



Mainstreaming Restorative Justice in Medical Dispute Resolution: Legal and Structural Urgency in the Indonesian Health System

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Abstrak

*The resolution of medical disputes in Indonesia has predominantly relied on litigation based mechanisms, with a strong tendency toward the criminal prosecution of healthcare professionals. This approach has intensified the criminalization of medical practice and produced broader systemic consequences, including institutional inefficiency, procedural rigidity. This study examines the urgency and normative feasibility of integrating restorative justice as an alternative framework for resolving medical disputes in Indonesia. Employing a normative doctrinal research approach, the study analyzes statutory regulations, judicial decisions, and policy discourses relevant to medical dispute resolution and criminal justice. The analysis focuses on assessing the compatibility of restorative justice principles with Indonesia's legal structure and healthcare governance, situating these principles within the country's philosophical, cultural, and religious value systems. The findings indicate that the prevailing retributive model generates significant systemic pressures, particularly the persistent overcapacity of correctional institutions and the worsening national shortage of medical personnel. The fear of criminal liability discourages healthcare professionals from exercising professional judgment, ultimately undermining the quality and accessibility of healthcare services. From a normative perspective, restorative justice aligns with the foundational values of Pancasila especially social justice and deliberative consensus as well as with Islamic legal principles such as *islah*, which prioritize reconciliation and social harmony.*

1. Introduction

In recent years, the rise in medical disputes in Indonesia has illuminated deep-seated tensions within the country's healthcare and legal systems (Nickson & Neikirk, 2024). These tensions are increasingly rooted in systemic flaws that hinder effective conflict resolution between patients and medical professionals (Bek &

Hanc, 2023). Medical disputes often begin with dissatisfaction stemming from unmet patient expectations, which, when exacerbated by poor communication and perceived negligence, evolve into formal complaints and lawsuits (Karjoko et al., 2021). According to data from the Indonesian Medical Discipline Honorary Council (MKDKI), approximately 80% of medical complaints originate from communication breakdowns, not necessarily clinical incompetence. This signals a significant disconnect in the patient-provider relationship that fuels litigation and, in turn, stresses the healthcare system (Mustika et al., 2023).

The rising number of malpractice claims reflects a growing public awareness of patient rights, but it also exposes the adversarial nature of Indonesia's current legal approach to healthcare disputes (Crescitelli et al., 2022). Numerous high-profile cases such as those involving Dr. Dewa Ayu Sasiary Prawani, Dr. Bambang Suprpto, and Dr. Harun Rosidi have revealed a pattern where healthcare professionals are prosecuted through extended litigation processes under criminal law for medical errors or administrative oversights. These cases often lead to polarized narratives, where doctors are vilified and patients left dissatisfied, eroding trust within the healthcare system (Dartanto et al., 2020). Despite legal recourse, many of these cases fail to yield outcomes that satisfy either party, highlighting the need for more reconciliatory approaches. The inefficiency of prolonged litigation and the punitive nature of current mechanisms call for alternative frameworks, particularly restorative justice (Crescitelli et al., 2022).

Restorative justice (RJ) offers a contrasting approach to the retributive model prevalent in Indonesia. Rather than focusing solely on penalizing healthcare providers, restorative justice emphasizes healing and rebuilding relationships between patients and medical practitioners (Cheluvappa & Selvendran, 2020). It centers on dialogue, accountability, and mutual understanding, creating a space where victims, offenders, and communities can collaboratively address harm and determine appropriate reparations (Nickson & Neikirk, 2024). Given the sensitive nature of healthcare, where trust is paramount, RJ is particularly suited to restore ruptured relationships and address grievances without further adversarial entrenchment (Payne-James & Byard, 2015).

At the core of this issue lies a profound tension between the criminalization of medical errors and the fundamental needs of both patients and practitioners (Grewal et al., 2021). The legalistic and punitive culture within Indonesia's health dispute resolution framework fosters an environment of fear and defensive medical practices, where practitioners prioritize legal protection over optimal patient care (Hidayah et al., 2021). This climate not only reduces medical transparency but also delays crucial treatments due to practitioners' reluctance to engage in high-risk procedures (Mulyadi et al., 2020). Public perceptions of litigation in healthcare reflect this dysfunction legal processes are often seen as lengthy, costly, and combative, compounding emotional distress for both parties (Iswanty et al., 2017). Hence, RJ emerges as a socially and ethically desirable alternative to confront the shortcomings of litigation, offering a more holistic path to justice.

