



## JLPH: Journal of Law, Politic and Humanities

E-ISSN: 2962-2816  
P-ISSN: 2747-1985<https://dinastires.org/JLPH> [✉ dinasti.info@gmail.com](mailto:dinasti.info@gmail.com) [☎ +62 811 7404 455](tel:+628117404455)DOI: <https://doi.org/10.38035/jlph.v6i3>  
<https://creativecommons.org/licenses/by/4.0/>

# Online Hospital Medical Dispute Resolution Model To Create Fairness

**Hawreyvian Rianda Seputra<sup>1\*</sup>, Dewi Iryani<sup>2</sup>, Gradios Nyoman Tio Rae<sup>3</sup>**<sup>1</sup> Universitas Bung Karno, Indonesia, [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)<sup>2</sup> Universitas Bung Karno, Indonesia, [iryani.dewi@yahoo.co.id](mailto:iryani.dewi@yahoo.co.id)<sup>3</sup> Universitas Bung Karno, Indonesia, [nrae88good@gmail.com](mailto:nrae88good@gmail.com)\*Corresponding Author: [hriandaseputra@gmail.com](mailto:hriandaseputra@gmail.com)

**Abstract:** This study aims to analyze the arrangement and implementation of online medical dispute resolution in hospitals to ensure legal certainty, as well as formulate an ideal form of the resolution model to realize justice in the future. The research method used is normative juridical with a qualitative approach through a statute approach to health regulations and electronic transactions. Legal materials were collected through literature studies at the National Library and analyzed descriptively analytically to answer the complexity of medical disputes in the digital ecosystem. The arrangement for online medical dispute resolution currently still relies on Law Number 17 of 2023 concerning Health, which requires non-litigation mediation as a first step, as well as the ITE Law as the basis for the validity of electronic documents. Implementation in hospitals is still fragmentary through medical committees or internal complaint units that are limited to simple online communication, but do not yet have special regulations for Online Dispute Resolution (ODR) outside the courts that comprehensively regulate mediator standards and data security. The condition of the absence of a standard standard creates legal uncertainty, especially regarding the strength of execution of the results of online mediation agreements. The ideal model of the future requires an integrated ODR platform that includes video mediation features, encrypted medical records, as well as the involvement of a certified neutral mediator who understands health law and professional ethics. This system prioritizes the principle of restorative justice to restore the therapeutic relationship between patients and medical personnel through a transparent, efficient, and accountable process.

**Keywords:** Medical Disputes, Online Dispute Resolution, Legal Certainty

## INTRODUCTION

Medical dispute resolution is a crucial aspect in health services that aims to maintain patient trust in hospital institutions and medical personnel. Differences in perceptions between patients and service providers regarding medical procedures often trigger conflicts that require handling based on the principle of justice (Anindito, 2020). The implementation of the online settlement model provides an opportunity to accelerate the mediation process that is fair and accessible to all parties (Melyanti et al., 2020). The use of information technology is able to

provide ease of communication without having to do face-to-face, so that health services become more responsive (Daud et al., 2024).

The legal system in Indonesia has provided guarantees for patients' rights through Law Number 17 of 2023 concerning Health, which is the basis for administrative and judicial dispute resolution mechanisms (Suratman, 2025). The foundation of digital operations is also strengthened by Law Number 11 of 2008 concerning Information and Electronic Transactions which recognizes the validity of electronic documents in public services (Daud et al., 2024). The transformation of the mechanism through an online platform is expected to reduce the administrative burden on hospitals and minimize delays in handling patient complaints. This regulatory integration is the main foundation for effective health service innovation and is able to guarantee the rights of all parties fairly.

Data from the Ministry of Health shows the urgency of improving the system, where throughout the period 2023 to mid-2025 there were 51 cases of suspected malpractice with 24 cases ending in patient death. Violations of standard operating procedures (SOPs) and poor communication with patients are recorded as the main problems that give rise to medical disputes (Juliandri et al., 2023). The report from the Professional Disciplinary Council of the Indonesian Health Council in 2025 also recorded 57 complaints of alleged malpractice and ethical violations that are still in the process of being examined (tempo.co, 2025). Slow handling has the potential to cause deep dissatisfaction and has implications for the risk of criminalization of medical personnel.

