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The Principle of Beneficence of Doctor-Patient Communication Regarding the Implementation of the Hospital Code of Ethics in Health Services

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Abstract: The principle of beneficence as the main ethical basis in medical practice plays an important role in building communication between doctors and patients according to the hospital code of ethics. This article carefully analyzes how beneficence plays a role as an ethical obligation as well as a legal norm in the provision of health services. Based on normative legal analysis and a cross-disciplinary approach, the discussion shows the obligation of doctors to prioritize patient welfare, not only through clinical actions, but also through honest, empathetic communication, and based on informed consent. In the Indonesian context, which is characterized by social and cultural diversity and changes in digital health services, the implementation of beneficence must be able to overcome structural and ethical challenges. This study also describes how hospital-oriented ethical governance, such as the Hospital Ethics and Law Committee, can implement the principle of beneficence to avoid malpractice and strengthen public trust in health institutions. The latest empirical data and international policy frameworks such as the Universal Declaration of Bioethics and Human Rights from UNESCO, this article suggests a model of ethical communication as an important element of justice in health services. Finally, beneficence must be institutionalized not only as a personal contribution, but also as a systematic standard that ensures fair, empowering, and rights-based patient care.

Keyword: Principle of Beneficence, Hospital Code of Ethics, Informed Consent, Ethics Committee, Malpractice.

INTRODUCTION

In the modern health legal system, there is a constant tension between what should happen according to legal norms and what ethics occur in real practice in the field. In the context of health services, this tension is evident in the communication relationship between doctors and patients, especially in the application of the principle of beneficence which should be the ethical and legal basis for clinical interactions. Normatively, every medical action must be oriented towards the patient's well-being, pay attention to their rights, and be delivered through ethical, empathetic, and informed consent-based professional communication.

However, in practice, many hospitals in Indonesia and other developing countries still face limitations in making this principle a standard practice integrated into the health care system. According to Beauchamp and Childress (2019: 216), beneficence is a moral obligation to act for the good of others, including preventing harm, eliminating risk, and advancing the interests of patients (Beauchamp & Childress, 1994). However, in reality, the annual report of the National Human Rights Commission (2023) shows that more than 42% of public complaints about health services in Indonesia are rooted in the lack of transparency of medical information and poor communication between doctors and patients (Komnas HAM, 2023). This imbalance indicates a structural gap between ethical ideals and administrative and operational realities in the provision of health services.

Globally, the application of the principle of beneficence in doctor-patient communication has been institutionalized through strict regulations and strong ethical oversight. In Finland, for example, the Patient Ombudsman system works independently to ensure that patient rights are protected and all medical communications are conducted transparently. In Australia, the Australian Charter of Healthcare Rights requires all health facilities to provide adequate information to patients in a language that is easy to understand, reflecting a commitment to the value of beneficence systematically (Australian Commission on Safety and Quality in Health Care, 2020). Compare this with Indonesia, where there is no such strong institution that can specifically bridge clinical communication complaints, although the Code of Medical Ethics and the Medical Practice Act have regulated basic ethical principles. A comparison of hospital data in Indonesia also shows a contrasting reality. According to the Indonesian Ministry of Health (2023), of the 2,924 hospitals registered nationally, only around 58.2% have a Hospital Ethics and Legal Committee (KEHRS) work unit that actively conducts ethical audits and fosters professional communication. On the other hand, in Singapore, all public hospitals are required to undergo an annual ethical audit that is reported to the Singapore Medical Council. This shows that in Indonesia it has been present in the form of formal regulations, but still faces obstacles in terms of implementation, human resources, and effective supervision.

The National Cancer Center, Dharmais Cancer Hospital plays an important role in the oncology service system in Indonesia. This hospital not only offers treatment services but also combines a multidisciplinary approach to meet the needs of patients comprehensively. In 2023, Dharmais Cancer Hospital provided services to more than 276,000 patients from various regions in Indonesia and successfully won two prestigious awards at the 2024 Healthcare Asia Awards, namely "Oncology Hospital of the Year" and "Clinical Service Initiative of the Year". This recognition shows the hospital's success in providing services that not only meet high clinical standards but also prioritize patient interests—a real manifestation of the principle of beneficence in oncology health practices. However, the implementation of the principle of goodness at Dharmais Cancer Hospital remains a major problem. Based on the Dharmais Cancer Hospital Business Strategic Plan document for 2020-2024, one measure of service quality is the obedience of officers in correctly identifying patients before medical procedures are carried out (Dharmais Cancer Hospital, 2023). Although this indicator reflects the hospital's awareness of the importance of patient safety-oriented service standards, there is no open and measurable data on the effectiveness of communication between doctors and patients as part of clinical ethics indicators. In the form of data transparency and public responsibility for ethical communication. Unlike other contexts, Cicendo Eye Hospital plays a dual role as a service and education institution as the National Eye Center. In the 2022 Government Agency Performance Accountability Report (LAKIP), this hospital targets a strategy in the form of increasing stakeholder satisfaction and integrating services with clinical education (Cicendo Eye Hospital, 2022). One measure of its performance is the level of student compliance with service quality standards. Although this indicator shows concern for elements of

