

Medical Dispute Resolution Based on RME Data Through Restorative Justice

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Abstract

This research aims to analyze the benefits of Medical Record Encryption (MRE) data in legal safeguards for physicians and patients, while also investigating the trajectory of medical dispute resolution through the lens of Restorative Justice, employing the utilization of MRE data. Framed within the contextual backdrop, this study responds to the imperative for further exploration into the pivotal role of MRE data in resolving cases of medical malpractice, with the overarching objective of contributing to the advancement of equitable and forward-looking strategies in medical dispute resolution. Employing a normative juridical research approach, this study discerns the significance of MRE data security and its implications in the legal responsibilities' incumbent upon MRE custodians. Additionally, this study posits that the Restorative Justice approach, coupled with MRE data, can manifest as an efficacious methodology in comprehending, preempting, and fortifying the dynamics of medical disputes, thereby fostering the rapport between healthcare practitioners and patients. Consequently, the integration of MRE data in medical dispute resolution via the Restorative Justice paradigm has the potential to heighten legal protection, reinforce medical integrity, and enhance the overall efficiency of the healthcare system.

Keywords: Electronic Medical Records (EMR), Restorative Justice

INTRODUCTION

Advancements in science and technology, particularly through digitalization, have spurred cross-sectoral preparation and transformation, with a notable impact on the healthcare sector. The Ministry of Health of the Republic of Indonesia emphasizes six pillars of technological transformation to strengthen Indonesia's healthcare system, enhance services, and improve accessibility. Technology plays a crucial role in referral services, diagnosis, treatment, real-time disease monitoring, and rapid responses to outbreaks. The adoption of technology in administration reduces bureaucracy and expedites insurance claims. Online training and education enhance skills without mobility constraints. HealthTech applications democratize services and support medical research.

This transformation creates an adaptive and inclusive healthcare system in Indonesia. Despite challenges in infrastructure and digital literacy, the commitment to improving the quality of life through equitable healthcare services remains evident. According to Rosita Rivai,

digital transformation in the healthcare sector not only equalizes services across regions but also enhances Indonesia's healthcare facilities' global competitiveness (Rosita, 2022). Human resources transformation in healthcare aims to improve service quality, including the implementation of Electronic Medical Records (EMR). Aang Jatnika from the Ministry of Health emphasizes that the challenge of EMR goes beyond managing medical data; it also involves efficiently protecting and integrating patient data across various facilities. This aims to enhance patient services through modern information systems (Ardhiana, 2022).

Improved healthcare services depend on the integration of EMR, data efficiency, informed decision-making, and medical staff support. EMR policies emphasize cost efficiency, accurate data, and service strengthening based on Minister of Health Regulation (Permenkes) No. 24/2022. Articles 9 and 10 regulate the registration of Electronic System Providers (PSE) in healthcare and electronic system compatibility. This regulation mandates healthcare facilities to record electronic patient medical histories by the end of 2023, ensuring data security and patient rights acknowledgment. Although Law No. 19/2016 does not explicitly address EMR, Permenkes No. 24/2022 serves as specific regulation addressing this need, ensuring a directed approach to enhancing services through information technology (Permenkes No. 24/2022).

Legal analysis is needed to design new regulations regarding legal protection in the use of Electronic Medical Record (EMR) data in medical disputes. The leakage of EMR data from six million patients has triggered an investigation by the Ministry of Communication and Informatics, focusing on identity theft, such as addresses and phone numbers, by irresponsible parties (CNN Indonesia, 2022).

Health facilities are responsible for maintaining the security and confidentiality of Electronic Medical Records (EMR) data. However, data breaches still frequently occur, compromising patient privacy. Legal protection is essential for medical professionals, especially doctors, to effectively safeguard the confidentiality of EMR (Enry, 2021). While EMR enhances the accuracy and accessibility of medical records, it requires a legal framework and security measures for patient privacy (Dwijosusilo, K. et al. 2018). The research in Aceh suggests that medical records need to be completed and submitted promptly by patients and healthcare providers. Many people do not fully understand the importance of completing medical records and personal information for optimal medical information quality (Salsabilah et.al., 2023). ISO 27001 mandates optimal information systems, covering confidentiality, integrity, and availability, to ensure the security and confidentiality of information in EMR (Tiorentap et.al., 2020).

