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Legal Protection of Patients and Hospital Accountability in Patient Safety Governance

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Abstract

Patient safety is an integral component of patients' legal protection, yet the relationship between patients' rights, hospital obligations, and institutional accountability remains insufficiently integrated within Indonesian health law. This study examines the legal framework for patient protection and the relationship between hospitals' institutional responsibilities and healthcare professionals' professional responsibilities in patient safety governance. Normative legal research was conducted using statutory and conceptual approaches, supported by qualitative analysis of primary and secondary legal materials. The analysis focuses on Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 6 of 2026 concerning Hospitals. The findings reveal an interconnected regulatory framework governing patients' rights, hospital obligations, patient safety standards, and legal liability. Article 193 of the Health Law establishes hospital liability for losses arising from negligence by healthcare personnel, while hospitals' institutional obligations provide a distinct basis for assessing organizational responsibility. A critical synthesis of existing literature further identifies challenges associated with formalistic compliance, incident reporting, and organizational oversight. These findings demonstrate that hospital accountability extends beyond individual professional negligence to encompass institutional duties concerning risk management, clinical governance, and patient protection. The study concludes that effective legal protection requires an integrated patient safety governance framework that connects preventive obligations, professional responsibility, institutional accountability, transparent communication, and appropriate legal remedies.

Keywords: *Patient Legal Protection, Hospital Accountability, Patient Safety Governance, Institutional Responsibility, Health Law*

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1. Introduction

Patient safety has emerged as a fundamental concern in healthcare delivery, as patient harm arises not only from the actions of individual healthcare professionals but also from the complexity of clinical processes and weaknesses in institutional systems. Global evidence indicates that up to 17% of hospitalized patients experience patient safety incidents (Bowditch et al., 2025), while approximately one in ten patients in high-income countries experiences an adverse event (Hibbert et al., 2023). Such incidents contribute to morbidity, mortality, and substantial economic consequences for individuals, families, and society (Hibbert et al., 2023). Patient safety incidents have also been described as deviations from standard healthcare practices that contribute to mortality and impose financial burdens on healthcare systems (Fekadu et al., 2025).

The World Health Organization (WHO) emphasizes that patient safety incidents frequently originate from failures in organizational processes, including inadequate staffing, poor care coordination, resource constraints, and ineffective communication. An examination of 300 incident investigations across 56 Australian healthcare services revealed that 51% of incidents involved clinical processes and procedures (Bowditch et al., 2025). Nevertheless, contributing factors were disproportionately attributed to individuals (47%) rather than broader systemic conditions, resulting in recommendations predominantly classified as moderate (51%) or weak (43%) (Bowditch et al., 2025). This persistent tendency to attribute incidents to individual failures reflects the limitations of linear approaches to incident investigation and reinforces the need for systems thinking that recognizes the inherent complexity of healthcare delivery (Bowditch et al., 2025).

Indonesia has established a statutory framework addressing these concerns through Law Number 17 of 2023 concerning Health, particularly Article 176, which requires healthcare facilities to implement patient safety standards, and Article 178, which mandates continuous quality improvement through incident reporting and risk management. These provisions are closely connected to hospital obligations under Article 189, legal liability under Article 193, and the recognition of patients' rights under Article 276. Their implementation is further governed by Government Regulation Number 28 of 2024 and Minister of Health Regulation Number 6 of 2026 concerning Hospitals. Government Regulation Number 28 of 2024 limits physicians to a maximum of three practice locations as a measure intended to safeguard healthcare quality and patient safety (Krisnarto et al., 2025). Minister of Health Regulation Number 6 of 2026 further emphasizes hospitals' obligations to uphold patients' rights through standardized healthcare services, adequate information disclosure, privacy protection, patient safety measures, and access to quality care (Sinambela et al., 2026).