professionalism, there is no quantitative data on ethical communication training or the clear application of the principle of beneficence in student training and in reporting the performance of health workers. On the other hand, Cipto Mangunkusumo Hospital (RSCM) as the largest health education institution in Indonesia faces more complex ethical challenges. Research by Pertiwi et al. (2023:73) indicated that the implementation of electronic medical records (EMR) and the national health platform system SATUSEHAT has not maximally improved the quality of communication between doctors and patients. Interactions supported by digital technology, although efficient in terms of administration, often reduce the depth of personal communication and ethical responsibility required in conveying information to patients. In this context, the principle of beneficence which requires a dialogical and participatory relationship tends to be reduced by a mechanistic and procedural approach.

Data from these three hospitals show a difference between normative regulations (das Sollen) which support the principle of beneficence and actual implementation (das Sein) in the field. Although all these hospitals have set service standards that emphasize patient quality and safety, there is still no evaluation system that specifically measures the quality of ethical communication as part of service quality. In accordance with Trisnantoro's opinion (2022:204), health service reform in Indonesia is still structural and administrative, and has not addressed the relational aspects which are the core of ethical justice in therapeutic relationships. Furthermore, the application of information technology such as RME and SATUSEHAT must be accompanied by guidelines for digital communication ethics to prevent the emergence of new gaps between patients and health workers. Rachman and Dewi (2024: 59) stated that the majority of digital health platforms in Indonesia still prioritize administrative efficiency, and have not made empathetic communication a major factor in the success of digital services. This shows that although digital transformation facilitates the integration of health information systems, the principle of beneficence should not be sacrificed for the sake of speed or efficiency. To address this mix, hospitals in Indonesia must create performance indicators that specifically evaluate the quality of communication between doctors and patients, including the level of empathy, patient engagement, and clarity of information. Ethics-based clinical communication training should be an important component in the renewal of medical professional licenses. Countries such as Japan have implemented a recertification system that requires communication training every five years (Almassi, 2018), while Canada has made the principle of relational ethics the main approach in health practice since basic medical education.

The government's move requires hospitals to implement ethical communication audits in the accreditation process. This audit not only evaluates compliance with procedures but also prioritizes quality dialogue, patient participation, and integrity of information. If the principle of beneficence is to be implemented effectively, indicators of success cannot only be measured by the volume of services, but also by how patients feel heard, valued, and involved in the medical decision-making process. In the Indonesian socio-cultural context, the dominance of paternalistic relations in the doctor-patient relationship also weakens the implementation of the principle of beneficence in the form of deliberative communication. As stated by Trisnantoro (2022: 211), the vertical communication model that is still commonly found in government hospitals causes patients to tend to be passive, accept medical decisions without space for dialogue, and do not have full control over the therapeutic process. In fact, a participatory relationship model is the main requirement for implementing the principle of beneficence in its entirety. The deliberative model offered by Emanuel and Emanuel (2008) suggests that doctors must act as moral partners of patients, not just as information providers or sole clinical authorities (Emanuel, 2008). Meanwhile, the development of information technology in the health care system opens up new opportunities but also creates new ethical challenges. The implementation of electronic medical records (EMR) and the SATUSEHAT platform in Indonesia, for example, has helped integrate patient data, but has not fully guaranteed that

doctor-patient communication is of better quality. According to Pertiwi et al. (2023: 73), interactions that occur through digital systems often sacrifice the depth of communication, and increase the distance between patients and doctors in decision-making. This is ironic for the principle of beneficence, which actually demands a relational and dialogical approach, not a mechanical and technocratic one.

In terms of positive law, Law Number 29 of 2004 concerning Medical Practice and Law Number 44 of 2009 concerning Hospitals have contained the basic principles of beneficence, especially in the obligations of hospitals and medical personnel to provide safe, quality, and non-discriminatory services. However, this regulation is still declarative and not strong enough to ensure deliberative patient involvement in the medical decision-making process. In countries like the United States, the Patient Self-Determination Act requires all healthcare facilities to provide written documentation regarding patients' rights to make medical decisions, including refusing or stopping unwanted therapeutic actions. In dealing with the imbalance between das Sollen and das Sein, the approach that needs to be taken is to strengthen the institutional capacity of hospitals in building a professional communication system based on ethics. This includes intensive training for healthcare workers, the establishment of an active multidisciplinary ethics committee, and a responsive patient feedback mechanism. This approach not only aims to fulfill legal obligations but also to create a hospital culture that values humanity and active patient participation. Indonesian healthcare services have become increasingly complex since the enactment of Law Number 17 of 2023 concerning Health. This law normatively emphasizes the patient's right to obtain information, give consent for medical actions, and be served in a humane and non-discriminatory manner (Articles 39 and 40 of Law No. 17/2023). Thus, the principle of beneficence gains stronger legal legitimacy within the framework of the national healthcare system. Das Sollen is very explicit: the state requires medical personnel and hospitals to prioritize patient safety and well-being through ethical and professional communication. However, das Sein shows that its implementation has not touched on the structural roots of a paternalistic clinical culture, bureaucratic administrative practices, and limited literacy in communication ethics in medical professional education.

