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Medical Legal and Ethical Responsibility in Alleged Doctor-Patient Sexual Harassment: Decision No. 114/Pid.Sus/2021/PN Idi

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Abstract. Allegations of sexual harassment arising during medical examinations create a difficult boundary between patient protection, criminal law, professional ethics, and the legal protection of doctors. This study examines medical legal and ethical responsibility in Decision No. 114/Pid.Sus/2021/PN Idi and evaluates the roles of the Indonesian Doctors Association (IDI), the Medical Ethics Honorary Council (MKEK), the Indonesian Medical Disciplinary Honorary Council (MKDKI), and the Professional Disciplinary Council (MDP). The study uses a qualitative juridical approach centered on the court decision and relevant health-law and professional-regulation materials. The analysis shows that the court protected professional medical discretion because the disputed examination was conducted for diagnostic purposes within professional authority, standard operating procedures, and the therapeutic relationship, so material unlawfulness and malicious intent were not established. At the same time, the absence of professional ethical or disciplinary assessment before criminal proceedings exposed a procedural weakness and a risk of premature criminalization. Law No. 17 of 2023 strengthens protection by requiring an MDP recommendation before criminal investigation. Effective coordination between professional institutions and law enforcement is therefore essential to balance patient rights, accountability, and legal certainty for doctors.

Keywords: *Health Law, Medical Ethics, Medical Professional Protection, Professional Discipline, Sexual Harassment.*

INTRODUCTION

Indonesia's principle of equality before the law means that medical professionals remain accountable under general law. Nevertheless, medical practice is a technical and high-risk profession in which physical interventions may be necessary for diagnosis and treatment. This creates a recurring legal difficulty: an act that is legitimate when viewed through professional standards, informed consent, and therapeutic purpose can appear unlawful when assessed without sufficient medical context. The difficulty becomes more sensitive when the examination involves intimate parts of a patient's body, because the patient's vulnerability, dignity, and right to protection must be weighed against the physician's authority to conduct clinically indicated procedures (Aspan et al., 2024; Risdawati, 2021a).

The doctor-patient relationship is inherently asymmetrical. Doctors possess scientific authority, while patients may be physically and psychologically vulnerable. For that reason, medical actions require professional competence, ethical restraint, appropriate communication, and procedural safeguards. Allegations of sexual harassment therefore cannot be reduced either to a purely criminal issue or to a purely professional issue. They lie at the intersection of criminal law, health law, professional ethics, discipline, patient autonomy, and human rights, making proportional assessment indispensable (Ariadi, 2023).

Decision No. 114/Pid.Sus/2021/PN Idi illustrates this tension. The accused physician was prosecuted after examinations involving sensitive body areas were interpreted as indecent conduct. The court ultimately released the doctor from criminal liability after finding that the actions were undertaken as part of a medical examination for diagnostic purposes and within professional authority. The decision is significant because it distinguishes an act that physically resembles prohibited conduct from an act whose medical indication, professional purpose, and context remove material unlawfulness. It also demonstrates why mens rea, medical indication, standard operating procedures, and the therapeutic relationship must be considered together rather than in isolation (Yuliani, 2024).

The case also reveals a procedural concern. Before Law No. 17 of 2023, medical disputes could move directly into criminal proceedings without a mandatory preliminary assessment by professional ethics or disciplinary institutions. In such circumstances, investigators and prosecutors could be required to judge technical medical conduct without first receiving a competent professional determination. The resulting process may damage a doctor's reputation long before the court reaches a final decision and may transform criminal law from an ultimum remedium into the first instrument used in a professional dispute (Sinaga, 2024; Siregar et al., 2024).

Against this background, the study focuses on three connected questions: the role of IDI in protecting and guiding doctors facing allegations arising from professional practice; the function of MKEK, MKDKI, and the newer MDP in distinguishing ethical, disciplinary, and criminal responsibility; and the legal considerations used by the Idi District Court to determine whether the disputed conduct was criminally unlawful. The study therefore places the court decision within a health-law framework rather than treating it only as an ordinary criminal case.

