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ORIGINAL

Hospital Accountability for Medical Actions: A Justice-Oriented Approach Based on the Doctrine of Vicarious Liability

Responsabilidad hospitalaria por acciones médicas: un enfoque orientado a la justicia basado en la doctrina de la responsabilidad indirecta

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ABSTRACT

Health is a human right that must be guaranteed by the state, as stipulated in the 1945 Constitution and Law No. 17 of 2023. Hospitals play a crucial role as providers of medical services and are responsible for patient safety. However, the increasing number of alleged medical malpractice cases demonstrates a gap between legal norms and practice, particularly regarding applying the vicarious liability doctrine in determining hospital liability for medical personnel's negligence. This study employed a normative juridical method with a statute and a conceptual approach. Secondary data in laws and regulations, literature, and journals were analyzed descriptively and analytically to examine legal norms, liability doctrine, and distributive and corrective justice principles. The results show that although Article 193 of Law No. 17 of 2023 has affirmed hospital liability, its practice still faces legal ambiguity, particularly regarding the status of non-employee physicians. This condition, which we refer to as 'jurisprudential inconsistencies '- a situation where legal decisions or practices are contradictory or unclear-creates a heavy burden of proof for patients and legal uncertainty. This study concludes that a loyalty-based, tiered accountability model is needed, where hospitals are fully responsible for monoloyal physicians, while multiloyal practices implement shared responsibility. This model is expected to strengthen patient protection, increase legal certainty, and encourage equitable hospital governance.

Keywords: Hospital Accountability; Medical Action; Vicarious Liability; Justice.

RESUMEN

La salud es un derecho humano que debe ser garantizado por el Estado, tal como lo estipula la Constitución de 1945 y la Ley N.º 17 de 2023. Los hospitales desempeñan un papel crucial como proveedores de servicios médicos y son responsables de la seguridad del paciente. Sin embargo, el creciente número de supuestos casos de mala praxis médica demuestra una brecha entre las normas legales y la práctica, en particular con respecto a la aplicación de la doctrina de responsabilidad indirecta para determinar la responsabilidad hospitalaria por la negligencia del personal médico. Este estudio empleó un método jurídico normativo con un estatuto y un enfoque conceptual. Se analizaron descriptivamente y analíticamente datos secundarios en leyes y reglamentos, literatura y revistas para examinar las normas legales, la doctrina de responsabilidad y los principios de justicia distributiva y correctiva. Los resultados muestran que, si bien el artículo 193 de la Ley N.º 17 de 2023 ha afirmado la responsabilidad hospitalaria, su práctica aún enfrenta ambigüedad legal, en particular con respecto al estatus de los médicos no empleados. Esta condición, a la que nos referimos como "inconsistencias jurisprudenciales" —una situación en la que las decisiones o prácticas legales son

contradictorias o poco claras— genera una pesada carga de prueba para los pacientes e incertidumbre jurídica. Este estudio concluye que se necesita un modelo de rendición de cuentas escalonado y basado en la lealtad, donde los hospitales sean plenamente responsables de los médicos monoleales, mientras que las clínicas multileales implementen una responsabilidad compartida. Se espera que este modelo fortalezca la protección del paciente, aumente la seguridad jurídica y fomente una gobernanza hospitalaria equitativa.

Palabras clave: Rendición de Cuentas Hospitalaria; Acción Médica; Responsabilidad Vicaria; Justicia.

INTRODUCTION

As a country based on law, Indonesia places health as a fundamental human right, which the state must guarantee by providing quality, fair, and equitable health services for all citizens. This principle is reflected in Article 28H paragraph (1) of the 1945 Constitution and is reinforced through various regulations, including Law 17 of 2023 concerning Health. Within this framework, hospitals play a pivotal role as providers of curative, promotive, and preventive services, forming the backbone of the healthcare system. Based on data from the Ministry of Health, in the 2019-2023 period, the number of hospitals in Indonesia increased by 9,7 %, from 2,877 hospitals in 2019 to 3 155 in 2023. By 2023, hospitals in Indonesia consisted of 2 636 General Hospitals and 519 Special Hospitals.[1] This increase in the number of hospitals signifies the government's commitment to expanding access to health, but also presents serious challenges related to service quality, patient safety, and legal accountability in medical practice.

