundation for maintaining the credibility and integrity of medical personnel, as well as protecting the interests of patients and the wider community.²²

The term "Medical Discipline" became known after the 2004 Medical Practice Law was passed. The concept of discipline associated with the medical profession can be understood as a process of guidance, training, supervision, and control aimed at developing specific behavioral patterns. This attitude formation encompasses not only moral aspects but also physical strengthening and mental development, resulting in order and professional standards that must be adhered to by medical personnel.²³

J. Guwandi, in his work "Law and Doctors," explains that the medical discipline lies at the intersection of ethics and law, as actions considered disciplinary violations often also violate professional ethics and can even reach the legal realm. The severity of the violation largely determines the direction in which the issue is addressed. If the violation is more related to moral aspects and fostering professional integrity, the issue usually remains within the ethical realm without directly interfering with legal provisions. However, when the violation involves significant negligence, the focus of the assessment shifts to the law, both criminal and civil. The criminal realm requires gross negligence (culpa lata), while the civil realm requires proof of financial loss, which must be

20 Andri Winjaya Laksana, et. al., *Lembaga Dan Pranata Hukum*, Surakarta: Penerbit Tahta Media, 2024, page. 15

21 Agung Dwi Laksono, Ilham Akhsanu Ridlo, Ernawaty., Distribution Analysis of Doctors in Indonesia, *Jurnal Administrasi Kesehatan Indonesia*, Vol.8 No.1, June 2020, page.29-39

22 Gunawan Widjaja, Hotmaria Hertawaty Sijabat, and Handojo Dhanudibroto., Kepatuhan Tenaga Kesehatan Terhadap Kode Etik Profesi: Analisis Literatur Undang-Undang Dan Praktek Di Lapangan. *Zahra: Journal Of Health and Medical Research*, Vol.5 No.2, 2025, page. 55-67.

23 Brigita Mirna Mahayani, et. al., Norma Disiplin Kedokteran Dalam Membatasi Unsur Perbuatan Melawan Hukum Pada Dugaan Tindak Kealpaan Medis. *Jurnal Cahaya Mandalika*, Vol.5 No.2, 2024, page.913-921.

proven by the party filing the lawsuit.²⁴

The issuance of the Minister of Health Regulation Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical Personnel and Health Personnel brings a number of changes in the mechanism for enforcing discipline.²⁵ The regulation includes new types of disciplinary violations, updated disciplinary enforcement provisions, and the structure of the Professional Disciplinary Council, which replaces the Indonesian Medical Disciplinary Honorary Council. While intended to strengthen professionalism and protect patient safety, the regulation raises questions about the fairness of disciplinary enforcement.²⁶

Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning Enforcement of Professional Discipline of Medical Personnel and Health Personnel regulates the types of violations of professional discipline of medical personnel and health personnel that are different from those mandated by Regulation of the Indonesian Medical Council Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists.²⁷ Article 3 paragraph (2) of the Indonesian Medical Council Regulation Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists regulates 28 types of professional disciplinary violations of doctors and dentists. Meanwhile, the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline of Medical and Health Personnel only lists 17 types. However, there is a very striking difference regarding the types of professional disciplinary violations of medical and health personnel in the Regulation of the Minister of Health Number 3 of 2025, namely the provisions contained in Article 4 Paragraphs (3) and (4). The provisions contained in Article 4 paragraph (3) and paragraph (4) of the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline of Medical and Health Personnel are inappropriate, because a Minister of Health can add provisions regarding the types of violations of professional discipline of medical and health personnel at the will of a Minister, whereas the Minister of Health who at the time this Ministerial Regulation was made was not a professional Medical Person or a professional Health Person, how can a person who is not a professional medical or health worker determine the types of violations of professional medical and health personnel according to the wishes of this Minister. In addition, the scope and number of types of professional disciplinary violations of medical and health personnel are unlimited, because the minister can add them according to the

24 J. Guwandi., *Hukum Dan Dokter*, Jakarta: Sagung Seto, 2008, page. 34

25 Novita Bernadeth Serena Linu, Y. Maarthen, and Caecilia Johanna Julietta Waha., Kewenangan Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI) dalam Penanganan Sengketa Medis Dokter dan Pasien. *Lex Privatum*, Vol.15 No.2, 2025, page.1-12

26 Jasmen Ojak Haholongan Nadeak., Penerapan Disiplin Profesi Sebagai Instrumen Penegakan Hukum Pidana Kesehatan Berbasis Keadilan Prosedural. *Proceeding Masyarakat Hukum Kesehatan Indonesia*, Vol.1 No.1, 2024, page. 184-195.

