LEGAL CERTAINTY OF A PEACE ACTION DEED AS A MEDIATION PRODUCT IN MEDICAL DISPUTE LAW IN THE DISTRICT COURT

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Abstract

This study aims to analyze the legal certainty of settlement agreements (akta perdamaian) resulting from non- litigation mediation in resolving medical disputes, as well as to identify their strengths and weaknesses compared to litigation pathways. In practice, conflicts between patients and medical professionals often have serious implications for the reputation of hospitals, thereby requiring a resolution mechanism that is fast, efficient, and legally secure. This research adopts a normative juridical approach by examining relevant legal instruments such as Law No. 30 of 1999 on Arbitration and Alternative Dispute Resolution, Law No. 17 of 2023 on Health, and the Indonesian Civil Code. The findings indicate that settlement agreements made outside of court are valid and legally binding under civil law but do not automatically possess executorial force unless ratified by the court or formalized as notarial deeds. This condition may lead to legal uncertainty when one party fails to comply with the terms of the agreement. Therefore, mediation remains an ideal alternative dispute resolution in the healthcare sector, provided it is supported by legal mechanisms that ensure enforceability. The researcher also proposes a concept of medically based mediation, integrating legal and medical expertise to enhance fairness and effectiveness in future medical dispute resolutions.

Keywords: Legal certainty, settlement agreement, medical dispute, non-litigation mediation, hospital.

Abstrak

Penelitian ini bertujuan untuk menganalisis kepastian hukum perjanjian perdamaian (akta perdamaian) yang dihasilkan dari mediasi non-litigasi dalam penyelesaian sengketa medis, serta mengidentifikasi kelebihan dan kelemahan perjanjian perdamaian dibandingkan dengan jalur litigasi. Dalam praktiknya, konflik antara pasien dan tenaga medis seringkali memiliki implikasi serius terhadap reputasi rumah sakit, sehingga memerlukan mekanisme penyelesaian yang cepat, efisien, dan secara hukum aman. Penelitian ini menggunakan pendekatan yuridis normatif dengan mengkaji instrumen hukum yang relevan, seperti Undang-Undang Nomor 30 Tahun 1999 tentang Arbitrase dan Penyelesaian Sengketa Alternatif, Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, dan Kitab Undang-Undang Hukum Perdata Indonesia. Temuan menunjukkan bahwa perjanjian perdamaian yang dibuat di luar pengadilan sah dan mengikat secara hukum berdasarkan hukum perdata, namun tidak secara otomatis memiliki kekuatan eksekutorial kecuali diratifikasi oleh pengadilan atau diformalkan sebagai akta notaris. Kondisi ini dapat menimbulkan ketidakpastian hukum jika salah satu pihak tidak mematuhi ketentuan perjanjian. Oleh karena itu, mediasi tetap menjadi alternatif penyelesaian sengketa yang ideal di sektor kesehatan, asalkan didukung oleh mekanisme hukum yang menjamin keberlakuan. Peneliti juga mengusulkan konsep mediasi berbasis medis, yang menggabungkan keahlian hukum dan medis untuk meningkatkan keadilan dan efektivitas dalam penyelesaian sengketa medis di masa depan.

Kata kunci: Kepastian hukum, perjanjian penyelesaian, sengketa medis, mediasi non-

litigasi, rumah sakit.

INTRODUCTION

Medical dispute resolution in Indonesia is generally directed toward mediation before proceeding to litigation in court. This approach aligns with Article 310 of Law Number 17 of 2023 on Health, which mandates that disputes between medical or healthcare professionals and patients must first be resolved through Alternative Dispute Resolution (ADR). This provision emphasizes that any alleged errors or negligence in medical services should initially be settled through deliberation, thereby avoiding lengthy and costly legal proceedings.

Mediation in medical disputes is considered a faster, simpler, and more cost- effective mechanism compared to litigation. Moreover, mediation helps maintain good relationships between patients, doctors, and hospitals because it is conducted based on principles of kinship and confidentiality. In the context of healthcare services, mediation also serves to protect the reputation of medical professionals and prevent the negative impact of public exposure in open court proceedings. Thus, mediation functions not only as a legal instrument but also as an ethical and social means to maintain balance between the rights and obligations of all parties involved.