The quality of healthcare services is significantly influenced by the health of medical personnel, particularly doctors, who often have heavy workloads and practice at multiple facilities simultaneously. Doctors experiencing fatigue due to busy schedules are twice as likely to commit fatal medical errors. In response to this issue, the Indonesian government issued Government Regulation Number 28 of 2024, which limits doctors to a maximum of three locations. According to WHO data, this policy is intended to maintain service quality and patient safety and reduce the potential for patient safety incidents, including but not limited to medication errors, misdiagnoses, and surgical complications, and remains a leading cause of morbidity and mortality in healthcare facilities worldwide.

When allegations of malpractice or patient safety incidents occur, the primary issue is who should be held legally responsible. Article 193 of the Health Law stipulates that hospitals bear legal responsibility for medical procedures performed within their institutions. This provision aligns with the civil law doctrine of vicarious liability, a legal principle that holds employers responsible for the actions of their employees, as long as these actions were carried out within the scope of their duties. The Indonesian legal system regulates this doctrine by Articles 1365 and 1367 of the Civil Code. Thus, even though a doctor may practice at multiple hospitals, legally, the hospital where the negligence occurred is the one that is held liable. This principle aims to simplify the legal process while providing certainty to patients about which entity they can sue for compensation.

However, applying the vicarious liability doctrine in Indonesian legal practice still faces various ambiguities and inconsistencies. One clear example is the Abuyani bin Abdul Roni case (PK Decision No. 352/PK/PDT/2010). In this case, the first instance and appellate courts acquitted the hospital of liability. However, the Supreme Court played a crucial role in resolving the legal uncertainties through its rulings at the cassation and judicial review levels. This difference in interpretation reflects regulatory weaknesses in determining the limits of hospital liability, particularly when the doctor in question is not a permanent team member, but rather a contract medical professional or an independent practitioner. This unclear legal relationship creates uncertainty for patients, medical professionals, and hospitals, often leading to lengthy disputes that are detrimental to all parties.

Malpractice and medical disputes are on the rise, as data shows that from 2018 to 2022, there were 182 recorded cases of medical negligence/malpractice across Indonesia.[2] Between 2023 and 2025, the Ministry of Health reported receiving 51 complaints of malpractice cases, 24 of which resulted in death, with 13 of those deaths occurring in 2025.[3] This significant increase in cases underscores the gap between existing regulations and practice, highlighting the urgent need for a more effective legal framework. This situation makes it difficult for patients to obtain adequate compensation, while for hospitals, regulatory uncertainty increases legal burdens and reputational risks that can disrupt the continuity of services. Hospital liability extends beyond corporate negligence to vicarious liability for the actions of medical personnel working under the hospital's supervision. The application of vicarious liability in healthcare services is not merely a matter of legal technicalities but also concerns distributive justice in the relationship between patients, medical personnel, and the hospital institution.

A justice perspective can heighten the urgency of this research. Through the theory of justice as fairness, John Rawls stressed the need for social institutions to be regulated to distribute social burdens and benefits,

particularly in healthcare, fairly.[4] Hospitals, as institutions with greater resources than individual patients and medical personnel, should bear greater responsibility for ensuring patient safety.[5] Aristotle, with his concepts of distributive justice and corrective justice, underscored the importance of the law in regulating the fair distribution of responsibility and the redress of losses. By drawing on these theories, research on hospital accountability for medical actions through a justice-oriented approach is not just normatively relevant but also a pressing need to address the shortcomings of the Indonesian legal system, which requires immediate attention.

Given these conditions, this research is pivotal in analyzing Indonesia's positive legal framework regarding hospital accountability, identifying issues in applying the doctrine of vicarious liability, and devising a more equitable regulatory model. For instance, the current system may not adequately address cases of medical malpractice or may not provide sufficient compensation for patients. The legal system's objective of ensuring legal certainty, protecting patients' rights, and providing proportional protection for hospitals and medical personnel can be better realized. With a fairer regulatory model, we can strive to balance the interests of patients, medical personnel, and hospital institutions within the *Tridharma* of Higher Education framework and the development of health law in Indonesia, offering a promising future.

METHOD

This study uses a doctrinal (normative) legal research design that combines juridical and conceptual approaches to analyze the legal construction of hospital liability for patient safety within the Indonesian health law framework. This study primarily relies on secondary data sources, consisting of primary legal materials,[6] including the Health Law (Law No. 17 of 2023), the Hospital Law (Law No. 44 of 2009), Government Regulations on the Implementation of Health Services, and ministerial regulations related to patient protection and medical liability, court decisions as jurisprudence, and secondary legal materials, such as books, peer-reviewed journal articles, and academic commentaries discussing the principles of justice, accountability, and vicarious liability in medical law.