On August 31, 2022, the Minister of Health of Indonesia issued Regulation No. 24/2022 on Medical Records, aligning technology with the needs of integrated health data. EMR in healthcare services adheres to data security principles, including protection against internal and external disruptions and valid data changes. The primary guidance is Minister of Health Regulation No. 24/2022 and the Republic of Indonesia Law No. 27/2022 concerning Personal Data Protection. The National Cyber and Cryptography Agency (BSSN) examines and monitors the national health system to prevent data leaks and cyberattacks. BSSN identifies vulnerabilities, proposes improvements, and mitigates cyber risk, reflecting the government's commitment to maintaining EMR security and healthcare service smoothness. Health facilities must maintain the confidentiality of EMR to protect patient data, build trust, and provide legal protection to medical professionals. EMR security is crucial for patient comfort and avoiding negative impacts. Hospital liability for data, following the doctrine of vicarious liability, is essential for legal protection and justice in healthcare services. Healthcare professionals' rights, including compensation, legal assistance, and reputation recovery, contribute to equitable and proportional legal justice in the health field (Ridwan, 2006).

Health disputes arise from differences in the interpretation of diagnoses, patient dissatisfaction, or medical negligence. Resolution focuses on understanding the root of conflicts, strengthening doctor-patient relationships, and preventing legal claims, especially in medical cases. Dispute management is crucial, and restorative justice can enhance the healthcare system and provide constructive solutions.

Varied perceptions, interests, and desires are sources of disputes, driven by misunderstandings, interpretation variations, unclear regulations, dissatisfaction, inappropriate actions, and unforeseen situations (Afandi, 2009). Medical disputes or malpractice refer to legal issues in the healthcare profession, a concept relevant to other professions. In Indonesia, handling medical malpractice is challenging compared to the United States due to factors such as public awareness, evidence availability, and experts' skills in court testimony (Faisal, F., Hasima, R., & Rizky, 2020). The paper compares the handling of medical malpractice in Indonesia and the United States, where Indonesia follows the Criminal Procedure Code (KUHAP) with a negative proof system, requiring the plaintiff to prove medical negligence, a complex process that demands strong evidence. Miharja, M. (2020) elaborates that malpractice committed by doctors and hospitals is governed by a legal accountability mechanism, as stipulated in Law Number 29 of 2004 concerning Medical Practices. However, The legal system should ideally serve as a responsive solution to conflicts arising from the laws themselves, as fundamentally, the law possesses a regulatory and coercive nature (Irsyad, M., 2021).

In the US, the *res ipsa loquitur* principle considers adverse events sufficient evidence of malpractice. In Indonesia, the plaintiff must prove medical negligence. The US has the Liability Act and Good Samaritan Law to guide malpractice and emergency medical assistance legally. This reflects different legal approaches in the two countries. In Europe, malpractice can be criminal or a disciplinary violation of a profession. Criminal cases result in criminal sanctions, while disciplinary violations lead to regulatory authorities taking administrative consequences. This mirrors the variety of approaches to handling malpractice in Europe.

These differences affect the sanctions and legal processes applied to medical malpractice perpetrators (Igor, 2019). Medical malpractice in Europe varies according to legal systems and regulations in each country. Restorative justice is an alternative to the traditional criminal law approach in England for cases of gross negligence manslaughter, i.e., death due to serious negligence (Farrell et.al., 2020). The traditional criminal law approach emphasizes sanctions against perpetrators, encouraging justice and social stability.

Restorative justice expands the approach to gross negligence manslaughter by involving victims, families, and perpetrators. Its goal is to understand emotional and physical impacts, increase the perpetrator's awareness of the harm, and provide victims an opportunity to express feelings and input on compensation. This approach complements traditional criminal law, focusing on relationship restoration, social responsibility, and individual transformation. Inclusive, not only preventing social division but also enhancing holistic justice.

In America, mediation and ethics consultation play a crucial role in addressing medical malpractice. Similar to restorative justice, mediation and ethics consultation provide quick, low-cost solutions and in-depth guidance on medical issues, preventing disputes. These are effective tools in the American healthcare legal system (Kass, J. S., & Rose, R. V, 2016).