The outcome of the mediation process can be formalized in a peace deed, a legal document containing the settlement agreement between the parties that holds binding legal force. The peace deed has the same standing as a court decision with permanent legal force (inkracht), meaning it can serve as a basis for execution if either party fails to fulfill the terms of the agreement. This provides legal certainty for all parties in the dispute— patients, doctors, and hospitals alike. Such certainty is essential to ensure a sense of security and legal protection for the results achieved through mediation.

However, the effectiveness of peace deeds in resolving medical disputes still faces several challenges. One such challenge is the potential annulment of the deed if the contents of the agreement contradict existing laws or are made in bad faith. In practice, administrative and technical obstacles also arise, such as limited understanding of the procedures for legalizing a peace deed and the suboptimal implementation of the provisions stipulated in Supreme Court Regulation Number 1 of 2016 concerning Mediation Procedures in Court.

Data from the Supreme Court for 2022–2023 indicate an increase in the number of successfully mediated cases, although the percentage remains relatively small. In 2022, there were 40,551 mediation cases recorded, with 1,362 successfully settled through mediation, while in 2023 the number rose to 41,198 cases with 1,509 successful settlements. Although the mediation success rate is only around 3–4 percent, this upward trend demonstrates growing recognition of mediation as an efficient dispute resolution mechanism oriented toward substantive justice.

In the context of medical disputes, the implementation of mediation aligns with the principle of restorative justice, which focuses on restoring relationships and fulfilling patients' rights without damaging the reputation of healthcare professionals. Through this process, both parties can achieve a fair and humane resolution without the need for prolonged court proceedings. This approach also reflects humanitarian values in healthcare services, prioritizing patient welfare and the professionalism of medical practitioners.

Therefore, this study asserts that the peace deed resulting from mediation plays a crucial role in establishing legal certainty and enhancing the effectiveness of medical dispute resolution in district courts. To achieve this objective, clear enforcement mechanisms, improved legal understanding among medical personnel and patients, and a shared commitment to consistently implementing the agreements are required. Proper

implementation of mediation is expected to strengthen public trust in Indonesia's legal system and healthcare services.

METHOD

The research method used in this study on the legal certainty of the peace deed as a product of mediation in medical dispute resolution at the District Court is the normative juridical method. This approach is applied because the research focuses on analyzing the positive legal norms in force and their application in the practice of resolving medical disputes. The normative juridical method examines law as a system of norms consisting of principles, regulations, and doctrines that govern relationships between individuals and between individuals and the state. This approach is considered relevant because it provides a conceptual understanding of the legal position of the peace deed within Indonesia's legal system and evaluates its conformity with the principles of legal certainty. In normative legal research, the main sources used are primary legal materials, namely statutory regulations directly related to the research topic. The primary legal bases for this study include Law Number 17 of 2023 on Health, Law Number 30 of 1999 on Arbitration and Alternative Dispute Resolution, and Supreme Court Regulation Number 1 of 2016 on Mediation Procedures in Court. In addition, other relevant regulations concerning judicial authority and civil procedural law are also utilized as references for
the implementation of mediation within the judicial environment.

In addition to primary legal materials, this study also uses secondary legal materials, including literature, journals, previous research findings, and expert opinions relevant to the topics of legal certainty and mediation. Legal doctrines from scholars such as Sudikno Mertokusumo, Gustav Radbruch, and Lawrence M. Friedman are employed to strengthen the theoretical argument regarding the relationship between legal certainty and the implementation of mediation in medical disputes. The use of secondary sources aims to deepen the analysis and compare research findings with existing academic perspectives. This research also employs a case approach, analyzing court decisions related to peace deeds and medical disputes. Through this approach, the researcher examines the practical application of law, particularly how judges validate peace deeds resulting from mediation and the legal implications for the parties involved. This approach provides a more concrete understanding of how legal theory is implemented in judicial practice, as well as
the extent to which mediation can provide legal certainty for disputing parties.

