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Legal Protection for Patients in the Implementation of Clinical Practice by Dental Students at the University of North Sumatra Dental and Oral Hospital

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ABSTRACT

Dental students are students who have completed the pre-clinical stage and entered clinical education. Professional students actively perform medical actions under the guidance and supervision of clinical educators. In practice, professional students often lack a written legal basis, which can lead to unclear responsibilities and potentially harm patients. The purpose of this study is to analyze the form of legal protection for patients in the implementation of clinical practice by dental students at the University of North Sumatra Dental and Oral Hospital, to identify the legal responsibilities of students in performing medical actions, and to examine the supervision mechanism by clinical educators. This research employs a combination of normative, juridical, and empirical juridical approaches. The results showed that legal protection of patients at RSGM USU has not been implemented optimally due to the absence of adequate internal regulations, lack of standard operating procedures (SOPs) related to delegation of authority, and weak supervision in clinical practice. Legal responsibility for student medical actions rests with the clinical educator who provides direct mandate and supervision. Therefore, it is necessary to strengthen regulations, educate professionals on ethics, and evaluate the supervision system to ensure the protection of patient rights in dental education.

KEYWORDS

Patient Legal Protection;
Clinical Practice;
Legal Liability



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INTRODUCTION

In order to ensure the quality of health services and the implementation of ethical and responsible dental education, the legal protection of patients is a very important aspect. Legal protection is an effort to protect human rights that have been harmed and provide a sense of security to witnesses and/or victims. Through the provision of restitution, compensation, medical services, and legal assistance, which is the legal protection of victims of crimes that occur within the scope of society.¹

Rights and obligations in the life of society, nation, and state are two correlative things.² This means that in a legal relationship, the rights of one party are a necessity for the other party. In providing health services, doctors or health workers who are in direct contact with patients should do their best for the patients or the community.³

The Dental and Oral Hospital of North Sumatra University (RSGM USU) holds a dual role as a center for oral health services as well as a vehicle for clinical education for dental students. Direct interaction between professional students (co-ass) and patients in the process of clinical education raises legal consequences that require clear and firm arrangements.

Professional students or co-asses are dental students who have completed the pre-clinical stage and entered clinical education, where they act as young doctors. Professional students actively perform medical actions under the guidance of clinical educators.⁴ In dental professional education, a dentist must be able to perform a general physical examination and the stomatognathic system by recording clinical, laboratory, radiological, psychological, and social information in order to evaluate the patient's medical condition and use medical records as a basic reference in performing oral and dental care.⁵

Without clear legal rules regarding the limits of student responsibility and strict supervision mechanisms, there is a risk of neglecting patient rights. Research shows that the delegation of responsibility from clinical educators to dental students does not have a written legal basis, which can lead to unclear responsibilities and potentially harm patients.⁶ In addition, the level of competence of dentists in providing medical services is a key element in ensuring the protection of patient rights. Medical practices carried out by incompetent dentists can pose a great risk that can harm patients. Therefore, it is very important to ensure that dentists involved in the dental education process not only have adequate expertise

¹ Soerjono Soekanto, *Suatu Tinjauan Sosiologi Hukum terhadap Masalah-Masalah Sosial* (Bandung: Alumni, 1981).

² Indra Utama Tanjung & Dhiauddin Tanjung, "Undang-Undang perkawinan dan nikah beda agama hukum Islam dan hukum positif" (2022) 6:4 J Kewarganegaraan 6792-6801.

³ Sri Siswati, *Etika dan Hukum Kesehatan Dalam Perspektif Undang-Undang Kesehatan* (Depok: Raja Grafindo Persada, 2013).

⁴ RA Sularso, "Kinerja Dokter Muda sebagai Mediasi Pengaruh Burnout, Kecerdasan Emosional, Self-efficacy terhadap Kepuasan Kerja di Rumah Sakit dr. Soetomo Surabaya, Indonesia" (2018) 7:2 J Maksipreneur Manajemen, Koperasi, dan Entrep 174.

⁵ Indonesian Medical Council Regulation Number 30 of 2014 concerning Education Standards for Indonesian Dentist Professionals.

