

LEGAL LIABILITY OF HEALTHCARE PROFESSIONALS AND LEGAL PROTECTION OF PATIENTS' RIGHTS AND OBLIGATIONS IN THE PROVISION OF HEALTHCARE SERVICES

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Article history: received 11 December 2025; revised 22 December 2025; accepted 28 Januari 2026

DOI: <https://doi.org/10.33751/jhss.v10i1.18>

Abstract. Health is a fundamental human right guaranteed by the Constitution; therefore, the state is obliged to provide health services that are of high quality, safe, and equitable. However, many patients still lack an understanding of their rights and obligations, while health professionals face challenges in fulfilling their legal responsibilities. This study aims to analyze the legal liability of health professionals in relation to the fulfillment of patients' rights and obligations, as well as the forms of legal protection within health services. The method employed is normative juridical research using statutory and conceptual approaches. The results indicate that health professionals bear civil, criminal, and administrative legal responsibilities, while legal protection for patients encompasses both preventive and repressive aspects. This study contributes to strengthening scholarship in health law and provides input for policymakers and health institutions in improving the quality of health services.

Keywords: legal liability, health professionals, patients' rights and obligations, legal protection

I. INTRODUCTION

Health constitutes a fundamental human right guaranteed by the constitution and statutory regulations. The concept of health is no longer limited to a condition free from disease, but rather encompasses physical, mental, and social well-being that enables individuals to live productively. The Indonesian Constitution, through Article 28H of the 1945 Constitution (UUD 1945), affirms that every person has the right to obtain health services. This principle aligns with international concepts as articulated in the World Health Organization (WHO) declaration as well as the 1948 Universal Declaration of Human Rights, which guarantees the right to health services without discrimination.

National regulations concerning patients' rights and obligations are stipulated in various legal instruments, including Law Number 17 of 2023 on Health, Government Regulation Number 28 of 2024, and Ministry of Health Regulation (Permenkes) Number 04 of 2018. Patients are entitled to obtain clear medical information, provide consent for medical procedures, access medical records, and receive services in accordance with professional standards and quality requirements. Conversely, patients' obligations include providing accurate information, complying with health workers' instructions, adhering to the rules of health care facilities, and settling service fees.

Patients' rights are further reinforced through the Consumer Protection Law Number 08 of 1999, which positions patients as consumers of health care services. At the international level, WHO documents as well as cross-national studies categorize patients' rights into several groups, such as the right to access health services, the right to information, the right to medical consent, and the right to submit complaints.

Despite the existence of a legal framework, various studies indicate that patients' understanding of their rights and obligations when seeking treatment at health care facilities remains low. A study by Al Rebdy et al. (2021) reported that 65.3% of patients in Saudi Arabia demonstrated a lack of knowledge regarding the existence of patients' rights. Similar findings have been observed in Indonesia, such as the study by Handayani et al. (2023) at Fatima Makale Hospital, which found that 82.6% of patients had inadequate knowledge of their rights and obligations as patients. Such conditions may affect service quality, potentially lead to dissatisfaction, cause barriers to care and health services, and result in inefficiencies in time and effort.

Low levels of patient awareness also constitute a contributing factor to weak legal protection. An international study in Pakistan showed that 65.5% of patients did not recall or understand their rights (Muhammad Dildar et al., 2021).

This lack of awareness has serious implications, including risks to patient safety, reduced service effectiveness, and strained professional relationships with health workers. In fact, patient awareness of rights and obligations can improve service quality, accelerate recovery, reduce costs, and strengthen patient dignity.

On the other hand, health workers bear the obligation to provide professional services in accordance with standard operating procedures, to establish effective communication, and to deliver accurate medical information. Health workers are also entitled to legal protection, occupational health and safety, as well as psychological support. However, in practice, many health workers still lack adequate understanding of these rights and obligations, resulting in frequent neglect of patients' rights. Allegations of patient neglect at Syekh Yusuf Regional General Hospital, Gowa, in 2024 (Media DPR RI, 2024) illustrate the weak implementation of health workers' legal responsibilities. Similar phenomena have also occurred in Nigeria, where health workers' strikes caused patients to fail to obtain medical care (Princewill Nimi, 2021).