The data collection technique used is library research, conducted by compiling and reviewing various relevant legal sources. The researcher collects regulations, court decisions, and previous studies related to mediation and peace deeds. The data obtained are then systematically analyzed to identify the relationship between legal norms and their implementation in medical dispute resolution practices. This technique is chosen because it aligns with the characteristics of normative legal research, which emphasizes the study of legal texts and official documents.

Data analysis is carried out using a qualitative descriptive method, which involves describing and elaborating on the collected legal materials within the context of existing laws and legal theories. The data are analyzed by examining the consistency between legal rules, doctrines, and their application in the practice of medical dispute resolution at the District Court. Through this analysis, the study aims to draw comprehensive conclusions regarding the effectiveness and legal certainty of the peace deed as a mediation product. In the final stage of the research, a process of legal interpretation is conducted to connect the applicable norms with the actual legal realities observed in the field. The results of this interpretation serve as the basis for drawing conclusions about the role of the peace deed in ensuring legal certainty in medical dispute resolution. Through this approach, the study not only evaluates legal texts formally but also seeks to understand
how law functions within the social and institutional contexts of healthcare.

Thus, the research method is designed to comprehensively address the research problems through normative analysis and case studies. The combination of theoretical and practical approaches is expected to provide both academic contributions and practical recommendations for improving the effectiveness of mediation and the implementation of peace deeds in resolving medical disputes in Indonesia.

RESULTS AND DISCUSSION

General Overview of Medical Disputes in the District Court

Medical disputes in District Courts generally occur between medical professionals such as doctors, nurses, or hospitals and patients or their families due to alleged errors, negligence, or inappropriate medical actions. These disputes often arise from misdiagnosis, delayed treatment, incorrect medication, or medical procedures performed without patient consent (informed consent). When treatment outcomes do not meet expectations or cause harm, patients tend to seek legal remedies as a means of pursuing justice. Poor communication and a lack of transparency from medical personnel in providing information to patients further increase the potential for conflict.

The types of medical disputes that commonly occur include administrative, ethical, legal, and personal disputes. Administrative disputes usually concern financing issues or inconsistencies in healthcare service costs. Ethical disputes arise from alleged violations of professional codes of ethics, while legal disputes emerge from alleged legal violations such as malpractice or negligence. In addition, personal disputes may occur between fellow medical professionals or between medical personnel and healthcare institutions. The main causes of disputes include differences in perception or interpretation, violations of rights and obligations, and communication failures between medical professionals and patients.

The process of resolving medical disputes can be pursued through two avenues: litigation and non-litigation. Litigation is carried out through the courts, following formal legal procedures, and results in a binding judicial decision with executory power. Conversely, non-litigation resolution can be achieved through negotiation, mediation, arbitration, conciliation, or expert judgment. Non-litigation methods tend to be faster, more cost-effective, and flexible, although their success depends heavily on the good faith of the parties involved. In the context of medical disputes, mediation is the preferred option as it emphasizes the principles of restorative justice and helps maintain good relationships between patients and medical professionals.

The implementation of mediation is regulated under Supreme Court Regulation (PERMA) Number 1 of 2016 concerning Mediation Procedures in Court. The process includes filing a lawsuit, appointing a mediator, conducting mediation sessions, drafting an agreement, and legalizing the settlement in the form of a peace deed by the judge. If mediation fails, the trial process proceeds. If successful, the result is recorded in a written agreement that carries the same legal force as a final and binding court decision. Mediation proceedings are also confidential and cannot be used as evidence in court unless both parties agree. Thus, this regulation aims to expedite amicable dispute resolution and reduce the caseload in courts.