⁶ Fradhana Putra Disantara et al, "Sistem Hukum Penanggulangan Darurat Kesehatan dalam Perspektif Omnibus Law: Relasi terhadap Hak Asasi Manusia" (2024) 5:2 J Interpret Huk 1120-1130.



but also always adhere to established professional standards in order to ensure the quality of services that are safe and in accordance with applicable legal provisions.⁷

However, the implementation of legal protection for patients in dental education practices at RSGM USU has not been fully optimized. The lack of written guidelines regarding delegation of authority, inconsistent standard operating procedures, and a lack of understanding of legal responsibility can increase the risk for patients. Therefore, evaluation and preparation of more comprehensive and clear regulations are needed to ensure legal protection for patients.⁸

The aspect of legal protection of patients in the implementation of dental education at the Dental and Oral Hospital of the University of North Sumatra (RSGM USU) is very important and requires serious attention. Based on this description, the author is interested in conducting research entitled Legal Protection for Patients in the Implementation of Clinical Practice by Dentistry Professional Students at Dental and Oral Hospital of the University of North Sumatra. It is hoped that the results of this study will provide a deeper understanding of legal protection for patients in the practice of dental education, especially at the Dental and Oral Hospital of the University of North Sumatra (RSGM USU).

The formulation of the problem in this study is How is the form of legal protection for patients in the implementation of clinical practice by dental professional students at the Dental and Oral Hospital of North Sumatra University (RSGM USU)?, What are the legal responsibilities of dental professional students (co-ass) in carrying out medical actions for patients during the clinical education process?, How is the supervision and guidance mechanism by clinical educators in guaranteeing patient rights during education?

METHOD

This research employs a combination of normative, juridical, and empirical juridical approaches. The normative juridical approach is used to examine legislation, doctrine, legal principles, and normative provisions governing the legal protection of patients and the legal responsibility of dental students.⁹ While the empirical juridical approach is used to determine the implementation of these legal provisions in the practice of clinical education at the University of North Sumatra Dental and Oral Hospital, specifically related to the implementation of medical actions by students and supervision mechanisms by clinical educators.

⁷ H Kurniawan, Chomariyah & N Nugraheni, "Perlindungan Hukum Pasien CoAss di Rumah Sakit Gigi dan Mulut Pendidikan" (2025) 4:2 J Huk dan Etika Kesehat 31–45; Also see Marliana Nurprilinda et al, *Buku Ajar Manajemen Keselamatan Paien* (Jambi: PT. Sonpedia Publishing Indonesia, 2024).

⁸ Khairunnisa Taha Oponu, *Praktik Dokter Gigi yang Tidak Kompeten dalam Perspektif Perlindungan Hukum Pasien* Universitas Muhammadiyah Malang, 2025) [unpublished].

⁹ Muhaimin, *Metode Penelitian Hukum* (Mataram: Mataram University Press, 2020).



RESULT & DISCUSSION

I. Legal Protection for Patients in the Implementation of Clinical Practice by Dental Profession Students at the University of North Sumatra Dental and Oral Hospital

Legal protection is an effort to guarantee the rights of individuals or groups in a society so that they are not harmed by actions that violate the law or that are not in accordance with their rights.¹⁰ In this context, legal protection for patients in the practice of dental education refers to efforts to ensure that patients' rights are protected in the educational process involving students as executors of medical actions.¹¹

This legal protection also involves regulations governing the responsibilities of medical personnel, both those with professional status and those still in education. Legal protection for patients is one of the important aspects of the health care system. Patients as parties who receive medical services have the right to protection from potential errors or omissions that could harm them. This protection can be in the form of the right to medical information, consent to medical action, and the right to obtain safe services by established standards.¹²

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 290/MENKES/PER/III/2008 concerning Medical Action Consent, listed in articles 3 and 6, it states that every medical action must obtain consent from the patient after receiving the necessary explanation about the action to be taken. In general, the form of consent given by the user of medical action services (patient) to the executor of medical action services (doctor) to carry out medical action can be divided into three forms, namely:

1. Written Consent

Consent given by the patient or the patient's family after receiving an explanation or information from a doctor or other health worker regarding the things that will be done (medical action) to the patient in written form on a special form that has been provided. This consent is given for all medical actions that have high risks and actions whose results are difficult to predict or doubtful.

