

IDEAL REGULATIONS OF LAW ENFORCEMENT AGAINST MEDICAL MALPRACTICE TRADITIONAL HEALTH WORKERS

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Abstract

Traditional health services in Indonesia play an important role in maintaining public health, but the increasing cases of malpractice in this practice can endanger patient safety. The main challenges are the lack of supervision and the lack of legality that exacerbate the potential for malpractice. Therefore, strict legal protection is needed to ensure that traditional medicine is safe, effective, and meets standards, as well as to protect patients and traditional health workers. This study uses a normative legal method with a legislative, conceptual, and case study approach. Data were collected through literature studies and analyzed descriptively to understand the legal protection for patients of traditional health services. This study proposes strengthening supervision of traditional health practices through the establishment of a Traditional Health Worker Supervisory Board and non-litigation dispute resolution mechanisms such as mediation or arbitration. In addition, strict law enforcement against malpractice through administrative, civil, and criminal law will increase the accountability of traditional health workers, improve the quality of services, and provide a sense of justice for patients. Thus, it is hoped that a balance will be created between preserving tradition and effective legal protection to create a safe and fair health system in Indonesia.

Keywords: Ideal Setting, Medical Malpractice, Traditional Health Workers

INTRODUCTION

Indonesia is a developing country that provides various health services, both medical and traditional. Traditional health services in Indonesia are rooted in people's beliefs in mystical and supernatural medicine, which originate from animism (Utami&Alawiya, 2018). Over time, influences from other countries such as India, China, Arabia, and Europe have also shaped the variety of existing traditional health services (Novekawati, 2019). According to Article 160 of Law Number 17 of 2023 concerning Health, traditional health services are distinguished based on treatment methods, namely through skills and the use of herbs. Examples of traditional health services that use skills include acupuncture and cupping, while treatments that use herbs include herbal medicine.

In 2014, Government Regulation (PP) Number 103 of 2014 was passed to regulate the implementation of traditional health services. This regulation covers the responsibilities and authorities of the central and regional governments, types of traditional health services, service procedures, resources, research and development, publication, community empowerment, funding, and supervision, as well as administrative sanctions. In the regulation, there are three types of traditional medicine: empirical, complementary, and integration. Based on the Regulation of the Minister of Health Number 61 of 2016, empirical traditional health services are practices whose benefits and safety have been empirically proven, such as massage and leech therapy, which are carried out by traditional health workers from generation to generation. Complementary traditional health services utilize biomedical and biocultural sciences, with benefits and safety that have been scientifically proven. This practice is carried out by traditional health workers who have a Traditional Health Worker Registration Certificate (STRTKT) and a Traditional Health Worker Practice Permit (SIPTKT) with a minimum education of D3 according to their professional competency. Regulations regarding complementary services are regulated in the Regulation of the Minister of Health Number 15 of 2018.

Meanwhile, integrated traditional health services combine conventional health services with complementary traditional health services, either as a complement or a substitute. Health workers who carry out this practice must also have STRTKT and SIPTKT. Further regulations regarding integrated health services are regulated in the Regulation of the Minister of Health Number 37 of 2017.

Based on Munajah's research, the legality of empirical traditional health services is lower compared to complementary and integrated (Munajah, 2020). Sadewa's research shows that only 42 percent of traditional health services had permits in 2018. However, the use of empirical health services by the community has increased, driven by interest, accessibility, and strong cultural heritage in Indonesia (Sukawati, et al., 2018).

Traditional medicine practices are not only developing in Indonesia, an interesting finding shows that patients who choose traditional medicine are more than those who consult a doctor. In 2009, WHO (World Health Organization) noted that around 30-50% of the Chinese population still use traditional medicine / CAM (Complement Alternative Medicine) to support their health; in Ghana, Mali, Nigeria and Zambia 60%; In Europe, North America and surrounding areas 50% of the total population; in San Francisco, London around 75%. These facts show that traditional medicine has an important meaning, namely supporting life and has progressive potential to be developed (Kartika, et al., 2016).

In terms of disease type, the use of traditional therapy in cancer patients ranges from 9% to 45%, while for patients with neurological diseases it varies between 9% and 56%. Research in China shows that 64% of advanced cancer patients use traditional therapy. There are various factors that influence a person's decision to choose traditional medicine, including social, economic, cultural, psychological factors, saturation with conventional medical services, benefits and success of therapy, knowledge, and perceptions of illness and disease (Suwito, et al., 2020).

