Contents lists available atIOCS

Science Midwifery

journal homepage:www.midwifery.iocspublisher.org

Hybrid mediator panel: A legal pluralism framework for resolving medical disputes under the Indonesian health law

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ARTICLE INFO

Article history:

Received Mar 25, 2026
Revised Mar 30, 2026
Accepted Apr 6, 2026

Keywords:

Health Law
Legal Pluralism
Medical Disputes
Pluralistic Model
Restorative Justice

ABSTRACT

Background The transformation of medical-legal relationships from a paternalistic to a contractual model in Indonesia has triggered complex disputes that conventional, legalistic mechanisms often fail to resolve fairly. While Law No. 17 of 2023 mandates non-litigation resolution, the current mediation framework remains trapped in a state-centric paradigm that marginalizes professional ethics and social norms. Research Gap A critical research gap exists in the prevailing legal monism approach, which creates a "justice gap" by failing to synchronize the disciplinary reviews of Article 308 with criminal judicial processes, thereby leaving healthcare workers vulnerable to criminalization and patients without substantive restoration. Method This study employs a normative-prescriptive research method with a qualitative-synthetic conceptual development design to reconstruct the mediation function. Findings The findings introduce a "Hybrid Mediator Panel" and a "Multi-Layered Screening" mechanism as a functional reconfiguration of Article 310 of Law No. 17 of 2023. This model integrates state law, professional ethics (deontological), and living law (deliberation) into a single convergent system to ensure that settlement agreements are not only legally enforceable but also sociologically valid. Contribution This study provides a strategic blueprint for the Indonesian government to implement restorative justice in health law, ensuring legal certainty for medical professionals while simultaneously achieving holistic justice and therapeutic recovery for patients.

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INTRODUCTION

The paradigm of the legal relationship between healthcare providers and patients has undergone a fundamental transformation, shifting from a paternalistic model to a contractual relationship based on patient autonomy (Sijabat & Widjaja, 2025; Siregar, 2025). As the complexity of healthcare services and medical technology advances, medical risk has become an inevitable consequence, often leading to medical disputes (Rusdi et al., 2025; Wiguna et al., 2025). In Indonesia, this

phenomenon is marked by an increasing number of malpractice complaints, whether pursued through the ethical channel via the MKDKI or through litigation (Sun & Yusuf, 2024; Widjaja & Harry, 2025). However, the resolution of medical disputes in court often creates sharp polarization, where lengthy and costly legal processes actually distance both parties from the true essence of legal protection (Handoko et al., 2026; Kurniawati & Fahmi, 2023).

Normatively, Law No. 17 of 2023 on Health has provided for the resolution of disputes outside of court through restorative justice mechanisms (Widjaja, 2025; Widjaja & Harry, 2025). This is in line with the theory of Alternative Dispute Resolution (ADR), which emphasizes efficiency and confidentiality (Anggraeni et al., 2025; Kurniawati & Fahmi, 2023). However, ideally, the resolution of medical disputes should not only aim to procedurally end the conflict but must also integrate technical-ethical medical professional standards with the protection of patients' fundamental rights (Daud et al., 2024; Sijabat & Widjaja, 2025). Empirically, despite these regulations, data from court-annexed mediation reports show that the success rate of medical dispute mediation remains remarkably low, often failing to reach a settlement because it is treated as a mere administrative formality. This study specifically focuses on medical disputes involving professional negligence and clinical risks, where the complexity of medical judgment often clashes with rigid legal interpretations.

The existence of these regulations should serve as a legal framework ensuring certainty for physicians in the practice of their profession and justice for patients who feel wronged (Handoko et al., 2026; Kusmiati, 2025). However, the reality on the ground reveals a wide gap between legal ideals and the practice of dispute resolution (Rusdi et al., 2025; Widjaja, 2025). The conventional mediation mechanisms currently in use tend to be legalistic-formal and transactional in nature, where the primary focus is often solely on the amount of material compensation (Anggraeni et al., 2025; Kurniawati & Fahmi, 2023). Mediation is often viewed merely as an administrative formality to discharge obligations before proceeding to court, thereby failing to address the root causes of the problem, which often involve ethical, social, or communicative dimensions (R. A. Putri & Mannas, 2023; Wijaya & Jayanti, 2025). Consequently, many settlement agreements do not last long or leave a sense of inner injustice for one of the parties, which then triggers criminal complaints as a form of venting dissatisfaction (Hasibuan et al., 2026; Rizal & Ahzar, 2026).

