

Legal Protection for Patients Due to Violation of Autonomy Principle in Healthcare Services

Surya Nur, Yeni Vitrianingsih, Fayola Issalillah, Rafadi Khan Khayru, Adi Herisasono

Universitas Sunan Giri Surabaya, Indonesia

ARTICLE INFO

Article history:

Received 24 March 2025

Revised 17 March 2025

Accepted 29 April 2025

Key words:

Patient autonomy,

Criminal liability,

Consent to medical treatment,

Health law,

Human rights.

ABSTRACT

This study examines violations of the principle of patient autonomy in medical practice and criminal liability for acts carried out without consent within the Indonesian legal system. The research method employed is normative, utilising a legislative, conceptual and comparative approach to the common law system. The research findings indicate that the principles of legality and criminal liability form the basis for the imposition of sanctions; however, positive criminal law has not yet defined the violation of patient autonomy as a standalone offence. The capacity to be held responsible and the conditions for exemption from criminal liability are determining factors in the prosecution of perpetrators. The principle of patient autonomy, grounded in justice and beneficence, requires that every medical intervention must be based on valid consent. The common law system classifies acts carried out without consent as a form of assault that is punishable by law. This study recommends reforming health-related criminal law by establishing a prohibition against medical procedures carried out without the patient's consent, in order to ensure legal certainty and the protection of patients' human rights.

INTRODUCTION

Legal certainty in health services constitutes one of the important pillars in realizing the protection of patients' rights. Every patient possesses an equal standing before the law and has the right to obtain treatment that respects their human dignity. The relationship between medical personnel and patients is not merely therapeutic in nature, but also contains legal dimensions binding both parties (Kansil & Siregar, 2024). In modern medical practice, recognition of the patient's right to self-determination over their body and soul has become a universally recognized standard internationally. This principle demands that every medical intervention must be based on consent given voluntarily and with full awareness (Bracconi et al., 2017).

Practices that respect patient autonomy still face many obstacles. Many cases show that medical procedures are carried out without valid consent from the patient or the family. This condition reflects health workers' limited understanding of their legal duty to obtain consent before a medical procedure (Musdalifah et al., 2022). Although legal instruments for health service delivery are available, health workers' poor grasp of the legal provisions can cause

concern and uncertainty in how services are carried out (Riyanto et al., 2023). Compliance with legal and ethical obligations is essential to protect patient rights, improve the quality of health services, and maintain the professionalism of medical personnel (Mubarak et al., 2023). Limited competence and weak professionalism among health workers also reduce service quality and the consistency of compliance with legal obligations (Darmawan et al., 2020). Meanwhile, patients often are not aware of the rights protected by law. Although legal protection for patients has been regulated in various statutory provisions, its implementation still faces obstacles, especially in proving medical negligence, low public legal awareness, and limited access to justice. These conditions show the need to strengthen legal protection mechanisms to guarantee patient rights and achieve justice in health services (Lethy et al., 2023). Patient rights are also not always fulfilled in practice, as seen in the difficulty patients face in claiming services they are entitled to (Rahawain et al., 2024). The gap between ideal legal norms and their implementation in the field creates serious legal vulnerability for patients (Tandry et al., 2024).

* Corresponding author, email address: fayolaissalillahgmail.com

The philosophical foundation for the importance of consent to medical action is the recognition of human dignity and of humans as free legal subjects. Every individual has the capacity to make decisions about themselves, including the decision to accept or refuse medical care. Such decisions are also shaped by a person's social background and identity, which medical personnel need to recognize (Sharma, 2025). This right cannot be violated by anyone, including medical personnel with professional competence. Respect for patient autonomy reflects the application of the values of justice in the therapeutic relationship between doctor and patient (Sandu, 2022). This respect is an absolute requirement for every medical action, because without valid consent the action loses both its ethical and legal legitimacy (Mokoginta et al., 2024). Justice demands equal treatment and respect for the fundamental freedom of every person. Respect for individual freedom also requires clear legal limits so that rights are protected without ambiguity (Rakhmawan et al., 2025).

Criminal liability as an instrument of law enforcement plays a strategic role in protecting patient rights from medical actions that exceed the limits of authority. The national criminal law system clearly sets out the conditions that must be met for a person to be subject to criminal sanctions. These conditions include a prohibited act, fault on the part of the perpetrator, and the absence of a justification or an excuse. Medical action without patient consent can be justified only as a limited exception, namely when there is a real emergency, the patient is unable to give consent, the action is needed to prevent greater harm, and the action is carried out proportionally (Abdullah et al., 2023). The validity of implied consent in an emergency is strictly limited to life-threatening conditions in which the patient cannot give consent; even so, medical personnel still have a duty to document the action and explain it to the patient or the family (Susanti et al., 2024). Electronic medical records can serve as legal evidence that consent was given and explained (Kholis et al., 2023). This legal framework serves as a benchmark for assessing whether a medical action without consent can be categorized as a criminal act (Satria, 2024). Proving causality and fault remains difficult, which complicates the imposition of liability (Sopyan et al., 2024). The application of criminal law to violations of patient autonomy still leaves problems because there is no offense formulated specifically to regulate such violations. The effectiveness of sanctions also depends on clear rules and consistent enforcement (Sirenden et al., 2024).

The problem is how the regulation of the principle of legality and the elements of criminal

liability in the national criminal law system can serve as a basis for imposing sanctions on medical action without patient consent. The principle of legality guarantees legal certainty that every criminal act must be based on rules that already exist, while the elements of criminal liability determine whether the perpetrator can be sanctioned for the act. These two legal pillars are the main foundation for determining whether a person can be punished.

In addition, the problem also concerns the criteria for the capacity to be held responsible and the conditions that eliminate criminal liability in relation to perpetrators of crimes in the medical field. The capacity to be held responsible is determined by the perpetrator's normal and sound mental state and the ability to understand the meaning of the act. Conditions that eliminate criminal liability, such as necessary defense, duress, mental disorder, and young age, are factors that affect whether a person can be held criminally responsible. This study examines the extent to which these provisions apply in cases of patient autonomy violations.

The principle of patient autonomy from the perspective of justice and utility also needs attention. This principle is the ethical and juridical foundation for every medical action performed on a patient. Justice demands equal recognition of every patient's right to determine their own fate, while utility emphasizes the protection of individual rights as part of fundamental freedom. This study examines how the principle of patient autonomy is implemented in health service practice and how the values of justice and utility become parameters for assessing violations of that autonomy.

Violation of patient autonomy as a criminal act and legal protection for patients deserve particular attention. Violations of authority in health services can occur because of a poor understanding of legal provisions and weak supervision, which creates risks to patient safety and rights (Subhi et al., 2023). Weak administrative management in health institutions can also leave oversight and accountability unclear (Vitrianingsih et al., 2022). To date, Indonesian positive criminal law has not explicitly formulated the violation of patient autonomy as a separate crime. This differs from the common law system, which explicitly classifies medical action without consent as a criminal act. Inconsistent regulations and institutional gaps weaken legal certainty in health governance (Khayru et al., 2024). This study examines this legal gap and formulates the need for specific regulation on violations of patient autonomy in the national criminal law system.