The peace deed resulting from mediation carries final and binding legal force. According to Article 130 of the Herziene Indonesisch Reglement (HIR) and Article 1858 of the Indonesian Civil Code, a peace deed cannot be appealed or reviewed by the Supreme Court and holds executory power. However, its validity depends on the fulfillment of the essential conditions of a valid contract as stated in Article 1320 of the Civil Code, namely mutual consent, legal capacity, a clear object, and a lawful cause. If a peace deed is made without meeting these requirements, it may be declared invalid. A peace deed ratified by the court holds stronger legal authority than a non-litigation peace deed because it is final and binding and can be directly executed by the state.

Overall, the findings of this study indicate that mediation and peace deeds provide effective solutions for resolving medical disputes in Indonesia. Mediation not only ensures legal certainty but also restores social and psychological relationships between patients and medical professionals. The success of mediation depends largely on the professionalism of mediators, the legal understanding of the parties involved, and the support of judicial institutions. Therefore, it is essential to enhance mediator training, increase public legal awareness, and

strengthen mediation regulations so that peace deeds are more widely recognized as effective, fair, and humane instruments for dispute resolution in the healthcare sector.

Analysis of Legal Certainty Through the Peace Deed

Legal certainty in the resolution of medical disputes serves as a fundamental pillar that ensures all parties receive protection and justice in accordance with prevailing legal provisions. The peace deed, as the result of a mediation process in the District Court, holds a strategic position because it functions as a court decision with permanent legal force. Based on Article 130 of the *Herziene Indonesisch Reglement* (HIR) and Article 1858 of the Civil Code, a peace deed is *final and binding*, meaning that no further legal remedies, such as appeal or cassation, can be pursued. Thus, the peace deed becomes a legal instrument that not only ends disputes amicably but also provides strong legal certainty and protection for the disputing parties, including in medical disputes, which often involve ethical and professional considerations in the medical field.

In practice, a peace deed provides executorial assurance that allows an aggrieved party to request court enforcement if the agreement is violated. This mechanism affirms that the outcome of mediation does not merely rest on moral consensus but possesses tangible legal power. This provision aligns with the principles of simplicity, speed, and low cost as stipulated in Article 2 paragraph (4) of Law Number 48 of 2009 concerning Judicial Power. In the context of medical disputes, this is particularly relevant since litigation processes often cause psychological strain, prolong conflict, and damage the reputation of medical professionals and hospitals. Therefore, mediation resulting in a peace deed serves as a more humane and efficient legal solution that maintains a balance between legal interests and social well-being.

From a theoretical perspective, Gustav Radbruch's concept of legal certainty emphasizes stability and reliability as essential components of a just legal system. The peace deed is a concrete manifestation of this theory because it provides clarity regarding the legal status of mediation outcomes and protects parties from the uncertainty of lengthy litigation processes. Furthermore, Article 6 paragraph (7) of Law Number 30 of 1999 on Arbitration and Alternative Dispute Resolution stipulates that a mediation agreement may be registered with the court to obtain executorial power. Thus, a peace deed binds the parties as though it were a law, consistent with the principle in Article 1338 of the Civil Code, provided that it is made in good faith and fulfills the essential requirements of a valid contract.

Based on an interview with legal practitioner Mr. Saptono, S.H., M.H., a judge at the District Court, the peace deed possesses the same legal force as a court decision with permanent legal effect (*inkracht van gewijsde*). He emphasized that in medical disputes, the peace deed not only provides legal protection for medical professionals but also guarantees patients' rights proportionally. Moreover, he highlighted that the peace deed embodies the principle of legal certainty as described by Gustav Radbruch, as it is clear, written, and leaves no room for multiple interpretations. In other words, the peace deed represents the balance between justice, certainty, and legal utility in the practice of medical dispute resolution in Indonesia.

Findings from interviews with hospital representatives reveal that peace deeds resulting from mediation have proven effective in protecting medical personnel from excessive criminalization and recurring disputes. For patients, the peace deed ensures certainty regarding their rights and agreed-upon compensation; for doctors, it guarantees legal protection for their professional actions; and for hospitals, it maintains reputational stability and legal accountability. Therefore, mediation that culminates in a peace deed can be regarded as an ideal legal instrument for achieving fair, efficient, and legally certain resolution of medical disputes for all parties involved.

