



Legal Responsibility and Accountability of the Medical Profession Within the Framework of Ministry of Health Regulation No. 3 of 2025: Challenges and Opportunities

Tanggung Jawab Hukum dan Akuntabilitas Profesi Medis dalam Kerangka Peraturan Menteri Kesehatan Nomor 3 Tahun 2025: Tantangan dan Peluang

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Abstract

This article examines legal responsibility and professional accountability in the medical profession within the framework of Minister of Health Regulation Number 3 of 2025, with particular emphasis on the establishment and authority of the Medical Professional Disciplinary Council (Majelis Disiplin Profesi/MDP). This study employs normative legal research using statutory and conceptual approaches by analyzing statutory regulations, legal principles and doctrines, and relevant scholarly literature in the fields of health law and professional discipline. The findings indicate that Minister of Health Regulation Number 3 of 2025 has normatively established a more structured regime of medical professional discipline through a clear separation between disciplinary mechanisms and criminal as well as civil liability mechanisms. The MDP is positioned as a specialized administrative body tasked with safeguarding professional standards and ensuring the accountability of medical practitioners, supported by procedural rules and types of sanctions designed to guarantee procedural justice. This regulatory framework is consistent with theories of professional accountability and legal certainty, although it continues to present normative challenges, particularly with regard to appeal mechanisms and inter-institutional coordination among law enforcement bodies. This article contributes to the development of health law scholarship by offering an institutional and systemic analysis of medical professional discipline and by providing a conceptual foundation for policy refinement and future research on the implementation of medical professional accountability in Indonesia.

Kata Kunci:

Hukum
Kesehatan;
Akuntabilitas
Profesional
Medis;
Tanggung
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Disiplin Medis;

Abstrak

Artikel ini mengkaji tanggung jawab hukum dan akuntabilitas profesional dalam profesi medis dalam kerangka Peraturan Menteri Kesehatan Nomor 3 Tahun 2025, dengan penekanan khusus pada pembentukan dan kewenangan Majelis Disiplin Profesi (MDP). Studi ini menggunakan metode penelitian hukum normatif dengan pendekatan peraturan perundang-undangan dan pendekatan konseptual, melalui analisis peraturan perundang-undangan, prinsip

*Dewan Disiplin
Profesional
Medis.*

dan doktrin hukum, serta literatur ilmiah yang relevan di bidang hukum kesehatan dan disiplin profesional. Temuan menunjukkan bahwa Peraturan Menteri Kesehatan Nomor 3 Tahun 2025 secara normatif telah menetapkan rezim disiplin profesional medis yang lebih terstruktur melalui pemisahan yang jelas antara mekanisme disiplin dan mekanisme tanggung jawab pidana serta perdata. MDP diposisikan sebagai badan administratif khusus yang bertugas menjaga standar profesional dan memastikan akuntabilitas praktisi medis, didukung oleh aturan prosedural dan jenis sanksi yang dirancang untuk menjamin keadilan prosedural. Kerangka peraturan ini konsisten dengan teori akuntabilitas profesional dan kepastian hukum, meskipun masih menghadirkan tantangan normatif, khususnya mengenai mekanisme banding dan koordinasi antarlembaga di antara badan penegak hukum. Artikel ini berkontribusi pada pengembangan kajian hukum kesehatan dengan menawarkan analisis kelembagaan dan sistemik tentang disiplin profesi medis serta menyediakan landasan konseptual untuk penyempurnaan kebijakan dan penelitian masa depan tentang implementasi akuntabilitas profesi medis di Indonesia.

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INTRODUCTION

Background of Problem

Developments in healthcare systems worldwide have fundamentally reshaped the nature of medical practice and its regulatory environment. Rapid advances in medical technology, increasing specialization, the corporatization of healthcare delivery, and the growing complexity of clinical decision-making have altered traditional doctor–patient relationships. As a result, medical practice is no longer perceived solely as a trust-based professional activity, but increasingly as a regulated field embedded within institutional, legal, and administrative frameworks. These transformations have intensified public demands for professionalism, transparency, and accountability among medical practitioners, particularly as public awareness of health-related rights continues to expand.