The structural challenges in Indonesia's healthcare and legal systems amplify the urgency of exploring restorative justice. Empirically, there exists a striking mismatch between the complexity of medical cases and the ability of law enforcement personnel investigators, prosecutors, and judges to grasp nuanced clinical standards and outcomes (Khodapanahandeh & Hambali, 2014).

Furthermore, the prison system's chronic overcapacity and the acute shortage of medical professionals in many provinces mean that criminal sanctions often yield disproportionate consequences (Kawalek, 2020). The shortage of general practitioners and uneven distribution of medical personnel, as reported by the Ministry of Health, reveals systemic vulnerabilities that criminal litigation only aggravates (Lintang et al., 2020). Legal ambiguity compounds the issue; laws such as the Health Law of 2023 provide vague definitions of medical accountability and offer little procedural clarity for implementing restorative justice models (Meliala et al., 2013).

Restorative justice presents not merely a theoretical alternative but one grounded in cultural and normative values. In the Indonesian context, RJ resonates strongly with the principles of Pancasila, which emphasizes social harmony, deliberation, and collective justice (Noor et al., 2021). Moreover, RJ aligns closely with the Islamic principle of *islah*, which advocates for peaceful dispute resolution through reconciliation and mutual agreement. This cultural congruence bolsters the legitimacy of restorative models in Indonesia and suggests a natural compatibility that could facilitate broader public acceptance (Novikasari et al., 2021). Scholarly discourse around medical dispute resolution in Indonesia has addressed the need for alternatives to litigation (Novianto, 2014). proposed the establishment of dedicated mediation bodies for medical disputes (Yuniza, 2016). examined the implications of health decentralization, while studied litigation and non-litigation mechanisms for resolving medical negligence (Handayani et al., 2019). Explored the use of penal mediation in malpractice cases. These contributions have enriched the literature, yet none has thoroughly advanced restorative justice as a foundational paradigm for medical conflict resolution. The limited scope and fragmented implementation of mediation practices suggest that a broader, integrated RJ framework has yet to be fully conceptualized or operationalized within the Indonesian context (Herlianto, 2014).

The gap in the literature is thus evident. While multiple studies recognize the need for reform, few have comprehensively articulated restorative justice as both a theoretical and practical solution to medical disputes (Irfan, 2019). Have advanced this conversation by highlighting how RJ could realign the goals of dispute resolution with ethical, relational, and systemic imperatives (Iswanty et al., 2017). However, the absence of institutional frameworks, legal mandates, and standardized procedures remains a key barrier (Mashendra et al., 2024). This study builds on these emerging perspectives, addressing the critical question: how can restorative justice be mainstreamed into Indonesia's legal and healthcare institutions to improve the resolution of medical disputes (Laksono & Ridlo, 2020).

This paper seeks to investigate the urgency of adopting restorative justice in resolving medical disputes in Indonesia. It contributes to the discourse by articulating RJ not only as a normative alternative but as a culturally and legally grounded framework with practical application (Li et al., 2018). The study offers a structured argument for integrating RJ into the Indonesian healthcare legal system, particularly within the bounds of existing health law and judicial practice. Its novelty lies in merging theoretical insights with empirical realities, such as overburdened courts, prison overcapacity, and the scarcity of medical professionals (Presser & Van Voorhis, 2002). By doing so, it responds to both ethical imperatives and systemic demands. The scope of this study includes an analysis of legal texts, doctrinal

approaches, and policy implications, positioning restorative justice as a viable, just, and culturally relevant approach to healthcare conflict resolution in Indonesia (Putri et al., 2021).

2. Methods

This research uses a normative legal research approach, which focuses on the study of applicable legal norms, both in the form of laws and regulations, legal doctrines, and court decisions (Karjoko et al., 2021). This approach was chosen because it is very appropriate to examine how the principles of restorative justice can be integrated in medical dispute resolution in Indonesia (Rosidah, 2020). The main objective of this approach is to examine the validity and effectiveness of legal norms governing the resolution of medical disputes as well as to evaluate the possibility of regulatory reformulation through the application of the principles of restorative justice (Grewal et al., 2021).

