

**SETTLEMENT OF MEDICAL DISPUTES THROUGH THE FORUM OF THE
INDONESIAN MEDICAL DISCIPLINE HONORY ASSEMBLY (MKDKI) BASED ON
THE PROVISIONS OF ARTICLE 66 OF LAW NUMBER 29 OF 2004
CONCERNING MEDICAL PRACTICE**

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Abstract

Doctors are one of the professions that get the public spotlight, because the nature of their service to the community is very complex. Lately, many people have been highlighting the performance of doctors, both the spotlight delivered directly to the Indonesian Doctors Association (IDI) as the parent organization of doctors, and broadcast through print and electronic media. Disputes between doctors and patients often arise because of the inharmonious relationship between doctors or hospitals and patients. Health disputes that begin with a gap in perceptions and interests between patients and health service providers (doctors and/or hospitals) often lead to legal settlements. There are several ways that patients can choose to solve their problems, one of which refers to Article 66 of Law Number 29 of 2004 concerning Medical Practice. In this study, the author uses a normative legal research method. In addition to using the normative legal method, the author also uses a legal approach and a concept approach in order to provide answers to the problems studied. The results showed that the Indonesian Medical Discipline Honorary Council (MKDKI) was the institution authorized to determine whether there were errors made by doctors and dentists in the application of medical and dental disciplines, and to impose sanctions. The procedure for complaints as referred to in Article 66 of Law Number 29 of 2009 concerning Medical Practice is carried out by MKDKI based on Indonesian Medical Council Regulation No. 16/KKI/PER/VIII/2006 concerning Procedures for Handling Cases of Alleged Violations of Discipline of Doctors and Dentists which has undergone several changes, including the Regulation of the Indonesian Medical Council Number 20 of 2014 concerning Procedures for Handling Cases of Alleged Violations of Discipline of Doctors and Dentists and Regulations Indonesian Medical Council Number 50 of 2017 concerning Procedures for Handling Discipline Complaints for Doctors and Dentists. The procedure for the complaint in question is to make a complaint, establish a Preliminary Examination Council, establish a Disciplinary Examination Council and finally prove.

Keywords: Settlement of disputes, MKDKI, Doctors

INTRODUCTION

Health development as one of the national development efforts, is directed at achieving the condition, willingness, and ability to live a healthy life for every resident, so that optimal health status can be realized. Health development basically concerns all aspects of life, whether physical, mental or socio-economic. The implementation of health development including health efforts and resources must be carried out in an integrated and sustainable manner in order to achieve optimal results. Health efforts that were originally focused on efforts to heal patients have gradually developed towards an integrated comprehensive health effort. Therefore, health development involving efforts to improve health (promotive), disease prevention (preventive), cure disease (curative) and health recovery (rehabilitative) must be carried out jointly between the government and the community.¹

The role of the hospital is very important in supporting the health of the community. The progress or decline of a hospital will be largely determined by the success of the parties working in the hospital, in this case doctors, nurses and the people who are in the place. Hospitals are expected to be able to understand their customers as a whole so that they can progress and develop. Hospital health services must also pay attention to the professional ethics of the staff working in the hospital concerned. Professionals who work in hospitals in making decisions professionally are independent. The decision must be based on awareness, responsibility and high morals in accordance with the ethics of their respective professions.²

Doctors as people who have medical knowledge, have the appropriate authority and permission to carry out health services, especially examining and treating diseases and are carried out according to law in services in the health sector.³ According to the author, doctors as medical personnel based on the decision of the Constitutional Court Number 82/P Law -XIII/2015 not only provide health services but also provide medical services. In medical services there are medical treatment measures.

The legal relationship between medical care and medical services contains two elements simultaneously, namely elements of *science* and *art*.⁴ Therefore, the scope of the medical care contract also includes the dimensions of medical *science* and *art*. *Elements of science* include all observable and measurable medical knowledge, recognition of competence, and all knowledge in order to improve health quality.⁵ *Elements of art* are related to the application of medical science and medical technology to patients, communities, and families so that they have limitations when it comes to culture, religion, freedom, rights, and responsibilities.⁶

The definition of a doctor according to Article 1 number 2 of Law Number 29 of 2004 concerning Medical Practice, states: "Doctors and dentists are doctors, specialists, dentists, and specialist dentists who have graduated from medical or dental education both inside and outside the country. country recognized by the Government of the Republic of Indonesia in accordance with the laws and regulations."⁷

As a professional, a doctor is a person who has expertise in medical science who is independently able to meet the needs of people who need their services. In addition, doctors must also be able to decide for themselves the actions that must be taken in carrying out their profession, and are personally responsible for the quality of services they provide.