The foregoing description underscores the importance of legal protection for patients' rights and obligations in health care services. Although regulatory frameworks are already in place, their implementation remains hindered by low patient awareness, weak supervision of health workers, and minimal accountability of health care facilities. This situation gives rise to a legal vacuum (*leemten in het recht*) that may result in legal uncertainty or even legal disorder. According to Friedman, this condition reflects a gap between law in the books and law in action, caused by weak legal structures and a low level of legal culture among both patients and health workers.

Based on these problems, it is essential to conduct an analysis of the legal responsibilities of health workers as well as the protection of patients' rights and obligations in health care services. The application of law should not be limited to the mere availability of regulations, but must be accompanied by legal awareness, effective supervision, and the commitment of health care facilities. These efforts are expected to realize health care services that are proper, fair, and of high quality, in accordance with the national ideals embodied in Pancasila and the 1945 Constitution.

II. RESEARCH METHODS

This research constitutes normative legal research. The type of research employed in this study is normative juridical (doctrinal) legal research. According to Bambang Sunggono (2013), legal research can be classified into normative research, normative-empirical research, and empirical (sociological) research, and this study specifically focuses on normative research with an emphasis on the analysis of applicable positive law. This approach is also known as library-based research or document analysis because its data sources rely on written legal materials and relevant legal documents (Wijanarko, 2019). It is referred to as doctrinal legal research because the study concentrates on written legal norms, while the term library research or document study is used because the data analyzed consist of secondary data

obtained from legal materials available in libraries and other written sources (Muhaimin, 2020).

The research approach refers to the thinking of Peter Mahmud Marzuki, namely the statute approach and the conceptual approach, in which the statute approach is used to examine laws and regulations related to patients' rights and obligations as well as the responsibilities of health workers, while the conceptual approach aims to understand the concepts of health law as a regulatory foundation in order to obtain a comprehensive understanding of legal protection for patients and the obligations of health workers in health services (Situmorang, 2022).

The research method employed is qualitative in nature, as explained by Creswell (2012), who states that qualitative research aims to explore and interpret the meanings attributed by individuals or groups to social and humanitarian issues, with an emphasis on an in-depth understanding of the phenomena under study (Sugiyono, 2015). The data used are secondary data obtained through a literature study, which includes primary legal materials in the form of the 1945 Constitution of the Republic of Indonesia Article 28H paragraph (1) and Article 34 paragraph (3), Law Number 8 of 1999 concerning Consumer Protection, Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024 concerning the Implementing Regulations of Law Number 17 of 2023 concerning Health, and Minister of Health Regulation Number 4 of 2018 concerning the Obligations of Hospitals and the Obligations of Patients; secondary legal materials in the form of books, scientific articles, national and international journals, and official publications of relevant institutions obtained from the Sunan Giri University of Surabaya library, online libraries, and various relevant digital sources; as well as tertiary legal materials in the form of the online Great Dictionary of the Indonesian Language (KBBI, 2025), online media, and official websites of institutions such as the Ministry of Health and the WHO (Muhaimin, 2020).

Data validity is maintained through tests of credibility, transferability, dependability, and confirmability by means of verifying legitimate legal sources, arranging systematic analyses, auditing the research process, and consulting with supervisors and legal experts in order to ensure the objectivity and accuracy of the research results. The data are analyzed qualitatively through stages of inventorying legal materials according to their hierarchy and relevance, classifying legal issues based on the formulation of the research problems, interpreting the law using grammatical, systematic, historical, and teleological or sociological methods, and systematically drawing juridical conclusions to address the research problems..