The legal protection of patients is particularly significant because healthcare relationships are characterized by asymmetries in information, professional knowledge, and control over institutional resources. The shift from paternalistic models of physician-patient relationships toward contractual relationships has strengthened patients' rights to information and medical decision-making. Informed consent also serves as documentary evidence within medical records and plays an important role in

distinguishing unavoidable medical risks from negligence (Nur et al., 2026). Accordingly, patients' rights to information, consent or refusal of medical interventions, quality healthcare, access to medical records, and complaint mechanisms must be meaningfully protected rather than reduced to administrative compliance. Although informed consent contributes to legal certainty and the prevention of healthcare disputes, limited patient understanding and inadequate medical communication remain significant challenges in Indonesia (Nur et al., 2026).

Hospital accountability warrants particular attention because hospitals exercise institutional control over the organizational conditions that either support or undermine safe healthcare delivery. A quantitative study involving 270 healthcare professionals found that healthcare governance and legal accountability had positive and statistically significant effects on patient safety, with legal accountability serving as a partial mediator (Herawati, 2026). These findings are consistent with an institutional accountability framework encompassing inclusive governance, organizational commitment to accountability, accountability planning, and autonomous governance structures (Jalilvand et al., 2024). Patient safety should therefore be understood not merely as an indicator of healthcare quality but also as a substantive dimension of legal protection and institutional accountability.

The central legal issue concerns the relationship between hospitals' liability for negligence committed by healthcare professionals and their direct institutional responsibility for failures in patient safety governance. Article 193 of Law Number 17 of 2023 establishes hospitals' legal responsibility for losses arising from negligence committed by healthcare personnel within their institutions, a provision commonly associated with the doctrine of vicarious liability (Krisnarto et al., 2025). This doctrine provides a basis for holding hospitals accountable for negligent acts committed by physicians during healthcare delivery and offers patients greater legal certainty regarding the entities from which compensation may be sought (Rahardianto & Adriano, 2025; Krisnarto et al., 2025). Nevertheless, the boundaries of such liability remain contested, particularly regarding non-employee physicians and professional relationships that do not involve direct employment (Krisnarto et al., 2025; Alhasan, 2025). Existing scholarship extends the discussion beyond vicarious liability to encompass corporate liability arising from institutional failures in staff credentialing, equipment maintenance, safety protocols, and organizational oversight (C. Winata & Hartono, 2025; Abdillah & Kusmiati, 2026), including the potential criminal liability of hospitals as corporate entities when malpractice is associated with systemic failures, inadequate supervision, or deficient risk management (Esa et al., 2026).

Previous studies have examined patients' rights, hospital accreditation, institutional liability, and patient safety from distinct yet interconnected perspectives. Research on hospital accreditation highlights its role in strengthening patients' rights to information, informed consent, and quality healthcare, while identifying persistent challenges related to resource constraints, formalistic compliance, and inconsistent supervision (Widyasari et al., 2025). Integrating patients' rights into healthcare accreditation standards has also been proposed as a means of strengthening legal protection and addressing regulatory gaps (Sperling & Pikkel, 2020). Studies of hospital liability have moved beyond

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attributing responsibility solely to individual healthcare professionals by recognizing hospitals as institutions responsible for providing healthcare systems, facilities, and appropriate supervision (Wicaksono, 2025). Research on healthcare governance similarly emphasizes accountability and Good Hospital Governance as mechanisms for strengthening transparency and protecting patients' rights, although regulatory arrangements governing hospital liability have been characterized as fragmented and insufficiently integrated (Dinianti et al., 2026).

The research gap does not arise from an absence of scholarship on patients' rights, hospital liability, or patient safety, but rather from the insufficient integration of these dimensions within a coherent legal framework for patient safety governance. Studies addressing patients' rights and accreditation generally emphasize healthcare standards as instruments of legal protection, whereas research on hospital liability primarily examines the legal foundations and boundaries of responsibility for professional negligence and corporate conduct. Scholarship on healthcare governance, meanwhile, tends to focus on leadership, organizational compliance, and patient safety outcomes without adequately explaining their relationship to the structure of legal obligations and institutional liability under Indonesian law. This study addresses that gap by developing an integrated conceptual framework connecting patients' rights, hospital obligations, safety standards, quality improvement, and legal liability under Law Number 17 of 2023 and its implementing regulations. Such integration provides a basis for identifying normative parameters of hospital accountability, including the allocation of authority, risk management, institutional oversight, incident reporting and organizational learning, protection of patients' rights, and appropriate remedies consistent with applicable legal principles and requirements.