According to the Indonesian Health Profile released by the Ministry of Health of the Republic of Indonesia, in 2008, the national morbidity rate reached 33.24%. Of that number, 65.59% chose to seek self-medication using modern and traditional medicines, while the rest, 34.41%, chose to seek treatment at Community Health Centers, health practices, and doctors, and other health facilities. This shows that there is quite a high interest from the community in traditional medicine.

The data above shows that the use of traditional medicine has always been a trend in medical practices among the community. Many individuals prefer traditional medicine compared to medical procedures such as surgery. This phenomenon has led to the emergence of various traditional medicine clinics that offer cures for various chronic diseases, including heart disease, cancer, diabetes, and kidney failure. This certainly provides new hope for patients who have felt desperate. Interest in the promise of this cure is increasing, especially if the process does not involve surgery. However, the question is to what extent these promises can be accounted for. Clinical trials regarding

the existence of clinics and the effectiveness of traditional medicines are still unclear. This situation has the potential to endanger public health. Therefore, the issue of treatment is very important, considering its direct impact on human life.

The practice of empirical traditional medicine faces challenges when many service providers operate without permits and certificates, and promise definite results. This raises the issue of legal protection for patients, especially if unwanted things happen. The effectiveness of treatment and the standard of empirical service procedures are questionable, especially when patients are also undergoing medical treatment. Interactions between non-standardized herbs, unassured sterility, and potential side effects that are not communicated can interfere with ongoing medical treatment.

Several cases of malpractice in the field of traditional health services that occurred even caused the death of the patient: First, a resident in Lumajang, East Java named Mawan while undergoing acupuncture therapy or needle therapy on a local acupuncture healer. The victim who works as a school security guard died when the traveling acupuncture healer inserted needles into several parts of the victim's body. From the confession of the healer who is the suspect, the victim had previously complained of asthma then he carried out the treatment process by inserting several needles into several parts of the victim's body. However, after inserting needles into 12 victims suddenly experienced severe trauma and difficult breathing, a few seconds later the victim had a seizure and died. The local police immediately confiscated evidence of various acupuncture tools and took the suspect for examination.

Second, cases of negligence of business actors in the practice of penis enlargement in Menteng (Sakti, 2009).malpractice cases at the Raju Singh Clinic, malpractice cases at Traditional Chinese Medicine HarapanBaru, and many other cases (Abdurrahman, 2024).

Third,AllyaSiskaNadya became the public spotlight in early 2016. On the night of Thursday, August 6, 2015, Siska underwent treatment at Chiropractic First The Spine & Nerve Clinic located in Pondok Indah Mall. At the clinic, she was treated by Dr. Randal Cafferty, a doctor from the United States. After returning from the clinic, Siska complained of pain in her neck area. In the early hours of Friday, August 7, her parents took her to Pondok Indah Hospital in South Jakarta. After an examination, the doctor concluded that there was a ruptured blood vessel in her neck. Tragically, Siska breathed her last at 04.45 WIB.

Fourth,As experienced by RismaTobing in 2011, where her husband, Rasiman, died after undergoing treatment at the TCM HarapanBaru Medan clinic. Rasiman breathed his last after experiencing a bowel movement accompanied by blood clots. Risma believes that her husband's death was caused by malpractice carried out by the TCM HarapanBaru clinic. In addition, the clinic has also been proven to have deceived other patients by using chemical drugs that have high doses. This situation is very detrimental to consumers, especially patients.

The government needs to firmly formulate regulations related to traditional health services and treatments as a form of legal protection for patients against traditional practices. The purpose of this regulation is to provide legal certainty, supervise the implementation of traditional health services and treatments, and improve the quality of services provided by providers. With this regulation, the rights of people who use traditional health services and treatments will be guaranteed, even though the person handling it is a traditional health worker and not a medical worker who has formal education in the health sector (Hasliani, &Wulandari, 2023). Traditional health services and treatments that operate as businesses must comply with applicable legal steps and ensure compliance with every regulation that is set.

The urgency of this research lies in the increasing popularity of traditional health services in Indonesia amidst various cases of malpractice that threaten patient safety. Although empirical traditional medicine has high cultural value and accessibility, the level of legality and supervision of these services is still low compared to complementary and integrative medicine (Munajah, 2020). The incident of malpractice that caused death shows an urgent need to strengthen regulations and legal protection for patients. The government needs to ensure clear practice standards and measurable safety procedures so that the public is not harmed by traditional medicine whose effectiveness and safety are not guaranteed.

