

Legal Protection for Patients to Medical Procedures Performed By Young Dentist

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ABSTRACT

Constitutes such a basic requirement of man, health so the need is will always to be fulfilled in order to improve the quality of human health, so as to be in his life quality will not cease to be guaranteed. To health services there are the relationship between individual patients, the doctor / medical workers and hospital sources said. The connections serve as a platform for arrangement on the health of the norms to protect patients in the form of health law norms and other like moral, of ethics, of decency, propriety and of order (herkutanto, introductory law health, 1987. To protect patients from error and omission health services, in 1992 have enacted of act no 23 / 1992 on health and in 1999 have promulgation of the act no.8 / 1999 about consumer protection. The authority of the young doctor to perform the act of medical towards patients not been managed in a legal manner. In rsgmp just make a guidebook profession (module), which holds information about rule of action that may be undertaken by the young doctor, dental hospital by law, medical committee, having standard operating procedures they can manage the any action and doctors educator clinic as well as the young doctor were very well informed with responsibility for every one of them, Changing authority given doctor educator clinic to the young doctor administration of, only there has been no rules governing the involvement of in a book.

Keyword : Health services, protection of the law patients, protection of the law the young doctor, doctor educator clinics.

1. INTRODUCTION

Over the past year in the term malpractice pretty famous and a lot of talk about especially in malpractice medicine especially in therapeutic transactions between doctor and patient. The relationship between doctor, hospitals and these patients or known as therapeutic transactions this is mostly street conflict derives (yuliaty, the study juridical legal protection for a patient in Indonesia republic act no.29 / 2004 about practices medicine pertaining to malpractice, 2005). Medical malpractice is wrong or negligence a doctor in discharge of an obligation profession with not being cautious and not adhering to a standard profession the standard of medical service, standard operating procedures so as to cause the patient experienced with disabilities, wound even death.

The act of malpractice medical exam by a doctor might have been, good been spreading corruption and because omission. In any case a mortal who has a full of by deprivation; the doctor does not go away from likely to perform and keep their fault because it is of the nature of human nature (komalasari, black law dictionary, 2012. The doctor and dentist can be giving authority to

nurses or exertion certain health in writing in carrying out an action a medicine or dentistry. A doctor can bestow its responsibilities to handle patients related to their health by first see the ability or proficiency one who will receive the changing authority and implemented when handling next patients could have been treated by nurses based on competence of nursing. Doctors can be instructed to nurses, midwives and including young doctor to handle patients as its purpose and the competency. Help for services such as the unsettled, health the midwife, the young doctor (Ns, Pengantar Menuju Perawat Professional, 2009)

It has already been stated formerly that of a doctor responsible for what exercised by the people below its attorney. This is also valid members using the young doctor, which they have to experience in the implementation of their services in accordance what is instructed by doctor. A doctor young does not justified perform the act of medical when the battery is in do not get approval and orders from a doctor because they have not yet have a letter of permission practices medicine in accordance set in article 36 the act of no.29 / 2004 about practices medicine. The young doctor as a student who began a program to education profession is lower than the authority a doctor staunch advocate responsible related to the activities that were undertaken in the hospital. Even if in theory has been through formal education at the university, then marry the women you take your own decisions and do the handling of health (Ns, Pengantar Menuju Perawat Professional, 2009).

Error flags in medical treatment that result in loss suffered by by the patients sure made the doctors and other health workers to have to be careful and run his responsibility as well as possible without his patient. look at the status in the life of the Hence, malpractice case that occurs in the process of medical treatment the people would more alert and critical. In this era of this reform law play an important role in various facets of reality participate in community events and the country. Community health of these efforts include increasing either physical or non-physical (Nasution B. J., Hukum Kesehatan Pertanggungjawaban Dokter, 2005).