When viewed from the authority that relies on the competence of expertise and skills possessed by doctors who rely on superior technical competence, it is clear that the position of the patient in this skill competency is in an inferior position. Patients cannot make an objective assessment of the professionalism of the services provided by doctors, whether those performed by professional doctors or not. However, the patient is free to determine whom the patient can trust to get quality and dignified professional services. On the other hand, doctors also believe in patients who come to them that they need professional services that must be carried out with serious intentions and responsibility to address the patient's complaints. In order to achieve optimal results, both parties, both the doctor and the patient, must be able to work together.⁸

The medical profession is a profession with an interest in human welfare. Therefore, it is often said that those who carry out the profession in the medical field always carry out moral and intellectual orders. After all, being a doctor means being willing to serve sick people so they can recover and serve people so they don't get sick, namely through prevention and improvement of their health

¹ Indra Bastian, Suryono, *Health Dispute Resolution*, (Jakarta: Salemba Medika, 2011), p. 16.

² Tutik and Shita Febriana Quarterly Point, *Legal Protection for Patients*, (Jakarta: Prestasi Pustaka Publisher, 2010), p. 1.

³ Munandar Wahyudin Suganda, *Medical Law*, (Bandung: Alfabeta, 2017), p. 32.

⁴ World Medical Association, *Medical Ethics Manual*, (France: Ferney-Voltaire Cedex, 2005), p. 13.

⁵ *Ibid.*

⁶ *Ibid.*

⁷ Darda Syahrizal and Senja Nilasari, *Law on Medical Practice and Its Applications*, (Jakarta: Smart World, 2013) p. 114.

⁸ Hj. Anny Isfandyarie, *Legal Responsibilities and Sanctions for Doctors Book I*, (Jakarta: Prestasi Pustaka, 2006) pp. 25

status. Thus, the spirit of service must exist. This attitude is very important in the formation of the most basic ethical attitudes. In addition, this is also a challenge in the implementation of the medical profession because during medical education the technique for determining therapy is given, while the profession as a doctor receives less attention. In fact, in the implementation of every profession, in addition to technical skills, the art of using techniques is always needed. Moreover, medical science is applied to humans who have different tastes and expectations, as well as their respective social backgrounds. For sufferers, what is faced and becomes a problem is not only illness, but also family, work, involvement in society, and especially regarding their responsibilities, both as individuals and as society.⁹

Since the beginning, the ethics of the medical profession has naturally been based on general ethical principles that regulate human relations in general, which means that the public has the authority to judge and correct if the ethics are not adhered to because in society, the basic roots of medical philosophy rest. Public complaints that have recently arisen, should be accepted as *input* in the context of developing the medical code of ethics itself.¹⁰ Basically the meaning, function, content and form of the medical code of ethics are understood, understood by doctors, so it is morally obligatory for him to practice according to the purpose in which the code of ethics is formed. In this case, information to patients is a matter that must be prioritized in practicing their service in accordance with their oath of office at the time the doctor enters the profession.¹¹

In relation to the duties and authorities of a doctor in providing medical services to patients, various ethical and legal responsibilities have actually been regulated in such a way that the doctor has no reason not to carry out his obligations professionally as regulated according to statutory provisions and applicable medical code of ethics.

In today's global era, doctors are one of the professions that get the public spotlight, because the nature of their service to the community is very complex. Lately, many people have been highlighting the performance of doctors, both the spotlight delivered directly to the Indonesian Doctors Association (IDI) as the parent organization of doctors, and broadcast through print and electronic media. These factors can result in (even the best) medical efforts being meaningless. Lately, the mass media have begun to frequently reveal the dissatisfaction of patients or their families with the health services they receive, either from doctors or from health care institutions. Disputes between doctors and patients often arise because of the inharmonious relationship between doctors or hospitals and patients. Health disputes that begin with a gap in perceptions and interests between patients and health service providers (doctors and/or hospitals) often lead to legal settlements.

