

Legal and Clinical Implications of Suspected Malpractice in Cesarean Section: A Case Study of Bekasi Regional Public Hospital

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Abstract

This study analyses the interrelationship between alleged medical malpractice, patient safety, and legal accountability through a case study of a suspected malpractice incident during a cesarean section at Bekasi Regional Public Hospital (RSUD Bekasi) in 2025. Using a juridical-normative approach combined with empirical case analysis, the research applies Donabedian's quality of care framework and examines Indonesian legal instruments, particularly Law No. 17 of 2023 on Healthcare. Data were collected from statutory provisions, court archives, national media reports, and scholarly literature, and analysed qualitatively through normative interpretation and triangulation of legal norms, theory, and factual findings. The results indicate three key deficiencies: (1) limited implementation of standard operating procedures and informed consent; (2) weak institutional oversight and patient safety culture; and (3) slow, costly, and opaque dispute resolution mechanisms that hinder access to justice. Comparative analysis with international practices shows that Indonesia's legal governance remains fragmented, with insufficient integration between healthcare regulation and professional accountability. The study concludes that comprehensive reform is required to strengthen patient protection through clear regulatory mechanisms, independent medical audits, and the development of a no-fault compensation system that ensures both patient rights and medical professionalism.

I. Introduction

Medical malpractice represents one of the most complex and multidimensional issues in contemporary healthcare, encompassing clinical, ethical, managerial, and legal dimensions. Its complexity extends beyond individual errors in medical procedures to include systemic factors such as professional ethics, doctor–patient communication, institutional governance, and the effectiveness of legal oversight. Within health systems theory, malpractice can be viewed as an indicator of governance failure, where weaknesses in structure, process, and outcome, the three components identified in Donabedian’s Quality of Care framework, contribute to preventable patient harm. From a legal standpoint, malpractice also reflects deficiencies in the enforcement of professional accountability, as conceptualized in the juridical-normative framework that examines how legal rules are applied to safeguard patient rights and ensure justice in healthcare delivery. Globally, malpractice is recognized as a major threat to patient safety, capable of undermining the quality of care, eroding public trust, and destabilizing healthcare institutions (Ghaith et al. 2022; Bayuo and Koduah 2022; Sauder et al. 2023).

Statistically, incidents of medical malpractice are frequently associated with the rising prevalence of medical litigation across various countries. A study by Treglia et al (2021), emphasizes that lawsuits against healthcare professionals and hospitals serve as a major driver of escalating litigation and compensation costs within the health sector. In the United States, for instance, malpractice litigation accounts for a significant proportion of total annual healthcare expenditures, while in developing countries, the burden extends beyond legal claims to include a profound loss of public trust in public healthcare facilities (Palaniappan and Sellke 2022). This phenomenon has triggered a domino effect characterized by the rise of defensive medicine, where healthcare providers adopt excessive or unnecessary medical interventions primarily to mitigate the risk of legal action (Kakemam et al. 2022). Such practices may include clinically unwarranted diagnostic tests, overly cautious therapeutic regimens, and frequent referrals to specialists even in cases that could be managed effectively at lower levels of care (Baungaard et al. 2022).

The impact of medical malpractice extends beyond legal and financial dimensions, permeating social and psychological aspects as well. For patients and their families, malpractice incidents often result in severe trauma, loss of productivity, and additional recovery costs. Conversely, for healthcare professionals, allegations of malpractice can tarnish professional reputations, induce prolonged stress, and impair clinical decision-making in future practice. Systemically, such cases impose substantial administrative burdens on hospitals and regulatory bodies, while simultaneously driving the emergence of new

regulations that demand greater transparency and accountability in medical practice (Miziara and Miziara 2022).

In the modern era, the issue of medical malpractice cannot be separated from the concepts of health law, medical ethics, and patient rights. Malpractice incidents are not merely technical errors but often involve failures in communication, ambiguities in informed consent, and weaknesses in internal oversight systems. Therefore, discussions on medical malpractice must adopt an interdisciplinary approach, integrating perspectives from law, clinical risk management, and professional ethics. Consequently, this phenomenon should not be viewed solely as an individual dispute between patient and physician, but rather as a public issue intrinsically linked to healthcare governance and legal justice (Rini Apriyani et al. 2024; Aaron et al. 2025).