This study aims to examine the legal framework governing patient protection and hospital accountability within patient safety governance under Indonesian health law. It addresses two principal research questions: how Indonesian health legislation regulates the legal protection of patients and hospital accountability in patient safety governance, and how hospitals' institutional responsibilities relate to the professional responsibilities of healthcare personnel in ensuring such protection. The study adopts a normative legal research method employing statutory and conceptual approaches, supported by qualitative examination of primary and secondary legal materials. The findings are expected to clarify the legal foundations, scope, and limits of hospital liability while establishing patient safety governance as an essential institutional mechanism for protecting patients' rights.

2. Research Method

This study employs a normative legal research method using statutory and conceptual approaches to examine the legal protection of patients and hospital accountability within patient safety governance. The statutory approach focuses on identifying and interpreting legal provisions governing patients' rights, institutional obligations, patient safety standards, and hospital liability under Indonesian health law. The conceptual approach examines the legal doctrines of vicarious liability, corporate

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liability, and institutional responsibility to clarify the relationship between hospitals' legal obligations and the professional responsibilities of healthcare personnel. Although socio-legal scholarship emphasizes the influence of organizational structures, institutional relationships, and social practices on the operation of law (Banakar & Travers, 2005), the present study adopts a doctrinal perspective to assess these issues through legal norms and established scholarly arguments.

The research draws on primary and secondary legal materials obtained through systematic document and literature review. Primary legal materials include Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 6 of 2026 concerning Hospitals, alongside relevant provisions governing medical records and personal data protection. Secondary legal materials comprise academic books, peer-reviewed journal articles, and previous studies addressing patients' legal protection, healthcare governance, professional negligence, and institutional accountability. These sources provide the basis for examining the scope of hospitals' statutory obligations and the legal principles governing responsibility for patient safety.

Legal materials are analyzed qualitatively through systematic classification, interpretation, comparison, and synthesis. The analytical process incorporates the organization of relevant information, thematic presentation, and conclusion drawing, consistent with the qualitative analytical procedures (Riyanto et al., 2023). Statutory provisions and legal doctrines are examined to identify areas of consistency, potential regulatory ambiguity, and distinctions between liability arising from professional negligence and responsibility associated with institutional failures. Particular attention is given to the relationship between patients' rights, risk management, clinical oversight, incident reporting, and organizational accountability. This approach enables the formulation of normative parameters for hospital accountability while distinguishing conclusions derived from legal analysis from empirical findings reported in previous studies.

3. Result and Discussion

3.1 Legal Protection of Patients and Hospital Accountability in Patient Safety Governance

The legal protection of patients in hospitals is inseparable from institutional obligations to ensure safe healthcare delivery (Riyanto et al., 2026). Law Number 17 of 2023 concerning Health establishes patient safety as a legal obligation of healthcare facilities. Article 176 specifically addresses risk identification and management, incident analysis and reporting, and measures to prevent and respond to events that may cause patient harm. This obligation is reinforced by Article 178, which requires continuous quality improvement through quality indicator measurement, patient safety incident reporting, and risk management. For hospitals, Article 184(4) mandates the implementation of sound hospital and clinical governance, while Article 189 requires hospitals to provide safe, high-quality, and nondiscriminatory healthcare services while respecting and protecting patients' rights. Taken together, these provisions demonstrate

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that patient safety is not merely a technical requirement of healthcare delivery but an integral component of hospitals' statutory obligations.

The recognition of patients' rights acquires substantive meaning only when translated into healthcare practices that respect individual autonomy, dignity, and personal needs. Article 276 of the Health Law guarantees patients the right to information concerning their health conditions, adequate explanations of healthcare services, treatment consistent with medical needs and professional standards, consent to or refusal of medical interventions, and access to information contained in their medical records. These rights cannot be adequately fulfilled through the provision of standardized forms or the display of written information within hospital premises alone. Informed consent, for instance, requires meaningful communication that enables patients to understand the purpose, benefits, risks, and available alternatives of a proposed intervention before making a decision. A signature on a consent form does not necessarily establish that the patient has understood the information provided. The fulfillment of patients' rights should therefore be assessed through the quality of clinical communication, opportunities to ask questions, respect for patients' decisions, and transparency throughout the healthcare process.

