

## **Hospital Legal Liability In Medical Dispute Resolution (Case Study Of South Jakarta District Court Decision Number 484/PDT.G/2013/PN.JKT.Sel)**

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### **Abstract**

*This research was conducted to determine the cause of negligence committed by medical personnel, and how to resolve medical disputes by analyzing the South Jakarta District Court Decision Number 484/Pdt.G/2013/PN.JKT.Sel. Further research was carried out by looking at the case related to the legal liability of hospitals for the negligence of their medical personnel by reviewing the Civil Code, Law Number 26 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, Law Number 29 of 2004 concerning the Practice of Medicine, Law Number 36 of 2014 concerning Health Workers, and other related laws and regulations. It then examines whether or not the judge is appropriate in deciding a malpractice case. This research uses normative juridical research with a statutory approach, a conceptual approach, and a case approach. The result of this study is that the legal relationship between hospitals, doctors, and patients gives birth to rights and obligations for the parties based on the therapeutic agreement that has been regulated in Article 46 of Law Number 44 of 2009 concerning Hospitals, so that patients receive legal protection due to alleged malpractice committed by medical personnel, in this case doctors with the current laws and regulations.*

**Keywords: Legal Liability; Hospital; Malpractice; Therapeutic Agreement; Legal Protection.**

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## **INTRODUCTION**

Every community has the right to get good health services (Sandiata, 2013) in terms of adequate facilities and infrastructure. There are several types of health services, namely at the first level such as clinics, puskesmas and at advanced levels such as hospitals. However, in reality, it is not as smart as patients who are referred to advanced health services, namely hospitals, because health services at the first level are inadequate (Rikomah, 2017). The hospital is an institution that provides health services in the form of emergency, inpatient, and outpatient services that are expected to help patients in various disease complaints for the expected recovery (Wahyudi, 2011) (Hadjam, 2016). By law, hospitals are responsible for mistakes or omissions committed by their health workers.

The legal responsibility of the hospital consists of three aspects, namely civil law, criminal law, and administrative law (Prayitno, 2021). In the aspect of civil law, hospital liability occurs when the patient and the hospital have a legal relationship arising out of a medical consent. In the criminal law aspect, hospital liability must meet three elements of guilt. From the administrative aspect, it is related to administrative obligations that concern the authority and responsibility of medical personnel in hospitals (Hetharia, 2013) (Abduh, 2021). Law will be able to feel its benefits and role when it is carried out through service, application, and law enforcement. Upholding the pillar of the rule of law, if law enforcement is carried out consistently and continuously, but if law enforcement is not carried out consistently and continuously, it results in injustice, legal uncertainty, and legal incompetence, as well as legal crisis (Waluyo, 2007).

The legal basis of health in Indonesia is regulated in Law Number 36 of 2009 concerning Health. There are three subjects in health provided for in the Act, where each subject has rights

and obligations, namely hospitals, medical personnel, and patients. In a health service, there must always be an agreement, namely a therapeutic agreement. A therapeutic agreement is an agreement between a patient and a doctor that gives rise to the rights and obligations that make up their respective responsibilities (Johan, 2005). In carrying out their profession, medical personnel must understand the legal aspects of health services (Amir, 1997). The agreement between the patient and the doctor usually occurs briefly and is not infrequently united with a temporary diagnosis (Priyadi, 2020).

In the case of medical disputes due to alleged malpractice, it causes a not simple impact on the socioeconomic situation. Legal proceedings related to medical disputes often become widespread due to poor communication between patients and medical personnel or health care providers. The lack of awareness and legal knowledge of the public in the health sector results in medical disputes related to the issue of protection of patients and medical personnel. Thus, shaping public opinion through the mass media, plus the long legal process, and claims for compensation of enormous value (Muhlis et al., 2020). Health workers and hospitals cannot exercise their right of answer in the mass media because it concerns a confidentiality of their medicine with patients, so the public judges health workers and hospitals related to the silence on the case (Chaeriah et al., 2020).

