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Competence-Based *Ad Hoc* Justice Model for Medical Legal Disputes in Indonesia: A Transcendental Perspective

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ABSTRACT

The increasing number of medical legal disputes in Indonesia shows that the resolution mechanism through general justice methods cannot provide a just and proportional decision. The complicated interaction between legal norms and medical science often becomes an obstacle in the evidencing process, creating an imbalance of understanding between law enforcing apparatuses and health workers, creating legal uncertainty for the disputing parties. This research aims to identify the basic weakness in the applicable justice system as well as formulate a competence-based *ad hoc* justice design as an alternative to resolve medical disputes. This research employed the normative legal method with statute and conceptual approaches, utilizing primary legal materials (the Indonesian 1945 Constitution, the Law on Judicial Power, and regulations in the health sector) as well as secondary legal materials from literary materials, such as court decisions. Research findings show that general justice does not have adequate technical capacity to handle the complexity of medical cases. Therefore, there is a need for an *ad hoc* justice model which integrates medical and legal expertise in a balanced manner to create substantive justice, increase the effectiveness of the dispute resolution process, and strengthen legal certainty in handling medical disputes in Indonesia.

Keywords: *Justice, Ad hoc, Competence, Dispute, Medical.*

INTRODUCTION

In the last few years, there has been an increase in legal disputes related to medical actions in Indonesia. There is an upsurge in the submission of reports to authorized institutions on suspected cases of malpractice, specifically regarding inaccurate medical procedures, the emergence of medical complications, and events that lead to patients' deaths (Putri & Yusuf, 2024). For instance, reports from the Ministry of Health shows that in 2023, there were more

than fifty complaints related to malpractice allegations, and almost half of them ended in patient deaths. These cases originate from various fields of health service, starting from general practitioners to surgeons and obstetricians, reflecting the fact that this issue is not centered on a certain medical discipline (Habibie, 2025).

Such disputes result in wide consequences. On the one hand, patients and their families experience direct losses; on the other hand, medical workers must face potential lawsuits and ethical responsibilities for their professional actions (Desyandra, Kacaribu, & Harris, 2024). Hospitals and health service facilities also feel the impacts, as such cases influence the institutional image and the operations of these institutions' services. Such a situation shows that the resolution of medical disputes cannot be understood solely as a legal issue, as it also relates to the quality of the health services and the guarantee of patient rights (Santos & Yusuf, 2024).

Even so, the general justice system in Indonesia keeps on experiencing obstacles when handling disputes related to medical actions, as these cases have highly technical characteristics. Judges' lack of a medical science background often leads to suboptimum evidence assessment and health worker professional standard evaluation processes. This condition strengthens the urgency for the formation of a special resolution mechanism through an *ad hoc* justice system, which emphasizes professional skills as a basis to assess cases. With this model, it is hoped that medical dispute resolution may occur in a more accurate and balanced manner that reflects substantive justice (Buamona, Febriana, & Bihaqqis, 2024).

When faced with disputes in the medical sector, the general justice system in Indonesia still has some limitations. One of the most significant issues is judges' lack of technical understanding of medical procedures and terminologies. Thus, the case assessment process tends to take more time and potentially produce errors. In general, malpractice cases encompass complicated clinical actions and an evidencing mechanism that depends on medical records and expert opinions. All these elements demand special competencies to assess the levels of accuracy and relevance (Widjaja, 2025).

On the other hand, the general justice mechanism applies general and uniform procedures that are not always aligned with the special characteristics of disputes in the medical sector. This lack of alignment may potentially lead to injustice for both parties, i.e., patients and health workers, which may lengthen the case resolution process (Widjaja & Harry, 2025a, 2025b). This situation shows that the applicable legal system has not fully been able to respond to the need to resolve medical disputes, which requires speed, accurate evidencing mechanisms,

and analytical precision. Based on this, there is a need for the formation of a competence-based *ad hoc* justice mechanism that combines skills in the medical and legal fields. With an integration of these competencies, it is hoped that the produced decision is more professional and proportional, reflecting justice for all parties (Jauhani, 2025).