2. Oral Approval

In the Regulation of the Minister of Health Number 290 of 2008 concerning Approval of Medical Actions, it is stated that patients do not need to be given consent in written form if the actions of doctors or other health workers are not actions that contain high risks or whose results are doubtful.

3. Consent by gesture

The patient does this through gestures, which can be in the form of saying yes with words, nodding the head, blinking the eyes, moving the hands, or being

¹⁰ Indra Utama Tanjung & Erin Novi Adriani, "Politik Hukum Terhadap Penanggulangan Kejahatan Dunia Maya" (2022) 3:01 Judge J Huk 1–8.

¹¹ H Widyawati, "Aspek Hukum Mahasiswa Pendidikan Profesi Dokter Gigi dalam Pelayanan Kesehatan" (2021) 2:2 J Juristic 166–177.

¹² Dewinta Widianingtyas, "Perlindungan Hukum terhadap Pasien Pengguna BPJS Kesehatan di Rumah Sakit" (2024) 1:3 Mahkamah J Ris Ilmu Huk 58–72.



silent (contact), provided that the patient is conscious and understands the conversation.¹³

In addition, according to Health Law Number 17 of 2023, listed in Article 297 emphasizes that every patient has the right to access information contained in medical record documents, and health service facilities are required to maintain the security, integrity, confidentiality, and availability of data contained in patient medical record documents. Meanwhile, Government Regulation Number 28 of 2024 concerning Regulations for the Implementation of Law Number 17 of 2023 concerning Health states that every organizer of health efforts carried out through health services is carried out by health service standards, which aim to provide protection and legal certainty for medical personnel, health workers, and patients in the provision of health services.¹⁴

In the context of health services, there is an agreement between a doctor and a patient that creates rights and obligations for both parties, called a therapeutic agreement. The object of this agreement is an effort or therapy to cure the patient. As with other agreements, in therapeutic transactions, there are two parties who are bound in the cooperation agreement of the doctor as a provider of medical services and the patient as a recipient of services. As a health consumer, the patient has protection against the possibility of irresponsible health services, such as neglect. In addition, patients have the right to choose the doctor they want while undergoing treatment at the hospital.¹⁵

In Indonesia, civil law protection is recorded in the Civil Code, which regulates protection for victims or parties who suffer losses in the form of compensation. This is stated in Article 1365 of the Civil Code, which states that people who violate the law and bring losses are obliged to pay for the losses arising from it. Furthermore, Health Law Number 17 of 2023 concerning Health, which is listed in Article 276, states that patients have the right:

1. Get information about their health;
2. Receive an adequate explanation of the health services they receive;
3. Obtain health services by medical needs, professional standards, and quality services;
4. Refuse or agree to medical action, except for medical action needed in the context of preventing infectious diseases and overcoming outbreaks or outbreaks;
5. Obtain access to information contained in medical records;
6. Request the opinion of medical personnel or other health personnel; and
7. Obtain other rights by statutory provisions.

Legal protection becomes more complex in the context of dental education, where dental students participate in providing medical actions under the supervision of clinical educators. Legal responsibility in dental education in the

¹³ J Guwandi, *HAM dalam Persetujuan Tindakan Medis* (Jakarta: FK-UI, 1995).

¹⁴ Peraturan Pemerintah RI No. 28 Tahun 2024 tentang Peraturan Pelaksanaan UU Kesehatan

¹⁵ Ni Luh Gede Yogi Arthani & Made Emy Andayani Citra, "Perlindungan Hukum Bagi Pasien Selaku Konsumen Jasa Pelayanan Kesehatan yang Mengalami Malpraktek" (2013) 3:2 J Advokasi.



practice of dental education, especially at the professional level (Co-Ass), involves performing medical actions with the supervision of clinical educators.¹⁶