The practice of justice in medical cases often exhibits high complexity that makes it difficult for the parties to go through a long litigation process. The Cikarang District Court Decision Number 120/Pdt.G/2019/PN Ckr shows how the difference in interpretation between complications and negligence can make the evidentiary process very tiring. The Bekasi District Court Decision Number 630/Pdt.G/2015/PN Bks, which was canceled at the appeal level, is also clear evidence of legal uncertainty in conventional settlements. The online settlement model exists as a faster dialogical solution to achieve substantive justice for patients and medical personnel.

The current regulatory obstacles are still seen in the absence of a specific legal basis regarding online mediation outside the judicial environment. Supreme Court Regulation Number 1 of 2016 still limits itself to mediation procedures in court, so the legality of online independent mediation does not yet have a standard standard. Research by Muhlis et al. (2020) has emphasized the legal power of mediation channels, but has not explored the use of technology in depth. Zaluchu & Syaharudin's (2022) research is also still limited to conventional legal aspects without touching innovative alternatives based on digital platforms. The establishment of new regulations regarding procedures and data security is urgently needed to provide legal certainty in the implementation of online mediation.

## **METHODS**

This type of research is a normative juridical legal research that focuses on the study of legal norms in laws and regulations, doctrines, and legal principles related to medical dispute resolution (Marzuki, 2019). The main focus is directed at the analysis of legal provisions that govern dispute resolution mechanisms, especially the implementation of online dispute resolution in hospitals. A qualitative approach is used to emphasize the interpretation of legal texts combined with a statute approach to examine various regulations (Sugiyono, 2019). The research was carried out at the National Library of the Republic of Indonesia located on Jalan Medan Merdeka Selatan, Central Jakarta, to obtain relevant and valid references.

The sources of legal materials in this study include primary data and secondary data to build a strong analysis. Primary data consists of binding legal rules such as Law Number 17 of 2023 concerning Health, Law Number 11 of 2008 concerning Information and Electronic

Transactions, as well as various Supreme Court Regulations such as Perma Number 1 of 2016 and Perma Number 21 of 2016 (Sugiyono, 2019). The provisions in Article 1338 of the BW and the Regulation of the Minister of Health Number 11 of 2017 are also the main references in analyzing the procedure for handling patient complaints. These legal materials serve as a normative basis for assessing the suitability of online mechanisms with the principles of justice, legal certainty, and accountability.

Secondary and tertiary data are used to provide explanations and academic interpretations of the legal issues being studied. Literature in the form of books, scientific articles, legal journals, and previous research is used to strengthen the dissection of existing legal arrangements. Tertiary legal materials such as legal dictionaries and encyclopedias serve as additional references in understanding technical terms so that discussions are more directed. The technique of collecting legal materials is carried out through literature studies by examining documents and literature that have direct relevance to medical dispute problems (Sugiyono, 2019). The in-depth review of regulations aims to obtain a clear picture of the opportunities for the development of technology-based dispute resolution models.

The technique of analyzing legal materials uses a descriptive-analytical method with a qualitative approach in a systematic manner. Primary, secondary, and tertiary legal materials are studied to find the relationship between laws and regulations and applicable legal theories and doctrines. The content of the regulations is explained in detail and then linked to the practice of medical dispute resolution in order to answer the formulation of the problem appropriately. This analysis is aimed at describing the application of legal norms in online dispute resolution as well as mapping the obstacles and challenges of their application in the field. The final results are arranged logically and structured in order to provide objective conclusions in accordance with the research objectives that have been set.

## **RESULTS AND DISCUSSION**

### **Analysis of the Arrangement and Implementation of Online Medical Dispute Resolution in Hospitals**

Law Number 17 of 2023 concerning Health provides a broader and systematic legal framework for the implementation of health services in Indonesia, including regulations regarding the rights and obligations of patients and health service providers. Strengthening the patient's position is reflected in the guarantee of the right to true, clear, and easy-to-understand information about medical procedures, service risks, and quality standards that must be met by health facilities. This regulation affirms that health services are not only oriented to the clinical aspect, but also to the fulfillment of the legal rights of patients as subjects protected by the state.

The clarity of these norms is the normative foundation in building a fair and responsible medical dispute resolution mechanism. The law also regulates procedures for resolving medical disputes through non-litigation approaches, such as mediation and arbitration, before taking the formal litigation route. The emphasis on out-of-court dispute resolution indicates the direction of health law policies that prioritize deliberation, efficiency, and the protection of the relationship between patients and medical personnel. Articles that guarantee patients' right to access medical records and transparent procedures in the event of disputes provide certainty about the legal position of the parties. This provision opens up space for the use of information technology as a means of supporting dispute resolution, as long as the principles of data protection, procedural justice, and accountability are maintained. Law Number 17 of 2023 concerning Health expands the role of mediation as the main mechanism in resolving medical disputes.