27 Putro Sucy Rezky Mz, Redyanto Sidi, and Marice Simarmata., Penerapan Etika Profesi Dokter Dalam Pelayanan Kesehatan Bagi Pasien. *Journal Of Science And Social Research*, Vol.8 No 3, 2025, page.3968-3973.

needs according to the minister himself. As a result, there will be no legal certainty. Because the types of violations of professional medical and health personnel can become a rubber Article that can be pulled and stretched according to the needs and desires of a Minister who is not a professional medical or health worker.

These regulations certainly do not reflect the principle of legal certainty that should be upheld in enforcing professional discipline. This opens up the opportunity for injustice because the rules can be changed unilaterally at any time. A medical professional could be punished for an act that was not initially listed as a violation, but was later included as a new category of violation by the Minister. This situation clearly violates the principles of due process of law and fairness, as the rules were changed midstream.

According to the author, the substance of the law, Minister of Health Regulation No. 3 of 2025, is not based on dignified justice. "Dignified justice" in this case is defined as justice that respects the dignity of humans and professions, upholds moral and ethical values, and provides balanced protection for all parties in accordance with the principles of the Pancasila state based on law. The Minister of Health's role in regulating professional discipline is currently too dominant, neglecting the role of professional organizations. Dignified justice cannot be achieved when regulations have the potential to be used arbitrarily. Therefore, a reconstruction of these regulations is necessary so that future enforcement of professional discipline truly adheres to the principles of justice.

3.2 The Criticism of Regulations Relating to the Professional Discipline of Medical Personnel

Lawrence Meir Friedman stated that law is a set of written or unwritten rules or norms about right and wrong, behavior, duties, responsibilities and rights.²⁸ Based on the definition of law as outlined above, Friedman argues that law is viewed as something independent or separate from the social order. This view assumes that legal structures and rules exist at the theoretical level, while actions or behaviors exist at the level of everyday life. Friedman further states that the legal system consists of three components: legal structure, legal substance, and legal culture.²⁹

Under the Law on Medical Practice,³⁰ the Minister of Health's role is to propose membership of the Indonesian Medical Council to be appointed by the President based on proposals from organizations and associations and to appoint members of the Indonesian Medical Disciplinary Honorary Council upon the recommendation of professional organizations. Meanwhile, under Health Law Number 17 of 2023, the Minister of Health's role is to establish the council and

28 Siska Diana Sari., Program Percepatan Penurunan Stunting di Kota Madiun Sebagai Pemenuhan Hak Atas Kesehatan. *Jurnal Bedah Hukum*, Vol.8 No.1, 2024, page 30-52.

29 Askari Razak., Mewujudkan Pemilu Adil dan Bermartabat: Suatu Tinjauan Sistem Hukum Lawrence M. Friedman. *Fundamental: Jurnal Ilmiah Hukum*, Vol.12 No.2, 2023, page.471-488.

30 Mega Orcka Depera Senja Belantara, et. al., Kewajiban Surat Izin Praktik Bagi Dokter Dalam Pelayanan Kesehatan Berdasarkan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan, *Jurnal Kesehatan Tambusai*, Vol.5 No.1, 2024, page.798-805

review its decisions. Meanwhile, under Government Regulation Number 28 of 2024, the Minister of Health's role is to establish the Medical Disciplinary Council (MDP), which is accountable to the Minister. The MDP enforces professional discipline for medical personnel and healthcare workers based on disciplinary enforcement provisions established by the Minister.

The legal substance mandating the Minister of Health's role in the provisions regarding professional discipline for medical personnel could backfire on the Indonesian legal system. This is due to the Minister of Health's overly significant role in determining the types of disciplinary violations by medical personnel, even though the Minister of Health's Regulation was enacted by a non-medical professional. This means that how can a non-medical professional determine the discipline of medical personnel according to the needs of those personnel, who are themselves not medical personnel. Thus, with the existence of legal substance that regulates the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel, it is so large that it will actually be counterproductive to the enforcement of professional discipline by the Professional Disciplinary Council. With the current state of legal substance, it is certainly a weakness in the legal system in Indonesia related to the regulation of the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel, or in other words, the regulation of the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel is not based on Dignified Justice.

