



The Urgency of the Indonesian Doctors Association in Providing Recommendations for Doctors' Practice Licenses (Law No. 29 of 2004 and Law No. 17 of 2023)

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Abstract: Medical practice is a series of activities carried out by doctors and dentists on patients as part of their medical practice. When practicing medicine, a doctor who practices medicine or provides medical services must meet the requirements set by the government. All doctors and dentists who practice medicine must have a Practice License. New doctors can practice if they already have STR and SIP. This research aims to analyze the urgency of IDI's role in providing recommendations for registration of medical practice permits and its legal aspects. This research uses normative research. The results of this research explain that there are differences in SIP registration for doctors, namely: In Law no. 29 of 2004 IDI has a role and authority in providing recommendations. Meanwhile, Law No. 17 of 2023 states that registration of a doctor's SIP no longer requires a doctor's recommendation but only an STR and place of practice. The elimination of IDI's authority as a professional organization for doctors means that IDI loses its role in supervising the development and improvement of the quality of doctors to ensure that doctors who have SIP are doctors who are competent in their field.

Key words: Legal Liability, Health Personnel, Medical Procedures

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1. Introduction

Doctors and dentists as one of the main components providing health services to the community have a very important role because they are directly related to the provision of health services and the quality of the services provided. The legal relationship between a doctor and a patient begins with a pattern of vertical, paternalistic relationships, a legal relationship arises when a patient contacts a doctor because he feels that there is something that he feels is endangering his health. And in this case, it is the doctor who is considered capable of helping him and providing assistance (Mustajab, 2013).

In a health service relationship, doctors as service providers provide health care services to patients which aim to create or improve the patient's health. This kind of relationship is also known as a service relationship in the health sector. Furthermore, the relationship between a doctor and a patient comes from trust, this relationship is known as

a therapeutic agreement. Juridically, a therapeutic agreement is defined as a legal relationship between a doctor and a patient in professional medical services based on competence by certain expertise and skills in the health sector (Komalawati, 2009).

Law of the Republic of Indonesia Number 36 of 2009 concerning Health, states that health development is aimed at increasing awareness, willingness, and ability to live healthily for every person to realize optimal levels of health (UU No. 36 Tahun 2009), as one an element of general welfare as intended in the Preamble to the Constitution of the Republic of Indonesia. The quality of expertise must continuously be improved through continuous education and training, certification, registration, licensing, as well as coaching, supervision, and monitoring so that the implementation of medical practice is in line with developments in science and technology. To provide legal protection and certainty to recipients of health services, doctors, and dentists, regulations regarding the implementation of medical practice are needed (Aribawa, 2014).

The application of the concept of "Quality of Service" (quality of health services) in health services is very important to ensure that patients receive optimal and quality services. Health laws, such as Law Number 36 of 2009 concerning Health in Indonesia, provide the legal basis and guidelines for implementing this concept. In this discussion, we will explain at length and in full the application of the Quality of Care concept in health services based on this law. Quality of Care (health service quality) refers to the extent to which the health services provided meet standards and pay attention to aspects such as patient safety, effectiveness of treatment, accessibility, completeness of information, service coordination, and patient satisfaction (Nugraha et al., 2023).

The main challenge in implementing Law Number 29 of 2004 concerning Medical Practice in terms of decentralized medical practice permits is the implementation of the process of making a Doctor's SIP which must pass recommendations by the Indonesian Doctors Association as a professional organization that oversees doctors whose function is to develop and improve doctors' abilities. IDI plays a full role in preparing quality doctors so that the authority to provide SIP Doctor recommendations still needs to be carried out by IDI.

The regulations for granting permits for practicing doctors and dentists are contained in Law Number 29 of 2004 concerning medical practices, which provides a mandate to create a body which will be called KKI (Indonesian Medical Council). The service for obtaining permits to operate medical practices based on the concept of service and implementing the principle of decentralization, namely that the authority to issue SIPs is given to the Regency/City region, has given rise to very serious legal issues. The procedure for obtaining a doctor's practice permit is the main component and has a very important role in providing health services directly to the community. In carrying out their duties/work, doctors are allowed to carry out actions in the form of medical interventions on the human body. For this reason, before carrying out medical work, a doctor must have a "Registration Certificate (STR) and Practice Permit (SIP). STR and SIP can be given to a doctor after fulfilling the requirements determined based on applicable laws and regulations (Syahputra et al., 2018).