Law No. 17 of 2023 on the principle of value-based health services and the fulfillment of patient rights comprehensively, including the right to privacy, clarity of information, and participation in decision-making. However, in the evaluation of the performance of national hospital services by the Hospital Supervisory Agency (BPRS) in 2024, it was found that 38% of hospitals in Indonesia had not integrated a professional communication system into service quality indicators. This shows the gap between ideal regulations and the reality of implementation. As stated by Perhimpunan Rumah Sakit Seluruh Indonesia, (2015), there are still many hospitals in the regions that treat informed consent as an administrative formality, not as a deliberative ethical communication process (Perhimpunan Rumah Sakit Seluruh Indonesia, 2015). On the other hand, comparison with international systems underscores the need for structural reform in Indonesia. In Japan, the revision of the Medical Practitioners Act in 2022 stipulates that every doctor is required to undergo clinical communication training every five years as part of a license renewal. In Canada, the relational ethics approach is a basic principle in the doctor-patient relationship that is taught explicitly in the medical curriculum from the first year (de Zulueta, 2018). This is in contrast to Indonesia, which still focuses on technical and cognitive skills in medical education, without adequate attention to the ethical dimensions of clinical communication. In addition, strengthening the technological aspect of the health service system through the SATUSEHAT platform, although a national integrative step, has not been accompanied by adequate ethical guidelines to ensure the quality of digital communication. For example, there are no specific regulations governing the quality of online communication between doctors and patients through health applications. In fact, according to Rachman and Dewi (2024: 57), many cases of medical misunderstanding in telemedicine

services are rooted in a lack of ethical sensitivity in conveying information and responding to patient concerns. This shows that the digitalization of services has not automatically improved the ethical quality of communication in health services. The transformation of regulations through Law No. 17 of 2023 has presented a strong ethical and legal framework, but has not been balanced with structural and cultural readiness at the service level. Therefore, an integrative strategy is needed that not only focuses on training health workers, but also on overhauling the hospital quality assessment system that accommodates ethical indicators. One of them is to add the dimension of "clinical communication integrity" to the national hospital accreditation standards and make communication ethics training a regulatory obligation. In addition, the deliberative patient engagement model must be positioned as a new ethical standard in health services, not just a form of idealism. In this context, the principle of beneficence must be redefined as a systemic commitment that binds all service actors doctors, nurses, hospital management, and regulators. As emphasized by the World Medical Association (2024), "Ethical patient care begins not at the point of clinical intervention, but at the moment of information exchange." This statement emphasizes that communication is not just a medium of service, but the core of justice and medical ethics.

RESEARCH PARADIGM

Paradigms in research have a crucial role as an epistemological and methodological basis in understanding complex social realities, including in the context of moral communication in the health sector. To analyze the application of the principle of generosity in communication between doctors and patients, a paradigmatic approach is needed that can investigate both normative structures and empirical practices. Therefore, the most appropriate paradigm to apply is the critical-interpretive paradigm. This paradigm allows researchers to not only describe social reality, but also analyze power relations, institutional structures, and ideologies that underlie communication practices within medical institutions. The critical paradigm is based on the assumption that social reality is historical and structural, where interactions between actors are not neutral, but are influenced by domination and injustice of power. In interactions between doctors and patients, this paradigm is very relevant to explain how medical communication is often influenced by paternalistic, bureaucratic, and technocratic structures that ignore ethical dialogue. According to Habermas (1985), perfect communication is communication that is not affected by domination, where all participants have an equal opportunity to express their opinions and determine the direction of action (Habermas, 1985). In the context of hospitals, this deliberative communication is central to the application of the principle of beneficence.