III. RESULT AND DISCUSSION

1. Legal Responsibility of Health Care Professionals for the Fulfillment of Patients' Rights and Obligations in Health Services

Based on the Theory of Legal Responsibility proposed by Hans Kelsen, law is viewed as a system of norms arranged hierarchically and functioning to regulate human behavior by providing consequences in the form of sanctions in the event

of violations. These legal norms explicitly impose obligations on health care professionals to fulfill patients' rights, which include the right to accurate and complete information, the right to safe and high-quality health services, and the right to receive humane treatment without discrimination.

These obligations are not merely formal in nature as stipulated in statutory regulations, but also contain moral and ethical dimensions inherent in the health care profession. The fulfillment of patients' rights must be carried out comprehensively, not only in an administrative sense, but also through practices that comply with professional standards and are oriented toward patient safety and well-being.

If these obligations are neglected or violated, health care professionals may be held legally accountable in various forms. Sanctions that may be imposed include administrative sanctions such as warnings or revocation of practice licenses, professional disciplinary sanctions by the Health Care Professionals Disciplinary Council, civil liability in the form of compensation, as well as criminal sanctions if the act fulfills the elements of a criminal offense.

Furthermore, legal responsibility from Hans Kelsen's perspective can be classified into four categories, namely individual responsibility, collective responsibility, fault-based liability, and strict liability. Individual responsibility arises when a health care professional personally violates procedures or standards resulting in harm to a patient. Collective responsibility applies when a health care institution, such as a hospital, is also held responsible for the actions or omissions of health care professionals working under its authority. Fault-based liability arises when there is proven negligence or intent that causes harm, whereas strict liability is imposed even in the absence of proven fault, as long as there is damage and a clear causal relationship. These four categories reflect a comprehensive framework for assessing and enforcing the legal responsibility of health care professionals, while simultaneously providing legal certainty for patients in obtaining their rights.

However, the effectiveness of legal responsibility cannot be explained solely through Kelsen's normative theory, but also requires analysis within the framework of Lawrence M. Friedman's Legal System Theory. According to Friedman, the function of law in society is largely determined by three main elements, namely legal structure, legal substance, and legal culture. The legal structure includes institutions and law enforcement mechanisms, such as the Ministry of Health, Health Offices, the Health Care Professionals Disciplinary Council, and judicial institutions. The legal responsibility of health care professionals cannot be effectively implemented without the support of a transparent, firm, and interference-free law enforcement structure. Weaknesses in the structural aspect, for example inadequate supervision or ineffective enforcement mechanisms, have the potential to result in patients' rights not being protected, even though the legal substance is already clear.

Legal substance plays a crucial role because it encompasses the norms, rules, and professional standards governing the rights and obligations of patients and health care professionals. This substance is embodied in various legal instruments, ranging from the 1945 Constitution of the Republic of Indonesia, which guarantees the right to health in

Article 28H paragraph (1) and Article 34 paragraph (3), to specific regulations such as Law Number 17 of 2023 on Health, Law Number 8 of 1999 on Consumer Protection, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 4 of 2018 concerning the Obligations of Hospitals and the Obligations of Patients. The clarity and completeness of legal substance will facilitate health care professionals' understanding of their obligations and simultaneously prevent misunderstandings that may hamper patients.

Legal culture reflects the attitudes, awareness, and values held by all parties involved in health services, including health care professionals, patients, and society. When a positive legal culture develops, the fulfillment of patients' rights and obligations is carried out not merely due to legal demands, but also as a manifestation of professional ethos and humanitarian values. Conversely, a weak legal culture will encourage neglect of obligations, even though the legal structure and substance have been well designed. Therefore, the effectiveness of legal responsibility can only be realized when the three elements of Friedman's legal system operate in harmony and mutually support one another.

The legal responsibility of health care professionals for the fulfillment of patients' rights has a clear normative foundation. At the constitutional level, Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees every person the right to obtain adequate health services, while Article 34 paragraph (3) mandates the state to provide sufficient health service facilities. These provisions are reinforced by various more specific statutory regulations, such as the Health Law and the Consumer Protection Law, which require health service providers to deliver accurate, correct, and non-misleading information. These regulations even extend to the operational level, such as Minister of Health Regulation Number 4 of 2018, which technically regulates the rights and obligations of patients and hospitals in health service relationships.