In carrying out its duties, the legal structure has the authority as a law enforcer which is guaranteed by law, so that in carrying out its authority, main tasks and functions, this legal structure is independent or autonomous, free from the influence of government power and other influences.³¹ Therefore, if a country or government wants its legal system to function well, its legal structure, specifically its law enforcement officers, must be clean, credible, competent, and independent.

The current legal structure in Indonesia, particularly the Indonesian National Police, which directly interacts with the public seeking justice, generally consists of high school graduates who then undergo police training at the National Police School. This training at the National Police School lasts approximately seven months. After graduating from the National Police School, these law enforcement officers become investigators and prosecutors within the police force. They also handle and enforce the legal system related to the implementation of regulations concerning the role of the Minister of Health in the current provisions concerning the professional discipline of medical personnel. Given the extensive authority held by the current Minister of Health, a competent, credible, and firm legal structure is necessary, impartial yet humane. However, in Indonesia, abuse of authority by law enforcement officers, the proliferation of legal mafia practices, and numerous human rights violations in the law enforcement process are still rampant. This demonstrates

³¹ Enni Merita and Darmadi Djufri., Sinergitas Kewenangan Lembaga Penegak Hukum Terhadap Tindak Pidana Gratifikasi Dalam Struktur Hukum Pidana Di Indonesia. *Lex Librum: Jurnal Ilmu Hukum*, Vol.7 No.2, 2021, page.195-206

that legal system reform in Indonesia faces systematic and complex challenges. With the current state of the legal structure, it is certainly a weakness in the legal system in Indonesia, including the legal system related to the regulation of the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel, or in other words, the regulations regarding the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel are not yet based on Dignified Justice.

Changes in legal awareness can be influenced by external factors such as economic, political and social events.³² Legal culture is an interrelated variable.³³ Social forces create law, but they don't create it directly. On the one hand, legal awareness changes legal culture, legal culture changes the legal system, and the legal system influences the broader socio-economic and political system. On the other hand, socio-economic and political pressures significantly influence legal awareness.

Fundamentally, law reflects and shapes societal values, as law grows and develops alongside the growth of society, where legal culture is a reflection or depiction of the nation's culture. Law ^{has} a reciprocal relationship with society, where law itself is a means or tool for regulating society in social life. Indonesia's legal culture, which upholds moral, religious, and cultural values, is reflected in the principles of Pancasila, an ideology rooted in the noble values upheld and internalized by the Indonesian people.

Currently, the legal culture prevailing in Indonesian society is still strongly influenced by the "ewuh pekewuh" (respect for others), a culture of overprotecting one's feelings, leading to unwillingness to speak the truth even when legal violations are ubiquitous and visible. The legal culture of law enforcement officers in Indonesia is still prevalent, based on a culture of "just waiting for orders from superiors," a culture of "just because the boss is happy," and even destructive cultures such as corruption, collusion, and nepotism. With this legal culture, particularly among law enforcement officers, it will be very difficult to expect the legal system to function properly. Consequently, it will be difficult to achieve a sense of justice for the public. Furthermore, legal certainty will be very difficult to achieve, and the benefits of the law for the public will fall far short of expectations.

On the other hand, the legal culture of medical and healthcare personnel is characterized by a culture of treating colleagues like brothers and sisters, treating colleagues as they would wish to be treated. This legal culture will undoubtedly significantly impact the implementation of regulations regarding the role of the Minister of Health in the provisions concerning the professional discipline of medical personnel.

32 Abd. Rahman and Heriyanto Heriyanto., Memasyarakatkan Hukum: Pembaharuan Hukum yang Dinamis Guna Mewujudkan Efektivitas Penegakan Hukum yang Berkeadilan. *HUKMY: Jurnal Hukum*, Vol.1 No.1, 2021, page. 1-18.

33 Izzy Al Kautsar and Danang Wahyu Muhammad., Sistem Hukum Modern Lawrence M. Friedman: Budaya Hukum dan Perubahan Sosial Masyarakat Dari Industrial ke Digital. *Sapientia Et Virtus*, Vol.7 No.2, 2022, page. 84-99.

The current legal culture is undoubtedly a weakness in the Indonesian legal system, including the legal system related to the regulation of the role of the Minister of Health in the provisions concerning the professional discipline of medical personnel. In other words, the regulation of the role of the Minister of Health in the provisions concerning the professional discipline of medical personnel is not based on Dignified Justice.