Meanwhile, the interpretive approach allows for an understanding of the subjective meaning of the communication interaction between doctors and patients. By conducting in-depth interviews or participant observations, researchers can investigate how patients understand the doctor's attitude, transparency of information, and the level of empathy they receive. This paradigm is very helpful in revealing symbolic dimensions and life experiences that cannot be explained by statistics. According to Denzin and Lincoln (2018: 14), the interpretive paradigm provides an opportunity for researchers to explore social relations as a contextual, reflective, and always dynamic process of meaning (Lincoln & Denzin, 2000). In research on Dharmais Cancer Hospital, the critical-interpretive paradigm can reveal the conflict between international recognition as the "Oncology Hospital of the Year" (Antara News, 2024) and the lack of data transparency in the implementation of the principle of ethical communication. For example, indicators of service quality that include accurate information to patients have not been accompanied by reports on the quality of communication between doctors and patients. The absence of this data reflects the dominance of the administrative system that makes patients objects of service, rather than subjects who have a deliberative role

in the medical decision-making process. At Cicendo Eye Hospital, an interpretive paradigm can be applied to analyze students' views on the communication practices they learn and apply. The LAKIP report (2022) states that students comply with quality standards, but does not describe whether the values of goodness have been embedded in their learning and practice processes. Research within this framework can help identify how much ethical values are conveyed through examples (modeling) and direct interactions with patients. Meanwhile, at RSCM, a critical approach is needed to analyze how SATUSEHAT and RME technologies facilitate communication between doctors and patients. Although this technology is designed to increase efficiency, research by Pertiwi et al. (2023:73) indicates that communication is often superficial and less personal. A critical paradigm will examine the digital power structure that encourages doctors to pay more attention to information systems than to building more humane interpersonal relationships with patients.

The critical-interpretive paradigm also provides an opportunity to analyze policies, such as Law No. 17 of 2023 concerning Health, which normatively affirms the patient's right to obtain information, privacy, and active involvement in the decision-making process (Articles 39-40). However, the facts on the ground show that this right has not been fully realized fairly. The application of informed consent in various hospitals is still considered an administrative formality, not as an ethical dialogue. This paradigm helps identify the inconsistency between regulation and practice. In the context of Habermas's theory of communicative action, researchers can explore the intersubjective space in clinical communication as an ethical area that should be free from the system of domination (Habermas, 1985). The significance of integrating doctor-patient communication into everyday life, not just being in the realm of a technical eye system. Hospitals, in order to internalize the principle of beneficence, must open an ethical space for sincere dialogue between medical personnel and patients. This paradigm also creates opportunities for the development of evaluation indicators that are value-oriented, rather than simply focused on technical outcomes. For example, audits of communication ethics and patient satisfaction that participate can be components of a hospital accreditation system. In addition, education for health care workers should not only emphasize technical skills, but also reflective awareness and ethical responsibility in communication. According to Smith et al. (2024: 135), ethical communication training based on relational ethics has been shown to increase patient trust and improve care outcomes in Canada.

RESULTS AND DISCUSSION

Legal Regulations on Health Services Regarding Patient Handling Have Implemented the Principle of Fair Beneficence for Doctors in Medical Procedures

1. Legal Regulation of the Principle of Beneficence Towards Doctors in Medical Actions for Handling Patients Reviewed by National Law
   a. The 1945 Constitution

      The recognition of the principle of beneficence as an important element in medical practice in Indonesia has a solid legal basis in the context of national law, starting from the 1945 Constitution of the Republic of Indonesia. Article 28D paragraph (1) states that "every individual has the right to receive recognition, guarantees, protection, and certainty of fair law and equal treatment before the law." Meanwhile, the same article paragraph (2) emphasizes that "every individual has the right to work and receive fair and appropriate compensation and treatment in the work environment." This provision provides a strong constitutional basis for the state to protect individual rights in health services, including ensuring the quality and responsibility for medical actions carried out by health workers. In hospital management, the constitutional mandate is the basis for the state to ensure that health institutions are managed professionally and transparently, and that medical personnel have equal access to

leadership opportunities based on ability, not just from their professional background. This statement is consistent with the principle of non-discrimination in the justice process, where the government is obliged to provide opportunities for anyone who has skills in the field of health management to occupy strategic positions, including as hospital directors. This is stated in the provisions of Article 10 paragraph (3) and (4) of Law Number 17 of 2023 concerning Health, which provides opportunities for qualified management professionals to manage hospitals without distinguishing their profession.

The principle of goodness in medical practice needs to be applied practically in hospital management policies. Optimal health services are not only determined by technical skills, but also by management that ensures that medical decisions are always taken in the best interests of patients. Beauchamp and Childress emphasize that "goodness in medical practice requires health professionals to act in a way that improves patient welfare and prevents or reduces harm" (2019: 213). Therefore, the legal system needs to regulate not only personal ethical interactions between doctors and patients, but also ensure that the organizational structure of the hospital supports this principle through regulation, leadership, and professional culture. In addition, the element of justice in hospital management as stipulated in Article 28D of the 1945 Constitution also influences the principle of distributive justice in health services. Equality of opportunity to lead in the health care system emphasizes the importance of meritocracy and the ability to ensure mutually supportive services. In hospital management, the principle of beneficence requires support from a managerial structure that can formulate policies based on ethical and legal considerations, including in determining medical procedures, monitoring medical records, clinical decision-making systems, and resolving ethical conflicts.