A research gap in the discourse on health law in Indonesia lies in the dominance of the legal monism paradigm, which recognizes only state law as the sole instrument of resolution (Kusmiati, 2025; Saptandari, 2022). Previous studies, such as that conducted by Hafizah & Fitriasih (2022) on law enforcement in medical practice, tend to focus on conventional criminal and civil liability. Similarly, Gunawan (2024) study emphasizes the aspect of malpractice from a purely ethical perspective. What is missing from these studies is a comparative perspective on how countries like Japan or Taiwan successfully utilize medical expert panels to bridge the gap between law and medicine, a mechanism that remains absent in the Indonesian context.

These studies have limitations in accommodating the reality that medical disputes occur within a pluralistic framework. There is a neglect of the existence of professional ethical norms possessing autonomous authority, as well as social norms or local wisdom (living law) embedded in society that prioritize the values of deliberation and the restoration of relationships (Gunawan, 2024; Saptandari, 2022). Specifically, previous research has failed to address the lack of functional synchronization between the disciplinary review under Article 308 and the mediation mandate of Article 310 of Law No. 17 of 2023. Based on this gap, this study addresses two explicit research questions: (1) Why does the current legal monism-based mediation fail to provide legal certainty and justice? and (2) How can a Hybrid Mediator Panel be constructed as a legal pluralism framework for medical disputes.?

To address this gap, this article offers a novel approach through the development of a model for resolving medical disputes based on legal pluralism. Unlike previous studies, which generally view mediation as a single, separate (linear) pathway, this study adapts the legal

pluralism framework developed by John Griffiths and Sally Falk Moore regarding semi-autonomous social fields (Kusmiati, 2025; Saptandari, 2022). The novelty of this study lies in the conceptualization of the "Hybrid Mediator Panel" and "Multi-Layered Screening," which transforms legal pluralism from a sociological theory into a practical, procedural algorithm for medical dispute resolution. Through a theoretical construction model, this study no longer views state law, professional ethics, and social norms as separate or mutually exclusive entities, but rather as an integrated legal system (Gunawan, 2024; Sijabat & Widjaja, 2025). Legal pluralism in this context is positioned as a framework for bringing all stakeholders to a single mediation table that acknowledges the authority of each norm, so that the resulting solutions are not only legally valid but also ethically sound and sociologically accepted (Ekawati et al., 2023; Wijaya & Jayanti, 2025).

The urgency of developing this model is closely linked to the achievement of genuine legal certainty and justice (Handoko et al., 2026; Kusmiati, 2025). Without an integrative model, legal certainty will always be threatened by overlapping assessments of ethical, disciplinary, and criminal/civil law violations (Daud et al., 2024; Rusdi et al., 2025). A model based on legal pluralism is urgently needed to protect healthcare workers from unnecessary criminalization, while ensuring patients receive proportionate redress (Hafizah & Fitriasih, 2022; Miarsa & Feliks, 2026). Legal certainty in this model is no longer interpreted as the rigidity of statutory text, but rather as the legality of an agreed outcome supported by various layers of applicable legal norms.

Based on the above discussion, this article aims to construct a new model for medical dispute resolution that is more adaptable to the complexities of Indonesian society. Titled "Development of a Legal Pluralism-Based Model for Medical Dispute Resolution to Enhance Legal Certainty and Justice," it is hoped that the results of this theoretical exploration can serve as a blueprint for the reform of health law in Indonesia (Anggraeni et al., 2025; Widjaja & Harry, 2025). This reconstruction is expected to foster harmony in the enforcement of health law, one that not only pursues procedural certainty but also achieves substantive justice for all parties involved in the dispute (Ekawati et al., 2023; Siregar, 2025).

RESEARCH METHOD

This study employs a prescriptive normative legal research approach, utilizing a research design that adapts a qualitative-synthetic conceptual development framework. This framework is defined as a systematic process of integrating diverse legal norms—state law, professional ethics, and living law—into a new, coherent legal construct through a synthesis of theoretical propositions. According to Seelos et al., (2023), scientific validity in conceptual research is achieved through internal consistency and the systematic integration of relevant literature to produce a coherent legal construct. Distinguishing itself from standard normative research, this study does not merely describe existing regulations but actively reconstructs them into a functional model.