S health sector development in the context of such complex and wide; felt most strongly that the charter and rule that support needs to be more health effort was perfected and be increased. If when viewed from the aspect the development of a juridical him by national health care system it is time to reassess and equip the legislation the health sector by issuing a legal product that are better suited (Nasution B. J., Hukum Kesehatan Pertanggungjawaban Dokter, 2005). Basically it comes to health all facets of reality well in the past, the present and the future as an invitation so that their reach very large. In the history of how things work out has happened a change in the orientation of value and thought about the efforts to solve problems in accessing health services who in perceptible to have changed in line with the developmental process technology and social and cultural.

2. DISCUSSION

1. Protection Concept
2. The existence of law in society is to integrate and coordinate with all of the members of the public. Promote their interests arrangement is supposed to be based on the balance between give freedom on individuals and protecting the interest of the. The order created by a new law be true when the subject has the right and the obligation of law (Yuliati, *Kajian Yuridis Perlindungan Hukum Bagi Pasien dalam Undang-Undang RI No.29 Tahun 2004 tentang Praktik Kedokteran Berkaitan dengan Malpraktik*, 2005). Sudikmomertokusumo stated that the rights and obligations of do not constitute a collection of the anglo-saxons or rules, but consideration power in the form of individual rights on the one hand which is reflected in an obligation to the party an opponent; the rights and obligations of this is what is given by law (Mertokusumo, *Mengenal Hukum Suatu Pengantar*, 1999).
3. In leksial, protection are defined as a shelter, thing or a deed, protecting. Protection are defined as a pledge or security, member convenience the welfare and peace of a patron to protected over all the dangers and the risks that remember. The protection of the law according to phillipus hadjon (1988: 5) there are two types of, first the protection of the law preventive it means the people should be given the opportunity said his opinion before the government decision got a shape that life whose aim is to prevent the occurrence of dispute. Second, the protection of the law repressive whose aim is to settle the dispute (hadjon, *Perlindungan Hukum Bagi Rakyat Indonesia*, 1988).
4. Agreement Concept
5. Agreement based on article 1313 kuhperdata is a deed by which one person or more fastens themselves and made boasts against one person to another or more. It turned out that this understanding was criticized for besides not complete on one side was also said the other hand. too wide. It is said were incomplete because mention said what without determination of the types of his deeds as if also includes representatives of an action as a committed an illegal action and so on. The act of this was indeed give rise to engagements; but the emergence of the engagements because the laws of not because of the covenant (Sofwan, *Hukum Perdata, Hukum Perutangan*, 1980).
6. Then of a word by which one person or more fastens themselves and made boasts against one person to another or more got the impression that as if agreement includes a covenant unilateral, the majority of the covenant is reciprocal agreement (Setiawan, *Pokok-Pokok Hukum Perikatan*, 1994). Based on it, whichever is defined as the legal relation between two

or more parties based on an agreement to inflict due to law (Mertokusumo, Mengenal Hukum Suatu Pengantar, 1999).

7. Therapeutic agreement

Therapeutic agreement or often called in a therapeutic is the relationship between doctor with a patient in the service of medicine in professional based competence that is in accordance with expertise and skills in medical field (Komalawati V., Peranan Informed Consent Dalam Transaksi Terapeutik (Persetujuan Dalam Hubungan Dokter dan Pasien), 2002).

Based on the opening of a code of ethics of medicine Indonesia which was manifested in the minister for health decree of the republic of Indonesia number 434 / menkes / x / 1983 about the entry into force of the code of conduct of medicine for the physician Indonesia, with the agreement of the therapeutic is the relationship between doctor and the conducted by the atmosphere of mutual trust and always will be surrounded by all emotions, hope and concern insanity creature (Tribowo, Etika Dan Hukum Kesehatan, 2014). The science of law known two types of agreements that is sought inspanningsverbintenis agreements and agreements the results of resultant verbintenis. On agreements sought so this groundbreaking achievement is administered by a doctor is the effort to optimally, while in the case of agreements the results of achievement that must be administered by a doctor is in the form of a specified outcome. Thus in the implementation of the agreement between doctor and patient, therapeutic doctor does not promise healing the patient will cure the patients but to do their best (Supriadi, Hukum Kedokteran, 2001).