An analysis of weaknesses, from the three aspects of substance, structure, and culture, shows that the current regulation of the Minister of Health's role in disciplinary action against medical personnel does not meet the values of Dignified Justice. The substantive weakness is a bias towards power, the structural weakness is a lack of independence, and the cultural weakness is a lack of support for upholding justice. These weaknesses require improvements to ensure a more equitable disciplinary enforcement system in the future.

3.3 The Establishing Legal System for Professional Discipline of Medical Personnel

Gustav Radbruch stated that justice, legal certainty, and utility are the three main pillars in the broad implementation of law. These three pillars are always a unity that cannot be eliminated to achieve one thing or another. If one is defeated to achieve the other, the existing balance will be lost and discomfort will be felt. These three pillars or three basic values must receive serious attention from law enforcers. Of these three basic values, the basic value of utility will direct the law to consider the needs of society at a given time, so that the law truly plays a real role for society and does not harm the public's sense of justice.³⁴

Regarding the three basic values in the implementation of law, according to Sudikno Mertokusumo, the principle of justice is prioritized first, with the aim of making it a challenge for the law to always develop and catch up with changes in society, while the principle of justice is prioritized over the principle of benefit because in many cases, politically, benefit is more accessible to the elite rather than the general public.³⁵ In fact, the general public's sense of justice is often harmed by the interests or benefits of this elite society, sometimes for the sake of upholding legal certainty they actually ignore the benefits and justice itself.

Professions such as judges and lawyers, journalists, lecturers, and pharmacists, including medical and/or health workers, require specific education and training, as well as a high standing in society. Medical personnel and/or health workers, in carrying out their professional work, such as when providing health services to the public, require professional ethics. According to Bernard Barber,³⁶ A profession essentially requires a high level of knowledge that can only be learned systematically; its primary orientation is directed toward the public

34 Gustav Radbruch., *Einführung in die Rechtswissenschaft*, K.F. Koehler, Stuttgart, dalam Satjipto Rahardjo, 1996, *Ilmu Hukum*, Bandung: Citra Aditya Bakti, 1996, page. 19-21

35 Sutrisno Sutrisno, Fenty Puluhulawa, and Lusiana Margareth Tijow., *Penerapan Asas Keadilan, Kepastian Hukum Dan Kemanfaatan Dalam Putusan Hakim Tindak Pidana Korupsi*. *Gorontalo Law Review*, Vol.3 No.2, 2020, page.168-187.

36 Bernard Barber dalam Sofwan Dahlan., *Hukum Kesehatan Rambu-rambu bagi Profesi dokter*, Semarang: Badan Penerbit Universitasnegoro, 2001, page. 21

interest; it has a control mechanism for the behavior of its incumbents; and it has a reward system.

Medical personnel are bound not only by professional ethics but also by discipline. Medical personnel discipline is the application of scientific knowledge in the delivery of services that must be followed. In addition to professional ethics and medical discipline, the medical profession must also comply with legal regulations. Medical personnel and/or health workers must always uphold ethical values to improve all their actions in carrying out their professional work. Furthermore, they must prioritize the principle of justice in their actions in order to uphold the principles of justice and fairness.³⁷

To improve the regulation of medical professional discipline in Indonesia to align with the principles of dignified justice,³⁸ it is necessary to reconstruct the rules by learning from regulations in other countries. A comparative approach is beneficial because several countries already have medical professional disciplinary enforcement systems that can serve as references. In this case, three countries with relevant legal systems and governance for the medical profession were selected: the United States, the United Kingdom, and Singapore. The United States uses a decentralized approach through State Medical Boards established under each state's Medical Practice Act. SMBs have the authority to investigate, prosecute, and impose sanctions on physicians.³⁹ Despite the strong authority, standards across states are not uniform, and there remains the potential for political interference, as SMB members are typically appointed by state governments. The UK adopts a centralized model, with the General Medical Council setting professional standards and conducting investigations, while the adjudication function is separated into the independent Medical Practitioners Tribunal Service⁴⁰ The separation of investigation and adjudication ensures that MPTS decisions can be scrutinized through an appeal mechanism to the High Court. This model emphasizes checks and balances and the involvement of doctors and the public in the review panel, making the disciplinary process more accountable and equitable.