This provision reinforces the principle that health law in Indonesia is comprehensive between constitutional values, medical professional practices, and institutional systems. As stated by Lennen, health law encompasses all norms that regulate interactions between actors in the health service system, both in terms of curative, promotive, preventive, and rehabilitative, and includes administrative, civil, and criminal dimensions as a whole (Burris et al., 2016). Therefore, national legal regulations that underlie the principle of beneficence not only function as individual moral obligations, but also as elements of the legal framework that binds the state, health workers, and health service institutions together.

b. Law No. 17 of 2023 concerning Health

Law Number 17 of 2023 concerning Health regulates explicit provisions regarding the requirement to obtain informed consent, as regulated in:

1) Article 274 sub-paragraph b, which emphasizes the doctor's obligation to obtain informed consent from the patient or family before carrying out medical procedures;
2) Article 293 paragraph (1), which states that every medical procedure carried out individually by a doctor must be preceded by obtaining consent from the patient;
3) Article 293 paragraph (5) emphasizes that before carrying out high-risk medical procedures, written informed consent must be obtained.

To strengthen this approach, a contextual approach (contextual-conceptual approach) is also applied which aims to explore the theoretical basis of the ethical and legal principles that underlie the relationship between doctors and patients. With this approach, this study investigates the intersection between the principle of beneficence, patient autonomy rights, and legal certainty, as regulated in Law Number 17 of 2023 concerning Health, and the Medical Practice Law. This method supports a comprehensive and detailed analysis of ethical issues in health services by simultaneously considering normative values and empirical practices. Informed

consent is not just an administrative obligation, but also plays an important role as a basis for legal protection for doctors, preventing malpractice, and protecting patients' autonomy rights.

In the doctor-patient relationship, informed consent is a concrete manifestation of mutual trust and professional responsibility. Consent for a medical procedure must be given consciously, voluntarily, and after the patient fully understands the medical condition, alternative options, and the possible risks and benefits of the recommended procedure. However, there are some emergency situations that result in the inability to obtain formal informed consent, especially when the patient is unconscious or unable to make a decision. In that situation, the doctor still has the responsibility to act, and the law provides the opportunity to act with the assumption of consent, as regulated in Article 4 paragraph (3), Article 80 paragraph (3), and Article 293 paragraph (9) of Law Number 17 of 2023 concerning Health. This provision allows doctors to carry out medical interventions without direct consent if the patient is in a life-threatening emergency and there is no time or individual who can give permission. Medical procedures that have high risks, such as tracheal intubation, have a very high risk of complications. Article 1 number 5 of the Minister of Health Regulation No. 290 of 2008 categorizes high-risk actions as medical actions that can cause death or permanent disability. Therefore, under normal circumstances, similar actions must be accompanied by informed written consent. However, in an emergency, this rule can be dangerous for the sake of the principle of patient safety. In such circumstances, doctors are often faced with a moral and legal dilemma, because on the one hand they need to act immediately to save lives, while on the other hand they may face lawsuits from the family if the results of the action are not satisfactory. Law No. 17 of 2023 concerning health provides a legal basis for the protection of doctors through Article 275 paragraph (1), which states that doctors cannot be asked for compensation if they act to save a patient's life in an emergency situation. Furthermore, Article 293 paragraph (10) acknowledges that medical actions in an emergency must prioritize the patient's best interests. This principle is in line with the medical ethics adage "salus aegroti suprema lex esto," which upholds patient safety as the primary law. At the same time, doctors must ensure that the actions taken meet professional standards, operational procedures, and medical ethics in order to achieve maximum legal protection, as stated in Article 273 paragraph (1) of Law No. 17 of 2023.

The application of presumptive consent in emergency situations is also important to maintain the principle of transparency and communication after the action. Article 293 paragraph (11) of Law No. 17 of 2023 requires doctors to immediately provide an explanation to the patient or their representative after the patient's condition allows. This obligation emphasizes that even if initial consent is not obtained, the principle of patient autonomy is still respected through notification and involvement after the action. This also serves to prevent legal conflicts, maintain patient trust in the health care system, and as a form of ethical and professional responsibility. However, the weaknesses that are considered as consent also need to be considered. First, uncertainty in understanding the patient's attitude can lead to ambiguity about whether the actions taken are truly based on implied consent. Second, the possibility of implementing emergency procedures by medical individuals who do not behave professionally. Third, the challenge in legal evidence is caused by the lack of written documentation that forms the basis for consent.