The studies conducted by E. H. Morreim and Haavi Morreim in 2012 shed light on medical malpractice and alternative dispute resolution. Their research delves into early mediation in healthcare, emphasizing the complexity of resolutions. Despite being quick, challenges persist in encouraging doctor participation, influenced by psychological and ethical factors. This study underscores a holistic approach to enhance mediation, reduce tension, and encourage collaboration in medical dispute resolution.

Tri Herlianto (2014) advocates for restorative justice mediation in cases of medical malpractice, involving both perpetrators and victims in restoring relationships and rectifying

damages caused by medical errors. This approach aims to enhance public trust in both the medical and legal systems.

Fauzan, F.A.D, & Kasra, H. (2023) emphasize that issues involving the patient's family can be addressed through civil means, specifically through mediation and negotiation. In this context, legal protection for surgeons conducting operations can be obtained if the inherent obligations of the medical profession are fulfilled in accordance with Law No. 36 of 2009 concerning Health.

Sohn and Bal (2012) present alternatives in handling malpractice disputes. Early apologies are shown to increase transparency, while mediation and arbitration are also considered. This approach assists healthcare service providers in responsibly managing disputes.

Zulfa (2011) reveals the potential of restorative justice in medical malpractice cases, involving perpetrators, victims, and the community. This study initiates open dialogue that aids in understanding root issues and arriving at fair solutions.

The potential of Electronic Medical Record (EMR) data in resolving malpractice disputes through restorative justice is still limited. Literature reviews have not fully explored the role of EMR data as a source of accurate information about patient-medical staff interactions in the context of restorative justice. Therefore, further research is needed to explore how EMR data can support the implementation of restorative justice in malpractice disputes. This study aims to contribute to the development of effective and future-oriented medical dispute resolution strategies through the integration of restorative justice concepts and in-depth utilization of EMR data.

RESEARCH METHOD

This research adopts a normative legal research methodology, centering on legal principles and positive legal norms through an extensive literature review and exploration of secondary legal sources. The normative juridical analysis employed is descriptive and encompasses both the statutory and conceptual approaches. The statutory approach involves a comprehensive examination and identification of regulations pertinent to the legal protection of healthcare professionals in the implementation of Electronic Medical Records (EMR).

Legal sources in this study include primary materials such as the 1945 Constitution and secondary materials comprising legal books, law journals, and writings by scholars in Indonesia and abroad. The collection and processing of legal materials are systematically presented, integrating secondary legal materials to construct a cohesive understanding. The legal analysis method used is normative analysis, interpreting legal concepts and theories to draw valid conclusions applicable to relevant facts. This approach facilitates a profound understanding of legal aspects in the research topic, identifying applicable laws and their implementation in concrete cases. Legal interpretation involves understanding the meaning and implications of legal norms, incorporating legal theories and doctrines for a comprehensive understanding. Through this method, the researcher presents strong and clear legal arguments, bringing clarity to the legal material analysis to address complex issues.

DISCUSS AND ANALYSIS

Electronic Medical Record Policy in Indonesia (EMR)

The Indonesian government regulates medical records through Minister of Health Regulation No. 749a/MENKES/Per/XII/1989. In the digital era, the transformation of integrated healthcare services requires electronic-based medical records (EMR) with data security. Minister of Health Regulation No. 24 of 2022 mandates EMR. Repealing Regulation No. 269/2008, this directive, combined with the 2008 Electronic Information and Transaction Law, establishes the foundation for EMR in Indonesia.

The transition from traditional to electronic records raises concerns about patient privacy. EMR ownership, according to Article 47 of the Medical Practice Act and Articles 25(1) and 26(1) of Minister of Health Regulation 24/2022, belongs to healthcare providers, while content belongs to patients. Article 47(2) underscores the confidentiality of medical records.

However, the accessibility of patient data emerges with Article 28(1) of Minister of Health Regulation 24/2022, granting the Ministry of Health access to patient EMRs. This transforms medical records from private to public information, given the government's regulatory role.

EMR involves IT for data collection, storage, processing, and access in an electronic database. Security measures encompass network and computer security. Integration with Hospital Information Management Systems (HIMS) enhances healthcare administration.

Patient records play a pivotal role in Indonesia's intricate healthcare system. Minister of Health Regulation 24/2022 delineates EMR purposes, including health maintenance, legal proceedings, research, education, cost empowerment, and health statistics (Ablisar, A., Mulyadi, M., Ekaputra, M., & Siregar, M., 2018).