LITERATURE REVIEW

Professional Responsibility and Protection in Medical Practice

Medical responsibility has legal, ethical, and disciplinary dimensions. A physician is required to perform services according to professional standards, service standards, standard operating procedures, professional ethics, and patient health needs. Compliance with these standards does not make doctors immune from liability; rather, it provides the objective basis for determining whether a disputed action was a proper professional act or a deviation that warrants ethical, disciplinary, civil, or criminal consequences. Health-law protection must therefore be balanced: patients require safeguards against abuse, while medical personnel require protection against criminalization of actions performed in good faith and within professional competence (Fibrini, 2024; Lira, 2023).

Informed consent is central to this balance. It is not merely a signed form but a communication process through which patients receive information about diagnosis, purpose, risks, benefits, and alternatives and then decide whether to accept the proposed intervention. From the patient's perspective, informed consent protects autonomy and bodily integrity. From the physician's perspective, properly conducted and documented consent provides evidence that an indicated medical intervention was explained and accepted. The existence of consent does not excuse misconduct, but it helps place a disputed procedure within its therapeutic and professional context (Risdawati, 2021a; Yatini, 2025).

Professional Organizations, Ethics, and Discipline

IDI has a broader function than issuing ethical rules. As the professional organization for physicians, it contributes to maintaining competence, service quality, and professional ethics and can provide institutional protection when members face allegations connected with

professional conduct. MKEK evaluates ethical conduct, while MKDKI historically addressed medical professional discipline. The distinction matters because an ethical breach, a disciplinary breach, and a criminal offense are not interchangeable categories. A preliminary professional assessment can identify whether the disputed conduct remained within accepted medical standards before the coercive mechanisms of criminal justice are employed (Prawiroharjo, 2021).

Law No. 17 of 2023 strengthened this screening function through the Professional Disciplinary Council. Article 308 paragraph (3) requires a recommendation from the MDP before law enforcement officers conduct a criminal investigation concerning alleged violations in professional health services. The provision recognizes professional competence as an initial filter and attempts to integrate the health-law regime with criminal law. The mechanism does not eliminate criminal accountability; instead, it is intended to ensure that conduct is first classified accurately as professional discipline, ethics, or a genuine criminal offense (Fitira et al., 2025; Widjaja, 2025).

Criminal Law, Medical Context, and Material Unlawfulness

In cases involving sensitive examinations, criminal-law analysis must consider the medical context. The source article identifies three principal safeguards for the legality of physical intervention: objective medical indication, compliance with standard operating procedures, and informed consent. Where these safeguards are present and the action is undertaken for diagnosis or treatment, the medical purpose becomes essential to assessing unlawfulness and intent. A purely physical description of the act may be insufficient because legitimate medical practice necessarily permits certain forms of bodily contact that would be impermissible outside a therapeutic relationship.

This approach is consistent with the use of criminal law as an ultimum remedium in professional medical disputes. The professional assessment does not replace the court, but it supplies technical and ethical expertise necessary to determine whether the conduct reflects malpractice, disciplinary noncompliance, an ethical breach, or intentional abuse of professional authority. The court's evaluation in Decision No. 114/Pid.Sus/2021/PN Idi is therefore important for understanding how professional standards and criminal-law elements interact.

METHODS

This study uses a qualitative juridical approach focused on the application of law to a concrete medical dispute. The principal object of analysis is Idi District Court Decision No. 114/Pid.Sus/2021/PN Idi. The decision is examined together with the regulatory framework governing medical practice, professional ethics and discipline, informed consent, legal protection for medical personnel, and criminal accountability.