Defensive medicine practices, while seemingly a protective strategy against legal risks, impose a substantial financial burden on healthcare systems. International studies estimate that expenditures associated with such practices contribute billions of dollars to national healthcare costs, thereby exacerbating medical cost inflation and reducing service accessibility for low-income populations (Pierce et al. 2022). Beyond financial implications, the social impact is equally concerning. When healthcare providers prioritize legal risk mitigation over the patient's best interest, the focus of care risks shifting from patient-centered care to litigation-centered care, ultimately eroding patient trust in the medical profession over the long term.

Although these challenges are significant, developed countries generally possess clearer and relatively faster mechanisms for compensation, mediation, and arbitration compared to developing nations. Instruments such as the no-fault compensation system and medical malpractice insurance facilitate more efficient dispute resolution, reducing psychological pressure on both patients and healthcare providers while ensuring the continuity of medical practice. Legal process transparency is another key strength, as regulations mandate independent documentation of medical records and forensic investigations. This system contrasts sharply with the situation in many developing countries, where the absence of adequate mediation mechanisms often results in protracted, costly litigation fraught with uncertainty (Susila 2021; Dwiki, Efrila, and Prasetyo 2025). Consequently, while developed nations are not entirely free from malpractice-related issues, the existence of robust legal governance and access to well-defined dispute resolution mechanisms serves as a critical factor in maintaining the stability of their healthcare systems.

In contrast to the global context, the situation in Indonesia reveals far more fundamental challenges. Medical malpractice cases in the country are more likely

to gain attention through media coverage rather than reach a conclusive legal process. This is largely attributed to weak professional oversight, limited legal literacy among the public, and a litigation process that is both lengthy and costly. As a result, a phenomenon of trial by media frequently emerges, where public opinion forms much faster than formal clarification or legitimate investigation can take place. This trend poses significant risks to both parties: patients may fail to obtain appropriate compensation, while healthcare professionals become vulnerable to social stigma, even before any formal determination of guilt has been made.

A recent case that has drawn public attention is the alleged malpractice incident at Bekasi Regional Public Hospital (RSUD Bekasi) in mid-2025, involving a cesarean section procedure (Rutama 2025; Simamora 2025; Ulya and Damarjati 2025). In this case, the patient's family accused the hospital of procedural errors that allegedly worsened the patient's condition post-surgery. Conversely, the hospital denied the allegations, asserting that the medical intervention complied with established protocols. This dispute highlights weak communication between medical personnel and patients, as well as the absence of a rapid and effective dispute resolution mechanism. The case was subsequently referred to the Medical Disciplinary Board (*Majelis Disiplin Profesi Kedokteran*, MDP) in accordance with the mandate of Law No. 17 of 2023 on Healthcare. However, the examination process within the MDP is frequently criticized for its lack of transparency and protracted timelines, leading the media to become the primary channel through which patients voice their concerns.

Furthermore, the issue of medical malpractice in Indonesia cannot be viewed solely as an individual error by healthcare professionals but is deeply rooted in systemic factors shaping the delivery of health services. Several key determinants often act as catalysts, including disparities in healthcare workforce distribution, excessive workloads, limited facilities, weak patient safety culture, and low compliance with standard operating procedures (SOPs) (Ghozali et al. 2024). One of the most persistent challenges is the unequal distribution of healthcare personnel. Data from the Ministry of Health indicates that a majority of medical practitioners are concentrated in major urban areas, while healthcare facilities in disadvantaged, border, and island regions suffer from severe shortages of specialists and supporting staff. This structural imbalance forces regional hospitals, including public hospitals to operate with highly constrained resources, significantly increasing the likelihood of medical negligence.

In addition to the uneven distribution of healthcare professionals, the heavy workload imposed on medical personnel further amplifies the risk of errors. In many instances, obstetricians or surgical specialists in public hospitals are required to manage a patient load that far exceeds the optimal capacity. The

resulting time pressure, physical fatigue, and emotional stress can compromise clinical accuracy, ultimately leading to incidents classified as malpractice. In the context of high-risk procedures such as cesarean sections, the shortage of skilled human resources also implies that surgeries are often performed with support teams that may not fully meet qualification standards or lack adequate training in managing emergency complications. This systemic vulnerability significantly heightens the likelihood of adverse outcomes and underscores the urgent need for structural reforms in healthcare governance.

Putra et al. (2023) emphasizes that the majority of patient safety incidents are, in fact, preventable through the implementation of a systematic risk management approach, which includes strengthening clinical protocols, fostering a robust safety culture, and ensuring effective communication between healthcare providers and patients. In countries with more established healthcare governance, these strategies are operationalized through mechanisms such as regular medical audits, non-punitive incident reporting systems (no-blame reporting), and independent oversight structures. In contrast, the implementation of patient safety standards in Indonesia continues to face both structural and cultural barriers. One of the primary challenges lies in the lack of effective oversight at the hospital management level. Existing incident reporting systems tend to be reactive rather than preventive, resulting in corrective measures being taken only after an incident occurs, rather than proactively mitigating potential risks. This gap highlights the critical need for institutional reforms and the adoption of proactive safety strategies within the Indonesian healthcare system.