The strengthening of mediation within the framework of health law reflects the state's efforts to present a more humane, speedy, and trust-oriented dispute resolution. The principles of justice, legal protection, and legal certainty for patients and medical personnel are reflected in arrangements that place dialogue and agreement as the first step in resolving conflicts. This normative foundation can be a strong legal basis for the development of online medical dispute resolution, as it is in line with the character of digital mediation that emphasizes flexibility, accessibility, and efficiency without compromising the guarantee of the legal rights of the parties involved (Partama et al., 2025).

Law Number 11 of 2008 concerning Information and Electronic Transactions is a strategic legal reference in the implementation of digital-based systems for medical dispute resolution. Regulations regarding information and electronic transactions provide a normative basis for the use of information technology in various legal activities, including interactions between patients, health workers, and hospitals. The definition of electronic documents and the recognition of electronic signatures as valid evidence strengthen the legitimacy of legal processes conducted through digital media. The clarity of this arrangement puts electronic evidence on an equal footing with conventional documents as long as it meets the requirements of authenticity, integrity, and accessibility.

The relevance of the ITE Law is increasingly evident when hospitals use digital platforms to receive patient complaints, manage communications, and facilitate the mediation process or negotiation of medical disputes online. Every exchange of information, uploading medical documents, or statements of agreement carried out electronically obtains a clear legal basis through the provisions of the ITE Law. The recognition of electronic contracts also provides certainty that agreements resulting from online mediation can have legally binding force, as long as they are implemented in accordance with the provisions of applicable laws and regulations.

The provisions in the ITE Law also play a role in ensuring the legitimacy and security of the online medical dispute resolution process. The principle of protection of electronic systems, the obligation of electronic system operators to maintain data reliability and security, and regulations regarding legal responsibility for the misuse of electronic information are aspects that support the protection of the rights of the parties. This legal foundation provides a guarantee that the implementation of online medical dispute resolution is not only technically efficient, but also meets formal legal standards, especially related to the validity of digital evidence and legal certainty for electronic interactions that occur in the healthcare system.

Law Number 17 of 2023 concerning Health establishes a new legal framework for the implementation of health services in Indonesia through more detailed regulations regarding the rights and obligations of patients and medical personnel. The strengthening of legal norms in this law reflects the state's efforts to balance the interests of patient protection and legal certainty for health workers in carrying out their professional practices. The arrangement not only emphasizes health service standards, but also places the dispute resolution aspect as an integral part of the health care system that is oriented towards fairness and accountability.

This law explicitly stipulates that in the event of a dispute or alleged misconduct by the medical profession that causes harm to the patient, dispute resolution must first be pursued through alternative mechanisms outside the court, such as mediation or arbitration, before the case is submitted to the formal litigation channel. The affirmation of the obligation to resolve non-litigation shows the direction of legal policies that prioritize peaceful and proportionate dispute resolution. The mechanism is seen as able to provide a space for dialogue between patients and medical personnel, so that the focus of settlement is not solely on the sanction aspect, but also on clarification, responsibility, and restoration of professional relationships.

The provisions regarding the resolution of medical disputes placed in a special section of the Health Law affirm the strategic role of ADR in the national health legal system after the

enactment of the 2023 Health Law. This arrangement aims to provide faster and more efficient dispute resolution, while reducing the burden of resolving cases in court. The emphasis on restoring relationships between the parties also reflects the characteristics of medical disputes that differ from civil disputes in general, as they involve trust and an ongoing relationship between patients and healthcare providers. This legal framework can be a strong normative basis for the development of information technology-based medical dispute resolution mechanisms, as long as its implementation remains in line with the principles of legal protection, justice, and legal certainty for all parties involved (Wijaya et al., 2025).

The Health Act's focus on medical dispute resolution through alternative mechanisms outside of court, such as mediation and arbitration, has a strong correlation to the need for the development of online medical dispute resolution. The main principle of the non-litigation mechanism is the effective resolution of disputes without having to go through a lengthy, formal, and costly judicial process. These characteristics are in line with the concept of Online Dispute Resolution (ODR) which utilizes information technology to facilitate communication, negotiation, and agreement-making more quickly and flexibly. ODR can be positioned as a form of technical implementation of the non-litigation mandate in the Health Law, as long as its implementation still guarantees the validity of the legal process carried out.