To address these risks, good documentation is very important. Article 274 letter d and Article 300 paragraph (1) of Law No. 17 of 2023 require doctors to record all actions, examinations, and medical decisions in medical records. Permenkes No. 290

of 2008 and Permenkes No. 24 of 2022 emphasize this obligation as the basis for legal evidence in cases of legal protection. Complete and accurate medical record documents are strong evidence that the doctor has acted in accordance with professional, procedural, and ethical standards. Ethically, the principle of beneficence directs doctors to act in the best interests of the patient. Actions in emergency situations aimed at saving the patient's life are a manifestation of this principle. On the other hand, the principle of nonmaleficence states that actions taken must not result in non-essential harm to the patient. Therefore, doctors are required to act carefully, proportionally, and have the right indications when choosing medical procedures in stressful situations. As a basis for legal protection in high-risk actions during emergencies, the criminal principle of actus non facit reum nisi mens sit rea is a reference that an action cannot be considered a mistake without malicious intent. Doctors who act with good intentions to save patients, in accordance with professional standards and without wrong motivation, cannot be punished even if the results of the action are not as expected.

c. Law No. 29 of 2004 concerning Medical Practice

In medical practice, professional ethics are an inseparable moral foundation from the implementation of a doctor's duties. There are six main principles in the Indonesian Code of Medical Ethics (KODEKI) that must be upheld by every doctor, namely: the principle of respecting patient autonomy, the principle of honesty, the principle of nonmaleficence, the principle of benefit, the principle of confidentiality of patient information, and the principle of justice. These six principles serve as a guide in dealing with the complexity of the relationship between doctors and patients based on trust and professional responsibility. One of the main obligations of doctors is to create and maintain accurate and comprehensive medical records. Medical records serve as an official record of medical interventions that have been carried out, as well as a basis for planning follow-up health services. This obligation is explicitly regulated in Article 46 of Law Number 29 of 2004 concerning Medical Practice, which states that every doctor and dentist is required to create medical records after the patient receives services. Further implementation provisions are explained in Article 47, which stipulates that medical record documents become the property of health facilities, but the contents of the medical records are the patient's rights and must be kept confidential. Furthermore, Article 21 of Government Regulation Number 32 of 1996 concerning Health Workers also emphasizes that health workers have an obligation to respect patient rights, maintain the confidentiality of personal data, provide relevant medical information, and obtain consent for actions to be taken. In addition to being an administrative obligation, medical records have legal value as the main evidence in court in the event of a legal dispute or alleged violation of ethics and malpractice.

However, it is important to understand that violations of professional ethics are not necessarily considered violations of the law, and vice versa. However, in practice, the two are often interrelated. KODEKI, as stated in SK PB IDI No. 221/PB/A.4/2002, is a moral and professional guideline compiled based on developments in international medical ethics and the local needs of the medical profession in Indonesia. This code of ethics is not only a reflection of the integrity of the profession, but also serves as a reference for ethics institutions to evaluate the professional behavior of medical personnel. The objectives and functions of the professional code of ethics are very strategic, including upholding the dignity of the profession, maintaining the welfare of members, improving the quality of service, and strengthening the structure of the professional organization. Another function is as an internal monitoring mechanism that emphasizes psychological and institutional aspects, rather than simply imposing legal sanctions. However, if ethical violations cause real harm to patients or the

community, legal sanctions can still be applied in accordance with applicable laws and regulations. The formulation of the code of ethics also stipulates that violators can be subject to sanctions in accordance with laws and regulations, such as compensation, revocation of rights, or imprisonment if the violation meets the legal elements. Therefore, it is important for every doctor to understand that compliance with the code of ethics is not only a moral obligation, but also a form of legal protection for themselves and the patients they serve.

2. Regulation of the Beneficence Principle of the Contractual Relationship between Doctor and Patient Regarding Violations of the Code of Ethics and Malpractice in Comparative View of Countries

The principle of beneficence is one of the important foundations in medical ethics that requires health workers to play a role in the good of patients, including avoiding harm, reducing risks, and improving patient welfare. In the legal relationship between doctors and patients, this principle not only has a moral aspect, but also becomes a legal basis in establishing contractual obligations. According to Beauchamp and Childress (2019: 216), "beneficence involves the responsibility to support others in achieving their important and legitimate interests." In other words, in the medical world, every action must be based on the best interests of the patient, both in terms of clinical and communication. However, in its application, violations of this principle often cause violations of the code of ethics and even malpractice. In Indonesia, the legal relationship between doctors and patients is generally contractual, where patients give informed consent for certain medical procedures, and doctors are professionally obliged to provide optimal services. Law No. 17 of 2023 concerning Health, Articles 39 and 40, emphasizes the patient's right to receive accurate, comprehensive information and receive humane services. However, in practice, many cases of malpractice that occur are actually caused by failures in ethical communication, not by technical medical errors. Based on information from the National Human Rights Commission (2023), more than 42% of public complaints regarding health services are caused by a lack of information and an unempathetic relationship between doctors and patients. In the Indonesian legal system, violations of the principle of beneficence can be interpreted as ethical violations and also unlawful acts (PMH) as regulated in Article 1365 of the Civil Code. When a doctor fails to provide adequate information or acts without regard to the patient's best interests, legal responsibility can be requested, either civilly, criminally, or ethically. In addition, Article 4 of the Indonesian Medical Code of Ethics emphasizes that "doctors must provide medical services in accordance with professional standards and respect patient rights." Thus, the principle of beneficence becomes the basis for ethical and legal assessments in evaluating professional errors.