This normative framework is further operationalized through Minister of Health Regulation Number 6 of 2026 concerning Hospitals. Articles 61 to 63 regulate hospital internal bylaws as instruments for aligning organizational and clinical governance, including the allocation of authority and responsibility, coordination, and internal oversight. Articles 64 and 65 strengthen clinical governance through clinical leadership, audits, risk management, credentialing, supervision, performance evaluation, and the maintenance of professional standards. These provisions are complemented by Articles 67 and 68, which require continuous quality improvement through quality indicator measurement, patient safety incident reporting, and risk management. The regulatory framework indicates that hospital accountability extends beyond the formal establishment of organizational structures or written policies. Institutional responsibility must be demonstrated through the exercise of authority, effective oversight of healthcare delivery, and appropriate responses to identified risks.

A critical concern arises when institutional compliance becomes predominantly administrative rather than substantively protective of patients' rights. Complete documentation, for example, does not necessarily indicate effective clinical communication if patients are unable to understand the information they receive. Similar limitations arise when formal incident reporting mechanisms exist but are not accompanied by adequate investigations, feedback, or improvements in healthcare processes. Dhamanti et al. (2020) identified practical and cultural barriers to incident reporting in Indonesian public hospitals, including insufficient understanding of reporting procedures and inadequate feedback mechanisms. Kusumawati et al. (2019) also identified an association between patient safety culture and nurses' attitudes toward incident reporting. These findings suggest that the existence of legal regulations does not, by itself, establish organizational practices characterized by openness toward risks, errors, and patient safety concerns.

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Incident reporting contributes to institutional accountability only when it is followed by organizational learning that produces meaningful improvements. Stavropoulou et al. (2015) demonstrated that incident reporting systems do not automatically improve patient safety unless they are integrated into broader quality improvement initiatives. This distinction is particularly important because a low number of reported incidents does not necessarily indicate that healthcare services are safe. Underreporting may instead reflect fear of sanctions, limited confidence in reporting mechanisms, or the absence of meaningful organizational responses. Hospital accountability should therefore encompass accessible reporting procedures, protection for those who report incidents, impartial investigations, clearly defined corrective actions, and ongoing evaluation of their effectiveness. Its value should be measured not by the volume of documentation produced but by the institution's capacity to reduce risks and prevent the recurrence of patient harm.

The central position of this study lies in conceptualizing the recognition of patients' rights and hospital accountability as interconnected dimensions of patient safety governance. An examination of patient protection cannot be confined to identifying rights established by legislation, just as an analysis of hospital accountability cannot be limited to liability arising from the negligence of healthcare professionals. These dimensions intersect through hospitals' obligations to establish safe healthcare systems, supervise their implementation, and respond appropriately when failures occur. Such a framework positions patient safety as an instrument of legal protection operating across prevention, incident management, and the restoration of patients' rights. The study's conceptual contribution lies in demonstrating that hospital accountability should be evaluated through the relationship between the fulfillment of patients' rights, compliance with institutional obligations, and organizational mechanisms for learning from patient safety incidents.

3.2 The Relationship Between Hospitals' Institutional Responsibilities and Healthcare Professionals' Professional Responsibilities

Hospitals' institutional responsibilities and healthcare professionals' professional responsibilities represent distinct yet interconnected dimensions of legal accountability. Article 274 of the Health Law requires medical and healthcare professionals to provide services in accordance with professional standards, healthcare service standards, standard operating procedures, and professional ethics. The provision also establishes obligations concerning patient consent, the confidentiality of health information, clinical documentation, and referral according to professional competence and authority. These obligations are closely related to Article 280, which emphasizes the provision of the best possible care in accordance with applicable norms, professional standards, healthcare standards, and patients' health needs. Professional responsibility is therefore grounded in the exercise of reasonable care, professional competence, and adherence to established standards of practice. An unfavorable clinical outcome does not necessarily constitute negligence, as the assessment of professional responsibility must consider the conduct involved and the applicable professional duties.

