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Enforcement of Discipline in the Medical Profession: A Normative Review of the Violation Provisions in Minister of Health Regulation No. 3 of 2025 and the Principles of Professionalism in Law No. 17 of 2023

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Abstract:

Physicians are required to uphold professionalism through integrity, effective communication, and respect for patients. In practice, however, breaches of medical discipline remain frequent, exacerbated by weak oversight and a limited understanding among healthcare professionals regarding ethical, disciplinary, and legal violations. This study aims to conduct a normative review of the enforcement of medical professional discipline based on Minister of Health Regulation Number 3 of 2025 and Law Number 17 of 2023. Employing a qualitative approach and a normative-juridical method, the study examines these two regulations as primary legal sources. Legal interpretation reveals that Law Number 17 of 2023 establishes a robust normative framework through the creation of disciplinary boards and dispute resolution mechanisms, while Minister of Health Regulation Number 3 of 2025 provides technical specifications regarding types of violations and their corresponding proportional sanctions. Although these regulations complement one another, their effectiveness warrants further examination regarding regulatory synchronization and the performance of the disciplinary boards.

Keywords: disciplinary enforcement; medical profession; normative review; disciplinary violation; principles of professionalism.

INTRODUCTION

The medical profession is viewed as a noble one due to its significant role in maintaining and improving public health. Therefore, medical practice is not solely determined by medical skills but must also adhere to applicable ethical and disciplinary standards (Komalawati & Triswandi, 2022). In Indonesia, oversight of the ethics and discipline of the medical profession is carried out by two main institutions: the Indonesian Medical Ethics Honorary Council (MKEK IDI), which has the authority to formulate and enforce the Indonesian Code of Medical Ethics (KODEKI), and the Indonesian Medical Discipline Honorary Council (MKDKI), which is tasked with assessing and determining disciplinary violations in medical practice, as well as imposing sanctions (Indonesia, 2002). The MKEK IDI plays a strategic role in maintaining professional ethical standards by formulating the KODEKI and its implementation guidelines, as well as ensuring physicians' adherence to moral principles and professionalism. Meanwhile, the MKDKI has the authority to assess the implementation of discipline in medical and dental practice and impose sanctions on physicians who violate the rules. The presence of these two institutions complements each other to ensure the integrity and accountability of the medical profession in Indonesia (Kastury, 2024). Philosophically, medical ethics in Indonesia is rooted in universal ethical norms

grounded in the values of Pancasila and the 1945 Constitution of the Republic of Indonesia. In addition to mastering medical science, a doctor is obliged to uphold professionalism, reflected through integrity, good communication skills, and respect for patient rights (Santoso, 2017). However, violations of medical ethics and discipline still frequently occur. This problem is exacerbated by weak oversight and a lack of clarity among the public and healthcare professionals regarding the differences between ethical, disciplinary, and legal violations.

Several cases of violations of medical professional discipline still frequently occur in Indonesia. One such incident occurred in 2011 when Dr. EJ and Dr. JJ (2011) were found guilty of providing inadequate information, providing an incompetent substitute, conducting excessive examinations, and failing to provide honest explanations to patients. These violations resulted in the temporary revocation of their practice licenses for two to three months (Health, 2010). According to data from the Ministry of Health, as of March 2011, 127 complaints related to medical personnel discipline had been recorded, with approximately 80% of the complaints being due to poor communication between doctors and patients. Meanwhile, in 2010, the Indonesian Medical Disciplinary Honorary Council (MKDKI) handled 41 cases, with 13–15 doctors found guilty and receiving sanctions ranging from written warnings to revocation of their Registration Certificates (STR). This situation demonstrates that disciplinary violations, whether arising from negligence or non-compliance with applicable procedures, remain a significant problem in medical practice. This situation emphasizes the importance of clear and firm regulations, such as those stipulated in Minister of Health Regulation No. 3 of 2025, designed to ensure medical practice remains compliant with the principles of professionalism mandated by Law No. 17 of 2023. This comprehensive regulation is expected to improve compliance and the quality of medical services, while minimizing the risk of disciplinary violations. It also strengthens the role of regulatory institutions in maintaining the integrity of the medical profession and optimally protecting patient rights.

Table 1. Cases of Professional Discipline of Doctors

No.	Disciplinary Cases	Institution
1	Dr. EJ & Dr. JJ – inadequate information & negligence, MKDKI sanctions (Hengki, 2011)	MKDKI
2	Many complaints are due to poor doctor–patient communication (Purba et al., 2024)	MKDKI
3	13–15 doctors were found guilty, given various sanctions (Health, 2010)	MKDKI
4	Prita Mulyasari case – two doctors cleared (2010)	MKDKI
5	Alleged malpractice at PMI Hospital Bogor – slow disciplinary process (2023)	MKDKI

Provisions regarding medical professional discipline are regulated in Law Number 17 of 2023 concerning Health, which emphasizes the importance of the principle of professionalism, and are reinforced by Minister of Health Regulation Number 3 of 2025, which specifically regulates violations of medical professional discipline. However, the implementation of these two regulations poses several challenges, including the mechanism for regulating disciplinary violations, the extent to which the principle of professionalism is used as a basis for enforcement, and guarantees of legal certainty in the disciplinary enforcement process. Simarmata (2025) revealed that doctors basically understand the urgency of professional ethics, but their implementation is often not optimal, especially in situations involving complex decisions or potential conflicts of interest. According to Mannas, legal protection for the delegation of authority is carried out through an accountable delegation mechanism, the implementation of professional standards, a complaints system, social security, and adherence to professional ethics (Putri & Mannas, 2025). Meanwhile, Sekar emphasized that Law No. 17 of 2023 has succeeded in balancing the rights and obligations of patients and medical personnel, thereby providing stronger legal protection in healthcare practices (Wahyudia Putri, 2024).