The data were analyzed using qualitative legal analysis, combining statutory interpretation and jurisprudential analysis. Each regulation and court decision was examined to identify the underlying legal norms and their alignment with the principles of justice and vicarious liability. This analysis followed three stages: (1) Descriptive mapping of relevant laws and court decisions; (2) Normative evaluation of the consistency and adequacy of the law in protecting patient rights; and (3) Conceptual synthesis to formulate an integrative model of hospital accountability based on Indonesian positive law. This process does not merely present data narratively. However, it interprets it in depth by testing the consistency of existing legal regulations with the principles of justice and the doctrine of vicarious liability. Thus, this study is expected to provide a comprehensive picture of how the concept of hospital accountability is constructed in Indonesian positive law, as well as the extent to which the doctrine of vicarious liability can be used as a basis for legal accountability of hospitals for the medical actions of their health workers.

RESULTS

Health law regulates health services and the rights and obligations of all parties to provide legal protection and certainty.[7] This concept is based on a holistic understanding of health, encompassing physical, mental, spiritual, and social conditions. It is guided by fundamental principles, including that patient safety is the highest law and the six main principles of Law No. 17 of 2023, such as humanity (which ensures that healthcare is provided with compassion and respect for human dignity) and justice (which guarantees fair and equitable access to healthcare). The goal is to raise legal awareness and encourage safe service practices, as health is a human right that the state must guarantee.[8] In realizing the right to health, the state is obliged to ensure the availability of adequate facilities, medical personnel, and medicines,[9] ensure that services are accessible to everyone without discrimination, provide services that respect community ethics and culture, and ensure that health services are safe and meet high medical standards. Fulfilling all these aspects reflects the state's responsibility to achieve optimal public health.

Regarding hospital accountability for medical actions based on the doctrine of vicarious liability, this research yields several key findings related to applying the doctrine of vicarious liability in the Indonesian health legal system, specifically the responsibility of hospitals for medical actions performed by medical personnel under their auspices. Based on a normative analysis of Article 193 of Law No. 17 of 2023 concerning Health, it was found that hospitals are positioned as parties bearing legal responsibility for all forms of medical negligence occurring within their institutions. Article 193 of the law imposes responsibility on hospitals as institutions. This institutional responsibility is implemented through vicarious liability (for staff errors) and corporate liability (for systemic failures).

Under the umbrella of vicarious liability, hospitals are responsible for three key domains: civil (focused on compensation), criminal (for systemic corporate failures), and administrative (related to operational violations).

[10] Hospitals must have Hospital Bylaws (HBL) to effectively manage these legal risks. These HBLs serve as an internal 'constitution', governing clinical and corporate governance, and are a testament to hospitals' proactive approach to managing risks, compensating victims, and implementing preventative systems to improve safety.

However, in practice, legal ambiguity remains regarding the status of medical personnel, particularly for doctors with non-employee status or those practicing at more than one hospital (multi-loyalty). This situation creates inconsistencies in enforcing hospital liability, particularly at the judicial level. This is evident in the cases of Abuyani bin Abdul Roni (Review Decision No. 352/PK/PDT/2010), Falya Raafani Blegur, and Siti Chomsatun. The ruling in Abuyani's case demonstrates differing interpretations between levels of the judiciary regarding the limits of hospital liability: the first instance and appellate courts acquitted the hospital, while the Supreme Court, in cassation and judicial review, found it liable. Similarly, the case of Falya Raafani Blegur saw the overturning of a decision in favor of a patient at the cassation level due to procedural reasons (which had not yet been heard by the Indonesian Medical Disciplinary Honorary Council). These differences create legal uncertainty and increase the burden of proof for patients.

The research results also show that the positive legal framework governing hospital accountability still overlaps between civil, criminal, and administrative provisions. In civil law, the doctor-patient relationship is based on a therapeutic contract (*inspanningverbintenis*), in which the doctor must work professionally according to medical standards without guaranteeing healing. Violating this obligation can give rise to claims for compensation through breach of contract or unlawful acts, becoming the basis for medical malpractice.[11] Meanwhile, in criminal law, hospitals can be held accountable as corporations if systemic failure is proven.[12]

DISCUSSION

The current legal framework in Indonesia has proven to be less than entirely just due to ambiguity in addressing the complexities of doctor-hospital relationships, particularly regarding multiloyalty practices.[13] This gap creates legal uncertainty and often harms patients who struggle to hold institutions accountable. To address this, a Loyalty-Based Multi-Level Liability Model is proposed, explicitly differentiating the scope of liability based on a doctor's practice status.