Based on the problem formulation, this study

aims to analyze the regulation of the principle of legality and the elements of criminal liability as a basis for imposing sanctions on medical action without patient consent. The next objective is to examine the criteria for the capacity to be held responsible and the conditions that eliminate criminal liability in cases of patient autonomy violations. This study also aims to review the application of the principle of patient autonomy from the perspective of justice and utility in the national health law system. The final objective is to analyze the violation of patient autonomy as a criminal act and to formulate a comprehensive legal protection model for patients.

The contribution of this research results to the development of science is providing a systematic mapping regarding the position of the patient autonomy principle within the national criminal law framework. This research also offers the concept of legal reform in formulating prohibition norms against medical actions without patient consent. For practitioners, this research provides operational guidance regarding the legal obligations of medical personnel in requesting patient consent as well as the legal consequences that may arise if such obligations are ignored.

RESEARCH METHOD

This research uses a normative approach by examining laws and regulations, legal principles, and doctrines related to patient autonomy and criminal liability. The data sources used include primary legal materials in the form of Law Number 1 of 2023 concerning the Criminal Code, Law Number 17 of 2023 concerning Health, Law Number 11 of 2012 concerning the Juvenile Criminal Justice System, and other implementing regulations. Secondary legal materials used include literature, journal articles, court decisions, and other scientific works relevant to the subject matter. Tertiary legal materials in the form of legal dictionaries and legal encyclopedias are used to clarify technical terms.

Data analysis is carried out qualitatively using the deductive method, which draws conclusions from general legal provisions and subsequently applies them to concrete cases. A comparative approach with the common law legal system is used to enrich the analysis regarding the protection of patient autonomy. All data are systematically analyzed to discover consistency and legal loopholes in the regulation of patient autonomy violations. The analysis results are presented descriptively analytically to provide a clear and in-depth overview of the subject matter studied.

RESULT AND DISCUSSION

Legality Principle and Elements of Criminal Liability

Understanding the fundamentals of criminal law serves as a prerequisite for the realization of justice and certainty in the law enforcement process. Criminal liability constitutes a mechanism to impose sanctions on perpetrators for acts that violate prohibitions or generate prohibited conditions. In the national criminal law system, as reinforced in Law Number 1 of 2023 concerning the Criminal Code (KUHP), the imposition of a criminal sentence on a person rests on two main pillars, namely the existence of a criminal act and the existence of criminal responsibility from the perpetrator. A criminal act is based on the principle of *nullum delictum nulla poena sine praevia lege poenali* known as the legality principle. Meanwhile, criminal liability originates from the principle of *geen straf zonder schuld*, which means that a person shall not be punished if there is no fault. These two pillars ensure that criminal punishment is only imposed on individuals who can be legally held accountable for their actions (Amir et al., 2024).

The principle of legality is the main foundation of criminal law for guaranteeing legal certainty, and it is normatively codified in Article 1 paragraph (1) of Law No. 1 of 2023. The principle of *nullum delictum nulla poena sine praevia lege poenali* affirms that no act can be punished except by the force of a criminal provision in legislation that existed before the act was committed. This principle contains three main ideas: first, no act is prohibited and punishable unless it has previously been stated in a statutory provision; second, analogy is prohibited in determining the existence of a criminal act; and third, criminal law provisions do not apply retroactively (non-retroactive), except where a change in legislation is more favorable to the perpetrator. The principle of legality prevents the arbitrary application of criminal sanctions and ensures that every citizen knows in advance which acts are prohibited and what penalties they carry (Fitri et al., 2024). Clear criminal law construction is also needed so that a violation can be linked to a definite rule and a definite perpetrator (Ambarwati et al., 2024). The principle of legality serves as a bulwark protecting human rights in the sphere of criminal law. Public trust in legal institutions also depends on clear rules and fair treatment (Darmawan et al., 2022).

Besides the principle of legality, the aspect of criminal liability is the main determinant of whether a person can be sanctioned for their act. Criminal liability, called *toerekenbaarheid*, criminal responsibility, or criminal liability in foreign terms, is

meant to assess whether a person can be held accountable for the criminal act they committed. The definition of a criminal act does not include liability; a criminal act can be attributed to the perpetrator only if the person who committed it is at fault. Whereas in the earlier legal system the principle of *geen straf zonder schuld* (no punishment without fault) was an unwritten principle, in the New Criminal Code it has been transformed into a written legal principle explicitly codified in Article 36 of Law No. 1 of 2023 (Putra & Atmaja, 2024). By positivizing this principle, the criminal law system ensures that only perpetrators who are truly at fault can be punished, so that procedural and substantive justice can be realized. Fair treatment before the law also requires that rules apply equally to everyone (Amalia & Issalillah, 2025).

In assessing criminal liability, the perpetrator's fault is an essential element that determines whether an act can be punished. A person is said to be at fault if, at the time of committing the offense, their act is blameworthy from the standpoint of the law and society. Understanding how a person reaches a decision helps assess whether an act was done knowingly or through negligence (Darmawan, 2024). The element of fault consists of two main components accommodated in the reform of criminal law: first, an act contrary to the law, or an unlawful element (*wederrechtelijk*), which is objective in nature; and second, an element of fault on the part of the perpetrator in the form of intent (*dolus*) or negligence (*culpa*), which is subjective in nature, so that the unlawful act can be attributed to them. Both elements must be met cumulatively for a person to be considered criminally responsible. Without one of these elements, a sanction cannot be imposed even if the act formally fulfills the formulation of the offense.

A criminal act not only generates legal consequences, but also reflects the essence of crime originating from the actions as well as the character of the perpetrator. There are two approaches in interpreting the essence of crime, namely first, the approach that views crime as a sin or improper act committed against others; and second, the approach that views crime as the manifestation of the perpetrator's deviant attitude and personality causing them to commit evil (Isa, 2022). Both approaches develop and represent existing views surrounding crime and punishment. From this perspective, every criminal act does not emerge suddenly, but rather constitutes the result of human reflection and awareness, except that such an act has generated social turbulence in society. Thus, the criminal system assesses evil actions not only from their external impact, but also from the motives and awareness of

the perpetrator, which become considerations in determining the severity of sanctions.

Capacity to Be Held Accountable and Grounds for Exclusion of Criminal Responsibility

A person's capacity to be held accountable for a criminal act heavily depends on the perpetrator's internal condition and normal awareness. Holding someone accountable in criminal law does not only mean legitimately imposing a criminal sentence on that person, but it is also fully believed that it is indeed appropriate to demand accountability for the criminal act they committed. The capacity to be held accountable, when viewed from the mental state of the person committing the criminal act, constitutes a fundamental issue in determining the existence of fault (Erman, 2023). The state of mind of the person committing the criminal act must be normal, because only normal and healthy individuals can regulate their behavior in accordance with standards considered good by society. By paying attention to the perpetrator's mental capacity, criminal law ensures that accountability is applied fairly and accurately.