Furthermore, the limited availability of medical facilities in many regional hospitals exacerbates the complexity of the problem. Surgical procedures are often performed using equipment that no longer meets current standards, coupled with shortages of essential medications and blood supplies, which can negatively impact clinical outcomes. On the other hand, the weak patient safety culture is reflected in the minimal involvement of patients in medical decision-making, particularly the lack of understanding and enforcement of informed consent, which is a principle designed to safeguard patients' rights to be fully informed about the risks, benefits, and alternatives of a procedure. The absence of robust informed consent practices creates a fertile ground for disputes when patients or their families feel disadvantaged due to inadequate information provided prior to the intervention.

Within the legal framework, this situation is further exacerbated by the limited understanding among healthcare professionals regarding the legal implications of each medical action, as well as the sluggish institutional response in handling reports of alleged malpractice. Legal proceedings related to malpractice cases

often become protracted, lacking transparency, and failing to provide legal certainty for both patients and medical practitioners. In other words, although regulations concerning patient safety and medical practice are embedded in various statutory provisions, their implementation remains far from optimal. This reality underscores the need for a more comprehensive reform approach that encompasses strengthening oversight mechanisms, fostering a robust culture of patient safety, and harmonizing health regulations with criminal and civil legal instruments.

From this systemic overview, it becomes evident that medical malpractice in Indonesia is not an isolated professional error but the outcome of broader weaknesses in healthcare governance and legal enforcement. To conceptualize this issue comprehensively, this study employs Donabedian's Quality of Care framework, which evaluates healthcare quality through three interrelated dimensions—structure, process, and outcome. This framework provides a theoretical basis for assessing how hospital infrastructure, clinical procedures, and patient outcomes interact to influence malpractice risk. In parallel, the juridical-normative approach serves to examine how Indonesia's legal framework, including Law No. 17 of 2023 on Healthcare and related provisions in the Criminal and Civil Codes, governs professional accountability and patient protection.

Integrating these two perspectives allows this research to bridge the gap between legal theory and clinical practice. Donabedian's model elucidates the clinical and institutional conditions that give rise to malpractice, while the juridical-normative approach provides the lens through which the adequacy of legal mechanisms is critically evaluated. Together, these frameworks establish a coherent foundation for analysing the RSUD Bekasi case as a reflection of the broader intersection between patient safety governance and legal accountability in Indonesia's healthcare system.

2. Literature Review

Medical malpractice is one of the most fundamental issues in health ethics and law. Terminologically, medical malpractice is defined as negligence or error committed by healthcare professionals, whether physicians, nurses, or other medical personnel, in providing healthcare services in accordance with prevailing professional standards, resulting in harm to the patient (Fibrini et al. 2024; Rowland et al. 2022). This definition underscores two critical elements: the existence of professional standards as a reference point and actual harm suffered by the patient due to actions deviating from these standards. Thus, malpractice is not merely associated with adverse outcomes but must be established through evidence demonstrating that the healthcare provider was negligent in fulfilling their professional obligations.

In the international literature, the concept of medical malpractice is generally associated with four essential elements of proof: (1) duty of care, (2) breach of duty, (3) causation, and (4) damages (Luther 2021). First, duty of care refers to the legal

obligation inherent in healthcare professionals to provide services in accordance with professional standards to patients. This obligation is not only ethical but also legal, as it arises from the therapeutic relationship between the healthcare provider and the patient. Second, breach of duty occurs when the healthcare professional fails to meet the expected standard of care. Such breach may take the form of an omission (failure to perform an action that should have been taken) or a commission (performing an action that deviates from established procedures).