The ODR model has the potential to accommodate mediation and arbitration processes as stipulated in the Health Law, especially through the use of digital platforms that allow for the structured exchange of information, documents, and arguments. The validity of electronic evidence, digital medical records, and agreements produced through online media are aspects that must be met so that the ODR process is in line with legal expectations. System accessibility for patients and healthcare providers is also a prerequisite for this mechanism to be not only efficient, but also fair and inclusive. The compatibility between ODR procedures and ADR principles determines the legitimacy of the results of medical dispute resolution conducted online.

The application of mediation as an initial stage in resolving medical disputes is able to improve the relationship between patients and medical personnel. This approach emphasizes dialogue, clarification, and the search for joint solutions, so that conflicts do not always lead to adversarial legal processes. The reduction of the time and cost burden that usually arises in resolving disputes through the courts is also an added value of the mediation mechanism. The integration between the provisions of the Health Law and the use of information technology through ODR has the potential to expand access to these non-litigation mechanisms. Optimizing the support of legal certainty, clear operational procedures, and improving the technical capabilities of the parties are the determining factors so that the implementation of ODR is truly able to strengthen the implementation of effective and fair medical dispute resolution (Anggraeni et al., 2025).

The current legal framework shows a strong potential to support the implementation of online medical dispute resolution, particularly through the provisions regarding non-litigation dispute resolution in the Health Act and recognition of electronic systems and evidence in the Electronic Information and Transactions Act. However, the arrangement is still general and does not fully reach the technical needs of implementing Online Dispute Resolution in the hospital environment. The absence of derivative regulations that explicitly regulate the ODR mechanism causes the implementation of online medical dispute resolution to depend on the interpretation and policies of each institution, thus potentially causing inequality in legal protection practices and standards.

Several crucial aspects in information technology-based medical dispute resolution have not been regulated in detail, especially related to operational procedures, data security standards, patient privacy protection, and the integration of ODR systems with electronic medical records and hospital service systems. The Health Law and the ITE Law have not

provided technical guidelines regarding the flow of online dispute resolution, the role and authority of mediators or digital arbitrators, as well as the monitoring mechanism for the implementation of ODR. This condition poses its own challenges for hospitals that want to develop an online medical dispute resolution system without ignoring the principles of prudence and legal certainty.

The development of implementing regulations is an urgent need so that aspects of health law and information technology law can be integrated in harmony. The regulation needs to be prepared by paying attention to the standards for handling complaints and dispute resolution in hospitals as stipulated in the regulation of the minister of health, so as to create continuity between sectoral policies and the application of technology. The harmonization of regulations is expected to be able to provide stronger legal certainty, strengthen the protection of the rights of patients and medical personnel, and increase the efficiency and transparency of the medical dispute resolution process in the digital era. A targeted integration of legal frameworks and technical guidelines is the foundation for the sustainable and reliable implementation of ODR in the national health care system.

The resolution of medical disputes through the non-litigation mechanism ordered in Law Number 17 of 2023 concerning Health can be understood as a direct manifestation of John Rawls' Theory of Justice, especially the principle of justice as fairness. The provisions of the law place patients and medical personnel on an equal footing to seek a rational and objective resolution of conflicts, without having to face each other in the judicial arena which often shows inequality in power relations. The non-litigation approach provides a more balanced space for dialogue, allowing each party to present its interests and arguments without the pressure of excessive legal formality. The principle of the veil of ignorance in Rawls' thought is reflected when the medical dispute resolution system is designed without giving preference to one party, both patients and medical personnel. The established procedures are not based on social status, economic ability, or professional standing, but on the principle of equality and procedural justice. Each party is treated as a legal subject who has equal rights and obligations in the dispute resolution process, so the opportunity to reach a fair agreement becomes more open.

This framework is in line with Rawls's idea of justice as the result of rationally agreed upon rules by individuals who are unaware of their position within the social structure. The application of non-litigation mechanisms in medical disputes also reflects efforts to bring substantive justice, not just formal justice. The mediation or arbitration process provides an opportunity to consider the interests of the parties in a more humane and proportionate manner, in line with Rawls' principle of justice which emphasizes the equal protection of the interests of each individual. This approach shows that medical dispute resolution is not solely oriented towards determining the losing or winning party, but on creating a solution that is acceptable to all parties. This theoretical foundation strengthens the legitimacy of the non-litigation policy in the Health Law as an instrument to realize justice in the relationship between patients and health care providers (Mardani, 2024).