Singapore developed a hybrid system through the Singapore Medical Council,⁴¹ which mimics the British model but adds a tiered mechanism. Each complaint is reviewed by a Complaints Panel and a Complaints Committee to screen out minor cases, while serious cases are referred to a Disciplinary Tribunal, which

37 Sutarno., *Hukum Kesehatan, Euthanasia, Keadilan dan Hukum Positif Indonesia*, Malang: Setara Press, 2014, page.136

38 Marzuki, Mohammad Khusnan, Anis Mashdurohatun, and Jaka Kusnanta Wahyuntara., Reconstruction of Law Enforcement Rule for Employers of Medical Practitioner without Practice Licenses Based on Restorative Justice. *Sch Int J Law Crime Justice*, Vol.7 No.9, 2024, page 369-377.

39 Tristan McIntosh, et al., Protecting Patients from Egregious Wrongdoing by Physicians: Consensus Recommendations from State Medical Board Members and Staff. *Journal of Medical Regulation*, Vol.107 No.3, 2021, page. 5-18.

40 Margaret Brazier and Emma Cave., *The practice of medicine today*. Medicine, patients and the law (sixth edition). United Kingdom: Manchester University Press, 2020. page 3-30.

41 Gary Chan Kok Yew., *Health law and medical ethics in Singapore*. London: Routledge, 2020, page.64

operates like a court. The Minister of Health has only a limited role at the initial stage as an administrative oversight, with no authority to decide or overturn decisions. Final decisions can still be appealed to the High Court, providing strong judicial oversight. The Singaporean model demonstrates the effectiveness of tiered screening and the involvement of medical professionals at all stages, while ensuring efficiency because not all cases have to go through the tribunal.⁴²

Of the three countries, the UK's regulations on medical professional discipline are perhaps the closest to a concept applicable in Indonesia. The UK has successfully upheld the profession's dignity through the independent GMC/MPTS. Implementation in Indonesia could involve reconstructing the roles of the KKI and MDP. The KKI is strengthened to establish a code of ethics and disciplinary standards, replacing the Minister's authority to determine violations. The MDP is made an independent adjudicatory body composed of doctors and legal/community experts, separate from the Ministry of Health. The Minister of Health plays a sufficient role in the initial stages, for example, by approving council or assembly members and evaluating general policies, but does not interfere in the handling of professional discipline.

The author believes that the regulations regarding professional discipline in Indonesia for medical personnel are somewhat inaccurate in Article 3 of Minister of Health Regulation No. 3 of 2025 and require reconstruction. This is because the legal substance of the regulation regarding the Minister of Health's role in the provisions regarding professional discipline for medical personnel gives a significant portion of the Minister of Health's role, as he can determine and establish the type of professional discipline for medical personnel according to the Minister's needs, even though the current Minister of Health is not a medical professional. This would be counterproductive to enforcing professional discipline due to the lack of legal certainty and the resulting "rubber article." Consequently, medical personnel lack legal protection and cannot comfortably, safely, or smoothly carry out their professional work, and they will fear being criminalized or entangled in legal problems. Therefore, the reconstruction of values regarding the Professional Disciplinary Council regulation based on dignified justice can be felt to be beneficial, provide legal certainty, and be fair to all Indonesian society, namely justice that benefits the entire community and justice that humanizes humans.

Article 28, letter D of the Constitution of the Republic of Indonesia mandates that everyone has the right to recognition, guarantees, protection, and certainty of fair law, as well as equal treatment before the law. Therefore, the author believes that concrete regulations are needed to ensure the legal system in Indonesia operates with legal certainty, benefits, and justice that can be felt by

42 Yosua David Mantiri, Devy KG Sondakh, and Friend H. Anis., *Kedudukan Putusan Majelis Kehormatan Etika Kedokteran Ikatan Dokter Indonesia Dalam Perspektif Dominus Litis Terhadap Perkara Malpraktik Medis*. *Al-Zayn: Jurnal Ilmu Sosial & Hukum*, Vol.3 No.5, 2025, page. 7508-7541.

all Indonesians.⁴³

Regarding the regulation of the Minister of Health's role in the provisions regarding the professional discipline of medical personnel, the author believes that it is time to create regulations that enable the creation of a good legal system. Namely, a legal system based on dignified justice. A legal system that can enforce the law firmly, without discrimination, but remains humane. A legal system that can provide a sense of justice to society, a justice that humanizes humans, so that society receives true justice, both society in the sense of victims and their families, medical personnel and their families, and society in general. It is hoped that law enforcement taken by law enforcement officers will be felt to be beneficial for justice seekers, while at the same time the implementation of regulations on the role of the Minister of Health in the provisions regarding the professional discipline of medical personnel can be carried out as fairly as possible.