The problem of this research focuses on the increasing use of traditional health services in Indonesia which is accompanied by various cases of malpractice that endanger patients due to low supervision and legality of these services. Although empirical traditional medicine has cultural value and is easily accessible, cases of malpractice that cause harm and death indicate the need for strengthening regulations and legal protection. Therefore, this study will discuss the ideal arrangement to protect patients from malpractice carried out by traditional health workers.

RESEARCH METHOD

This research is based on the normative legal research method, which includes positive legal inventory research, research on legal principles and in concreto legal research, systematic legal research, legal history research and comparative law. Secondary data in this normative legal research are in the form of primary legal materials, secondary legal materials and tertiary legal materials (Budiono, et al., 2015). The approach used in solving this research problem uses the Juridical-Normative approach with three approaches used; 1) Statute approach, which is carried out by reviewing the laws and regulations related to the discussion of this research. 2) Conceptual approach from the aspect of the legal concepts that underlie it, or can even be seen from the values contained in the norming. 3) Case approach, is an approach that aims to study legal norms or rules that can be applied. By basing such a problem-solving approach, it is expected that in the final stage a model of legal protection for patients in traditional medicine against traditional health workers who commit medical malpractice will be found. The main source in this study is information derived from library materials, in the form of: All Legal Regulations or Regulations, books, articles and legal studies and various scientific writings that are directly related to the object of research. The analysis method uses descriptive and interpretive analysis. Descriptive analysis to obtain a systematic and objective picture of the legal protection of patients in traditional medicine against traditional health workers who commit medical malpractice.

RESULTS AND DISCUSSION

Ideal Regulations Against Malpractice of Traditional Health Workers

Government Regulation No. 103 of 2014 divides traditional health services into three categories, namely empirical, complementary, and integrated traditional health services. Empirical traditional health services are based on empirically proven benefits and safety, while complementary traditional health services utilize biomedical and biocultural sciences with scientific evidence supporting their benefits and safety. Integrated traditional health services combine conventional services with complementary traditional health services. This regulation also stipulates the criteria that must be met so that complementary traditional services can be integrated with health care facilities, such as following scientific principles and not endangering patient health.

The Government Regulation also differentiates the rights and obligations between traditional empirical and complementary health service providers. Traditional health workers in empirical services have the right to obtain complete information, receive compensation for services, and participate in training, but there are no provisions that provide legal protection for them. In contrast, traditional health workers in complementary services have the right to obtain legal protection while carrying out their duties in accordance with the standards.

This creates an imbalance in legal protection between the two types of services, which can be a disadvantage for traditional health workers.

Although empirical traditional health services are required to register and have a Traditional Health Worker Registration Certificate (STPT), this registration system does not provide adequate legal certainty and does not protect the community using the services. In contrast, complementary traditional health services must have a Traditional Health Worker Registration Certificate (STRTKT) and a Traditional Health Worker Practice Permit (SIPTKT), which provide recognition and authority from the government. This licensing system provides stronger legal protection, both for traditional health workers and for the community using their services (Utami, & Alawiya, 2018).

The differences in the provisions of legal protection rights and legalization systems between empirical and complementary traditional health services indicate an imbalance in the legal protection provided by laws and regulations. Empirical traditional health services have lower legal protection compared to complementary services, which can cause injustice to traditional health workers in carrying out their practices. This shows the need for regulatory updates or improvements to provide fairer protection for all types of traditional health services.

In traditional medicine practice, patients should receive optimal results according to the agreement made with traditional health workers. However, the reality is not always the case, because often patients become victims due to negligence or errors in the implementation of traditional medicine. Therefore, traditional health workers have legal responsibility towards the patients they treat. This legal responsibility requires the healer to be responsible for all consequences arising from his actions, and if the patient suffers a loss, the healer can be held accountable (Roring, 2014).

This legal responsibility includes the obligation to provide compensation for losses suffered by patients due to malpractice in traditional medicine practices. As service providers, traditional health workers are required to ensure that the treatment provided does not harm patients, either physically or

psychologically. When healers make mistakes that cause suffering to patients, they are responsible for correcting the situation and providing compensation for the losses incurred. In the context of legal protection, patients have the right to seek justice if they are harmed by the actions of traditional health workers. The existing legal system functions to protect the human rights of patients and ensure that those who are harmed can obtain compensation rights in accordance with the losses suffered and ensure that they do not become victims of unprofessional or non-standard medical practices (Wira, & Darmadi, 2022).