Agreement in this in the agreement in the form of informed consent, namely the right of patients to permit he did an act medical. In a juridical manner, informed consent is a unilateral, will namely from the patients (Rudianto & Roesli, 2019). So, those letters the accord does not have a an agreement which is pure, the doctor does not have to actively participate sign them. Besides, the patients can cancel statement approval at any time before the act medical done (Wiradharma, Penuntun Kuliah Hukum Kedokteran, 2010). If assessed according to its article 1338 kuhperdata that agreement could not be drawn back in addition to an agreement between the two countries. So go only one of the parties that and renounced the covenant, so the cancellation of deemed invalid and can give rise to make good the loss. Of this article clear that approval of that which has happened is not can be undone that you remember because approval of that which referred to as a transaction or therapeutic contract is valid as a statute (Hanafiah & Amir, Etika Kedokteran dan Hukum Kesehatan, 2007).

8. Young Doctor (Co-Assistant)

9. Koas extensions of koastisensi is the only the way for bachelor degree in medicine to reach for the title doctor. Travel a co-ass or the young doctor done a period of one year eight months. Those people who have been in get in skills labs in theory can be applied the holistic in this time. Of course as koas had trained in the time of an undergraduate degree (Wiradharma, Hukum Kedokteran, 1996).

The relationship between the young doctor, physicians and hospitals

Law of medicine as part of the most important health law which includes the religion of the associated with medical treatment. Law of medicine also can be defined as a law in a narrower health sense. When an object law health is health services, then object law of medicine is medical treatment. In implementation, doctor can do profession in the form of private practice or in the form of private health practitioner stupidly a the hospital, the implementation of the profession of doctor almost always associated with another profession such as the care of, the midwife took his hand a roentgen of, analysts laboratorium, fisioterapist, environmental health officers and so on (Wiradharma, Hukum Kedokteran, 1996).

All a profession in carrying out his work must be in accordance with those who are called a standard of measure profession. So, not only of a trained health professional which is to be worked. conforming to standards of the medical of profession Is also, the professional development having standards of a profession that set by each professional intimate friend name out physician who rarely associated with loss of life of a person or cause defective; so that it may be not so a problem. Health workers in is doing the work of them have been in permanent contact with who were sick. Any kind his sickness of course affect a patient emotion. In other words of health workers have been in permanent contact with a person who is in a state of sickness, psychic also emotionally needing attention and extra treatment from a doctor (NS, Pengantar Menuju Perawat Professional, 2009).

Co-Ass stands for Co-Assistant. Co-Assistant An apprentice in a hospital for introduce medicine to the apparent doctor. It is referred to to at the time to be deployed to the world of medicine they do not shocked and not awkward. In this co-assistant prospective doctor will is guided by doctor staunch advocate have experts in their respective fields. Co-ass implemented after the students were pass the program an undergraduate degree of medicine to acquire a title the profession of doctor. Co-ass done on any part of which was in the hospital and held for around two years (Nasruddin, Pengantar Bioetika Hukum Kedokteran dan Hak Asasi Manusia, 2010).

In joint ordinance the minister of health and its regional human resources agency no.1201 / menkes / pb / xii / 2009 on implementation guidelines for the functional positions doctor clinical educator and figures their credits article 1 the limit 1 arranged that: doctor clinical educator is a tenure by which the sphere of, the in a position duty, the responsibility and authority to perform the

activities of health services or medical, the community, devotion education of doctors and medical specialist at the hospital education as well as carrying out a study in order to the development of medical science that occupied by civil servants with rights and duties are given in full by the authorized official. Next in figures for 4 arranged that: education of doctors and medical specialist is education the profession of doctors and medical specialist whose almost all his learning carried out in the hospital education as well as all tools its facilities and infrastructure are a supporting role educator and of hospital patients as a medium as well as education teaching. Number 5 make clear that: the hospital education is a hospital that are implementing education of doctors and medical specialist from the institutions medical education.