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Hospital responsibility extends beyond individual clinical conduct because hospitals exercise institutional control over the resources and organizational environment in which healthcare services are delivered. Article 189 of the Health Law requires hospitals to provide safe and high-quality healthcare, maintain service standards, manage medical records, and respect and protect patients' rights. A more explicit legal basis is provided by Article 193, which establishes hospitals' legal liability for losses resulting from negligence committed by healthcare personnel within the hospital. This provision establishes a statutory foundation for holding hospitals legally responsible for negligent conduct arising in the course of healthcare delivery. The principle is closely associated with the doctrine of *vicarious liability*, under which an institution may be held liable for the conduct of another party where the relevant legal relationship and scope of duties justify such responsibility. Its application nevertheless requires an examination of the healthcare professional's legal status, the nature of the alleged negligence, the resulting harm, and the causal relationship between the conduct and the patient's loss.

The allocation of legal liability becomes more complex when healthcare services involve medical professionals who do not have a direct employment relationship with the hospital. The status of contracted physicians, affiliated medical practitioners, and independent professionals may create uncertainty concerning the allocation of authority, supervision, and responsibility when patients suffer harm. Alhasan (2025) examined hospital liability involving independent contractors in relation to legal responsibility, informed consent, and patient safety. Wicaksono (2025) similarly conceptualized hospitals as corporate entities bearing responsibility for healthcare delivery, while Abdillah and Kusmiati (2026) extended the discussion of hospital responsibility through the doctrines of *vicarious liability* and institutional responsibility. These debates suggest that the allocation of liability should not depend exclusively on the formal status of an employment relationship. Consideration must also be given to the hospital's role in organizing, providing, and supervising the healthcare services received by patients.

Hospital accountability must also be examined independently of liability arising from the negligent acts of healthcare professionals, particularly where organizational failures contribute to patient harm. Inadequate staffing, facilities that do not correspond to healthcare needs, insufficient supervision, and ineffective oversight mechanisms are matters directly related to institutional obligations. Articles 184(4) and 189 of the Health Law provide a legal foundation for assessing hospitals' governance and service delivery responsibilities. These obligations are further elaborated in Minister of Health Regulation Number 6 of 2026, particularly Articles 61 to 65, which address organizational authority, clinical governance, credentialing, supervision, and the evaluation of healthcare professionals' performance. Failures to fulfill these responsibilities require examination as potential breaches of institutional duties rather than being attributed exclusively to frontline healthcare professionals. The conceptual approaches discussed by Wicaksono (2025) and Abdillah and Kusmiati (2026) support an understanding of hospital liability that encompasses both the conduct of healthcare professionals and the institutional obligations inherent in healthcare provision.

The distinction between these dimensions of responsibility can be illustrated through the risk of administering medication to the wrong patient. When a nurse

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identifies a discrepancy in patient identification before administering medication, stopping the procedure and reporting the incident constitute essential professional responsibilities. An investigation, however, should not be restricted to assessing the nurse's individual attentiveness. Patient transfer procedures, medication labeling systems, identification verification protocols, workplace interruptions, and unit-level supervision should also be examined to determine whether organizational weaknesses contributed to the risk. A further illustration involving delayed escalation of a patient's deteriorating condition demonstrates the relationship between healthcare professionals' duties to monitor and communicate clinical changes and hospitals' responsibilities to establish effective communication pathways and timely clinical response systems. Both scenarios are analytical illustrations rather than documented empirical incidents, and their purpose is to clarify the relationship between individual professional responsibility and institutional accountability.