This research is categorized as normative legal research with a doctrinal approach, which is a method that aims to explore, interpret, and analyze positive legal norms that apply systematically. This approach is effective for identifying legal loopholes and suggesting normative improvements through juridical analysis of existing legal frameworks, including statutory regulations and legal doctrine (Mustika et al., 2023). In line with this approach, this research is also descriptive-prescriptive, which not only describes the existing legal situation, but also proposes alternative normative solutions. The main focus of this study is on legal principles related to restorative justice and medical disputes, including legal systematics and synchronization in the context of Indonesia's national legal system. Such a design can reveal weaknesses in the prevailing legal arrangements and suggest reforms that are consistent with the principles of substantive justice (Shurtz, 2013).

The data sources used in this study include primary, secondary, and tertiary legal data. Primary legal data includes relevant laws and regulations such as Law Number 29 of 2004 concerning Medical Practice, Law Number 36 of 2009 concerning Health, as well as various derivative regulations and jurisprudence related to the resolution of medical disputes. Secondary data include scientific literature, legal journals, and relevant results of previous research, e.g. studies by (Amiati et al., 2024; S. Gunawan, 2021; Mustika et al., 2023). Tertiary data in the form of legal dictionaries, legal encyclopedias, and other supporting sources used to strengthen normative interpretations of primary and secondary data specifically show how legislative analysis and legal document review can examine the effectiveness of legal frameworks in resolving disputes in the healthcare sector. The use of secondary data can help understand restorative practices in different jurisdictions, even if the primary context is not health, but still provides a valuable comparative framework (Abubakar et al., 2024; S. Gunawan, 2021).

The data collection technique is carried out through library research. This study includes a systematic search of scientific publications, legal documents, textbooks, and electronic legal sources to gain a comprehensive understanding of the development of restorative justice application in the context of health law. The application of the Literature study method that combines normative and comparative analysis to explore alternative approaches in dispute resolution, despite the focus on the banking sector (Hijriani et al., 2023). Data analysis is carried out using deductive logic, which is a method of thinking from general things to specific

conclusions. In the context of this study, the principle of restorative justice is analyzed from the general framework of international and national legal norms, then derived into specific implementive recommendations in the resolution of medical disputes. The use of deductive methods in evaluating the implications of health law on patient protection, especially in the context of confusion of norms and non-conformity of legal standards of medical practice (Amiati et al., 2024). With this approach, the research aims to evaluate the relevance of restorative justice in Indonesia's positive law, including within the framework of the legal system that governs dispute resolution between patients and health workers. As shown by Gunawan et al. (2024), a normative approach can be combined with comparative analysis to explore best practices from other legal systems that have adopted restorative justice mechanisms, although their application is not yet widespread in the field of Health law (M. Gunawan et al., 2024). In a doctrinal approach, it is important to construct legal constructions based on logical and consistent normative arguments. This study utilizes textual analysis of regulations and jurisprudence to identify critical points that indicate inefficiencies or inconsistencies of norms in the resolution of medical disputes through litigation channels. Taking into account various court decisions that have criminalized medical personnel, this study seeks to explore the extent to which restorative justice principles can be the basis for alternative solutions that are more just and humanistic. emphasizing that the legislative approach and analysis of legal documents are important tools in exploring the limitations of the current legal mechanism (Mustika et al., 2023). On the other hand, the application of laws and regulations is a major obstacle to the realization of restorative justice in the medical context, which further strengthens the relevance of the doctrinal approach in this study (Nashriana et al., 2023).

The choice of a normative legal approach with a doctrinal design has a strong methodological justification. This approach allows researchers to systematically assess the strengths and weaknesses of applicable laws, as well as formulate alternative policies based on the principles of fairness that are more inclusive. Previous studies have shown that the use of this method can produce applicable policy recommendations, including in the reform of health laws and the implementation of the principle of restorative justice in the resolution of medical disputes (Amiati et al., 2024; M. M. Gunawan et al., 2024; Mustika et al., 2023). Although the doctrinal normative approach has the power to examine legal norms, there are limitations that need to be noted. One of them is the limitation in capturing social dynamics or public perception directly of the dispute resolution mechanism being studied. Therefore, in the future, this research can be complemented by empirical methods, such as interviews or surveys of health workers and patients, to provide a richer dimension in designing policies based on restorative justice in the health sector.

