Hospitals' Legal Responsibilities for Patient Safety in Healthcare Services

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Abstract

The changes in the national health legal landscape through the enactment of Law No. 17 of 2023 concerning Health have important implications for the construction of hospitals' legal responsibility for patient safety. Previously, Article 46 of the Hospital Law provided an explicit basis for hospital liability for losses resulting from the negligence of healthcare workers. Following the revocation of this provision, questions arose regarding the extent to which the principle of corporate responsibility for hospitals could be maintained and the extent to which legal protection for patients was still guaranteed. This study aims to normatively analyze the conception and regulation of hospitals' legal responsibility for patient safety within the framework of Law No. 17 of 2023, while also examining the problems and implications for patient protection.

The method used is normative juridical with a statutory and conceptual approach to the legal relationship between hospitals, healthcare workers, and patients. The results of the study indicate that although explicit formulations such as Article 46 have been removed, the principle of hospital responsibility can still be supported by a combination of the right to health norm, the obligations of healthcare facilities, patient safety standards, and the doctrine of corporate responsibility. However, in practice, there are still gray areas in the integration of civil, criminal, and administrative liability, as well as in the relationship between regulations at the statutory level and implementing regulations. This study recommends the reconstruction of regulations that reaffirm the principle of hospital responsibility, strengthen patient safety systems and culture in hospitals, and develop dispute resolution mechanisms that are fast, transparent, and fair for patients, hospitals, and healthcare workers.

I. INTRODUCTION

Health has long been recognized as a crucial element of general welfare within the Indonesian state system. The Constitution affirms that everyone has the right to live in physical and mental well-being, to have a home, and to receive adequate healthcare services. The right to health, in this context, is not only interpreted as an individual right, but also as an obligation of the state to provide a healthcare system capable of protecting human dignity and integrity as a whole. This normative guarantee entails the obligation of the state to ensure the availability of safe, high-quality, and affordable healthcare facilities for all citizens, including through clear regulations regarding hospitals' legal responsibilities for patient safety.

Within this framework, hospitals occupy a highly strategic position. According to Law No. 17 of 2023 concerning Health, a hospital is a health care facility that provides comprehensive individual health services, encompassing promotive, preventive, curative, rehabilitative, and palliative care, providing inpatient, outpatient, and emergency care (Sari, 2025). The complexity of these functions makes hospitals not only capital- and technology-intensive organizations but also risk-intensive. Any errors

in governance, whether managerial or clinical, have the potential to directly threaten patient safety and ultimately lead to legal liability.

The latest development in the health legal system in Indonesia is marked by the enactment of Law No. 17 of 2023 concerning Health, which came into effect on August 8, 2023. This law is a kind of omnibus law in the health sector because it revokes and integrates eleven previous health laws, including Law No. 36 of 2009 concerning Health and Law No. 44 of 2009 concerning Hospitals (Government of the Republic of Indonesia, 2023). Consequently, regulations regarding hospitals and patient safety, previously scattered across various laws, are now centralized in one master regulation. This codification step is expected to simplify regulations, but on the other hand, it raises new questions regarding legal certainty, particularly regarding the continuation of the doctrine of hospital legal liability, which has been firmly based on Article 46 of the Hospital Law.

Article 46 of Law No. 44 of 2009 expressly stated that hospitals are legally responsible for all losses incurred due to the negligence of healthcare workers working in the hospital. This provision serves as an important basis for the concept of corporate hospital responsibility for errors made by doctors and other healthcare workers within the framework of employment relationships and service organizational relationships (Tilaar, 2018; Novianti, 2021; Haryanto, 2020). After this provision was declared revoked by Law 17 of 2023, debate arose as to whether the principle of hospital responsibility could still be applied with the same legal construction, or whether legal protection for patients would be weakened. Several studies have stated that the regulation of hospital legal responsibility in the new Health Law still leaves a number of problems, both at the conceptual and implementation levels (Hukumonline, 2023; Cahyani, 2023).

At the same time, the patient safety movement in hospitals has become a key agenda for healthcare reform in various countries. In Indonesia, this commitment is reflected in the issuance of Minister of Health Regulation No. 1691/Menkes/Per/VIII/2011 concerning Hospital Patient Safety, which was later refined through Minister of Health Regulation No. 11 of 2017 concerning Patient Safety (Ministry of Health of the Republic of Indonesia, 2017). This regulation regulates the patient safety system, which includes risk assessment, risk identification and management, incident reporting and analysis, learning from incidents, and the implementation of solutions to minimize patient injuries. From a legal perspective, the obligation to implement this patient safety system has become a standard that hospitals must meet, so that violations have the potential to result in civil, criminal, and administrative liability.