Complicated legal disputes related to medical practices show the need for a more adaptive resolution mechanism compared to the general justice mechanism. The formation of a competence-based *ad hoc* justice system becomes one of the most relevant alternatives, as it places technical skills and professionalism from both the medical and legal elements as the main basis in inspecting and deciding on a case. Through this approach, this evidence assessment process may be carried out by considering the clinical aspect in a more accurate manner. Thus, the potential for errors in legal and medical analyses may be decreased as much as possible.

Apart from that, *ad hoc* justice gives room for the application of more flexible and efficient procedures compared to the general justice system, which tends to be rigid. This flexibility is important to maintain public trust towards legal institutions as well as ensure the fulfillment of patient rights and the professional responsibility of medical workers. Several countries have adopted a similar model, which emphasizes expert qualifications and competencies as the main considerations in an adjudication process. This shows that the idea of the formation of a competence-based *ad hoc* justice system in Indonesia is not merely an additional option, but is a strategic step to strengthen effectiveness, justice, and accuracy in resolving medical disputes (Sastrowiyoto, 2018).

The establishment of an *ad hoc* justice system to handle medical disputes requires a clear and structured legal basis (Prahara, 2014). Several regulations in Indonesia, including Law No. 17 of 2023 on Health, Law No. 48 of 2009 on Judicial Power, as well as various implementing regulations that regulate the medical profession, have actually provided a normative basis for the use of a dispute resolution mechanism with special characteristics. Even so, the applicable stipulations have not strictly regulated the formation of an *ad hoc* justice system that depends on medical competencies as the main element in the case examination process. This legal void creates a gap between practical needs in the field and the available regulatory design (Aulia & Yusuf, 2024).

The need for a dispute resolution model that is more professional, quicker, and fairer becomes the main basis for the urgency of this research. Through the development of a

competence-based *ad hoc* justice system, the process in determining a decision can be carried out with a high level of accuracy. Thus, the potential for juridical errors may be minimized, and the public trust towards the justice institution may be strengthened. This research is expected to provide a strategic contribution in the form of a legal mechanism design proposal that may integrate medical and juridical considerations in a balanced manner. This is so that the resolution of medical disputes in Indonesia may be more effective, guarantee the protection of patient rights, while still maintaining the professional standard of health workers. Therefore, the research questions of this article are: (1) How is the effectiveness of the current justice system in handling medical legal disputes in Indonesia, especially related to judges' competencies in assessing medical and legal aspects? (2) Can the competence-based *ad hoc* justice system be applied to increase the justice, accuracy, and efficiency in resolving medical legal disputes in Indonesia?

RESEARCH METHOD

This research employed the normative approach (doctrinal legal research)**,** which analyzes legal regulations, legal doctrines, court decisions, and legal literature relevant to medical legal disputes and a competence-based *ad hoc* justice system (Asikin, 2017). This approach allows the identification of existing legal weaknesses as well as the development of a suitable *ad hoc* justice system. This was normative qualitative legal research with a focus on descriptive and constructive analyses. This was not empirical or experimental research, but rather emphasizes legal interpretation and the development of a legal framework (Tripa, 2019).

This paper employed primary and secondary legal materials. The primary legal materials comprised laws, government regulations, court decisions, regulations of the medical profession, as well as official documents on medical disputes. More specifically, the authors analyzed Law No. 17 of 2023 on Health, Law No. 48 of 2009 on Judicial Power, Law No. 29 of 2004 on Medical Practices (which were partly revoked by the 2023 Health Law), Regulations of the Ministry of Health, Implementing Regulations of the Medical Profession, Regulations of the Supreme Court on Court Procedures, and the Ethical Code of the Indonesian Medical Profession. Meanwhile, the secondary data consisted of legal textbooks, scientific journals, articles, previous research, as well as national and international legal literature on *ad hoc* justice.