The implementation of legal protection for victims of malpractice is still far from adequate. Until now, the legal protection provided is limited to mediation and compensation for victims. Although compensation can slightly ease the suffering of patients, it does not solve the fundamental problem of medical liability and broader guarantees of justice for victims. Meanwhile, a more assertive and comprehensive legal process against perpetrators of medical malpractice is still difficult to achieve.

The main obstacle faced by malpractice victims in obtaining legal protection is the imperfection of the criminal law system that regulates medical and health issues. In practice, there are still legal loopholes that allow perpetrators of malpractice to avoid accountability. This worsens the situation of victims who feel they have not received justice, because law enforcement against medical crimes seems to provide immunity for perpetrators, without any effective sanctions.

In addition, the harmonization of legislation in the medical and health fields is still very weak. The inconsistency between various regulations in the medical and medical world makes law enforcement against malpractice inconsistent. The absence of a uniform pattern in regulating responsibility for medical malpractice makes it difficult to determine the right and fair legal steps for victims (Jonaidi, 2020).

Therefore, a more ideal and firm regulation is needed regarding legal protection for victims of traditional health workers' malpractice. The proposed construction of an ideal regulation for law enforcement against medical malpractice of traditional health workers is as follows:

Preventive: Form a Traditional Health Worker Supervisory Board

The Supervisory Board (Dewas) of Traditional Health Workers that needs to be formed is an institution tasked with supervising the practice of traditional health workers to ensure that the services provided are in accordance with ethical standards, professionalism, and applicable regulations. This Dewas plays an important role in monitoring the quality of traditional medicine and preventing malpractice that can harm patients. In addition, this Dewas is also tasked with following up on public reports regarding violations committed by traditional health workers and providing appropriate sanctions if evidence of violations is found. In addition to its supervisory function, the Dewas also plays a role in providing recommendations regarding improving the competence of traditional health workers through training and certification. This Dewas works with the government and professional organizations to formulate policies and guidelines for safe and quality practices. With effective supervision, it is hoped that traditional health practices can run legally, safely, and benefit the community, while strengthening public trust in traditional health services.

Supervision of empirical traditional health practices also faces many challenges. One of the main obstacles is the increasing number of traditional health workers, making it difficult for authorized agencies to carry out comprehensive monitoring and guidance. Many traditional health workers are not registered and do not have official permits, which makes supervision by the Health Office difficult. This obstacle creates a gap for traditional medical practices that are not up to standard, increasing the risk of malpractice and endangering patient safety.

To overcome these obstacles, strategic steps are needed, such as intensive education for traditional health workers regarding the importance of licensing and compliance with regulations. In addition, strengthening the Dewas by increasing the capacity of human resources in health institutions and imposing stricter sanctions for violators can help improve compliance (Budiyanti & Herlambang, 2023). With the implementation of more effective regulations, it is hoped that empirical traditional health service practices can run legally, professionally, and safely for the community.

Non-Litigation: Humanization and Justice

Non-litigation channels are increasingly becoming an alternative for resolving disputes, especially in the health care sector. This process saves the parties from the complexity and high costs that usually arise in court procedures and is more humane and brings justice to both parties. Some common non-litigation dispute resolution methods are mediation, arbitration, negotiation, and conciliation, which offer a more flexible and more friendly approach to the long-term relationship between patients and health workers.

Mediation, as one of the most popular non-litigation methods, involves a neutral third party to help both parties reach an agreement. In the context of treatment, mediation is a wise choice between patients and health workers, such as doctors or nurses. Article 29 of the Health Law explicitly states that if there is an alleged negligence in health services, dispute resolution must begin with mediation. This shows that mediation is not only an alternative, but also a legal obligation before taking other legal steps.

In addition to mediation, arbitration is also an alternative route that can be used to resolve disputes. In arbitration, both parties choose one or more neutral referees who have no personal interests, to decide on the settlement of the dispute. The purpose of arbitration is to resolve cases without involving the courts, maintain good relations between the parties involved, and resolve problems with binding decisions. The advantages of arbitration are a faster process and final results (Yunanto, & Helmi, 2024).

Negotiation is another approach that allows disputing parties to reach an agreement without involving a third party. This method provides great flexibility because it can be done anytime and anywhere, without involving other people or official bodies. Negotiation allows the parties to interact directly and try to find a mutually beneficial solution, which can be an efficient way to resolve problems without worsening professional or personal relationships.