To ensure comprehensive analysis, this study adopts a multi-dimensional approach: (1) The Statutory Approach, used to examine the inconsistencies between Article 308 and Article 310 of Law No. 17 of 2023; (2) The Conceptual Approach, to build the mediation model based on legal pluralism; and (3) The Comparative Approach, used as a secondary reference to observe how similar medical expert panels function in other jurisdictions to bridge the gap between law and medicine. The research procedures were arranged chronologically to ensure the replication of the line of reasoning in accordance with Cronje's (2020) criteria. Primary legal materials center on Law No. 17 of 2023 on Health as the current normative baseline. These are synthesized with the legal pluralism doctrines of John Griffiths and Sally Falk Moore, which were selected as the most appropriate framework because they provide a robust theoretical basis for understanding "semi-autonomous social fields"—where professional medical ethics and state law overlap and interact.

The structured literature review and legal analysis were conducted through four concrete stages: (1) Data Acquisition and Categorization of state, ethical, and social norms; (2) Gap Analysis to

identify disharmony between formal regulations and sociological justice; (3) Synthesis and Design Formulation of the Hybrid Mediator Panel; and (4) Model Testing. Since this study does not involve direct empirical validation, the validity of legal data and the constructed model are evaluated through a Legal Logic Consistency Test (verification). This test measures the model's "Internal Coherence" (non-contradiction between its components), "Vertical Consistency" (alignment with the hierarchy of laws), and "Theoretical Acceptability" (its ability to resolve the identified research gap). Through this chronological approach, the constructed model is expected to serve as a scientifically and practically accepted solution for the reform of health law in Indonesia.

RESULTS AND DISCUSSIONS

Research Result

The results of this study constitute a product of legal thought constructed through a research and development approach within the realm of normative law. The construction of this Integrative-Pluralistic Medical Dispute Resolution Model was not developed in isolation, but rather through a dialectical process between statutory texts (law in books) and the reality of norms as they are lived in society (law in action). In line with Putri (2023) thoughts on legal discovery, this model is positioned as a systematic effort to fill the legal void regarding mediation mechanisms, which have long been considered overly legalistic and failing to accommodate the complexity of medical disputes (Kusmiati, 2025; Rusdi et al., 2025). Therefore, the results of this study are elaborated through the following four coherent stages of development:

The initial stage of this paradigm reconstruction begins with the Deconstruction and Identification of Normative Fragmentation, a dialectical process undertaken to dissect the fundamental weaknesses in conventional mediation practices in Indonesia. Preliminary findings indicate that the current stagnation and failure of mediation stem from the sole dominance of state law (legal centralism), which rigidly negates the existence of ethical authority and social capital within the dispute space. This phenomenon confirms Tamanaha's (2021) critique regarding the "mirage of legal centralism," where state law is often "blind" and fails to interact with other normative institutions embedded within society (Kusmiati, 2025; Saptandari, 2022; Sijabat & Widjaja, 2025). In the context of health law, this fragmentation creates a gap between the procedural justice offered by the courts and the substantive justice expected by patients and medical personnel. The inability of formal law to accommodate non-legal norms causes mediation to become merely a formal procedure devoid of the spirit of reconciliation. As an empirical foundation, this study constructs a comprehensive typology of legal pillars. This typology serves as an integrative framework to unify the juridical, ethical, and sociological pillars proportionally. This strategic step is crucial for mitigating potential overlaps or conflicts of authority among institutions in dispute resolution, while ensuring that the resulting decisions possess strong moral legitimacy and sociological validity (Wiguna et al., 2025).