Obstacles and Challenges in the Implementation of Mediation

The research findings indicate that the main inhibiting factors in the mediation process of medical disputes include the emotional unpreparedness of one of the parties, imbalance of

medical or legal information, and the lack of mediators who possess a deep understanding of both legal and medical aspects. Emotional unpreparedness often hinders the achievement of an agreement, as the patient or their family may still be overwhelmed by feelings of anger, disappointment, or trauma resulting from the medical procedure. In such situations, the mediator's role becomes crucial in creating a conducive

and empathetic atmosphere. The mediator must be capable of managing the emotions of the parties and facilitating effective communication, as emphasized by various studies and expert opinions highlighting the importance of the mediator's emotional intelligence in maintaining neutrality and composure during the mediation process.

Apart from emotional factors, the imbalance of information between patients and medical personnel is also a significant obstacle. Patients often do not fully understand their rights and obligations related to medical records and the applicable legal procedures, while medical personnel are more familiar with technical and regulatory aspects. This creates a perceptual gap that can lead to mistrust. Therefore, improving legal and medical literacy among the public is essential so that the mediation process can proceed on an equal and transparent footing. On the other hand, the protection of patient data confidentiality must still be maintained in accordance with Law Number 17 of 2023 on Health, which affirms the patient's right to the privacy of medical information.

The lack of mediators who deeply understand both legal and medical aspects also poses a serious barrier to resolving medical disputes. Not all mediators have the competence to comprehend medical terminology and the complex legal relationships between patients, doctors, and hospitals. This condition often results in suboptimal mediation outcomes or even the failure to reach an agreement. Therefore, it is necessary to enhance mediator capacity through specialized training in health law and medical ethics, as well as to establish an independent and professional health mediation institution. Such efforts can strengthen the effectiveness of medical dispute resolution while ensuring justice for all parties involved.

To optimize the implementation of mediation, strengthening regulation and supervision is of utmost importance. The Supreme Court, through Supreme Court Regulation (Perma) Number 1 of 2016 and Perma Number 3 of 2022, has set forth mediation procedures, including electronic mediation. However, challenges remain in the form of the public's low understanding of the benefits of mediation, the limited number of certified mediators, and the insufficient readiness of technological infrastructure. Research findings and interviews with legal practitioners and medical professionals indicate that a shift in legal culture is still needed—from a litigation-oriented mindset toward a more restorative and efficient peaceful resolution approach.

Real cases, such as the dispute at Mitra Keluarga Kalideres Hospital in 2016 and Mokopido Hospital Tolitoli in 2020, demonstrate that mediation plays a vital role in maintaining public trust and the reputation of health institutions. In the Mokopido Hospital case, mediation successfully resulted in a peaceful agreement involving financial compensation and improvements in hospital procedures, which were subsequently formalized in a peace deed ratified by the District Court. An interview with Dr. Abdul Kadir, Sp.PD, Director of Mokopido Hospital, emphasized that the greatest obstacles in mediation are the public's lack of understanding and the limited number of mediators with health-related backgrounds. Therefore, specific technical regulations, training in communication and conflict psychology for both medical personnel and legal mediators, and the establishment of an independent health mediation center are needed to ensure effectiveness and legal certainty in resolving medical disputes in Indonesia.

Theoretical and Practical Implications

This research provides a significant contribution to the development of legal theory, particularly in the fields of civil law and health law, by highlighting the role of mediation as a means of resolving medical disputes that is fair, efficient, and humane. Theoretically, this study reinforces the notion that law functions not only as a coercive instrument to enforce sanctions but also as a tool for social reconciliation that restores relationships between disputing parties.

This aligns with Gustav Radbruch's philosophy, which places the three fundamental values of law—justice, expediency, and legal certainty—as the core pillars of a civilized legal system.