3. Findings and Discussions

3.1 Findings

Overview of Medical Dispute Resolution in Indonesia

The resolution of medical disputes in Indonesia follows a dual-path model comprising litigation and non-litigation mechanisms. Litigation, both criminal and civil, remains the dominant approach (Triasari et al., 2023). Criminal litigation is typically pursued when medical errors are perceived as intentional or grossly

negligent, thus qualifying as medical crimes (Handayani et al., 2019). This includes cases where doctors are prosecuted for lacking proper licensing or failing to meet professional standards, often resulting in punitive measures that not only damage reputations but also instill widespread fear among healthcare providers (Karjoko et al., 2021).

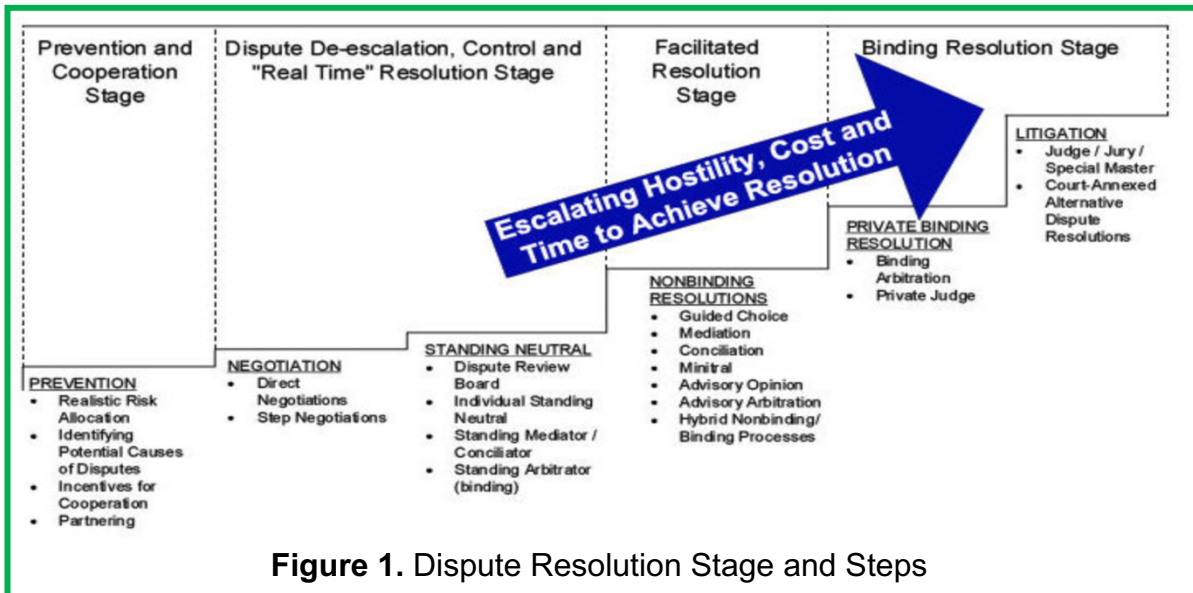


Figure 1. Dispute Resolution Stage and Steps

Legal Pathways for Medical Dispute Resolution in Indonesia. This flowchart illustrates the dual-track system of medical dispute resolution, consisting of litigation pathways (criminal and civil courts) and non-litigation mechanisms such as mediation and arbitration, with restorative justice positioned as an alternative entry point prior to formal adjudication. In contrast, civil litigation focuses on the contractual relationship between patients and healthcare providers. Legal obligations are usually derived from therapeutic contracts, which implicitly arise once a medical treatment begins (Banwell-Moore, 2024). These relationships are governed by informed consent, patient autonomy, and mutual understanding, which together form the ethical and legal foundation of medical practice. However, civil suits arising from medical disputes are often hindered by the same structural limitations found in criminal proceedings, including overloaded court systems, limited medical and technical expertise among judges, procedural complexities, and inconsistent enforcement and interpretation of existing laws. As a result, the resolution of medical disputes through litigation frequently becomes time-consuming, costly, and less responsive to the substantive needs of both patients and healthcare providers (Amiati et al., 2024).

Non-litigation alternatives mediation, reconciliation, negotiation, and penal mediation are theoretically encouraged in Indonesian law. The Mediation in Court Regulation (Supreme Court Regulation No. 1/2016) and Law No. 30/1999 on Arbitration and Alternative Dispute Resolution provide legal grounds for such mechanisms. In criminal matters, Article 35(c) of Law No. 16/2004 (Prosecution Law) allows for penal mediation under the principle of opportunity. However, the application of these provisions remains limited due to ambiguous definitions of "public interest" and a lack of institutional infrastructure to facilitate such resolutions (Triasari et al., 2023).