The authors collected data through library research and document analysis of relevant laws. The data were analyzed qualitatively using the methods of content analysis and comparative law analysis. The analysis was focused on the weaknesses of the current legal system in handling medical disputes, the needs for a competence-based *ad hoc* justice system, and the design of an *ad hoc* justice model based on the Indonesian legal framework (Ali, 2021; Efendi & Ibrahim, 2020).

RESULTS & DISCUSSION

This research was directed to evaluate how far the currently applicable justice mechanism may provide an effective resolution for medical legal disputes in Indonesia. This evaluation is carried out by analyzing stipulations of legal regulations, doctrinal perspectives, and justice practices that have so far been used in handling medical cases. From this analysis, this research then develops a competence-based *ad hoc* justice model as an alternative offer that is deemed more adaptive with the characteristics of medical issues that are full of technical and professional aspects.

The effectiveness of the general justice system in medical legal disputes in Indonesia

Research results show that the resolution of medical legal disputes in Indonesia is still under the jurisdiction of general justice, both from the criminal and civil aspects. However, its effectiveness is still deemed suboptimum. The general justice system does not have medical technical competencies. Thus, judges highly depend on experts, which often leads to uncertainty in their decisions. In criminal cases, the law enforcement apparatus often faces difficulties differentiating between medical risks and negligence, leading to a tendency to over-criminalize medical workers. Apart from that, the formalistic, lengthy, and expensive litigation process is not in line with the characteristics of medical disputes that require a quick and expert-based resolution. As a consequence, the general justice system still cannot balance justice between patient rights and the protection of the medical worker profession.

The main issue that emerges is that medical disputes are highly technical. They involve medical aspects, service procedures, professional standards, as well as considerations of medical ethics. This complexity cannot fully be reached by judges with a background of purely legal education. Thus, there is a gap in understanding between medical facts and juridical analyses. Judges' dependence on expert opinions also makes the evidencing process vulnerable

to biases. It also creates the risk of wrongly assessing medical actions that are actually professional and risk-based (Widjaja & Harry, 2025b).

Analyses of several deicisions show that judges often experience obstacles in assessing whether a doctor's actions have fulfilled the element of medical negligence, or are there acceptable clinical consequences that are a normal medical risk (Baihaqi, 2018). In alleged cases of malpractice, judges in court often places expert opinions as the only basis to assess whether or not a medical action is correct. This full dependence emerges as judges do not have adequate technical capacity to assess the scientific validity of the proposed professional information. Such a situation contributes to the creation of decisions that are not always consistent, while also forming the public perception that justice institutions still have not proportionally understood the dynamics of medical practices.

Apart from that, the evidencing pattern in the general justice system has not been fully adapted to the characteristics of medical disputes. Evidencing instruments, such as medical records, *visum et repertum*, as well as expert opinions, are often not accurately defined due to judges' limitations in reading the technical context of medical procedures. This condition decreases the accuracy of the evidencing assessment and impacts the quality of the produced legal considerations (Asmara, 2025). As a consequence, the process of assessing the pieces of evidence is often formalistic and lacks the substance of justice that should be protected in legal disputes.

From the efficiency aspect, the general justice system also has a slow performance due to its lengthy and expensive procedures. This violates the "justice delayed is justice denied" principle, both for patients awaiting legal certainty and medical workers whose reputation may be impacted by the lengthy litigation process (Amanda & Rizka, 2023). The findings of this research show that in handling medical legal disputes, the general justice system only has a low level of effectiveness. The lack of judges' adequate substantive competencies and the absence of a special forum that understands the technical and ethical characteristics of the medical realm are main factors that encourage the need for an institutional reformation to create a competence-based justice mechanism.