In the case of alleged malpractice that occurred at MMC Hospital (South Jakarta District Court Decision Number 484/Pdt.G/2013/PN.JKT.Sel) that happened to Santi Mulyasari (38 years old) who died after giving birth by caesarean section. The initial incident in April 2011, Santi Mulyasari. passed away after giving birth to a fourth child. Santi Mulyasari's family stated that something was wrong regarding the results of medical records from the MMC Hospital. One of them is related to the hemoglobin level in Santi Mulyasari's blood, where the hemoglobin level should be 12 for cesarean delivery, while Santi Mulyasari only has a hemoglobin level of 9.1. Santi Mulyasari's family and their attorneys have reported the matter to the Honorary Council of Indonesian Medical Disciplines (MKDKI). The MKDKI decision declared the doctor who treated the patient, namely dr. Tamtam Otamar Samsudin, Sp. OG, guilty and negligent in taking surgical action, and revoked the license to practice for nine months.

Hospitals are not just places where doctors and health workers practice, and on the contrary, health workers are not just hospital employees. The hospital is responsible for the professional and ethical implementation of health services in the hospital, but the hospital also cannot interfere too far in the professional affairs of its medical staff. A corporation is a legal subject that is a functional legal entity, represented by an individual who has the authority to carry out duties in the management function of the corporation (Prasetyo & Subakdi, 2021). A hospital is a corporation whose complexity is irreducible complexity. Complete and well-implemented hospital by-laws are a powerful way to protect patients and make the hospital a responsible institution, both responsible for carrying out the main duties and functions of the hospital as a health service provider with good clinical governance, as well as responsibility when there is a loss to patients due to the mistakes of health workers at work.

Therefore, by looking at the case of alleged malpractice above, the author took a study with the title: "Hospital Responsibility in Medical Dispute Resolution (Case Study of South Jakarta District Court Decision Number 484/Pdt.G/2013/PN.JKT.Sel)."

## **RESEARCH METHODS**

In this research, the authors used normative juridical research. Normative juridical is research that examines the rules or norms of law that apply in society with reference to laws and regulations (Soemitro, 1990). There are two types of legal materials used in this study, namely

primary legal materials and secondary legal materials. Primary legal materials related to hospital liability, such as the Civil Code, Law Number 26 of 2009 concerning Health, Law Number 44 of 2009 concerning Hospitals, Law Number 29 of 2004 concerning the Practice of Medicine, Law Number 36 of 2014 concerning Health Workers, Regulation of the Minister of Health Number 340/MENKES/PER/II/2010 concerning Classification of Hospitals, Regulation of the Minister of Health Number 290/MEN.KES/PER/III/2008 Concerning Approval of Medical Measures, and Decision of the South Jakarta District Court Number 484/Pdt.G/2013/PN.JKT.Sel. Secondary legal materials, namely literature or books, international journals and national journals, as well as other literature related to hospital liability for the negligence of its medical personnel.

## RESULT AND DISCUSSION

Results should be clear and concise. Discussion should explore the significance of the research. Avoid extensive citations and discussion of published literature. Legal responsibility is a word that comes from two syllables, namely responsibility which comes from the translation of *verantwoordelijkheid* which means the obligation to be responsible for losses if sued in terms of law and administration, and the law which comes from the translation of *recht* which is Dutch language (S., 2008).

Liability has three meanings, namely an obligation that is bound by law or justice to be carried out, a condition in dealing with losses that may or may occur, and a condition that gives rise to an obligation to take action as soon as possible (Black et al., 2000).

Civil liability is liability as a result of unlawful proceedings, which is contained in Article 1365 and Article 1367 of the Civil Code. There are three acts against the law, namely intentionality in committing acts against the law, unintentional in doing legal actions, negligence that results in unlawful acts (Mauli, 2019).

### ***Hospital Legal Liability For Negligence Committed By Medical Personnel***

The hospital is a legal entity, meaning that there are workers in it. The doctor is one of the workers in the hospital. Mistakes or omissions committed by doctors are the responsibility of a hospital. Negligence of medical actions committed by doctors is called malpractice, which in the end, the problem of malpractice committed by doctors is often pursued by litigation, both civil and criminal (Hadi, 2018).

Negligence becomes one of the elements of the act of malpractice, besides that there are several other elements. Here are the elements of malpractice action, namely: (Indriyanti, 2008)

- a. The element of negligence, meaning that the attitude of not being careful in carrying out duties is not in accordance with the standards of medical services.
- b. The element of misconduct, meaning the lack of accuracy of the Doctor in making an observation of the patient,
- c. The elements of violation of professional or legal rules, meaning that doctors or other health workers commit an action beyond the limits of their authority.
- d. The element of intentionality to perform adverse actions, meaning that it occurs when doctors or other health workers do something outside of their duties and principally in order to obtain an advantage.