Meanwhile, conciliation is a dispute resolution method similar to mediation, but with an active role from a third party in providing suggestions or recommendations for resolution. Conciliation aims to bring together the desires of the two disputing parties, so that they can reach a mutually satisfactory agreement. In the context of treatment, the Indonesian Doctors Association (IDI) plays an important role in the mediation process, prioritizing internal problem solving. When a patient files a complaint, the IDI can appoint a mediator to facilitate dialogue between the patient and the doctor, discussing whether the medical actions taken are in accordance with applicable ethics and professional standards. This process provides an opportunity for both parties to find a more peaceful solution and avoid lengthy legal conflicts (Azzahra, & Hafisyah, 2019).

Administrative Law Enforcement

Administrative law enforcement through sanctions such as verbal warnings, written warnings, recommendations for revocation of STRTKT (Traditional Health Worker Registration Certificate) and SIPTKT (Traditional Health Worker Practice Permit), as well as revocation of the implementation permit, aims to ensure that traditional health practices run according to established standards. This mechanism is an effective solution to maintain the integrity and professionalism of traditional health workers, especially amidst the increasing number of unlicensed practices and ethical violations that harm patients.

Administrative law enforcement allows the government to respond quickly and proportionately to violations that occur. With steps such as verbal or written warnings, traditional health workers can be given the opportunity to correct their mistakes. However, for serious or repeated violations, revocation of STRTKT, SIPTKT, or business licenses is a firm step to protect the public from health risks caused by irresponsible practices. Strict administrative law enforcement can prevent practices that do not meet safety and service quality standards.

In addition, a strong administrative law enforcement structure can improve traditional health workers' compliance with regulations. By knowing that violations can lead to the revocation of their practice or organization licenses, they will be more careful and strive to comply with all applicable provisions. This also helps improve the quality of traditional health services and encourages traditional health workers to continue to improve their competence and professionalism.

Transparent and accountable administrative law enforcement will also build public trust in traditional health services. The public will feel safer because there is an effective monitoring and enforcement mechanism for violations. Thus, administrative law enforcement not only functions as a control tool, but also as an effort to create a safe, quality, and sustainable traditional health service ecosystem.

Civil Law Enforcement: Liability

The term "liability" does not yet have a clear origin, although it is often compared to the concept of "responsibility." In the Indonesian legal world, the differences between the two have begun to be formally recognized, as stated in Law Number 30 of 2014 concerning State Administration (UUAP). Article 1 number 23 of the UUAP mentions responsibility and liability in the context of delegation of authority, although inconsistencies arise in Article

13 Article (7). In terminology, liability is often associated with the term liability, while responsibility is associated with responsibility. In fact, liability is also equated with the concept of accountability which means the willingness to be held accountable for a task or action. In Civil Law, liability includes the obligation to pay compensation or damages due to violations of the law or default, as explained by Peter Mahmud Marzuki and JH Niewenhuis. Liability can arise due to statutory provisions (risk liability) or due to the fault of a particular party according to Article 1365 of the Civil Code (unlawful acts) (Santo, 2016).

If a traditional health worker is proven to have committed an unlawful act or malpractice against a patient, then the healer can be held legally responsible. This responsibility includes the obligation to compensate for the losses suffered by the patient due to the detrimental practice. The losses incurred are not only material, but also immaterial.

Material losses are losses that can be calculated with certainty, such as medical costs incurred by the patient.

Meanwhile, immaterial losses include losses related to the loss of future benefits or pain and suffering experienced by patients due to the negligence of traditional health workers. In this case, the form of liability given to the patient is in the form of compensation that is not only limited to the payment of a sum of money. Compensation can be in the form of goods or services that have a value equivalent to the loss experienced by the patient. In addition, the form of compensation can include the provision of health care services to restore the condition of the patient who has been harmed. This is important to ensure that patients get justice and physical and psychological recovery from the losses suffered. The responsibility of traditional health workers can also be extended to further treatment elsewhere or through medical procedures. In this situation, traditional health workers are required to cover the costs of medical treatment needed for the patient's recovery, including doctor's fees, hospitalization costs, and drug costs. With the emphasis that the form of liability given by health workers who commit malpractice is compensation according to the amount of loss suffered by the patient (Wijaya, et al., 2024). Thus, patients have the guarantee of getting adequate treatment without having to bear additional financial burdens due to errors made by traditional health workers (Alam, 2018).