Legal protection for patients in the practice of dental education at RSGM USU involves various aspects, ranging from regulations governing the legal responsibilities of health workers, including students, to the competence of health workers who must meet established professional standards. In addition, the importance of dental ethics as the basis for medical action also greatly affects the quality of service and protection of patient rights. In terms of protecting the rights of patients, the law gives patients the right to sue in the event of services that are not in accordance with service standards, or often called malpractice. In addition to lexical, malpractice, which is considered a translation of malpractice, is defined according to The Advanced Learner's Dictionary of Current English as wrongdoing or neglect of duty.¹⁷ In the Third Edition of the Big Indonesian Dictionary, negligence is derived from the word *lalai*, which means “*tindakan yang kurang hati-hati, tidak mengindahkan (kewajiban, pekerjaan, dsb), lengah*”.¹⁸ Whereas in the complete edition of the Legal Dictionary, the translation of *culpa* (Lat.) or *schuld* (Bld.), or debt, guilt, fault (Ing.), which means “negligence or negligence that causes legal consequences, is considered a criminal act that can be prosecuted or prosecuted”. Based on Health Law Number 17 of 2023, Article 193 states that the Hospital is legally responsible for all losses caused by negligence committed by Hospital Health Human Resources.

II. Legal Responsibility of Dentistry Professional Students (Co-Ass) in Performing Medical Actions for Patients During the Clinical Education Process

Dental students have not been declared legal as dentists, so they are not included in the subject of the dental code of ethics (*kodekgi*), but in the education process, dental students are directly related to patients. In terms of patient handling, holistic handling is needed, an emotional approach with application through a moral approach and values, and ethical professionalism.¹⁹

The competence of dentists and dental students affects the quality of health worker competency services and the quality of medical services received by patients. Dental practices performed by incompetent medical personnel are at risk of harming patients. Therefore, all dentists and dental students involved in dental education need to meet the competency standards set by professional organizations and educational institutions. These competencies include not only medical knowledge and skills, but also professional ethics that must be applied in every medical action.²⁰

¹⁶ Mohd Yusuf DM et al, “Perlindungan Hukum Terhadap Dokter dan Dokter Gigi dalam Melakukan Pelayanan Kesehatan” (2022) 4:6 J Pendidik Dan Konseling 7039–7044.

¹⁷ Fred Ameln, *Kapita Selekta Hukum Kedokteran* (Jakarta: Grafika Tama Jaya, 1991).

¹⁸ Periksa Pusat Bahasa, *Kamus Besar Bahasa Indonesia Edisi Ketiga* (Jakarta: Balai Pustaka, 2007).

¹⁹ B Nadeak, “Etika Pendidikan Kedokteran: Keteladanan dalam Profesionalisme” (2015) 8:2 J Din Pendidik 123–129.

²⁰ M M Sumarno, *Manajemen Komplain dalam Peningkatan Kepuasan Pasien dalam Layanan Kesehatan di Rumah Sakit Stikes Surabaya*, 2020) [unpublished].



In terms of the implementation of dental professional education to be able to perform health services to patients can only be done if you get a delegation of authority, instructions, and approval from the lecturer/doctor in charge of services. The delegation of authority from the lecturer/doctor in charge of services to dental students is non-attributive, namely, the authority in the form of a mandate. Before taking action on the patient, dental professional students will go through the stage of guidance to the doctor in charge, and then the dental professional students will be accompanied and supervised by the doctor in charge when taking action on the patient. Dental students are not allowed to take medical action or determine treatment decisions for patients without the knowledge of the doctor in charge.²¹

Ethics education in dentistry plays an important role in ensuring that every medical action is carried out with the patient's rights in mind, especially in the context of dental education. In this context, dental students must adhere to a professional code of ethics that includes the obligation to always behave professionally and ensure that patients receive care that is by applicable medical standards. This ethics also includes the obligation to provide clear information to patients, as well as ensuring that they provide informed consent.²²

The University of North Sumatra Dental and Oral Hospital is a Teaching Hospital that functions as a place for integrated health services, education, and research in the fields of medical and/or dental education, continuing education, and other health education in a multiprofessional manner. In carrying out the educational function in the fields of medicine, dentistry, and other health, the Teaching Hospital is in charge of:

1. Provide lecturers who provide guidance and supervision of students in providing clinical services by the provisions of laws and regulations.
2. Participate in producing doctors, dentists, primary care doctors, specialist-subspecialist doctors, and/or specialist-subspecialist dentists and other health personnel.
3. Fostering other hospitals and educational sites in the Teaching Hospital network.
4. Provide patients/clients with a variety of cases and numbers according to educational needs.²³

