



Implementation of the Role of IDI Mediators in Resolving Medical Disputes in Lampung Province

Article	Abstract
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INTRODUCTION

When patients' expectations regarding medical services to cure their illnesses are not fulfilled, it often leads to disappointment and dissatisfaction, which in many cases escalate into medical disputes(Dijkstra et al., 2022). The causes of these disputes generally stem from unmet expectations, lack of adequate communication, or insufficient information provided by medical practitioners(Hanganu & Ioan, 2022). The imbalance of knowledge between doctors and patients frequently creates misunderstanding about the outcomes of medical treatment(Chen et al., 2023). As a result, patients tend to perceive every medical failure as malpractice and consequently file lawsuits against doctors or hospitals to seek justice through litigation.(Laponder, 2023)

In Indonesia, medical dispute resolution is legally regulated to prioritize non-litigation mechanisms before resorting to the courts(Brown, 2023). Article 29 of Law Number 36 of 2009 concerning Health stipulates that in the event of alleged negligence by health workers in performing their professional duties, the dispute must first be resolved through mediation before it can be brought to court(Sormin & Ali, 2023). This

provision is in line with the principle of restorative justice, which emphasizes the importance of restoring relationships and resolving conflicts through dialogue and reconciliation rather than punishment. Mediation is therefore considered an effective alternative in medical dispute resolution, as it offers a fairer and faster solution while maintaining the professional integrity of the medical practitioners involved.

However, the implementation of medical dispute mediation in Indonesia still faces various obstacles (Kusworo & Fauzi, 2023). The lack of understanding of mediation procedures among both doctors and patients, the limited number of certified professional mediators, and the weak institutional coordination between the Indonesian Medical Association (Ikatan Dokter Indonesia/IDI), the Indonesian Medical Council (KKI), and the Medical Ethics Council (MKEK) often hinder the effectiveness of the mediation process (Ardi et al., 2023). In Lampung Province, such problems are still prevalent, where most medical disputes are resolved through litigation, leading to longer procedures, higher costs, and psychological distress for both patients and doctors.

The Indonesian Medical Association, as a professional organization authorized to oversee and guide doctors, has a crucial role in facilitating mediation and ensuring compliance with ethical and legal standards in the medical profession. According to Law Number 29 of 2004 concerning Medical Practice, the Medical Ethics Council (MKEK) is tasked with supervising, guiding, and enforcing medical ethics (Rafsanjani et al., 2023). Nonetheless, the practical implementation of this mandate is often questioned due to concerns about impartiality and the lack of procedural uniformity across regions.

Based on these conditions, the central legal issue lies in how the role of professional mediators of the Indonesian Medical Association is implemented in resolving medical disputes in Lampung Province, as well as what obstacles are encountered in the process. Therefore, this research aims to analyze the implementation of the role of IDI professional mediators in medical dispute resolution in Lampung Province and to identify the legal, procedural, and institutional barriers that affect the effectiveness of such mediation efforts.

RESEARCH METHODS

This research employs a combination of normative and empirical juridical methods. The normative juridical method is used to examine and interpret legal norms related to the role of professional mediators of the Indonesian Medical Association (Ikatan Dokter Indonesia/IDI) in resolving medical disputes, referring to relevant statutory regulations such as Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, and other related legal instruments, as well as doctrines and opinions from legal scholars (Punk, 2022). Meanwhile, the empirical juridical method is applied to analyze how these legal norms are implemented in practice in Lampung Province. The research was conducted in several IDI regional branches and health institutions in Lampung Province, involving informants and respondents such as IDI officials, members of the Medical Ethics Council (MKEK), hospital management representatives, and patients who have experienced medical dispute resolution through mediation. The data used in this study consist of primary data obtained through field interviews and observations, and secondary data obtained from literature studies, including books, journals, laws, and official reports. Data collection techniques include document studies, structured interviews, and direct observation of mediation practices. All data were analyzed using a qualitative juridical approach by describing, interpreting, and evaluating

the relationship between legal norms and their empirical implementation in order to assess the effectiveness of the mediator's role in resolving medical disputes in Lampung Province.