There are several ways that patients can choose to solve their problems, one of which refers to Article 66 of Law No. 29 of 2004 concerning Medical Practice, which reads:¹²

- (1) Anyone who knows or whose interests have been harmed by the actions of a doctor or dentist in carrying out medical practice can make a complaint. in writing to the Chairperson of the Indonesian Medical Discipline Honorary Council.
- (2) The complaint must at least contain: a. the identity of the complainant; b. the name and address of the doctor's or dentist's practice and the time the procedure was performed; and c. reason for complaint.
- (3) The complaints as referred to in paragraphs (1) and (2) do not eliminate the right of everyone to report suspected criminal acts to the competent authorities and/or to file for civil damages to the court.

This means that in this case, the patient or the patient's family can complain to the doctor for alleged disciplinary violations to the Indonesian Medical Discipline Honorary Council (MKDKI), although this method is not yet fully effective due to the lack of socialization of this institution as well as its existence which only exists in Jakarta, making it difficult for patients who are living in Jakarta. in the area. This study will focus on the problem of how to resolve medical disputes through the Indonesian Medical Discipline Honorary Council (MKDKI) forum based on the provisions of Article 66 of Law Number 29 of 2004 concerning Medical Practice?

RESEARCH METHODS

According to Bambang Sunggono, research is divided into 3 (three) forms, namely Normative Legal Research, Empirical Normative Legal Research and Empirical/Sociological Legal Research.¹³ In

⁹ Endang Kusuma Astuti, *Therapeutic Transactions in Medical Service Efforts in Hospitals*, (Bandung: Citra Aditya Bakti, 2009), p. 24.

¹⁰ Munandar Wahyudin Suganda, *op.cit.*, p. 36

¹¹ *Ibid.*

¹² Article 66 of Law Number 29 Year 2004 concerning Medical Practice

¹³ Bambang Sunggono, *Legal Research Methodology*, (Jakarta : PT Raja, 2003), p. 32.

this study, the author uses a normative legal research method, which is an activity that will examine the internal aspects (to solve problems that exist in) the positive law. This is done as a consequence of the view that law is an autonomous institution that has no relationship. In this case, the use of normative legal research methods is used to examine the applicable legal provisions, namely Law Number 29 of 2004 concerning Medical Practices, particularly related to the resolution of medical disputes conducted against the Indonesian Medical Discipline Honorary Council. In addition to using the normative legal method, the author also uses a legal approach and a concept approach in order to provide answers to the problems studied. The legal approach is carried out by reviewing the application of the Medical Practice Act and other laws and regulations related to research problems. The law is reviewed to obtain a common thread for legal approaches related to medical law and medical dispute resolution. The Medical Practice Act is used because it regulates the relationship between doctors and patients in medical actions and the resolution of medical disputes through the MKDKI, complaints to the police and lawsuits to the court. While the conceptual approach was used in this study to examine the understanding and scope of medical law related to the just settlement of medical disputes, the concepts of medical dispute resolution were used.

RESULTS AND DISCUSSION

The Indonesian Medical Disciplinary Honorary Council (MKDKI) is the institution authorized to determine whether there are errors made by doctors and dentists in the application of medical and dental disciplines, and to impose sanctions.¹⁴ The Indonesian Medical Discipline Honorary Council (MKDKI) was formed based on Article 55 of Law Number 29 of 2004 concerning Medical Practice which reads as follows:

1. To enforce the discipline of doctors and dentists in the implementation of medical practice, an Indonesian Medical Discipline Honorary Council was formed.
2. The Indonesian Medical Discipline Honorary Council is an autonomous institution of the Indonesian Medical Council.
3. The Indonesian Medical Discipline Honorary Council in carrying out its duties is independent.