Privacy, integrity, authentication, availability, access control, and non-repudiation are pivotal for EMR security. The four fundamental principles for EMR acceptance include procedural documentation, timely creation, proper storage, and authorized creation by healthcare personnel (Basyarudin, 2022).

EMR ownership remains with healthcare providers, and electronic documents should be securely stored. EMR serves as administrative, legal, financial, research, educational, and documentation tools.

Minister of Health Regulation 24/2022 mandates EMR implementation in healthcare facilities, enhancing integrated healthcare systems. Security measures encompass network and computer security, ensuring confidentiality, integrity, authentication, availability, access control, and non-repudiation. Adherence to these principles is essential for EMR to serve as reliable evidence.

The covenant of outcomes and efforts in the management of Electronic Medical Records (EMR) carries significant implications for the security and confidentiality of patients' medical data. This encompasses the responsibility of physicians to maintain accuracy and diligence in the storage, utilization, and access of medical data. Doctors bear ethical and legal obligations to uphold the confidentiality of patients' medical information, including personal and sensitive details.

In executing this covenant, physicians must ensure that patients' EMR is well-managed and secure, involving the use of robust security systems to prevent unauthorized access and data misuse. Awareness of the implications of the covenant of outcomes and efforts in EMR is crucial to ensuring that patients feel secure and confident in the high integrity and discretion with which their medical information is handled.

The Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 governs the implementation of EMR in the practices of doctors and dentists. The responsibility for EMR implementation is placed on doctors and the leaders of healthcare facilities, who are mandated to protect medical record data from risks. All parties in the hospital, including management, medical personnel, and healthcare staff, have the obligation to maintain the confidentiality of medical record data.

Doctors play a crucial role in creating comprehensive and compliant medical records. They must also uphold the confidentiality of information in patients' medical records. Non-compliance with guidelines and regulations regarding the storage, management, and confidentiality of medical record data can be considered as administrative malpractice. In this context, non-compliance with administrative responsibilities in medical record management can negatively impact patients and trigger legal issues or health disputes (Sidi, 2023).

Responsibility of RME Data Use in Medical Dispute Resolution

The use of Electronic Medical Records (EMR) data plays a crucial role in ensuring the integrity, security, and accuracy of patient health information during medical dispute resolution. Implementation of electronic systems for storing and managing medical records is a primary focus in the healthcare sector. Despite this, the possibility of medical disputes related to EMR necessitates strong responsibility in managing and utilizing such data. Regulations governing the responsibility of EMR data use in medical dispute resolution play a central role in safeguarding patient rights, maintaining healthcare service quality standards, and avoiding potential legal issues. Consequently, these efforts contribute significantly to overall healthcare service quality improvement.

The 2009 Health Law No. 36 serves as a crucial foundation to ensure the integrity and confidentiality of EMR information. Its emphasis on Article 57, which regulates an individual's right to comprehensive, accurate, and honest information, especially in the context of healthcare, provides a strong basis for protecting patients' rights to complete knowledge about their health conditions. As legal support, this law reflects the importance of ethical principles in health data management, affirming the responsibility of parties involved in healthcare services and EMR management.

This holds significant relevance in resolving medical conflicts involving information in EMR. Moreover, the law regulates patients' rights to provide written consent before their medical data is used for purposes other than treatment. Ensuring the integrity of EMR data is not only the responsibility of medical professionals but also of EMR system providers. This initiative receives support from the issuance of Health Minister Regulation No. 20/2016 regarding EMR, detailing technical standards and procedures for EMR management, including crucial aspects such as data security and integrity. Article 18 of this regulation emphasizes the obligation of EMR providers to maintain patient data confidentiality and prevent unauthorized access. Through this legal framework, the protection of medical data and its integrity becomes a guarantee in EMR management.

The use of EMR data in the context of medical dispute resolution poses substantial legal implications. When medical disputes involving EMR data occur, it is crucial to uphold the principles of using data in good faith and accuracy. Violations of electronic medical data integrity can have serious consequences, including harm to the concerned patient or damage to the reputation of medical professionals involved in the process. Therefore, in adjudicating such disputes, caution and precision are necessary to ensure that the use of EMR data complies with medical ethics principles and applicable legal norms. Adhering to these standards can prevent potential losses from improper use and maintain integrity and trust in medical dispute resolution.