In addition to being grounded in normative regulations, the fulfillment of the legal responsibility of health care professionals is also strengthened by legal principles, doctrines, and principles. The principle of legal certainty demands clear and firm rules to provide a sense of security for both patients and health care professionals. The principle of justice emphasizes the importance of equal treatment for every patient without discrimination. The principle of protection and the best interests of the patient place patient safety and well-being as top priorities in health services. The principles of transparency and accountability require health care professionals to provide honest and open information and to be prepared to account for every action taken. The principle of informed consent represents respect for patient autonomy, while the doctrine of professional responsibility and professional ethics requires health care professionals to maintain competence, comply with codes of ethics, and carry out practices in accordance with professional standards.

The legal responsibility of health care professionals is not merely understood as a formal obligation regulated by positive law, but also as a moral and professional commitment. The application of legal principles and doctrines enables legal responsibility to function as comprehensive patient protection

and to create a relationship of mutual trust between patients and health care professionals. This relationship ultimately strengthens a health service system that is fair, safe, transparent, and humane, while simultaneously increasing public trust in the health care profession.

Therefore, the legal responsibility of health care professionals for the fulfillment of patients' rights and obligations must be viewed as a comprehensive commitment that is legally binding, grounded in professional ethics, and oriented toward the protection of patients' interests. Consistency in the implementation of legal responsibility will strengthen the legitimacy and public trust in the health care system, while also building harmonious relationships between patients and health care professionals as the foundation for the sustainability of the national health service. At this point, it can be emphasized that the fulfillment of the legal responsibility of health care professionals constitutes an integral part of health law reform in Indonesia, which places patients as the primary subjects in health services, systematically addressing the research problems under study.

2. Forms of Legal Protection for Patients' Rights and Obligations in Health Care Services

Legal protection for patients' rights and obligations constitutes a fundamental instrument in ensuring health care services that are safe, high-quality, and equitable. Such protection is not merely understood as a formal obligation as stipulated in statutory regulations, but also as a moral and professional responsibility of health care personnel that places human dignity as the bearer of the fundamental right to health.

Based on Hans Kelsen's Theory of Legal Responsibility, law is understood as a system of norms that regulates behavior and imposes sanctions for violations. In the context of health care services, this theory emphasizes the obligation of health care professionals to fulfill patients' rights, ranging from the right to information, the right to safe medical services, to the right to be treated humanely. Forms of legal protection are realized through preventive mechanisms such as medical service standards, operational procedures, and professional codes of ethics, as well as repressive mechanisms in the form of administrative, civil, criminal, and professional disciplinary sanctions. Kelsen also distinguishes legal responsibility into four categories, namely individual, collective, fault-based, and strict liability, all of which may be applied depending on the nature of the violation. This framework underscores the importance of legal certainty so that patients' rights are not merely treated as formal norms, but are genuinely protected with firm legal consequences for violators.

Philipus M. Hadjon's Theory of Legal Protection complements Kelsen's perspective by dividing patient protection into two main mechanisms, namely preventive and repressive. Preventive mechanisms are realized through education on patients' rights, the provision of clear information prior to medical procedures, and the availability of easily understood forms outlining patients' rights and obligations, which essentially prevent disputes from the outset. Meanwhile, repressive protection is provided through medical dispute resolution mechanisms, whether through mediation, the Health Care Professionals Disciplinary Council, or the judiciary, which function to provide remedies for violations.

These two mechanisms are complementary, where one prevents violations and the other enforces legal accountability. Taken together, these mechanisms build comprehensive protection that fosters a sense of security, transparency, and accountability in the relationship between patients and health care professionals.