Table 1. Legal Pathways for Medical Dispute Resolution in Indonesia

Resolution Pathway	Type of Mechanism	Legal Basis	Primary Orientation
Criminal Litigation	Court-based	Criminal Code & Criminal Procedure	Punitive
Civil Litigation	Court-based	Civil Code & Civil Procedure	Compensatory
Mediation	Non-litigation	Supreme Court Regulation on Mediation	Consensual
Arbitration	Non-litigation	Arbitration Law	Binding Agreement
Restorative Justice	Alternative mechanism	Fragmented / sectoral regulations	Reparative & Dialogical

Source: processed by researchers

Theoretical Foundation of Restorative Justice

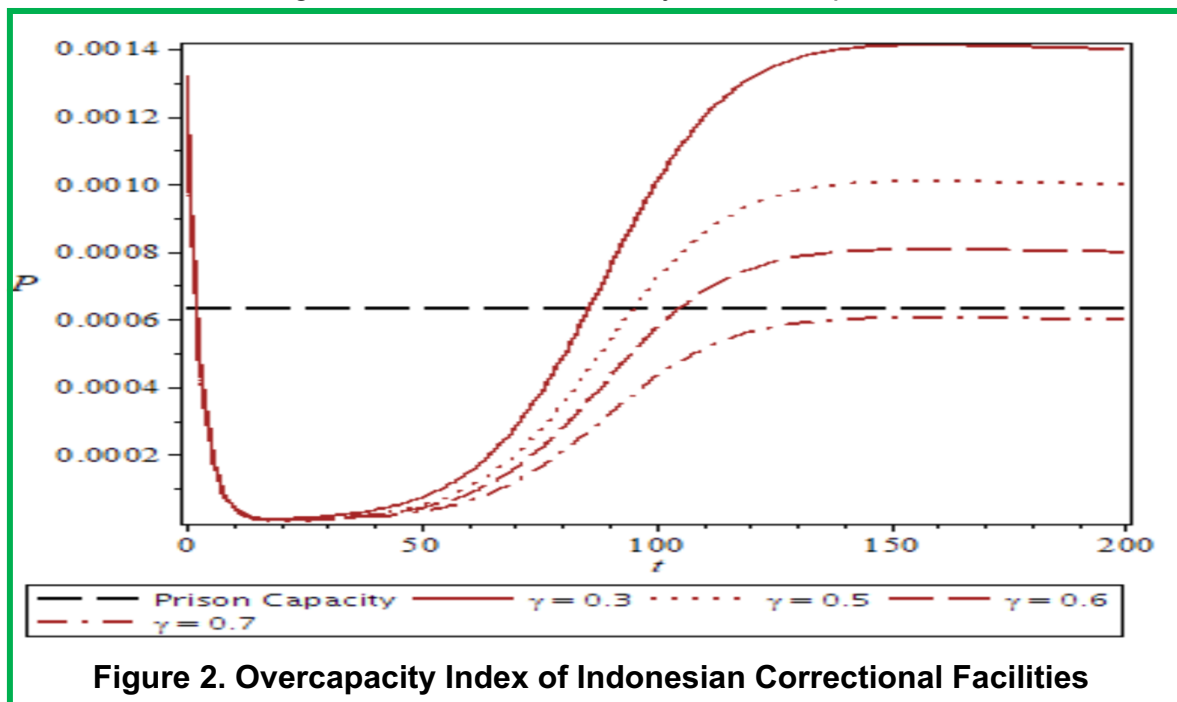
Restorative justice (RJ) offers a promising alternative to the retributive legal paradigm that dominates Indonesian dispute resolution systems. Conceptually, RJ shifts the emphasis from punishment to healing, accountability, and relationship restoration (Hamzani et al., 2025). Unlike retributive justice, which defines crime as a violation against the state, restorative justice sees wrongdoing as a disruption of relationships among individuals and communities (Murhula & Tolla, 2020). In the Indonesian context, this shift aligns with the nation's ideological foundation Pancasila which emphasizes deliberation, social harmony, and community participation. Furthermore, Islamic legal traditions reinforce the RJ approach through *islah*, a conflict resolution model rooted in reconciliation, forgiveness, and communal involvement (Abbas, 2024). *Islah* and RJ both prioritize the restoration of social harmony and the moral rehabilitation of the offender, making the Islamic framework culturally compatible with RJ principles (Fauzi et al., 2023).