In 2013, Law No. 11/2008 on Information and Electronic Transactions (ITE Law) underwent significant revisions through the issuance of Law No. 19/2016 amending Law No. 11/2008. This legal change has relevant impacts on conflict resolution in the medical environment involving Electronic Medical Records (EMR), especially concerning the protection of patients' personal data integrity. One aspect worth examining is Article 26 of the ITE Law, which explicitly prohibits the use of personal data without permission or a lawful basis. This provision plays a crucial role in ensuring that EMR data is managed with full integrity and is not misused. Thus, this legal change responds to the need for protecting patients' personal data in the scope of information technology, positively impacting the ethical and secure management of EMR data.

In the context of medical dispute resolution, the principles of restorative justice have substantial significance. In the context of resolving medical disputes based on Electronic Medical Records (EMR) data with a restorative justice approach, the application of these

principles has significant potential. In this framework, restorative justice principles can facilitate more effective communication among involved parties in disputes. The result is the achievement of more optimal and satisfying agreements for all parties. This approach fundamentally reflects a spirit of collaboration and reconciliation in resolving medical disputes fairly and mutually beneficially.

Although not explicitly regulating mechanisms for medical dispute resolution, Law No. 30/1999 on Arbitration and Alternative Dispute Resolution holds crucial relevance in the framework of medical dispute resolution involving Electronic Medical Records (EMR) data. This law accommodates mediation as one of the recognized and state-supported forms of alternative dispute resolution. While mediation does not explicitly focus on the context of medical disputes, mediation principles, such as open communication, mutual understanding, and reaching agreements collectively, have the potential to be applied in resolving medical disputes involving EMR data. In this way, mediation principles can bridge the gap between healthcare service providers and patients, bringing forth more harmonious and mutually beneficial solutions in complex medical dispute resolution.

Mediating Medical Disputes Through Restorative Justice Approach

Restorative justice offers a method for resolving medical disputes that emphasizes recovery and improvement, involving perpetrators, victims, families, and relevant parties in seeking a mutually beneficial resolution (Setyawan, 2019). One applicable form is mediation, where a neutral third party facilitates agreements (Hafizah, H., & Fitriasih, S, 2022). Despite the absence of specific laws on Electronic Medical Records (EMR) data management, relevant legal foundations include:

1. Medical Practice Law (Law No. 29/2004): Governs and directs medical practices in Indonesia, outlining principles, obligations, and responsibilities for medical professionals. Relevant to EMR data management, it emphasizes ethical standards, medical practices, and health information confidentiality. This law serves as a guide for medical professionals in managing, storing, and securing EMR data to ensure patient safety and trust in an increasingly digitized medical practice.
2. Hospital Law (Law No. 44/2009): Regulates comprehensive hospital management, including EMR data integral to healthcare services. It provides a clear legal framework for responsibilities, obligations, and procedures in collecting, storing, and using EMR data within hospitals. Emphasizing patient confidentiality and data protection, this law ensures operational guidelines for EMR data management, safeguarding patient rights regarding data security and privacy.
3. Health Personnel Law (Law No. 36/2014): Impacts the management of EMR data by healthcare professionals, focusing on healthcare aspects in Indonesia. It guides healthcare professionals on practicing in alignment with professional standards and ethics. This law can serve as a reference for accessing, storing, and protecting EMR data correctly. It directs medical professionals' actions and responsibilities related to EMR data management, ensuring patient information security.

It is important to note that there are various regulations relevant to the management of Electronic Medical Records (EMR), including Minister of Health regulations and other regulations issued by the Ministry of Health. Thoughtful adoption of EMR can effectively harness its potential as a valuable information source in resolving medical disputes. EMR not only serves as a medical archive documenting patients' health history but also has the potential to analyze patterns and trends in medical dispute cases. By analyzing data from various dispute cases, involved parties can identify the underlying issues and develop prevention strategies to reduce the potential for similar disputes in the future. Thus, the implementation of EMR in

medical dispute resolution provides deep and sustainable insights for enhancing healthcare quality and patient safety.