Compared to the system in the United States, the principle of beneficence is institutionalized through the Patient Self-Determination Act (1991), which requires all health facilities that receive federal funds to provide written documentation regarding patient rights in making medical decisions, including refusing treatment. According to Emanuel et al. (2020: 118), violations of the principle of beneficence in America can result in significant civil lawsuits, because the common law legal system treats patients as autonomous and rational individuals. In this context, errors in ethical communication can be considered a breach of contract or even a violation of applicable law. Meanwhile, in Australia, the Australian Charter of Health Rights (2020) serves as a normative instrument that requires hospitals and medical personnel to respect the values of benefit. This document emphasizes that patients have the right to receive services based on empathy, respect, and clear information. Violations of this principle can be handled through institutions such as the Health Care Complaints Commission (HCCC), which has the

authority to conduct investigations and impose ethical sanctions. Under the Australian common law legal system, the relationship between doctors and patients remains contractual, but with greater emphasis on the doctor's high fiduciary responsibility.

Finland offers a more advanced approach through the Patient Ombudsman system which is independent and active in fighting for patient rights. According to Koivusilta (2021: 93), this system functions on a non-litigative and mediative principle to resolve conflicts between doctors and patients quickly and focuses on ethical justice (Koivusilta et al., 2024). In the Finnish context, the principle of beneficence serves as a reference framework in evaluating the quality of clinical communication, and failure to meet this principle can result in disciplinary sanctions, ethical improvements, or system improvements. In contrast, in Indonesia there is no independent institution such as the Ombudsman for patients. The Hospital Ethics and Legal Committee (KEHRS) has its own limited role and is often not independent of hospital management. According to Maikel et al. (2024), most KEHRS in regional hospitals operate passively and do not have a protocol to evaluate the ethics of communication between doctors and patients (Maikel et al., 2024). This confirms that the regulation of the principle of beneficence has not been adequately institutionalized in national hospital management. One of the main causes of the problem in Indonesia is the lack of ethical communication training in medical education. In Canada, for example, the principle of relational ethics is integrated as an essential component in the first-year medical curriculum and is applied practically until the residency stage (Liu & Duarte, 2023). This approach views communication not only as a technical skill, but as an ethical act that demonstrates professional responsibility towards patients as respected individuals.

In a critical-normative framework, the interaction between doctors and patients should not be simplified into a transactional or administrative relationship. This relationship needs to be developed based on the principles of justice, empathy, and deliberative participation. As explained by Habermas (1984: 76), ethical communication must occur in a space without domination, where patients and doctors can dialogue rationally and honestly. If ethical communication is hampered, not only the principle of benefit is violated, but also the basic rights of patients as individuals. Therefore, strengthening the principle of beneficence in contractual interactions between doctors and patients needs to be done through systemic reforms, including: (1) the preparation of ethical communication standards in hospital procedures; (2) routine audits of the quality of the doctor-patient relationship; (3) ethical communication training based on real cases in medical education; and (4) the establishment of independent institutions such as health ombudsmen to accommodate patient complaints. This stage will make the principle of goodness not only a moral ideal, but also a legal norm and institution that guarantees justice in health services.

3. Aspects of Proving the Beneficence Principle of the Doctor-Patient Contractual Relationship Against Violations of the Code of Ethics and Malpractice

The aspect of proving the principle of beneficence in the contractual context between doctors and patients has a complex dimension because it includes not only moral responsibility in medical ethics, but also legal obligations that can have legal consequences if violated. The principle of beneficence, which fundamentally means the responsibility to act for the welfare of the patient, is the core of the ethical standards of the medical profession and the basis for evaluating malpractice and violations of the code of medical ethics. In the civil law system in Indonesia, the relationship between a doctor and a patient is classified as a civil legal relationship in the form of a service contract, namely an agreement between two parties that creates a legal obligation to carry out certain medical

actions. In this context, the principle of beneficence functions as an ethical rule used to evaluate whether the doctor's actions fulfill his contractual responsibilities in accordance with the agreement, which is express or implied. If the doctor cannot fulfill this principle, it can be categorized as a breach of contract or an unlawful act, especially if it results in losses for the patient as regulated in Article 1365 of the Civil Code which states: "Every act that violates the law and causes losses to another person, requires the party whose fault causes the loss, to compensate for the loss." Meanwhile, the medical code of ethics in Indonesia includes an obligation for doctors to prioritize the interests of patients. Article 4 of the Medical Code of Ethics (Kodeki) states that "doctors must carry out medical duties by prioritizing the interests of patients above all else."