The capacity to be held responsible in the national criminal law system is now regulated fundamentally in Article 38 and Article 39 of Law No. 1 of 2023 on the Criminal Code (KUHP), which govern mental disability and/or intellectual disability. Several doctrinal guidelines are used to assess the extent to which a person can be held accountable. A person who is capable of being held responsible must meet at least three conditions: being able to understand the meaning of the act in the realm of crime, being able to realize that the act is regarded as improper in social life, and being able to determine their intention or will regarding the act (Ardika, 2024). Social norms shape how an act is judged as proper or improper in society (Amri & Khayru, 2022). These conditions serve as a benchmark for judges in assessing whether a perpetrator has sufficient mental capacity to be sentenced. Thus, criminal liability is applied only to those who are truly able to understand and control their actions. Legal rules also need to be applied consistently so that their limits are clear to everyone (Harianto et al., 2024).

The capacity to be held responsible in criminal law determines whether a person can be punished. Incapacity to be held responsible derives from the grounds for eliminating criminal liability (justifications and excuses) as systematically codified in Article 31 through Article 44 of Law No. 1 of 2023 (such as necessary defense, duress, and mental disorder/mental disability). Meanwhile, incapacity

due to young age is regulated specifically by Law No. 11 of 2012 on the Juvenile Criminal Justice System (SPPA Law) in conjunction with Article 40 of Law No. 1 of 2023. A person who is unable to be held responsible is not only one whose mental development is impaired or who suffers from illness/disability, but also one who has not reached the age of criminal responsibility, has been hypnotized, or is in another condition that limits awareness of the act. Incapacity to be held responsible covers a wide spectrum, including mental disorder, illness, young age, hypnosis, and other circumstances that prevent a person from realizing their act (Putri & Waluyo, 2024). Mental condition can also affect a person's awareness and judgment of their own actions (Aisyah & Issalillah, 2021).

Not every unlawful act can be directly punished; an element of fault on the part of the perpetrator is required. A person is not punished merely because they committed an act that is contrary to the law or unlawful in nature. Even if the act fulfills the formulation of an offense in the law and is not justified, this does not yet meet the requirements for imposing a sanction. Punishment still requires an additional condition, namely that the person who committed the act is at fault in a subjective sense. Here the principle of *geen straf zonder schuld* (*nulla poena sine culpa*) applies, which has been explicitly codified in Article 36 of Law No. 1 of 2023. Fault consists of several elements: the capacity of the perpetrator to be held responsible, an inner relationship between the perpetrator and the act in the form of intent (*dolus*) or negligence (*culpa*), and the absence of grounds that eliminate fault, namely an excuse. Punishment is possible only if these three elements are proven convincingly (Irawati, 2024). Liability can be imposed only when fault is proven, whoever the perpetrator is (Eskandar et al., 2025).

A perpetrator of a criminal act can be declared responsible only if the act is accompanied by an element of fault. If these three elements exist, the person concerned can be declared guilty and bears criminal liability, so that they can be punished. Even though fault has been accepted as an element that determines liability, the meaning of fault is still debated among legal scholars. Differences in understanding the meaning of fault can lead to differences in its application. Clear and consistent standards help legal institutions apply rules effectively (Darmawan, 2024). The understanding of fault itself determines the scope of the liability of the perpetrator of a criminal act. A criminal act only refers to an act that is prohibited and threatened with a sanction, but a person who commits a criminal act

is not necessarily sentenced as threatened (Laksana et al., 2024). This depends on whether the person was at fault in committing the act, which refers to the principle of *geen straf zonder schuld*. Thus, a person's criminal liability depends on the existence of fault; without fault, even if the act is prohibited, a sanction cannot be imposed. Equal treatment before the law also requires that responsibility be assessed by the same standard (Hartono et al., 2024).

In criminal law, the ability to be blamed is the main requirement for being sentenced, so a person is not always punished even if their actions harm others. A person who cannot be blamed for violating a criminal provision cannot be sentenced, even if they are known for bad manners, stinginess, unwillingness to help, or extreme carelessness, as long as they do not violate a criminal prohibition. Criminal law judges a person by their awareness and intent, not by their character alone (Hartika et al., 2023). Likewise, even when a person commits a criminal act, they cannot always be punished. For example, a child below the age of criminal responsibility who plays with matches and causes a fire at a neighbor's house, creating a general danger as regulated in Article 308 of Law No. 1 of 2023 (replacing Article 187 of the Old KUHP) or Article 309 of Law No. 1 of 2023 (replacing Article 188 of the Old KUHP), cannot be held criminally responsible because the child does not yet have the legal capacity to be held responsible. Article 308 of Law No. 1 of 2023 threatens imprisonment for an act that intentionally causes a fire that endangers the property or life of others. Meanwhile, Article 309 of Law No. 1 of 2023 threatens a sanction if the fire occurs through negligence. Even though the child committed an act that materially fulfills the formulation of the offense, criminal liability can be imposed only if the child is at fault; a child who is not yet capable of being held responsible still cannot be punished (Supriyono & Ihsan, 2022).

The perpetrator's fault constitutes the center of consideration in criminal law, because it determines whether a person can be held accountable. Fault in an offense represents a psychological understanding, the relationship between the state of the perpetrator and the manifestation of the elements of the offense due to their action. Fault is accountability in law (*schuld is de verantwoordelijkheid rechtens*). Fault is the existence of a certain psychological state in the person committing the criminal act and the existence of a relationship between that state and the act committed in such a manner that the person can be blamed for committing the aforementioned act. For the existence of a fault, two things must be taken into account besides committing

the criminal act, namely the existence of a certain psychological (inner) state and the existence of a certain relationship between that inner state and the act committed, thereby giving rise to culpability. Regarding children whose age has not reached the age limit of criminal liability, the determination is based on Law Number 11 of 2012 concerning the Juvenile Criminal Justice System (SPPA) jo. Article 40 of Law Number 1 of 2023. Children who commit a criminal act do not possess criminal fault because they truly do not yet understand or fully realize the meaning of the act committed (Sarmadi et al., 2023). Children possess specific psychological characteristics, namely not yet having a perfect inner function. Hence, they are not punished because they do not fulfill the element of fault (both intentionality and negligence), in accordance with the principle of no crime without fault.