The authority and position of the general justice system in medical disputes

Juridically, the resolution of medical legal disputes in Indonesia is still within the scope of general justice as determined in Law No. 48 of 2009 on Judicial Power. Even though mediation has been positioned as a more dialogical and restorative alternative mechanism, its

use is still suboptimal. As a consequence, the resolution of medical disputes often happens within a litigation framework that is formal and confrontative, failing to reflect the substantive needs of the concerning parties.

On the other hand, Articles 18 and 25 of the Law on Judicial Power has actually provided room for the Supreme Court to form a special justice system as well as appoint *ad hoc* judges based on certain fields of expertise. Normatively, this authority opens room for the formation of a justice system that handles cases with technical complexity, including medical disputes. However, in practice, all alleged cases on malpractice are still processed in the general justice system, whichh tends to use a legalistic parameter without a comprehensive understanding of the professional standards and ethics of the medical profession. This situation leads to a mismatch between the technical needs and the medical dispute resolution with the institutional capacity of general justice. As a result, the fulfillment of substantive justice for patients and medical workers often fail due to the lack of adequate forums.

The structural weakness in the resolution of medical disputes also relates to the stipulations in Law No. 29 of 2004 on Medical Practices that forms the Indonesian Medical Council (*Konsil Kedokteran Indonesia*/KKI) and the Indonesian Medical Discipline Honorary Council (*Majelis Kehormatan Disiplin Kedokteran Indonesia/*MKDKI). These two institutions have ethical mandates and professional disciplines; however, in the construction of the Indonesian state administrative law, their position is not within the judicial power cluster. As a consequence, MKDKI's decisions only have administrative value and are not binding. Thus, they may still be sued through the general justice route. This mechanism creates a functional overlapping between the ethical-discipline process and the formal adjudication process, while showing the existence of a quasi-judicial authority, which has not been accommodated by the existing justice system.

From the perspective of legal substance, Article 251 of Law No. 17 of 2023 on Health states that medical workers are responsible for medical actions based on professional and competency standards, unless it has been proven that negligence has occurred. This formulation places the medical expertise aspect as the main foundation in assessing professional error. Therefore, the dispute resolution forum requires a capacity to understand scientific logics, medical procedures, as well as professional ethical standards. Without a justice system which

has such competencies, the evidencing process may risk creating bias and deviate from the essence of substantive justice.

In the end, the lack of a special justice system with the ability to integrate legal and medical perspectives creates a gap in constitutional protection. On the one hand, patients have the right to obtain access to effective justice, but on the other hand, medical workers require legal certainty for their professional actions. These two guarantees are part of the constitutional right as regulated in Article 28D clause (1) of the 1945 Constitution. Without a competent adjudication mechanism, these two rights may be potentially neglected.

Meanwhile, Law No. 44 of 2009 on Hospitals obliges every hospital to provide a mechanism to resolve patient complaints internally before the case is brought to litigation. This mechanism may be understood as a form of pre-adjudication, as it functions as an initial stage to identify the medical, administrative, and communication issues that become the background to the patient's complaints. In the context of the *ad hoc* justice system design for medical disputes, this internal mechanism has great potential to be integrated as the first layer of resolution. Thus, the adjudication process happens in the stages of ethical, mediation, institutional, and judicial resolution. Not only does such a layered structure accelerate the resolution of issues, but it may also maintain the medical professionalism value as well as decrease the potential for criminalization over medical actions that are actually according to professional standards.

To ensure that the justice model may be formed in a valid and structured manner, policymakers must pay attention to the stipulations in Law No. 13 of 2022 on the Formation of Legal Regulations. This law states that every time a new institution is formed, it must comply with the principle of the clarity of objective, compliance with the national legal system, the effectiveness principle, and the fulfillment of society's legal needs. From this perspective, the presence of the Ad Hoc justice for medical disputes may be justified, as it fills the void of the adjudicative mechanism that the general justice or the professional ethical mechanism still cannot answer.