Table 1. Typology and characteristics of legal systems in medical disputes

Analysis Dimension	State Law	Professional Law	Living Law
Basis of Authority	Positive Regulation (Law No. 17 of 2023)	Code of Ethics (Deontological)	Tradition & Deliberation
Ultimate Objective	Procedural Certainty	Professional Discipline & Quality	Restorative Justice
Types of Sanctions	Compensation/Criminal	Administrative/Ethical	Social Reconstruction

The second stage in the reconstruction of this model is the formulation of the "Hybrid Mediator Panel" structure, an institutional innovation that lies at the heart of an integrative and multidimensional medical dispute resolution framework. This formulation emerged as an

antithesis to the limitations of Article 310 of the Health Law, which only mentions the role of mediators in general terms without specifying competencies, thus often failing to capture the technical complexity of medical malpractice or negligence—cases that are inherently high-trust and high-risk. The rigidly developed Tripartite Panel model mandates the involvement of three crucial elements: (1) A legally certified mediator as the frontline guardian of the legality and coherence of the agreement with positive legal norms; (2) A medical expert mediator from a professional organization who objectively conducts peer review of standard operating procedures; and (3) A social mediator, such as a community leader or sociologist, who plays a vital role in balancing information asymmetry and power dynamics between doctors and patients (Anggraeni et al., 2025; Widjaja, 2025; Widjaja & Harry, 2025)

Philosophically, the development of this hybrid structure is grounded in Paul Schiff Berman's (2020) theory of Global Legal Pluralism, which asserts that in a pluralistic social space, conflict resolution is no longer effective if it relies solely on a single authority; rather, it must involve actors from various normative jurisdictions (legal, ethical, and social) so that the decision possesses strong acceptability and legitimacy in the eyes of the disputing parties. The implementation of this panel is expected to reduce the medical profession's resistance to legal intervention while restoring public trust through more transparent and empathetic mechanisms (Hasmita et al., 2026; Pratama & Elistia, 2020; Purba & Sidi, 2023; Siregar, 2025). The presence of a social mediator in this panel specifically fills the communication gap that has long been neglected in mediation that is overly legalistic, thereby creating a resolution that is not only legally binding but also sociologically comprehensive and capable of restoring the therapeutic relationship between doctor and patient.

The third stage is the Construction of Operational Workflows (Procedural Algorithms), which transforms theory into practical steps for dispute resolution. This model introduces a "Multi-Layered Screening" mechanism, in which each complaint is not immediately mediated on a transactional basis, but rather goes through an ethical pre-consultation stage to determine whether the case involves medical risk (unforeseeable risk) or negligence (Daud et al., 2024; Partama et al., 2025; Yatindra et al., 2025). This process is reinforced by the development of the "Pluralistic Peace Agreement" instrument, a legal document that not only includes provisions for material compensation but also incorporates internal hospital ethical sanctions and social restoration measures (such as an official apology or rehabilitation of reputation) (Ekawati et al., 2023). This procedure aligns with the research by Ekawati et al., (2023), which emphasizes that medical mediation must be comprehensive to avoid leaving room for criminal claims in the future.

The final stage involves the theoretical verification and validation of the model against the principles of legal certainty and justice. Research findings confirm that this integrative-pluralistic model automatically closes the gap in the criminalization of medical personnel through a strong ethical filter, while simultaneously ensuring that patients' rights are fulfilled through state legal recognition (Hasibuan et al., 2026; Riyanto, 2024). Based on Griffiths' (2023) framework of Strong Legal Pluralism, the validation of this model lies in its ability to unify various layers of law without contradicting one another (Siregar, 2025). Verification results demonstrate that by registering the "Pluralistic Peace Agreement" with the District Court, legal certainty (enforceability) and legal justice (satisfaction of all parties) can be achieved simultaneously, thereby ensuring that medical disputes are truly resolved in a final and binding manner outside of court proceedings.

Discussion

The Failure of Legal Monism and the Urgency of a Paradigm Shift in Medical Disputes

The failure of current medical dispute resolution mechanisms stems from the dominance of the legal centralism paradigm, which views state law as the sole authoritative instrument in determining justice (Kusmiati, 2025; Saptandari, 2022; Siregar, 2025). In practice, this failure of legal monism is explicitly reflected in Article 308(1) of Law No. 17 of 2023, which states that medical personnel suspected of negligence must undergo a disciplinary hearing; however, this provision

fails to provide immunity from concurrent criminal prosecution (Riyanto, 2024). The pressure for overly rigid legal unification has led to disciplinary review outcomes being frequently disregarded by law enforcement officials, who continue to rely on the general provisions of the Criminal Code (Andi et al., 2022).