The second principle in John Rawls's Theory of Justice, namely the difference principle and fair equality of opportunity, also finds strong relevance in the legal design of the 2023 Health Law. Provisions that require the resolution of medical disputes through mediation or arbitration before going to court provide real benefits to parties in a more vulnerable position, especially patients. Non-litigation mechanisms provide access to simpler conflict resolution, relatively low cost, and can be resolved in less time than formal litigation processes. This reduces the structural barriers that patients often face when dealing with healthcare institutions that have greater legal resources and capacity.

The principle of fair equality of opportunity is reflected in the provision of a dispute resolution space that can be accessed by all parties without discrimination based on economic background, education, or professional standing. Mediation and arbitration allow patients to

defend their rights without having to master complex legal procedures or incur high litigation costs. Equal opportunities to be heard and to obtain clarity on disputes experienced are important elements in realizing procedural justice. This framework affirms that access to justice should not be determined by financial ability or institutional power alone.

Rawls' difference principle is reflected when the legal arrangement consciously provides greater protection to potentially harmed parties in the health service relationship. Justice is not interpreted as uniformity of treatment in every situation, but as an arrangement that takes into account the inequality of the initial position of the parties. Providing a more patient-friendly dispute resolution channel is a form of correction to the imbalance in the relationship between patients and medical personnel or hospitals. This construction is entirely in line with Rawls's idea that inequality can only be justified if it benefits those who are most disadvantaged. This approach strengthens the legitimacy of the 2023 Health Law as a legal instrument oriented towards substantive justice in the health care system (Busroh & Khairo, 2024).

The Legal Protection Theory put forward by Philipus M. Hadjon is also clearly reflected in the normative structure of the 2023 Health Law. The provisions in the law provide guarantees the right to patients to obtain protection for health service actions, including protection against alleged medical negligence that causes losses. The right of patients to obtain a proper dispute resolution mechanism and the opportunity to obtain redress for violations experienced indicate the state's recognition of the patient's position as a legal subject that must be effectively protected in the health care system.

Preventive legal protection as formulated in Hadjon's theory is reflected in the obligation to resolve medical disputes through a non-litigation mechanism before the case is submitted to the court. This arrangement serves to prevent the escalation of conflict early through a process of dialogue, clarification, and negotiation that is facilitated in a structured manner. The participation space provided to patients and medical personnel allows each party to express their interests, objections, and arguments openly, so that potential rights violations can be minimized before they develop into more complex legal disputes.

The protection of repressive law remains guaranteed because the state does not negate access to justice if non-litigation settlements do not result in an agreement. The litigation channel remains available as an instrument of enforcing rights and justice for parties who feel aggrieved. This kind of regulatory structure creates a comprehensive, balanced, and layered system of legal protection, as formulated in Philipus M. Hadjon's Legal Protection Theory. This construction shows that the Health Law 2023 is not only oriented towards the efficiency of dispute resolution, but also on ensuring the protection of the rights of patients and medical personnel in an ongoing manner within the framework of the state of law (Sary et al., 2025).

Legal certainty as the main pillar of legal protection has been significantly strengthened through the provisions in the 2023 Health Law. Norms that require the resolution of medical disputes through out-of-court mechanisms are formulated in a clear and explicit manner, thereby reducing the space for multiinterpretation that has often caused procedural ambiguity. The clarity of the arrangement provides clear guidelines for patients, medical personnel, and healthcare providers regarding the steps that must be taken in the event of a dispute, while affirming the legal position of each party in the conflict resolution process. The formulation of clear norms is in line with the principle of legal certainty as formulated by Philipus M. Hadjon, because it provides a direction that can be predicted and understood by the subject of law. This procedural certainty also has implications for the usefulness of the law, because a structured dispute resolution mechanism allows conflict resolution to be carried out more efficiently and measurably.

Patients gain certainty about the rights protection pathways available, while medical personnel get clarity on the professional accountability mechanisms that must be faced in the event of a dispute. The strengthening of legal certainty also supports the realization of legal

justice in the national health service system. A strictly regulated non-litigation dispute resolution mechanism limits the potential for abuse of institutional power and encourages equal treatment of all legal subjects. The protection of the rights of patients and medical personnel can be carried out consistently within a clear and accountable legal framework. This situation creates a sense of security and trust in the health service system, while affirming the role of the 2023 Health Law as an important instrument in strengthening legal protection and legal certainty in the health sector (Sary et al., 2025).