The Urgency of Mainstreaming Restorative Justice

Indonesian law enforcement agencies often apply a positivist legal paradigm, prioritizing formal procedures and punitive outcomes over human centric justice (Banwell-Moore, 2024). As a result, medical disputes are processed as conventional criminal cases, disregarding their unique nature that blends medical uncertainty, patient trauma, and ethical dilemmas. Investigators, prosecutors, and judges frequently lack adequate training in healthcare standards and medical terminology, leading to decisions that may be legally sound but socially harmful (Amiati et al., 2024; Karjoko et al., 2021). This structural inadequacy impairs both the fairness and effectiveness of dispute resolution in medical contexts.

Indonesia's prison system is severely overburdened, with more than double its intended capacity (272,000 inmates against a capacity of 136,000) (Karjoko et al., 2021). Criminalizing medical professionals adds to this strain, resulting in negative consequences for both healthcare delivery and the justice system. Studies have shown that such punitive approaches exacerbate delays in trial processing and reduce the quality of legal representation, especially for vulnerable defendants

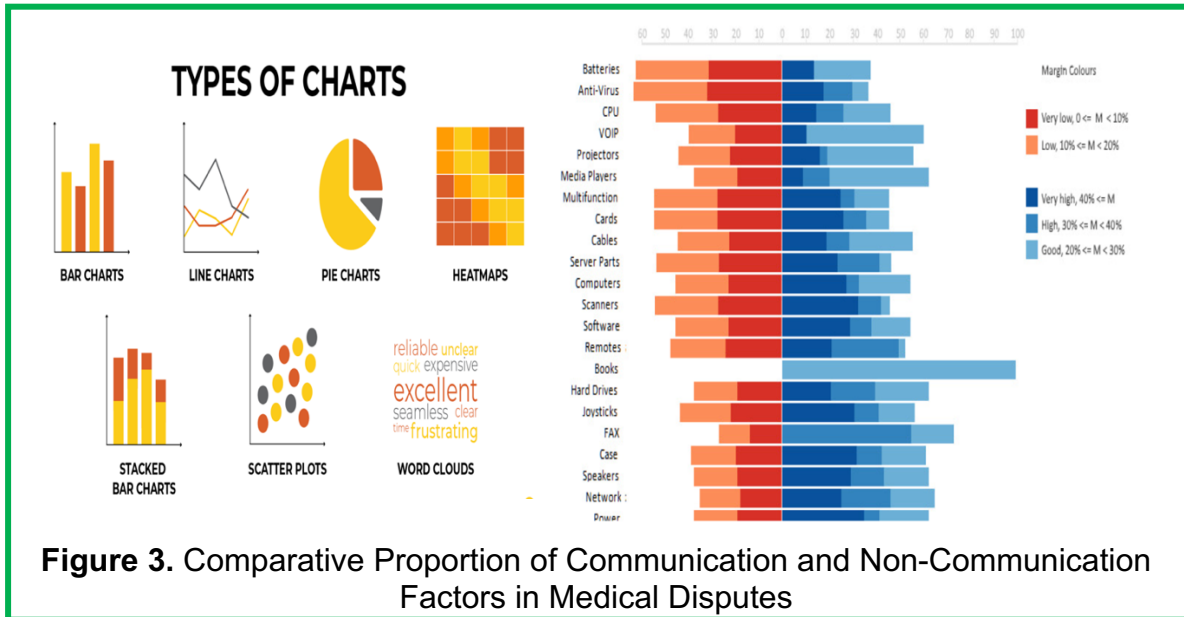
(Triasari et al., 2023). RJ, by contrast, offers a non-carceral, dialogic solution that reduces case backlogs and restores community relationships.



Indonesia faces a critical shortage of medical professionals, with a national average of only 0.4 doctors per 1,000 people second lowest in Southeast Asia after Cambodia (Nickson & Neikirk, 2024). The ratio is even more alarming in rural areas. Criminal litigation against healthcare workers exacerbates this issue, as fear of legal repercussions discourages doctors from engaging in high-risk but necessary medical interventions. The 2013 national doctors' strike following the prosecution of Dr. Dewa Ayu Sasiary illustrates the broader implications of such criminalization: public protests, compromised patient care, and systemic distrust. RJ mechanisms, by contrast, prioritize mutual understanding and moral responsibility, thereby creating safer environments for practitioners and patients alike.