The Principle of Patient Autonomy from the Perspective of Justice and Beneficence

Patient autonomy holds a crucial role in medical practice, because the patient's right to independently determine the medical action received forms the basis of legal protection against medical intervention without consent. The principle of autonomy relates to the capacity and right of a patient to make medical decisions freely (patient's self-determination). The importance of patient autonomy in therapeutic relationships emphasizes that autonomy was initially identified with the interests of safety and physical integrity (bodily integrity), which are protected by rules prohibiting touching or action without consent. Medical care frequently involves physical contact and invasive actions, which in the common law doctrine can be categorized as an unlawful act (battery) if not based on valid consent. By mandating patient consent for certain procedures, the battery doctrine counters the assumption that doctors acquire absolute authority to make decisions solely based on professional service contracts (Lbugami & Alem, 2021). Furthermore, professional competence cannot be used as an excuse or justification for actions without consent. Through this approach, the patient's will is prioritized over the doctor's recommendation, so that the right to physical security from actions without consent constitutes basic protection for the patient's self-determination.

Autonomy is an important foundation of the principle of justice and the practice of patient informed consent. The concept of autonomy is an integral characteristic of the principle of justice. In explaining the element of equality in justice, equal respect for the autonomy of every citizen is an absolute requirement. The discussion of consent to medical action (informed

consent) and its rationale essentially refers to the fulfillment of patient autonomy. The patient's right to obtain information about the risks of a medical action is a basic right that underlies the patient's ability to give informed consent; if a doctor fails to fulfill this obligation, the negligence can have legal consequences (Chairul et al., 2023). A patient's psychological condition can also affect how they understand information and make decisions (Khayru & Issalillah, 2022b). Negligence by health workers in providing services can give rise to criminal liability if it results in serious injury or death of the patient, while violations of the limits of authority can be subject to administrative sanctions (Safitri et al., 2023). Medical errors, such as misdiagnosis, may also give rise to legal liability when a doctor does not meet professional standards (Setiyadi et al., 2023). Under the latest national health law regime, as regulated in Law No. 17 of 2023 on Health (among others Article 273 and Article 293), the patient's right to give consent or refuse medical action (informed consent) is explicitly affirmed as a fundamental right. In practice, the implementation of informed consent is a tangible form of respect for individual autonomy (Masyuri, 2024). This respect is an absolute requirement for every medical action, because without valid consent the action loses both its ethical and legal legitimacy. Exceptions in emergencies must remain limited and legally clear so that both doctors and patients are protected (Juliarto et al., 2023).

The principle of justice includes equal rights to basic freedoms and a fair arrangement of social and economic equality for all members of society. Justice contains two main principles: first, equal rights to access basic freedoms and the basic structure of society, as well as legislation that establishes rights, obligations, and regulations that provide benefits in social and economic distribution; second, social and economic equality must be arranged so that it gives the greatest benefit to all members of society and is attached to positions and offices open to all. Conceptually, justice emphasizes not only equal basic freedoms but also a fair and inclusive social and economic arrangement (Ramírez-Quintana, 2024). Social inequality can weaken equal treatment, so fair rules need to reach all groups (Mardikaningsih, 2021). Equal access to health services also remains a real challenge, so equal rights are not always felt by every patient (Khayru & Issalillah, 2022). Thus, justice in the context of health services must guarantee equal access to patients' basic rights, including the right to have their autonomy respected without discrimination.

Injustice is seen as a form of inequality that benefits no party, which is in line with the concept of

legal utility. The element of benefit is used to identify the existence of injustice, where injustice is defined as inequality that gives no benefit to all parties involved. This element of benefit is also formulated when formulating the concept of justice itself. The element of benefit (purposiveness) is essentially used to define the content of the law and its impact by considering the effectiveness of implementing what the law contains (Kurniawan et al., 2018). Weak governance and supervision reduce the effectiveness of health law enforcement (Jamiri et al., 2023). Besides legal certainty, there are two other fundamental values in the ideal of law (*idee des rechts*), namely utility (purposiveness/*zweckmässigkeit*) and justice. Thus, injustice in medical services can be measured by the absence of benefit and the neglect of the rights of legal subjects, so that the aspect of utility becomes an important element in assessing justice and the effectiveness of health law enforcement.

Law is seen as the embodiment of the goal of justice, equipped with three general rules or basic values of law, namely utility, justice, and legal certainty. The meaning of law is understood within the framework of realizing the ideal of law (*idee des rechts*), namely justice. Although justice is the core value of the ideal of law, justice alone does not fully cover all the functions of law. Abstract justice still leaves questions about who is measured as equal or different and how to treat them fairly. To complete and operationalize the concept of law, three complementary basic values are used: utility (purposiveness), justice, and legal certainty. Law is defined as a complex of general rules for human life together that is oriented toward justice and equality (Kristhy et al., 2023). Safeguards that protect patients give legal certainty real meaning in practice (Sasmita et al., 2023). In assessing a case of violation of medical autonomy, it is important to consider these three basic values in a balanced way as a tangible form of upholding legal justice.

The element of utility emphasizes the close relationship between individual rights and freedom, making the protection of rights the primary foundation in realizing justice for patients. Freedom as a form of individual rights constitutes a fundamental part of the human position as a legal subject. Patients are independent legal subjects who possess absolute autonomy to make medical decisions relating to their own body and soul, provided they are capable of giving legally valid consent (Ramadianto et al., 2024). The discussion of patient justice cannot be separated from the enforcement of basic rights and patient freedom, because justice does not exist in a vacuum. Although justice resides in an abstract philosophical

realm, the effort to realize it is essentially through the recognition and enforcement of human rights inherent in individuals. The relationship between basic rights, utility, and justice affirms that the protection of patient autonomy, as guaranteed under the new Health Law regime, constitutes an absolute prerequisite for the creation of substantive justice in health law.

Violations of Patient Autonomy as Criminal Offences and Legal Protection

Criminalization for violations of patient autonomy depends on the categorization of the act as a criminal offense and the existence of the perpetrator's criminal liability, which is measured through the patient's consent. Punishment constitutes the process or method for imposing legal sanctions against persons who have committed crimes or violations. In criminal law, punishment is defined as the stage of determining as well as granting criminal sanctions. Punishment for patient autonomy violations rests on two main aspects, namely first, the categorization of unconsented medical treatment as a criminal act; and second, the fulfillment of the element of fault in the perpetrator so that they can be held criminally accountable (Rafli, 2022). From a juridical standpoint, the criteria for patient autonomy protection are measured by the consent given by the patient. Medical treatment consent is a rational decision resulting from the informed consent process. Legal protection for patients in health services is necessary to guarantee the fulfillment of patients' rights and provide legal certainty if violations or negligence occur in health services (Tampil et al., 2023). Thus, the imposition of legal sanctions for violations of patient autonomy heavily depends on the presence or absence of valid consent from the patient, which serves as the benchmark for the legitimacy of medical actions.