In medical law, the relationship between a doctor and a patient is a form of effort agreement (*Inspanningverbintennis*) where the patient expects the doctor to take certain

actions with the aim of curing his illness (Hartiningsih, 2020). Trust in patients can be defined as the reliability, openness, competence and care of health services through long-term meetings between patients and doctors, nurses, midwives and other health workers, in health service units, in this case hospitals. This trust can be measured by indicators including 1) medical personnel will honestly inform patients about the results of the diagnosis, 2) Medical personnel will honor promises made with patients, 3) The patient's health problems can be handled through the help of public service personnel, 4) Patients trust medical staff's assessment of the disease, 5) Medical care staff can be relied on to solve the patient's medical problems (Sediawan, 2022).

Application and Extension of SIP Medical workers and health workers who apply for the issuance of a SIP or extension of a SIP that has expired can submit a request for the issuance of a SIP to the head of the district/city health service or the head of the one-stop investment and integrated services service in the district/city where the worker is located. medical and health workers carry out their practices (Rokom, 2024). The obstacles experienced in the SIP and STR application process were the length of the manufacturing process which reached 6 months. This causes doctors who should be able to practice, to experience a setback in their practice time because the SIP and STR have not been issued.

2. Materials and Methods

This research uses descriptive research. Descriptive research is research that attempts to describe phenomena that occur realistically, real, and contemporary because this research consists of making descriptions, pictures, or paintings systematically, factually, and precisely regarding the facts, characteristics, and relationships between the phenomena being studied (Ajat, 2018). This research uses normative legal research methods. Normative research is legal research that aims to obtain normative knowledge about the relationship between one regulation and another (Rondonuwu et al., 2018). This normative legal research is based on secondary legal materials, namely research that refers to the norms contained in statutory regulations. both related to the issues discussed, namely Indonesian positive law (Zainal Askin Amirudin, 2012). Secondary data was obtained from the literature. This secondary data was obtained from a review of the regulations of Law No. 29 of 2009 and Law No. 17 of 2023. Data collection is carried out by collecting data on the data that has been obtained, then analyzing the data obtained with comparative data through applicable regulations and reviewing journals and books. After analysis, the resulting hypothesis will be studied using policy theory to validate policy changes in the authority to grant recommendations for medical practice permits. Aspects of literature, regulations and other sources are carried out by reviewing all data that has data suitability by testing based on the authenticity of the data and its application.

3. Results and Discussion

3.1. *The Urgency of the Indonesian Doctors Association in Providing Recommendations for Registration of Doctor's Practice Licenses According to Law no. 29 of 2004 and Law no. 17 of 2023*

a. Legal Aspects of Medical Practice in Indonesia

Law of the Republic of Indonesia Number 36 of 2009 concerning Health clearly states that, "Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as intended in Pancasila and the Constitution of the Republic of Indonesia in 1945". Talking about health, of course it

cannot be separated from how humans strive for their health. Basically, humans are social creatures who certainly need other people to carry out their lives. It is no exception that when people are sick, they need the help of other people to heal and fulfill their needs. Like when we are sick, we need a doctor to examine and diagnose and need other needs such as medicines to cure our illness (Setyowati & Harjadi, 2023).

Medical practice is carried out based on an agreement between the doctor or dentist and the patient to maintain health, prevent disease, improve health, treat disease, and restore health. Leaders of health service facilities are prohibited from allowing doctors or dentists who do not have a practice license to practice medicine at the health service facility (UU NO. 29 Tahun 2004.).

Patient safety is the main thing for doctors in carrying out their duties (*solus aegroti salus suprema lex*) because this is a doctor's obligation to treat sick people, according to the Hippocratic Oath, which is used as a basic guideline for doctors to this day. Medical services are a complex system and are prone to accidents, so they must be carried out with great care by people who are competent and have special authority to do so. Efforts to minimize lawsuits against hospitals and their staff are an effort to prevent preventable adverse events caused by medical errors or means all efforts to manage risk by orienting toward patient safety (Fitriono et al., 2016).