Regarding the legal substance that needs to be reconstructed, it is as stated in Article 4 paragraphs (2) and (3), which states: (2) The Minister may determine types of Professional Disciplinary Violations other than those referred to in paragraph (1) according to need. (3) Further provisions regarding the types of Professional Disciplinary Violations as referred to in paragraph (1) are determined by the Minister.

The novelty of this research lies in the authority of the Minister of Health in the Minister of Health Regulation Number 3 of 2025 which is contrary to the principle of "Justice with Dignity" and creates legal uncertainty because it allows for the birth of elastic articles, especially when the authority is held by officials who are not medical personnel. Therefore, it is necessary to reconstruct the transfer of authority to determine additional types of professional disciplinary violations of medical personnel from the Minister to an independent professional institution, by emulating the Singapore SMC model but adjusted to the Indonesian constitutional basis, so as to produce a system design that is just and dignified.

4. Conclusion

The current regulation of the Minister of Health's role in the provisions concerning the professional discipline of medical personnel is considered not based on dignified justice because it still grants excessive authority to the Minister without adequate mechanisms, thus potentially ignoring the principle of justice. From a legal substance perspective, the regulation regarding the Minister of Health's role in the professional discipline of medical personnel still provides too much room for the Minister to determine additional types of disciplinary violations, thus opening up the possibility of unilateral expansion of norms that are not in line with the principle of dignified justice. From a legal structure perspective, weaknesses are apparent in the still limited knowledge and understanding of health law among law enforcement officials, so that their

⁴³ Christy Edotry Torry Karwur, Pemenuhan Hak Memperoleh Kesehatan Ditinjau Dari Pasal 28 H Ayat 1 Undang-Undang Dasar Negara Republik Indonesia Tahun 1945. *Lex Privatum*, Vol.13 No.2, 2024, page.1-12

mindset and actions in implementing professional discipline provisions do not fully reflect justice, which ultimately makes the regulation of the Minister of Health's role in this matter not lead to dignified justice. From a legal culture perspective, society and officials are still influenced by the culture of "ewuh pekewuh" and the tendency to protect the feelings of others, so they are reluctant to speak the truth even when injustice occurs. Coupled with the still low awareness of health law, the provisions regarding the Minister's role in the professional discipline of medical personnel do not grow on the foundation of a healthy legal culture. Reconstructing the transfer of authority to determine additional types of professional disciplinary violations against medical personnel from the Minister to an independent professional institution, by following the Singapore SMC model but adapting it to Indonesia's constitutional basis, so as to produce a system design that is just and dignified.

BIBLIOGRAPHY

Journals:

Abd. Rahman and Heriyanto Heriyanto., Memasyarakatkan Hukum: Pembaharuan Hukum yang Dinamis Guna Mewujudkan Efektivitas Penegakan Hukum yang Berkeadilan. *HUKMY: Jurnal Hukum*, Vol.1 No.1, 2021;

Absori, Absori, Kiara Hanna Quinncilla, Rizka Rizka, Arief Budiono, and Natangsa Surbakti., Doctor Placement's Policy and Its Implications in Indonesia: Legal Qualitative Study. *Open Access Macedonian Journal of Medical Sciences*, Vol.10, 2022;

Agung Dwi Laksono, Ilham Akhsanu Ridlo, Ernawaty, Distribution Analysis of Doctors in Indonesia., *Jurnal Administrasi Kesehatan Indonesia*, Vol.8 No.1, June 2020;

Anang Dony Irawan and Banu Prasetyo., Pancasila Sebagai Landasan Politik Hukum Kebangsaan Indonesia. *Jurnal Pendidikan Sosial Keberagaman*, Vol.9 No.1, 2022;

Andri Winjaya Laksana, et. al., The Sufism Healing As An Alternative Rehabilitation for Drug Addicts and Abusers, *QIJIS: Qudus International Journal of Islamic Studies*, Vol.11 No.1, 2023;

Anita Rahayu et al., Payung Hukum Terhadap Profesi Dokter Dalam Menghadapi Perselisihan Medis. *Jurnal Cahaya Mandalika*, Vol.3 No.1, 2024;