Professional education of medicine described in the act of no.29 / 2004 about practices medicine article 26:

- a. Standards of a profession medicine and standards of a profession of dentistry act legalized by medical council on Indonesia.
- b. Standards of a profession medicine and standards of a profession of dentistry as mentioned in paragraph (1) :
 - 1) for professional education doctor or dentist arranged by association by institutions medical education or to dentistry or
 - 2) For education a profession of medicine a specialist prepared by colegium a medicine or dentistry.
- c. Association institution a medicine or dentistry in preparing professional education standards as stated in paragraph (2) letter a coordinate with an organization as a result colegium, association of the hospital education, the ministry of national education and ministry of health.
- d. Colegium a medicine or dentistry in preparing professional education standards as stated in paragraph (2) letter b coordinate with an organization as a result association of medical education institution or to dentistry; association of the hospital education, the ministry of national education and ministry of health.

In addition, in article 28 of the law on paragraph (1) practices medicine explained that any doctor or dentist practicing are required to have an education or training a medicine or of dentistry sustainable held by an organization in a profession in order the absorption of science and technology of medicine or to dentistry.

In the act of no.29 / 2004 about practices medicine article 73 paragraph (1) arranged that that everyone be barred from using identity in the form of a title or form to another who created the impression for the community is as if being a doctor or dentist who have already had certificate of registration and / or permit practices. Next in paragraph (2) set up every person is prohibited from using a tool, the method or another way in providing services to the people who created the

impression is as if being a doctor or dentist who have already had certificate of registration and / or permit practices.

Practices medicine is not a job that can be done by whom but may only be performed by certain professional groups group of medicine who stand in the competency and meeting a certain standard and has obtained the license of from the institutions that authorized and work conforming to the standards and professionalism of the set by profession organization. And as the responsibility doctor is as follows:

- a. Function in accordance to run the task of a tiered. this scientific through education
- b. In accordance with the competency and meeting a certain standard.
- c. Permission has been given from the institutions that authorities.
- d. Work based on standards of a profession..

It is also the article 1 the number 11 the act of no.29 / 2004 about practices medicine that: profession a medicine or dentistry was a chore medicine and dentistry was done based on this scientific, a competence that is obtained through a tiered education and the code of conduct is to serve the public.

Education is the education that the doctor produced to produce doctor who have competence to carry out health services primary and is medical education fundamentals as education university. Medical education a base consisting of two phases: stage bachelor degree in medicine and phase the profession of doctor. A profession of medicine own was a chore of medicine was done based on this scientific and a competence that is obtained through a tiered, education as well as the code of conduct is serve the community in accordance with law no.29 / 2004 about practices medicine. Doctor as one of the main components of health service providers the community has a very important role and directly related with the process of health services and the quality of the service provided (Komalawati V. , Hukum dan Etika dalam Praktik Kedokteran, 1989).

Science, skill, the attitudes and behavior as competence obtained during education is the basis of a doctor to be able to do the act of medicine in the issue of health service. Medical education was primarily aimed at improve the quality of health care for the society. On the one hand the availability of professionalism like a doctor perceived it is not yet sufficient. During the preparatory phase of professional education doctor, the young doctor will be given learning clinic covering way amnesics and, physical examination the selection of the supporting examination will help enforce diagnosis or the diagnosis appeal for their illness department of administration for disease and complications.

Objective of learning in the form of the number of cases that will be studied by the young doctor, the level of that which was expected, competence and responsibilities of ethics, moral, and professional doctor young in treat my patients as a doctor primary service with competence doctors

who have governed by medical council on Indonesia. To support and he knows the young doctor activities the sake of learning mentioned above so it is necessary to provide the rule book academic and professional doctor. control educational activities. The book aimed to be a guide to doctors young for courtesy activities and to be a forum written communication between the parts of academic faculty by part clinic courtesy. clinic place of proceedings. Every start and finish courtesy activities clinic in each parts, it is expected that to education coordinator student (kpm) can fill this book and directly signed with a signature by the head of a part or kpm as the report to the part academic.