Several studies have not specifically examined the relationship between the regulation of disciplinary violations and the principle of professionalism and have not examined in depth how the provisions of disciplinary violations regulated in Ministerial Regulation No. 3 of 2025 are in line with or contradict the principle of professionalism in Law No. 17 of 2023. Therefore, this study is present to fill this gap through a normative analysis that assesses the harmonization of the two regulations. The purpose of this study is to analyze the normative review of the provisions of disciplinary violations of the medical profession in Ministerial Regulation No. 3 of 2025 concerning the Enforcement of Professional Discipline of Medical Personnel and Health Workers with Law No. 17 of 2023 concerning Health. This study is assumed to find that the provisions of disciplinary violations in Ministerial Regulation No. 3 of 2025 have normatively accommodated most of the principles of professionalism

as regulated in Law No. 17 of 2023, but there is still the potential for overlap and a lack of norms regarding the mechanism of sanctions and supervision.

The novelty of this research examines the normative relationship between the enforcement of medical professional discipline in the Minister of Health Regulation No. 3 of 2025 and the principles of professionalism regulated in Law No. 17 of 2023. This indicates the need for regulatory harmonization so that the enforcement of medical professional discipline is effective, fair, and provides balanced legal protection for medical personnel and patients. Based on this, an in-depth study is needed regarding the enforcement of medical professional discipline by reviewing the conformity of the provisions on violations in the Minister of Health Regulation No. 3 of 2025 with the principles of professionalism regulated in Law No. 17 of 2023. This research is expected to provide a normative understanding regarding the harmonization of medical professional discipline rules and contribute to strengthening regulations and public protection. This study aims to analyze the mechanism for handling violations of medical professional discipline by the MKDKI based on the provisions of key articles in Law No. 17 of 2023 and the Minister of Health Regulation No. 3 of 2025, assessing the impact of the length of the process time at the MKDKI on the effectiveness of disciplinary enforcement including the implementation of the 14-day default approval mechanism, examining the relationship between MKDKI decisions or recommendations and criminal and civil law, examining the impact of Permenkes No. 3 of 2025 on the formation and authority of the Indonesian Disciplinary Council (MDI) and the potential for dualism of authority in the transition process, and evaluating how Law No. 17 of 2023 regulates preventive efforts to prevent disciplinary violations in the practice of the medical profession.

METHOD

This research employs a normative juridical method, which emphasizes the analysis of applicable legal norms and regulations. In its implementation, this study combines a statutory approach, namely examining relevant positive legal provisions, with a conceptual approach, which focuses on a systematic understanding of legal principles and theories. This approach was chosen because the research objective is to examine the suitability, consistency, and harmonization of legal norms, both between regulations and between legal principles and practice in the field. Thus, the research is not limited to merely describing written regulations but also analyzes the meaning and implications of the legal concepts behind these norms. This normative juridical approach allows researchers to assess the extent to which existing regulations are aligned, effective, and capable of addressing problems that arise in practice. Furthermore, this method provides an analytical basis for providing recommendations for regulatory improvements or refinements, so that applicable laws can operate consistently, fairly, and support the objectives of enforcing discipline in the context of the profession studied (Saebani, 2021). In this normative juridical research, legal interpretation is used to analyze the provisions on disciplinary violations in Ministerial Regulation No. 3 of 2025 and the principle of professionalism in Law No. 17 of 2023 in its entirety. Grammatical interpretation is conducted by examining the language and meaning of words in the regulatory text, such as phrases such as "disciplinary violation," "professional standards," and "default approval." The goal of this approach is to understand the literal intent of legal provisions and avoid misunderstandings resulting from differing interpretations. Systematic interpretation is used to place provisions within the overall legal system and the relationships between regulations. With this approach, the harmonization of legal norms and consistency between regulations can be evaluated, while also assessing the risk of dualism of authority between the MKDKI and the MDI.

The object of study in this research includes provisions on disciplinary violations as stipulated in Minister of Health Regulation No. 3 of 2025 concerning Health and the principle of professionalism in Law No. 17 of 2023 concerning the Enforcement of Professional Discipline for Medical and Health Workers. The data used are sourced from secondary data, including primary legal materials (laws and ministerial regulations), secondary legal materials (literature in the form of books, journals, and research results), and tertiary legal materials (legal dictionaries and encyclopedias) (Tan, 2021). Data collection was conducted through a literature study by reviewing literature, official documents, and MKDKI decisions related to disciplinary violations (Nugrianti & Herawati, 2017).

Meanwhile, teleological interpretation emphasizes the goals or intentions of lawmakers behind legal provisions. In this study, teleological interpretation is used to assess whether regulations on dispute resolution through non-litigation channels, default approval mechanisms, and tiered sanctions align with the principles of professionalism, patient protection, and legal certainty. The research procedure was carried out by reviewing, classifying, and interpreting relevant legal provisions (Firmanto et al., 2024). Data were analyzed descriptively and qualitatively using legal interpretation methods (grammatical, systematic, and teleological) to assess regulatory harmonization and its implications for legal certainty and medical professionalism (Imaduddin et al.,

2025). Thus, this case study allows researchers to connect legal norms abstractly with field practices, thus making the analysis of regulatory harmonization and its implications for legal certainty and medical professionalism more concrete and evidence-based.