The integration of John Rawls' values of justice and Legal Protection Theory in the settlement of medical disputes according to the Health Act 2023 forms the foundation of a more humane and rational governance of health law. The combination of the two theoretical frameworks can be seen from the design of a dispute resolution system that places patients and medical personnel as equal legal subjects, while paying attention to the inherent inequality of initial position in the health service relationship. This approach suggests that health law is no longer solely oriented towards rigid enforcement of norms, but on the creation of procedural and substantive justice that is acceptable to all parties.

The dispute resolution system developed does not rely on the logic of sanctions and punishment alone, but on the restoration of rights, clarification of responsibilities, and the balance of interests between patients and health care providers. The policy direction reflects the paradigm shift in health law from a repressive approach to a restorative approach that is more dialogical and problem-solving. Mediation and other non-litigation mechanisms provide space for dispute resolution that prioritizes deliberation, empathy, and mutual understanding, in line with the principles of justice as fairness and layered legal protection.

The role of the state in this framework is not only limited as a law enforcer who imposes sanctions, but as a guarantor of social justice and the protector of citizens' basic rights in health services. The presence of the state is realized through the preparation of fair norms, accessible procedures, and comprehensive legal protection guarantees for all parties involved. This construction is in line with the ideals of Rawls' Theory of Justice and the modern Theory of Legal Protection, which places the law as an instrument to realize justice, balance, and a sense of security in social life, including in the relationship between patients and the national health service system (Busroh and Khairo, 2024).

### **Formulation of the Ideal Form of Online Medical Dispute Resolution Model in Hospitals to Realize Justice for Patients and Medical Personnel**

Norms of Law Number 17 of 2023 concerning Health provide strong legitimacy for the implementation of the Online Dispute Resolution (ODR) mechanism in hospitals as a form of procedural adaptation to information technology. The regulation emphasizes that medical disputes are not just violations of the law, but service conflicts that demand proportionate and recovery-oriented handling. ODR exists to expand access to justice through a fast, flexible, and inclusive process, without shifting the substance of mediation and arbitration as the main instruments. In this structure, hospitals are responsible for providing fair, transparent, and documented internal systems to ensure an objective process that is free from conflicts of interest (Agustine & Septiani, 2025).

The design of the ODR platform must comply with the legal principles of non-litigation and restorative justice so as not to simply move conventional procedures to the online space. The digital track record produced functions as an accountability tool and a means of supervision that allows each stage to be traced by the parties and supervisory institutions. The use of a structured online system helps maintain the professionalism of communication, minimizes emotional escalation, and encourages the achievement of rational agreements. This integration ensures that ODRs meet the standards of legally valid and credible mediation procedures in the national legal system (Iswara, 2021).

The use of technology in mediation expands the meaning of dispute resolution because the dialogue process is no longer limited by rigid formalities, so that the function of mediation as a forum for therapeutic relationship restoration can be strengthened. The restorative character of the Health Law is reflected when technology is used to create a more humane and participatory atmosphere for patients and medical personnel. The win-win solution orientation in online mediation encourages the search for an ongoing solution, such as a professional apology or procedural improvement, rather than just financial compensation. This approach makes ODR a concrete form of restorative justice implementation that balances humanity, professionalism, and substantive justice (Musataklima et al., 2025).

The existence of a competent and neutral mediator is a substantive prerequisite for the ODR mechanism to remain substantively fair and procedurally valid. Mediators must have a multidisciplinary understanding that includes health law, medical ethics, and the ability to assess electronic evidence in order to be able to facilitate dialogue in a proportionate manner. The Health Law demands a process free from the structural intervention of hospitals to ensure the independence of the mediator's judgment. This professionalization ensures that online mediation is not just an administrative formality, but a rational space to achieve legal certainty that protects the rights of all legal subjects (Setiawati et al., 2023).

The formulation of Standard Operating Procedures (SOP) in the ideal ODR model reflects the mandate of systematic legal protection that ensures that each stage runs consistently. The SOP must contain explicit justice criteria, such as the right to be heard and the right to a rational explanation, in order to prevent discriminatory practices. In addition, the accountability aspect requires that every online mediation result be documented digitally so that it can be traced and tested normatively. The integration of restorative values into SOPs makes ODR a means of improving the quality of health services, where each dispute resolution also functions as an instrument of institutional learning (Solikhin, 2023).