Legal and policy scholarship consistently emphasizes that medical professional disciplinary systems serve as a central regulatory mechanism for safeguarding patient safety and maintaining public trust in the medical profession. Disciplinary institutions such as medical councils, professional boards, and disciplinary tribunals are designed to ensure compliance with professional standards, ethical norms, and service obligations. At the same time, they function as administrative accountability mechanisms that occupy an intermediate position between professional self-regulation and formal judicial processes. Comparative cross jurisdictional studies demonstrate that the effectiveness of medical disciplinary systems is highly contingent upon regulatory design, institutional independence, clarity of authority, and procedural transparency (Gallagher et al., 2019).

Across many jurisdictions, the governance of medical professional discipline has evolved from traditional models of self regulation toward hybrid or state centered regulatory

arrangements. While professional autonomy remains an essential feature of medical governance, states have increasingly assumed a more active role in ensuring accountability through structured administrative mechanisms. In the United States, for example, state medical boards operate as public administrative bodies with extensive authority to investigate complaints, impose disciplinary sanctions, and regulate professional conduct, emphasizing preventive and corrective objectives rather than punitive outcomes (Landess, 2019). This approach reflects a broader understanding that professional discipline aims primarily to uphold standards of care and protect the public, rather than to substitute for criminal or civil liability mechanisms.

Despite these developments, the coexistence of disciplinary, civil, and criminal liability regimes continues to generate normative tension and legal uncertainty. Legal scholars have observed that unclear boundaries between professional disciplinary proceedings and formal judicial processes may result in overlapping authority, procedural inefficiencies, and inconsistent outcomes. Such conditions can undermine both the effectiveness of accountability systems and the legal protection afforded to medical practitioners. Empirical and doctrinal studies from developing jurisdictions illustrate these challenges. In Nigeria, for instance, disciplinary tribunals and regulatory councils play a significant role in addressing medical negligence, yet fragmented institutional coordination and complex evidentiary requirements often hinder effective accountability and access to justice (Opara, 2025).

From a theoretical perspective, the strengthening of medical professional disciplinary systems is closely linked to the concept of professional accountability. Professional accountability theory posits that professions derive social legitimacy from specialized expertise and delegated authority; however, such legitimacy is conditional upon the existence of transparent, predictable, and rights-based accountability mechanisms. Without disciplinary systems grounded in due process and legal certainty, professional autonomy risks being perceived as corporatist protection rather than public oriented governance. This perception can erode public trust and weaken the moral authority of the medical profession (Bauchner et al., 2015).

In developing and transitional societies, reforms of medical disciplinary regulation constitute an integral component of broader health governance transformations. Legal and regulatory scholarship highlights that weak institutional design, fragmented authority, and ambiguous procedural norms represent recurring obstacles to effective professional discipline. A comprehensive scoping review of regulatory disciplinary actions across health professions found significant variations in definitions of misconduct, sanctioning practices, and procedural standards, which in turn undermine legal certainty and hinder comparative evaluation of disciplinary systems (Foong-Reichert et al., 2021).

Within the Indonesian context, these global dynamics are reflected in the increasing number of malpractice allegations, patient complaints, and medical disputes involving healthcare professionals. Medical practitioners are increasingly exposed to simultaneous ethical scrutiny, professional disciplinary processes, and potential civil and criminal liability. This convergence of accountability regimes has heightened legal uncertainty and reinforced calls for regulatory reform aimed at clarifying institutional roles and strengthening procedural safeguards.

The enactment of Law Number 17 of 2023 on Health represents a significant restructuring of Indonesia's health law framework, particularly in relation to professional regulation and disciplinary enforcement. One of the law's most consequential innovations lies in the formal recognition of professional disciplinary mechanisms as a primary instrument of medical accountability. This framework was further operationalized through Government Regulation Number 28 of 2024 and

Minister of Health Regulation Number 3 of 2025, which establish and regulate the authority of the Medical Professional Disciplinary Council as a specialized administrative body responsible for enforcing medical professional discipline (Betlehem & Redi, 2025).

While these reforms aim to enhance accountability and legal certainty, emerging scholarship suggests that they also raise important normative questions. Concerns have been expressed regarding potential overlaps between disciplinary authority and law enforcement institutions, the adequacy of procedural safeguards for medical practitioners, and the absence of clearly regulated internal appeal mechanisms. Comparative analyses indicate that without careful regulatory harmonization, disciplinary systems risk either excessive criminalization of medical practice or insufficient protection of patient interests. Studies comparing regulatory models across jurisdictions suggest that a well designed disciplinary framework should function as *primum remedium* a primary, specialized mechanism of accountability rather than as a subsidiary or purely symbolic institution (Sudarmanto et al., 2025).