Furthermore, Lawrence M. Friedman's Legal System Theory emphasizes that the effectiveness of legal protection does not depend solely on written norms, but also on the alignment among legal structure, legal substance, and legal culture. The legal structure involves enforcement institutions such as the Ministry of Health, Health Offices, and the Health Care Professionals Disciplinary Council. Legal substance encompasses regulations from the constitutional level to technical regulations, including the 1945 Constitution of the Republic of Indonesia (UUD NRI 1945), Law No. 8 of 1999, Law No. 17 of 2023, Government Regulation No. 28 of 2024, and Minister of Health Regulation No. 4 of 2018. Meanwhile, legal culture reflects the values, attitudes, and legal awareness that form the basis of health care professionals' behavior in carrying out their profession. Weakness in any one of these elements will undermine the entire system; therefore, synergy among all three is required for effective legal protection of patients.

The statutory approach demonstrates that legal protection for patients has a strong and layered normative foundation. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees the right to health, while Article 34 paragraph (3) obligates the state to provide health care facilities. Law No. 8 of 1999 affirms the position of patients as consumers of health care services, whereas Law No. 17 of 2023 emphasizes the obligation of health care professionals to provide safe and high-quality services. Government Regulation No. 28 of 2024 technically regulates the fulfillment of patients' rights, and Minister of Health Regulation No. 4 of 2018 ensures hospitals' obligations to respect and protect patients' rights. Through this hierarchy of regulations, legal protection for patients is systematically established from the constitutional level to the technical operational level.

The conceptual approach provides an ethical dimension to legal protection for patients. The principle of respect for autonomy requires that patients be given the freedom to make decisions based on accurate information; the principle of non-maleficence obligates health care professionals to avoid causing harm; and the principle of justice ensures fairness in health care services without discrimination. The integration of these three principles gives deeper meaning to legal protection, as it not only guarantees compliance with regulations but also ensures comprehensive respect for human dignity. The presence of these ethical principles strengthens the position of patients as legal subjects who possess full rights to be protected fairly.

The application of the three principles of law, ethics, and humanity provides a more comprehensive understanding of legal protection for patients. Legal protection is no longer understood merely as formal regulation, but evolves into a means of safeguarding patients' dignity and human rights. In this perspective, patients are positioned as active legal subjects, not merely as objects of service. This is consistent

with the paradigm of patient-centered care, which emphasizes that health care services must be oriented toward patients' interests, values, preferences, and needs. Consequently, health care services are viewed not only as a professional obligation based on regulation, but also as a moral and social responsibility of health care professionals. The application of these principles gives rise to more humane and equitable service standards, and plays a role in strengthening the legitimacy of the health system, increasing public trust, and ensuring equitable distribution of services.

Legal protection for patients not only guarantees individual rights, but also reflects the collective responsibility of the state to ensure access to health care services that are safe, high-quality, and grounded in humanitarian values. Through a conceptual approach, the effectiveness of legal protection reflects the harmonization of positive legal norms, professional ethics, and humanitarian interests. This synergy enables the development of a service framework that balances legal certainty with substantive justice. At the same time, the relationship between patients and health care professionals can be more transparent, fair, and harmonious, ultimately strengthening the therapeutic relationship.

The integration of legal theory with ethical and humanitarian approaches produces a more comprehensive framework of legal protection for patients' rights and obligations. Such protection does not stop at written norms as a formal foundation, but also involves the internalization of moral values, the enhancement of legal awareness, and the strengthening of professional commitment among health care professionals. The ultimate goal is to create health care services that are safe, high-quality, transparent, and equitable, while fostering public trust in a sustainable health system. Legal protection for patients must be understood as a dynamic system, capable of integrating regulation, ethics, and professional practice in addressing the increasingly complex challenges of modern health care.

Legal protection for patients must be viewed as a harmonious unity between legal instruments, effective implementation mechanisms, and the internalization of ethical principles in health care practice. Efforts to improve the legal system must be continuously undertaken across three main elements: legal structure, legal substance, and legal culture. This comprehensive approach enables health care services to operate in accordance with legal provisions while upholding justice, safety, and respect for patients' dignity. The success of legal protection for patients is largely determined by the synergy between clear regulations, consistent implementation, and the collective awareness of health system actors to prioritize humanitarian principles.