Various empirical studies show that patient safety incidents in hospitals continue to occur frequently, ranging from misdiagnosis, medication errors, nosocomial infections, to wrong-site surgery incidents that cause serious injuries and prolonged suffering for patients (Mappatoba, 2022; Butar Butar, 2024). In some cases, disputes are resolved through litigation and non-litigation channels, including mediation and settlements with the Indonesian Medical Disciplinary Honorary Council. These settlement patterns simultaneously demonstrate the conflict between patient protection, legal certainty for healthcare workers, and the sustainability of hospital services.

From a theoretical and doctrinal perspective, hospital legal liability is inextricably linked to the legal relationship between the hospital, healthcare workers, and patients. This relationship can be explained through several models: the doctor as a hospital employee, the attending physician or equal partner, and the doctor as an independent contractor using hospital facilities (Haryanto, 2020; Putra, 2024). Each of these relationship models carries different implications for who bears primary responsibility in the event of negligence that subsequently results in harm to the patient. Amidst this contractual complexity, the doctrine of hospital liability, originally affirmed in Article 46 of the Hospital Law, serves as an important umbrella to ensure that responsibility rests not solely with the doctor as an individual, but also with the hospital institution as the legal entity organizing the service.

The changes to the regulatory framework through Law 17 of 2023 require a restructuring of the legal responsibility paradigm for hospitals. On the one hand, the new Health Law aims to integrate all norms and strengthen the national health system. On the other hand, the explicit revocation of the Hospital Law poses challenges to legal certainty. The Ministry of Health's policy document notes that all implementing regulations of the revoked law will remain in effect as long as they do not contradict and have not been replaced by new regulations (Ministry of Health of the

Republic of Indonesia, 2023). This means that derivative provisions, such as the Ministerial Regulation on patient safety and hospital service standards, can still be enforced but need to be re-read within the framework of Law 17 of 2023.

Recent studies on hospital accountability emphasize that, regardless of regulatory changes, the primary principle that must be maintained is maximum patient safety protection. Hospitals are required not only to comply with formal procedural standards but also to build a culture of patient safety, implement strong clinical governance, and ensure information transparency and an effective complaints mechanism (Widjaja, 2025; Aji, 2025; Keslan Kemenkes, 2022).

This paper is motivated by the need to normatively review how hospitals' legal responsibility for patient safety is constructed following the enactment of Law No. 17 of 2023 concerning Health. The discussion focuses on two issues. First, it describes the conceptualization and normative framework of hospitals' legal responsibility for patient safety within the new national health law system. Second, it analyzes the practical implications and challenges of these regulations, while also offering ideas for reconstructing regulations and strengthening hospital governance to better guarantee legal protection for patients without neglecting the interests of hospitals and healthcare workers.

As a basis, this paper also utilizes various previous studies on the legal responsibilities of hospitals in health services that have mapped the managerial aspects, financing, licensing, legal relations with patients, guidance and supervision, and hospital sanctions, including academic studies that have been conducted in the health law education environment.

Thus, this article is expected to contribute to filling the gap in analysis regarding the repositioning of hospital legal responsibilities in the context of the new Health Law, while also offering recommendations for policy makers and health law practitioners.

II. RESEARCH METHODS

This study uses a normative juridical method with a statutory and conceptual approach. Primary legal materials include the 1945 Constitution, Law No. 17 of 2023 concerning Health, implementing regulations in the field of hospitals and patient safety, and relevant court decisions. Secondary legal materials include books, journal articles, research findings, and expert opinions related to hospital legal responsibility and patient safety. Data were analyzed qualitatively by interpreting norms, comparing doctrines, and relating them to developments in hospital service practices in Indonesia (Soekanto and Mamudji, 2013; Mappatoba, 2022).

III. RESULTS AND DISCUSSION

A. Conception and Regulation of Hospital Legal Responsibility for Patient Safety According to Law No. 17 of 2023

Conceptually, a hospital's legal responsibility for patient safety rests on three main pillars: the patient's right to safe and quality healthcare, the hospital's obligations as a healthcare institution, and accountability mechanisms for violations of these rights. These three pillars must now be reconsidered within the framework of Law No. 17 of 2023, the umbrella regulation for the healthcare sector in Indonesia.

