



Legal Protection Of Patients Against Accusations Of Defamation In Medical Service Disputes At Omni International Hospital

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ABSTRACT

This study examines legal protection for patients who submit complaints regarding medical services and subsequently face accusations of defamation. The research focuses on the case of Prita Mulyasari against Omni International Hospital, particularly as reflected in Supreme Court Decision Number 300 K/Pdt/2010. This case represents a significant legal controversy concerning the balance between the patient's right to express dissatisfaction with medical treatment and the institution's interest in protecting its reputation. The objectives of this study are to analyze the legal considerations of the Supreme Court, to examine the application of defamation provisions under Indonesian positive law, and to assess patient protection from the perspective of Islamic law. This research employs a normative juridical method using statutory, case, and conceptual approaches. The legal materials analyzed include legislation relating to health services, consumer protection, hospital liability, and relevant judicial decisions. The study finds that the Supreme Court adopted a contextual and systematic interpretation by recognizing that the patient's complaint constituted a legitimate form of consumer grievance rather than an unlawful act of defamation. The decision emphasized that criminal law should function as *ultimum remedium* and should not be used to criminalize patients who convey complaints in good faith. From the perspective of Islamic law, patient protection is closely associated with the principles of *hifzh al-nafs* (protection of life), justice, public benefit (*maslahah*), and the elimination of harm. The study concludes that patients must receive legal protection when expressing honest complaints concerning medical services. Harmonization between health law, consumer protection law, and defamation law is therefore essential to ensure justice and to prevent the future criminalization of patients.

Keywords: Legal Protection, Patients, Defamation In Medical Service
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INTRODUCTION

Healthcare is a fundamental right of every individual that must be guaranteed by the state and healthcare providers, including hospitals. In carrying out their functions, hospitals are obligated to provide quality healthcare services in accordance with professional standards. However, in practice, problems often arise related to healthcare services, leading to disputes between patients and hospitals.

One of the main issues that arises in healthcare is legal protection for patients. Patients, as recipients of services, have the right to security, safety, and legal certainty in receiving medical services. However, in numerous cases, patients' rights are often neglected, either due to negligence by medical personnel, services not complying with standard procedures, or patients' lack of understanding of their own rights. Inequality persists in the implementation of patient rights in various hospitals in Indonesia, particularly in the areas of information transparency and consent to medical procedures.

The issue of patient legal protection came to the public spotlight through the case of Prita Mulyasari v. Omni International Hospital. The case began with Prita's complaint about the medical services she received, which she conveyed via email to her friends. The email was then widely circulated, resulting in the hospital filing a defamation lawsuit against Prita under Law No. 11 of 2008 concerning Electronic Information and Transactions (UU ITE). This case highlighted the potential criminalization of patients who voice their complaints and raised fundamental questions about the balance between patients' rights to express their opinions and protecting the reputations of healthcare providers.

In Indonesia, legal protection for patients is regulated by various regulations, such as Law No. 36 of 2009 concerning Health, Law No. 44 of 2009 concerning Hospitals, and Law No. 8 of 1999 concerning Consumer Protection. These regulations affirm that hospitals are responsible for the services they provide, including quality, safety, and legal aspects of patient care. However, research by Siregar revealed that despite the existence of regulations, their implementation in the field still faces obstacles, such as a lack of understanding of legal aspects among healthcare workers and weak oversight by relevant parties.

One legal case that garnered public attention regarding patient protection was the case of Prita Mulyasari v. Omni International Alam Sutera Hospital, Tangerang (2008). Prita, a housewife, complained about the medical services she received at Omni International Hospital via email to her friends. In the email, she expressed her disappointment with the doctor's diagnosis, the perceived lack of transparency in the fees, and what she considered detrimental hospital services. The private email then spread widely on the internet and went viral. Supreme Court Decision No. 300 K/PDT/2010, which set a precedent in determining hospital liability to patients. This case demonstrates how the Indonesian legal system handles medical disputes and how court decisions can serve as a benchmark for

improving the healthcare system. Research by Rahmawati highlights that this decision reinforces hospitals' obligations to ensure patient safety and provides clearer legal protection for victims of medical malpractice.