Module election that was performed in the hospital set by institutions medical education and approved by the hospital. Thus, so can be implemented by some education curriculum in the hospital. It is considered that medical student who work at the clinic in medicine and not administrated council on no permit practices. Hence, students were not legally allowed exercise authority outside doctor orders and must be based on current. module which was written on. The presence of students at the clinic must always be accompanied by physician who having sip as board members. Understanding clinical situation which is a situation where there are patient and physician who having sip as board members who had a relationship with a patient doctor in an effort to resolve pasien. kehadiran health clinical medical student in a situation as this is the state of being legally have to be arranged.

The legal liability of the doctor / of health workers

Adepts in the health sector exercise a profession based on work containing the risks. If you are really concerned parties to have been carrying out their duty by right according to good benchmark (, professional standards of a profession then they receive an honorable have to get the protection of the law (Herkutanto S. S., Pengantar Hukum Kesehatan, 1987). The responsibility of a physician and clinicians based on a code of ethics profession the development of codes of conduct containing three objectives : first, a professional code of ethics make easy in decision-making in an efficient way; second, individually the professional guided often need direction to direct professionalism; or third of conduct a profession to create a pattern of behavior that is expected by the customers in professional (Koeswadji, Hukum Untuk Perumahsakitan, 2002).

Soerjono soekanto and kartono muhammad stated that with the size of humanity a person might even high are defined in running profession will treat a patient on the basis of a human being noble values. He would face as a whole person, for the patient to who have esteem, , rights and even family. The responsibility of a physician or exertion health is the legal liability of or mostly known as the legal liability of medicine medical liability (Supriadi, Hukum Kedokteran, 2001).

The act of no.29 / 2004 about practices medicine enacted to set practices medicine with a view to providing protection to patients, maintain and improve the quality of medical services and

provide legal certainty to the community doctors and a dentist. In the early part of, the act of no.29 years 2004 regulates about the requirements of a physician to can be practicing medicine, that can be started with must have a competency certificate of medicine that obtained from Colegium besides the certificate they have been given, doctors who have to the need to obtain certificate of registration of medical council on Indonesia and obtain a letter a seal of approval from the regional health agency practices district. It should also be doctor words doctor, healthy physical and mental and said it will adhere and carry out the terms of professional ethics.

In this section the act of also regulate the procedures to the rights and obligations of doctor and patient. One of the important thing is the right of a physician protection law along conducted its duty in accordance standards of a profession and standards operational procedure, while the right patients what really matters is the right to an explanation of a disease, the act of medical, benefits, the risk, complication and prognosis and the right to approve and resists the action of medical (Supriadi, Hukum Kedokteran, 2001).

The protection of the law patients

Constitutes such a basic requirement of man, health so the need is will always to be fulfilled in order to improve the quality of human health, so as to be in his life will not cease to be guaranteed. Of health workers do what is referred to as the health effort and the object of the attempt to health is health care, good community health maintenance and the maintenance of health individuals. To health services there are the relationship between individual patients, the doctor / medical workers and hospital sources said. The connections serve as a platform for arrangement on the health of the norms to protect patients in the form of health law norms and other like moral, of ethics, of decency, propriety and order. Man in her life have of fundamental rights which is recognized with human rights should be respected by other parties. Basically the rights of (rights) privately the subject rights law in this matter is a patient in law, health is of the right to life the right to die in an appropriate manner, the right of respect for the integrity of his physical and outward advantages and spiritual life and rights over his own body.

To protect patients from error and omission health services, in 1992 have enacted of act no 23 / 1992 on health and in 1999 have promulgation of the act no.8 / 1999 about consumer protection. About a patient as consumers health service and the doctor / of health workers as services business players to his own health services sectors it is still going debate.

Parties who argued that a patient as consumers health service and the doctor / of health workers as business players to services were due to the health services sectors that patients so as they are always rely on bill no 8 years 1999 about consumer protection. It is based on minister for health decree 756 / 2004, who said that health services including business. In fact, world trade organisation (wto makes the the hospital, doctor, the midwife and nurse as business. With such was

the patient as consumers and take the doctor / of health workers as business. Hence, the application of no.8 / 1999 about consumer protection is the right thing.