RESULTS/FINDINGS

This study presents the main findings obtained through a normative legal analysis of regulations governing disciplinary violations in the medical profession. The study focuses on Minister of Health Regulation No. 3 of 2025, which serves as the main guideline for handling disciplinary violations, as well as the principles of professionalism mandated by Law No. 17 of 2023. The analysis was conducted by examining the suitability, consistency, and application of these legal norms, thus identifying how regulations and principles of professionalism interact in the practice of medical disciplinary oversight. The research findings highlight important aspects such as the mechanisms for handling violations, the effectiveness of procedures, and the alignment of regulations with the principles of professionalism. With this approach, the study not only emphasizes written provisions but also evaluates the extent to which these legal norms are able to ensure ethical, disciplined, and standardized medical practice. These results provide a basis for recommendations for improving regulations and enhancing the quality of professional disciplinary oversight in the future, as well as strengthening the application of professionalism principles in the context of law and medical practice.

a. Normative review of the enforcement of medical professional discipline in Law Number 17 of 2023 concerning Health.

Chapter VII Human Resources for Health
Part Eleven
Enforcement of Discipline of Medical and Health Personnel and Dispute Resolution
Paragraph I
Enforcement of Discipline for Medical and Health Personnel
Article 304

1) "To guarantee the professionalism of medical and health workers, it is necessary to enforce professional discipline.
2) In order to enforce professional discipline as referred to in paragraph (1), the Minister shall form a council with authority in the field of professional discipline.
3) The council as referred to in paragraph (2) is tasked with determining whether or not there has been a violation of professional discipline committed by Medical Personnel and Health Personnel.
4) The assembly can be formed permanently or ad hoc.
5) Further provisions regarding the duties and functions of the assembly as referred to in paragraph (2) will be regulated by Government Regulation."

Article 308

1) "Medical personnel or health workers who are suspected of committing legal violations in the provision of health services that could potentially be subject to criminal sanctions, must first obtain a recommendation from the panel as referred to in Article 304.
2) The liability of Medical Personnel or Health Personnel for actions that harm patients in the civil realm must also be based on recommendations from the panel as referred to in Article 304.
3) The recommendation in paragraph (1) is given after a written request from a Civil Servant Investigator or investigator from the Republic of Indonesia National Police.
4) The recommendations referred to in paragraph (2) are given after a written request from Medical Personnel, Health Personnel, or their attorney regarding a lawsuit filed by the patient, the patient's family, or their attorney.
5) The recommendation in paragraph (3) is an assessment of whether an action can or cannot be investigated, depending on the suitability of professional practice with professional standards, service standards and operational procedure standards.
6) The recommendations in paragraph (4) contain an assessment of whether or not the professional practice being carried out is in accordance with professional standards, service standards and operational procedure standards.

7) The recommendations referred to in paragraphs (5) and (6) must be provided no later than 14 (fourteen) working days from the date the application is received.
8) If the panel does not provide a recommendation within the time limit as referred to in paragraph (7), then the panel is deemed to have agreed to carry out an investigation into the alleged criminal act.
9) The provisions in paragraphs (1), (3), (5), and (7) do not apply to examinations of Medical Personnel or Health Personnel for suspected criminal acts that are not related to the implementation of Health Services."

Paragraph 2
Dispute Resolution
Article 310

"If a Medical Personnel or Health Worker is suspected of committing an error in their professional practice that results in harm to the patient, then the dispute that arises must first be resolved through an alternative dispute resolution mechanism outside the courts."

Chapter XIX Provisions of Transition.
Article 450

“When this Law comes into effect, the Indonesian Medical Council, the Medical Council, the Dentistry Council, the Indonesian Health Workers Council, the councils of each health worker, the secretariat of the Indonesian Medical Council, the secretariat of the Indonesian Health Workers Council, and the Indonesian Medical Disciplinary Honorary Council shall continue to carry out their duties, functions, and/or authorities until the formation of the Council as referred to in Article 26A and the council as referred to in Article 304 based on the provisions of this Law.”

Article 452

“When this Law comes into effect, the handling of complaints regarding disciplinary violations by Medical Personnel or Health Personnel will be carried out as follows:

1) Complaints that are being processed at the Indonesian Medical Disciplinary Honorary Council or the respective Health Worker's council and have gone through the verification, clarification and/or examination stages, will still be resolved in accordance with the procedures in force before this Law was enacted; and
2) Complaints that are still in the initial stages at the Indonesian Medical Disciplinary Honorary Council or the respective Health Worker's council and have not yet gone through the verification, clarification and/or examination process, will be resolved based on the provisions stipulated in this Law..

b. Normative study on the enforcement of medical professional discipline based on the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical Personnel and Health Personnel.”