Feeling its reputation was tarnished, Omni International Hospital filed a criminal lawsuit against Prita for defamation and a civil lawsuit demanding Rp 204,000,000 in damages from the Banten High Court. This case garnered national attention, sparking a public solidarity movement known as "Coins for Prita." Ultimately, the Supreme Court, through Decision Number 300 K/PDT/2010, acquitted Prita of the obligation to pay compensation, considering that her actions constituted consumer protection for her right to file complaints regarding healthcare services.

The case of Mrs. Prita Mulyasari reflects fundamental problems in the implementation of Law Number 11 of 2008 concerning Electronic Information and Transactions (UU ITE), which directly impacts legal protection for patients. The District Court and the High Court declared Mrs. Prita was found guilty by basing her legal considerations on a textual and formalistic interpretation of the element of "distributing and/or transmitting electronic information containing defamatory content," by judging that the email containing the complaint about the services of Omni International Hospital had fulfilled the elements of the crime of defamation. In this consideration, the first instance and appellate courts tended to ignore the context of the therapeutic relationship between the patient and the healthcare provider, and did not consider the patient's complaint as part of the legal right to obtain quality healthcare services and to submit complaints. As a result, the patient's expression of dissatisfaction was treated as a criminal act, which indicates the weak legal protection for patients in conveying criticism or complaints about medical services. In contrast, the Supreme Court in its decision declared Mrs. Prita not guilty by basing it on a systematic and contextual interpretation, namely that Mrs. Prita's actions constituted a form of consumer complaint protected by the Consumer Protection Law and were a manifestation of the right to freedom of expression. The Supreme Court also emphasized that criminal law, particularly the defamation provisions in the ITE Law, should be placed as the *ultimum remedium* and not used to criminalize patient complaints submitted in good faith. These differing rationales and approaches to legal interpretation demonstrate inconsistencies in judicial practice, resulting in suboptimal legal protection for patients. This underscores the urgency of regulatory reform and harmonization to guarantee patients' rights to file complaints without fear of criminal prosecution.

Rahmawati's research highlights that this ruling sets an important precedent in comprehensively determining hospitals' responsibilities to patients. In healthcare law, a final and binding decision by the Supreme Court holds doctrinal weight that can influence judges' decision-making in similar cases in the future. This ruling emphasizes that hospitals' responsibilities extend beyond clinical and medical aspects to encompass the legal responsibility for fulfilling patients' basic

rights as consumers of healthcare services.

Furthermore, Rahmawati's analysis emphasizes hospitals' obligation to ensure patient safety and transparency at every stage of care. Hospitals can no longer hide behind medical complexity to avoid accountability. This ruling sends a strong message to healthcare institutions that operational service standards (SOPs) must be consistently implemented, and any failure to meet these standards provides patients with a constitutional right to demand clarity.

Prita's case also highlights a fundamental shift in the legal paradigm: patients are no longer merely passive objects of medical care, but sovereign legal subjects. As legal subjects, patients have the legal capacity to exercise control over the medical treatments they receive. This shift from "object" to "subject" requires medical personnel and hospital management to prioritize equal therapeutic communication and respect for individual autonomy.

Within the framework of consumer protection law, patients, as legal subjects, have the absolute right to receive quality and transparent services. This transparency includes the right to information regarding laboratory results, accurate diagnoses, and details of medical procedures performed. Without transparency, the relationship between patients and hospitals will continue to be mired in an information gap that has the potential to harm the most vulnerable parties, namely the patients themselves.

Furthermore, this ruling opens up greater space for the public to voice criticism of healthcare services without fear. Criticism is seen as a healthy check and balance mechanism within the public service ecosystem. Rahmawati argues that the existence of space for criticism will actually encourage hospitals to continuously innovate and improve the quality of services. Thus, criticism should not be perceived as an attack on honor, but rather as constructive input for the safety of patients.