RESULTS AND DISCUSSION

1. Implementation of the Role of the Indonesian Medical Association (IDI) Mediators in Resolving Medical Disputes in Lampung Province

Medicine is a job that can only be done by people who have expertise and meet standards (Good, 2023). Doctors have medical risks, but they can also find drugs for health explained. According to Article 60 of Law No. 44 of 2009 concerning Hospitals, it is the fault of their patients.

According to Law Number 29 of 2004 concerning Medical Practice, the role of supervisors in the service sector is one of the responsibilities of the provincial hospital control organization is to receive complaints and try to resolve conflicts through mediation (Sandra & Panji, 2022). Article 60 reads as follows:

- a) Supervise and protect the rights and obligations of patients in their territory.
- b) Supervise the rights and obligations and maintain the Hospital in its territory.
- c) Supervise hospitals, professional ethics and the application of ethics of laws and regulations.
- d) Conduct reporting to the Supervisory Agency the results of supervision of Indonesian Hospitals.
- e) Analyze the results of recommendations to monitoring and provide them to be used as material for local government guidelines; and
- f) Accept resolving complaints and try disputes through mediation.

According to Article 29 of Law No. 36 of 2009 concerning Health, efforts to maintain justice in the field of health services can be seen in the context of dispute resolution: "Before a dispute is submitted to the court (judicial process), the dispute must first take a non-controversial route (outside the court), namely mediation." (Fathoni & Vasalo, 2023)

As a result of an interview with Dr. Josi Harnos, MARS, the chairman of the IDI in Lampung province, patients can complain to their doctor if they feel aggrieved by their doctor that they are considered to have carried out the procedure or violated ethics. This does not rule out the possibility

A doctor must peacefully resolve his mistakes in his health care. According to Dr. Josi Harnos, MARS, patients can be asked to be prosecuted in the criminal field, prosecuted in the civil field, or reported to MKDKI or IDI if he is considered negligent in carrying out his duties. Doctors and other health workers appear to receive "preferential treatment" from the law in the health sector. However, before the law, everyone is equal. Below are the duties and responsibilities of the intermediate supervisor:

- a) to introduce themselves and give the Party the opportunity for themselves;
- b) explain the nature of the Mediation to the purpose, purpose, and to the Parties;
- c) explain the mediator who is neutral in position and role and does not make decisions;
- d) make joint rules for the implementation of Mediation of the Parties;

- e) explains holding a meeting with the mediator that one party can be one party without the presence of the other party (caucus);
- f) prepare a Mediation schedule with the Parties;
- g) Fill out the mediation schedule form.
- h) provide Parties with opportunities to submit peace issues and proposals;
- i) and agendas to inventory discussion problems based on the scale of priorities;
- j) facilitate and encourage Parties to:
 - 1. tracing the interests and exploring the interests of the Parties;
 - 2. seeking the best of the Parties' various settlement options; and
 - 3. work together to reach a solution;
- k) assist the Parties and formulate the Parties in making a Peace Agreement;
 - 1. The results of the interview with Dr. Josi Harnos, MARS, Chairman of IDI Lampung Province Region, determine whether the medical dispute is a medical discipline, malpractice, or ethical violation. A helpful role is not only showing that the organization plays a very important role (IDI) because it helps because it wants to protect its colleagues. The following roles of the Indonesian Doctors Association of IDI must be considered:
 - 2. IDI participates in health disputes in the settlement process at the request of the parties involved.
 - 3. Determine will be retained as an expert doctor (the doctor who will understand the condition of being retained as an expert must be in his area, according to his profession).
 - 4. Determine the number of doctors who will be experts.
 - 5. whether it constitutes classifying and categorizing ethical violations, or criminal violations, disciplinary violations.
 - 6. The Doctors' Association whose members are sentenced by Indonesia help to be guilty by investigators if Indonesia carries out its duties according to the Doctors' Association in accordance with the procedures and functions of its profession.

IDI's role as a supervisor must be regulated in Law number 29 of 2004. However, the legal facts of the community. Because they believe that the duties and functions of medical personnel that violations of health dispute resolution are rarely objectively considered in equity, legal entities prioritize the oath of office over integrity as a supervisor.