This model operates on two primary principles. First, the hospital bears full legal responsibility for medical negligence for doctors who work exclusively at one hospital (mono-loyalty).[14] This approach simplifies the claims process for patients and encourages hospitals to implement robust oversight and quality assurance systems. Second, for doctors who practice in multiple locations (multiloyalty), joint liability applies between the doctor and the hospital where the medical incident occurred.[15] This model effectively closes the previously exploited "independent contractor" legal loophole, as the hospital that grants the practice license and profits from the doctor's services must also share the risk. To implement this model, a reformulation of Article 193 of Law No. 17 of 2023 concerning Health is proposed as follows:

Table 1. Improvement of Article 193 of Law No. 17 of 2023 about health

Existing	Sound repair	A brief explanation
Article 193 The hospital is legally responsible for all losses arising from negligence made by the human resources staff who work in the hospital environment.	Article 193 paragraph (1) The hospital is legally responsible for all losses arising from the negligence of the actions of medical personnel who work in the hospital environment.	The phrase "Hospital is responsible for all losses caused by negligence made by all hospital human resources" is not quite right because the Hospital HR includes cleaning builders whose work status is permanent and contract workers. The principle of central liability in health institutions, with the scope of responsibility, is only appropriate for health workers and medical personnel.
Addition of verse	Article 193 paragraph (2) What is meant by hospital legal responsibility as referred to in paragraph (1) is the responsibility for losses caused by medical actions of doctors and other medical personnel that allow for more than 1 one hospital.	Affirmation that the scope of the principle of vicarious liability in health institutions is limited to the context of the medical actions of doctors, nurses, midwives, and others, not administrative or other technical.
Addition of verse	Article 193 paragraph (3) Hospital Responsibility for Medical Actions, referred to in paragraph (2), applies to medical actions carried out by doctors and other medical personnel who carry out practices at the hospital where the doctor is professionally bound.	Professional attachment between doctors and hospitals is the basis for imposing legal responsibility on the hospital.

Addition of verse	Article 193 paragraph (4) If medical personnel and other medical personnel have more than one practice permit (sip-in 3) Hospital (Multi Loyalty), the responsibility for losses arising from negligence in medical actions is borne together between hospitals and medical personnel.	The distribution of joint responsibility between medical personnel and hospitals is affected if doctors practice multiple loyalties.

These proposed changes are expected to have a significant impact on various aspects of the healthcare system. They will substantially improve patient protection and significantly reduce the legal complexity for patients. With clarity regarding who is responsible, the process for patients seeking compensation will become easier and more efficient. Patients will have greater legal certainty regarding their rights, which can lead to faster and more effective resolution of medical malpractice claims. This ensures they are not trapped in legal ambiguity regarding who should be sued.

The reformulation of Article 193 marks a significant departure from the traditional joint and several liability mechanisms. The proposed accountability flow, which needs to be understood in detail, presents a clear distinction. This new model essentially shifts the mechanism from a horizontal conflict pattern, where the patient faces multiple parties simultaneously, to a clearer and more hierarchical vertical pattern. The separation of responsibilities is carried out functionally, with the doctor in charge of the patient (DPJP) continuing to bear professional medical responsibility based on professional standards, and the hospital being positioned as a corporate entity with legal responsibility towards the patient.

Placing the hospital as the primary party responsible has significant implications. Patients are no longer obligated to prove the internal status of medical personnel or sue multiple parties simultaneously. Instead, they make the hospital a single-entry point in legal claims. Once the hospital fulfills its obligations to the patient, internal mechanisms such as the right of recourse, administrative sanctions, or contractual provisions are implemented to regulate the relationship between the hospital and the medical personnel concerned. This reduces the burden on patients seeking justice, while the hospital is positioned in its capacity as an institutional guarantor for all healthcare services under its auspices.

The fundamental difference with the joint liability mechanism lies in the structure of the defendants the patient must face. In the joint liability practice, patients are often forced to sue doctors, nurses, and the hospital simultaneously in a single case.[16] This process creates legal complexity, high costs, and the potential for a tug-of-war over responsibility between defendants, weakening the patient's position. In contrast, the proposed tiered model provides procedural clarity, where the patient deals solely with the hospital. At the same time, the responsibility of the medical personnel is handled through vertical mechanisms within the institution.