In the effort to address medical disputes, doctors and healthcare entities can employ a mediation approach focusing on restorative justice. Mediation is a dispute resolution method involving negotiation processes to reach agreements between parties, assisted by a neutral mediator (Barsky, 2016). In the context of resolving medical disputes involving RME data, mediation enables open dialogue between patients and healthcare providers to seek a fair and mutually beneficial solution (Woolford, 2008).

In the resolution of medical disputes through mediation, doctors and healthcare professionals directly engage with patients. They carefully listen to the concerns of the patient and explain their perspectives. This practice has the potential to restore relationships that may be strained between patients and doctors, build mutual trust, and achieve satisfying agreements for all parties involved (Nasution et.al., 2022).

Although not specifically regulated by laws related to medical dispute resolution, mediation is recognized as an effective and satisfying alternative compared to adjudication (Barsky, 2016). With active participation from all parties, mediation generates tailored solutions, promotes relationship recovery, and serves as an effective tool for complex medical disputes involving Electronic Medical Records (EMR).

In daily practice, doctors can use data from Electronic Medical Records (EME) to demonstrate that healthcare services provided adhere to relevant standards and proper medical procedures. The use of third-party medical records is allowed with assured data protection of privacy elements and access rights (Aktariyani, 2019). EME data aids in clarifying and strengthening arguments in mediation, making the process more effective and leading to satisfying agreements for both parties. With a restorative justice approach, the resolution of medical disputes focuses on repairing the strained relationship between patients and healthcare providers rather than simply determining right or wrong.

Restorative justice in medical dispute resolution must encompass all stages, including the enforcement of ethics and professional codes (Hafizah et.al., 2022). This approach is not confined to mediation solely between patients and healthcare providers but involves active participation that upholds the ethical standards and integrity of the medical profession. The initial stages of medical dispute resolution involve facilitating open communication between patients and healthcare providers, fostering deep understanding, and identifying the root causes of issues. This approach also encourages acknowledgment and accountability for actions in medical practice, preserving professional integrity and enhancing trust between patients and healthcare providers. In cases of ethical violations or breaches of professional codes, restorative justice involves supervisory bodies or medical professional organizations, ensuring the maintenance of moral standards and delivering a message that violations carry serious consequences.

In cases of medical disputes involving ethical violations or professional code breaches, restorative justice can be applied, involving oversight institutions or professional medical organizations. Enforcement of ethical and professional code in medical dispute resolution is crucial for maintaining moral standards and integrity in medical practice. In this context, restorative justice involves stages where healthcare providers involved are expected to acknowledge the violations and be willing to rectify their impact. This not only results in a fair solution for patients but also emphasizes that breaches of ethics or professional codes have serious consequences. Involving oversight institutions or professional medical organizations provides an independent perspective on the violations, ensuring dispute resolution considers the interests of all parties. This approach focuses not only on punishment but also on behavioral improvement and the restoration of strained relationships. Sanctions may include additional training, strict supervision, or internal system improvements in relevant healthcare institutions.

Thus, the risk of future disputes can be minimized as involved parties learn and commit to enhancing the quality of healthcare services and communication. The restorative justice approach also aids in building trust and patient satisfaction with healthcare services, contributing to a fair and mutually beneficial resolution for all stakeholders (Karjoko et al., 2022).

Resolution of Medical Disputes Through Restorative Justice-Based Negotiation Techniques in RME Data Context

To achieve a satisfactory resolution for all parties, negotiation techniques become a highly relevant approach in the context of medical dispute resolution (Susila, M. E., & Soularto, D. S., 2021). Negotiation methods can be applied early on, when there are indications of dissatisfaction with medical services, through oral or written communication, or formal notices to the relevant hospital. The involved parties can employ direct negotiation techniques, engaging in face-to-face interactions to seek solutions, thereby creating opportunities for open dialogue and enhancing the effectiveness of dispute resolution.

Direct negotiation techniques allow parties to communicate more deeply, identify root problems clearly, and reduce the risk of miscommunication. The primary advantage of implementing this technique is the creation of a cooperative and inclusive climate in dispute resolution, fostering better relationships among doctors, patients, and relevant parties. Additionally, mediation, involving a neutral mediator, aids in achieving agreements through issue identification, exploration of interests, and fair solution finding (Jauhani et al., 2023).