CHAPTER II
Types of Disciplinary Violations
Pasal 4

1) “Forms of violations of professional discipline by Medical Personnel and Health Personnel include:
   a. Conducting practices outside of competence;
   b. Not referring patients to more competent medical personnel or health workers;
   c. Referring patients to parties who do not have the competence;
   d. Neglecting his professional responsibilities;
   e. Carrying out acts of termination of pregnancy that are contrary to statutory regulations;
   f. Abusing professional authority;
   g. Abusing alcohol, narcotics, or other harmful substances;
   h. Committing fraud or failing to provide honest, ethical and adequate explanations;
   i. Leaking patient medical secrets;
   j. Engaging in inappropriate, indecent, or sexually charged conduct;
   k. Refusing or stopping service without valid reason;
   l. Performing excessive examinations or treatments;
   m. Prescribing or giving certain types of drugs that are not appropriate for their intended use;

n. Not creating or keeping medical records;
o. Providing medical information that does not correspond to the examination results;
p. Engaging in acts of torture or cruel treatment; and/or
q. Advertising yourself unethically and engaging in price wars.

2) The Minister has the authority to determine other forms of professional disciplinary violations outside those listed in paragraph (1) according to needs.
3) Further provisions regarding the types of professional disciplinary violations as referred to in paragraph (1) are regulated by the Minister."

CHAPTER VI
Sanctions for Violations of Professional Discipline
Article 28

1) "Medical personnel and health workers who are proven to have violated professional discipline can be subject to disciplinary sanctions in the form of:
   a. Issuance of a written warning;
   b. Obligation to take part in education or training at the nearest health education institution or teaching hospital that has the competence to conduct such training;
   c. Temporary deactivation of registration certificate; and/or
   d. Recommendation for revocation of practice permit.
2) Every disciplinary sanction as referred to in paragraph (1) must be recorded in the National Health Information System."

DISCUSSION / ANALYSIS

A normative review of Law Number 17 of 2023 shows that the enforcement of medical professional discipline is regulated comprehensively, providing a strong normative basis for enforcing medical professional discipline, with the aim of maintaining the professionalism of medical and health personnel. Article 304 emphasizes the role of the panel as the institution that determines disciplinary violations, which is in line with the principle of due process of law because every alleged violation must go through a formal mechanism. This is in line with the findings of Widjaja (2025) who emphasized that the existence of a professional disciplinary court mechanism is an important instrument for maintaining the accountability of the medical profession without neglecting the rights of medical personnel. Thus, this regulation combines aspects of legal protection and legal certainty in medical practice. However, this regulation still leaves challenges, particularly regarding the provision of Article 308 which requires a request for a recommendation before criminal or civil proceedings. This provision, on the one hand, provides legal protection for medical personnel, but on the other hand, has the potential to cause delays in the legal process if the panel is unresponsive, despite the provision of a default approval mechanism. Ramadhon & Yusuf (2025) found that the main problem in resolving medical disputes is slow coordination between institutions, which often prolongs the case resolution process. Minister of Health Regulation No. Law No. 3 of 2025 was created to fill this technical gap by establishing more detailed standards for disciplinary violations to avoid a legal vacuum.

The mechanism for requesting recommendations from the panel of judges to investigators in cases of alleged disciplinary violations by medical personnel is indeed a crucial tool for ensuring that the legal process adheres to professionalism. This recommendation serves to determine whether the reported medical personnel's actions are within professional standards, service standards, and standard operating procedures or are deviant. This can then serve as the basis for whether a criminal investigation should proceed. However, this mechanism has the potential to delay the legal process if the panel is unresponsive in issuing recommendations. Although regulations anticipate this through a default approval mechanism, which stipulates that if the panel fails to issue a recommendation within 14 days, it is deemed to have approved the investigation, the potential for problems remains (Iskandar et al., 2024). This delayed response can create uncertainty for both medical personnel and victims/complainants, as during this timeframe the legal process becomes dependent on the panel's recommendation. In other words, while default approval guarantees that the legal process will not be permanently hampered, there is still the risk of administrative delays that can create the impression of slow law enforcement. Such delays can also undermine the effectiveness of the principles of legal certainty and swift justice as mandated by criminal procedure law.

Article 310, which requires non-litigation dispute resolution before the courts, is an effort to harmonize with the principle of professionalism, which prioritizes communication and ethical dispute resolution. Non-litigation mechanisms emphasize communication, mediation, and ethical resolution between doctors and patients (Ramadhon & Yusuf, 2025). This is highly relevant because the majority of medical disciplinary complaints so far are not purely related to technical medical errors, but rather a lack of communication between doctors and patients, such as explanations of medical procedures, risks, or prognosis. Thus, Article 310 encourages the creation of faster, more ethical, and more mutually satisfactory resolutions without always having to take the case to court. This is relevant to the problem that has dominated disciplinary complaints, namely the lack of doctor-patient communication. In the context of transitional provisions (Articles 450 and 452), the continuation of the MKDKI until the formation of the new panel demonstrates a legal transition that maintains certainty and continuity in disciplinary enforcement. This is crucial to avoid a legal vacuum that could hinder the process of resolving medical disciplinary disputes. With the continuation of the MKDKI, the disciplinary review mechanism will continue to operate while awaiting the formation of the new institutional structure mandated by law (Famulia & Santina, 2024). Overall, the provisions in Law No. 17 of 2023 demonstrate a strengthening of the normative aspects of the oversight of medical professional discipline, but the effectiveness of its implementation depends heavily on the performance of the panel, the clarity of implementing regulations, and synergy with technical regulations as stipulated in Minister of Health Regulation No. 3 of 2025, which regulates the standards for disciplinary violations in detail.