In the implementation of proof of violations of the code of ethics and malpractice, the principle of beneficence serves as a moral and professional benchmark. For example, in a situation of medical malpractice, if the doctor's behavior is not based on good intentions to save or improve the patient's condition, but is careless, careless, or even has an element of intent that harms the patient, then the principle of benefit is considered to have been violated. Evidence of violations of the principle of beneficence is generally based on several types of evidence. First, medical records are official documents that can show whether medical actions have been in accordance with applicable norms and procedures. Medical records include records of diagnoses, procedures performed, and information regarding informed consent. Statements from expert witnesses, generally from the medical profession, are used to assess whether the doctor's actions meet professional standards. Third, letters or other valid documents, including consent for medical actions and evidence of interaction between the doctor and the patient. In civil procedural law, the evidentiary power of letters and witnesses is regulated in Article 164 HIR, while medical records as authentic evidence can refer to the provisions of the Medical Practice Law Number 29 of 2004 and the Regulation of the Minister of Health Number 269/Menkes/Per/III/2008 concerning Medical Records. In situations of violation of the code of ethics, the evidentiary stage generally begins with a report to the Indonesian Medical Discipline Honorary Council (MKDKI), which has the authority to evaluate whether a doctor has violated the provisions of ethics and professional discipline. In its implementation, the principle of benevolence becomes an element of the ethical norms examined in the ethics hearing. If there is a violation of ethics, this can be a reason to file a civil lawsuit or even a criminal charge if it meets the criteria for a crime.

Another crucial aspect in the evidence is the application of the principle of informed consent which is closely related to benevolence. Failure to fulfill informed consent not only reflects a violation of patient rights, but can also be evidence that medical actions are not carried out in good faith for the welfare of the patient. In this context, benefit is not only related to clinical outcomes, but also to the relational process involving ethical communication between doctors and patients. Emanuel and Emanuel (1992: 2222) stated that in the deliberative relationship model, doctors not only provide information, but also dialogue to reach optimal decisions for patients, which is a real manifestation of the application of virtue in clinical communication.

CONCLUSION

The importance of health legal ethics lies not only in the normative obligation of medical professionals to provide the best service, but also in the comprehensive protection of the dignity and rights of patients in the context of a just legal system. The principle of beneficence is a key element in this framework, requiring doctors to act only for the good of the patient, both in preventive and curative care. Beauchamp and Childress clearly state that "beneficence includes not only the obligation to do good, but also to prevent harm and eliminate

conditions that can cause harm". Health ethics not only regulates the behavior of individual doctors, but also designs the management of medical interactions in a system that ensures that every action taken has obtained informed consent. This goal is not just an administrative formality, but also a form of respect for patient autonomy and a reflection of ethical communication. In practice, the interaction between doctors and patients is an important element that determines the success of the therapeutic relationship. The same thing was expressed by Arnett, Fritz, and Bell, ethical communication requires openness, respect for individual dignity, and equal dialogue between the actors in the interaction (Arnett et al., 2009). Doctors are expected to be not only proficient in medical procedures, but also sensitive to the emotional and psychological aspects of patients. This relationship approach requires doctors to show empathy, listen actively, and adjust the way they convey information to suit the patient's understanding. This is because medical actions are not only influenced by the accuracy of the procedure, but also by how well the patient understands and believes in the decisions made. When communication is ineffective, not only is the quality of care threatened, but also the integrity of the medical profession as a whole.

The principle of beneficence in the contractual relationship between doctors and patients emphasizes that professional responsibility must always be based on the best interests of the patient. Article 4 of the Indonesian Medical Code of Ethics requires every doctor to provide optimal health services and in accordance with professional standards. In the context of civil law, Article 1365 of the Civil Code stipulates that any unlawful act that results in a loss must be held accountable. In addition, Article 51 of the Medical Code of Ethics emphasizes that "doctors must provide a comprehensive explanation of information to patients before carrying out medical actions, including the risks and options available." The implementation of the principle of beneficence based on ethical communication and informed consent will make a direct contribution to preventing malpractice. Medical practices that do not respect informed consent and transparent communication can lead to legal problems, reduce public trust, and violate patient rights. Thus, adherence to the principle of beneficence is not only a moral and ethical obligation, but also serves as a preventive legal strategy that strengthens accountability and integrity in the medical profession. As Gillon (1994) states, bioethical principles are not absolute, but must be analyzed contextually to ensure the most just and dignified outcomes in medical practice (Gillon, 1994).

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