Integratively, these five laws show a systemic link that complements each other to form a medical dispute resolution framework in Indonesia. Law No. 48 of 2009 on Judicial Power provides a constitutional basis for the formation of a special justice system through the authority of the Supreme Court. Law No. 29 of 2004 on Medical Practices stipulates ethical functions

and professional disciplines, while simultaneously showing the limitation of the quasi-judicial mechanism that does not exist within the judicial power cluster.

Law No. 17 of 2023 on Health strengthes the principle of medical workers' legal liability based on professional and competency standards, demanding an adjudication forum that understands technical assessments. Law No. 44 of 2009 on Hospitals creates an internal resolution mechanism as a form of pre-adjudication that may be integrated into a layered resolution system. Lastly, Law No. 13 of 2022 on the Formation of Legal Regulations provides a normative basis, so that the formation of the new institution may be carried out in a planned and effective manner that is aligned with society's legal needs.

Juridically, up to now, the resolution of medical legal disputes in Indonesia is still within the scope of general justice jurisdiction as determined in Law No. 48 of 2009 on Judicial Power. This law gives the court a mandate to examine and decide upon all criminal and civil cases without exception. Thus, cases related to alleged malpractice or negligence of the medical profession are still processed through the District Court or the High Court. However, this general court mechanism is still not specially designed to handle cases with technical complexity, as determined in medical disputes. Every medical case requires an in-depth understanding on service standards, clinical procedures, and ethics of the medical profession. These are competencies that judges with a purely legal background do not generally have (Ummah, Wiryani, & Najih, 2019).

Even though the health system has professional institutions, such as the KKI and MKDKI, which have the authority to handle the ethical and discipline aspects of the medical profession, in a juridical sense, the decisions of these two institutions do not have binding power (Nelwitis & Rias, 2023). In practice, the decision of the MKDKI may still be sued through a general justice mechanism. Thus, the resolution of medical disputes shifts back to a forum that is not equipped with technical clinical competencies. Such an authority configuration creates an institutional gap between the ethical-professional mechanism and the formal justice system, which in the end weakens the effectiveness of the dispute resolution process as well as inhibits the achievement of substantive justice for patients and medical workers (Andryawan, 2016).

Judges' competencies in assessing the medical aspect

Research findings show that the limitation of judges' competencies is one of the main obstacles in resolving medical disputes in the general justice system. Judges essentially have the authority to assess facts as well as apply legal norms. However, in medical cases, this task often demands technical understanding that exceeds the expertise of conventional law. Not only do medical disputes concern alleged cases of violation against the law, but they also concern clinical service standards, professional ethics, and medical risks that have technical and scientific dimensions. Such complexity makes the adjudication process often fail to holistically illustrate the reality of medical practices, widening the room for misinterpretation of medical evidence and procedures (Andalusia & Yusuf, 2024).

In many medical dispute cases, judges often fully depend on expert opinion to understand the core of the case. This dependence creates a risk of bias, as judges are not always able to assess the scientific quality of the present expert opinion. As a consequence, decisions are often formalistic and do not fully reflect substantive justice. This lack of competence also leads to inconsistency of decisions between cases, as well as increases the potential for criminalization of medical workers. Such a situation states the urgency for the need of a justice mechanism that directly involves the element of medical competency in the case examination process, so that the assessment of evidence and legal decisions may be more accurate, proportional, and just.

The evidencing mechanism and its technical obstacles

In medical law disputes, the evidencing stage is the most critical and complex phase. The general justice system commonly still applies the standard legal evidencing principle, which is often not aligned with the technical characteristics of medical cases. Central evidence, such as medical records, *visum et repertum*, laboratorium results, as well as expert opinions demand a high level of interpretative capabilities to accurately assess their relevance and validity. However, many judges do not have an adequate background in medical science to interpret the scientific context of these pieces of evidence. Judges' full dependence on medical expert opinion creates a potential for bias and excessive formality in their decisions. This condition leads to inconsistency between cases, lengthens the legal process, as well as increases the risk for the criminalization of medical workers (Kurniawan, 2025).