The provisions contained in Law No. 17 of 2023 indicate an increased role of legal norms in the process of monitoring discipline in the medical profession. This regulation establishes a stronger legal basis for disciplinary enforcement mechanisms, including professional standards, medical personnel obligations, and procedures for examinations in the event of suspected violations. This strengthening also provides clearer boundaries regarding professional responsibilities, so that the supervision process is not merely administrative but also based on the principle of legal certainty. With this more comprehensive regulation, the medical profession's oversight system becomes more structured and able to address the need for accountability in medical practice. This ultimately emphasizes the state's commitment to ensuring that health services are carried out in accordance with applicable standards and ethics (Hartono & Indrawati, 2025). However, the effectiveness of this regulation depends heavily on three factors: (1) the performance of the panel in providing prompt, transparent, and accountable recommendations; (2) clarity of implementing regulations, to avoid differing interpretations in the field; and (3) synergy with technical regulations, particularly Minister of Health Regulation No. 3 of 2025, which regulates in detail the types of disciplinary violations and the mechanisms for handling them. With the design of this regulation, it is clear that the lawmakers are trying to balance patient protection, legal certainty, and the professionalism of medical personnel within the framework of enforcing discipline in the medical profession in Indonesia.

Minister of Health Regulation No. 3 of 2025 provides more technical and detailed regulations regarding the types of disciplinary violations against medical and healthcare professionals compared to Law No. 17 of 2023. Normatively, this regulation addresses two important aspects: the types of violations and disciplinary sanctions. Article 4 of Minister of Health Regulation No. 3 of 2025 outlines the types of violations in detail in three main areas. First, competency, such as practices that do not meet standards, failing to refer patients when needed, or providing services beyond one's authority. Second, integrity, such as abuse of authority, fraud, and unlawful disclosure of patient confidentiality. Third, ethical behavior, including inappropriate behavior, violence, and violations of the professional code of ethics. This detail demonstrates an effort to integrate the dimensions of professionalism, ethics, and legal responsibility into the disciplinary framework. The specifics of these violations are not only important from a substantive perspective but also have practical implications. With clear regulations, multiple interpretations in disciplinary enforcement can be minimized, making the examination and sanctioning process more objective, transparent, and accountable. This also strengthens legal protection for medical and healthcare workers, as they can accurately determine which actions could potentially constitute disciplinary violations. Therefore, Minister of Health Regulation No. 3 of 2025 can be understood as a technical harmonization instrument that complements the norms in Law No. 17 of 2023 and demonstrates the government's concrete steps to improve the quality of professional discipline enforcement through the establishment of certain norms, standards, and procedures.

Article 28 of Minister of Health Regulation No. 3 of 2025 establishes a tiered system of disciplinary sanctions. In the initial stage, violations are subject to a minor sanction in the form of a written warning as a form of basic guidance. If the violation is deemed to require further action, medical personnel may be required to participate in training programs, courses, or additional education to improve their competency and address professional deficiencies. At the next level, if the violation is deemed more serious, sanctions may include the

suspension or temporary deactivation of their Registration Certificate (STR) as a restriction on practice. The most severe stage in this system is a recommendation to revoke their Practice License (SIP), which is only applied in cases of very significant disciplinary violations or those that endanger patient safety. With this tiered sanction system, the Minister of Health Regulation provides a proportional approach between guidance, correction, and firm disciplinary enforcement (Dona, 2025). This tiered sanction mechanism reflects the application of the principle of proportionality in administrative law, where penalties are tailored to the severity of the error and emphasizes guidance rather than mere punishment. Thus, medical personnel are not immediately subject to severe sanctions but are given the opportunity to improve themselves in accordance with professional standards. Furthermore, recording violations in the National Health Information System (SIKN) strengthens transparency and accountability in the oversight of medical and healthcare personnel (Suryaningsih et al., 2024). This recording mechanism allows for a documented disciplinary track record, which can serve as a reference in subsequent oversight processes and also increases public trust in the disciplinary enforcement mechanism.

The Minister of Health Regulation also authorizes the Minister of Health to establish new types of violations (Article 4 paragraph 2). On the one hand, this provision provides flexibility so that regulations can adapt to the ever-evolving dynamics of medical practice. However, on the other hand, it also has the potential to create legal uncertainty if not accompanied by clear, objective, and measurable guidelines for determining new violation categories. The potential for multiple interpretations could arise if additional violations are carried out without a strong normative basis or without the involvement of the professional council (Nabil, 2024). Thus, normatively, Minister of Health Regulation No. 3 of 2025 provides more structured clarity regarding how discipline in the medical profession should be enforced. This regulation details the categories of violations that can be subject to disciplinary action, ranging from minor misconduct to serious violations. Furthermore, this Minister of Health Regulation emphasizes the application of a multi-layered sanctions system, so that violations can be handled proportionally based on the seriousness of the actions committed. Clear regulations regarding the stages of sanctions ensure that the process of coaching and disciplinary enforcement is balanced. In addition, the existence of a mechanism for recording and documenting each violation provides a strong administrative basis for assessing the compliance history of medical personnel. These provisions ultimately strengthen the framework for implementing disciplinary oversight, making the enforcement process not only transparent but also easier to implement and monitor (Asmara, 2025). However, their effectiveness remains highly dependent on synchronization with Law No. 17 of 2023, clarity of additional implementing regulations, and consistency of implementation by the disciplinary panel to ensure the principles of legal certainty, proportionality, and justice are achieved.