In fulfilling patient rights, dental students (CoAss) are obliged to maintain the confidentiality of all patient-related information, as regulated in Article 322 of the Criminal Code which regulates the prohibition of divulging secrets in paragraph 1 which reads "Anyone who deliberately discloses a secret that he is obliged to keep because of his position or profession, either current or former, shall be punished by a maximum imprisonment of nine months or a maximum fine of nine thousand rupiahs". In Law No. 27 of 2022 on Personal Data Protection, health data is categorized as sensitive personal data. Violations of this personal data protection may be subject to administrative sanctions in the form of:

²¹ E Sutrisno, T Sugiarti & R Ardyanti, "Co-Assistant Liability (Medical Students) For Health Services: A Socio-Legal Approach" (2020) *Novat Publ* 81–84.

²² Zahir Rusyad, *Hukum Perlindungan Pasien: Konsep Perlindungan Hukum terhadap Pasien dalam Pemenuhan Hak Kesehatan oleh Dokter dan Rumah Sakit* (Jakarta: Setara Press, 2018); Also see Herniwati et al, *Etika Profesi dan Hukum Kesehatan* (Bandung: Widina Bhakti Persada Bandung, 2020).

²³ Peraturan Menteri Kesehatan Republik Indonesia Nomor 31 Tahun 2022



1. Written warning
2. Temporary suspension of data processing activities
3. Deletion or destruction of personal data
4. Administrative fines.

Law Number 17 Year 2023 regulates Health comprehensively, including protection for medical personnel, as well as the rights and obligations of patients and medical personnel. Legal protection is all forms of government efforts to ensure legal certainty to protect citizens' rights, and if these rights are violated, sanctions are imposed by applicable regulations. The forms of legal protection are divided into two, namely:²⁴

1. Preventive legal protection, which is the provision of legal protection to prevent violations before they occur.
2. Repressive legal protection, which is the last protection provided after a dispute or violation in the form of sanctions, either fines or compensation.

Responsibilities of dental professional students (CoAss) in the form of:

1. Medical Negligence

Dental professional students (CoAss) are still responsible for their negligence, even though they are still in the education period.

2. Proof of negligence

To prove the existence of negligence, the 4D elements must be proven: Duty, Dereliction of Duty, Damage, and Direct Causation.

Medical Dispute Resolution Mechanism:

1. Settlement through professional organizations

Medical disputes can be resolved through professional institutions that have the authority to assess and sanction violations of professional ethics and discipline:

- a. Medical Ethics Honor Council (MKEK): handles violations of the medical code of ethics.
- b. Indonesian Medical Discipline Honor Council (MKDKI): handles violations of the professional discipline of doctors and dentists.

2. Non-Litigation Settlement

Alternative out-of-court dispute resolution includes:

- a. Mediation: a dispute resolution process with the help of a neutral third party to reach a mutual agreement.
- b. Arbitration: dispute resolution by an arbitrator appointed by the parties based on an arbitration agreement.
- c. Conciliation: a dispute resolution process with the help of a conciliator who helps the parties reach an agreement.

3. Court Settlement (Litigation)

If dispute resolution through professional bodies and non-litigation is unsuccessful, medical disputes may be resolved through the courts:

- a. Civil: lawsuit for compensation by the patient against medical personnel or Health facilities.

²⁴ Eli Wuria Dewi, *Hukum Perlindungan Konsumen* (Yogyakarta: Graha Ilmu, 2015).



- b. Criminal: criminal charges against medical personnel or allegations of negligence or misconduct in medical services.
- c. Administrative: disputes relating to administrative decisions, such as revocation of a license to practice, are resolved through the State Administrative Court.²⁵

The importance of legal protection and law enforcement is none other than to ensure that legal subjects obtain each of their rights. If there is a violation of these rights, legal protection can provide full protection to the victimized legal subject. The elements of legal protection include:

1. Guarantee of Legal Certainty

Legal protection provides legal certainty for doctors in carrying out their profession.

2. Justice

Legal protection ensures that doctors are not mistreated and get justice.

3. Professionalism

Legal protection encourages doctors to practice professionally and responsibly.