A doctor has the responsibility to provide medical care which is a right that should be given to every individual, and a doctor must not violate that right. The relationship between doctors and patients is based on interrelated rights and obligations, resulting in responsibilities for the doctor as well as for the patient. This creates a dynamic where rights and obligations are mutually bound between both parties, namely doctors and patients (Beritno & Kurniasi, 2023).

Good medical services have important elements which include competence, good relationships between doctors and patients, and between colleagues, as well as adherence to professional ethics. Competency is the minimum ability in the fields of knowledge, skills, as well as professional attitudes and behavior to be able to carry out activities in society independently. In carrying out their profession, doctors must always maintain and improve their competence. In connection with the authority to carry out this practice, a doctor is obliged to do the following things (Indonesia, 2006): (a) prioritize the interests of patients; (b) treat patients politely and attentively; (c) respect the patient's dignity and privacy; (d) listen to patients and respect their views and opinions; (f) provide information to patients clearly; (g) provide education to improve health; (h) respect the patient's rights in making decisions about the services to be provided; (i) maintain and update professional knowledge and skills;

Regulations for the implementation of medical practice are based on the principles of statehood, science, expediency, humanity, and justice. The existence of the UUPK is intended to (Sidi, 2022): (a) Protect patients; (b) Maintaining and improving the quality of medical services provided by doctors and dentists, and (c) Provide legal certainty to the public, doctors and dentists.

To achieve this goal, it was regulated to establish two independent institutions, namely the Indonesian Medical Council (KKI) and the Indonesian Medical Discipline Honorary Council (MKDKI), each with different functions, duties, and authorities.

Minister of Health Regulation number 2052/Menkes/Per/X/2011 article 24 paragraph 1 concerning Practice Permits and Implementation of Medical Practice explains that doctors and dentists who work in teaching hospitals and network health service facilities, in carrying out their educational duties can provide guidance / implementation/supervision of medical/dental education participants to provide medical services to patients. This can give rise to legal consequences from the implementation of dental professional education administratively, criminally or civilly (Badius Sani, 2022). Medical practice, in this case, has legal aspects, namely aspects of administrative law, civil law, and criminal law relating to the implementation of medical practice, among others (Heriani & Munajah, 2019):

a) Aspects of Administrative Law in the Implementation of Medical Practice

Every doctor/dentist who has completed education and wants to practice medicine is required to have a license. Permission to practice has two meanings, namely: (1) permission in the sense of formal granting of authority (formerly *bevoegdheid*), and (2) permission in the sense of materially granting authority (*materiel bevoegdheid*).

Theoretically, permission is a (special) permission to do something that is generally prohibited. For example: doctors may carry out examinations (of body parts that must be seen), as well as do things (on body parts that require action with approval) that such permission is not given to other professions.

b) Civil Law Aspects in the Implementation of Medical Practice

Once a doctor has a license to practice, a legal relationship arises. In the context of implementing medical practice, each party (patient and doctor) has autonomy (freedom, rights, and obligations) in establishing two-way communication and interaction. The law protects both parties through a legal device called informed consent. The object of this legal relationship is health services to patients. A legal relationship is considered valid if it meets subjective and objective requirements, namely an agreement to bind oneself to each other (*van degeenen die zich verbinden*), and the ability to provide mutual achievements (by doing or not doing) regarding a thing or a cause that is permitted (*bekwaamheid om eene verbintenis aan te gaan*). From the perspective of skills (*be warm*), an imbalance of knowledge and abilities (different of knowledge and abilities) may put the patient in a weak position. Therefore, what must be prioritized in this relationship is the formation of mutual trust to build equality between both parties.

c) Aspects of Criminal Law in the Implementation of Medical Practice

Structuring criminal law is needed to protect society. The essence of criminal provisions is to demand accountability through criminal prosecution for matters that have been determined in advance. In the Criminal Code (KUHP) it is stated that: the basis for adding criminal provisions must be by law. Based on the above definition, several criminal provisions relating to the conduct of medical practice have been regulated in the Criminal Code, however, several additions are still needed in line with advances in science and technology in the medical field. Therefore, several acts that can be criminally charged are included in the UUPK.

b. The Urgency of IDI in Recommendations for Doctor's Practice Licenses

Regulations for the implementation of medical practice are based on the principles of statehood, science, expediency, humanity, and justice. The existence of Law Number 29 of 2004 concerning medical practice is intended to (Supriyatin, 2018): **(a)** Protect patients; **(b)** Maintaining and improving the quality of medical services provided by doctors and dentists; **(c)** Provide legal certainty to the public, doctors and dentists.