Askari Razak., Mewujudkan Pemilu Adil dan Bermartabat: Suatu Tinjauan Sistem Hukum Lawrence M. Friedman. *Fundamental: Jurnal Ilmiah Hukum*, Vol.12 No.2, 2023;

Brigita Mirna Mahayani, et. al., Norma Disiplin Kedokteran Dalam Membatasi Unsur Perbuatan Melawan Hukum Pada Dugaan Tindak Kealpaan Medis. *Jurnal Cahaya Mandalika*, Vol.5 No.2, 2024;

Christy Edotry Torry Karwur., Pemenuhan Hak Memperoleh Kesehatan Ditinjau Dari Pasal 28 H Ayat 1 Undang–Undang Dasar Negara Republik Indonesia Tahun 1945. *Lex Privatum*, Vol.13 No.2, 2024;

Enni Merita and Darmadi Djufri., Sinergitas Kewenangan Lembaga Penegak Hukum Terhadap Tindak Pidana Gratifikasi Dalam Struktur Hukum Pidana Di Indonesia. *Lex Librum: Jurnal Ilmu Hukum*, Vol.7 No.2, 2021;

Gunawan Widjaja, Hotmaria Hertawaty Sijabat, and Handojo Dhanudibroto., Kepatuhan Tenaga Kesehatan Terhadap Kode Etik Profesi: Analisis Literatur Undang-Undang Dan Praktek Di Lapangan. *Zahra: Journal Of Health And Medical Research*, Vol.5 No.2, 2025;

Gunawan Widjaja., Transformasi Penegakan Disiplin Profesi Medis: Dari Mkdki Ke Majelis Disiplin Profesi Sebagai Screening System Dugaan Malpraktik, *Journal of Community Dedication*, Vol.4 No.4, 2025;

Hesti Widyawati., Aspek Hukum Mahasiswa Pendidikan Profesi Dokter Gigi Dalam Pelayanan Kesehatan. *Jurnal Juristic*, Vol.2 No.2, 2021;

Izzy Al Kautsar and Danang Wahyu Muhammad., Sistem hukum modern Lawrance M. Friedman: Budaya hukum dan perubahan sosial masyarakat dari industrial ke digital. *Sapientia Et Virtus*, Vol.7 No.2, 2022;

Johan Akbari, R. Lina Sinaulan, and Edi Saputra Hasibuan., Rekonstruksi Regulasi dan Kewenangan Majelis Disiplin Profesi dalam Penegakan Etika dan Disiplin Kedokteran di Indonesia. *Jurnal Hukum Pelita*, Vol.6 No.2, 2025;

Kyagus Badius Sani., Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan. *Jurnal Hukum Dan Etika Kesehatan*, Vol.2 No.1, 2022;

Marissa Sekararum, Mokhammad Khoirul Huda, and Pramono Pramono., Ratio Legis Pengaturan Surat Tanda Registrasi Seumur Hidup Bagi Tenaga Medis. *Jurnal Hukum dan Etika Kesehatan*, Vol.4 No.2, 2024;

Marzuki, Mohammad Khusnan, Anis Mashdurohatun, and Jaka Kusnanta Wahyuntara., Reconstruction of Law Enforcement Rule for Employers of Medical Practitioner without Practice Licenses Based on Restorative Justice. *Sch Int J Law Crime Justice*, Vol.7 No.9, 2024;

Mega Orceka Depera Senja Belantara, et. al., Kewajiban Surat Izin Praktik Bagi Dokter Dalam Pelayanan Kesehatan Berdasarkan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan, *Jurnal Kesehatan Tambusai*, Vol.5 No.1, 2024;

Nefrisa Adlina Maaruf, Abdul Kholib, and Beniharmoni Harefa., The Authority of the Professional Disciplinary Council and Its Implications for Legal Certainty for Medical and Health Personnel. *International Journal of Social Welfare and Family Law*, Vol.2 No.2, 2025;

Niru Anita Sinaga., Penyelesaian Sengketa Medis di Indonesia. *Jurnal Ilmiah Hukum Dirgantara*, Vol.11 No.2, 2021;

Novita Bernadeth Serena Linu, Y. Maarthan, and Caecilia Johanna Julietta Waha., Kewenangan Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI) dalam Penanganan Sengketa Medis Dokter dan Pasien. *Lex Privatum*, Vol.15 No.2, 2025;