The analysis compares the institutional position before and after Law No. 17 of 2023 concerning Health, particularly the transition from a system in which professional recommendations were not an explicit prerequisite for criminal investigation to the current MDP screening mechanism. Statutory materials, the court decision, professional-law literature, and relevant scholarly publications are interpreted qualitatively to identify the roles of IDI, MKEK/MKDKI/MDP, the procedural weaknesses in the case, and the legal reasoning used by the court. The study does not attempt to re-try the facts; it evaluates how the available legal and professional frameworks classify and protect conduct performed in medical practice.

RESULTS

Institutional Protection and the Post-2023 Disciplinary Framework

The analysis indicates that the Idi District Court case exposed a coordination gap between criminal-law institutions and medical professional oversight. Investigators processed the allegation as a criminal matter without a prior determination from an ethics or disciplinary body on whether the examination departed from professional standards. This meant that the technical distinction between legitimate medical examination, professional misconduct, and criminal indecency had to be assessed within the criminal process itself.

The source material also shows that Law No. 17 of 2023 substantially changes this position. The MDP recommendation is now required before a criminal investigation concerning professional health services proceeds. The recommendation functions as an initial professional screening mechanism: if the conduct is classified as an ethical or disciplinary violation, professional procedures and sanctions are available; if indications of deliberate abuse or criminal conduct are identified, the recommendation can support continued investigation. This arrangement aims to protect both patient access to justice and medical personnel from premature criminalization.

Table 1. Comparison of Professional-Disciplinary Protection Before and After Law No. 17 of 2023

Aspect	Prior to Law No. 17/2023	After Law No. 17/2023
Disciplinary institution	MKDKI (Indonesian Medical Disciplinary Honorary Council)	MDP (Professional Disciplinary Council)
Recommendation before criminal investigation	Not expressly required as a mandatory prerequisite and could be bypassed	Mandatory under Article 308(3) before criminal investigation of professional health-service conduct
Primary route for professional disputes	Cases could move directly into criminal proceedings without complete ethical/disciplinary screening	Ethical and disciplinary assessment is positioned as an initial filter
Procedural protection for doctors	Relatively weak and vulnerable to premature criminalization	Stronger procedural safeguard before coercive criminal process

Court Assessment of Decision No. 114/Pid.Sus/2021/PN Idi

The case arose from allegations against a surgical specialist who examined two patients complaining of abdominal and waist pain. The examinations included contact with sensitive body areas. The prosecutor relied on Article 294 paragraph (2) point 2 of the Criminal Code and argued that the conduct exceeded medical necessity and reflected sexual motivation. The court, however, evaluated not only the physical form of the conduct but also the clinical purpose and professional context.

The panel accepted that the defendant was a competent legal subject acting in a medical institution and that physical contact with private body areas had occurred. The decisive issue was whether the conduct was materially unlawful and accompanied by malicious or sexual intent. Based on the trial facts, the court concluded that the examinations formed part of a diagnostic process performed within professional authority, standard operating procedures, and the doctor-patient therapeutic relationship. The absence of malicious intent and the existence of a legitimate medical purpose meant that criminal liability was not justified.

The decision consequently provides legal protection for professional discretion when a doctor performs an indicated procedure in good faith and according to recognized medical standards. At the same time, it does not create blanket immunity. The protection is conditional on the professional character of the conduct: where an action departs from medical indication,

professional authority, ethical requirements, or contains deliberate abuse, criminal accountability remains possible.

A further result concerns reputational harm. The source article emphasizes that allegations of sexual harassment may create enduring public stigma before the case is finally resolved. For a physician, loss of reputation can affect patient trust, professional standing, and economic activity. The absence of early professional screening therefore produces consequences even when the final judicial outcome is favorable.

DISCUSSION

The findings demonstrate that medical legal responsibility in alleged sexual harassment cases cannot be determined from the physical act alone. The same bodily contact can have fundamentally different legal meanings depending on medical indication, professional purpose, informed consent, procedure, and intent. This is the central reason professional expertise is necessary before criminal-law conclusions are drawn. The Idi District Court's reasoning reflects this contextual approach by separating the existence of physical contact from the question of material unlawfulness and criminal guilt.