The peace deed resulting from the mediation process reflects the simultaneous application of these values. Theoretically, a peace deed is not merely evidence of the parties' agreement but also a valid legal instrument with executorial force, as regulated in Article 130 of the *Herzien Inlandsch Reglement* (HIR) and Article 1858 of the Civil Code. Thus, the peace deed represents a manifestation of legal certainty and substantive justice, as it is achieved through mutual consent and understanding. This demonstrates that non-litigation mechanisms such as mediation can serve as effective legal instruments for resolving medical disputes without creating social or psychological burdens.

Conceptually, this study also enriches the theory of legal protection by showing that protection for medical professionals need not always be repressive through criminal law provisions but can be implemented through civil mechanisms based on voluntary agreements. The peace deed serves as a form of non-litigious legal protection that ensures a balance of rights and obligations between patients and doctors. Therefore, doctors who perform their duties according to professional standards receive concrete legal protection, while patients are guaranteed certainty of their rights without having to undergo lengthy and costly litigation processes.

From the perspective of legal science development, this study strengthens the position of mediation as the primary method of resolving medical disputes oriented toward restorative justice. Mediation is not merely viewed as an alternative but as a principal means of building harmonious relationships between medical personnel and patients. Under the Supreme Court Regulation (PERMA) No. 1 of 2016, mediation is mandatory before the main case hearing begins, making its role increasingly strategic in Indonesia's civil justice system. This emphasizes the importance of improving mediator competence through specialized training and certification so that mediation processes can be conducted professionally, efficiently, and in accordance with the principle of confidentiality.

This study also affirms that the peace deed is an effective legal instrument for resolving medical disputes. When conflicts arise between patients and hospitals, mediation allows the parties to reach an amicable settlement, which is then legalized by the court into a peace deed that is final and binding. With its executorial power, this deed guarantees the enforcement of the agreement without the need for a new lawsuit. In practice, resolution through mediation has proven effective in avoiding the negative impacts of litigation, such as high costs, lengthy processes, and the deterioration of professional relationships between medical practitioners and patients.

Practically, this study provides direct benefits for legal practice and the healthcare sector. Mediation and peace deeds have proven to be effective solutions in addressing disputes over the disclosure of patient medical records, where legal and ethical issues often intersect. Through a peace deed, doctors obtain clear legal protection, while patients gain certainty regarding their rights and agreed compensation. This reinforces the principle of legal certainty in the resolution of medical disputes, as emphasized in Radbruch's theory of law. Furthermore, successful mediation helps preserve the reputation of healthcare institutions by resolving conflicts privately and amicably.

For the judiciary, this study highlights the need to strengthen the capacity of judges and mediators in handling medical disputes, which are characterized by their complexity. Judges are expected not only to understand formal legal aspects but also to be sensitive to medical ethics and social psychology. Additionally, the implementation of electronic mediation, as regulated in PERMA No. 3 of 2022, should be expanded nationwide so that dispute resolution can be conducted more quickly and efficiently without compromising legal validity. Courts are

also encouraged to collaborate with healthcare institutions and professional organizations to provide mediators with both medical and legal backgrounds.

From the institutional perspective of hospitals, this research recommends establishing an *internal dispute resolution unit* to facilitate dialogue between patients and medical personnel before conflicts escalate to the court level. This unit would serve as a preventive mechanism to maintain communication, minimize misunderstandings, and prevent reputational damage. Through such internal mechanisms, hospitals can strengthen public trust and improve the quality of both legal and healthcare administrative services.

Finally, for policymakers, the findings of this study provide a foundation for formulating more progressive legal policies in the health sector. It is necessary to strengthen regulations that position mediation and peace deeds as the primary mechanisms for resolving medical disputes, not merely as alternatives. The government and the Supreme Court should encourage the presence of certified mediators with expertise in both law and medicine and expand public awareness so that mediation is understood as a fair and effective dispute resolution method. Thus, legal protection for both medical professionals and patients can be realized in a balanced manner within a legal framework that ensures justice, expediency, and legal certainty.

