



LEGAL LIABILITY OF MEDICAL STUDENTS FOR ETHICAL VIOLATIONS IN CLINICAL EDUCATION

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Abstract:

Healthcare services place patient safety and rights as fundamental principles in every medical action, including those performed by medical students during clinical education. This study aims to analyze the legal liability of medical students for violations of professional ethical standards that cause harm to patients and to formulate the normative basis of accountability from civil, criminal, and institutional legal perspectives. This research applies a normative legal research method using statutory and conceptual approaches. The legal materials analyzed include the Civil Code, the Criminal Code, the Medical Practice Act, the Hospital Act, and regulations governing medical professional education. The analysis was conducted through qualitative interpretation of relevant legal norms to examine the scope of responsibility of medical students involved in clinical services. The results indicate that medical students are considered limited legal subjects who may still be held legally accountable when elements of fault and patient harm are present. Legal responsibility may arise in the form of civil liability for unlawful acts, criminal liability based on negligence or intent, and layered institutional responsibility involving educational institutions and teaching hospitals.

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INTRODUCTION

Healthcare services constitute an essential component of national development because they are directly related to public safety and welfare. The provision of medical services is not only based on scientific competence and clinical skills but also on compliance with professional ethical standards and legal regulations governing medical practice. In Indonesia, professional conduct in medical practice is guided by the Indonesian Code of Medical Ethics established by the Indonesian Medical Association (Beltran-Aroca *et al.*, 2021). These ethical principles emphasize respect for patient rights, confidentiality of medical information, transparency in medical communication, and adherence to professional standards in medical procedures. Compliance with these ethical norms is essential to ensure that medical services are delivered responsibly and in accordance with the legal framework governing healthcare. In the development of medical professional education, medical students at the clinical education stage are increasingly involved in direct interactions with patients within teaching hospitals. During this phase, students participate in activities such as medical history taking, physical examinations, documentation of medical records, and limited clinical procedures under the supervision of supervising physicians. Although these activities are conducted within an educational framework, they place medical students in real clinical situations where their actions may affect patient welfare. However, unlike licensed physicians, medical students have not yet obtained professional registration or medical practice licenses, which creates





a unique legal position in relation to medical responsibility (Maa and McCullough, 2006; Ngo *et al.*, 2016).

The increasing number of clinical students in teaching hospitals is not always accompanied by adequate supervision from supervising physicians. This situation could lead to ethical violations, including medical procedures performed without sufficient supervision, inadequate communication of medical information to patients, and breaches of medical confidentiality. When such violations result in physical, psychological, or administrative harm to patients, questions arise regarding the appropriate legal responsibility and accountability mechanisms applicable to medical students involved in clinical education (Calhoun, Kiel and Morgan, 2018).

From a legal perspective, healthcare regulations recognize patients as legal subjects who possess the right to safety, accurate information, and medical treatment in accordance with professional standards. The principle of informed consent requires transparency regarding the identity, authority, and competence of individuals providing medical services (Wong and Balasingam, 2013; Muhaimin *et al.*, 2021). When medical students perform medical procedures without properly explaining their status as trainees, the patient's right to informed decision-making may be compromised. Consequently, the resulting harm may not only involve medical consequences but also legal violations of patient rights. Previous studies in the field of medical law and ethics have primarily focused on the legal responsibility of licensed physicians or healthcare professionals who possess formal authority to practice medicine. Limited scholarly attention has been directed toward the legal implications of ethical violations committed by medical students during clinical education. This gap becomes significant because clinical training requires direct patient interaction, which may produce legal consequences if ethical violations result in patient harm. The absence of explicit legal regulations regarding the responsibility of medical students creates uncertainty in determining the boundaries of accountability among students, supervising physicians, teaching hospitals, and educational institutions (Muhaimin *et al.*, 2019; Anand and Gupta, 2021; Keles, Demiroren and Turan, 2025).

Based on this gap, this study seeks to analyze the legal protection of patients against ethical violations committed by medical students during clinical education and to formulate the legal construction of responsibility that may be attributed to medical students when such violations cause harm. This research focuses on professional ethical violations as the entry point for examining legal accountability within civil, criminal, and institutional legal frameworks. By clarifying the legal status and responsibility of medical students within the healthcare system, this study aims to contribute to strengthening accountability in medical education while ensuring legal protection for patients involved in clinical training environments (Chandra, 2024).