Such a weakness leads to the risk of misinterpretation towards technical medical evidence. In several cases, medical actions that are actually according to professional

procedures may be perceived as negligence due to a lack of a comprehensive understanding of scientific contexts. Apart from that, the burden of proof is usually borne by patients, who often face difficulties proving doctors' errors without the support of medical expertise. This condition makes the justice process run in a rigid manner and may potentially lead to injustice for both parties. Therefore, the evidencing mechanism in medical disputes needs to be adapted so that it is aligned with the scientific and ethical characteristics of the medical profession. This aims to create decisions that are more accurate and better at applying the substantive justice principle.

Efficiency and access to justice

One of the main issues in the resolution of medical law disputes through the general court is the low efficiency and the lack of access to justice for the parties. The procedures for proceedings in public courts tend to be formalistic, lengthy, and expensive. For patients, this lateness may postpone the recovery of justice as well as increase their psychological burden. Meanwhile, medical workers who face the lengthy legal processes also experience pressure on their reputation and professionalism, increasing the risk of failure to achieve substantive justice (Sudarmanto & Arsanti, 2025).

In practice, the delegation of authority from doctors to nurses often leads to legal issues, both at the criminal and civil aspects. The lack of clarity in the limitation of responsibility and the limited understanding of medical legal norms worsen the position of medical workers in the eyes of the law. As a consequence, the dispute resolution process often ends in lengthy conflicts that may potentially damage the integrity and professionalism of the medical profession (Wicaksono, 2025).

Implications for the sense of justice and the urgency for reformation

Structural and substantial weaknesses in the general justice system brings direct impacts to the decrease in the sense of justice for the parties involved in medical disputes. For patients, the lengthy and uncertain legal process creates the image that it is difficult to proportionally strive for their rights. Meanwhile, for medical workers, legal uncertainty and the risk of criminalization towards professional actions may make them feel unsafe in conducting their tasks. This imbalance creates a tension between formal legal justice and professional justice

that should ideally protect the integrity of medical services (Pattypeilohy, Sutarno, & Adriano, 2017).

This condition shows the urgency for the reformation of the medical legal dispute resolution system in Indonesia. There is a need for a new mechanism that may bridge the legal and scientific dimensions in a balanced manner. One of the relevant alternatives is the formation of a competency-based *ad hoc* justice system that simultaneously involves medical and legal experts in the case examination process. It is hoped that this model may achieve substantive justice, increase efficiency, and give a balanced legal certainty between patient rights and the protection of the medical workers' profession.

The design of the competency-based *ad hoc* justice in resolving medical-legal disputes in Indonesia

The idea for the formation of a competency-based *ad hoc* justice system was born from the need for a justice system that is adaptive and contextual towards the characteristics of medical science. The complexity of medical issues demands justice institutions that not only understands legal norms, but also have sensitivity towards medical ethics and professionalism. Therefore, it is hoped that this *ad hoc* justice model may fill the systemic void that has so far made the resolution of medical disputes ineffective. At this stage, the discussion is focused on the concept, legal basis, institutional structure, as well as the prospect of applying this model into the framework of the national legal system.

The basic concept and urgency in forming a competency-based ad hoc *justice model*

The competency-based *ad hoc* justice model is a justice institution that is specially formed to handle certain cases that require specific expertise outside of the general legal capacity. In the context of the national health system, various legal policies often face unpredictable situations or "black swan" events that demand a skill-based quick response. Therefore, the existence of a special justice model with combined medical and legal competencies are crucial to guarantee substantive justice, strengthen legal certainty, and prevent assessment errors which occur due to limited technical understanding in the general justice system (Purnomo, 2025). In the context of medical legal disputes, this *ad hoc* justice model is designed to combine juridical competencies and medical science. Thus, the evidencing and assessment processes may run objectively and proportionally. This approach is aligned with the

lex specialis derogat legi generali principle, which allows the application of special legal norms for cases with certain technical characteristics.