The legal monism approach tends to overlook the sociological reality in which individuals live within multiple layers of norms simultaneously, including autonomous professional and social norms (Sijabat & Widjaja, 2025). This is clearly evident in Article 304 of Law No. 17 of 2023 regarding hospital liability, which in practice is often reduced to merely a transactional matter of material compensation (Kurniawati & Fahmi, 2023; Wiguna et al., 2025). This overly legalistic-formal focus overlooks the ethical and emotional aspects of patients, which are actually recognized in Article 5(1) of Law No. 48 of 2009.

The inability of formal law to capture the complexity of the doctor-patient relationship creates what is known as a "justice gap," which contributes to low public trust in medical institutions (Sijabat & Widjaja, 2025; Widjaja, 2025). Medical disputes are not merely ordinary contractual disputes, but rather disputes involving professional integrity and fundamental bodily rights that require a multidimensional approach beyond the text of the law (Yatindra et al., 2025). The disregard for the authority of ethical bodies under Article 306 of Law No. 17 of 2023 often leads to the criminalization of healthcare workers (Daud et al., 2024; Hasibuan et al., 2026).

The failure of legal monism is also evident in the effectiveness of mediation as regulated in PERMA No. 1 of 2016, where mediation often serves merely as a procedural formality to meet the administrative requirements of a trial (Anggraeni et al., 2025). Current mediation success rates for medical cases remain significantly low due to the lack of specialized mediators who understand the technical-clinical nuances of medical practice. Comparative studies of Alternative Dispute Resolution (ADR) in other jurisdictions support the necessity of shifting away from this legalistic paradigm. For instance, Japan's "Medical Evaluation Committee" and Taiwan's mandatory medical mediation system demonstrate that integrating medical experts early in the dispute process can reduce medical litigation rates by over 30% (Chen et al., 2022; Laurent et al., 2022). These countries prove that a "medical-heavy" mediation panel—similar to the proposed Hybrid Mediator Panel—is more effective in building trust and bridging the information asymmetry between clinicians and patients than a purely legalistic-procedural approach.

Therefore, a paradigm shift from legal monism toward inclusive legal pluralism is necessary to create a legal system that is more adaptive and responsive to medical needs (Siregar, 2025). This new paradigm views legal certainty as arising not only from the text of laws but also from the harmonization of state regulations, professional ethics, and societal. In a complex society, justice can only be achieved if the legal system provides space for various normative jurisdictions to interact on an equal footing (Widjaja & Harry, 2025). Finally, legal reform must be directed toward strengthening the integration of Article 310 of Law No. 17 of 2023 with the spirit of restorative justice to restore social relationships among the parties (Miarsa & Feliks, 2026). This shift is urgent so that the resolution of medical disputes no longer ends in destructive polarization, but rather in a resolution that respects human dignity. By adopting legal pluralism, the state acts as a facilitator of harmony between the law, the professions, and society (Saptandari, 2022).

Constructing a Pluralistic Mediation Model: Balancing Certainty and Justice

The construction of the "Hybrid Mediator Panel" and "Multi-Layered Screening" models proposed in this study represents an effort to balance certainty and justice within the scope of health law (Daud et al., 2024; Kurniawati & Fahmi, 2023; Rusdi et al., 2025). In practice, this model operates through a rigorous four-step procedural algorithm: (1) Ethical Pre-Screening, where medical experts determine if the case is a clinical risk or pure negligence; (2) Multi-Layered Mediation, involving the tripartite panel to address legal, medical, and social interests; (3) Synthesis of Settlement, drafting the Pluralistic Peace Agreement; and (4) Judicial Validation through court registration. The key provision that requires functional reconstruction is Article 310

of Law No. 17 of 2023, which, although it mandates mediation, has not yet specified the qualifications of mediators capable of simultaneously understanding medical, ethical, and legal complexities. What makes this model superior to existing ADR frameworks is its ability to eliminate "information asymmetry." Unlike standard mediation under PERMA No. 1 of 2016 which often fails due to the mediator's lack of medical expertise, this hybrid panel provides technical legitimacy that satisfies both the doctor's professional pride and the patient's need for a clear explanation. Through the presence of medical mediators who conduct objective peer reviews, legal certainty for healthcare professionals is safeguarded against unfounded malpractice allegations through the validation of accurate professional standards (Miarsa & Feliks, 2026; Windayani & Adipradana, 2020).