From an ethical perspective, patient vulnerability requires strong safeguards. Sensitive examinations should be accompanied by adequate explanation, meaningful informed consent, professional communication, and, where appropriate, a chaperone or medical assistant. These safeguards protect patient dignity while also providing objective evidence of the professional purpose of the examination. The source article therefore treats patient protection and doctor protection as mutually reinforcing rather than competing objectives.

The role of IDI and the professional councils is particularly important because law enforcement officers may not possess specialized medical competence. An ethics or disciplinary institution can assess medical indications, SOP compliance, examination techniques, and professional communication before the dispute is classified as criminal. This reduces the risk that professional misconduct and intentional crime are treated as the same category. It also supports the principle that criminal law should intervene after professional classification, not before it, when the allegation arises directly from medical practice.

The 2023 Health Law addresses the principal procedural weakness identified in the case by requiring an MDP recommendation before criminal investigation. The change is significant because professional screening becomes integrated into the legal process rather than remaining an optional internal mechanism. The MDP does not shield doctors from criminal liability; its function is to provide an expert determination that helps law enforcement distinguish disciplinary matters from conduct that genuinely warrants criminal investigation.

For professional organizations, the implication is that ethical guidance alone is insufficient. Institutional legal assistance, responsive ethics and disciplinary procedures, coordination with investigators, and education about informed consent and sensitive examinations are required. For healthcare institutions, the decision supports the use of clear SOPs, careful documentation, and chaperones during intimate examinations. Together, these measures can reduce misunderstanding, prevent defensive medicine, preserve patient safety, and provide legal certainty for medical personnel.

Patient Autonomy and Professional Safeguards in Sensitive Examinations

The case also demonstrates why informed consent must be treated as an active safeguard rather than an administrative formality. A patient's consent is meaningful only when the physician provides understandable information about the purpose of the examination, the

body area that must be examined, the expected benefit, possible discomfort, and available alternatives. This is particularly important for examinations involving intimate areas because the same procedure may be clinically necessary yet emotionally sensitive. The source article links this requirement to patient autonomy and to the physician's duty to communicate professionally. Informed consent therefore protects both parties: it preserves the patient's right to decide what happens to the body and provides contextual evidence that the physician explained the medical purpose of the procedure (Risdawati, 2021a).

Professional standards and standard operating procedures serve a similar dual function. For patients, they create a benchmark for safe and competent care. For doctors, they provide an objective reference for demonstrating that an intervention was not arbitrary. When a disputed examination follows recognized clinical indications and SOPs, legal analysis should begin by asking whether the procedure was medically justified and properly performed. Only after that professional assessment can the law fairly determine whether there was a disciplinary deviation, negligence, or intentional abuse. This sequence is important because criminal law evaluates blameworthiness, while professional discipline evaluates conformity with the scientific and ethical standards of medical practice.

The source article further identifies the presence of a chaperone or medical assistant as a practical safeguard during sensitive examinations. A chaperone can help explain procedures, support the patient's comfort, reduce misunderstanding, and provide an objective witness if a later dispute arises. This recommendation is consistent with the wider logic of the court decision: legal protection is strongest when professional conduct is transparent, documented, and supported by procedures that make the therapeutic purpose visible to the patient and to any later reviewer.

Procedural Consequences of Premature Criminalization

A central concern in Decision No. 114/Pid.Sus/2021/PN Idi is that criminal proceedings began before an authoritative professional classification had been completed. The source article describes this as a coordination gap between the criminal justice system and professional oversight. Medical questions concerning examination technique, clinical indication, professional authority, and ethical communication are highly specialized. When investigators must determine these matters without a prior professional assessment, the risk of misclassification increases. Conduct that may be an ethical or disciplinary issue can be interpreted immediately as a crime, while the physician enters a coercive legal process before the technical nature of the act has been established.