First, regarding patient rights. The right to health as stipulated in the 1945 Constitution is reinforced in Law No. 17 of 2023, which stipulates that everyone has the right to receive quality, safe, fair, and affordable health services, without discrimination and with respect for human dignity (Government of the Republic of Indonesia, 2023). Patient rights in the context of hospital services include the right to information, the right to consent to medical treatment, the right to privacy and medical confidentiality, and the right to security and safety during treatment. These rights further develop the general principles of human rights in the health sector and form the basis for formulating hospital service standards and patient safety standards.

Minister of Health Regulation No. 11 of 2017 defines patient safety as a system that makes patient care safer, including risk assessment, identification and management of patient risks, incident reporting and analysis, the ability to learn from incidents, and the implementation of solutions to minimize risks and prevent injuries caused by actions or inactions that should have been taken (Ministry of Health of the Republic of Indonesia, 2017). This regulation emphasizes that patient safety is not only a technical medical issue, but a systemic obligation that must be integrated into hospital governance.

Second, the obligations of hospitals as institutions. Although Law 44 of 2009 was

formally revoked, its principles, particularly those concerning the principles of hospital management, remain relevant for interpretation. The previous Hospital Law required hospitals to provide safe, high-quality, effective, and anti-discriminatory services, prioritizing patient interests and protecting the safety of patients, the community, and hospital staff (Tilaar, 2018; Novianti, 2021).

In the context of Law No. 17 of 2023, similar obligations are outlined in regulations regarding healthcare facilities, service standards, licensing, and guidance and supervision. The new Health Law emphasizes that healthcare facilities, including hospitals, must meet service, safety, and quality standards set by the government. These obligations include developing and implementing standard operating procedures, implementing accreditation, ensuring the competence of healthcare workers, providing safe facilities and infrastructure, and ensuring a system for reporting and handling patient safety incidents (Government of the Republic of Indonesia, 2023; Ministry of Health of the Republic of Indonesia, 2023).

From a management perspective, hospitals are highly complex organizations with multiple responsibility centers, making good governance an absolute requirement for ensuring patient safety. Various studies have shown that the implementation of good hospital governance and clinical governance is key to reducing patient safety incidents, as it provides a clear framework for role allocation, chain of command, and internal and external oversight mechanisms (Divianto, 2010; Widjaja, 2025; Aji, 2025).

Third, regarding accountability mechanisms. Under Law No. 44 of 2009, Article 46 served as the explicit basis for hospital accountability for the negligence of healthcare workers within the hospital. Several authors interpreted this provision as a form of vicarious liability arising from the hospital's employment relationship with healthcare workers, allowing patients not only to face individual doctors but also to directly sue the hospital as a legal entity (Haryanto, 2020; Sagita, 2023; Butar Butar, 2024).

Following the enactment of Law No. 17 of 2023, explicit provisions such as Article 46 are no longer found, as the Health Law serves as a general regulation incorporating material from previous sectoral laws. This raises concerns about weakening the framework of hospital accountability, particularly as jurisprudence and law enforcement practices have extensively referenced these provisions. Several normative studies have assessed that the underlying principles can still be derived from a number of other provisions, such as the obligation of healthcare facilities to guarantee the quality and safety of services, as well as various regulations regarding corporate liability in criminal and civil law (Cahyani, 2023; Widjaja, 2025).

In the context of emergency services, Law 17 of 2023 provides clear regulations. Article 174 states that health care facilities owned by the central government, regional governments, and/or the community are required to provide health care to individuals in emergency situations, prioritizing lifesaving and preventing disability. Refusing to treat an emergency patient, especially if it results in death or disability, can have legal consequences for the hospital and its healthcare workers (SIP Law Firm, 2025). This provision actually strengthens the principle of patient protection and emphasizes that administrative and financial reasons cannot be used as an excuse to refuse treatment to patients in emergency situations.

In addition to the norms in the law, Minister of Health Regulation No. 4 of 2018 concerning Hospital Obligations and Patient Rights emphasizes the obligation of hospitals to provide safe, high-quality, anti-discriminatory, and effective health services by prioritizing patient interests, and providing facilities that guarantee patient safety and security (Ministry of Health of the Republic of Indonesia, 2018). This Minister of Health Regulation, which stands as an implementing regulation, remains relevant as long as it does not conflict with Law 17 of 2023 and has not been replaced. In practice, this regulation is often used as the basis for developing standard operating procedures in hospitals, including those related to patient identification, informed consent procedures, appropriate medication administration, and infection prevention.