In order to implement good medical practice, it is necessary to establish an Indonesian Discipline Honorary Council at the national and regional levels. Then what is meant by the Indonesian Disciplinary Honorary Council is an institution that has the authority to determine whether there are errors made by doctors and dentists in the application of medical and dental disciplines, and to stipulate sanctions (Article 1 letter 4 of the Indonesian Medical Council Regulation No. 15/KKI/PER/VIII/2006 concerning the Organization and Work Procedure of the Honorary Council of Indonesian Doctors and the Honorary Council of Indonesian Doctors at the Provincial Level).

As in Article 64 of Law Number 24 of 2009 concerning Medical Practice, that the Indonesian Medical Discipline Honorary Council (MKDKI) is an autonomous institution from the Indonesian Medical Council, which was formed at the center and in the province, responsible for its duties and authorities to the Indonesian Medical Council. . The purpose of its establishment is:

1. To provide protection to patients.
2. Maintaining the quality of doctors
3. Maintaining the honor of the medical profession.

The establishment of the Indonesian Medical Discipline Honorary Council in the province is carried out by considering:

1. The area of the province;
2. Number of doctors and dentists in the province;
3. Pay attention to complaints that come in the province; and/or
4. the distance between the province and the capital city of the Republic of Indonesia.

The Indonesian Medical Discipline Honorary Council (MKDKI) has the authority to:

1. Determine whether there are errors made by doctors in the application of medical disciplines.
2. Establish disciplinary sanctions.

With the above authority, MKDKI is tasked with:

1. Receiving complaints, examining and deciding cases of violations of doctor's discipline that are submitted.
2. Develop guidelines and procedures for handling cases of disciplinary violations of doctors.

Furthermore, in Article 4 and Article 5 of the Indonesian Medical Council Regulation No. 15/KKI/PER/VII/2006 concerning the Organization and Work Procedures of the Honorary Council of

¹⁴ Indonesian Medical Council <http://www.kki.go.id/index.php/aboutkami/index/1206/1245/majelis-kehormatan-disciplinary-kedokteran-indonesia>, accessed on 03 February 2021

Indonesian Doctors and the Honorary Council of Indonesian Doctors at the Provincial Level, it is determined that the duties of the MKDKI are to:

1. receive complaints, examine, and decide on cases of violation of the discipline of doctors and dentists that are submitted; and
2. formulate guidelines and procedures for handling cases of doctor or dentist disciplinary violations.

Meanwhile, the task of the Provincial MKDKI is to receive complaints, examine, decide whether there are cases of violations of medical and dental discipline and determine the sanctions proposed in the province. In carrying out its duties, MKDKI has the authority to:

1. receive complaints of violations of the discipline of doctors and dentists;
2. determine the type of complaint for disciplinary violations or ethical violations or not both;
3. examine complaints of violations of discipline of doctors and dentists;
4. decide whether there is a violation of the discipline of doctors and dentists;
5. determine sanctions for violations of discipline of doctors and dentists;
6. implement MKDKI decisions;
7. formulate procedures for handling cases of violations of discipline of doctors and dentists;
8. compiling MKDKI and MKDKI-P guidebooks;
9. fostering, coordinating and supervising the implementation of the tasks of MKDKI-P;
10. make and give consideration to the proposal for the establishment of the MKDKI-P to the Indonesian Medical Council; and
11. conducting socialization, counseling, and dissemination on MKDKI and MKDKI-P recording and documenting complaints, examination processes, and MKDKI decisions.

With regard to the authority of the MKDKI, in carrying out its duties, the Provincial MKDKI has the authority to:

1. receive complaints of violations of the discipline of doctors and dentists at the provincial level;
2. determine the type of complaint for disciplinary violations or ethical violations or not both;
3. examine complaints of violations of the discipline of doctors and dentists at the provincial level;
4. request expert witness testimony if necessary;
5. decide on disciplinary violations of doctors and dentists at the provincial level;
6. determine sanctions for violations of discipline of doctors and dentists at the provincial level;
7. implement MKDKI-P decisions.