The third element is causation, which is often regarded as the most complex aspect in proving a malpractice claim. Causation requires the establishment of a clear causal link between the healthcare provider's negligence and the harm suffered by the patient. In litigation practice, proving this element frequently involves expert testimony to determine whether the harm was a direct consequence of the negligent act or the result of other uncontrollable factors beyond the provider's responsibility. The fourth element, damages, refers to the actual harm experienced by the patient, which may encompass physical injury, financial loss, or emotional distress. Such damages must be measurable and substantiated through evidence such as medical records, treatment documentation, or the socio-economic impact of the incident. The interrelation among these four elements constitutes the fundamental basis upon which legal systems in many jurisdictions adjudicate medical malpractice disputes. In the absence of any one of these elements, a malpractice claim is generally unlikely to succeed in court. For instance, if a patient suffers an injury despite the procedure being performed in accordance with established standards, the claim may be dismissed because there is no breach of the duty of care. Conversely, if a procedural violation occurs but does not result in actual harm, the matter is more commonly addressed through professional disciplinary or ethical review rather than formal litigation.

In the Indonesian context, these four principles are not explicitly codified in legislation; however, their implications are reflected in Law No. 17 of 2023 on Healthcare. This law emphasizes the obligation of medical professionals to provide care in accordance with professional standards, while also granting patients the legal right to seek compensation in cases of negligence. The greatest challenge, however, lies in establishing causation, as judicial proceedings in Indonesia heavily rely on expert testimony, which often leads to divergent opinions. This situation raises significant concerns about the effectiveness of legal mechanisms in ensuring patient protection while simultaneously upholding fairness for medical practitioners.

Globally, medical malpractice has evolved into one of the most significant legal and healthcare issues over the past two decades. In the United States, malpractice-related litigation reaches hundreds of thousands of cases annually, with compensation amounts that can exceed billions of U.S. dollars (Susila 2021). The reality in Indonesia presents enormous challenges. Structural factors, such as budget limitations, unequal distribution of medical personnel, and the low capacity of healthcare facilities in rural areas, create a backdrop for the high potential occurrence of medical incidents. Furthermore, weak internal oversight and the lack of effective medical incident reporting systems make early detection of patient safety issues difficult (Harry and

Widjaja 2025). Additionally, legal literacy among healthcare professionals remains low, causing them to often misunderstand the legal rights and obligations inherent in medical practice. As a result, dispute resolution frequently takes place informally, under intense social and emotional pressure, rather than through objective and transparent legal procedures.

Most incidents categorized as malpractice can be prevented through the implementation of effective risk management. Several strategies proven to be effective include conducting regular medical audits, enforcing mandatory incident reporting systems, and fostering a patient safety culture that emphasizes transparency and learning from mistakes (Zakaria and Trihapsoro 2025). In many developed countries, these mechanisms have been institutionalized as an integral part of hospital governance. However, in Indonesia, the implementation of these principles still faces serious obstacles, particularly in regional hospitals that often operate under conditions of inadequate equipment, limited medications, and a shortage of specialist medical personnel. Furthermore, the tendency of hospitals to prioritize administrative compliance and accreditation over strengthening patient safety culture often results in malpractice prevention strategies being implemented as mere formalities.

Thus, the stark difference between developed and developing countries lies not only in economic capacity or medical technology but also in the design of supporting legal and regulatory systems. Countries with progressive legal frameworks tend to position the resolution of malpractice disputes within a context that both protects patients and upholds the professionalism of healthcare providers. Conversely, in Indonesia, the weak integration between the legal system and clinical governance increases the risk of malpractice while prolonging dispute resolution, ultimately compromising patients' rights and creating legal uncertainty for medical practitioners.

The legal framework governing medical malpractice in Indonesia is primarily grounded in Law No. 17 of 2023 on Healthcare. In addition, the dimension of legal accountability for malpractice is closely linked to the provisions of the Indonesian Criminal Code (KUHP) and the Indonesian Civil Code. The Health Law provides a general foundation concerning the rights and obligations of patients and healthcare providers, while also regulating licensing mechanisms and the professional code of ethics through the Indonesian Medical Disciplinary Board (*Majelis Kehormatan Disiplin Kedokteran Indonesia*, MKDKI). Furthermore, the Hospital Law underscores the obligation of healthcare facilities to provide infrastructure, equipment, and human resources in accordance with minimum service standards.

In dispute resolution practice, the legal pathways available in Indonesia include criminal, civil, and professional ethics domains. Criminal liability is generally associated with alleged violations of Articles 359 and 360 of the Indonesian Penal Code (KUHP) concerning negligence resulting in injury or death, while the civil domain relates to compensation based on Article 1365 of the Civil Code regarding

unlawful acts. In addition, complaints concerning ethics and professional discipline can be submitted to the Indonesian Medical Disciplinary Honorary Council (MKDKI) or the Medical Ethics Honorary Council (MKEK). However, the legal process in Indonesia is often considered slow, costly, and fraught with uncertainty (Tuda et al. 2022). As a result, most disputes are resolved through internal hospital mediation mechanisms or professional ethics bodies rather than formal litigation. This phenomenon differs significantly from developed countries that have institutionalized formal medical mediation and arbitration channels to expedite dispute resolution and reduce the burden on courts (Colivicchi, Fabbri, and Iannizzotto 2024; Maroudas 2024).