Medical personnel, pharmaceutical personnel, nursing staff are health workers who work in the hospital environment, of course, they have a certificate for their profession. The certificate is the basis that the health worker is competent, because he has passed the competency test from the government and has also been sworn to carry out his profession as a health worker (Guwandi, 2010).

Medical approval is the basis for medical personnel in carrying out medical actions. Medical approval between medical personnel and patients in this case will create a sense of security in carrying out medical actions later. The medical consent can be used for adverse possibilities that occur in a lawsuit made by the patient or the patient's family to the medical personnel as a result of irregularities in medical actions that cause something undesirable, and also as a form of appreciation of the patient's rights which can then be used for the reason of a lawsuit against the medical personnel, in case of negligence or suspected malpractice committed by the medical personnel against the patient (Chazawi, 2007).

Medical consent is the right of the patient. Medical approval is in writing because it will also be used to create a medical record. If the patient is in custody, then medical approval is carried out by his immediate family. When the patient is in an emergency medical approval does not have to be done directly, medical approval is carried out when the patient is in a condition where it is already possible to be given an explanation or the patient is already conscious (Chazawi, 2007).

According to, the Regulation of the Minister of Health Number 290 / MEN. KES/PER/III/2008 On Approval of Medical Measures On The Practice of Medicine, medical records are files containing records and documents about patients containing identity, examination, treatment, other medical actions in health care facilities for outpatient, inpatient, both government and private management.

Medical records will later be considered in civil and criminal litigation. With the various cases experienced by medical personnel, it has expanded the jurisdiction of the courts. The judiciary is faced not only with the judgment on which the parties to the dispute depend, but also as negotiations for peace in medical disputes (Hatta, 2013).

Medical disputes occur due to a conflict between medical personnel and patients. Medical disputes are divided into medical civil disputes and medical criminal disputes. Conflicts occur as a result of negligence committed by medical personnel. Negligence can occur even if the medical personnel has considered the actions to be carried out, and takes into account the possible consequences that will occur from the medical actions he performed. However, medical personnel commit negligence in an effort to prevent possible risks that may pose a danger to the patient (Guwandi, 2010).

Patients can claim legal liability as well as administrative liability for losses suffered as a result of the negligence of medical personnel. Legal responsibility is given to the subject of law or the perpetrator who committed such acts or unlawful acts. The offender can be prosecuted by paying damages or running a criminal offense (S., 2008). Negligence committed by medical personnel against patients in hospitals is referred to as corporate negligence which means negligence of the institution that must be borne by its constitution (Guwandi, 2011).

Indonesia has a law that regulates hospitals, namely Law Number 44 of 2009 concerning Hospitals. The regulation is the legal basis for hospitals to carry out criminal liability for negligence committed by their medical personnel (Christianto, 2011). Article 46 of Law Number 44 of 2009 concerning Hospitals says that: "The Hospital is legally liable for all losses incurred for negligence committed by health workers in the Hospital."

In the article, it is very clear that the Hospital will not escape its responsibility for negligence that results in losses to patients committed by health workers working within the hospital. However, by looking at the Articles contained in the Hospital Law and looking at the elements of malpractice in it, it is concluded, namely:

- a. The hospital is responsible for losses arising from the negligence of health workers working in the hospital, meaning that if the losses incurred are not due to the negligence of its health workers, the hospital will not be responsible.

- b. The hospital is responsible for all losses suffered by the patient, if such negligence is committed in the hospital.
- c. The hospital will not be liable for any intentional act by its health workers.

The legal responsibility of the hospital is also regulated in the Civil Code in the Article, namely: (Johan, 2005)

- a. Article 1366

Everyone is responsible, not only for losses caused by actions, but also for losses caused by negligence or frivolity.

- b. Article 1367

A person is not only responsible, for losses caused by his own actions, but also for losses caused by the actions of those he is dependent on or caused by goods under his supervision.

The hospital as an institution that is responsible for negligence committed by its medical personnel because the hospital as a legal entity that employs medical personnel to perform medical actions. Hospitals apply the doctrine of Corporate Liability, which means that hospitals are legally responsible for everything that happens in the hospital (Guwandi, 2011). Patients must know how the negligence of health workers is the responsibility of the hospital, and the negligence of health workers who are not the responsibility of the hospital. Thus, if the negligence is carried out intentionally and not according to procedures, then the health workers will be responsible for the negligence they committed.