The implementation of ODR in hospitals is a manifestation of the principles of Good Governance which prioritize transparency, responsiveness, and accountability in public services. Transparency is realized through an easy-to-access, integrated platform, while accountability is seen in a clear division of responsibilities between mediators, hospital management, and parties. Public participation is strengthened by providing an equal space for patients and medical personnel to be directly involved in the decision-making process without geographical barriers. The bureaucratic efficiency resulting from this digital system not only reduces costs, but also maintains the stability of legal relations in the health ecosystem (Muhtar et al., 2024).

Integrasi prinsip restoratif dan kepastian hukum dalam sistem ODR merepresentasikan ajaran Gustav Radbruch mengenai keseimbangan antara kepastian norma dan keadilan substantif. Dokumentasi digital yang akurat memastikan bahwa setiap keputusan memiliki dasar pertimbangan yang jelas dan dapat diprediksi secara rasional sesuai sistem hukum yang hierarkis (Aulia et al., 2024). Teknologi dalam hal ini dimanfaatkan sebagai instrumen penguat nilai hukum, bukan pengganti prinsip-prinsip dasar keadilan. Model ODR yang ideal akhirnya menegaskan posisinya sebagai manifestasi tata kelola pemerintahan yang sehat dan sistem hukum modern yang adaptif serta manusiawi dalam pelayanan kesehatan (Berutu et al., 2023).

## CONCLUSION

The arrangement for online medical dispute resolution is currently still based on the general legal framework through Law Number 17 of 2023 concerning Health and Law Number 11 of 2008 concerning Information and Electronic Transactions. Implementation in the field is still highly dependent on the hospital's internal policies and the use of telemedicine platforms that do not yet have special standards regarding the Online Dispute Resolution (ODR) mechanism outside the court. The absence of technical regulations governing mediator

standards, data security protocols, and the execution of binding agreements has resulted in legal certainty for patients and medical personnel not being optimally achieved. Variations in procedures between health institutions often trigger delays in handling due to the lack of standard operational standards that are integrated with the Hospital Management Information System.

The ideal model of future medical dispute resolution requires an integrated ODR platform equipped with video mediation features, medical record encryption, and the involvement of certified mediators with a deep understanding of the legal aspects of health law and medical ethics. This system needs to be supported by standard operating procedures that ensure procedural fairness and accessibility for the wider community, including the use of artificial intelligence technology for transparent verification of evidence. Harmonization between health regulations and information technology is an absolute requirement to ensure legal protection that is balanced between patients' rights to proportionate compensation and the protection of medical personnel from the risk of criminalization. The application of the model is expected to be able to realize legal certainty through strong decision execution as well as a means of internal evaluation to prevent the occurrence of recurring medical disputes.

## REFERENCES

- Agustine, A., & Septiani, N. (2025). Pengaruh Teknologi Terhadap Hukum Dagang di Indonesia. *Konsensus: Jurnal Ilmu Pertahanan, Hukum dan Ilmu Komunikasi*, 2(1).
- Anggraeni, H. Y., Sagita, P. I., Yusmana, F. V., Reza, M., Sehafudin, S., & Johan, W. (2025). Penerapan ADR dan Potensi Arbitrase dalam Penyelesaian Sengketa Medis di Indonesia. *AKADEMIK: Jurnal Mahasiswa Humanis*, 5(1).
- Anindito, T. (2020). Penyelesaian Perselisihan Pelayanan Kesehatan Bagi Pasien Rumah Sakit Yang Berkeadilan. *Cakrawala Hukum: Majalah Ilmiah Fakultas Hukum Universitas Wijayakusuma*, 22(1).
- Aulia, K. N., Lestari, A., Latief, L. M., & Fajarwati, N. K. (2024). Kepastian Hukum Dan Keadilan Hukum Dalam Pandangan Ilmu Komunikasi. *Jurnal Sains Student Research*, 2(1).
- Berutu, R. P., Iskandar, H., & Syahputra, D. (2023). Analisis Kepastian Hukum Putusan Mahkamah Konstitusi Nomor: 91/PUU-XVIII/2020 tentang Uji Formil Undang-Undang Nomor 11 Tahun 2020 tentang Cipta Kerja. *Jurnal Ilmiah Mahasiswa (JIM FH)*, 6(2).
- Busroh, F. F., & Khairo, F. (2024). *Varia Teori Hukum Kontemporer*. CV. Intelektual Manifes Media.
- Daud, K. R., Sagala, P., Sutarno, S., & Sutrisno, S. (2024). Analisis Yuridis Kekuatan Hukum Rekam Medis Elektronik Sebagai Alat Bukti Dalam Suatu Sengketa Medis. *Jurnal Cahaya Mandalika ISSN 2721-4796 (Online)*, 3(3). <https://doi.org/10.36312/jcm.v3i3.3660>
- Iswara, V. D. (2021). Analisis Pentingnya Implementasi Penyelesaian Sengketa Online di Indonesia. *Legalitas: Jurnal Hukum*, 13(1).
- Juliandri, R., Sidi, R., Satria, B., & Sumarno, S. (2023). Peran Manajemen Rumah Sakit dalam Penyelesaian Sengketa Medis Melalui Jalur Mediasi di Rumah Sakit. *JlIP - Jurnal Ilmiah Ilmu Pendidikan*, 6(7).
- Mardani. (2024). *Teori Hukum*. Prenada Media.
- Marzuki, P. M. (2019). *Penelitian Hukum*. Prenadamedia Group.
- Melyanti, R., Irfan, D., Ambiyar, A., Febriani, A., & Khairana, R. (2020). Rancang Bangun Sistem Antrian Online Kunjungan Pasien Rawat Jalan Pada Rumah Sakit Syafira Berbasis Web. *INTECOMS: Journal of Information Technology and Computer Science*, 3(2).