The enactment of Ministerial Regulation No. 3 of 2025 has direct implications for strengthening the role of the Indonesian Disciplinary Council (MDI), a new institution established under the mandate of Law No. 17 of 2023. This Ministerial Regulation clarifies technical regulations regarding the forms of disciplinary violations, examination procedures, and the types of sanctions that can be imposed. The existence of the MKDKI remains temporarily recognized under the transitional provisions in Articles 450 and 452 of Law No. 17 of 2023, until the MDI is fully established. Thus, the Ministerial Regulation not only clarifies the implementation of the provisions in the law but also prepares the technical foundation for a more focused transition from the MKDKI to the MDI. Although this transition is intended to create legal certainty, there is the potential for dual authority to emerge if it is not regulated consistently. During the transition period, the MKDKI continues to carry out its disciplinary enforcement function, while the MDI is prepared to take over that authority. This situation could raise questions about which authority is considered legitimate in deciding violations, especially if there are differences in interpretation or decisions between the two institutions. The potential for overlapping authority can also trigger administrative disputes, particularly if the validity of the MKDKI recommendations is questioned after the MDI is officially established. Therefore, harmonization between the Minister of Health Regulation, Law No. 17 of 2023, and other implementing regulations is crucial to ensure the MDI can function effectively without creating a dual authority in enforcing medical professional discipline (Rufaida et al., 2025).

The law and the Indonesian Medical Association (MKDKI) play a mutually reinforcing role in upholding the accountability of the medical profession. In the context of criminal law, the opinions or recommendations provided by the MKDKI serve as an initial screening mechanism to assess whether a medical professional's actions are in accordance with professional standards, medical service standards, and applicable standard operating procedures. Through an ethical and disciplinary review process, the MKDKI assesses whether the action constitutes an acceptable medical risk or indicates a significant deviation from the professional code of conduct. The results of this assessment then serve as a crucial basis for law enforcement officials to determine whether a complaint should proceed to the criminal investigation and prosecution stage. Thus, the MKDKI's involvement not only helps maintain

the quality and integrity of medical practice but also prevents the criminalization of medical actions that are within the bounds of professional reasonableness. Conversely, if strong indications of serious disciplinary violations are found, the MKDKI's recommendations can strengthen the legal legitimacy to bring the case to criminal proceedings. This role emphasizes that the law and professional disciplinary mechanisms work hand in hand to provide legal certainty and protection for both the public and medical professionals (Iskandar et al., 2024).

If the actions of medical personnel are deemed to be within the bounds of professional standards, service standards, and operational procedures, the case does not need to be pursued criminally because no elements of criminal misconduct are found. Conversely, if the MKDKI examination results indicate deviations or disciplinary violations, these findings can be used as a basis for law enforcement officials to continue the investigation process and ultimately lead to a criminal investigation. In this role, MKDKI recommendations serve to protect medical personnel from being criminalized for medical actions that have actually been carried out according to standards. At the same time, this mechanism also ensures that allegations of serious violations that could potentially harm patients receive adequate legal treatment. In other words, the existence of MKDKI recommendations balances the interests of professional protection and law enforcement, so that criminal proceedings are only applied to cases that strongly indicate criminal professional misconduct (Liong & Santoso, 2025)

In the context of civil law, decisions or assessments issued by the Indonesian Medical Council (MKDKI) serve as a crucial source of evidence that can strengthen or weaken compensation claims in cases of alleged medical malpractice. In civil court proceedings, the judge will assess whether there was negligence that caused harm to the patient. Therefore, the MKDKI's examination findings, regarding the presence or absence of disciplinary violations, can provide professional legitimacy that assists the judge in assessing the medical actions in question. Normatively, although MKDKI decisions do not have the status of criminal or civil decisions, their accompanying moral and scientific authority makes them strongly relevant in bridging professional discipline with the positive legal framework. With this status, the MKDKI plays a strategic role in maintaining a balance between patient rights, legal certainty in dispute resolution, and protection of medical professionalism. This role also ensures that civil case resolution remains based on objective considerations in accordance with medical scientific standards (Satria et al., 2023). Law No. Law No. 17 of 2023 concerning Health not only regulates sanctions for medical and healthcare personnel who commit disciplinary violations but also emphasizes preventive measures to prevent violations from occurring. These preventive measures are evident in the obligation of medical personnel to consistently practice in accordance with established professional standards, service standards, and standard operating procedures (Butar-Butar & Yusuf, 2024). With clear normative guidelines, medical personnel have a professional framework to refer to, thereby minimizing the risk of disciplinary violations from the outset. Furthermore, this law emphasizes the importance of continuous education, training, and competency development for medical personnel (Phatama et al., 2021).