From an international comparative perspective, strong, transparent, and accountability-based regulations have been proven to reduce litigation rates while strengthening the culture of patient safety. Studies by Bartlett (2023) dan Putro (2025) emphasize that the clarity of legal procedures and compensation mechanisms is key to preventing the escalation of medical conflicts into prolonged disputes. Countries with no-fault compensation systems, such as Sweden and Japan, have successfully reduced litigation burdens and minimized psychological impacts on medical professionals because the system shifts its focus from fault-finding to patient recovery and systemic improvement (Leflar 2021; Bartlett 2023).

Conversely, in Indonesia, fragmented regulations combined with weak implementation create significant legal uncertainty. For instance, proving medical malpractice requires the involvement of expert witnesses, which often triggers conflicts of interest due to the close relationships within the profession. In addition, the lack of alternative dispute resolution mechanisms in the medical sector makes disputes difficult to resolve quickly and fairly. Tuda et al. (2022) found that unclear regulations and weak managerial oversight increase the risk of malpractice while contributing to low compliance with patient safety standards. This situation is further exacerbated by organizational cultures in many hospitals that remain oriented toward a blame culture, resulting in incident reporting rarely being conducted transparently.

Most studies on malpractice in Indonesia remain descriptive and normative, focusing primarily on identifying legal rules and formal procedures without integrating patient safety and risk management approaches. The lack of interdisciplinary research that combines legal, ethical, and clinical governance perspectives results in proposed solutions that are often impractical. Therefore, there is a knowledge gap in the form of a need for comprehensive analysis that not only examines regulatory aspects but also assesses the effectiveness of law enforcement in fostering a patient safety culture and preventing malpractice in hospitals.

Based on the gaps identified in the literature, previous studies on medical malpractice in Indonesia have tended to emphasize either the legal dimension or the clinical dimension in isolation, without adequately integrating both perspectives within a

unified analytical framework. This research addresses that gap by combining juridical-normative legal analysis with a clinical governance perspective derived from Donabedian's Quality of Care model. By doing so, the study not only evaluates the adequacy of existing legal instruments in regulating medical accountability but also examines how institutional structures and clinical processes influence the occurrence and handling of malpractice. The following section explains the methodological design employed to operationalize these frameworks and to ensure that the analysis remains both theoretically grounded and empirically verifiable.

3. Research Method

This study employs a juridical-normative approach integrated with an empirical case analysis to examine medical malpractice within the framework of health law and clinical governance in Indonesia. The juridical-normative approach is applied to interpret positive legal provisions, including Law No. 17 of 2023 on Healthcare, the Indonesian Criminal Code (KUHP), the Civil Code (KUHPerdata), and the professional code of medical ethics. Through this approach, the research evaluates the extent to which these regulations uphold professional accountability and protect patient rights in cases of suspected malpractice.

Complementing this, the empirical component utilizes a qualitative case study of the alleged malpractice incident during a cesarean section at Bekasi Regional Public Hospital (RSUD Bekasi) in 2025. The analysis follows Donabedian's Quality of Care framework, which conceptualizes healthcare performance through the dimensions of structure, process, and outcome. These dimensions guide the empirical evaluation of hospital infrastructure, procedural compliance, and patient safety outcomes as reported in credible media sources and official statements.

Data were obtained from statutory documents, court archives, national media reports (Kompas, Kumparan, and WartaKota), and scholarly literature on health law, patient safety, and medical ethics. Library research was conducted to synthesize doctrinal, theoretical, and empirical materials. The data were analysed qualitatively using a three-stage process: (1) interpretation of legal norms to identify principles of accountability; (2) application of Donabedian's framework to assess systemic and clinical factors influencing malpractice; and (3) triangulation of findings across legal provisions, academic literature, and verified case facts. This triangulated design ensures analytical validity by integrating normative legal reasoning with empirical evidence. By connecting the juridical-normative and Donabedian frameworks, the study seeks to reveal structural weaknesses in Indonesia's health law enforcement and propose reform strategies that are both legally grounded and operationally feasible for strengthening patient safety and professional accountability.