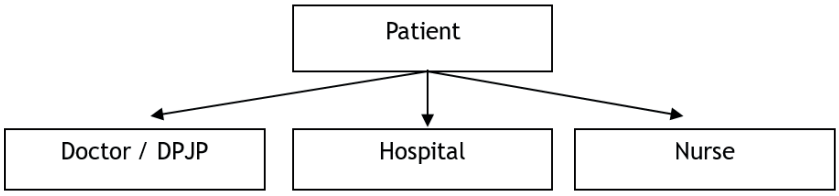

Figure 1. Old Model Liability (Joint Liability)

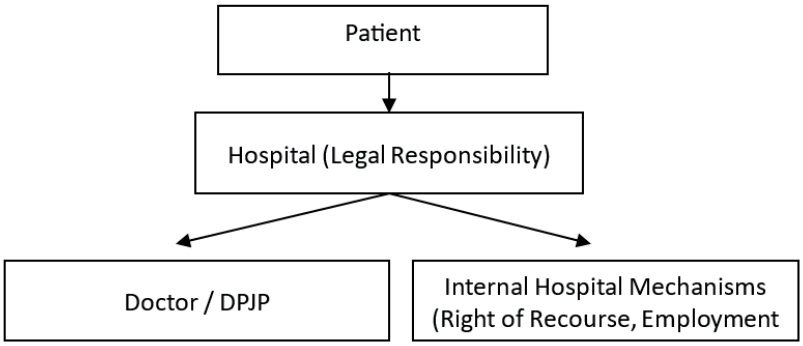

Figure 2. New Model Accountability (Leveled)

The transformation from joint liability to a tiered model implies increased legal protection for patients while simultaneously encouraging hospitals to strengthen their internal governance. The hospital's position as a corporation bearing full legal responsibility requires it to establish more accountable oversight mechanisms, employment contracts, and recourse procedures. From an academic perspective, this reformulation emphasizes the separation between medical professional responsibility and corporate legal responsibility, while strengthening the principles of justice and legal certainty in healthcare. This new model ensures fairness in the distribution of responsibility and accountability, thereby reassuring all stakeholders about the equity of the proposed changes.

The central thrust of this research is to encourage the creation of a "Managed Loyalty System," operating through a tiered legal accountability model. This framework proactively shapes institutional and individual behavior through a strong regulatory feedback loop. By linking loyalty levels and responsibility allocations, hospitals are encouraged to strengthen internal governance, while physicians are encouraged to enhance their professional accountability. As the first layer, this mechanism is focused on preventing and enforcing quality standards, thereby enhancing the overall quality of healthcare. The proposed model shifts accountability mechanisms from a complex and burdensome pattern of joint liability to a clearer, tiered, vertical model. Patients use the hospital as a single-entry point for legal claims. In contrast, the accountability relationship between the hospital and the doctor is regulated internally through recourse rights or other sanctions, ensuring a fair and efficient process and instilling confidence in the effectiveness of the proposed changes.

However, this study acknowledges limitations. This tiered model is still conceptually normative and has not been tested in empirical studies across hospitals. Therefore, further research is needed, including: (1) empirical testing of the model's effectiveness in government and private hospitals; (2) a study of doctors' and patients' perceptions of monoloyalty; and (3) an analysis of regulatory readiness to revise Article 193 of the Health Law. Thus, the Loyalty-Based Tiered Accountability Model can be a legal innovation that improves substantive justice for patients and promotes efficiency and accountability in the Indonesian healthcare system.

CONCLUSION

This study demonstrates that hospital accountability for medical actions is inextricably linked to applying the doctrine of vicarious liability, which places hospitals legally responsible for the negligence of medical personnel under their auspices. Although Article 193 of Law No. 17 of 2023 provides a normative basis, practice still faces various issues, particularly the ambiguity of the legal status of doctors practicing under a multi-loyalty system and the inconsistency of jurisprudence in court decisions. This situation creates legal uncertainty, increases the burden of proof on patients, and often weakens the protection of the rights of malpractice victims. The doctrine of vicarious liability needs to be integrated with the principles of distributive and corrective justice, so that medical personnel and hospital institutions with greater financial and managerial capacity bear the burden of responsibility. The loyalty-based tiered accountability model proposed in this study offers a fairer solution by differentiating responsibility based on the physician's practice status: the hospital assumes full responsibility for mono-loyal doctors, while the principle of shared responsibility applies in multi-loyalty practices. Thus, reformulating hospital accountability regulations is essential to strengthen legal certainty, expand patient protection, and encourage improvements in internal hospital governance. The justice-oriented accountability model generated by this research is expected to significantly bridge the gap between legal norms and the reality of medical practice in Indonesia.