Against this backdrop, a comprehensive normative legal analysis of Minister of Health Regulation Number 3 of 2025 is both timely and necessary. Existing Indonesian legal scholarship has largely focused on issues of malpractice liability and the criminalization of medical practice, while the institutional and systemic dimensions of professional discipline have received comparatively limited attention. This gap underscores the need for doctrinal research that situates medical professional discipline within the broader architecture of administrative law, legal certainty, and professional accountability.

Accordingly, this study seeks to examine whether the current regulatory design governing medical professional discipline in Indonesia adequately ensures due process, legal certainty, and coherent integration with civil and criminal liability regimes. By addressing these issues, the study aims to contribute to the development of health law scholarship and to inform future policy refinement toward a fair, transparent, and accountable system of medical professional disciplinary enforcement.

Problem Identification

Based on the foregoing background, the problems examined in this study may be identified through the following normative points:

1. The need to clarify the institutional authority and administrative enforcement mechanisms of the Medical Professional Disciplinary Council (MDP) as regulated under Minister of Health Regulation Number 3 of 2025; and
2. The need to evaluate the extent to which the regulatory framework ensures due process of law, legal certainty, and coherent integration between the medical professional disciplinary regime and criminal as well as civil law regimes.

Normative uncertainty regarding the institutional design and administrative authority of the Medical Professional Disciplinary Council (MDP). Although Minister of Health Regulation Number 3 of 2025 establishes the MDP as a specialized body for enforcing medical professional discipline, normative issues remain concerning the clarity of its institutional position, the scope of its administrative authority, and the consistency of disciplinary enforcement mechanisms within the system of administrative law.

The absence of optimal guarantees of due process of law and legal certainty in the integration of the professional disciplinary regime with criminal and civil law. The regulation of examination procedures, the protection of medical practitioners' rights, and the relationship between disciplinary sanctions and criminal or civil liability

still require normative evaluation to ensure systemic coherence and to prevent overlapping authority.

Problem Formulation

In order to examine the normative design of medical professional disciplinary enforcement under Minister of Health Regulation Number 3 of 2025, this study is guided by the following research questions:

1. How is the institutional authority and disciplinary enforcement mechanism of the Medical Professional Disciplinary Council regulated under Minister of Health Regulation Number 3 of 2025?
2. To what extent does the regulatory framework ensure due process, legal certainty, and coherent integration with civil and criminal legal regimes in medical professional accountability?

Research Objectives and Benefit

Research Objectives

In accordance with the research questions, this study aims to:

1. Analyze the regulation of institutional authority and disciplinary enforcement mechanisms of the Medical Professional Disciplinary Council as stipulated in Minister of Health Regulation Number 3 of 2025.
2. Evaluate the extent to which the regulatory framework ensures the principles of due process, legal certainty, and coherent integration with criminal and civil law regimes within the system of medical professional accountability.

Benefit

This study is expected to provide both theoretical and practical contributions to the development of health law by enhancing the understanding of medical professional accountability as a distinct administrative law regime, particularly in relation to the integration of disciplinary, criminal, and civil law frameworks. Practically, the findings may serve as a normative reference for policymakers, the Medical Professional Disciplinary Council, and medical practitioners in strengthening regulatory design, ensuring due process and legal certainty, and promoting a fair, transparent, and public interest-oriented system of medical professional disciplinary enforcement.

THEORETICAL AND CONCEPTUAL FRAMEWORK

Theoretical Framework of Professional Accountability and Legal Certainty in Medical Professional Discipline

This study is grounded in the theory of professional accountability and the theory of legal certainty, which conceptually explain the relationship between professional autonomy, the state's regulatory authority, and the legal responsibility of medical practitioners. The theory of professional accountability is rooted in the notion that professions possessing specialized expertise obtain social legitimacy to regulate themselves; however, such legitimacy is conditional upon the existence of accountability mechanisms that are transparent, fair, and subject to legal scrutiny (Sunaryo et al., 2024). Within the context of health law, professional accountability is not merely understood as compliance with ethical codes, but also as adherence to public legal norms that ensure patient protection

and legal certainty for medical professionals (Darma, 2024). The relevance of this theoretical framework becomes increasingly evident when professional disciplinary systems are positioned as a bridge between medical ethics and the regimes of criminal and civil liability.