IV. CONCLUSIONS

Based on the results of the research and discussion concerning the legal responsibility of health care professionals and the legal protection of patients' rights and obligations in health services, it can be affirmed that the legal responsibility of health care professionals constitutes an inherent obligation derived from legal norms, professional ethics, and humanitarian values, encompassing the provision

of clear information, the delivery of safe and high-quality medical services, and humane treatment, with implications of administrative, disciplinary, civil, and criminal accountability in the event of violations; meanwhile, legal protection for patients is realized through complementary preventive and repressive mechanisms, supported by an adequate regulatory framework and medical ethical principles such as autonomy, non-maleficence, and justice, thereby necessitating the strengthening of law enforcement through continuous supervision, regulatory renewal, and comprehensive socialization, accompanied by the enhancement of legal culture and professional ethics through continuous training, education on patients' rights, and the implementation of transparent accountability, as well as the reinforcement of both preventive and repressive protection mechanisms, including the provision of clear information and the optimization of dispute resolution through mediation, disciplinary councils, and judicial proceedings, in order to realize health services that are safe, high-quality, transparent, equitable, and capable of increasing public trust..

REFERENCES

- [1] Al-Rebdi, Muath., Rabbani, Unaib., & Alqahtani, Saeed, M. (2021). Are Patients Aware of Their Rights? A Cross-Sectional Study of Visitors to Three Primary Healthcare Centers in Riyadh, Saudi Arabia. *Cureus*, 13(11):e19290. DOI: 10.7759/cureus.19290
- [2] Asshiddiqie, Jimly. (2006). *Teori Hans Kelsen tentang hukum*. Konstitusi Press, Jakarta.
- [3] Beauchamp, Tom L. & Childress, James F. (2013). *Principles of Biomedical Ethics*, 7th Edition. Oxford University Press, Inggris. Diakses 05 Agustus 2025, dari <https://academic.oup.com/ocmed/issue/65/1?login=false>
- [4] Creswell, John W. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Pustaka Pelajar, Yogyakarta. Diakses pada tanggal 05 Agustus 2025, dari <https://perpustakaan.bina darma.ac.id/opac/detail-opac?id=56>
- [5] Friedman, Lawrence, M. (1975). *The Legal System: A Social Science Perspective*. Russel Sage Foundation, New York. Diakses 23 Maret 2025, dari <https://www.jstor.org/stable/10.7758/9781610442282>
- [6] Hadjon, Philipus M. (1987). *Perlindungan Hukum Bagi Rakyat Indonesia*. Bina Ilmu, Surabaya. Diakses 05 Agustus 2025, dari <https://balaiyanpus.jogjaprov.go.id/opac/detail-opac?id=12369>
- [7] Handayani, M, Yahya., Tandilimbong, Herman., & Dominika TP, K. (2023). Pengaruh Edukasi Terhadap Pengetahuan Tentang Hak dan Kewajiban Pasien di Ruang Rawat Inap RS. Fatima Makale. *Jurnal Ilmiah Kesehatan Promotif*, 8(1), 112-132. Di akses pada tanggal 01 Januari 2025, dari <https://itri-journal.ac.id/jikp/article/view/150>
- [8] Kamus Besar Bahasa Indonesia. (2025). *Kamus Versi Online/Daring (Dalam Jaringan)*. Badan