Although the principle of autonomy is recognized, Indonesian positive criminal law does not yet have an offense framework that explicitly formulates the violation of the principle of patient autonomy as a separate crime (*sui generis*), whether autonomy is understood as simple consent to medical action or as a temporal dialogical process. If the principle of autonomy is understood simply as the patient's decision expressed through consent to medical action, a violation of it has not been qualified separately in a specific criminal offense formulation (Thahir & Tongat, 2024). Likewise, if the principle of autonomy is defined broadly as a continuous process of dialogical communication, even in this broader sense Indonesian criminal law has not formulated a criminal act for the absence of informed consent. The lack of a separate provision creates a juridical

challenge in demanding criminal liability for medical action carried out without patient consent that does not result in physical injury. Without a clear offense, patient rights are protected unevenly and fairness is hard to ensure (Napu et al., 2024).

Legal protection of patient autonomy has now been renewed through Law No. 17 of 2023 on Health, which revoked Law No. 29 of 2004 on Medical Practice. In Law No. 17 of 2023, the patient's right to informed consent is affirmed in Article 273 letter c and Article 293, which require medical personnel and health workers to obtain consent before performing medical action. Fulfilling legal obligations in health services requires adequate legal understanding from medical personnel, because a lack of understanding of legal aspects can affect the protection of patient rights (Ustani et al., 2024). Complete and honest information about risks and costs is a basic requirement for consent to be valid (Rachim et al., 2024). The responsibility of health facilities in medical services is realized through fulfilling informed consent procedures that ensure patient understanding and agreement, complete and verifiable medical record documentation, and safe service delivery. Negligence in meeting these obligations can open the possibility of administrative, civil, or professional disciplinary sanctions (Wahyusetiawan et al., 2024). Health facilities also bear responsibility for errors committed by their personnel (Mening et al., 2023). However, this new Health Law regime still prioritizes administrative sanctions, professional discipline, and dispute resolution through restorative justice and disciplinary councils. The special criminal norms in the Health Law are focused more on practice without a license or professional qualification, rather than directly criminalizing the failure to obtain informed consent as an independent offense when it causes no physical injury (Thahir & Tongat, 2024).

The professional obligations of doctors and health workers, formerly regulated in Article 51 of Law No. 29 of 2004, have now been transformed into Article 274 and Article 276 of Law No. 17 of 2023 (the Health Law). These provisions stipulate that medical personnel and health workers must provide health services in accordance with professional standards, service standards, and standard operating procedures, and give honest and complete information to patients (Rasaki et al., 2024). These obligations also serve to protect patients as users of health services (Setiawan et al., 2023). Although the fulfillment of informed consent has been integrated as part of service standards and professional ethics, the national criminal law construction still separates

violations of administrative/disciplinary standards from formal criminal acts. Legal obligations of health facilities must also be stated clearly so that they can be enforced (Mohamad et al., 2024). The absence of a specific offense for medical touching without consent distinguishes the Indonesian legal system from the common law system.

In Indonesia, several provisions of general criminal law are often used as a basis for liability in medical malpractice cases, namely Article 474, Article 475, and Article 476 of Law No. 1 of 2023 on the KUHP (which replace Articles 359, 360, and 361 of the Old KUHP) concerning negligence causing serious injury or death, with aggravation for those practicing a profession. However, these negligence articles do not yet reflect an adequate causal correlation with pure violations of the principle of patient autonomy. These articles of the New KUHP require a physical consequence (a material offense), so they have no direct causal relationship with violations of autonomy that cause no physical injury. This unclear correlation shows the need for a more specific offense formulation. The principle of patient autonomy developed on the philosophy of do no harm. The response to violations of autonomy differs from that to pure medical malpractice; medical malpractice rests on the failure to meet the standards of medical science and operational procedures (negligence), while a violation of autonomy rests on the absence of a legal right to touch the patient's body (unconsented touch). However, both are rooted in medical ethics as the moral foundation of health services (Ghozali et al., 2024).

The level of harm in violations of the principle of patient autonomy cannot be equated with the harm caused by physical medical errors. When a medical case involves a medical instrument left in the patient's body, the wrong medication, or surgical carelessness, the physical consequences are very real. Conversely, in cases of pure autonomy violation (a procedure that is clinically successful but performed without consent), there may be no direct physical effect, yet the patient experiences psychological effects, immaterial loss, and an intrusion on their human rights. Patients also judge service quality by how they are treated as well as by the clinical result (Mardikaningsih, 2022). Although the forms of harm differ, both types of violation create real harm to patients that requires fair legal protection (Bond & Gardner, 2024). Patient rights must be respected in every condition, including when a patient is seriously ill (Mengga et al., 2024).

The approach to medical violations has so far tended to ignore the ontological dimension of each

scientific discipline. Ethics is divided into three layers, namely metaethics, normative ethics, and practical ethics. Metaethics concerns the meaning of terms such as right, good, and justice; normative ethics seeks to develop a moral framework that guides action; while practical ethics refers to the application of the moral framework in specific contexts. Bioethics is part of practical ethics applied in biology and medicine. The principle of patient autonomy is an integral part of biomedical bioethics that must be upheld (Fernando & Budiarsih, 2023). Changes in medical practice make these ethical principles even more important to uphold (Sarif & Issalillah, 2022). Bioethics covers four main pillars: autonomy, beneficence, non-maleficence, and justice. These four principles are the mandatory moral foundation of health services.

The issue of patient autonomy should be formulated within the framework of prohibition norms (negative formulation) as a form of effective legal protection. The foundational theory of medical treatment consent resulting from informed consent is essentially the prohibition of conducting medical intervention without permission. This prohibition norm can be used as a foundation to construct health criminal law reform. The manifestation of the principle of autonomy must not be limited merely to the doctor-patient relationship alone, but also encompasses all other health personnel such as nurses within interprofessional teams. As in the common law system, protection for patient autonomy needs to be guaranteed maximally as a fundamental right. The regulation of criminal acts related to violations of the autonomy principle needs to be formulated firmly in national legislation, namely by criminalizing medical treatment or care without valid patient consent, whether resulting in physical injury or not, in order to guarantee legal certainty and substantive justice.

CONCLUSION

The legality principle and criminal liability constitute the primary foundation in assessing criminal culpability for unconsented medical treatment. In the national criminal law regime based on Law Number 1 of 2023 concerning the Criminal Code (KUHP), the imposition of criminal sanctions explicitly demands the fulfillment of the legality principle (Article 1 paragraph (1)) as well as the principle of no crime without fault (*geen straf zonder schuld*) which has now been positivized in Article 36. A medical act without consent can only be attributed as a criminal offense if it cumulatively fulfills the element of being against the law (*wederrechtelijk*) and the fulfillment

of fault in the perpetrator in the form of intentionality (*dolus*) or negligence (*culpa*). The perpetrator's capacity to be held accountable constitutes an absolute prerequisite for punishment, where grounds for the exclusion of criminal responsibility such as mental and/or intellectual disabilities (Article 38 and Article 39 of Law Number 1 of 2023) as well as the absence of legal capacity due to a child's age (Law Number 11 of 2012 jo. Article 40 of Law Number 1 of 2023) serve as juridical factors that prevent the imposition of criminal sanctions.