While the party which has no agreed with the application of no.8 / 1999 about consumer protection if there is conflict between patients with the doctor / of health workers and hospitals argument is that the relationship between therapeutic is essentially equivalent to the relationship agreements specifically, hence when your words come true conflict or a row between service providers and recipients of these services health services so each side subject to legal concept staged it. In the transactions of therapeutic, characteristic of per is in-spanning coats of mail (Komalawati V. , Peranan Informed Consent dalam Transaksi Terapeutik, 2002) It means agreements which are not based in the final outcome but was based on trying to. In this case a doctor or the hospital are not required to give or to create a desired results patients, because in a lot of things medical transactions an influential factor that is out of range doctor ability, for example: immunity patients, age, their physical, the level of illnesses suffered by the, compliance patients, the quality of medicine as well as the availability of health service facilities. For that reason engagements over this subject to public engagements as stipulated in section 1320 kuhperdata (Yuliati, Kajian Yuridis Perlindungan Hukum bagi Pasien dalam Undang-Undang RI No.29 Tahun 2004 tentang Praktik Kedokteran Berkaitan dengan Malpraktik, 2005).

In spite of varying opinions on the regulations that are to be set when conflict or dispute between participants to health services, which is not less important by means of / such mechanism as what such dispute may be solved. Basically the settlement to the conflict between participants to health services can be carried out through two ways, and that is the ability litigation (by judicial process) and non litigation (outside the judicial process. When chosen settled through judicial misconduct, so the plaintiff will propose the content of its lawsuit to the district court in the region of the incident, could use a lawyer or no. In the process of a court generally to be achieved an award of the truth of a suit at based on the evidence fornication right-based) and then of decisions about the amount of money with the value of worthy of paid by the defendant to the plaintiff. In determining the award in his conduct a deed the judge will compare what was sealed.

When chosen the process outside the court, (raised an alternative form of resolution) so the two sides attempted to achieve an agreement over resolution of disputes (consensus). Agreement can be reached with you both sides could correct him conciliation or negotiations or by facilitating, mediation and arbitration or ways combination. The facilitator and a mediator does not make a verdict, while the arbitrageur may make a verdict that must be filled with both sides. In the process of this mutual consensus efforts should be made to find a way a settlement that given to understanding the interests of both parties (interest-based, it is win-win solution right fee-based). Civil court judge generally offer peace before the start of the trial, even recently judge facilitate he

did mediation by certain a mediator (Sampurna, Aspek Medikolegal Pelayanan Medik Masa Kini Dan Kaitannya Dengan Manajemen Risiko Klinik, 2005)

3. CONCLUSION

Medical services is a system which so complex and vulnerable to fire an accident. So that it should be done with brothers by those competent that has the authority particulars. The effort to minimize lawsuits about hospitals and its staffers is essentially equivalent to effort to prevent or cultivate risk by oriented to patient safety.

The protection of the law towards patients as a consumer of health service basically therapeutic made, transactions should be started it means a transaction or agreements on the basis of equality between the two sides. In addition, communication between the two sides continues to kept, it is referred to in order to minimize the occurrence of what intentional misconduct) as on certain act of omission (negligence or a less expertise or unwarranted is typical of the competence of the organizers of the health services that result in a loss of a patient.