The urgency for the formation of the competency-based *ad hoc* justice model emerges as the general justice system is not fully able to handle the complexity of medical cases which intersect with legal norms, ethics, and professionalism of medical workers. Many decisions show a lack of alignment between legal assessment and the standards of the medical profession, which leads to uncertainty for patients and medical workers. It is hoped that the existence of this special justice system may provide substantive justice, increase the credibility of decisions, and increase a sense of safety for all parties involved in health services (Budiono et al., 2022).

Legal and constitutional bases for the formation of the ad hoc *justice system*

Constitutionally, the formation of the *ad hoc* justice system has a strong legitimacy in the Indonesian legal system (Alghifari, Mallongi, & Nuraiman, 2024). This concept is aligned with the principle of independent judicial power as well as the flexibility of the justice institution in adapting itself to the characteristics of certain cases. The experience in forming a special justice system in the environmental sector shows that the national legal system acknowledges the importance of sectoral expertise in handling complex cases. With this basis, the establishment of the *ad hoc* justice system in the medical sector has a strong and relevant legal basis, allowing for a more professional and proportional dispute resolution process (Winarto, 2024).

Article 24 clause (2) of the Republic of Indonesia's 1945 Constitution states that the judicial power is carried out by the Supreme Court as well as the justice agencies under it, including special justice institutions formed based on the law. These stipulations provide an adequate constitutional basis for the formation of the *ad hoc* justice system in handling cases with certain characteristics, including medical legal cases; thus, the legal legitimacy is clear and liable.

Apart from that, Law No. 48 of 2009 on Judicial Power and Law No. 14 of 1985 on the Supreme Court and their amendments provide an opportunity for the formation of special justice systems through legal regulations (Akhmaddhian, 2020). Systemically, the establishment of the *ad hoc* justice system is still consistent with the due process of law principle, so long as judges' independence is maintained and there is a guarantee of the

involvement of experts according to their fields of competency. Therefore, juridically, the competency-based *ad hoc* justice system has a strong legitimacy basis and is aligned with the constitutional spirit to enforce substantive justice in medical legal disputes.

Institutional structure and composition of the competency-based ad hoc *justice system*

The institutional structure of a competency-based *ad hoc* justice system in medical legal disputes should be designed to balance the juridical and medical science elements in a proportional manner. Ideally, the judicial council should not only consist of career judges, as it should also involve medical professionals and experts of medical ethics. This approach actually imitates international practices, such as those in the Netherlands and Japan, where a health dispute resolution panel combines legal experts and medical workers to guarantee objective and competence-based decisions.

In the framework of *ad hoc* justice, professional judges have the task of assessing the legal aspect and the procedures of justice, while medical experts provide technical and ethical considerations related to health workers' professional actions. This structure guarantees that decisions are not only aligned with positive legal norms but also reflect adequate scientific understanding. From its institutional aspect, the *ad hoc* justice is under the coordination of the Supreme Court as part of the special justice institution, with a transparent and competence-based mechanism of member recruitment. It is hoped that this inter-discipline council may produce a decision that is objective, just, and aligned with the reality of professional medical practices (Safa'at & Ananda, 2024).

Procedural procedures and evidential mechanisms in the ad hoc *justice system*

Procedural procedures in the competence-based *ad hoc* justice system should be designed to be more adaptive and flexible compared to the general justice system by still placing a basis on a just, opened, and transparent justice principle (Sunarto, 2024). In medical disputes, the initial stage of examination is carried out by a joint panel consisting of judges and medical experts. This panel assesses whether the disputed medical action is according to professional standards or if it contains an element of neglect. This stage functions as a preliminary review; thus, only cases that fulfill the substantive criteria may be continued to the formal court process (Lestari, 2022).