As an institution that houses doctors, IDI will hold internal meetings and review its members to ascertain whether the doctor is behaving professionally or not. This is done if it is revealed that malpractice is suspected to be a source of medical disputes. The IDI will form two teams during the trial: a team of technical experts (investigation) and a mediation team. The mediation team is ready to help if the parties request and accept it.

If the public knows how to report patient complaints in writing. the chairman of the MKDKI (violation as long as his family or his family is not directly professional. Will cause the patient to be harmed, allegation of 66 Law Number 29 of 2004 concerning Medical Practice examination of Indonesian Medical Discipline). IDI hopes that the public to be carried out or the patient or legal action if there is any to make him believe that the medical action that the practice of medicine Article of the Honorary Assembly by a doctor allows the decision on the complaint to take and take medical discipline

accordingly, Article 68 states that with Article 67 of the MKDKI. In addition, MKDKI will provide a complaint to professional organizations if the results of the examination of the doctor who is the subject of the complaint show ethical violations.

It is known that Indonesia, in dealing with the legal dispute system of Indonesian doctors follows the law (or the legal substance influences legal action: the authoritative structure It is in line consisting of three components that the legal system as well as in the dispute resolution Lawrence M Friedman, who states the law (or legal structure), the substance that the Indonesian Doctors Association theorize. parties by requesting the help of the Medical Association. On professional organizations, including requests from authorities, and legal culture (or legal culture).

a. Legal Culture

The composition (IDI) includes: Regional Chairperson, the organization of the Indonesian Doctors Association Honorary Regional Secretary, Regional Treasurer, Field, Organization, Honorary Council of Medical Ethics (MKEK), Ethics Council of the Indonesian Medical Institute (MKKI) and IDI branches.

b. Legal substance

As regulated, health ethics supervisors have a lot done carefully to, before duties, functions, and responsibilities. The essence of mediation is that it is a real effort in Law No. 29 of 2004, indeed it is a process that achieves peace, not just a trial to achieve peace. As a result, he was given special time to complete mediation. Mediation that must be carried out by the parties involved to meet legal requirements. The parties involved are responsible for any costs incurred by the parties in a proceeding to achieve peace in the interests of the Mediation is its own effort, not the court or the judge or the mediator. Therefore, they are from the mediation process.

c. Legal culture

Most of the parties involved in the resolution of health conflicts in Lampung Province continue Lawrence Meir Friedman, who is contrary to the substance and the law considers the resolution of the problem as something subjective. According to systems theory, the cultural customs of the law used to solve problems are contrary to the law.

Based on the description above, it is clear that Indonesia has always been a professional mediator in the interests of different Provinces that the Lampung Doctors Association and always strives and the Law, the substance of Friedman's reasons there are limits. This is in line with Lawrence's theory of the medical legal system. Therefore, we M. that in substance to achieve a settlement although, which states, as perfect as its implementation has been carried out, it has not yet resolved health conflicts in there are three Family bond structures, professional oaths,; dispute resolution can look at the medical subjective. Because of the variety of Law, and Legal Culture.

2. Obstacles Faced by Professional Mediators of the Indonesian Medical Association in Implementing Medical Dispute Resolution

The patient's dissatisfaction with the doctor's treatment actions is the reason for the dispute between the doctor and the patient(Fitzpatrick, 2022). This dissatisfaction is caused by the belief that the doctor or negligence in his or her job results in harm to the patient(Mara & Sanjaya, 2022). Medical disputes often occur due to incomplete medical

information, submitted late, or even provided incorrectly, which has the impact of having made a mistake in the medical measures taken to achieve it.