The principle of patient autonomy (patient's self-determination) is based on the integration of three foundational values of the legal ideal (*idee des rechts*), namely justice, utility, and legal certainty. The implementation of medical treatment consent (informed consent) as regulated in Law Number 17 of 2023 concerning Health (particularly Article 273 and Article 293) constitutes a tangible manifestation of respect for the physical integrity and basic freedom rights of the patient. Nevertheless, Indonesia's current positive criminal law has not yet formulated a specific offense (*sui generis*) that explicitly criminalizes pure violations of the patient autonomy principle, particularly medical actions performed without valid consent but not resulting in physical injury or death. This condition differs fundamentally from the common law system (such as in the Offences against the Person Act 1861 and Crimes Act 1900 NSW) which strictly qualifies any unconsented medical touching as a form of assault and battery crimes.

Therefore, national health criminal law reform is required through the formulation of prohibition norms (negative formulation) that explicitly criminalize medical actions without patient consent in order to guarantee the protection of human rights and substantive justice. The academic and practical implications of this research emphasize the necessity of comprehensive harmonization between biomedical ethics doctrine and positive criminal law, as well as the importance of enhancing legal compliance for doctors, nurses, and interprofessional health personnel in executing informed consent procedures as an absolute requirement for the juridical legitimacy of every medical action.

REFERENCES

- Abdullah, I. S. T., Hardyansah, R., & Khayru, R. K. (2023). Presumed Consent and the Doctrine of Necessity as the Basis for Emergency Medical Treatment Without Informed Consent. *Journal of Social Science Studies*, 3(1), 343-354.
- Aisyah, N., & Issalillah, F. (2021). The Relationship

- between Social Media Use and Mental Health in Users with FoMO. *Journal of Social Science Studies*, 1(2), 33–38.
- Amalia, R., & Issalillah, F. (2025). Profit Orientation and Equitable Access in Private Hospital Management. *Journal of Social Science Studies*, 5(1), 151–162. <https://jos3journals.id/index.php/jos3/article/view/428>
- Ambarwati, A., Issalillah, F., & Vitrianingsih, Y. (2024). The Criminal Law Construction for Health Insurance Claim Payment Failure: A Synergy between Health Law and Financial Sector Regulation. *Journal of Social Science Studies*, 4(2), 489–502.
- Amir, F., Meifani, M. T. A., Satriadi, S., Setiyono, A., Miko, & Kristhy, M. E. (2024). Implementation of the Legality Principle in the Criminal Justice System of Indonesia. *Journal of Political and Legal Sovereignty*, 1(4), 123–129.
- Amri, M. W., & Khayru, R. K. (2022). Keeping Tradition in the Midst of Modernity: The Social Life of Indigenous Communities in Urban Areas. *Journal of Social Science Studies*, 2(1), 135–138.
- Ardika, R. (2024). Pertanggungjawaban Pidana Disabilitas yang Melakukan Penganiayaan. *Legal Standing*, 8(2), 382–395.
- Bond, E., & Gardner, J. (2024). Rethinking 'Negligence' in 'Medical Negligence': Can Trespass to the Person Torts Help Protect Autonomy? In *Diverse Voices in Tort Law*, 201–220.
- Bracconi, M., Hervé, C., & Pirnay, P. (2017). Ethical Reflections on the Principle of Patient Autonomy. *Eastern Mediterranean Health Journal*, 23(12), 845–849.
- Chairul, Z., Hardyansah, R., Waskito, S., & Khayru, R. K. (2023). Informed Consent as a Fundamental Right of Patients: The Law and Medical Ethics Perspective. *Journal of Social Science Studies*, 3(2), 209–214.
- Darmawan, D. (2024). Distribution of Six Major Factors Enhancing Organizational Effectiveness. *Journal of Distribution Science*, 22(4), 47–58.
- Darmawan, D. (2024). From Individual Minds to Collective Decisions: The Function and Contribution of Cognitive Mapping. *Journal of Social Science Studies*, 4(2), 467–476.
- Darmawan, D., Issalillah, F., Khayru, R. K., Herdiyana, A. R. A., Putra, A. R., Mardikaningsih, R., & Sinambela, E. A. (2022). BPJS Patients Satisfaction Analysis Towards Service Quality of Public Health Center in Surabaya. *Media Kesehatan Masyarakat Indonesia*, 18(4), 124–131.
- Darmawan, D., Mardikaningsih, R., Sinambela, E. A., Arifin, S., Putra, A. R., Hariani, M., Irfan, M., Al Hakim, Y. R., & Issalillah, F. (2020). The Quality of Human Resources, Job Performance and Employee Loyalty. *International Journal of Psychosocial Rehabilitation*, 24(3), 2580–2592.
- Erman, R. B. (2023). *Perspective Chapter: Criminal Responsibility*. In *Criminal Behavior-The Underlyings, and Contemporary Applications*.
- Eskandar, H., Issalillah, F., & Vitrianingsih, Y. (2025). Legal Liability of Hospitals for Fraud in the National Health Insurance Program. *Journal of Social Science Studies*, 5(1), 1–14. <https://jos3journals.id/index.php/jos3/article/view/394>
- Fernando, B., & Budiarsih, B. (2023). Balancing Biomedical Ethics and Legal Protection: Doctor's Shield in Performing Medical Actions. *Jurnal Sosial Humaniora Sigli*, 6(2), 521–532.
- Fitri, F. A., Muftia, N., Trilia, I., Munthe, A. H., & Ramlan, R. (2024). Tinjauan Teoritis tentang Asas Legalitas dalam Hukum Pidana Indonesia. *Jimmi: Jurnal Ilmiah Mahasiswa Multidisiplin*, 1(2), 202–209.
- Ghozali, M., Afra, C., Agusriadi, D., & Suti, S. (2024). Legal Consequences of Medical Accidents and Medical Malpractice in Indonesia. *The International Journal of Law, Social Science, and Humanities*, 1(2), 76–82.
- Harianto, A. V., Vitrianingsih, Y., Issalillah, F., & Mardikaningsih, R. (2024). Challenges and Changes Concerning National Health Development in Indonesia: Legal Perspectives, Service Access, and Infectious Disease Management. *International Journal of Service Science, Management, Engineering, and Technology*, 5(2), 22–26.
- Hartika, Y., Saputra, R., Pakpahan, N. H., Darmawan, D., & Putra, A. R. (2023). A Study on the Falsification of Health Certificates: Perspective of Criminal Law and Professional Ethics. *Journal of Social Science Studies*, 3(2), 175–180.
- Hartono, R., Darmawan, D., & Saputra, R. (2024). Regulation and Pharmaceutical Corporate Responsibility: Generic Drug Distribution, Patent Rights, and Their Impact on Equity of Access in the National Health Insurance System. *Journal of Social Science Studies*, 4(2), 303–318.
- Irawati, S. A. (2024). Perbedaan Sengaja dan Tidak Sengaja dalam Hukum Pidana. *Ideas: Jurnal Pendidikan, Sosial dan Budaya*, 10(4), 1137–1137.
- Isa, Muh. F. (2022). Causes and Efforts to Counter a Crime. *Estudiante Law Journal*, 4(2), 788–800.
- Jamiri, L., Mujito, & Waskito, S. (2023). Hospital Fraud in the National Health Insurance Program from a Legal and Governance Perspective. *Journal of Social Science Studies*, 3(2), 259–272.
- Juliarto, T. S., Riyanto, A., Darmawan, D., Pakpahan, N. H., & Kholis, K. N. (2023). Legal Basis for Doctor Protection in Emergency Situations without a License to Practice. *Studi Ilmu Sosial Indonesia*, 3(2), 35–54.
- Kansil, C. S. T., & Siregar, R. A. (2024). Legal Implications in Health Services: Rights and Obligations of Medical Personnel and Patients. *Jurnal Pendidikan Amarta*, 3(2), 1704–1709.
- Khayru, R. K., & Issalillah, F. (2022). The Equal Distribution of Access to Health Services Through Telemedicine: Applications and Challenges. *International Journal of Service Science, Management, Engineering, and Technology*, 2(3), 24–27.