Medical practice is at the core of various health service delivery activities. Doctors and dentists must practice medicine with ethics, morals, expertise, and authority which must be consistently improved through education and training, certification, registration, permits, guidance, supervision, and monitoring so that medical practice activities are in line with developments in science and technology. Important for health workers according to their expertise to ensure that they carry out health service practices by the standards and procedures regulated in applicable laws and regulations. To prevent health workers from committing disciplinary violations, administrative violations, or criminal acts, therefore, guidance and supervision must be carried out by entities permitted by law, such as the government, regional governments, health worker councils, and professional organizations. Increased commitment and coordination of all stakeholders in the development of health workers as well as legislation that includes certification through competency tests, registration, licensing, and the rights of health workers helps to develop and monitor the quality of health workers (Orceka et al., 2024).

According to its nature, there are two bases of authority for a doctor to practice medicine, namely that a doctor must first have authority regarding his expertise. Doctors and dentists who have a Certificate of Registration (STR) have the authority to practice medicine by their education and competence. However, it is not enough for a medical faculty graduate, even a specialist, to be a doctor who has the authority to practice medicine without having authority based on law or formal authority. Every health worker who practices in the field of health services is required to have a Practice License (SIP) (Hidayat et al., 2021).

In Minister of Health Regulation no. 512/MENKES/PER/IV/2007 concerning Practice Licenses and Implementation of Medical Practice (Permenkes No. 512/MENKES/PER/IV/2007) states that every doctor and dentist who will carry out medical practice is required to have a Practice License. Doctors and Dentists who practice medicine via Telemedicine must have STR and SIP at Health Facilities by statutory provisions (Perkonsel No. 74 Tahun 2020). This SIP can be obtained by following a procedure in the form of applying for the Head of the Health Service at the Regency/City level where medical practice will be carried out. This application is submitted by attaching a photocopy of the original doctor's or dentist's STR issued and legalized by the Indonesian Medical Council which is still active, then a statement letter of having a place of practice, a letter of recommendation from a professional organization according to the place of practice, and a 4 x 6 color photograph. three sheets and two sheets of 3 x 4 size. The application must expressly state the SIP request for the first, second, and/or maximum third practice location (Andrianto & Rizka Fajrina, 2022).

In this case, law number 29 of 2004 concerning Medical Practice has been updated to become new regulations in law number 17 of 2023 concerning Health. Doctors who practice medicine must have a Practice License (SIP) (UU No. 17 Tahun 2023)

Article 260 which reads: (1) Every medical and health worker who will carry out practice must have an STR. (2) The STR as intended in Paragraph (1) is issued by the council on behalf of the minister after fulfilling the requirements. (3) The requirements as intended in Paragraph (2) are at least: (a) have an educational diploma in the health sector and a professional certificate; (b) have a competency certificate. (4) STR as intended in Paragraph (1) is valid for life.

Article 263 which reads: (1) Certain medical personnel and health workers must have permits to carry out their professional practices. (2) The permit as intended in Paragraph (1) is given in the form of a SIP. (3) The SIP as referred to in Paragraph (21) is issued by the district/city Regional Government where medical personnel or health workers carry out their practice. (4) Under certain conditions, the minister can issue a SIP. (5) To issue the SIP as intended in Paragraph (3), the Central Government involves district/city Regional Governments in determining quotas for each type of medical personnel and health workers by paying attention to the following criteria: (a) Availability and distribution of medical personnel and health workers in the area; (b) The ratio of population to medical personnel and active health personnel determined by the Minister; And (c) Workload of medical personnel and health workers.

Authority of the Indonesian Doctors Association, legally, IDI has the authority to guide doctors who practice medicine together with the Indonesian Medical Council ("KKI"), to carry out quality medical practice and protect the public by the provisions as intended in the Medical Practice Law (Erizka Permatasari, 2022).