Medical malpractice is when a doctor's mistake or negligence causes harm to a patient. a physician or surgeon with the same medical specialty in similar circumstances in applying the level of care and skills that a physician or surgeon with a medical specialty would use According to Black's Law Dictionary, written by Garner Bryan A, "Medical negligence is the same failure."(Sulistiyono & Purwadi, 2023)

Therapy agreements may consider the resolution of medical disputes through civil law. Criminal Code. Law Number 29 of 2004 concerning the Practice of Medicine requires an honorary court if it runs in a manner that is usually a default (breach of promise) or violation of the law. In criminal matters, several elements of criminal acts are regulated in Law No. 36 of 2009 concerning disciplinary violations committed by health and ethics. The Indonesian Medical Commission (MKDKI) is responsible for reviewing and deciding complaints about allegations by doctors and dentists. In addition, the ethics of the medical profession, the Association to Protect Indonesian Doctors (IDI) formed the Honorary Council for Medical Ethics (MKEK).

According to the theory of trigger factors. This professional practice is not accompanied by the concern that the patient's family or patients will be responsible if the crime is influenced by the crime of D. Soedjono, factors that are in the social domain that provide examples and models. In terms of prosperity, influencing the occurrence of crime, poverty, and destitution by a person whose domain offers the possibility of healing is not achieved.

The IDI functions to handle medical disputes. Medicine should get, especially when it comes to the life or safety of the patient, so that a working person does not fear being found guilty by the patient or the patient's family if the appropriate legal protection is due to often facing high-risk situations while working as a complementary organization by providing legal advice and advocacy to IDI member doctors from whom they have failed to recover.

As I mentioned earlier, and, which contains the doctor's attempt to find and consists of a therapeutic contract does not yet understand the importance of the relationship between the doctor and the patient. The family determines the therapy of non-compliance, recovery, injury or disability, or even healing of the legal relationship between the doctor and the wider community of patients, patients often sue the doctor because it is most appropriate for their patients. Most of them are completely patient deaths.

To protect the relationship between the two, the role of the law is very important in situations like this. There was no specific law regulating medical law before Law no. 29 of the 2004 Medical Dispute Concerning the Society a Medical Practice. Law Number 8 of 1999 concerning Consumer Protection serves as a legal basis for this to happen. In addition, there are civil and criminal laws.

Community habits that are the rules for the relationship between doctors and patients as well as the relationship between business actors and consumers. Given the peculiarities of using Law Number 8 of 1999, the relationship between the two, as explained earlier, handling medical disputes is certainly not entirely beneficial; On the contrary, it tends to give worse results, i.e. by increasing the knowledge about by the author, this is definitely unjustifiable.

The success of the doctor will definitely be the doctor and the high care the patient is paid. Patients by equalizing the relationship between were influenced by p. Medical patients hope and will definitely recover. of course based on the high costs incurred/ expectations that visit the understanding of the relationship between economic actors and consumers of doctors to get

Patients often report doctors to the treatment authorities that the patient or the community expects. Given the fact that doctors are still individuals who have disabilities by and because they do not have the necessary skills to practice medicine. However, this clearly needs to be fixed. A person who works as a doctor has many factors that affect the success of a medical procedure. This type of drug that the knowledge uses need to keep in mind that includes the patient's physical condition, length of medical treatment, availability of medical equipment, and more.

When healing is not achieved, it is often blamed by doctors for various reasons. Patients or families believe that the doctor will, their society not yet factor in it fully giving them everything they need.

The medical profession knows that medical procedures on one patient do not necessarily have the same results for that, standard operating procedures (SOPs) are established to carry out the practices of other patients. Because of medicine, which includes a set of instructions and standard steps to do so. A medical procedure. This SOP makes every medical action performed by every doctor clear and measurable.

Doctors are often accused of malpractice and causing patients to be disabled or die. Society does not, medical actions can be considered as malpractice in the world of medicine. Are you ready or not? The focus is on the end result of truly understanding abuse. The majority of people define harassment based on what happens in the end. In fact, if the SOP is violated by the doctor concerned, medical treatment. In order to provide a clearer understanding of what medical measures can and cannot be considered malpractice, these differences of opinion should be clarified.

Moreover, he did not realize that the medical profession was under the supervision not only of the legal aspects of the institution that was authorized to examine, adjudicate, or decide such violations, and how doctors who committed violations were punished. but also in terms of ethics and professional discipline. These three factors affect the type of violations committed, how

By understanding the three alleged violations committed by doctors, without having to report them first, the public can clearly know who should report to BHP2A first. This will allow medical dispute resolution to be more efficient and on target.