REFERENCES

- Amir, M. J. (2007). *Etika Kedokteran dan Hukum Kesehatan*. Jakarta: Buku Kedokteran EGC.
- Bahder, J. N. (2005). *Hukum Kesehatan dan Pertanggungjawaban Dokter*. Jakarta: Aneka Cipta.
- Danny Wiradharma dan Sri Dionisia. (2010). *Penuntun Kuliah Hukum Kedokteran*. Jakarta: Sagung Seto.
- hadjon, P. M. (1988). *Perlindungan Hukum Bagi Rakyat Indonesia*. Surabaya: Bina Ilmu.
- Hanafiah, M. J., & Amir, A. (2007). *Etika Kedokteran dan Hukum Kesehatan*. Jakarta: Buku Kedokteran EGC.
- Herkutanto, S. S. (1987). *Pengantar Hukum Kesehatan*. Bandung: Remadja Karya.
- Indonesia, R. (2004). *Kitab Undang-Undang pasal 28 ayat 1*. Praktik kedokteran.
- Johan Nasution dan Bahder. (2005). *Hukum Kesehatan Pertanggungjawaban Dokter*. Jakarta: Aneka Cipta.
- Johan Nasution dan Bahder. (2005). *Pertanggungjawaban Dokter*. Jakarta: Aneka Cipta.
- Koeswadji, H. H. (2002). *Hukum Untuk Perumahsakitannya*. Bandung: Citra Aditya Bhakti.
- Komalasari, V. (2012). *Black Law Dictionary*. Bandung: KDP.
- Komalawati, V. (1989). *Hukum dan Etika dalam Praktik Kedokteran*. Jakarta: Pustaka Harapan.
- Komalawati, V. (2002). *Peranan Informed Consent Dalam Transaksi Terapeutik (Persetujuan Dalam Hubungan Dokter dan Pasien)*. Bandung: Citra Aditya Bhakti.
- Komalawati, V. (2002). *Peranan Informed Consent dalam Transaksi Terapeutik*. Bandung: Citra Aditya Bhakti.

- Komalawati, V. (2002). *Peranan Informed Consent dalam Transaksi Terapeutik*. Bandung: Citra Aditya Bhakti.
- M Jusuf Hanafiah dan Amri Amir. (2007). *Etika Kedokteran dan Hukum Kesehatan*. Jakarta: Buku Kedokteran EGC.
- Mertokusumo, S. (1999). *Mengenal Hukum Suatu Pengantar*. Yogyakarta: Liberty.
- Nasruddin. (2010). *Pengantar Bioetika Hukum Kedokteran dan Hak Asasi Manusia*. Makassa: Umitoha Ukhwah Grafika.
- Nasution, B. J. (2005). *Hukum Kesehatan Pertanggungjawaban Dokter*. Jakarta: Rineke Cipta.
- Ns, T. (2009). *Pengantar Menuju Perawat Profesional*. Jakarta: Buku Kedokteran EGC.
- Rudianto, E., & Roesli, M. (2019). Civil Law Review Non-performing Loan Settlement Loans Revolving Funds National Program for Community Empowerment in Urban. *YURISDIKSI: Jurnal Wacana Hukum Dan Sains*, 14(1), 58–73.
- Sampurna, B. (2005). *Aspek Medikolegal Pelayanan Medik Masa Kini Dan Kaitannya Dengan Manajemen Risiko Klinik*.
- Setiawan. (1994). *Pokok-Pokok Hukum Perikatan*. Bandung: Bina Cipta.
- Sofwan. (1980). *Hukum Perdata, Hukum Perutangan*. Yogyakarta: Fakultas Hukum Universitas Gajah Mada.
- Supriadi, C. (2001). *Hukum Kedokteran*. Bandung: Mandar Maju.
- Ta'ad, N. (2009). *Pengantar Menuju Perawat Profesional*. Jakarta: Buku Kedokteran EGC.
- Tribowo, C. (2014). *Etika Dan Hukum Kesehatan*. Yogyakarta: Nuha Medika.
- Wiradharma, D. (1996). *Hukum Kedokteran*. Jakarta: Binapura Angkasa.
- Wiradharma, D. (2010). *Penuntun Kuliah Hukum Kedokteran*. Jakarta: Sagung Seto.
- Yuliati. (2005). *Kajian Yuridis Perlindungan Hukum bagi Pasien dalam Undang-Undang RI No.29 Tahun 2004 tentang Praktik Kedokteran Berkaitan dengan Malpraktik*. Malang: Fakultas Hukum Universitas Brawijaya.
- Undang-Undang Republik Indonesia No.23 Tahun 1992 tentang Kesehatan.
- Undang-Undang Republik Indonesia No.8 Tahun 1999 tentang Perlindungan Konsumen.
- Undang-Undang Republik Indonesia Nomor 29 tahun 2004 tentang Praktik Kedokteran.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor585/MENKES/Per/IV/1989.