- Khayru, R. K., & Issalillah, F. (2022). The Impact of Social Media on Mental Health: An Analysis of the Effects on Anxiety, Depression, and Sleep Disorders in Adolescents and Young Adults. *Journal of Social Science Studies*, 2(1), 95-102.
- Khayru, R. K., Marsal, A. P., & da Costa, L. (2024). Legal Coherence and Institutional Gaps in Medical Waste Governance and Public Health Protection in Indonesia. *International Journal of Service Science, Management, Engineering, and Technology*, 5(3), 17-22.
- Kholis, K. N., Chamim, N., Susanto, J. A., Darmawan, D., & Mubarak, M. (2023). Analyzing Electronic Medical Records: A Comprehensive Exploration of Legal Dimensions within the Framework of Health Law. *International Journal of Service Science, Management, Engineering, and Technology*, 4(1), 36-42.
- Kristhy, M. E., Hamdani, H., Siamiko, M., & Sanjaya, O. (2023). The Role of Judges in Realizing the Three Basic Legal Values Reviewed from Gustav Radbruch's View. *Journal of Political and Legal Sovereignty*, 1(3), 88-92.
- Kurniawan, F., Marzuki, P. M., Agustin, E., & Amalia, R. (2018). Unsur Kerugian dalam Unjustified Enrichment Untuk Mewujudkan Keadilan Korektif (Corrective Justice). *Yuridika*, 33(1), 19-40.
- Laksana, A. W., Ikraam, A., & Robbani, A. (2024). The Liability of Criminal Law for Perpetrators of Goods Embezzlement. *Jurnal Justice Dialectical*, 2(2), 70-83.
- Lbugami, M., & Alem, U. E. (2021). Patient Autonomy. *International Journal of Medicine*, 9(1), 58-59.
- Lethy, Y. N., Issalillah, F., Vitrianingsih, Y., Darmawan, D., & Khayru, R. K. (2023). Legal Protection for Patients Against Negligence of Medical Personnel. *International Journal of Service Science, Management, Engineering, and Technology*, 4(2), 39-43.
- Mardikaningsih, R. (2021). Urbanization and Social Inequality: Challenges in Building Social Cohesion in a City-Based Environment. *Journal of Social Science Studies*, 1(1), 135-140.
- Mardikaningsih, R. (2022). Patient Satisfaction Based on Quality of Service and Location. *Journal of Islamic Economics Perspectives*, 4(1), 31-37.
- Masyuri, R. I. (2024). Towards Equitable Healthcare: Redesigning Informed Consent Regulations. *Journal of Ecohumanism*, 3(8).
- Mengga, M., Vitrianingsih, Y., & Issalillah, F. (2024). Legal Aspects of Home Care and Protection of Terminal Patients' Rights to Palliative Care. *Journal of Social Science Studies*, 4(1), 165-172. <https://jos3journals.id/index.php/jos3/article/view/303>
- Mening, Y., Hardyansah, R., & Khayru, R. K. (2023). Institutional Responsibility of Hospitals for Medical Errors Committed by Healthcare Personnel. *Journal of Social Science Studies*, 3(2), 187-194.
- Mohamad, Y., Dirgantara, F., & Khayru, R. K. (2024). Legal Analysis of Hospitals' Obligation to Provide 24/7 Emergency Services in Areas with Limited Access. *Journal of Social Science Studies*, 4(1), 137-144.
- Mokoginta, A. S., Issalillah, F., Saputra, R., Vitrianingsih, Y., & Mujito, M. (2024). Telemedicine Diagnosis Error Compensation Mechanism: Normative Analysis of Patient Health Law. *Journal of Social Science Studies*, 4(2), 37-54.
- Mubarak, M., Darmawan, D., & Saputra, R. (2023). Legal and Ethical Arrangements for Medical Record Filling by Doctors: A Normative Study. *Bulletin of Science, Technology and Society*, 2(1), 33-38.
- Musdalifah, M., Suliati, A., Alamanda, I. A., Fendy, D., & Dahlia, D. (2022). Pelaksanaan Autonomi Pasien dalam Persetujuan Informed Consent di Rumah Sakit. *Wal'afiat Hospital Journal*, 2(2), 130-140.
- Napu, H. R., Khayru, R. K., & Hardyansah, R. (2024). Principles of Anti-Discrimination and Fairness in Health Services: A Study of Regulations and Practices for Patients with Infectious Diseases in Indonesia. *Journal of Social Science Studies*, 4(2), 517-526.
- Putra, M. E., & Atmaja, L. D. (2024). Juridical Analysis of the Concept of "Legislation" in the New Criminal Code: Implications and Applications. *Justitia Jurnal Hukum*, 8(2).
- Putri, A. E., & Waluyo, B. (2024). Criminal Responsibility for Perpetrators of Criminal Acts with Schizophrenic Mental Disorders. *Journal of Law, Politic and Humanities*, 4(4), 1058-1066.
- Rachim, R., Hardyansah, R., & Khayru, R. K. (2024). The Obligation of Medical Cost and Risk Information Transparency by Private Healthcare Providers in Indonesian Legal Construction. *Journal of Social Science Studies*, 4(2), 207-222.
- Rafli, M. (2022). Patient Autonomy and Criminal Law. *In Book*, 239-256.
- Rahawain, R., Herisasono, A., & Darmawan, D. (2024). Legal Analysis of Rare Disease Patients' Rights to Access Therapy in the BPJS Health System Based on Applicable Regulations. *Journal of Social Science Studies*, 4(2), 527-538.
- Rakhmawan, F. T., Wijaya, K., & Saputra, R. (2025). Regulation of Freedom of Opinion and the Handling of Hate Speech in Indonesian Positive Law. *Journal of Social Science Studies*, 5(2), 133-142. <https://jos3journals.id/index.php/jos3/article/view/446>
- Ramadianto, A. Y., Sri, N., Anggra, N., & Ramadianto, Y. (2024). Legal Certainty of Patients' Right to Autonomy Protection in High-Risk Health Services. *West Sci. Law Hum. Rights*, 2, 269-278.
- Ramírez-Quintana, A. (2024). Paradigms and Conceptions of Theories of Social Justice, Equity, and Values. *Deleted Journal*, 2(2), 52-59.
- Rasaki, I. I., Saragih, Y. M., & Simarmata, M. (2024). Certainty Law for Health Workers in Health Services. *International Journal of Law and Society*, 1(4), 229-240.