The evidential mechanism in the competence-based *ad hoc* justice system places medical expert information as the main piece of evidence, equal to other medical records and documents. The evidence-based judgment principle is applied to guarantee that the decision is based on verifiable scientific data, rather than mere formal legal interpretation. Apart from that, the involvement of professional institutions, such as the Indonesian Medical Council, may function as technical and ethical advisors, giving a professional perspective in the investigation process (Winata, 2025). With this competence-based evidencing mechanism, it is hoped that every decision may balance legal truth and scientific truth, producing substantive justice for patients and medical workers.

The prospect of implementation and challenges in forming the competence-based ad hoc *justice system*

The formation of the competence-based *ad hoc* justice system to resolve medical legal cases in Indonesia has a promising prospect, especially as it is supported by a constitutional basis and the practical needs of the justice reformation. This institution may potentially become an answer to the inequality of understanding between the legal realm and medical practices that have so far led to legal uncertainty. By proportionally involving medical and legal experts, the *ad hoc* justice system is hoped to produce fairer and more credible decisions that accurately reflect the medical profession. However, the implementation of this model also faces significant challenges, including: (1) the need for a clear institutional regulation, including a transparent recruitment system for judges and medical experts; (2) the formulation of proceeding procedures that are flexible but still comply with the principle of a fair justice system; (3) adequate funding and human resources; and (4) a coordination between medical institutions, institutions of the medical profession, and related parties, so that the *ad hoc* justice system may function effectively (Andalusia & Yusuf, 2025).

However, the implementation of the competence-based *ad hoc* justice system is not free from several challenges. First, there is a need for clear derivative regulations to regulate the scope of authority, the mechanism to recruit judges and medical experts, as well as ethical standards that every involved party must comply with. Second, the readiness of human resources becomes an important factor, considering that not every legal expert has adequate legal understanding, and likewise for judges regarding the medical aspect. Third, there is a

potential for an overlap of authority with professional ethical institutions that must be anticipated through effective institutional coordination, so that there is no duplication or conflict of decisions. If these challenges can be resolved, the competence-based *ad hoc* justice system has a great chance of becoming an ideal model to resolve medical legal disputes, create substantive justice, strengthen legal certainty, and increase public trust towards the justice system on health in Indonesia (Suriani et al., 2025).

CONCLUSION

The resolution of medical legal disputes through the general justice system is still inadequate in providing a balanced legal protection for patients and medical workers. The lack of alignment between judges' legal understanding and the complexity of medical technicality and ethics makes the evidencing process frequently have a formalistic characteristic that lacks objectiveness. This condition leads to legal uncertainty and decreases substantive justice. Therefore, there is a need for a reformation of the justice system, especially through the formation of a more adaptive competence-based mechanism that can bridge the legal and medical science aspects in a proportional manner.

The formation of a competence-based *ad hoc* justice system emerges as a conceptual solution that is constitutionally logical and valid. This model is designed to brige the gap between legal norms and medical professional assessment through expert participation from the two fields of knowledge. With the support of a clear legal basis, competence-based evidencing mechanism, as well as a proportional institutional structure, the *ad hoc* justice system has the potential to create substantive justice that is more accurate, efficient, and credible in resolving medical legal cases in Indonesia.

The formation of a special justice system based on competencies in the medical field requires the support of clear and holistic regulations, both in the form of new laws and amendments to the Law on Judicial Power. The government, the Supreme Court, and institutions of the medical profession should form an integrated designing team that involves elements from the legal, medical, and professional ethic sectors. This step aims to ensure that the institutional structure, the evidencing mechanism, as well as the court procedures are designed according to the complexity and deeds of medical practices in the field. The increase in capacity and the interdisciplinary collaboration between law enforcement agencies and

medical workers has become a strategic step in understanding the characteristics of medical legal disputes. There needs to be a systematic implementation of co-training programs, the formulation of medical-based evidencing guidelines, as well as the strengthening of the professional ethic institution's role. This effort will strengthen the integration between the legal and the medical science aspects, to create a justice system that not only enforces formal legal norms, but also guarantees substantive justice for all parties involved in health services.

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