With clear legal protection, it is hoped that young doctors can carry out their duties properly and provide optimal health services to the community. Law Number 17 of 2023 concerning Health, especially those listed in Articles 273 and 274, regulates the rights of doctors, including young doctors, in carrying out practices. Some important points related to the legal protection of young doctors listed in this law include:

1. Legal protection while performing duties

Dental students (CoAss) have the right to obtain legal protection when carrying out their duties according to applicable professional standards and professional ethics.

2. Right to information

Dental students (CoAss) have the right to obtain complete and clear information from patients regarding their health conditions.

3. Occupational Safety and Health

This law guarantees occupational safety and health for dental students (CoAss), including protection against physical and mental abuse and bullying.

4. Legal aid

If dental students (CoAss) encounter medical disputes or violent incidents, they are entitled to adequate legal assistance.

5. Break time

This law regulates the right of dental professional students (CoAss) to get adequate rest time to avoid fatigue and maintain work performance.

It is important to note that this legal protection does not mean young doctors are immune to the law; they are still accountable for their actions and must practice in accordance with the code of ethics and professional standards. The law also provides a stronger basis for fair and transparent resolution of medical disputes.

²⁵ Syukrian Rahmatul'ula, "Aturan Penyelesaian Sengketa Medis di Indonesia", (2025), online: *ILS Law Firm* <<https://www.ilslawfirm.co.id/aturan-penyelesaian-sengketa-medis-di-indonesia/>>.



III. Supervision and Mentoring Mechanisms by Clinical Educator Doctors in Ensuring Patient Rights During Education

In taking action to treat patients, dental professional students (CoAss) do not yet have a license to practice; therefore, the work must be supervised by a clinical educator. Responsibility, according to KBBI, is a state of being obliged to bear everything; if anything happens, you can be sued, blamed, and prosecuted. Meanwhile, according to the law, responsibility is a further consequence of the implementation of a role, whether the role is a right and obligation or a power.²⁶ Furthermore, according to Titik Quarterly, liability must have a basis, which is the thing that causes the legal right for a person to sue another person, as well as the thing that gives birth to the legal obligations of others to give responsibility.²⁷

Clinical educators, dental students (CoAss) and patients have a mutually bound legal relationship. The nature of the education and learning process in the dental profession must respect the rights of patients by the ethics of the dental profession. Students are not allowed to behave arbitrarily because the learning process requires patience as a means of education. Clinical educators responsible for the actions of students must bear criminal sanctions. Students who receive delegation of authority from clinical educators are exempt from criminal charges. Article 51 of the Criminal Code regulates:

1. Not punishable shall be the person who commits an act in execution of an official order given by the competent authority.
2. An official order without authority does not result in nullification of the punishment, unless the person ordered, in good faith, believes that the order was given with authority and that its execution falls within the scope of his/her employment.²⁸

Supervision and mentoring mechanism:

1. Preparation of lesson plans

Clinical educators develop a clear and structured learning plan, including the types of actions to be performed by dental students (CoAss) by the level of supervision required, and the limits of authority of dental students (CoAss).

2. Direct supervision

Clinical educators directly supervise the actions taken by dental students (CoAss), ensuring that the actions are by professional standards and do not endanger patients.

3. Evaluation and Feedback

Clinical educators regularly evaluate the performance of dental students (CoAss) and provide constructive feedback for improvement. This includes evaluation of patient understanding, clinical skills, and communication skills.

²⁶ Ridwan HR, *Hukum Administrasi Negara* (Depok: Rajawali Pers, 2020).

²⁷ Titik Triwulan & Shinta Febrian, *Perlindungan Hukum Bagi Pasien* (Jakarta: Prestasi Pustaka, 2010).

²⁸ Kyagus BS, "Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan" (2022) 2:1 J Huk dan Etika Kesehat 15-31.



4. Ethics and health law education

Clinical educators provide education on professional ethics and health law, including patient rights and obligations, and the importance of maintaining patient privacy and confidentiality.

5. Oversight of violations

Clinical educators have the responsibility to monitor potential violations of patient rights by dental students (CoAss) and take necessary actions to prevent and mitigate them.

6. Open communication

The clinical educator encourages open communication between the dental student (CoAss), the patient and the patient's family to ensure a good understanding of the patient's condition and the plan of action.

7. Assistance

Clinical educators assist dental students (CoAss) in dealing with complex situations and potentially violating patient rights.