REFERENCES

1. Ringkuangan R, Kolibu F, Mandagi C. Hubungan antara bauran pemasaran dengan loyalitas pasien Poliklinik Eksekutif Sentra Medika Hospital Minahasa Utara. J Kesehat Masy Univ Sam Ratulangi. 2025;14(1):23-31. https://doi.org/10.35790/kesmas.v14i1

2. Lisangan Y, Renggong R, Madiong B. Pertanggungjawaban pidana pelaku malpraktik medik di Rumah Sakit Umum Daerah Anutapura Palu. Indones J Leg Law. 2024;6(2):349–54. https://doi.org/10.35965/ijlf.v6i2.4481

3. Yulianto C, Cahyono EA, Agustuningsih I. Transfer Iptek: pentingnya informed consent sebagai perlindungan hukum tenaga kesehatan. J Masy Mandiri dan Berdaya. 2025;4(2):167–86. https://doi.org/10.56586/mbm.v4i2.485

4. Rawls J. A theory of justice. Cambridge: The Belknap Press of Harvard University Press; 1999. 6 p.

5. Azyabi A, Karwowski W, Davahli MR. Assessing patient safety culture in hospital settings. Int J Environ Res Public Health. 2021;18(5):1–36. https://doi.org/10.3390/ijerph18052466

6. Noor A. Socio-legal research: integration of normative and empirical juridical research in legal research. J Ilm Dunia Huk. 2023;7(2):61–5. http://dx.doi.org/10.56444/jidh.v7i2.3154

7. Widjaja G. Ensuring patient rights and safety: legal protection in the 2023 Health Law for safe and quality medical services. Int J Humanit Soc Sci Bus. 2025;4(3):675–86. https://injoqast.net/index.php/JOSSS/article/view/423

8. Meutia CY, Sidi R, Maulana AR. Legal protection of the right to health service guarantee for hospital patients. Pamali Pattimura Magister Law Rev. 2025;5(2):220–9. https://doi.org/10.47268/pamali.v5i2.3027

9. Fanda RB, Probandari A, Yuniar Y, Hendarwan H, Trisnantoro L, Jongeneel N, et al. The availability of essential medicines in primary health centres in Indonesia: achievements and challenges across the archipelago. Lancet Reg Health Southeast Asia. 2024;22:100345. https://doi.org/10.1016/j.lansea.2023.100345

10. Setiawati S, Daulat PAS. Hospital liability as a corporation in medical malpractice. In: International Conference on Law, Economics, and Health. Paris: Atlantis Press SARL; 2023. p. 82–91. http://dx.doi.org/10.2991/978-2-38476-024-4_11

11. Muhtarom M. Asas-asas hukum perjanjian: suatu landasan dalam pembuatan kontrak. Suhuf. 2014;26(1).

12. Saipudin L. The concept of corporate criminal liability in the Indonesian criminal law system. J IUS Kaji Huk dan Keadilan. 2025;13(2):45–53. https://doi.org/10.29303/ius.v13i2.1817

13. Rahmawan H, Sabri F, Mannas YA. Regulating legal relationships of doctors and hospitals to one party with patients to other parties in the Indonesian civil law system. Int J Multicult Multireligious Underst. 2019;6(4):255. http://dx.doi.org/10.18415/ijmmu.v6i4.990

14. Budiman A, Rizka R, Absori A. Juridical analysis of hospital liability for actions of doctors performing medical malpractice. Soepra. 2023;9(1):95–101. https://doi.org/10.24167/sjhk.v9i1.10061

15. Budi M, Putra US. Doctor's liability for a patient's lawsuit in health services at hospital. Int J Business Econ Law. 2019;20(5):274–85. https://www.ijbel.com/wp-content/uploads/2020/06/IJBEL20_505.pdf

16. Prasetyo H, Waluyo B, Subakdi S, Roring EB, Salles S. Reconstruction of criminal design based on strict liability theory for hospitals in cases of medical malpractice against patients. J Suara Huk. 2024;6(2):331–55. https://doi.org/10.26740/jsh.v6n2.p331-355

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