Advantages of Restorative Justice in Medical Dispute Resolution

Restorative Justice (RJ) frameworks encourage open and transparent communication by providing a structured space in which patients can articulate their grievances, experiences, and expectations, while healthcare providers are given the opportunity to acknowledge harms, clarify misunderstandings, and take responsibility where appropriate. This dialogical model fosters mutual empathy, accountability, and collaborative problem-solving, shifting the focus from blame and punishment toward healing and relationship repair. Empirical studies indicate that when healthcare institutions adopt RJ-based practices, such as facilitated restorative dialogues, mediation sessions, or conference-style meetings stakeholders consistently report higher levels of satisfaction, strengthened trust between patients and providers, and improved healthcare outcomes, including reduced conflict escalation and enhanced quality of care (Nickson & Neikirk, 2024).



The 100% stacked bar chart demonstrates the overwhelming predominance of communication-related issues in medical disputes, emphasizing the structural importance of dialogue-based resolution mechanisms. The image provides an overview of common data visualization techniques and illustrates how different chart types can be used to represent information effectively. On the left side, the figure introduces several widely used chart formats, including bar charts, line charts, pie charts, heatmaps, stacked bar charts, scatter plots, and word clouds. Each chart type is designed to communicate specific kinds of data relationships. For example, bar charts are suitable for comparing quantities across categories, while line charts are commonly used to show trends or changes over time. Pie charts emphasize proportional distribution, whereas heatmaps highlight intensity or concentration through color variation.

Scatter plots are particularly useful for identifying patterns or correlations between variables, and stacked bar charts allow multiple data components to be compared within a single category. Word clouds, in contrast, visualize qualitative data by emphasizing frequently occurring terms through size and color. On the right side of the image, a more complex horizontal stacked bar chart is presented as a practical example. This chart illustrates multiple product categories such as batteries, software, computers, and peripherals using segmented bars that represent different margin levels within each category. The color gradient, transitioning from red to blue, conveys varying degrees of performance or margin intensity, ranging from very low to very high. By combining categorical segmentation with color-based intensity, the visualization allows readers to simultaneously assess the distribution of margins within each product type and compare their relative strength across categories. As a result, the chart provides a concise yet comprehensive overview of margin performance patterns in a single, integrated view. Overall, the image demonstrates how selecting the appropriate chart type enhances clarity, supports comparative analysis, and improves decision-making. By combining simple illustrative icons with a real-world data example, the figure emphasizes the importance of visual literacy in transforming complex datasets into accessible and meaningful insights.

Table 2. Sources of Medical Dispute Complaints

Cause of Complaint	Description	Percentage (%)
Communication Breakdown	Miscommunication, lack of informed consent, inadequate explanation, or poor doctor–patient interaction	80%
Non-Communication Factors	Technical medical errors, procedural failures, or system-related issues	20%

Source: processed by researchers

The RJ model resonates with Indonesian cultural and religious norms, especially Islamic jurisprudence. In fiqh, *islah* aims to restore social harmony by emphasizing forgiveness and peaceful dispute resolution, a perspective aligned with the core philosophy of RJ (Darmawan et al., 2025). This cultural fit strengthens the legitimacy of RJ mechanisms and increases the likelihood of public acceptance and engagement (Ariefulloh et al., 2023). Recent legislative reforms reflect a shift toward RJ principles. The 2023 Health Law prioritizes mediation before litigation and mandates procedural guidelines for non adversarial conflict resolution. Additional support is found in Law No. 30/1999 on ADR and Supreme Court Regulation No. 1/2016, both of which promote non-litigation settlement methods (Karjoko et al., 2021). These provisions lay the groundwork for institutionalizing RJ as a viable, legal alternative.

Despite its advantages, implementing RJ in Indonesia's medical sector faces several obstacles. First, the legal framework remains ambiguous, lacking standardized procedures for integrating RJ into formal dispute resolution systems (Amiati et al., 2024). Second, cultural resistance to non-punitive justice persists among legal professionals and segments of the public. Third, the absence of trained facilitators and mediation infrastructure limits the effectiveness and consistency of RJ applications (Ismail et al., 2024).