Jasmen Ojak Haholongan Nadeak., Penerapan Disiplin Profesi Sebagai Instrumen Penegakan Hukum Pidana Kesehatan Berbasis Keadilan Prosedural. *Proceeding Masyarakat Hukum Kesehatan Indonesia*, Vol.1 No.1, 2024;

Josua David Mantiri, Devy KG Sondakh, and Friend H. Anis., Kedudukan Putusan Majelis Kehormatan Etika Kedokteran Ikatan Dokter Indonesia Dalam Perspektif Dominus Litis Terhadap Perkara Malpraktik Medis. *Al-Zayn: Jurnal Ilmu Sosial & Hukum*, Vol.3 No.5, 2025;

Putro Sucy Rezky Mz, Redyanto Sidi, and Marice Simarmata., Penerapan Etika Profesi Dokter Dalam Pelayanan Kesehatan Bagi Pasien. *Journal Of Science And Social Research*, Vol.8 No.3, 2025;

Siska Diana Sari., Program Percepatan Penurunan Stunting Di Kota Madiun Sebagai Pemenuhan Hak Atas Kesehatan. *Jurnal Bedah Hukum*, Vol.8 No.1, 2024;

Tristan McIntosh, et al., Protecting Patients from Egregious Wrongdoing by Physicians: Consensus Recommendations from State Medical Board Members and Staff. *Journal of Medical Regulation*, Vol.107 No.3, 2021;

Yosua David Mantiri, Devy KG Sondakh, and Friend H. Anis., Kedudukan Putusan Majelis Kehormatan Etika Kedokteran Ikatan Dokter Indonesia Dalam Perspektif Dominus Litis Terhadap Perkara Malpraktik Medis. *Al-Zayn: Jurnal Ilmu Sosial & Hukum*, Vol.3 No.5, 2025.

Books:

Andri Winjaya Laksana, et. al., 2024, *Lembaga Dan Pranata Hukum*, Penerbit Tahta Media Surakarta;

Bernard Barber dalam Sofwan Dahlan., 2001, *Hukum Kesehatan Rambu-rambu bagi Profesi dokter*, Badan Penerbit Universitasnegoro, Semarang;

Gary Chan Kok Yew., 2020, *Health law and medical ethics in Singapore*. Routledge, London;

Gustav Radbruch., 1996, *Einfuhrung in die Rechtswissenschaft*, K.F. Koehler, Stuttgart, dalam Satjipto Rahardjo, 1996, *Ilmu Hukum*, Citra Aditya Bakti, Bandung;

Hardisman., 2019, *Pembangunan Kesehatan Komprehensif Integratif*. In: *Analisis Teoritis dan Praktis Kebijakan Kesehatan Nasional Indonesia*. Diandra Pustaka. Yogyakarta;

Irianto, Sulistyowati and Shidarta (eds)., 2011, *Metode Penelitian Hukum: Konstelasi dan Refleksi*. Yayasan Obor Indonesia. Jakarta;

J. Guwandi., 2008, *Hukum Dan Dokter*, Sagung Seto, Jakarta;

Jasmen Ojak Haholongan Nadeak., 2024, Penerapan Disiplin Profesi Sebagai Instrumen Penegakan Hukum Pidana Kesehatan Berbasis Keadilan Prosedural, *Kongres ke-6 MHKI*, Palembang;

Kristiawanto., 2022, *Memahami Penelitian Hukum normatif*, Prenada, Jakarta;

Margaret Brazier and Emma Cave., 2020. *The practice of medicine today. Medicine, patients and the law* (sixth edition). Manchester University Press, United Kingdom;

Sutarno., 2014, *Hukum Kesehatan, Euthanasia, Keadilan dan Hukum Positif Indonesia*, Setara Press, Malang;

Suteki dan Galang Taufani, 2018, *Metodologi Penelitian Hukum, Filsafat, Teori Dan Praktik*, Rajawali Pers, Depok;

Websites:

Persatuan Dokter Gigi Indonesia., Webinar Akbar PDGI : Etik, Disiplin, dan Hukum Merupakan Kebutuhan Bagi Dokter Gigi dan Bukan Keterpaksaan, <https://pdgi.or.id/>;

Wahyu Andrianto., Secarik Catatan untuk Majelis Disiplin Dokter, <https://www.hukumonline.com/>. Accessed on June 4, 2025.