The reputational consequences of that sequence are particularly serious in allegations of sexual harassment. Public opinion may form as soon as a report becomes known, while the legal determination may take much longer. Even an eventual acquittal may not restore the professional trust that has already been lost. For physicians, reputation is directly related to the therapeutic relationship and patients' willingness to seek care. The source article therefore treats procedural protection not as a privilege for doctors but as a component of fair process: professional assessment should occur early enough to prevent unnecessary stigma while still preserving the complainant's access to legal remedies.

Premature criminalization may also encourage defensive medicine. If doctors believe that clinically necessary examinations of sensitive areas can lead directly to criminal allegations without prior professional review, they may avoid or delay procedures that are medically indicated. Such behavior can reduce diagnostic accuracy and ultimately endanger patient safety. The court decision therefore has significance beyond the individual defendant. It signals that medical procedures performed in good faith within professional standards require contextual legal evaluation so that fear of prosecution does not displace clinical judgment.

Law No. 17 of 2023 and the Professional Screening Model

Article 308 paragraph (3) of Law No. 17 of 2023 responds directly to the procedural weakness identified in the case by requiring a recommendation from the Professional Disciplinary Council before criminal investigation. The change places a competent professional institution at the beginning of the classification process. Its purpose is not to determine guilt in place of a court, but to answer the preliminary professional question: does the conduct remain within accepted standards, constitute an ethical or disciplinary deviation, or show indications that justify criminal investigation? By answering that question first, the legal system gains an expert foundation for subsequent action (Siregar et al., 2024; Widjaja, 2025).

If the MDP concludes that the problem concerns procedure, communication, or another disciplinary matter without evidence of intentional criminal abuse, the dispute can be addressed through professional mechanisms such as hearings, guidance, administrative measures, or other disciplinary sanctions. Conversely, if the professional assessment identifies conduct outside medical authority and indications of deliberate abuse, the recommendation can support criminal investigators. The model therefore preserves accountability while reducing the risk that criminal law is used automatically for every allegation arising from clinical practice.

This integrated approach also clarifies the continuing role of IDI and MKEK. Professional organizations remain responsible for ethical guidance, member education, and professional standards, while disciplinary institutions provide the technical assessment required by the legal framework. Effective protection depends on coordination rather than institutional isolation. IDI, hospitals, professional councils, and law enforcement bodies must share procedures for early referral, expert assessment, documentation, and communication. Such coordination can protect patients from genuine misconduct while ensuring that legitimate clinical practice is not mischaracterized as criminal behavior merely because it involves sensitive examination techniques.

CONCLUSION

Decision No. 114/Pid.Sus/2021/PN Idi shows that a physician's legal and ethical responsibility must be assessed within the medical context in which the disputed act occurred. The court protected the accused doctor's professional discretion because the examination was connected to diagnosis, professional authority, SOPs, and the therapeutic relationship, and malicious intent and material unlawfulness were not established. The case nevertheless exposed a procedural weakness because professional ethics and disciplinary institutions were not used as an initial screening mechanism before criminal proceedings. IDI, MKEK, MKDKI, and especially the MDP therefore have an important role in distinguishing ethical or disciplinary violations from genuine criminal conduct. Law No. 17 of 2023 strengthens this protection by requiring an MDP recommendation before criminal investigation, creating a more proportionate balance between patient rights, professional accountability, and legal certainty for doctors.

LIMITATION

The analysis is limited to one court decision and the statutory and professional framework directly related to that case. Its conclusions therefore explain the legal and institutional issues demonstrated by Decision No. 114/Pid.Sus/2021/PN Idi and should not be treated as a factual determination for other medical disputes with different clinical circumstances, evidence, consent processes, or professional conduct. Further studies may compare multiple decisions and examine how the MDP recommendation mechanism is implemented in practice after Law No. 17 of 2023.

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