Meanwhile, the complaint procedure as referred to in Article 66 of Law Number 29 of 2009 concerning Medical Practice is carried out by MKDKI at the provincial level based on the Regulation of the Indonesian Medical Council No. 16/KKI/PER/VIII/2006 concerning Procedures for Handling Cases of Alleged Violations of Discipline for Doctors and Dentists which has undergone several changes, including the following:

1. **Indonesian Medical Council Regulation No. 16/KKI/PER/VIII/2006 concerning Procedures for Handling Cases of Alleged Discipline Violations of Doctors and Dentists by the Indonesian Medical Discipline Honorary Council and the Indonesian Medical Discipline Honorary Council at the Provincial Level.**

The procedure for handling cases of alleged disciplinary violations by a doctor is as follows:

a. Complaints

Anyone or anyone who knows or whose interests have been harmed by a doctor's actions in carrying out medical practice can make a written or verbal complaint to the Chairperson of the MKDKI or the Chairperson of the MKDKI-P. In the event that the complaint is made orally, the MKDKI Secretariat or MKDKI-P facilitates or assists in making a written complaint request which must then be signed by the complainant or his/her proxy. The complaint must at least contain: the

- 1) identity of the complainant and the patient;
- 2) the name and address of the doctor's or dentist's practice;
- 3) the time the action is performed;
- 4) the reason for the complaint;
- 5) evidence if any; and
- 6) a statement of the veracity of the complaint.

b. Preliminary Examination Council

After the complaint is received, MKDKI or MKDKI-P conducts an initial examination of the complaint. The initial examination is carried out by the Preliminary Examination Board appointed by the Chairperson of MKDKI/MKDKI-P. The Preliminary Examination Council consists of 3 (three) persons appointed from members of the MKDKI. As the name implies, the preliminary examination panel conducts an initial examination of complaints relating to

the validity of the complaint, the validity of the evidence, determining ethical or disciplinary violations. The assembly is allowed to reject the complaint because it does not meet the requirements for the complaint or does not fall within the authority of the MKDKI. If in the initial examination, the panel decides that the complaint submitted is a violation of ethics, then the MKDKI or MKDKI-P will continue the complaint to a professional organization (IDI/IDGI). On the other hand, if during the initial examination the panel decides that the complaint is an alleged violation of discipline, the Chairperson of the MKDKI will appoint a Disciplinary Examination Board.

c. Disciplinary Examining Council

At the latest within 14 (fourteen) working days after the results of the initial examination are received, MKDKI shall immediately establish a Disciplinary Examining Council for MKDKI and 28 (twenty eight) days for MKDKI-P. The Disciplinary Examining Council consists of 3 (three) people or 5 (five) people who are appointed by the Chairperson of MKDKI/MKDKI-P, one of whom must be a legal expert who is not a medical professional. The day of examination is determined by the Disciplinary Examining Council no later than 14 (fourteen) days from the date of the stipulation of the Disciplinary Examining Council by the Chairperson of MKDKI/MKDKI-P. If the place of residence of the doctor is reported to be far from the address of the MKDKI/MKDKI-P, the Disciplinary Examining Council may determine the day of the examination no later than 28 (twenty eight) days from the date of the stipulation of the Disciplinary Examining Council.

The summons to the doctor who is complained of is considered valid if he has received a summons as evidenced by a summons receipt or proof of receipt of a registered letter. The examination of the doctor who is complained about is carried out in the form of a Disciplinary Examining Council Session. The session of the Disciplinary Examining Council is chaired by:

- 1) the Chairperson of the Disciplinary Examining Council;
- 2) members of the Disciplinary Examination Board; and
- 3) a clerk appointed by the Chairperson of the MKDKI.

The meeting of the Disciplinary Examining Council is attended by the doctor who is being complained of, and can be accompanied by a companion (lawyer). In the event that the reported doctor does not attend the first trial twice in a row and/or does not respond to the summons without a valid reason, the Chairperson of the Disciplinary Examining Council Session may ask the Head of the local Health Service or the Head of a Professional Organization to bring in the doctor in question. On the other hand, in the event that the doctor who is being complained of is unable to attend the trial for valid reasons, the trial may be postponed by the Chairperson of the MKDKI. In the event that the doctor who is complained of does not come without a valid reason at the next Session of the Disciplinary Examining Council, the Session of the Disciplinary Examining Council may continue without his presence.

d. Evidence

Evidence that can be submitted at the trial of the Physician Disciplinary Examination Council can be in the form of:

- 1) Written letters/documents;

Letters or written documents are letters and or written documents related to medical actions or medical records or other documents that are considered important.