Based on this law, IDI exists as a professional organization that has the authority to provide advice to practicing medical doctors who collaborate with the Indonesian Medical Council (KKI). According to Article 4(1), KKI exists to protect the people it serves and improve the quality of health services provided by doctors and dentists. In carrying out its duties, KKI is obliged to register all doctors and dentists who provide services in the medical practice, validate the professional training standards for doctors and dentists, and comply with other relevant standards in providing medical practice services to institutions. The law also stipulates that apart from obtaining a registered certificate from a doctor to obtain a practice permit under Article 38 (c), every doctor or dentist must also obtain a recommendation from a designated professional organization. From this article, it is clear that IDI as a professional association has great authority in providing recommendations for medical practice permits.

Based on the new regulations in Article 264 of Law no. 17 of 2023 concerning Health which states that to obtain a SIP for medical personnel and health workers there are 2 provisions, namely having a registration certificate and a place of practice. The elimination of IDI's authority as a professional organization that provides recommendations in the creation and development of doctors' SIPs ensures that the quality of doctors is maintained because IDI has the authority to develop and improve the quality of doctors. In this case, recommendations are absolute for doctors issued by professional organizations.

4. Conclusions

Medical practice is a part of health care carried out by health workers which has several legal aspects that must be fulfilled. The legal aspects that must be fulfilled in this case are aspects of civil, criminal, and administrative law. Each of these legal aspects examines and discusses different legal issues. IDI as a professional organization that oversees doctors in Indonesia has the function of coaching and improving the quality of doctors in Indonesia. IDI in terms of authority to improve quality is carried out by guiding doctors by conducting training. Apart from that, IDI has the authority to provide recommendations for permits for making doctor's permits. IDI's urgency in providing recommendations is very important considering that IDI is a legal professional organization for doctors according to the Medical Practice Law. This is done to ensure that doctors who obtain practice permits are worthy and have competence in their field. This effort is carried out as a form of IDI supervision to create good and capable human resources. However, in the Health Law, IDI's authority is removed. The elimination of this authority eliminates IDI's role as a professional organization whose task is to provide guidance, supervision, and improvement of the quality of doctors. This research will provide an assessment in science in the form of discovering the urgency of IDI's role in providing SIP recommendations for doctors. This will be an authority that must remain as a control system for the medical profession to create superior and qualified medical personnel to create good health services. Theory and practice implications

References

- Ajat, R. (2018). *Pendekatan Penelitian Kuantitatif: Quantitative Research Approach*. Deepublish.
- Andrianto, W., & Rizka Fajrina, A. (2022). Tinjauan Perbandingan Penyelenggaraan Telemedicine Antara Indonesia Dan Amerika Serikat. *Jurnal Hukum Kesehatan Indonesia*, 1(02), 70–85. <https://doi.org/10.53337/jhki.v1i02.7>
- Aribawa, B. P. (2014). Penindakan Terhadap Dokter Tanpa Memiliki Surat Izin Praktek. *Brawijaya Law Student*, 1(2), 1–2.
- Badius Sani, K. (2022). Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan. *Jurnal Hukum Dan Etika Kesehatan*, 2(1), 15–31.
- Beritno, P., & Kurniasi, R. (2023). PENEGAKAN HUKUM DALAM TINDAK PIDANA PRAKTEK KEDOKTERAN. *Satya Dharma: Jurnal Ilmu Hukum*, 6(2), 124.
- Erizka Permatasari. (2022). *Apakah Memecat Dokter Termasuk Kewenangan Ikatan Dokter Indonesia?* Hukum Online. https://www.hukumonline.com/klinik/a/kewenangan-ikatan-dokter-Indonesia-lt624ac38d3737b/#_ftn3
- Fitriono, R. A., Setyanto, B., & Ginting, R. (2016). Penegakan Hukum Malpraktik Melalui Pendekatan Mediasi Penal. *Yustisia Jurnal Hukum*, 5(1), 101–102. <https://doi.org/10.20961/yustisia.v5i1.8724>
- Hartiningsih, R. H. (2020). Pola Hubungan Hukum Antara Dokter Dan Pasien. *Maksigama*, 14(1), 49–60. <https://doi.org/10.37303/maksigama.v14i1.88>
- Heriani, I., & Munajah, M. (2019). Aspek Hukum Penyelenggaraan Pelayanan Kesehatan: Suatu Tinjauan Berdasarkan Undang-Undang Nomor 9 Tahun 2004 Tentang Praktik Kedokteran. *Prosiding Hasil-Hasil Penelitian Tahun 2019 Dosen-Dosen Universitas Islam Kalimantan*, 09(02), 52–57. <https://ojs.uniska-bjm.ac.id/index.php/PPDU/article/viewFile/8296/4311>
- Hidayat, M., Mahalayati, B. R., Sadikin, H., & Kurniawati, M. F. (2021). Peran Promosi Kesehatan Dalam Edukasi Tenaga Kesehatan Di Masa Pasca Vaksinasi Covid-19 di Kabupaten Tanah Laut. *Jurnal Sains Sosio Humaniora*, 5(1), 339–345. <https://doi.org/10.22437/jssh.v5i1.14146>
- Indonesia, K. K. (2006). *Penyelenggaraan Praktik Kedokteran yang Baik di Indonesia*. 24–25.
- Komalawati, V. (2009). *Peranan Informed Consent Dalam Transaksi Terapeutik*, (Citra Buana (Ed.)).
- Mustajab. (2013). Analisis Yuridis Hubungan Hukum Antara Dokter Dan Pasien Dalam Pelayanan Kesehatan. *Jurnal Ilmu Hukum Legal Opinion*, 4(1), 2.
- Nugraha, A., Idayanti, S., & Rahayu, K. (2023). Penerapan Konsep "Quality of Care" Dalam. 259–266. <https://doi.org/10.24905/>