The importance of this ruling is also evident in how it limits attempts to criminalize patients. Prior to this jurisprudence, large institutions tended to use criminal law instruments or fanciful civil lawsuits to silence consumer complaints. Supreme Court Decision No. 300 K/Pdt/2010 effectively broke this chain of "legal intimidation" by providing protection for patients' honest expressions of concern regarding the quality of services they received.

More broadly, this research demonstrates that legal protection for patients is an integral part of human rights. The right to health encompasses not only the right to receive medicine but also the right to be treated humanely and fairly within the healthcare system. This ruling is a milestone, reminding us that, above the business interests of hospitals, the interests of humanity and the safety of lives must be prioritized by the state and its legal system.

In the context of hospital management, this precedent demands reform in the complaint management system. Hospitals are required to have responsive internal mechanisms so that any patient dissatisfaction can be resolved through

dignified mediation. If hospitals are able to manage complaints effectively from the outset, escalating disputes to the public sphere or court, which could potentially damage their reputation, can be gracefully avoided.

Finally, Rahmawati's perspective confirms that justice for patients is a prerequisite for creating a robust national healthcare system. When patients feel legally protected, public trust in medical institutions increases. This trust is a key social asset for the success of healthcare development in Indonesia. This Supreme Court ruling is not simply a victory for Prita Mulyasari, but rather a victory for every Indonesian citizen's right to have a voice in their healthcare.

In conclusion, this chapter concludes, a review of previous research and this landmark ruling demonstrates that healthcare law in Indonesia continues to move toward a more humanistic approach. The integration of consumer rights, medical professional obligations, and legal protection for the vulnerable is at the heart of modern healthcare law. This ruling will continue to be relevant as a primary reference for analyzing the boundaries between public service criticism and defamation in the future.

METHODOLOGY

This research uses a normative juridical legal research approach as the primary framework for analyzing the problem. Normative legal research, often referred to as doctrinal legal research, positions law as a closed and coherent system of norms. The primary focus is an in-depth literature study through the analysis of various primary legal documents, such as court decisions and regulations, so this research does not require field surveys or sociological statistical data.

The normative juridical approach in this research is implemented through a statute approach. This approach involves examining all regulations related to the legal issue under study, from the Medical Practice Law, the Hospital Law, to the Consumer Protection Law. The goal is to examine the extent to which these regulations synchronize and harmonize in guaranteeing patient rights in Indonesia.

Furthermore, this research also employs a conceptual approach. This approach stems from the views and doctrines developing in legal science, particularly regarding the concept of legal protection from an Islamic legal perspective. Through this approach, the researcher attempts to construct legal arguments by referring to the principles of Islamic jurisprudence (Fiqh Jinayah) and the rules of Islamic jurisprudence (fiqh) to provide a moral and religious dimension to the protection of individual honor (al-'ird).

The normative juridical aspect of this study essentially examines law as a rule or norm (das sollen), namely, what should be done according to applicable regulations. The researcher identifies ideal norms regarding how the relationship between medical personnel and patients should be established, both contractually

and ethically. This is crucial for establishing ideal standards of healthcare services that align with the law and Sharia.

To complement this normative analysis, this study also touches on empirical juridical aspects, examining the law in its application in society through a case approach. The primary focus is on the Supreme Court Decision No. 300 K/Pdt/2010. The case approach in normative legal research aims to understand the application of legal norms or legal principles in actual legal practice, particularly in decisions that have permanent legal force. This empirical legal aspect is tasked with examining the law in reality or practice (*das sein*). Researchers examine how judges, as representatives of the state, interpret abstract legal norms when faced with real-life disputes between patients and hospitals. By analyzing judges' legal reasoning (*ratio decidendi*), researchers can uncover patterns of legal protection provided by courts to wronged healthcare consumers.

The data sources in this study are entirely secondary, consisting of primary, secondary, and tertiary legal materials. Primary legal materials include relevant laws and court decisions. Secondary legal materials include legal textbooks, scientific journals, and relevant previous research. Tertiary legal materials include legal dictionaries and encyclopedias that provide guidance or explanations to primary and secondary legal materials.