Clear regulation of the responsibilities and compensation mechanisms for traditional medicine patients is essential to protect patient rights and ensure the accountability of traditional health workers. Strict regulation will also encourage traditional health workers to practice more carefully and in accordance with safety standards. This will not only increase public trust in traditional medicine, but also prevent malpractice practices that harm the wider community.

Criminal Law Enforcement

Criminal law enforcement against traditional health workers who commit malpractice must pay attention to the principle of justice, both for patients who are victims of malpractice and for the health workers themselves. As a first step, it is important to strengthen clear regulations regarding the definition of malpractice in traditional medicine, by detailing the types of actions that can be considered unlawful and detrimental to patients. This regulation will provide a strong legal basis for patients to file criminal charges and ensure that traditional health workers are not free from legal responsibility.

Second, Criminal law enforcement must prioritize the protection of patient rights. Patients as victims of malpractice often experience physical, psychological, and economic losses. Therefore, the legal system must ensure that victims can obtain adequate compensation, both in material and immaterial forms. Courts must pay special attention to evidence that shows negligence or wrongful actions by traditional health workers that can endanger patient safety.

Third, In enforcing criminal law, it is important to provide legal education to traditional health workers regarding professional obligations and standard procedures that must be followed. This aims to prevent malpractice and ensure that they understand the legal impact of wrong actions. In addition, ongoing guidance from authorized institutions is also very necessary to increase their awareness and understanding of professional ethics and responsibilities.

Fourth, Criminal law enforcement must also pay attention to the principles of proportionality and restorative justice. For traditional health workers who are proven guilty, the sanctions given must be fair and balanced, not only focusing on punishment alone, but also on efforts to improve and restore victims. With this approach, the legal system can create a better balance between providing protection to patients and ensuring that traditional health workers can improve their practices and prevent malpractice in the future.

The ideal regulation of malpractice of traditional health workers should include various aspects involving supervision, law enforcement, and patient protection. One important step is the establishment of a Traditional Health Worker Supervisory Board whose main task is to ensure that traditional medicine practices are carried out in accordance with applicable ethical standards, professionalism, and regulations. This board also functions to supervise the quality of services, prevent malpractice, and provide appropriate sanctions if violations are found. In addition, the Supervisory Board is also expected to improve the competence of traditional health workers through training and certification.

In monitoring traditional health practices, the main challenge is the large number of traditional health workers who are not registered and do not have official permits, which complicates supervision by the authorities. Therefore, it is important to provide education and guidance to traditional health workers regarding the importance of permits and compliance with existing regulations. Administrative law enforcement through sanctions such as verbal warnings, written warnings, and even revocation of practice permits is also needed to maintain the quality and professionalism of traditional health workers, as well as protect the community from the risk of malpractice.

In addition, civil law enforcement needs to be implemented to protect the rights of patients who are victims of malpractice. Traditional health workers who are proven guilty must be responsible for the losses incurred, both material and immaterial. In this case, traditional health workers are required to provide compensation equivalent to the losses experienced by the patient, including the cost of further treatment. This ensures that patients get justice without having to bear the financial burden due to the negligence of traditional health workers.

Finally, criminal law enforcement must also prioritize justice for patients who are victims of malpractice. Law enforcement must clarify the definition of malpractice in the context of traditional medicine and provide sufficient protection for patients to obtain appropriate compensation. Proportional and fair criminal sanctions will encourage traditional health workers to act more carefully and responsibly, and increase public trust in traditional medicine services.

CONCLUSION

The increasing cases of malpractice in traditional health practices can endanger patient safety. The main challenges faced are the lack of supervision and the lack of legality that can worsen the potential for malpractice. Therefore, stricter legal protection is needed to ensure that traditional medicine is carried out safely, effectively, and in accordance with established standards, as well as to protect patients and traditional health workers. This study offers an ideal legal construction to strengthen legal protection for traditional health services. One of them is strengthening supervision of traditional health practices through the establishment of a Traditional Health Worker Supervisory Board tasked with monitoring and supervising the quality of services. In addition, it is recommended that there will be a non-litigation dispute resolution mechanism, such as mediation or arbitration, which can offer a faster, cheaper, and more efficient way out, without going through a long court process. In addition to supervision and dispute resolution measures, strict and proportional law enforcement against malpractice is essential to create a safer practice climate. Clear administrative, civil, and criminal law enforcement will increase the accountability of traditional health workers, improve the quality of services, and provide a sense of justice for patients who are harmed. Thus, it is hoped that there will be a balance between preserving tradition and implementing effective legal protection to create a safer and fairer health system in Indonesia.

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