- Republik Indonesia. (2012). *Undang-Undang Nomor 11 Tahun 2012 tentang Sistem Peradilan Pidana Anak*. Lembaran Negara Republik Indonesia Tahun 2012 Nomor 153, Tambahan Lembaran Negara Republik Indonesia Nomor 5332. Jakarta.
- Republik Indonesia. (2023a). *Undang-Undang Nomor 1 Tahun 2023 tentang Kitab Undang-Undang Hukum Pidana*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 1, Tambahan Lembaran Negara Republik Indonesia Nomor 6842. Jakarta.
- Republik Indonesia. (2023b). *Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6888. Jakarta.
- Riyanto, A., Rezza, M., Noor, A., Darmawan, D., & Yulius, A. (2023). Legal Protection for the Implementation of Immunization in Post-Immunization Adverse Incidents. *Bulletin of Science, Technology and Society*, 2(3), 21-27.
- Safitri, N., Gautama, E. C., Issalillah, F., Mardikaningsih, R., & Vitrianingsih, Y. (2023). Law Enforcement Against Midwife Malpractice in Midwifery Services in Indonesia. *Journal of Social Science Studies*, 3(2), 1-10.
- Sandu, A. (2022). Philosophical and Legal Foundations of Informed Consent. *Jurnalul de Studii Juridice*, 10(2), 46-66.
- Sarif, N. H. B., & Issalillah, F. (2022). Healthcare Transformation Through Medical Technology: Opportunities, Challenges, and Implementation Strategies. *Bulletin of Science, Technology and Society*, 1(3), 53-60.
- Sarmadi, A. S., Huzaimah, A., Jalaluddin, J., Lahmudinur, L., Nugraha, A. B., & Lawang, K. A. (2023). Criminal Liability of Children from the Perspective of Islamic Law and Positive Law in Indonesia. *At-Turas: Jurnal Studi Keislaman*, 10(1), 116-127.
- Sasmita, B., Darmawan, D., & Khayru, R. K. (2023). Telemedicine Regulation in Indonesia: Enhancing Patient Safety and Protection. *International Journal of Service Science, Management, Engineering, and Technology*, 4(3), 29-35.
- Satria, B. (2024). Medical Criminal Law and Malpractice (Aspects Criminal Liability of Internal Doctors Health services). *International Journal of Society and Law*, 2(1), 127-136.
- Setiawan, S., Hardyansah, R., Khayru, R. K., Putra, A. R., & Suwito, S. (2023). Consumer Protection in the Health Sector: The Legal Responsibilities of Pharmacists. *Journal of Social Science Studies*, 3(2), 131-138.
- Setiyadi, G. B., Negara, D. S., Khayru, R. K., Darmawan, D., & Saputra, R. (2023). Misdiagnosis and Legal Liability of Doctors: A Normative Juridical Study in the Indonesian Health System. *Journal of Social Science Studies*, 3(2), 215-220.
- Sharma, A. (2025). Transnational Lifestyle and Social Identity Formation Among Night-Shift Outsourced Workers. *Journal of Social Science Studies*, 5(1), 163-170. <https://jos3journals.id/index.php/jos3/article/view/429>
- Sirenden, M. T., Issalillah, F., & Vitrianingsih, Y. (2024). Legal Prescriptions and the Effectiveness of Sanctions for Harassment and Malpractice in Traditional Medicine Clinics. *Journal of Social Science Studies*, 4(2), 247-260.
- Sopyan, A. W., Herisasono, A., Issalillah, F., Mardikaningsih, R., & Vitrianingsih, Y. (2024). Legal Construction of Corporate Liability for Occupational Diseases: The Principles of Causality, Burden of Proof, and Effectiveness of Remedies in the Indonesian Legal System. *Journal of Social Science Studies*, 4(2), 365-380.
- Subhi, I., Darmawan, D., Khayru, R. K., Suwito, S., & Mujito, M. (2023). Juridical Aspects of Violation of Authotiry by Dental Handyman. *Bulletin of Science, Technology and Society*, 2(1), 6-11.
- Supriyono, S., & Ihsan, A. Y. (2022). Criminal Liability in Prison Fire Cases: A Case Study of Class I Tangerang Prison Fire. *IJCLS (Indonesian Journal of Criminal Law Studies)*, 7(1), 101-116.
- Susanti, A., Issalillah, F., & Gautama, E. C. (2024). The Validity of Implied Consent in Medical Emergencies: Legal Construction and Accountability under the Health Law. *Journal of Social Science Studies*, 4(2), 439-452.
- Tampil, V. C., Mubasyiroh, A. A., Khayru, R. K., Darmawan, D., & Prasetyo, B. A. (2023). Legal Protection for Patients in Health Services at Community Health Centers. *Studi Ilmu Sosial Indonesia*, 3(2), 85-100.
- Tandry, N., Arif, M., Siregar, Z. M. E., & Rosiwa, R. (2024). The Legal Protection for Patients in Medical Practice and Healthcare Services. *The International Journal of Law, Social Science, and Humanities*, 1(2), 100-110.
- Thahir, P. S., & Tongat, T. (2024). Legal Review of Medical Crime: Patient Protection and Professional Responsibility in Medical Practice. *Audito Comparative Law Journal*, 5(2), 130-142.
- Ustani, T., Vitrianingsih, Y., & Mardikaningsih, R. (2024). Legal Implication and Challenge of Using Medical Record as Evidence in the Indonesia's Justice System. *Bulletin of Science, Technology and Society*, 3(1), 40-45.
- Vitrianingsih, Y., Gautama, E. C., & Sulani. (2022). Administrative Frameworks for Health System Management and Crisis Response. *Journal of Social Science Studies*, 2(2), 189-194.
- Wahyusetiawan, R., Herisasono, A., Khayru, R. K., Vitrianingsih, Y., & Issalillah, F. (2024). Health Facility Accountability for Terminal Patient Palliative Care Services Under Health Law. *International Journal of Service Science, Management, Engineering, and Technology*, 6(2), 45-57.

***Nur, S., Y. Vitrianingsih, F. Issalillah, R. K. Kahyru, & A. Herisasono. (2025). Legal Protection for Patients Due to Violation of Autonomy Principle in Healthcare Services, *Journal of Social Science Studies*, 5(2), 175 - 186.**