4. Results and Discussion

The alleged medical malpractice case at RSUD Bekasi in mid-2025 reignited public debate regarding the accountability of medical professionals, the effectiveness of hospital governance, and the integrity of Indonesia's health law system. Based on

reports from national media (Rutama 2025; Simamora 2025; Ulya and Damarjati 2025), the case originated from a cesarean section performed on a patient under emergency indications. Following the procedure, the patient's family suspected procedural errors that resulted in severe complications, prompting them to report the incident to the authorities. However, as of the time this report was published, the case remains at the initial verification stage and has not escalated into formal legal proceedings, either criminal or civil. This phenomenon is not an isolated case but rather reflects a recurring systemic pattern in handling alleged medical malpractice in Indonesia, namely the dominance of non-litigation settlements such as internal hospital mediation or professional ethics forums over litigation pathways. The minimal escalation to the judicial level, despite indications of violations of medical service standards, signals a gap between normative regulations, which are theoretically comprehensive, and their actual implementation in practice.

Normatively, Indonesia's legal framework clearly stipulates the obligations and responsibilities of medical practitioners in delivering healthcare services. Law No. 17 of 2023 on Healthcare explicitly requires all medical personnel to comply with professional standards and standard operating procedures (SOP) in every medical intervention. Violations of these provisions may result in legal sanctions encompassing criminal, civil, and professional ethical dimensions. Furthermore, the law mandates healthcare institutions to prioritize patient safety and security as a fundamental obligation. These provisions also reinforce the principle of institutional accountability, which should serve as the frontline mechanism for preventing malpractice.

Although a regulatory framework exists, implementation in practice shows significant limitations. Findings from several studies reveal that the majority of alleged medical malpractice cases in Indonesia do not proceed to litigation but instead conclude at the stage of internal hospital mediation (Ikhsan and Yusuf 2025; Syahza, Ramadhani, and Yusuf 2024). Furthermore, ambiguities in dispute resolution mechanisms and high litigation costs are identified as major obstacles for patients seeking justice through the courts (Sinaga 2021). On the other hand, limited legal awareness among the public and a lack of transparency in medical audits exacerbate this situation, leading victims or their families to prefer amicable settlements even when their rights have not been fully fulfilled.

This issue also highlights the ethical dimension and organizational culture in healthcare services. Medical malpractice is not merely understood as a technical error but also as an indicator of weak internal oversight systems and patient safety culture. Indonesia continues to face structural challenges, particularly in regional hospitals operating with limited human resources, inadequate medical facilities, and high workloads for healthcare workers. In the context of RSUD Bekasi, this alleged malpractice should serve as a momentum to evaluate the effectiveness of risk management systems and legal accountability. If a violation of the Standard Operating Procedure (SOP) is proven, there are clear legal implications under the Indonesian

Criminal Code (KUHP) Articles 359 and 360 on negligence causing death or serious injury, the Civil Code (KUHPperdata) Article 1365 on unlawful acts, as well as provisions in the Medical Practice Law. However, forensic evidence challenges, high litigation costs, and weak oversight mechanisms make pursuing legal action through litigation difficult for the public.

Viewed through Donabedian's Quality of Care framework, the alleged malpractice at RSUD Bekasi reflects weaknesses across all three dimensions, namely structure, process, and outcome, which together define the integrity of healthcare delivery.

1. Structure (Institutional and Resource Dimension).

At the structural level, the case reveals deficiencies in hospital infrastructure, human resource distribution, and supervisory mechanisms. RSUD Bekasi, like many regional hospitals, operates under significant workload pressures with limited staff specialization and constrained medical facilities. The lack of a dedicated patient safety unit and the absence of robust internal auditing structures illustrate systemic gaps that compromise preventive oversight. These structural weaknesses increase the risk of procedural deviations, particularly during high-risk surgeries such as cesarean sections.

2. Process (Clinical and Administrative Procedures)

The process dimension involves the actual implementation of medical standards and patient care protocols. In this case, indications of procedural negligence suggest inadequate adherence to standard operating procedures (SOPs), limited communication with patients and families, and insufficient documentation. The absence of transparent clinical audits and delayed incident reporting indicate that the hospital's internal governance failed to enforce the continuous monitoring required to ensure compliance with clinical and ethical standards. Moreover, weak coordination between medical teams and management reflects an institutional culture that remains reactive rather than preventive.

3. Outcome (Patient Safety and Systemic Impact)

The outcome dimension captures the end results of care, including patient recovery, safety indicators, and trust in healthcare institutions. The patient's postoperative complications, coupled with the public controversy surrounding the case, underscore how failures in structure and process culminate in adverse outcomes not only for the individual patient but also for the hospital's reputation and public confidence in the health system. This reinforces the notion that malpractice is both a clinical and governance failure.