From a legal perspective, hospitals are bound by several types of relationships simultaneously: with patients, with healthcare professionals, and with third parties such as insurance companies and the National Health Insurance (BPJS Kesehatan). At the patient-patient level, hospitals can be viewed as parties to a healthcare service agreement that encompasses the provision of care facilities and medical personnel. These agreements are generally innominate, arising from a combination of an innkeeping contract and a treatment contract, and are subject to the legal

principles of contractual obligations outlined in the Civil Code (Haryanto, 2020; Putra, 2024). In this context, patient safety is a mandatory requirement for hospitals, so violations of safety standards can be classified as breaches of contract or unlawful acts.

In their relationships with healthcare professionals, particularly physicians, hospitals are bound by various employment relationships. When a physician acts as an employee, the hospital becomes the principal responsible for the actions of the physician as an agent. When a physician acts as a partner (attending physician) or independent contractor, the construction of responsibility becomes more complex. However, doctrinal developments indicate a tendency to maintain the hospital's role as a co-responsible party because patients sociologically trust hospitals as a unified service, not simply a collection of physician practices (Novianti, 2021; Butar Butar, 2024).

Thus, normatively, it can be concluded that even though the explicit formulation of Article 46 of the Hospital Law has been revoked, the principle of hospitals' legal responsibility for patient safety can still be supported by a combination of the norms of Law 17 of 2023, implementing regulations on hospitals and patient safety, and the doctrine of the legal relationship between hospitals, healthcare workers, and patients. However, this construction clearly requires more intensive interpretative work from academics and legal practitioners, as well as reaffirmation by lawmakers to avoid creating a space of uncertainty that would actually harm patients.

B. Implications and Problems of Hospital Legal Liability and Strengthening Patient Safety Protection

In practice, a hospital's legal responsibility for patient safety is manifested in three areas: civil, criminal, and administrative. These three matters are often intertwined, particularly when a single patient safety incident results in claims for compensation, criminal threats, and administrative sanctions against the hospital.

In the civil realm, lawsuits against hospitals are typically filed on the basis of breach of contract or unlawful acts. A breach of contract occurs when a hospital is deemed to have failed to fulfill its contractual obligations to provide safe and quality services, for example, by failing to provide qualified personnel, implementing proper examination procedures, or ensuring proper coordination between healthcare professionals (Haryanto, 2020; Putra, 2024). Meanwhile, unlawful acts can be established when a hospital violates its general obligation not to harm others, for example by ignoring patient safety procedures established in laws and professional guidelines.

Several studies have suggested that the justification for holding a hospital responsible for the negligence of healthcare workers can be seen in the therapeutic relationship between the patient and the hospital. Patients generally do not clearly differentiate between doctors and hospitals, thus placing their trust in the hospital as an institution. Under such circumstances, sociologically and ethically, the hospital is seen as obligated to assume responsibility for the actions of healthcare workers working under its coordination and system (Putra, 2024; Tilaar, 2018).

In the criminal realm, hospital liability is increasingly prominent as the doctrine of corporate criminal liability strengthens in the Indonesian legal system. Several studies have shown that hospitals, as legal entities, can be held criminally liable for systemic negligence that leads to patient safety incidents, such as the absence of control systems, inadequate training and credentials, or an organizational culture that disregards patient safety (Sagita, 2023; Cahyani, 2023). In this context, errors are not solely seen as the fault of individual physicians, but also as the fault of the organization that fails to provide a safe and patient-safe working environment.

Articles in the Criminal Code relating to negligence resulting in injury or death, which have been widely used in cases of alleged malpractice, are in practice beginning to be combined with the construction of corporate liability, thus allowing hospitals to be subject to criminal fines, system improvements, and even restrictions on certain activities. On the other hand, specific provisions in Law 17 of 2023 concerning the obligation of health care facilities to provide emergency services and meet quality and safety standards can serve as lex specialis in assessing whether or not there is an element of negligence or neglect of legal obligations by hospitals (Government of the Republic of Indonesia, 2023; SIP Law Firm, 2025).