- Pengembangan dan Pembinaan Bahasa (Pusat Bahasa). Di akses pada 01 Januari 2025, dari <https://kbbi.web.id/tanggung%20jawab>
- [9] Kelsen, Hans. (2019). *Teori Hukum Murni, Dasar-dasar Ilmu Hukum Normatif*. Nusa Media, Bandung. Diakses 12 Januari 2025, dari https://books.google.co.id/books?id=dTRgEAAAQBAJ&printsec=frontcover&hl=id&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false
- [10] Marzuki, Peter Mahmud. (2017). *Penelitian Hukum*. Kencana Prenada Media Group, Jakarta.
- [11] Mastaneh, Zahra., & Mouseli, Lotfollah (2013). Patients' Awareness of Their Rights: Insight from a Developing Country. *International Journal of Health Policy and Management*, 1(2), 143–146. doi: 10.15171/ijhpm.2013.26
- [12] Media DPR RI. (2024, 18 Juli). *Ramai Isu Penelantaran di RS, Rahmad Handoyo Ingatkan Faskes Tak Boleh Tolak Pasien*. Diakses 10 Februari 2025, dari <https://emedia.dpr.go.id/2024/07/18/ramai-isu-penelantaran-di-rs-rahmad-handoyo-ingatkan-faskes-tak-boleh-tolak-pasien/>
- [13] Muhaimin. (2020). *Metode Penelitian Hukum*. Mataram University Press, Mataram. Diakses pada tanggal 15 Januari 2025, dari <https://eprints.unram.ac.id/20305/>
- [14] Muhammad, Dildar., Jan, Anayat., & Naz, Sehrish. (2021). Assessment Of Hospitalized Patients Awareness of Their Rights: A Cross-Sectional Descriptive Study. *Pan African Medical Journal*, 38(157), 1-8.
- [15] Olejarczyk, Jacob, P., & Young, Michael. (2024, 6 Mei). *Patient Rights and Ethics*. National Center for Biotechnology Information. Diakses pada tanggal 02 Februari 2025, dari <https://www.ncbi.nlm.nih.gov/books/NBK538279/>
- [16] Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2018 tentang Kewajiban Rumah Sakit dan Kewajiban Pasien (Berita Negara Republik Indonesia Tahun 2018 Nomor 416)
- [17] Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang Undang Nomor 17 Tahun 2023 tentang Kesehatan (Lembaran Negara Republik Indonesia Tahun 2024 Nomor 135, Tambahan Lembaran Negara Republik Indonesia Nomor 6952)
- [18] Princewill, Nimi. (2021, 27 Agustus). *Nigeria Doctors Are on Strike Amid an Exodus of Talent, but Abandoned Patients Fight for Their Lives*. CNN World. Diakses pada tanggal 11 Februari 2025, dari <https://edition.cnn.com/2021/08/27/africa/nigeria-doctors-strike-indefinitely-intl-cmd/index.html>
- [19] Situmorang, Risma. (2022). *Penyelesaian Sengketa Medis Yang Berkeadilan Menuju Pembaruan Hukum Medis Nasional*. Disertasi, Program Doktor Ilmu Hukum Universitas Tarumanagara Jakarta.
- [20] Sugiyono. (2015). *Cara Mudah Menyusun: Skripsi, Tesis, dan Disertasi*. Alfabeta, Bandung.
- [21] Sunggono, Bambang. (2016). *Metodologi Penelitian Hukum*. PT Raja Grafindo Persada, Jakarta. Diakses pada tanggal 05 Agustus 2025, dari <https://inlislite.uin-suska.ac.id/opac/detail-opac?id=35236>
- [22] Undang-Undang Dasar Negara Republik Indonesia Tahun 1945. Diakses pada tanggal 10 Januari 2025, dari laman <https://www.dpr.go.id/jdih/uu1945>
- [23] Undang-Undang Nomor 8 Tahun 1999 tentang Perlindungan Konsumen (Lembaran Negara Republik Indonesia Tahun 1999 Nomor 22, Tambahan Lembaran Negara Republik Indonesia Nomor 3821)
- [24] Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan (Lembaran Negara Republik Indonesia Tahun 2023 Nomor 103, Tambahan Lembaran Negara Republik Indonesia Nomor 6887)
- [25] Wijanarko, Dwi, Seno. (2019). *Harmonisasi Hukum Terhadap Ketentuan Pengadaan Barang dan Jasa Guna Mencegah Terjadinya Tindak Pidana Korupsi*. Disertasi, Program Pascasarjana Doktor Ilmu Hukum Universitas Trisakti Jakarta.