#### ***Judge's Decision in the Decision of the South Jakarta District Court Number 484/Pdt.G/2013/PN.JKT.Sel***

In this case, the Plaintiff named Henry Kurniawan as the husband and heir of Santi Mulyasari who was materially and immaterially harmed, acted also for the benefit of his four underage daughters, addressed at Jl. Kebon Nanas Selatan II No. 25 RT.009 RW.008, Kel. Cipinang Cempedak, Kec. Jatinegara Timur, who chose a legal domicile at the Risma Situmorang & Partners Law Office located at Jl. Antara No. 45A Pasar Baru Central Jakarta, based on a special power of attorney dated May 10, 2011. With the Defendant, namely Dr. TAMTAM OTAMAR SAMSUDIN, SpOG, who practices at the Metro Politan Medical Center Hospital (MMC Hospital) on Jalan HR Rasuna Said Kav. C 20-21 South Jakarta, hereinafter referred to as Defendant I, who chose legal domicile at the Law Office of Najab Khan, S.H., M.H., & Partners located at Jl. Kedoya Raya No. 27 J Kedoya Selatan West Jakarta, based on a special power of attorney dated October 09, 2013. Metropolitan Medical Center Hospital (MMC Hospital), which is located at Jl. HR Rasuna Said Kav. C 20-21 South Jakarta, hereinafter referred to as Defendant II, PT. Kosala Agung Metropolitan, which is located at Jalan HR Rasuna Said Kav. C 20-21 South Jakarta, hereinafter referred to as Defendant III. Defendant II and Defendant III who chose legal domicile at the Law Office of Amir Hargianto & Partners which is located at Jl. Pemuda Kav. 61 No. 3, based on a special power of attorney dated October 08, 2013.

That in this case the Plaintiff with a lawsuit letter dated August 21, 2013 and has been registered with the Registrar of the South Jakarta District Court with a case register of first instance. In the course of pregnancy of the fourth child Santi Mulyasari and the Plaintiff never experienced any pregnancy problems. Santi Mulyasari's last consultation was conducted by Defendant I at Defendant II on April 18, 2011 which was then scheduled for a Cesarean section on April 21, 2011. With a predetermined schedule, the Plaintiff delivered Santi Mulyasari on April 20, 2011 for hospitalization at Defendant II in preparation for caesarean delivery, then a medical examination, blood pressure, and so on was carried out by defendant II's nurse against Santi Mulyasari, and required that the patient fast from 02.00 WIB to 08.00 WIB before undergoing a cesarean section. In the results of the medical examination at that time, Defendant

I, Defendant II, and the nurse did not convey that Santi Mulyasari's hemoglobin level was only 9.1, nor did they explain anything related to the hemoglobin. Thus, Plaintiff felt that everything was fine without any anticipation.

On April 21, 2011 at 08:00 WIB, a Cesarean section was performed, in which the Plaintiff did not participate in the operating room, so that the Plaintiff could not see the operation process and what was happening in the operating room at that time. At 9:30 a.m., the nurse informed the Plaintiff and family that Santi Mulyasari had safely delivered a baby of the female sex. At 10:00 a.m., the nurse informed the Plaintiff that Santi Mulyasari was bleeding and was advised by Defendant I to remove Santi Mulyasari's uterus, then the Plaintiff agreed and signed the medical approval letter. At 10:00 a.m., the sister informed the Plaintiff that Santi Mulyasari needed a type B blood transfusion from the family. The plaintiff and the family agreed because the blood type was the same as Santi Mulyasari. Defendant II also requested and took the same blood as Santi Mulyasari. from doctors, nurses, and hospital staff. This kind of thing happened because Defendant I and Defendant II did not prepare the same blood as Santi Mulyasari in anticipation when the possibility of bad things happened against the will of the parties concerned. At 10:50 a.m., the nurse informed the Plaintiff and family that Santi Mulyasari's condition was critical, then at 11:20 a.m., Santi Mulyasari was transferred to the ICU room, and Plaintiff was asked by the doctor to enter the ICU room and see the team of doctors perform heart shock twice. At 11:50 a.m., Santi Mulyasari was pronounced dead by Defendant I and Defendant II did not explain anything regarding the cause of death. Santi Mulyasari to the Plaintiff.