- Orceka, M., Senja, D., Triana, Y., & Azmi, B. (2024). *Kewajiban Surat Izin Praktik Bagi Dokter Dalam Pelayanan Kesehatan Berdasarkan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan*. 5(1), 798–805.
- Perkonsil No. 74 Tahun 2020. (n.d.).
- Rokom. (2024). *Tata Cara Penyelenggaraan Perizinan Tenaga Medis dan Tenaga Kesehatan dalam UU No 17 Tahun 2023*. <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20240117/5444776/tata-cara-penyelenggaraan-perizinan-tenaga-medis-dan-tenaga-kesehatan-dalam-uu-no-17-tahun-2023/>
- Rondonuwu, S. M. D., Lumunon, T. H. W., & Tangkere, C. (2018). Perlindungan Hukum Terhadap Pasien Miskin Berdasarkan Undang-Undang Nomor 44 Tahun 2009 Tentang Rumah Sakit. *Lex Et Societatis*, VI(5), 42–49.
- Sediawan, M. L. (2022). Kepercayaan Pasien Terhadap Layanan Kesehatan Suatu Studi Tinjauan Sistematis. *Jurnal Ilmiah Kesehatan Media Husada*, 11(1), 71–83. <https://doi.org/10.33475/jikmh.v11i1.283>
- Setyowati, W. A., & Harjadi, N. T. (2023). Tindak Pidana Praktik Kedokteran Tanpa Izin Praktik. *Reformasi Hukum Trisakti*, 5(2), 470–479.
- Sidi, R. (2022). TASPEK PENYELENGGARAAN HUKUM PRAKTIK KEDOKTERAN BERDASARKAN UNDANG-UNDANG NO. 9/2004 TENTANG PRAKTIK KEDOKTERAN. *Jurnal Penelitian Kesmas*, 4(2), 1–9. <http://ejournal.delihusada.ac.id/index.php/JPK2R>
- Supriyatin, U. (2018). Aspek Hukum Dalam Penyelenggaraan Praktik Kedokteran Dihubungkan Dengan Undang-Undang Nomor 29 Tahun 2004 Tentang Praktik Kedokteran. *Jurnal Ilmiah Galuh Justisi*, 6(1), 117. <https://doi.org/10.25157/jigj.v6i1.1245>
- Syahputra, R., Ardiansah, H., & Bagio, K. (2018). Kebijakan Penerbitan Surat Izin Praktik Dokter Di Indonesia. *Jurnal Hukum POSITUM*, 6(5), 42–29.
- UU No. 17 Tahun 2023. (n.d.).
- UU NO. 29 Tahun 2004. (n.d.).
- UU No. 36 Tahun 2009. (n.d.).
- Zainal Askin Amirudin. (2012). *Pengantar Metode Penelitian Hukum*. Raja Grafindo Persada.