3.2 Discussions

The findings of this study confirm that medical dispute resolution in Indonesia remains heavily dominated by litigation-based mechanisms, particularly criminal prosecution, despite the availability of non-litigation alternatives. This dual-path system, while formally recognized in law, operates in practice with a strong bias toward punitive approaches (Triasari et al., 2023). Criminal litigation is frequently applied in cases perceived as involving negligence or professional misconduct, leading to the criminalization of healthcare professionals and reinforcing a culture of legal fear within medical practice (Handayani et al., 2019; Karjoko et al., 2021). Such an approach reflects a retributive paradigm that prioritizes punishment over relational repair and fails to account for the inherent uncertainty and ethical complexity of medical decision-making.

Civil litigation, although theoretically oriented toward compensation and contractual accountability, encounters similar structural limitations. Overburdened courts, limited judicial expertise in medical standards, and inconsistent application of therapeutic contract principles weaken the effectiveness of civil remedies (Banwell-Moore, 2024; Amiati et al., 2024). Consequently, both criminal and civil litigation tend

to produce adversarial outcomes that exacerbate conflict rather than resolve underlying relational breakdowns between patients and healthcare providers.

The empirical data further reveal that the dominant causes of medical disputes are non-technical in nature. Communication breakdowns account for approximately 80% of complaints, while technical or procedural errors constitute only 20%. This finding reinforces previous studies demonstrating that medical disputes are primarily relational conflicts rooted in miscommunication, unmet expectations, and perceived disrespect rather than intentional malpractice (Nickson & Neikirk, 2024). Litigation-oriented responses are ill-suited to address such relational harms, as they focus on legal culpability rather than dialogue, accountability, and trust restoration.

The urgency of shifting toward restorative justice is further underscored by broader systemic pressures within Indonesia's criminal justice system. Persistent prison overcapacity—reaching approximately 200% of intended capacity—illustrates the unsustainable reliance on incarceration as a primary response to social conflict (Karjoko et al., 2021). Criminal prosecution of medical professionals contributes to this burden while simultaneously aggravating the national shortage of healthcare personnel. With only 0.4 doctors per 1,000 people, Indonesia already faces critical workforce constraints, particularly in rural and underserved regions (Nickson & Neikirk, 2024). The fear of criminal liability discourages practitioners from performing high-risk but necessary medical interventions, ultimately compromising public health outcomes. In contrast, restorative justice offers a participatory and dialogical framework that aligns more closely with the nature of medical disputes. By emphasizing accountability, reparation, and mutual understanding, RJ addresses both material and emotional dimensions of harm (Murhula & Tolla, 2020; Hamzani et al., 2025). Normatively, this approach resonates strongly with Indonesia's philosophical foundation of Pancasila, which emphasizes deliberation, social justice, and communal harmony. Moreover, RJ is culturally reinforced by Islamic legal principles such as *islah*, which prioritize reconciliation, forgiveness, and the restoration of social balance (Abbas, 2024; Fauzi et al., 2023).

Recent legislative developments, including the 2023 Health Law and existing ADR frameworks, signal growing recognition of non-adversarial dispute resolution (Karjoko et al., 2021). However, the absence of standardized procedures, trained facilitators, and institutional infrastructure continues to limit effective implementation (Amiati et al., 2024; Ismail et al., 2024). Without systemic integration, restorative justice risks remaining symbolic rather than transformative. Overall, the discussion demonstrates that mainstreaming restorative justice in medical dispute resolution is not only normatively justified but empirically necessary. Integrating RJ into Indonesia's legal and healthcare systems offers a sustainable pathway to reducing systemic strain, restoring trust, and delivering justice that is both humane and culturally grounded.

4. Conclusion

This study has demonstrated the pressing need to adopt restorative justice (RJ) as a foundational framework for resolving medical disputes in Indonesia. Current litigation-based approaches, whether criminal or civil, are fraught with systemic inefficiencies, overburdened institutions, and a lack of contextual sensitivity to the complex, relational nature of medical care. The findings highlight that RJ offers a more culturally coherent, ethically responsive, and legally feasible alternative that

aligns with Indonesian legal traditions and Islamic principles of reconciliation. By fostering dialogue, accountability, and healing, RJ has the potential to alleviate the structural limitations of the criminal justice system, reduce the pressure on correctional facilities, and restore trust between healthcare providers and patients. This research contributes to the growing body of legal scholarship advocating for non-retributive, human-centered approaches in health law, offering a doctrinal and policy framework that bridges normative ideals with practical implementation. Future research should explore empirical applications of RJ in Indonesian healthcare settings, assess patient and provider perceptions, and evaluate institutional readiness to adopt restorative practices.

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