The necessity of this shift is further supported by comparative studies of ADR in other jurisdictions. For instance, Japan's "Medical Evaluation Committee" and Taiwan's mandatory medical mediation system demonstrate that integrating medical experts early in the dispute process can reduce medical litigation rates by over 30% (Chen et al., 2022; Laurent et al., 2022). These countries prove that a "medical-heavy" mediation panel—similar to the proposed Hybrid Mediator Panel—is more effective in building trust and achieving closure than a purely legalistic approach. The presence of social mediators on this panel creates an opportunity to apply restorative justice grounded in local wisdom to restore human relationships that are often severed as a result of disputes (Ekawati et al., 2023; Rizal & Ahzar, 2026). This necessitates a reevaluation of the implementation of Article 304 of Law No. 17 of 2023 so that the hospital's liability does not merely end at material compensation but also includes the restoration of the patient's dignity through an ethical acknowledgment of fault. The effectiveness of medical mediation heavily depends on the mediator's ability to bridge the information gap (information asymmetry) between clinicians and laypeople to achieve a dignified settlement (Handoko et al., 2026; Wijaya & Jayanti, 2025).

Philosophically, this model applies the principle of "Justice in Many Rooms," in which the litigation process in court is only a small part of a broader spectrum of justice (Sun & Yusuf, 2024). By including community leaders or legal sociologists on the panel, this model accommodates patients' need for recognition of suffering, a need that cannot be measured solely in monetary terms (Sijabat & Widjaja, 2025; Widjaja, 2025). Justice in this pluralistic model is multidimensional: medically fair according to professional standards, legally fair according to state regulations, and sociologically fair because the decision possesses strong moral legitimacy in the eyes of the community.

Legal certainty in this model remains firmly established through the integration of mediation outcomes into the formal legal system, thereby ensuring full enforceability in accordance with PERMA No. 1 of 2016 (Riyanto, 2024). The registration of the "Pluralistic Peace Agreement" with the District Court grants it executory power equivalent to a final and binding judicial decision, thereby ensuring that the parties' rights are permanently protected (Miarsa & Feliks, 2026). This mechanism addresses concerns that legal pluralism would lead to anarchy; on the contrary, this integration actually strengthens the national legal system by providing a framework for living law to gain formal recognition (Handoko et al., 2026; Rizal & Ahzar, 2026).

The implementation of this model also requires a reinterpretation of Article 308(1) of Law No. 17 of 2023, whereby the findings of the Hybrid Mediator Panel must be treated as authentic evidence possessing strong probative value in subsequent legal proceedings (Wiguna et al., 2025). Regarding its feasibility, the Hybrid Mediator Panel is highly applicable within Indonesia's current institutional setting by optimizing the existing Medical Ethics Committees (MKEK) and Hospital Legal Units. While initially ideal for Type A and B hospitals, this model is designed to be applied nationwide; in smaller regions, the panel can be centralized at the District Health Office level to ensure that all patients have access to pluralistic justice. True legal certainty is achieved when a legal instrument is voluntarily complied with because it is deemed fair by all parties, a principle

reinforced in this context by the recognition of various layers of applicable legal norms (Widjaja & Harry, 2025; Wijaya & Jayanti, 2025). Thus, the revision of the provisions regarding mediation in the Health Law is an absolute prerequisite to ensure that medical disputes no longer burden Indonesia's criminal justice system.

Implications of the Model for Health Law Reform in Indonesia

The implementation of a legal pluralism-based dispute resolution model has significant implications for the architecture of Indonesia's health law following the enactment of Law No. 17 of 2023 (Hasmita et al., 2026; Siregar, 2025). Regarding its feasibility, the Hybrid Mediator Panel is highly applicable within Indonesia's current institutional setting by optimizing the existing Medical Ethics Committees (MKEK) and Hospital Legal Units as the primary "Semi-Autonomous Social Fields." This model promotes the repositioning of hospitals and professional organizations as entities capable of self-regulation in an ethical manner while remaining integrated with state regulations. This model promotes the repositioning of hospitals and professional organizations as Semi-Autonomous Social Fields—entities capable of self-regulation in an ethical manner while remaining integrated with state regulations. This is a manifestation of Article 187 of Law No. 17 of 2023, which mandates that healthcare facilities implement good clinical governance and assume legal responsibility (Riyanto, 2024). This adaptive system has proven to be far more effective in addressing dynamic medical risks compared to rigid top-down regulations (Hafizah & Fitriasih, 2022).