Previous studies indicate that research on medical professional discipline and accountability has developed across a spectrum of normative, comparative, and public policy approaches. Cross-professional analyses emphasize that effective disciplinary mechanisms require clear norms, procedures that guarantee due process, and a balance between public interests and the protection of professional rights (Jacob, 2023). Studies across various jurisdictions further demonstrate that unclear boundaries between disciplinary and criminal responsibility frequently generate legal uncertainty and erode public trust in disciplinary institutions (Opara, 2025). In the Indonesian context, recent literature highlights the growing complexity of medical practitioners' liability following health law reforms, yet such analyses remain largely sectoral or issue-specific.

Nevertheless, a significant research gap persists, particularly concerning normative evaluations of the newly established regulatory design governing medical professional discipline. Most prior studies have focused predominantly on issues of criminalization or patient protection, without systematically examining the integration of professional disciplinary law and the principle of legal certainty within the latest regulatory framework (Asmara, 2025). Moreover, existing approaches tend to be fragmented and have not sufficiently positioned disciplinary bodies as integral components of a comprehensive architecture of professional accountability, resulting in limited exploration of their institutional and procedural implications (Arawinda & Wisnaeni, 2025).

Conceptual Framework for the Analysis of Medical Professional Disciplinary Regulation

This article positions itself to address the identified research gap by integrating the theory of professional accountability and the theory of legal certainty into a normative analysis of Minister of Health Regulation Number 3 of 2025. The primary contribution of this study lies in its assessment of whether the institutional design of the Medical Professional Disciplinary Council and its examination mechanisms reflect the principles of procedural justice, proportionality of sanctions, and coherence with other relevant legal regimes. This approach extends existing literature that has predominantly focused on the individual liability of medical practitioners by shifting attention toward the institutional and normative dimensions of the professional disciplinary system (Wulan et al., 2025).

Trends in theoretical and methodological approaches within prior studies indicate the dominance of normative legal research centered on the interpretation of statutory regulations, accompanied by conceptual analyses of justice and legal certainty. At the same time, several studies have begun to adopt comparative and *law in context* approaches to capture the limitations of legal regulation in governing complex professional practices (Murphy, 2020). Nevertheless, the integration of normative approaches with institutional analysis remains relatively limited, particularly in the field of health law within developing country contexts (Sunaryo et al., 2024).

Based on this conceptual synthesis, the present study employs a theoretical framework that integrates professional accountability, legal certainty, and procedural justice as its analytical foundation for evaluating the effectiveness of medical professional disciplinary regulation. This synthesis conceptualizes legal norms not merely as texts to be complied

with, but as regulatory instruments that must ensure a balance between public protection and the rights of medical practitioners in practice. This framework serves as the conceptual basis guiding the selection of the normative legal research method and the analytical techniques applied in the subsequent sections, thereby ensuring that the analysis remains consistent, systematic, and aligned with the objectives of the study (Asmara, 2025).

RESEARCH METHODS

This study uses normative legal research (*doctrinal legal research*) that focuses on the analysis of positive legal norms, legal principles, and doctrines relevant to the regulation of legal responsibility and accountability of the medical profession within the framework of Minister of Health Regulation Number 3 of 2025. Normative legal research was chosen because the main objective of this study is to examine the consistency, coherence, and rationality of disciplinary regulations for the medical profession, as well as to assess their compatibility with the principles of *due process of law* and legal certainty in the Indonesian health law system (Majeed et al., 2023). This approach allows researchers to assess the law as it should be (*das sollen*), while identifying potential normative disharmony between sectoral health regulations and the applicable criminal and civil law regimes (Bódig, 2023).

The sources and types of data used in this study are entirely secondary data, consisting of primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials include relevant laws and regulations, particularly Law Number 17 of 2023 concerning Health, Minister of Health Regulation Number 3 of 2025 concerning the enforcement of medical professional discipline, and other related regulations governing the practice and discipline of medical personnel. Secondary legal materials include scientific literature in the form of reputable international journal articles and accredited national journals discussing health law, medical professional discipline, professional accountability, and the principle of *due process* in enforcing professional discipline (Delduque & Alves, 2015). Tertiary legal materials are used to a limited extent to assist in tracing and understanding concepts, such as legal dictionaries and legal encyclopedias.