The *Continuing Professional Development* (CPD) mechanism is designed as a continuous development system to ensure that all medical personnel continue to improve and update their competencies in line with developments in medical science and technology. Through mandatory participation in various forms of training, seminars, workshops, and other scientific activities, CPD serves to maintain the professional capabilities of medical personnel remain relevant and up-to-date. This development has a preventive nature, because medical personnel who continuously hone their knowledge and skills will have a better understanding of professional standards and operational procedures, thereby minimizing the potential for errors, negligence, or disciplinary violations. Thus, CPD is not only a means of strengthening the quality of healthcare services, but also an indirect oversight mechanism that encourages a culture of professionalism in medical practice. This program ensures that medical personnel do not stop at initial competencies, but continue to develop throughout their careers, enabling them to provide safe, responsible services that are in line with the latest medical developments (Muhadi & Wahyuni, 2020). Another preventive measure is reflected in the obligation to resolve disputes through non-litigation channels, as stipulated in Article 310. This mediation or ethical resolution mechanism between doctors and patients encourages better communication, thereby reducing the potential for conflict that could lead to disciplinary violations or lawsuits. Coupled with a tiered oversight mechanism through the Indonesian Disciplinary Council (MDI), this regulation creates a system that is not only reactive in imposing sanctions, but also proactive in building a culture of professionalism, ethics, and healthy communication between medical personnel and patients (Fadilah, 2024).

A comparison between Law Number 17 of 2023 concerning Health and Minister of Health Regulation Number 3 of 2025 can be examined through several important aspects, namely institutional structure, core provisions, classification of violations, and the forms of sanctions imposed. In terms of institutionalization, both

regulations emphasize the respective roles of professional supervisory bodies and disciplinary enforcement mechanisms, but with different scopes and functions depending on the level of regulation. In terms of content, several main articles serve as the basis for regulations regarding professional standards, procedures for examining violations, and the obligations of medical personnel in carrying out their practices. Furthermore, both regulations provide explanations regarding the types of violations that can be subject to disciplinary action, ranging from non-compliance with service standards to violations of professional ethics. Regarding sanctions, the provisions in the Law and the Minister of Health Regulation both emphasize the principle of proportionality, although the form of sanctions is adjusted according to the respective authorities. Thus, this comparison demonstrates the integration between statutory and technical regulatory policies in regulating medical personnel discipline..

Table 1. Comparison between Law No. 17 of 2023 concerning Health and Regulation of the Minister of Health No. 3 of 2025

Aspect	Law No. 17 of 2023	Minister of Health Regulation No. 3 of 2025
Institution	• Indonesian Medical Council (KKI) • Indonesian Health Workers Council (KTKI) • Indonesian Medical Discipline Honorary Council (MKDKI)	• Professional Disciplinary Council (MDP) • Professional Discipline Honorary Council (MKDP) • Professional Organizations (IDI, POGI, IBI, etc.)
Key Articles	• Article 449: Status of STR and SIP that are still valid • Article 450: Transfer of authority to new institutions	• Article 6: Types of violations of professional discipline • Article 28: Sanctions for violations of professional discipline
Type of Violation	• Medical malpractice (Article 446) • Misuse of practice permit (Article 447) • Violation of professional ethics (Article 448)	• Incompetent practice (Article 6 paragraph 3) • Not referring patients according to authority (Article 6 paragraph 3) • Violation of the professional code of ethics
Sanctions	• Criminal (Article 446) • Administrative sanctions (Article 449)	• Administrative sanctions, such as warnings, demotion, or revocation of practice permits (Article 28) • Administrative sanctions (Article 28)

Table 1 shows a comparison between Law No. 17 of 2023 concerning Health and Minister of Health Regulation No. 3 of 2025 concerning the enforcement of professional discipline for medical and health workers in Indonesia. From an institutional perspective, Law No. 17 of 2023 emphasizes the establishment of professional institutions such as the Indonesian Medical Council (KKI), the Indonesian Health Workers Council (KTKI), and the Indonesian Medical Discipline Honorary Council (MKDKI) as regulators and supervisors of the competence and integrity of health workers. Meanwhile, Minister of Health Regulation No. 3 of 2025 places greater emphasis on the operations of the Professional Discipline Council (MDP) and the Professional Discipline Honorary Council (MKDP), as well as the involvement of professional organizations such as the Indonesian Doctors Association (IDI), the Indonesian Doctors Association (POGI), and the Indonesian Medical Association (IBI) in the disciplinary enforcement process. This demonstrates a transition from normative regulatory institutions to institutions that focus more on implementation mechanisms and direct supervision of professional practice. In terms of key articles, Law No. Law No. 17 of 2023 highlights Articles 449 and 450, which regulate the status of Registration Certificates (STR) and Practice Permits (SIP), as well as the transfer of authority to a new institution. Meanwhile, Minister of Health Regulation No. 3 of 2025 contains Article 6, which details the types of professional disciplinary violations, and Article 28, which regulates sanctions for such violations. This difference reflects that Law No. 17/2023 is more strategic and normative, while Minister of Health Regulation No. 3/2025 is operational, providing concrete guidelines for the Professional Disciplinary Council in handling violations. Previous studies have shown

that clear regulations regarding authority and procedures for enforcing discipline can improve medical personnel compliance and reduce malpractice rates (Linu et al., 2025).

The types of violations regulated also exhibit different focuses. Law 17/2023 regulates major violations such as medical malpractice, misuse of practice permits, and violations of professional ethics. Meanwhile, Minister of Health Regulation 3/2025 emphasizes incompetent practice, non-compliance with patient referrals within authority, and violations of the professional code of ethics. This demonstrates the continuity between broader legal principles and detailed technical regulations in the implementation of professional discipline. Previous research has emphasized the importance of separating criminal and administrative violations to ensure a more effective and transparent disciplinary process (Bongso & Ibrahim, 2023). In terms of sanctions, Law 17/2023 emphasizes criminal and administrative sanctions in accordance with relevant articles, while Minister of Health Regulation 3/2025 emphasizes administrative sanctions, including warnings, demotions, and even revocation of practice permits. This approach aligns with the preventive principle stipulated in Law No. 17 of 2023, which emphasizes not only sanctions but also efforts to prevent violations through multi-level guidance and supervision. Previous research shows that the application of firm but proportional administrative sanctions can increase the professionalism of health workers and reduce the risk of ethical violations (Widjaja et al., 2025).