DISCUSSION

This study demonstrates that mediation is the most effective and equitable mechanism for resolving disputes in the context of medical conflicts, particularly those related to the disclosure of patient medical records. The mediation process, which results in a peace deed, has proven capable of providing legal certainty for both doctors and patients while simultaneously reflecting Gustav Radbruch's three fundamental values of law: justice, utility, and legal certainty. Through mediation, law functions not merely as a repressive instrument but also as a means of social reconciliation that upholds the principles of restorative justice.

The position of the peace deed as the outcome of the mediation process reflects final and binding legal force, as stipulated in Article 130 of the Herziene Indonesisch Reglement (HIR) and Article 1858 of the Civil Code. This deed serves as an effective legal protection instrument since it can be directly executed without requiring a new lawsuit if one of the parties violates the agreement. In practice, this mechanism minimizes psychological burdens and financial costs for both parties while maintaining the professional relationship between medical practitioners and patients. Thus, mediation functions as an efficient, humane, and substantively oriented dispute resolution mechanism.

This research also emphasizes that legal protection for doctors is not solely provided through criminal or administrative regulations but can also be realized through civil law instruments such as peace deeds. In cases involving the disclosure of medical records, mediation provides space for doctors and patients to reach a fair agreement without undergoing lengthy litigation. This approach reinforces the principle of non-litigation justice, which prioritizes communication and mutual understanding as the foundation for resolving legal conflicts. Accordingly, the peace deed not only ensures legal protection for doctors but also guarantees that patients' rights to information and justice are fulfilled.

However, the study also identifies several obstacles in the implementation of mediation, such as the limited number of certified mediators with expertise in health law, low public legal literacy, and inadequate support facilities in courts. Emotional factors often become barriers as well, especially when patients or their families are not emotionally prepared to accept unsatisfactory medical outcomes. Therefore, it is necessary to provide training for mediators who understand both legal and medical aspects, as well as to establish independent health mediation institutions that can ensure objectivity and professionalism in dispute resolution.

Overall, mediation and peace deeds have proven to be legal instruments capable of realizing legal certainty in the resolution of medical disputes. This process not only provides

protection for medical professionals but also restores trust between patients and healthcare providers. With strengthened regulations, improved mediator capacity, and greater public awareness, mediation can evolve into the primary mechanism for resolving medical disputes in Indonesia—reflecting a balanced integration of legal, ethical, and humanitarian principles.

PENUTUP

This study concludes that mediation plays a strategic role in resolving medical disputes, particularly those related to the disclosure of patient medical records. The mediation process that results in a peace deed has proven capable of providing legal protection for doctors while ensuring the balanced fulfillment of patients' rights. Through a non-litigation approach, mediation not only resolves disputes efficiently and peacefully but also preserves the professional relationship between medical practitioners and patients and protects the reputation of healthcare institutions from the negative impacts of open litigation processes.

The peace deed, as the final product of the mediation process, holds the same legal force as a court decision with permanent legal effect. This provides concrete legal certainty for the parties involved and ensures that the terms of the agreement can be lawfully executed without undergoing lengthy judicial procedures. Thus, the peace deed functions not merely as an administrative instrument but also as a symbol of substantive justice that upholds the principles of utility and legal certainty, as articulated by Gustav Radbruch.

Nevertheless, several challenges remain in optimizing the implementation of mediation in Indonesia, such as the limited number of mediators with expertise in both law and healthcare, low public awareness of the benefits of mediation, and uneven development of mediation-supporting infrastructure within the judiciary. Therefore, systemic reform is needed through the strengthening of regulations, capacity building of human resources, and the establishment of specialized health mediation institutions to ensure that the resolution of medical disputes can be carried out more effectively and credibly.

Finally, this study recommends that mediation should be positioned as the primary mechanism for resolving medical disputes, rather than merely an alternative. Through synergy among the government, judiciary, medical professionals, and the public, mediation can become a means of dispute resolution that embodies the values of justice, humanity, and legal certainty. By implementing mediation optimally, Indonesia's legal system can move toward a more restorative, efficient, and peace-oriented model of dispute resolution that promotes sustainable harmony.

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