Data collection techniques were carried out through *library research* with a systematic and targeted scientific literature search protocol. The search was conducted in internationally indexed *open access* journal databases using keywords related to *medical professional accountability*, *medical disciplinary system*, *health law regulation*, and *due process in professional discipline*. This protocol was developed to ensure the traceability and relevance of the sources used, as well as to minimize literature selection bias (Pepin et al., 2025). All selected articles were accessed in *full text* and were *open access* to ensure transparency and verifiability of data sources.

The inclusion criteria for this study included: (1) journal articles discussing health law, medical professional discipline, or normative legal research methodology; (2) publications within the last ten years for international journals, or relevant accredited national journals; (3) articles that provide normative, conceptual, or comparative analyses that can be used to assess the regulation of medical professional discipline. The exclusion criteria include: (1) articles that are non-academic opinions; (2) publications that do not provide open access to the full text; and (3) studies that are not directly relevant to the issue of medical professional accountability or legal research methodology. The application of these criteria is intended to maintain the quality and consistency of the data analyzed (Majeed et al., 2023).

The unit of analysis in this study is the legal norms and institutional design contained in Minister of Health Regulation No. 3 of 2025, specifically the provisions regarding the structure, authority, and procedures of the Professional Disciplinary Council, as well as its relationship with legal norms in health laws and other legal regimes. In addition, the unit of analysis also includes legal concepts such as professional accountability, legal certainty, and procedural justice as developed in international health law doctrine and literature (Serediuk, 2024).

Data analysis techniques were carried out qualitatively and normatively through legal interpretation methods, including grammatical, systematic, and teleological interpretations, as well as conceptual analysis to examine the meaning and implications of the legal norms under study. The collected legal data was analyzed by identifying the compatibility and potential conflicts between norms, then synthesized to assess the adequacy of regulations in ensuring the accountability of the medical profession and the protection of the legal rights of the parties concerned (Siahaan et al., 2025). The analysis process was conducted manually with the support of reference management software to ensure consistency in citations and traceability of sources, so that the analysis results could be scientifically and methodologically accountable.

RESULTS AND DISCUSSION

Result

The findings of this normative legal study indicate that Minister of Health Regulation Number 3 of 2025 explicitly establishes a new institutional framework for the enforcement of medical professional discipline through the formation of the Medical Professional Disciplinary Council (MDP), which is structurally separated from professional organizations and prior ethical bodies. Based on a normative examination of the substance of the regulation, the MDP is vested with authority to receive complaints, conduct examinations, and adjudicate alleged violations of medical professional discipline based on nationally applicable professional standards and medical service standards, as is commonly found in medical disciplinary regimes in various countries (Opara, 2025). This institutional structure reflects a shift from a discipline model grounded in professional organizations toward a more centralized state-regulatory model, consistent with trends in health law reform in developing countries (Arawinda & Wisnaeni, 2025).

The analysis of procedural norms under Regulation Number 3 of 2025 demonstrates that disciplinary examination mechanisms are regulated in a sequential manner, beginning with the receipt of complaints, followed by administrative verification, substantive examination, and culminating in the issuance of decisions and the imposition of disciplinary sanctions. These provisions are aligned with procedural patterns observed in medical professional disciplinary systems in other jurisdictions, where written procedures and formal stages are regarded as fundamental elements for ensuring institutional accountability (Jacob, 2023). The regulation also affirms the right of medical practitioners to provide clarification and defense throughout the examination process, thereby normatively embedding the principle of due process within the procedural design (Sunaryo et al., 2024).

Subsequent findings indicate that the types of disciplinary sanctions regulated under Regulation Number 3 of 2025 consist of graduated administrative sanctions, ranging from written warnings to recommendations for the revocation of practice authority,

which are normatively separated from criminal and civil sanctions. This separation is consistent with international studies emphasizing that disciplinary sanctions are intended to uphold professional standards rather than to impose punitive measures (Wrześniewska-Wal, 2019). The regulation further reveals that the imposition of disciplinary sanctions does not automatically preclude the possibility of criminal or civil legal proceedings, as similarly observed in medical regulatory practices across various jurisdictions (Chamberlain, 2016).

The analysis of the normative relationship between the MDP and law enforcement authorities shows that Regulation Number 3 of 2025 does not confer investigative powers upon the MDP, but instead positions it as a professional disciplinary adjudicative body operating alongside other legal processes. This finding is consistent with normative studies asserting that professional disciplinary bodies should not function as criminal law enforcement organs, but rather as mechanisms of professional self-regulation under state oversight (Asmara, 2025). In this regard, the regulation demonstrates a clear functional separation between professional assessment and formal judicial processes.