8. Policy development

Clinical educators can contribute to the development of hospital policies related to the protection of patient rights during the education process.

9. Use of Informed Consent

The clinical educator ensures that informed consent is obtained from the patient before medical treatment is performed by the dental student (CoAss).

10. Continuous training

Clinical educators attend ongoing training related to the development of dental science and technology, as well as current issues in patient protection.

Principles in supervision and mentoring:

1. Professionalism:

Doctor educators act professionally and maintain integrity in carrying out their duties.

2. Objectivity:

Clinicians are objective in assessing learner performance and are impartial.

3. Empathy:

The doctor educator has a sense of empathy towards patients and understands their needs.

4. Transparency:

The doctor educator is transparent in providing information to patients and their families.

5. Openness:

The physician educator creates an open and supportive environment for learners to learn and grow.

CONCLUSION

Legal protection for patients at RSGM USU has not been implemented optimally, due to the absence of adequate regulations, lack of SOPs related to delegation of authority to professional students (CoAss), weak supervision in clinical practice activities, and the lack of consistent application of informed consent to patients handled by professional students (CoAss). Then the legal responsibility for student



medical actions lies with the clinical educator, considering that professional students (CoAss) do not yet have a license to practice and only carry out actions on the delegation of authority by mandate, but students still have responsibility for personal negligence. Professional students (CoAss) are not allowed to perform medical actions without direct supervision and are required to maintain the confidentiality of patient information by legal provisions and professional ethics. Meanwhile, the supervision and guidance mechanism by clinical educators in ensuring patient rights during education includes the preparation of learning plans, direct supervision in medical actions, evaluation and feedback on student performance, provision of ethics and health law education, supervision of potential violations of patient rights, assistance in complex cases, and ensuring the obtaining of informed consent from patients. Clinical educators are expected to be professional, objective, empathetic, transparent, and to encourage open communication between students, patients, and their families.

SUGGESTION

Based on this discussion, the suggestions that can be given in this study are:

1. Preparation of clear internal regulations at RSGM USU regarding delegation of authority, limits of professional student responsibilities, and mechanisms for approval of medical actions involving students. These regulations must be outlined in the form of Clinical Practice Guidelines and written SOPs that can be a legal and ethical reference in clinical practice.
2. Increased understanding of professional law and ethics for professional students and clinical educators through regular training, seminars, or workshops. This is important to strengthen awareness of patient rights and legal obligations inherent in the clinical education process.
3. Strengthening the system of supervision and documentation of every medical action performed by students, including the granting of mandates, supervision, and reporting of action results. This documentation is important as evidence of accountability and legal protection for both patients and medical personnel.
4. Regular evaluation of clinical education practices, including student involvement in medical services by the hospital and faculty. This evaluation aims to ensure that the standards of legal protection for patients are always upheld and updated by the dynamics of dental and oral health law and services..

DECLARATION OF CONFLICTING INTERESTS

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REFERENCES

BOOK

- Ameln, Fred, *Kapita Selekta Hukum Kedokteran* (Jakarta: Grafika Tama Jaya, 1991).
- Dewi, Eli Wuria, *Hukum Perlindungan Konsumen* (Yogyakarta: Graha Ilmu, 2015).
- Guwandi, J, *HAM dalam Persetujuan Tindakan Medis* (Jakarta: FK-UI, 1995).
- Herniwati et al, *Etika Profesi dan Hukum Kesehatan* (Bandung: Widina Bhakti Persada Bandung, 2020).
- HR, Ridwan, *Hukum Administrasi Negara* (Depok: Rajawali Pers, 2020).
- Muhaimin, *Metode Penelitian Hukum* (Mataram: Mataram University Press, 2020).
- Nurprilinda, Marlina et al, *Buku Ajar Manajemen Keselamatan Pasien* (Jambi: PT. Sonpedia Publishing Indonesia, 2024).
- Oponu, Khairunnisa Taha, *Praktik Dokter Gigi yang Tidak Kompeten dalam Perspektif Perlindungan Hukum Pasien Universitas Muhammadiyah Malang*, 2025 [unpublished].
- Periksa Pusat Bahasa, *Kamus Besar Bahasa Indonesia Edisi Ketiga* (Jakarta: Balai Pustaka, 2007).
- Rusyd, Zahir, *Hukum Perlindungan Pasien: Konsep Perlindungan Hukum terhadap Pasien dalam Pemenuhan Hak Kesehatan oleh Dokter dan Rumah Sakit* (Jakarta: Setara Press, 2018).
- Siswati, Sri, *Etika dan Hukum Kesehatan Dalam Perspektif Undang-Undang Kesehatan* (Depok: Raja Grafindo Persada, 2013).
- Soekanto, Soerjono, *Suatu Tinjauan Sosiologi Hukum terhadap Masalah-Masalah Sosial* (Bandung: Alumni, 1981).
- Sumarno, M M, *Manajemen Komplain dalam Peningkatan Kepuasan Pasien dalam Layanan Kesehatan di Rumah Sakit Stikes Surabaya*, 2020 [unpublished].
- Triwulan, Titik & Shinta Febrian, *Perlindungan Hukum Bagi Pasien* (Jakarta: Prestasi Pustaka, 2010).