In the administrative realm, sanctions against hospitals are regulated through licensing, accreditation, and supervisory guidance mechanisms. Hospital licensing regulations require compliance with standards for buildings, facilities, infrastructure, human resources, and

quality management systems. Violations of these requirements can result in warnings, mandatory guidance, license suspension, or even revocation of operational permits (Ministry of Health of the Republic of Indonesia, 2020). With the enactment of Law No. 17 of 2023, these mechanisms remain relevant and are expected to be strengthened, given that licensing is the gateway to quality control and patient safety.

Problems arise when these three areas of accountability are not properly integrated. In some cases of patient safety incidents, resolution tends to focus on proving the fault of individual doctors, while the responsibility of hospitals as institutions is understated. Conversely, in other cases, hospitals are the primary target without adequate analysis of the extent to which they have implemented patient safety systems and whether the incidents were primarily due to individual failures acting outside established procedures (Widjaja, 2025; Butar Butar, 2024).

At the policy level, Law No. 17 of 2023, designed as a codification law, presents both opportunities and challenges. The opportunity lies in the opportunity to restructure hospital liability norms in a more comprehensive and systematic manner, combining civil, criminal, and administrative aspects, and integrating them with patient safety policies. The challenge is ensuring that this codification does not undo the clarity of previously clear norms, such as Article 46 of the Hospital Law. Several health law observers have noted that the regulation of hospital liability in the new Health Law still leaves a gray area that has the potential to create legal uncertainty for patients and healthcare workers (Hukumonline, 2023; Cahyani, 2023; Haryanto, 2020).

From a patient protection perspective, the detailed patient safety standards outlined in Minister of Health Regulation No. 11 of 2017 and their implementation guidelines in hospitals should serve as benchmarks for assessing negligence. A patient safety system requires hospitals to have a no-blame reporting system for incident reporting, conduct root cause analysis, and utilize each incident as an organizational learning resource (Mappatoba, 2022; Aji, 2025). If a hospital fails to establish such a system or fails to follow up on incident findings with corrective measures, this failure should constitute a strong basis for holding the hospital legally liable as an institution.

Internally, strengthening patient safety requires a change in organizational culture. A rigid hierarchical culture, a lack of transparency, and a lack of open communication between professionals increases the risk of undetected errors. Patient safety literature indicates that most serious incidents result from a combination of systemic factors such as poor communication, incomplete documentation, healthcare worker burnout, and non-compliance with procedures (Butar Butar, 2024; Keslan Kemenkes, 2022). In this context, hospitals' legal responsibility must be understood as their responsibility to create systems and cultures that actively prevent incidents, rather than simply responding after they occur.

From a policy perspective, the reconstruction of hospital liability regulations under Law 17 of 2023 should ideally lead to several strengthening measures. First, there is a need to reaffirm the principle of hospital liability for negligence by healthcare workers, both through revisions to the Health Law and the development of implementing regulations that explicitly adopt the spirit of Article 46 of the previous Hospital Law with certain adjustments. Second, there is a need to strengthen the integration between patient safety systems and legal accountability mechanisms, for example by making compliance with patient safety standards one of the primary assessment parameters in civil and criminal cases. Third, there is a need for clarity on the division of responsibilities between hospitals and healthcare workers, so that patient protection does not necessarily mean criminalizing doctors, but rather encourages comprehensive system improvements (Sagita, 2023; Widjaja, 2025).

Fourth, strengthening patient protection must be balanced with a fast, transparent, and equitable dispute resolution mechanism, for example through the development of an effective hospital complaint handling unit, health mediation, and the establishment of an out-of-court dispute resolution forum with clear procedural standards. Experience in several countries shows that a no-fault compensation system in certain cases can reduce the burden of proof for patients and encourage hospitals to focus more on system improvements rather than simply enduring lengthy litigation processes that exhaust all parties (Putra, 2024; Widjaja, 2025).

Fifth, in terms of oversight, the Hospital Supervisory Board and patient safety committees at the facility level must be fully empowered, both in terms of authority and resources. Oversight that is merely administrative and ceremonial will not be sufficient to change organizational behavior. An integrated reporting system,

national analysis of patient safety incident patterns, and tangible feedback in the form of measurable quality improvement policies and programs are needed (Ministry of Health of the Republic of Indonesia, 2017; Keslan Kemenkes, 2022).