The data collection technique used was document study or literature search. All collected legal materials were then systematically classified according to the research topic. This process ensures that each argument has a strong reference base and can be academically justified, both from a positive law and Islamic law perspective.

RESULT AND DISCUSSION

The Supreme Court's Legal Considerations in Decision Number 300 K/Pdt/2010 in Assessing a Patient Complaint as Alleged Defamation

Supreme Court Decision Number 300 K/Pdt/2010 is a landmark decision in Indonesian judicial history, particularly in relation to the protection of patient rights and the freedom of consumers to file complaints. This case began with a patient's complaint regarding the medical services she received, which then resulted in a civil lawsuit alleging defamation by the hospital. To understand the significance of this decision, it is necessary to first systematically outline the points formulated and considered by the Supreme Court in its ruling, which ruled in favor of the patient as a consumer of healthcare services.

In its reasoning, the Supreme Court emphasized that the patient's complaint via email or mass media was not a form of defamation, but rather a way of expressing aspirations and grievances about unsatisfactory services. The Panel of Justices considered that patients have a subjective right to voice their medical experiences as part of their right to information and to be heard. This consideration overturned the argument of the lower court, which had previously ruled in favor of the hospital on

the grounds of unlawful acts.

Legally, the Supreme Court linked the patient's position to Law Number 8 of 1999 concerning Consumer Protection (UUPK). From this perspective, patients are positioned as consumers of healthcare services who have a basic right to security, safety, and accurate information. The Supreme Court concluded that the patient's complaint about medical services constituted an effort to defend their rights as a consumer who felt aggrieved. Therefore, the action was granted legal protection and could not be classified as bad faith, attacking the honor of another party.

Furthermore, the Supreme Court highlighted the unequal bargaining power in the relationship between hospitals and patients. Patients, as the weaker party, often lack effective means to protest services except through public spaces or correspondence. Therefore, the Supreme Court held that as long as the complaint is based on facts experienced by the patient and is made in the public interest to raise public awareness, the "unlawful" element in the defamation law is not met.

Another important aspect of the Supreme Court's considerations concerns the use of electronic mail (e-mail) as a medium for conveying complaints. The Supreme Court held that private communications that are then widely disseminated do not necessarily constitute absolute responsibility for the sender, especially if the initial purpose was to seek a solution to the harm suffered. This ruling provides protection for digital users to remain critical of the quality of public services, including healthcare, without the fear of criminalization or excessive civil lawsuits.

The Supreme Court also emphasized the principle of balance between protecting the reputation of an institution and citizens' rights to freedom of expression. While the reputation of a hospital or medical personnel is protected by law, this protection should not be used to silence legitimate criticism of professional performance. The Supreme Court concluded that healthcare institutions should respond to complaints with internal evaluations and medical clarifications, rather than repressive legal action that could harm the reputation of healthcare itself.

In the context of civil law, the Supreme Court concluded that there was no element of actual harm that could be legally and convincingly proven by the hospital as a result of the patient's complaint. The hospital's lawsuit for compensation is considered unfounded because patient criticism is considered a legally protected "consumer voice." This emphasizes the importance of transparency and accountability in medical care, and that patients are the primary social control within the ecosystem.

Through this ruling, the Supreme Court also sent a strong message regarding the need to apply the principle of good faith in every medical contract. The patient was deemed to have acted in good faith to obtain clarity regarding the medical treatment he received. Conversely, the hospital's attempt to sue the patient was viewed as disproportionate. This ruling serves as an important reference or jurisprudence for similar cases in the future, ensuring that judges do not easily grant defamation lawsuits in medical disputes.

The sociological impact of this ruling is significant, namely, increasing public courage to be critical of hospital service standards. The public is beginning to understand that medical complaints are part of the quality control mechanism. Indirectly, Supreme Court Decision No. 300 K/Pdt/2010 encourages hospitals to improve their complaint systems so that any patient dissatisfaction can be resolved through effective internal mediation before escalating to the public or legal sphere.