JOURNAL

- Arthani, Ni Luh Gede Yogi & Made Emy Andayani Citra, "Perlindungan Hukum Bagi Pasien Selaku Konsumen Jasa Pelayanan Kesehatan yang Mengalami Malpraktek" (2013) 3:2 J Advokasi.
- BS, Kyagus, "Tinjauan Hukum Pendidikan Profesi Kedokteran Gigi dalam Pelaksanaan Pelayanan Kesehatan" (2022) 2:1 J Huk dan Etika Kesehat 15-31.
- Disantara, Fradhana Putra et al, "Sistem Hukum Penanggulangan Darurat Kesehatan dalam Perspektif Omnibus Law: Relasi terhadap Hak Asasi Manusia" (2024) 5:2 J Interpret Huk 1120-1130.
- DM, Mohd Yusuf et al, "Perlindungan Hukum Terhadap Dokter dan Dokter Gigi dalam Melakukan Pelayanan Kesehatan" (2022) 4:6 J Pendidik Dan Konseling 7039-7044.
- Kurniawan, H, Chomariyah & N Nugraheni, "Perlindungan Hukum Pasien CoAss di Rumah Sakit Gigi dan Mulut Pendidikan" (2025) 4:2 J Huk dan Etika Kesehat 31-45.
- Nadeak, B, "Etika Pendidikan Kedokteran: Keteladanan dalam Profesionalisme" (2015) 8:2 J Din Pendidik 123-129.



- Sularso, RA, "Kinerja Dokter Muda sebagai Mediasi Pengaruh Burnout, Kecerdasan Emosional, Self-efficacy terhadap Kepuasan Kerja di Rumah Sakit dr. Soetomo Surabaya, Indonesia" (2018) 7:2 J Maksipreneur Manajemen, Koperasi, dan Entrep 174.
- Sutrisno, E, T Sugiarti & R Ardyanti, "Co-Assistant Liability (Medical Students) For Health Services: A Socio-Legal Approach" (2020) Novat Publ 81-84.
- Tanjung, Indra Utama & Erin Novi Adriani, "Politik Hukum Terhadap Penanggulangan Kejahatan Dunia Maya" (2022) 3:01 Judge J Huk 1-8.
- Tanjung, Indra Utama & Dhiauddin Tanjung, "Undang-Undang perkawinan dan nikah beda agama hukum Islam dan hukum positif" (2022) 6:4 J Kewarganegaraan 6792-6801.
- Widyaningtyas, Dewinta, "Perlindungan Hukum terhadap Pasien Pengguna BPJS Kesehatan di Rumah Sakit" (2024) 1:3 Mahkamah J Ris Ilmu Huk 58-72.
- Widyawati, H, "Aspek Hukum Mahasiswa Pendidikan Profesi Dokter Gigi dalam Pelayanan Kesehatan" (2021) 2:2 J Juristic 166-177.

WEBSITE

- Rahmatul'ula, Syukrian, "Aturan Penyelesaian Sengketa Medis di Indonesia", (2025), online: *ILS Law Firm* <<https://www.ilslawfirm.co.id/aturan-penyelesaian-sengketa-medis-di-indonesia/>>.