Therefore, strengthening hospitals' legal responsibility for patient safety under Law 17 of 2023 is not sufficient simply by reinterpreting existing norms. Regulatory reconstruction, strengthening hospital governance, and updating oversight and dispute resolution mechanisms are necessary to more optimally achieve the primary goal of protecting patient safety while simultaneously providing balanced legal certainty for hospitals and healthcare workers.

IV. CONCLUSIONS AND RECOMMENDATIONS

First, normatively, hospitals' legal responsibility for patient safety in the era of Law No. 17 of 2023 concerning Health can still be maintained through a combination of constitutional norms, the Health Law, implementing regulations regarding hospitals and patient safety, and the doctrine of the legal relationship between hospitals, health workers, and patients. Although explicit formulations such as Article 46 of the Hospital Law have been revoked, the principle of corporate responsibility of hospitals for the negligence of health workers remains firmly grounded in the obligation of health care facilities to provide safe, high-quality, and patient-safety-oriented services.

Second, in practice, hospital accountability manifests itself in civil, criminal, and administrative matters, with various problems of integration and legal certainty. To strengthen patient safety protection without neglecting the interests of hospitals and healthcare workers, regulatory reconstruction is needed that reaffirms the principle of hospital responsibility, strengthens patient safety systems and organizational culture, integrates patient safety standards into legal accountability assessment parameters, and develops expeditious and equitable dispute resolution mechanisms. With these steps, it is hoped that the goal of national health development, namely ensuring the right to safe and quality healthcare for everyone, can be more effectively realized.

REFERENCE LISTAN

Aji, MIK (2025). Implementation of risk assessment, identification and risk management in hospital patient safety systems. Soegijapranata Health Law Journal.

Butar Butar, ER (2024). Hospital legal responsibility towards patients due to wrong-side surgery. Court Journal, 1(3), 43–57.

Cahyani, P. (2023). Expansion of hospital legal responsibilities following changes in health regulations. Proceedings of the Health Law Seminar.

Divianto. (2010). Analysis of revenue realization of regional public hospitals in districts/cities throughout the former Tasikmalaya Residency. Faculty of Economics and Business, Jenderal Soedirman University.

Farhan, F., Sitinjak, Y., & Situmorang, C. (2025). Hospitals' legal responsibility for patient safety in healthcare services. Paper, Master of Health Law Program, Panca Budi University, Medan.

Haryanto, ND (2020). Hospital liability for patient losses due to medical personnel errors. Private Law Journal, 8(1).

Hukumonline. (2023). Legal responsibility of hospitals under the Health Law remains problematic. Hukumonline.com.

Ministry of Health of the Republic of Indonesia. (2017). Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety.

Ministry of Health of the Republic of Indonesia. (2018). Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018 concerning Hospital Obligations and Patient Rights.

Ministry of Health of the Republic of Indonesia. (2016). Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Safety and Security in Hospitals.

Ministry of Health of the Republic of Indonesia. (2023). Summary of Law No. 17 of 2023 concerning Health.

Ministry of Health of the Republic of Indonesia. (2022). Patient safety in hospitals.

Mappatoba, A. (2022). Legal responsibility for patient safety in hospitals. Thesis, Hasanuddin University.

Novianti, R. (2021). Legal responsibility of hospitals towards patients in medical services according to Law No. 44 of 2009. Sultan Agung Law Review, 3(2).

Government of the Republic of Indonesia. (2009). Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals.

Government of the Republic of Indonesia. (2023). Law of the Republic of Indonesia Number 17 of 2023 concerning Health.

Putra, AA (2024). Civil liability of hospitals for negligence of health workers in therapeutic relationships. Indonesian Journal of Community Protection and Health Law, 1(1).

Sari, RA (2025). Literature review on hospitals based on Law No. 17 of 2023 concerning Health. Research Report, STIKES YRSD.

Sagita, AW (2023). Hospital criminal liability for medical personnel errors. Svara Justisia, 2(1).

SIP Law Firm. (2025). Legal implications of hospital refusal of emergency patient admission. SIPLawFirm.id.

Tilaar, RLM (2018). Responsibilities of public hospitals in medical services according to Law Number 44 of 2009. Lex et Societatis, 6(7).

Widjaja, G. (2025). Hospital responsibilities in patient legal protection. Jurnal Tafaqquh fi al-Muamalat, 5(1).

If you'd like, the next step is to create an abstract and keywords for this manuscript, or narrow down the title of the dissertation so that it connects with the focus of Law 17 of 2023.