Furthermore, this model offers a strategic solution to the issue of the criminalization of doctors, which continues to be a national controversy within the criminal justice (Ekawati et al., 2023; Windayani & Adipradana, 2020). Through the screening mechanism within the hybrid mediation panel, the implementation of Article 308(1) of Law No. 17 of 2023 can be strengthened so that criminal law enforcement is truly positioned as the last resort. This provides more concrete legal protection for medical personnel as stipulated in Article 273 of Law No. 17 of 2023, enabling them to engage in clinical innovation without being unduly burdened by legal fear (defensive medicine) (Widjaja, 2025; Wijaya & Jayanti, 2025). These implications align with the direction of global legal reform that prioritizes efficiency and the strengthening of technically competent non-litigation institutions.

While initially ideal for Type A and B hospitals with complete resources, this model is designed to be applied nationwide to ensure equitable access to justice. In smaller regions or for Type C and D hospitals with limited personnel, the hybrid panel can be formed at the District Health Office (Dinas Kesehatan) level or through a regional cluster system. This ensures that even patients in remote areas have access to pluralistic justice that involves competent medical peers and respected community leaders. The adoption of this pluralistic model will also fundamentally enhance public trust in the national health and legal systems (Hasibuan et al., 2026; Hasmita et al., 2026). When patients feel that their voices and social values are genuinely heard in the mediation process, their perception of legal justice will increase significantly. This supports the achievement of health development objectives under Article 3 of Law No. 17 of 2023, which emphasizes legal protection and certainty for the public. This theoretical novelty affirms that legal pluralism is not a threat to the unification of the state's legal system, but rather a prerequisite for the establishment of a humanistic and sociologically just legal system (Daud et al., 2024; Hafizah & Fitriasih, 2022; Riyanto, 2024).

In conclusion, the legal implications of this model require synchronization between mediation regulations and autonomous professional standards. This model represents an important theoretical contribution to the development of Indonesian health law, making it more inclusive and adaptive in responding to medical dynamics (Miarsa & Feliks, 2026; Windayani & Adipradana, 2020). Strengthening mediation institutions in hospitals must be viewed as an effort to progressively implement the mandate of Article 310 of Law No. 17 of 2023 to achieve sustainable peace (Ekawati et al., 2023; Rizal & Ahzar, 2026). The feasibility of this model is further

strengthened by its cost-effectiveness, as it reduces the state's judicial burden and the high costs associated with medical malpractice litigation. Thus, the reconstruction of future health law can provide guarantees of protection for doctors as well as dignified justice for patients in a holistic manner.

CONCLUSION

This study concludes that the conventional, monistic-legalistic mechanism for resolving medical disputes has failed to achieve substantive justice, primarily due to the lack of alignment between the disciplinary proceedings under Article 308(1) of Law No. 17 of 2023 and the criminal investigation process. Therefore, a paradigm shift toward an Integrative-Pluralistic Mediation Model is necessary to functionally reconstruct Article 310 of Law No. 17 of 2023, which has so far failed to regulate mediator qualifications comprehensively. Through the construction of a "Hybrid Mediator Panel" and a "Multi-Layered Screening" mechanism, this model successfully integrates state legal authority, professional ethics, and societal norms into a single harmonious dispute resolution system, ensuring legal certainty through the enforceability of settlement agreements and professional protection for medical personnel. As a recommendation, the government should promptly adopt this pluralistic model into the implementing regulations of Law No. 17 of 2023, particularly by restructuring hospital internal complaint units into competent hybrid mediation units. However, this study is limited by its normative-conceptual nature, which has not yet been empirically tested in a diverse range of clinical settings across Indonesia. Future research directions should, therefore, focus on empirical legal studies to evaluate the implementation of this hybrid panel in various hospital types and investigate the readiness of medical professional organizations to provide the necessary experts for these pluralistic mediation boards.

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