METHODS

This study employs a normative legal research method that examines law as a system of written norms governing authority, obligations, and legal accountability in medical practice and clinical education. The research focuses on analyzing legal and ethical norms related to the responsibility of medical students during clinical training and the legal protection of patients. The study does not involve a specific physical research site because it is conducted through a library-based approach. The research objects consist of legal norms and regulations selected purposively based on their relevance to the issue of legal responsibility in clinical education. The primary legal materials analyzed include the 1945 Constitution of the Republic of Indonesia, the Medical Practice Act, the Medical Education Act, the Hospital Act, the Health Act, regulations concerning teaching hospitals, professional medical education standards, and the Indonesian Code of Medical Ethics.





Secondary materials consist of scholarly books, academic journals, and previous research related to medical law and ethics, while tertiary materials include legal dictionaries and regulatory indexes. Data were collected through library research using official regulatory databases and academic databases. The analysis was conducted qualitatively through legal interpretation using grammatical, systematic, and teleological approaches to formulate a legal construction of medical students' liability for ethical violations in clinical education (Preston-Shoot and McKimm, 2011).

RESULT AND DISCUSSION

Legal Protection for Patients Against Ethical Violations by Medical Students in Clinical Education. The results of this study indicate that legal protection for patients against ethical violations committed by medical students in clinical education is fundamentally based on the recognition of patients as legal subjects within the Indonesian healthcare system. National health regulations emphasize that patients possess the right to obtain safe, quality, and responsible health services. This principle establishes a legal obligation that all medical actions, including those carried out by medical students during clinical training, must comply with professional standards and patient safety requirements. Consequently, the educational nature of clinical training cannot justify a reduction in the level of legal protection afforded to patients (Ashcroft *et al.*, 1998; Hicks *et al.*, 2001; Eckles *et al.*, 2005).

In clinical education, medical students actively participate in healthcare services through activities such as medical history taking, physical examinations, preparation of medical records, and limited clinical procedures under the supervision of licensed physicians. Although these activities are conducted within an educational context, they place students in direct interaction with patients, thereby creating a therapeutic relationship based on trust. Previous studies on medical ethics emphasize that patient rights, including the right to information, informed consent, and confidentiality, remain fully applicable regardless of whether medical services are delivered by licensed physicians or medical trainees under supervision. From the perspective of healthcare administrative law, legal protection for patients is implemented through regulatory mechanisms governing authority, supervision, and service standards. Teaching hospitals are required to maintain service quality and patient safety while simultaneously fulfilling their educational functions. Therefore, the delegation of clinical tasks to medical students must be accompanied by clear supervision and well-defined operational procedures. When ethical violations occur due to insufficient supervision or administrative failure, responsibility may extend beyond the individual student to include supervising physicians, teaching hospitals, and educational institutions.

The findings further demonstrate that legal protection for patients operates through both preventive and corrective mechanisms. Preventive protection is reflected in the regulation of student competencies, ethical training, and supervision by clinical instructors. These measures aim to ensure that medical students perform clinical tasks within their level of competence and under appropriate guidance. Corrective protection arises when violations occur and may involve internal complaint mechanisms, institutional disciplinary procedures, or legal actions if patient harm is proven.

Ethical standards also play a crucial role in safeguarding patient rights within clinical education. The Indonesian Code of Medical Ethics establishes fundamental principles that prioritize patient welfare, respect patient autonomy, and maintain confidentiality of medical information. Although medical students have not yet taken the professional oath of physicians, the ethical principles contained in the code function as normative guidelines during their clinical training. Violations such as performing medical procedures without proper consent, disclosing confidential



medical information, or exceeding clinical authority may therefore be interpreted as ethical misconduct that potentially leads to legal consequences.

Another important finding of this study is the existence of layered responsibility within the clinical education system. Medical students do not possess independent authority to perform medical procedures because they have not obtained professional registration or medical practice licenses. However, the actions they perform may still produce legal consequences when patient harm occurs. In such situations, legal responsibility may involve multiple parties, including the student who performs the medical action, the supervising physician responsible for oversight, the teaching hospital that provides healthcare services, and the medical school responsible for professional education. This layered responsibility reflects the collective nature of healthcare services in teaching hospitals. Supervising physicians are required to ensure that students perform only procedures within their competence and under adequate supervision. Failure to provide proper supervision may constitute professional negligence. Similarly, teaching hospitals as healthcare institutions may bear institutional responsibility if patient harm results from inadequate supervision systems or organizational failures.