A comparison of Law No. 17 of 2023 and Minister of Health Regulation No. 3 of 2025 demonstrates a comprehensive framework for enforcing medical professional discipline, encompassing institutional aspects, categories of violations, and procedures for imposing sanctions. The two regulations complement each other, with the law providing the normative basis and general policy direction, while the Minister of Health Regulation stipulates more detailed technical provisions for implementation in the field. This integration between national-level regulations and operational guidelines reflects the government's efforts to build a professional oversight system that is transparent, measurable, and oriented toward improving the quality of healthcare services. Furthermore, this synchronization also plays a role in maintaining a balance between protection for the public as service recipients and legal certainty for healthcare workers as service providers. With a harmonious relationship between these two legal instruments, the disciplinary enforcement mechanism can be more effective, both in preventing violations and handling cases that occur. Ultimately, this regulatory alignment contributes to strengthening the professionalism of healthcare workers and ensuring that medical service standards are consistently met throughout Indonesia. The regulation and enforcement of medical professional discipline in Indonesia and several other countries show interesting differences and similarities. In the Netherlands, disciplinary enforcement is regulated by the BIG Act (Beroepen in de Individuele Gezondheidszorg, 1997), which regulates licensing, professional standards, and complaints mechanisms (Jansen, 2021). Violations of ethical and professional standards can result in administrative sanctions, up to and including revocation of the license. The Dutch system emphasizes prevention through certification and continuing professional development, as well as transparency, as complaints can be submitted directly by patients to the professional council (Tuchtcollege) (Ó Cathaoir et al., 2021).

In Malaysia, the regulation of the medical profession is based on the Medical Act 1971, implemented by the Malaysian Medical Council (MMC). This body has broad authority, including issuing warnings, suspending practice, and revoking the licenses of doctors found to have violated professional standards. Its oversight system emphasizes regular competency assessments and professional audits aimed at maintaining the quality of healthcare services. Meanwhile, in Indonesia, Minister of Health Regulation No. 3 of 2025 also contains provisions regarding types of sanctions, examination procedures, and violation reporting mechanisms. However, the MMC's more independent structure, which is not directly under government control, differs from the Indonesian oversight model, which is coordinated by the Ministry of Health and the Indonesian Disciplinary Council. In general, the Indonesian regulatory framework, through Law No. 17 of 2023 and Minister of Health Regulation No. 3 of 2025, reflects the principles of prevention, accountability, and professional development widely adopted internationally. However, there are several important differences, particularly regarding the level of independence of the regulatory body, procedures for patient complaints, and the existence of more established professional rehabilitation programs in countries such as Malaysia and the Netherlands. Malaysia, in particular, has demonstrated excellence in implementing continuous competency evaluation and regular audits as part of its quality assurance mechanisms. These aspects can serve as a reference for Indonesia in strengthening its medical professional oversight system to make it more effective, transparent, and adaptable to developments in modern medical practice.

CONCLUSION

Based on the results of a normative analysis of Law No. 17 of 2023 and Minister of Health Regulation No. 3 of 2025, both regulations have established a comprehensive legal framework for enforcing discipline in the medical profession. Law No. 17 of 2023 provides a normative foundation through the regulation of the disciplinary panel mechanism, the obligation of due process of law, and non-litigation dispute resolution, which supports the principles of legal protection and professionalism. However, implementation challenges exist, such as potential delays in the legal process due to the panel's recommendations and the need for clearer and more operational implementing regulations. Minister of Health Regulation No. 3 of 2025 provides more detailed regulations regarding the types of disciplinary violations and their tiered sanctions, while still adhering to the principle of proportionality. This regulation also strengthens accountability by recording each violation in the national information system. However, the Minister's authority to add types of violations without clear reference has the potential to create legal uncertainty. Therefore, measurable guidelines are needed to ensure that any additional policies are implemented transparently and fairly. Thus, several practical recommendations can be put forward to strengthen the implementation of the regulation: first, the development of a detailed Standard Operating Procedure (SOP) for the Disciplinary Council, covering the complaint mechanism, resolution timeframe, and sanction evaluation procedures to ensure a faster, more efficient, and accountable legal process. Second, the establishment of objective guidelines for the Minister of Health in adding provisions for disciplinary violations, ensuring consistent decisions and reducing the risk of legal uncertainty. Third, the strengthening of the National Disciplinary Information System, integrated with the health information system, allows for real-time monitoring, transparency of violation data, and continuous evaluation of health worker performance. Furthermore, it is recommended that further research examine the effectiveness of the implementation of this regulation in the field, including comparisons with international practices such as those from the Netherlands, Malaysia, and Japan, to identify innovative oversight systems that can be implemented in Indonesia. With these steps, it is hoped that the enforcement of discipline in the medical profession will not only comply with legal requirements but also strengthen professionalism, patient protection, and the accountability of health institutions.

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