On May 6, 2011, Plaintiff obtained a medical record resulting from which it was determined that the final diagnosis was Suspect Amniotic Embolism in SC. However, Plaintiff alleged negligence in the misconduct of patient handlers (malpractice) committed by Defendant I and Defendant II.

Subsequently, the Plaintiff reported the incident of his wife's death to the Honorary Council of Indonesian Medical Disciplines (MKDKI), then the doctor who treated the patient, namely Defendant I was found guilty and negligent in taking surgical action, and revoked the license to practice for nine months. Then Defendant I filed a lawsuit with the State Administrative Court for annulment of the MKDKI decision.

After reporting the incident to the MKDKI, the Plaintiff filed a civil lawsuit against the Defendants on the basis of an unlawful act, namely Article 1365 of the Civil Code, which meets the following elements:

- a. Defendant I and Defendant II have committed negligence and are not in accordance with standard procedures for handling patients or malpractice, as well as related to the preparation of surgery and anticipation of blood availability.
- b. As a result of such negligence, it causes the patient to die.

With a petition to the South Jakarta District Court, requesting to grant the lawsuit, then stating that the Defendants, both Defendant I, Defendant II, and Defendant III have committed legal acts, namely Article 1365 of the Civil Code and then punished the defendants. The plaintiffs demanded material damages of Rp 6,454,439,393,- and immaterial damages of Rp 100,000,000,000,- to the defendants, for having lost their wives' lives.

Then Article 1367 of the Civil Code regulates the responsibility of superiors for losses made by their employees, the employer is also responsible for the actions of its employees. This means that the turur hospital is responsible for its employees, duty of care, and infrastructure (Andrianto & Andaru, 2020).

By looking at the court's decision regarding the negligence of the doctor in carrying out the practice in this case the doctor has committed an unlawful act with legal consequences. Doctor as a noble profession that has purity of intention, nobleness of mind, and humility, (Kolamawati,

2018) where a doctor has expertise in the field of health, competencies achieved in the educational period, and a code of ethics by serving the community (Nuraeni et al., 2020). Social norms, professional ethics and laws must be obeyed by a doctor in the exercise of his profession. If there is a violation of these values, it will make public assumptions about alleged malpractice due to misdiagnosis or negligence that is not in accordance with the procedure (Sibarani, 2017).

In this case, the judge at the first level has the point of view that a doctor has an obligation to explain to the patient from the beginning of the consultation about the risks that may occur, if performing a cesarean section at the time of the fourth pregnancy, because in the previous three pregnancies the delivery was also by caesarean section. According to the judge at the first level, the element of guilt has been met, so the doctor who treated the patient was found guilty of not providing an explanation and solution to the patient. The court of first instance further granted the plaintiff's suit with reference to the decision of the Honorary Panel of Indonesian Medical Disciplines (MKDKI) with a verdict stating that Defendant I, i.e. the doctor who committed the medical act had committed an unlawful act. Defendant II is also responsible. The court of first instance rendered judgment in the subject matter of the case, namely:

1. Granting the claim of the Convention Plaintiff/Defendant in part Reconvencion;
2. Declaring Defendant I of the Convention/Plaintiff I of Reconvencion to have committed an unlawful act;
3. Declaring Defendant II and Defendant III of the Convention/Plaintiff II and Plaintiff III of Reconvencion as Employers to be liable for the losses incurred by Defendant I of the Convention of their workers;
4. Punishing Defendant I and Defendant II and Defendant III of the Convention on a liability basis to pay immaterial losses suffered by the Convention Plaintiffs in the amount of Rp 1,000,000,000,- (one billion rupiah);
5. Dismissing the Convention Plaintiff's claim for the remainder;

Subsequently, the Defendants filed an appeal, and the case proceeded to the Jakarta High Court. Judges at the appellate level have different angles in looking at the problem. The judge reviewed in an evidentiary point of view. There was an element of error made by doctors in carrying out medical actions, resulting in Santi Mulyasari dying with a standard of expertise and competence in his field. Evidence is important information that aims to establish material facts at trial (Subhandi Bakhtiar, 2022). The judge used evidence, namely the testimony of witnesses and professors of obstetricians whose defendants were not wrong or negligent in carrying out medical actions, and also referred to the decision of the State Administrative Court which overturned the decision of the Honorary Council of Indonesian Medical Disciplines (MKDKI). According to the appellate judge, on the basis of expert witness testimony, and referring to the judgment of the Administrative Court, the appellate judgment overturned the judgment of the first instance and dismissed the plaintiff's suit in its entirety.