In conclusion, the Supreme Court's legal reasoning in this ruling has laid a solid foundation for the protection of patient human rights in Indonesia. The Supreme Court successfully integrated consumer protection values into medical disputes, while also establishing clear boundaries regarding what constitutes defamation and what constitutes legitimate criticism. This ruling ensures that the law exists to protect the vulnerable party in an unequal professional relationship.

Supreme Court Decision No. 300 K/Pdt/2010 is a landmark decision in Indonesian judicial history, particularly in relation to the protection of patient rights and consumers' freedom to file complaints. To understand the significance of this ruling, it is necessary to first systematically outline the issues formulated and considered by the Supreme Court in its ruling.

Main Issues Formulated in Supreme Court Decision No. 300 K/Pdt/2010

In this decision, the Supreme Court comprehensively formulated several key issues that constitute the core of the dispute to place the case in its proper legal context. The first issue formulation concerns whether the patient, in this case Mrs. Prita Mulyasari, sending an email complaining about Omni International Hospital's medical services can be classified as an Unlawful Act (*onrechtmatige daad*) as stipulated in Article 1365 of the Civil Code. The Supreme Court's primary focus is examining whether the submission of the complaint violates the subjective rights of others or violates the sender's legal obligations.

The second issue, which has been hotly debated, concerns whether the action fulfills the elements of defamation, which could result in material and immaterial losses for the hospital. The hospital had previously sought Rp204,000,000 in damages, claiming that the institution's reputation had been tarnished in the public eye. The Supreme Court (MA) determined whether a consumer's criticism of unsatisfactory service could be equated with malice intended to undermine a corporation's reputation.

Third, the Supreme Court formulated parameters for determining whether an unlawful act has occurred, taking consumer rights into consideration. The Supreme Court examined whether Law Number 8 of 1999 concerning Consumer Protection could serve as a protective shield for patients. This formulation is crucial because it concerns legal hierarchy and specialization, where the consumer's right to be heard and receive compensation must be aligned with the provisions regarding defamation in the Civil Code.

Furthermore, the Supreme Court addressed the issue of the limits of information

dissemination in cyberspace. The Panel of Supreme Court Justices questioned whether a private email that was subsequently disseminated to the public could be held fully liable for its original sender. This involved technical aspects of communications law, where the Supreme Court had to determine the extent to which the "distribution" of information occurred intentionally by the subject of the lawsuit or was a logical consequence of the characteristics of the internet itself.

In its formulation, the Supreme Court also addressed the issue of proving damages. The hospital claimed a decrease in patient numbers and a damaged image as grounds for compensation. However, the Supreme Court determined whether the loss was a direct and tangible causal link to the patient's email, or whether it was a normal business risk. This determination is crucial to prevent large institutions from using extravagant compensation claims to pressure critical individuals.

The next key issue discussed concerns the hospital's obligation to provide a complaint mechanism. The Supreme Court determined whether the patient's direct use of mass media/the internet resulted from the hospital's unavailability or ineffectiveness of an internal complaint mechanism. If the hospital fails to provide an adequate mediation space, the patient's public appeal is considered a legally justified emergency measure.

The Supreme Court also determined the public interest aspect of the complaint. If the information shared by the patient is intended to warn the public to be more careful in choosing healthcare services, then the action constitutes an element of public interest. This determination distinguishes between personal "slander" and "public service criticism" that is intended to educate other consumers.

Finally, the Supreme Court formulated the need for protection for the "weaker party" in asymmetrical civil relations. This formulation reflects the function of law as an instrument of social engineering. The Supreme Court emphasized that the legal formulation in this decision must be able to establish a precedent to prevent abuse of rights by service providers against consumers who express their basic rights.

Overall, the formulations of the cases in Supreme Court Decision No. 300 K/Pdt/2010 not only resolved the dispute between the two parties but also laid a new foundation for health law and consumer protection in Indonesia. The Supreme Court successfully dissected the complexities between protecting the reputation of institutions and citizens' constitutional rights to express their opinions, ultimately leading to the recognition that patient complaints are a legitimate part of consumer rights protected by law.