Synthesizing these three dimensions highlights that the RSUD Bekasi case is not an isolated incident of individual negligence but a manifestation of broader systemic fragilities in Indonesia's healthcare delivery and legal accountability systems. Addressing such weaknesses requires structural investment in human resources and hospital infrastructure, procedural reforms to strengthen patient safety culture and

documentation, and outcome-focused monitoring to ensure transparency and accountability at both institutional and regulatory levels.

Thus, a preliminary analysis of this case indicates the need to strengthen accountability mechanisms through more responsive policies, including the implementation of independent medical audits, enhancing the transparency of the Medical Ethics Council, and establishing a dispute resolution mechanism that is simpler and more affordable for patients. These reforms are essential to bridge the gap between legal norms and actual practice, as well as to build public trust in Indonesia's healthcare system.

The legal review of Indonesia's statutory regulations shows that there are in fact several legal instruments available for patients to seek compensation or hold medical personnel and healthcare institutions criminally liable. In the realm of criminal law, Article 359 of the Indonesian Penal Code (KUHP) regulates negligence resulting in death, while Article 360 of the Penal Code addresses negligence causing serious injury. These provisions provide a legal basis to prosecute individuals proven negligent in fulfilling their professional duties. In civil law, Article 1365 of the Civil Code stipulates unlawful acts (*onrechtmatige daad*), granting the injured party the right to claim compensation for actions that violate legal obligations or neglect others' rights.

In addition to these provisions, Law No. 17 of 2023 on Healthcare emphasizes the obligation of hospitals to deliver care that is safe, of high quality, non-discriminatory, and effective in accordance with minimum service standards. This implies that a hospital's failure to ensure the quality of medical services may result in legal consequences, both at the institutional level and for the medical personnel involved. The law also explicitly mandates that healthcare professionals comply with professional standards and the medical code of ethics in every medical procedure performed.

However, empirical findings and previous studies indicate that the implementation of these legal provisions often encounters significant obstacles, particularly in the evidentiary process (Tarigan and Novita 2025; Yusuf, Ratu Mbasa, and Yenjau 2024; Widjaja 2025). Proving the occurrence of medical malpractice requires a series of valid medical evidence, including complete medical records, clinical audit results, and expert testimony. In practice, hospitals tend to adopt a defensive stance and restrict access to medical documents under the pretext of confidentiality, thereby worsening the bargaining position of patients. Moreover, the limited legal knowledge of patients or their families often leads to situations where victims are unaware of the legal procedures to follow or the rights they possess. In addition, the uncertainty of judicial processes, which are characterized by lengthy, costly, and highly technical proceedings, further burdens the resolution of malpractice cases, resulting in many cases being settled through internal hospital mediation or the Medical Ethics Honorary Council rather than formal litigation.

In the context of criminal law, the application of Articles 359 and 360 of the Indonesian Criminal Code (KUHP) to malpractice cases is not straightforward, as it requires proving a causal relationship between the medical professional's negligent act and the resulting consequence (death or serious injury). This process involves complex interpretations from both medical and legal perspectives, which often creates uncertainty at the level of investigators and public prosecutors. Meanwhile, from a civil law perspective, a lawsuit based on Article 1365 of the Indonesian Civil Code requires proof of an unlawful act, actual damages, and a causal link between the two, which are the requirements that technically difficult for patients to fulfil without expert support and significant financial resources.

In the context of the RSUD Bekasi case that drew public attention in mid-2025, indications of a breach of duty emerged from the patient's family's allegation of procedural negligence during a cesarean section, which was claimed to have deviated from established medical protocols. Nevertheless, proving the element of breach of duty requires authentic evidence, such as medical records, procedural reports, and statements from independent medical experts. A more complex challenge arises in establishing the element of causation, as it must be demonstrated that the patient's harm was a direct result of the procedural violation committed by the medical personnel, rather than an unavoidable medical complication. This process typically necessitates an in-depth clinical audit, an ethical review panel analysis, and forensic examination through a *visum et repertum*.