Further findings relate to normative legal certainty, whereby Regulation Number 3 of 2025 textually defines disciplinary violations, the authority of the council, and stages of examination, yet continues to employ a number of open-ended terms that refer to professional standards and medical service standards. This drafting pattern is also evident in other professional disciplinary regulations and is regarded as a common characteristic of expertise-based professional regulation (Darma, 2024). These findings indicate that legal certainty in the context of professional discipline is predominantly constructed through reference to technical standards rather than rigid normative formulations.

The study also reveals that, at the normative level, Regulation Number 3 of 2025 does not comprehensively regulate internal or external appeal mechanisms against MDP decisions, apart from allowing for judicial review through administrative law mechanisms. This pattern mirrors findings in international literature indicating that medical professional disciplinary systems often restrict appeal pathways to general judicial mechanisms (Murphy, 2020). Consequently, normative findings suggest that access to legal remedies is situated outside the internal structure of the MDP.

Overall, the findings of this study identify that Minister of Health Regulation Number 3 of 2025 has normatively established an institutional, procedural, and disciplinary sanction framework for medical professional discipline that is distinct from criminal and civil law mechanisms, with characteristics broadly consistent with medical regulatory practices across various jurisdictions. These findings further demonstrate that the regulation positions professional discipline as a specialized administrative law regime within Indonesia's health law system (Sudarmanto et al., 2024).

Discussion

This study demonstrates that Minister of Health Regulation Number 3 of 2025 has normatively established a more systematic institutional and procedural framework for the enforcement of medical professional discipline through the establishment of the Medical Professional Disciplinary Council (MDP). The MDP is vested with clear authority to examine alleged disciplinary violations and to impose administrative sanctions on medical practitioners, while remaining institutionally separate from criminal and civil law enforcement mechanisms. This regulatory design reflects a

deliberate intent to position professional discipline as a distinct administrative law regime rather than as part of the punitive legal system. Accordingly, the findings directly address the research objectives concerning the structure of the MDP's authority, the mechanisms of medical professional accountability, and their relationship with other branches of law.

Conceptually, the separation between disciplinary functions and criminal law enforcement as regulated under Minister of Health Regulation Number 3 of 2025 is consistent with the fundamental principles of modern professional regulation, which regard professional discipline as a preventive and corrective instrument aimed at safeguarding professional standards rather than as a repressive sanctioning mechanism (Opara, 2025). The placement of disciplinary enforcement within the realm of administrative law is intended to prevent the excessive criminalization of medical practice, which has been widely criticized in health law scholarship for potentially undermining professional independence and the quality of medical services. This approach further clarifies the distinct normative purposes of professional discipline and criminal or civil liability, thereby supporting the overall coherence of the legal system.

From the perspective of professional accountability theory and legal certainty, the findings reflect the state's effort to balance medical professional autonomy with the need for public oversight. Professional accountability theory emphasizes that the social legitimacy of a profession can only be maintained when self-regulatory authority is accompanied by transparent, predictable, and rights-protective accountability mechanisms (Sunaryo et al., 2024). The disciplinary procedures established under Regulation Number 3 of 2025, including the recognition of medical practitioners' rights to defense and the application of graduated sanctions, indicate a strengthening of due process principles within the regulatory design of professional discipline.

Nevertheless, the reliance on professional standards and medical service standards as the primary benchmarks for determining disciplinary violations indicates that legal certainty in this context remains relative and heavily dependent on professional interpretation. This standards-based regulatory approach is a common characteristic of expertise-driven professional governance, where substantive legal norms are not formulated rigidly but are instead derived from evolving technical standards. Such a condition aligns with sectoral legal certainty theory, which acknowledges that in technical regulatory fields, legal certainty is shaped not solely by formal legal norms but also by professional practice and institutional expertise (Darma, 2024).

When compared with prior studies, the findings are consistent with international literature emphasizing the importance of separating disciplinary proceedings from criminal processes to avoid the over-criminalization of medical practice (Chamberlain, 2016). Many jurisdictions have adopted similar approaches to ensure that disciplinary mechanisms primarily function as tools for professional oversight and quality assurance in healthcare services. However, a notable divergence is found with respect to appellate mechanisms. Unlike jurisdictions that have developed tiered internal appeal systems within professional disciplinary bodies, Minister of Health Regulation Number 3 of 2025 does not comprehensively regulate specialized appeal mechanisms beyond recourse to the general court system.