Restorative justice, based on RME data, renders negotiation techniques effective in achieving mutually beneficial agreements in medical dispute resolutions, involving neutral mediators or facilitators. The selection of an appropriate technique and involving competent individuals, such as experienced mediators in medical dispute resolutions, is essential to ensure a smooth process. Additionally, Sinaga (2021) elucidate the method of medical dispute resolution based on RME data through restorative justice to attain agreements via mediation or consensus discussions regarding the aspects of medical data disputes, thereby avoiding escalation to formal legal proceedings (Nasution, 2020).

The resolution of medical disputes based on RME data involves several essential steps. Firstly, the identification and analysis of RME-related medical disputes are conducted by collecting data from various sources, such as medical records and patient complaints. Subsequently, an understanding of the root causes, factors influencing the disputes, and related legal implications is developed (Hapsari, 2014). The second step involves the application of negotiation techniques, especially mediation, to reach agreements among the involved parties (Nasution, 2020). Thirdly, understanding and implementing the principles of restorative justice are crucial in resolving medical disputes, with a focus on recovering relationships between healthcare providers and patients (Hafizah et.al., 2022). Thus, mediation not only minimizes the risk of expensive and time-consuming litigation but also strengthens the relationships among the parties involved in medical disputes.

Finally, the fourth step involves developing strategies to prevent future medical disputes through the analysis of RME data to identify patterns and trends and improve healthcare practices (Santoso, A. D., & Sulistiyono, A., 2019). RME data analysis is pivotal in understanding the causes of medical disputes and taking necessary preventive measures. Overall, this approach promotes harmony, equality, and safety in the healthcare environment.

Legal Basis for Medical Dispute Resolution in Indonesian Courts: A Brief Analysis

While the legal framework for the resolution of medical disputes through a restorative justice approach is not specifically regulated by law, these principles have been acknowledged and applied in the resolution of criminal cases in Indonesia (Setyawan, 2019). The Law Number

30 of 1999 on Arbitration and Alternative Dispute Resolution supports mediation as a legally regulated alternative dispute resolution method. Although there is no specific regulation directing the resolution of medical disputes, the relevant restorative justice principles in the criminal field have the potential for adaptation in medical dispute resolution.

Firstly, the Law Number 30 of 1999 encompasses mediation as a recognized and legally regulated alternative resolution method (Flora & Henny, 2019). With this legitimacy, mediation becomes a clear approach in handling disputes collaboratively. Secondly, the restorative justice principles applied in the resolution of criminal cases have significant relevance in medical dispute resolution. Despite differences in context, restorative principles, such as shared responsibility and recovery, can be adapted into medical dispute resolution, bringing added value in understanding, communicating, and seeking solutions together.

Although there is no specific regulation for medical dispute resolution, the Law Number 30 of 1999 and restorative justice principles provide a solid legal foundation. This support serves as a basis for developing efficient, fair, and beneficial dispute resolution methods in the healthcare context. By adopting an inclusive and solution-oriented approach, medical dispute resolution can be continually enhanced, providing benefits to both the public and stakeholders in the healthcare sector.

CLOSURE

Conclusion

Legal norms regulating Electronic Medical Record (EMR) implementation in Indonesia are in place, facilitated by legislative and technical policies. The success of EMR in advancing healthcare services requires substantial and sustained financial support. Healthcare professionals and related staff need the capability and willingness to effectively operate EMR programs. Ethical commissions, professional discipline, and law enforcement agencies play vital roles in reinforcing EMR security. Data security, integrated with information technology, including Hospital Information Management Systems (HIMS), is crucial. Safeguarding patient data is a fundamental responsibility of healthcare providers. EMR data serves as valid evidence in mediations or medical dispute court proceedings. The restorative justice approach enhances communication and expedites dispute resolution.

Suggestion

Sustainable EMR programs necessitate financial support and ongoing training. Public awareness, including healthcare professionals, relevant personnel, and patients, is crucial for understanding EMR security aspects. Strategic steps are essential to develop regulations for medical dispute resolution through the restorative justice approach. The security of EMR data must be a priority, and education about the advantages of resolving disputes through this approach should be intensified. Utilizing restorative justice in medical dispute resolution ensures swift, dignified, and cost-effective agreements.

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