- Muhlis, S. R., Nambung, I., & Alwy, S. (2020). *Kekuatan Hukum Penyelesaian Sengketa Medik Pasien dengan Rumah Sakit Melalui Jalur Mediasi*. 5(1).
- Muhtar et al., M. H. (2024). *Dasar-Dasar Teori Hukum Tata Negara*. Sada Kurnia Pustaka.
- Musataklima, Noer Yasin, Khairul Umam, Rizky Ramadhani, & Ahmad Wahidi. (2025). Legitimasi Etis Maqashid Syariah atas Penggunaan Artificial Intellegencia Sebagai Algoritma Penyelesaian Sengketa Konsumen Berbasis Hybrid Online Dispute Resolution. *Al-Huquq: Journal of Indonesian Islamic Economic Law*, 7(1).
- Partama, T. A., Witri, R., Yatindra, I. B. T., & Putra, M. D. (2025). Tanggung Jawab Hukum Pelaku Usaha Pelayanan Kesehatan Tradisional: Studi Systematic Literature Review dalam Perspektif UU No. 17 Tahun 2023. *SEHATMAS: Jurnal Ilmiah Kesehatan Masyarakat*, 4(3).
- Sary, J. S., Sukmariningsih, R. M., & Mulyani, S. (2025). *Penataan Jabatan Aparatur Sipil Negara Berbasis Sistem Merit untuk Mewujudkan Good Governance*. Penerbit Lawwana.
- Setiawati, D., Sholahudin, I., Isa Herda A, N., Nurfattah, H., Arum Sari, N., & Diyang A.P, S. (2023). Transformasi Teknologi dalam Hukum Dagang Internasional: Regulasi dan Penyelesaian Sengketa di Era Digital. *Borobudur Law and Society Journal*, 2(5).
- Solikhin, R. (2023). Perkembangan dan Urgensi Penerapan Online Dispute Resolution (ODR) dalam Penyelesaian Sengketa Perdagangan Elektronik di Indonesia. *Padjadjaran Law Review*, 11(1).
- Sugiyono. (2019). *Metode Penelitian Kualitatif, Kuantitatif, dan R&D*. Alfabeta.
- Suratman, S. (2025). Keadilan Restoratif (Restorative Justice) Sebagai Upaya Penyelesaian Sengketa Medis Berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Jurnal Ilmu Hukum, Humaniora dan Politik*, 5(3).
- tempo.co. (2025). *Majelis Disiplin Profesi KKI Terima 57 Aduan Dugaan Malpraktik Sepanjang 2025*. <https://www.tempo.co/politik/majelis-disiplin-profesi-kki-terima-57-aduan-dugaan-malpraktik-sepanjang-2025-1875265>
- Wijaya, H., Pardede, C. D. L., & Sinambela, H. (2025). Rekonstruksi Perlindungan Hukum bagi Dokter dalam Praktik Telemedicine: Perspektif Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Rewang Rencang : Jurnal Hukum Lex Generalis*, 6(12).
- Zaluchu, T., & Syaharudin, D. Y. (2022). Penyelesaian Sengketa Medis Antara Pasien Atau Keluarga Pasien Dengan Dokter Berdasarkan Ketentuan Hukum di Indonesia. *KRTHA BHAYANGKARA*, 16(2).