On the appeal decision, the Plaintiff filed an appeal with Supreme Court Decision No. 1001/K/Pdt/2017. Supreme Court as a state institution that has authority at the cassation level (Angkouw, 2014) which is one of the ordinary legal remedies, the right where the filing of an appeal creates obligations for the other party, namely the court. If there is no reason to refuse, then the application for cassation must be accepted by the court, regarding the application being accepted or rejected, being the authority of the Supreme Court in deciding (Simamora, 2014). On the basis of legal considerations, there are allegations of malpractice, by looking at whether there are unlawful acts committed by doctors and hospitals. Judges at the cassation level see the legal relationship between doctors and patients as occurring because of a medical agreement or agreement in the health service. When the doctor receives a certain amount of fees for the services he has provided, it means that there is an agreement between the doctor and the patient, so that the doctor has the obligation to provide explanation, advice, solutions related to

information about the patient's health condition, including informing the patient of the risks or possibilities that occur, in this case if giving birth by caesarean section in the pregnancy of the patient's fourth child. With what happened to Santi Mulyasari who died after giving birth by caesarean section who was the wife of the Plaintiff, it means that the doctor has made a medical error and has not performed his legal obligation, which is not to advise the patient. Regarding the consent given by the Plaintiff is not the basis for the removal of the Defendant's guilt. In this case, the Supreme Court granted the appeal filed by the Plaintiff, by annulling the Jakarta High Court's decision that overturned the South Jakarta District Court's decision. The hospital and the owner of the hospital as Defendant I and Defendant II are responsible for negligence committed by their medical personnel resulting in losses suffered by patients in accordance with the provisions of Article 1367 of the Civil Code and Law No. 44 of 2009 concerning Hospitals (Mingkid, 2020).

## CONCLUSION

Based on the description of the discussion above, it can be concluded as follows:

First, that the legal relationship between hospitals, doctors, and patients gives birth to rights and obligations for the parties based on therapeutic agreements that have been regulated in Article 46 of Law Number 44 of 2009 concerning Hospitals, which states that: "The Hospital is legally responsible for all losses incurred due to negligence committed by health workers at the Hospital." That is, that the hospital is responsible for losses arising from the negligence of health workers working in the hospital, meaning that if the losses incurred are not due to the negligence of health workers, the hospital will not be responsible. The hospital is responsible for all losses suffered by the patient, if such negligence is committed in the hospital. The hospital will not be held responsible for any deliberate act by its health workers.

Second, that legal remedies are carried out starting from the court of first instance, the court of appeal, and up to the court of cassation in the Supreme Court. The court of first instance granted the plaintiff's lawsuit with South Jakarta District Court Decision Number 484/Pdt.G/2013/PN.JKT.Sel. Subsequently the Defendants filed an appeal, and the appellate judgment overturned the judgment of the first instance and dismissed the plaintiffs' suit entirely. Upon the appeal decision, the Plaintiff filed a cassation with Supreme Court Decision Number 1001/K/Pdt/2017, with the decision to annul the Jakarta High Court Decision that overturned the South Jakarta District Court Decision. The compensation granted in the form of immaterial damages of IDR 1,000,000,000 in the Supreme Court decision Number 1001/K/Pdt/2017 received by the Plaintiff, without consideration of material compensation according to the author is something outside the provisions of jurisprudence legal rules. Regarding claims for immaterial damages, they are regulated outside the provisions of Article 1365 of the Civil Code, but according to legal experts, determining immaterial damages is the authority of the judge because it is on the basis of justice. According to the author, the judge's decision granted the claim for immaterial compensation because there were legal facts at trial, where Santi Mulyasari, the wife of the Plaintiff, died due to the delivery of her fourth child by caesarean section, based on the fault of Defendant I who did not provide explanation and advice to patients. Thus, Defendant I, Defendant II, and Defendant III must be jointly responsible to pay immaterial losses of IDR 1,000,000,000 (one billion) rupiah.

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