Determining responsibility requires an investigative process that is fair, objective, and proportionate. The concept of *just culture*, informed by Reason's (2000) work on human error and organizational safety, provides a framework for distinguishing unintentional human errors, risk-taking behaviors influenced by working conditions, and reckless or deliberate misconduct. These distinctions are important because different forms of conduct require different institutional responses. Human error may call for support and system improvements, risk-taking behavior may require professional guidance and a reassessment of working conditions, while reckless or deliberate misconduct may justify disciplinary measures where the relevant requirements are satisfied. Weaver et al. (2013) demonstrated that strengthening patient safety culture requires interventions at both organizational and team levels. A systems-based approach should not eliminate professional accountability, just as disciplinary measures should not disregard the contribution of organizational weaknesses to patient safety incidents.

Hospital accountability acquires greater substantive significance when accompanied by transparency toward patients following safety incidents. Patients and their families have a legitimate interest in receiving information about the incident, the clinical measures undertaken, and the processes established to investigate what occurred. Post-incident communication should be empathetic and grounded in verified facts, particularly when the underlying causes remain under investigation. O'Connor et al. (2010) identified a gap between recommended practices for patient safety incident disclosure and their implementation in healthcare settings. Their findings underscore the importance of communication mechanisms that avoid defensive institutional responses while maintaining factual accuracy and the integrity of investigative procedures. Transparency does not replace legal accountability. Rather, honest communication respects patients' informational rights and provides hospitals with an opportunity to rebuild trust that may have been undermined by adverse events.

The relationship between patients' legal protection and hospital accountability ultimately reveals a multilayered structure of responsibility. The protection of patients' rights establishes the foundation for healthcare that respects dignity and autonomy, while institutional obligations ensure the availability of systems necessary for safe service delivery. Professional responsibility remains attached to healthcare professionals

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according to their competence and applicable standards of practice, whereas hospitals bear responsibility for their organizational duties and for losses arising from the negligence of their healthcare personnel, as provided under Article 193 of the Health Law. This relationship positions patient safety governance not only as an instrument of quality management but also as a mechanism of legal accountability connecting risk prevention, clinical oversight, incident management, and the protection of patients' rights. Such an integrated framework offers a more comprehensive understanding of hospital accountability while preserving the conceptual and legal distinctions between professional and institutional responsibility.

4. Conclusion

The legal protection of patients in hospital healthcare delivery cannot be achieved merely through the formal recognition of rights in legislation. It must also be reflected in healthcare governance that safeguards patient safety and respects patients' rights. Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and Minister of Health Regulation Number 6 of 2026 concerning Hospitals collectively establish a legal framework connecting patients' rights, patient safety standards, quality improvement, and hospital accountability. The central challenge lies in translating these obligations into institutional policies, effective oversight, risk management, incident reporting, and mechanisms for restoring patients' rights. Accordingly, the effectiveness of legal protection should be assessed through the fulfillment of institutional obligations and patients' actual experiences of care, rather than through administrative compliance alone.

Hospitals' institutional responsibilities and healthcare professionals' professional responsibilities constitute distinct yet interrelated dimensions of legal accountability. Healthcare professionals are responsible for providing care in accordance with their competence, clinical authority, and professional standards, while hospitals bear responsibility for healthcare systems, resource availability, clinical oversight, and risk management. Article 193 of the Health Law establishes hospitals' legal liability for losses arising from negligence committed by healthcare personnel within their institutions, whereas organizational failures must be assessed against the applicable institutional duties and legal requirements for establishing liability. The determination of responsibility therefore cannot rest solely on the occurrence of patient harm. It requires careful consideration of the relevant legal obligations, the nature of professional negligence or organizational failure, causation, and the available evidence.

Patient safety governance should serve as an integrated mechanism connecting the protection of patients' rights, risk prevention, incident management, and hospital accountability. Its effective implementation requires an organizational culture that encourages incident reporting, impartial investigations, organizational learning, transparent communication with patients, and measurable corrective actions. Healthcare professionals, including nurses, play a critical role in identifying risks and implementing patient safety procedures, although their effectiveness depends on institutional support through adequate staffing, clinical supervision, interprofessional communication, and

reliable escalation pathways. The principal conceptual contribution of this study is the recognition that patients' legal protection and hospital accountability must be understood within a unified governance framework. Patient safety is therefore not solely an individual professional responsibility but also an institutional legal obligation for which hospitals may be held accountable.

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