In the RSUD Bekasi case, indications of procedural negligence also suggest a failure of layered supervision and the absence of an effective early warning system to detect errors before they result in fatal consequences. This case further exposes a fundamental issue concerning the weak patient safety culture in Indonesia. Patient safety is one of the primary indicators of healthcare quality and an integral component of modern hospital governance. The Indonesian Ministry of Health Regulation No. 11 of 2017 on Hospital Patient Safety mandates that every hospital must implement patient safety programs as a preventive measure against incidents that may endanger patients. However, the implementation of this regulation in practice continues to face structural barriers, particularly in regional hospitals that operate with limited human resources, facilities, and supporting infrastructure. Preventing negligence-related incidents requires the enforcement of strict clinical protocols, strengthening of incident reporting systems, and improved communication between medical personnel and patients. Evidence-based strategies such as the use of surgical safety checklists, preoperative evaluations, and complication management have been proven effective globally, yet they remain suboptimal in many Indonesian hospitals, including RSUD Bekasi.

Based on the normative analysis of the existing legal framework and the empirical review of practical implementation, it can be concluded that the root cause of medical malpractice in Indonesia does not solely lie in the negligence of individual healthcare

professionals, but is predominantly influenced by systemic weaknesses. These factors include declarative regulations that lack operational detail, low public legal literacy that limits patients' ability to assert their rights, weak internal and external oversight mechanisms, and the absence of effective alternative dispute resolution instruments. This situation creates a significant gap between the ideal legal norms articulated in various statutes and their actual implementation in practice.

Structural legal reform and governance improvements in healthcare services, oriented toward prevention, are necessary as both a solution and a mitigation measure to prevent similar cases from recurring in the future. This effort can be realized through several key strategies. First, strengthening formal mediation mechanisms institutionalized within the judicial system as well as outside of court to provide a dispute resolution pathway that is fast, affordable, and fair. Second, implementing mandatory clinical audits as a quality control instrument and an institutional learning tool for healthcare professionals and hospital management. Third, developing a no-fault compensation system tailored to Indonesia's social, economic, and legal context. This system would not only accelerate the fulfilment of patients' rights but also reduce litigation burdens and minimize the risk of defensive medicine practices that could undermine healthcare service efficiency.

The broader implications of these findings highlight the urgent need for integrated collaboration among policymakers, professional medical organizations, and hospital management to establish a sustainable patient safety culture within the healthcare system. A systems-based approach, rather than a punitive model that focuses solely on individual errors, must become the dominant paradigm in medical risk governance. This approach emphasizes preventive measures, systemic improvements, and shared accountability, which are essential to reducing the recurrence of adverse medical events. Failure to implement these structural changes risks perpetuating a cycle of alleged malpractice cases, such as the incident at RSUD Bekasi, which not only undermines public trust in healthcare institutions but also erodes confidence in the overall integrity of the health system in Indonesia. Therefore, reforms must go beyond normative legal frameworks and incorporate operational policies, institutional monitoring mechanisms, and continuous professional development to ensure that patient safety becomes a core value across all levels of healthcare delivery.

5. Conclusion

This study concludes that medical malpractice in Indonesia should not be perceived merely as an outcome of individual negligence by healthcare professionals, but as a manifestation of deeper systemic weaknesses in healthcare governance and legal accountability. The integration of Donabedian's Quality of Care framework and the juridical-normative approach demonstrates that failures in structure, process, and outcome, which further coupled with the limited enforcement of health law, collectively contribute to the persistence of malpractice cases. The analysis reveals a

wide gap between the legal norms articulated in Law No. 17 of 2023 on Healthcare and their practical application, where internal mediation and professional ethics forums often substitute for formal judicial mechanisms.

Several structural factors underpin this gap: inadequate evidentiary procedures, low public awareness of patient rights, prolonged and costly legal processes, and the absence of accessible alternative dispute resolution systems. These are compounded by weak patient safety cultures and management limitations in regional hospitals, as illustrated by the RSUD Bekasi case. The alleged procedural violations in that case highlight the need for stronger clinical audits, transparent reporting systems, and proactive supervision to prevent recurrence.

Building upon these findings, the study proposes three strategic directions for reform. First, regulatory frameworks should be operationalized through clear implementation guidelines and institutional accountability mechanisms. Second, a structured mediation-based dispute resolution system should be established to ensure swift, fair, and affordable access to justice. Third, the introduction of a no-fault compensation system would uphold patient rights without overburdening medical professionals or the judicial system.

The broader implication is that patient safety must become a central pillar of Indonesia's healthcare governance, supported by legal reforms that integrate preventive, restorative, and educational dimensions. Sustainable progress requires collaboration among legislators, professional medical organizations, hospital administrators, and civil society to build a culture of transparency and shared responsibility. Future research should focus on developing empirical models that quantify the relationship between legal accountability, patient safety, and healthcare outcomes, ensuring that both the clinical and legal dimensions of malpractice are addressed holistically.

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