From the perspective of medical ethics, patient protection is based on the principles of beneficence, non-maleficence, autonomy, and justice. Beneficence requires that every medical action aim to benefit the patient, while non-maleficence requires the avoidance of harm. Autonomy emphasizes the patient's right to make informed decisions regarding medical treatment, and justice requires fair and equitable treatment. These ethical principles are integrated into clinical education to form the foundation of professional conduct among medical students. When violations of these principles occur and cause harm to patients, legal protection functions as a corrective mechanism to restore patient rights. Overall, the findings demonstrate that the Indonesian healthcare legal system has provided a normative framework for protecting patients within clinical education. This framework consists of statutory regulations recognizing patient rights, administrative rules governing teaching hospitals, and professional ethical standards guiding medical conduct. However, the effectiveness of this legal protection depends heavily on consistent supervision, clear delegation of authority, and proper enforcement of ethical and legal accountability within medical education institutions.

Legal Liability of Medical Students for Ethical Violations Causing Patient Harm. The legal responsibility of medical students during clinical education arises from their involvement in real medical activities that may produce legal consequences. During the clinical phase of medical education, students participate directly in patient care activities such as medical examinations, clinical procedures, and participation in diagnostic decision-making under the supervision of licensed physicians. These activities create a legal relationship between medical students and patients because they directly affect the patient's rights to safety, information, and quality healthcare services. From a theoretical perspective, medical students can be considered limited legal subjects who can perform actions that produce legal consequences. Although their authority is restricted by the educational framework and supervision requirements, their actions may still generate legal responsibility when they violate professional standards and cause harm to patients. Legal responsibility arises when there is a violation of legal norms that results in sanctions or obligations to restore the rights of injured parties (Blank, 2002; O'Brien *et al.*, 2014).

Civil liability may arise when a medical student's actions fulfill the elements of an unlawful act that causes harm to another party. Such elements generally include the existence of an act, unlawful conduct, fault or negligence, damage suffered by the patient, and a causal relationship between the act and the damage. If a medical student performs medical procedures beyond the



scope of delegated authority, ignores the requirement of informed consent, or fails to follow established clinical procedures resulting in patient harm, these elements may be fulfilled and lead to civil liability.

Criminal liability may also arise when medical actions carried out by students meet the legal elements of negligence or intentional wrongdoing that cause serious injury or death. Criminal law generally requires proof of both a prohibited act and the presence of fault. When medical negligence results in severe injury or fatal outcomes, criminal provisions concerning negligence causing harm may be applied. In addition, unauthorized medical practice may constitute a criminal offense if a student performs medical procedures independently in a way that creates the impression of being a licensed physician.

Despite the possibility of personal liability, clinical education operates within a system of shared or layered responsibility. The concept of vicarious liability recognizes that individuals or institutions responsible for supervision may also bear legal responsibility for the actions of those under their control. In clinical education, medical students perform medical procedures under the supervision of physicians and within the institutional framework of teaching hospitals and medical schools. Therefore, legal responsibility may extend to supervising physicians who fail to provide adequate supervision and to healthcare institutions that fail to maintain proper organizational control.

The results of this study, therefore, demonstrate that legal accountability in clinical education cannot be attributed solely to individual students. Instead, responsibility is distributed across multiple actors within the healthcare and educational systems. Medical students may bear personal responsibility when they act beyond their authority or negligently cause harm. However, supervising physicians, teaching hospitals, and educational institutions also carry institutional responsibilities to ensure proper supervision, competency-based training, and patient safety. Ultimately, the analysis confirms that medical students in clinical education are limited legal subjects who remain bound by both legal and ethical norms. Their status as trainees does not eliminate legal accountability but requires a proportional assessment of responsibility based on the scope of authority, the level of supervision provided, and the consequences of the medical actions performed. The legal system, therefore, seeks to balance patient protection with the educational function of clinical training while ensuring accountability within the healthcare system.

CONCLUSION

This study concludes that medical students in clinical education occupy the position of limited legal subjects whose clinical actions may generate legal consequences when ethical violations result in patient harm. The normative analysis confirms that student status does not eliminate accountability; instead, responsibility is assessed proportionally based on the scope of delegated authority, the presence of supervision, and the elements of fault and causation. Accordingly, legal accountability may arise in three interrelated forms: civil liability when the requirements of unlawful acts and measurable harm are met; criminal liability when negligence or intent fulfills criminal elements, particularly in cases of serious injury or death; and institutional or layered liability when inadequate supervision or governance failures implicate supervising physicians, teaching hospitals, and educational institutions. The findings also indicate a regulatory gap in sectoral laws regarding explicit boundaries of authority and responsibility for medical students during clinical training, which may lead to uncertainty in dispute resolution. Therefore, more operational rules are needed to standardize delegated clinical authority, supervision documentation, and accountability mechanisms to strengthen patient protection and legal certainty in clinical education. Future





research should incorporate empirical approaches – such as case studies of dispute resolution, court decisions, or institutional complaint handling – to test how these accountability constructions operate in practice and to refine governance models for clinical training settings.

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