The absence of internal appellate regulation reflects broader challenges in the governance of professional discipline, as identified in *law in context* scholarship, which highlights the limitations of formal legal frameworks in effectively regulating complex

professional practices (Murphy, 2020). The lack of internal appeal mechanisms may give rise to perceptions of procedural unfairness among sanctioned medical practitioners and simultaneously place additional burdens on administrative courts as the sole avenue for legal review. This situation illustrates the persistent tension between regulatory efficiency and the protection of procedural rights.

Overall, this discussion underscores that Minister of Health Regulation Number 3 of 2025 represents a significant normative advancement in strengthening the enforcement of medical professional discipline in Indonesia. The regulation has succeeded in clarifying institutional and procedural design and in affirming the administrative character of medical professional discipline. However, its practical effectiveness will largely depend on the consistency of procedural implementation, the exercise of institutional discretion, and the availability of adequate legal safeguards for medical practitioners. Therefore, while the regulation normatively fulfills the principles of professional accountability, further refinement remains necessary to ensure a sustainable balance between professional autonomy, legal certainty, and the protection of public interests.

Research Limitations

Several limitations should be acknowledged. First, this study adopts a normative legal approach and therefore does not assess the practical implementation of Regulation Number 3 of 2025, including institutional interactions between the MDP, law enforcement bodies, and professional organizations. Second, the analysis does not incorporate empirical data on the perceptions or experiences of medical practitioners and patients regarding the new disciplinary regime, as frequently recommended in professional discipline research informed by legal epidemiology (Pepin et al., 2025). These limitations restrict the extent to which the findings can be generalized to the level of regulatory practice.

Novelty and Contribution

The principal contribution of this article lies in its normative repositioning of Regulation Number 3 of 2025 as an autonomous regime of medical professional accountability, rather than as a supplementary instrument to criminal or civil law. Departing from prior studies that predominantly focus on malpractice or criminal liability, this analysis foregrounds the institutional design and regulatory architecture of disciplinary mechanisms as central determinants of professional accountability (Asmara, 2025). In doing so, the article advances professional accountability theory within the context of developing countries experiencing increasing centralization of health regulation (Arawinda & Wisnaeni, 2025).

Beyond its theoretical contribution, this study offers policy-relevant insights by highlighting the need for clearer appeal mechanisms and stronger inter-institutional coordination to ensure that medical professional accountability functions effectively in practice rather than remaining purely normative (Chaudhry et al., 2019). Comparative experiences further underscore that procedural clarity and institutional transparency are essential for sustaining public trust in the medical profession (Taylor et al., 2023).

CONCLUSION AND RECOMMENDATION

Conclusion

This study concludes that Minister of Health Regulation Number 3 of 2025 has normatively established a more structured framework for the enforcement of medical professional discipline through the formation of the Medical Professional Disciplinary Council as a specialized administrative body. The regulation clearly separates disciplinary mechanisms from criminal and civil law regimes, thereby positioning medical professional discipline as a preventive and corrective instrument of professional accountability. The institutional and procedural design reflects an effort to strengthen professional accountability while safeguarding the procedural rights of medical practitioners through due process guarantees and graduated sanctions. Nevertheless, the study also finds that legal certainty within the disciplinary system remains relative, as it relies heavily on professional standards and does not explicitly regulate internal appellate mechanisms. Accordingly, the research objectives of examining the structure, authority, and mechanisms of medical professional disciplinary enforcement under the new regulatory framework have been achieved at the normative and conceptual levels.

Recommendations

Based on the findings and conclusions of this study, it is recommended that policymakers further refine the regulatory framework by explicitly regulating internal appeal mechanisms and strengthening inter-institutional coordination to enhance legal certainty and the protection of medical practitioners' rights. For practitioners and the Medical Professional Disciplinary Council, consistent application of disciplinary procedures and transparent use of professional standards are essential to ensure procedural fairness and maintain public trust. Furthermore, future research is encouraged to adopt empirical approaches to assess the practical effectiveness of Minister of Health Regulation Number 3 of 2025, particularly with regard to its impact on medical professionalism and patient protection.

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Statutory Regulations

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