- 2) testimony of witnesses;

A witness who does not come after being summoned and does not provide a valid and accountable reason for at least 3 (three) times in a row, the Chair of the Disciplinary Examining Council Session may ask the local Health Service, the Chair of the Professional Organization or the Head of the Collegium to bring in a witness. What is meant is. People who should not be heard as witnesses are:

- a) blood relatives or by marriage according to a straight line of descent up or down to the second degree and the dentist who is complained about;
- b) the wife or husband of the doctor who is being complained of, even though he is divorced;
- c) a person who is not yet an adult is a person who is not yet an adult as regulated in the Civil Code, unless the statement is in accordance with other legal evidence;
- d) people under care.

In the event that the proposed witness does not speak Indonesian, the Chairperson of the Disciplinary Examining Council may appoint a linguist as an

interpreter. Before carrying out their duties, linguists must take an oath according to their religion and belief. Then if the proposed witness is mute or deaf and cannot write, the Chairperson of the Disciplinary Examining Council may appoint a capable person as an interpreter. Before carrying out his duties, the interpreter must take an oath or promise according to his religion or belief.

3) Confession teradu;

The confession is considered as evidence if the confession given is in the form of things that are experienced and seen for themselves. The confession must be made before the Disciplinary Examining Council Session.

4) Expert testimony;

Expert testimony means opinions expressed by people who have special experience and knowledge. Expert statements can be submitted/requested by the doctor who is being complained of with the approval of the Chairperson of the Disciplinary Examining Council.

2. Indonesian Medical Council Regulation Number 20 of 2014 concerning Procedures for Handling Cases of Alleged Violations of Discipline of Doctors and Dentists

a. Complaints

Any person or corporation (legal entity) who knows or whose interests have been harmed by the actions of a Doctor or Dentist in carrying out Medical Practice can file a complaint with the MKDKI. Complaints can be made in writing; and/or verbally. Complaints in writing are addressed to the Chairperson of the MKDKI in the following ways:

- 1) submitted directly through the Special Officer; or
- 2) mail delivery.

An oral complaint shall be made in the event that the Complainant or the Complainant's Attorney is unable to make a written Complaint. Complaints are made at the MKDKI office through a Special Officer. The Special Officer assists in making the Complaint in writing and asks for the signature or thumbprint of the Complainant or the Complainant's Attorney.

b. Disciplinary Examination Council

at MKDKI is determined by a Decree of the Chairperson of the MKDKI. The MPD membership is at least 3 (three) members of the MKDKI and a maximum of 5 (five) members of the MKDKI. The decision of the Chair of the MKDKI to determine one of the members as the Chair of the MPD concurrently as a Member of the MPD. The composition of MPD membership is adjusted to the Teradu's profession, provided that:

- a) if the Teradu is a Doctor, the majority of MPD Members are Doctors;
- b) if the Teradu is a Dentist, the majority of MPD Members are Dentists.

One of the MPD membership in MKDKI comes from elements of law graduates. If the MPD Member is unable to carry out his duties, the Chairperson of the MKDKI may assign a replacement Member. To carry out the duties of a disciplinary examination, the MPD is assisted by a Special Officer as a court clerk. The trial clerk is appointed by the Chairperson of the MKDKI. If the court clerk is unable to carry out his duties, the Chairperson of the MKDKI may appoint a substitute clerk. The MPD may decide that the complaint cannot be accepted, the complaint is rejected or the examination is terminated. The MPD may decide the Complaint is inadmissible.

c. Evidence

Evidence that can be submitted at a disciplinary examination session is in the form of:

- 1) Letters and/or documents;
Letters and/or documents are letters and/or documents related to the Complained Event.
- 2) testimony of witnesses;

The statements of witnesses can be considered as evidence if they relate to things that have been experienced, seen, or heard themselves. The statements of the witnesses were obtained directly in court. In the event that the witness is unable to attend the trial, the testimony of the witness shall be given in written form as evidence of a letter/document. The witness must take an oath/promise according to his religion before a disciplinary examination hearing. If the witness cannot speak Indonesian, is mute, or is deaf, the Chairperson of the MPD may appoint an interpreter who takes the oath according to his religion and belief.