In addition, medical dispute resolution. Other doctors are always considered to be trying to protect others. This stigma can destroy people's belief that there are no strict medical rules that are effective and on target to provide legal certainty in the settlement of medical disputes. The general public will interpret that meetings between medical colleagues are prohibited based on the provisions of Article 18 of the Criminal Code.

Distrust of justice in the resolution of medical disputes arises because of the definition and measure of justice that is acceptable to all parties. Judicial institutions are not always able to provide justice to all parties, these provisions are interpreted broadly. So far, the police have not reached a consensus on the health dispute.

It is related to mediation theory and medical dispute resolution factors. The factors stated by Moore related to being internal obstacles that hinder the resolution of medical disputes are as follows:

- a. Doing what the agreement says is not allowed to be done;
- b. Do what is agreed, but the deadline is not timely.;
- c. Doing what is agreed to be done, but not perfectly; lack of information;
- d. Communication: the Method and reducing problems; Quality differences, good and bad communication can be perceived to cause problems, while examples of the meaning of professional violations;
- e. Differences in interests
- f. Gaps in This can occur due to expectations and outcomes. Self-confidence makes us forget that the doctor is also human;
- g. The party whose displeasure is harmed has stated either directly or to other parties. This dissatisfaction is not on the part of the yain, and the person is deferred. Sometimes, if to make the patient or his family can be resolved well or the response is slow. So if there is a problem or there is a problem immediately find a solution, don't delay the person causing a slow loss, he is angry and angry. then the patient reacts to telling the problem can be more complicated;
- h. Developments due to the influence of the community can cause invalid information from social media;
- i. Abolition/occurs due to various neglect of ethical values because between, forgetting oaths and other codes of money orientation, ethical consumerism.

Based on the description above, there are several obstacles that hinder the implementation of the role of mediators, including not doing what is promised in the agreement but being late or not on time; do what is promised in the agreement but the Indonesian Doctors Association is professional in resolving medical disputes in Lampung Province. not completely; lack of information; and communication.

Poor communication can cause problems, differences in interests, gaps in expectations, and similarity, consumption, and forgetfulness of the competition code between parties that are considered to be the cause of public losses a. The aggrieved party can be ", i.e. or parties. According to Dye, his dissatisfaction can directly lead to degradation or forgetfulness of ethical values, Thomas R. Dye states policy, the decision of the government what the government chooses to do or not to do, is another. This is also ethical and oath. It is in accordance with the implementation theory to do something stating that government policy is ", public policy encompasses all government actions, not just the statements of the wishes of representatives or governments.

CONCLUSION

Based on the results of research and discussion, it can be concluded that the implementation of the role of professional mediators of the Indonesian Medical Association (Ikatan Dokter Indonesia/IDI) in resolving medical disputes in Lampung Province has generally been carried out in accordance with applicable legal provisions,

particularly Article 29 of Law Number 36 of 2009 concerning Health and Law Number 29 of 2004 concerning Medical Practice. Through the Medical Ethics Council (Majelis Kehormatan Etik Kedokteran/MKEK), IDI functions as a mediator that upholds the principles of restorative justice by prioritizing dialogue, reconciliation, and ethical accountability over punishment. The mediation process has proven effective in reducing the number of disputes that escalate into criminal proceedings and has maintained the professional integrity of doctors while providing fair solutions for patients.

However, the implementation of IDI mediation still encounters several obstacles, including limited public understanding of non-litigation mechanisms, the lack of certified mediators trained in both legal and ethical aspects, and inconsistent mediation procedures among regional IDI branches. Weak institutional coordination and the absence of legally binding force for mediation agreements further reduce the effectiveness of dispute resolution. Therefore, it is recommended that IDI strengthen its institutional capacity and mediator competence through standardized certification and continuous training, enhance collaboration with the Ministry of Health and the Indonesian Medical Council (KKI), and intensify public education to increase awareness and trust in mediation as a fair and efficient mechanism for resolving medical disputes.

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