In this decision, the Supreme Court formulated several key issues at the heart of the dispute: first, were Mrs. Prita Mulyasari sent an email containing a complaint about the services of Omni International Hospital which can be qualified as an unlawful act (*onrechtmatige daad*) as regulated in Article 1365 of the Civil Code; second, whether the action fulfills the elements of defamation which can harm Omni International Hospital so that it is appropriate to grant a claim for compensation of Rp. 204,000,000; and third, whether in determining whether or not there is an

unlawful act, the judge must consider consumer rights as guaranteed by Law Number 8 of 1999 concerning Consumer Protection.

Matters Considered by the Supreme Court

In the considerations section, the Supreme Court carefully outlined three key considerations that formed the basis of its decision. First, the Supreme Court considered that Prita Mulyasari, the patient, and Omni International Hospital, the healthcare provider, had a legal relationship based on a therapeutic transaction, placing them in a consumer-producer relationship. In this relationship, the Supreme Court considered that Article 4(d) of Law No. 8 of 1999 concerning Consumer Protection expressly guarantees consumers' right to have their opinions and complaints heard regarding the goods and/or services they use.

Second, the Supreme Court considered that Prita's complaint submitted via email did not contain any element of malicious intent (*animus injuriandi*) to damage Omni Hospital's reputation. The Supreme Court considered that the complaint was a response to unclear laboratory results and perceived unprofessional medical care, thus representing a natural expression of a patient's right to receive clarification regarding her health condition. This absence of malicious intent constitutes a subjective element that eliminates the unlawful nature of Prita's actions.

Third, the Supreme Court considered that the complaint contained an element of public interest, as information regarding the quality of a hospital's medical services is relevant to the wider public. As a public service provider, Omni International Hospital must be prepared to accept criticism and evaluation from the public as part of a social control mechanism. Based on these considerations, the Supreme Court ultimately dismissed Omni Hospital's lawsuit and declared that Prita's actions did not constitute an unlawful act.

In analyzing Supreme Court Decision Number 300 K/Pdt/2010, this study found that the Supreme Court (MA) implemented a paradigm shift from a narrow legalistic approach to a substantial justice approach that protects patients' rights as consumers.

CONCLUSION

First, regarding the Supreme Court's legal considerations in Decision No. 300 K/Pdt/2010—for the author, this decision is not simply a victory for a patient over a major hospital. More than that, this decision represents a fundamental correction of the erroneous perspective of lower courts, which were too fixated on normative texts without considering the humanitarian context behind them. The Supreme Court has succeeded in establishing an important precedent: that the consumer's right to file a complaint is a legally protected right and cannot be simply overruled by accusations of defamation. What the author believes is most meaningful about this decision is its implicit message—that the law should side with true justice, not with those with greater capital and power.

Second, regarding legal protection for patients within Indonesia's positive legal framework—if we honestly look at the existing conditions, our existing regulatory framework is actually quite adequate. The Consumer Protection Law, the Health Law, the Hospital Law, and the exception provisions in Article 310 paragraph (3) of the Criminal Code themselves provide sufficient foundations to protect patients' rights to file complaints. The problem lies in the mentality of law enforcement, which is not yet fully aligned with consumer protection, and the ongoing resistance from healthcare providers who feel threatened by public criticism. Stricter synchronization between the ITE Law and health and consumer protection regulations is urgently needed to close the loopholes that allow for the criminalization of patients.

Third, regarding the Islamic legal perspective on patient complaints—Islam has laid a strong foundation for protecting the rights of those who have been wronged for centuries. The principle of tazallum, rooted in QS. An-Nisa' [4]: 148, is clear evidence that Islam does not remain silent in the face of injustice. In fact, Islam requires its followers to speak out against injustice as part of amar ma'ruf nahi munkar—an obligation that cannot be ignored simply because the perpetrator is a large institution. Therefore, for the author, punishing a patient for complaining about poor medical services is tantamount to punishing someone for fulfilling their obligations as a Muslim who cares about the welfare of the community. Islamic values and positive law ultimately converge on one common point: justice for the weak and accountability for the powerful.

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