In certain and necessary cases, the MPD may ask the patient related to the Complaint to be present at the disciplinary hearing as a witness. People who may not be heard as witnesses are:

- a) persons who are not yet mature, namely people who are not yet mature as regulated in the Civil Code, unless their statements are in accordance with other legal evidence; or
 - b) people under care (*curatele*).
- 3) Expert testimony; and/or
- Expert statement is an opinion submitted by a person who has special experience and knowledge in the field related to the Complained Event. Expert statements are presented before a disciplinary examination hearing by taking an oath/promise according to one's religion and belief. Expert statements are given by experts appointed by the MPD, who come from *peer groups*, institutions related to medical education and services, and/or the College. Expert testimony cannot be given by a person who has a conflict of interest with the case handled by MKDKI.
- 4) Confession of Confession.

The Defendant's confession is considered as evidence if the Defendant's confession is in the form of things he has experienced and seen for himself. The confession must be made before a disciplinary hearing.

3. Indonesian Medical Council Regulation Number 50 of 2017 concerning Procedures for Handling Complaints for Discipline of Doctors and Dentists

a. Complaints

Parties who can file complaints:

- 1) People who know immediately;
- 2) People whose interests are harmed; or
- 3) Corporations (entities) whose interests are harmed, due to the actions of doctors or dentists who practice medicine. The minimum age limit for the Complainant is 18 (eighteen) years.

Complaints must meet the following requirements:

- 1) only regarding one or more of the Medical Discipline Violations regulated by KKI;
- 2) 5 (five) years have not elapsed since the case in which the complaint was filed;
- 3) has never been sentenced to an Interlocutory Decision as stipulated in the *Perkonsil*.

b. Disciplinary Examining

Council The Disciplinary Examining Council, hereinafter referred to as MPD, is an assembly formed by the MKDKI and consisting of members of the MKDKI specifically to examine and decide on a case of violation of the discipline of Doctors and Dentists. Discipline of Doctors and Dentists is the rules and/or provisions for the application of science in the implementation of services that must be followed by Doctors and Dentists. Violation of Discipline of Doctors and Dentists is a violation of the rules and/or provisions of the application of science in the implementation of services that must be followed by Doctors and Dentists.

CONCLUSION

The Indonesian Medical Disciplinary Honorary Council (MKDKI) is the institution authorized to determine whether or not there have been mistakes made by doctors and dentists in the application of medical and dental disciplines, and to impose sanctions. The procedure for complaints as referred to in Article 66 of Law Number 29 of 2009 concerning Medical Practice is carried out by MKDKI based on Indonesian Medical Council Regulation No. 16/KKI/PER/VIII/2006 concerning Procedures for Handling Cases of Alleged Violations of Discipline of Doctors and Dentists which has undergone several changes, including the Regulation of the Indonesian Medical Council Number 20 of 2014 concerning Procedures for Handling Cases of Alleged Violations of Discipline of Doctors and Dentists and Regulations Indonesian Medical Council Number 50 of 2017 concerning Procedures for Handling Discipline Complaints for Doctors and Dentists. The procedures for the complaint are as follows:

1. Complaints

Complaints must at least contain the identity of the complainant and the patient; the name and address of the doctor's or dentist's practice; the time the action is performed; the reason for the complaint; evidence if any; and a statement of the veracity of the complaint.

2. Preliminary Examination Council The initial

examination is carried out by the Preliminary Examining Council appointed by the Chairperson of MKDKI/MKDKI-P. The Preliminary Examination Council consists of 3 (three) persons appointed from members of the MKDKI. If in the initial examination, the panel decides that the complaint submitted is a violation of ethics, then the MKDKI or MKDKI-P will continue the complaint to a professional organization (IDI/IDGI). On the other hand, if during the initial examination the panel decides that the complaint is an alleged violation of discipline, the Chairperson of the MKDKI will appoint a Disciplinary Examination Board.

3. Disciplinary Examining Council

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4. Evidence

Evidence that can be submitted at the trial of the Physician Disciplinary Examination Council can be in the form of: written letters/documents; testimony of witnesses; teradu confession and expert testimony;

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