The Strength of Proof of MKDKI Decisions in Medical Crime Cases in Indonesia

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Abstract

The aim of this research is to determine the evidentiary strength of MKDKI decisions in Medical Crime Cases in Indonesia. MKDKI has the main objective of protecting patient safety, maintaining the quality of service to patients, and also maintaining the honor of the profession of doctors and dentists, which is actualized in the form of a trial in the medical sphere to find out whether a doctor or dentist has made a mistake in applying medical discipline knowledge or not. , institutionally, MKDKI is an autonomous institution from the Indonesian Medical Council whose duties are independent and responsible to the Indonesian Medical Council, then KKI in carrying out its duties is responsible to the president. Complaints submitted to MKDKI act to eliminate the right of every person to report any alleged medical crime to an authorized party or filing a lawsuit for damages in court. The type used in this research is normative legal research. This type of research places more emphasis on answering existing legal problems or issues, and this research uses several approaches, namely the statutory approach, the conceptual approach. (conceptual approach) and case approach (case approach). The results of this research show that the evidentiary strength of the MKDKI Decision which can be used as documentary evidence in medical criminal cases is as follows: 1) issued by an authorized official or issued by an official institution, 2) the MKDKI decision is produced through a legal and legitimate process , and 3) proof at a trial at MKDKI is the same as in a proceeding using criminal procedural law; and the examination process and trial process are carried out in depth, and carried out by parties who are competent in their fields

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INTRODUCTION

Health is part of Human Rights, this right already existed and became an integral part when humans were first born. The statement regarding health has been regulated in Number 17 of 2023 concerning health. For this reason, health is a very fundamental thing for a human being. Humans will always be different in terms of condition and health, in the sense of the word, every individual human will not be guaranteed complete rights if their right to health is also neglected. The right to life, which also includes decent work, freedom of assembly and association. In general, health is an important milestone in human rights and must remain protected and must also receive good attention from various stakeholders (Ardinata, 2020).

The right to health that humans have also includes various things, including the ability to obtain health services, and the right to special consideration for the health of mothers and children. This statement is in line with the Universal Declaration of Human Rights (DUHAM).

The right to health as a fundamental human right must be achieved by the people through the implementation of quality and affordable health development. The outline of activities related to health is that medical practice must be carried out by doctors and dentists who have high morals, are experts and have authority. On the other hand, the quality of their staff must always be carefully considered, and certification, registration, licensing, coaching, supervision and monitoring to provide security and safety to doctors and dentists.

Health is one part of prosperity that must be achieved, this is in line with the ideals of the Indonesian nation, while health is a development priority that the Indonesian nation uses to achieve the ability to live healthily for the entire population in order to realize optimal levels of public health, as one of the elements of general welfare with national goals (Kusuma and Budiarsih, 2023).

Health is an indicator of human success, without health humanity will not live a productive and economically viable life, nor be well educated (Adji 1991). The implementation of health development concerns health efforts and resources that must be carried out regularly in order to provide optimal results (Soewono, 2007).

The implementation of health in Indonesia is based on five basic norms of international agreements which are the activities of the UN, WHO, WMA. The five norms are social defense, social security, social welfare, social policy which relies on human rights as a universal principle. Therefore, the source of health law is "lex specialis" not a codification of criminal or civil law, nor consumer protection law. Health law as a "lex specialis" specifically protects the duties of health professionals (providers) in human health service programs towards the goal of the declaration "Health for All" and specifically protects patients (receivers) to receive health services (Nasution, 2013).

Regarding the medical profession, at first in 1889 this was marked by the emergence of the health school, namely Stovia, and it is also one of the oldest professions in Indonesia and is seen by society as a noble profession, this is because it concerns the lives of human beings. The medical profession in Indonesia is regulated in Law Number 17 of 2023 concerning health. The medical profession is a noble profession that is expected to help society in the health sector and is given freedom and independence.

The Code of Medical Ethics is a regulatory instrument used to regulate the behavior of doctors in health services in the community. The aim of creating a code of ethics for the medical profession is so that doctors prioritize the interests of patients and minimize errors on the part of doctors. The scientific equipment used has very special characteristics, this uniqueness can be seen from the justification given by law and is permitted through medical procedures on the human body in an effort to raise the level of health as well as medical procedures on the human body through doctors and dentists. The implementation of medical procedures begins with informed consent which is carried out in writing or verbally after the patient has received a clear explanation (Machrus and Budiarsih, 2022).

As time goes by, there are various problems that include medical problems, a small example of which is malpractice which is sometimes carried out by irresponsible doctors. Malpractice is a mistake made by a doctor that a patient experiences. Malpractice is legally divided into three, namely: Civil malpractice, criminal malpractice, and administrative malpractice (Soekanto, 1987).

In various cases, malpractice is very common in the medical world, as well as in Indonesia. In fact, many people are also aware that various doctors' actions that have been carried out are not in accordance with procedures, this results in people having difficulty understanding the doctor's actions, therefore, patients here have rights and obligations that must be protected by the state, namely providing facilities according to the mandate of the law. -Law number 17 of 2023 concerning health Article 304 number 2 in the form of the formation of the Indonesian Medical Discipline Honorary Council (MKDKI).

The Indonesian Medical Discipline Honorary Council which has the main objective of protecting patients, ensuring that the quality of service to patients remains good, and maintaining the good name and prestige of the medical profession and is authenticated in a judicial format in the medical sphere to find out whether a doctor has made a mistake in applying medical discipline knowledge. or not. Institutionally, MKDKI is an autonomous institution from the Indonesian Medical Council whose duties are independent and responsible to the Indonesian Medical Council, then KKI in carrying out its duties is responsible to the president.

Complaints submitted to the MKDKI do not eliminate the right of every citizen to report suspected medical crimes to authorized parties or take a claim for damages to court. In this case, the idea can be drawn that if a doctor experiences a medical dispute, it can be reported to the police for further processing, but there must be a decision from the MKDKI. Based on the explanation above, this raises fundamental questions, namely what is the authority of the MKDKI in Handling Medical Disputes and what is the evidentiary strength of MKDKI

decisions in medical criminal cases in Indonesia, so this issue is the reason for conducting legal research in order to find concrete answers related to these problems.

MATERIALS AND METHODS

The type used in this research is normative legal research. This type of research places more emphasis on answering existing legal problems or issues, and this research uses several approaches, namely the statutory approach, the conceptual approach. (conceptual approach) and case approach (Marzuki, 2010)..

RESULTS AND DISCUSSION

Medical crime or commonly called malpractice in the medical realm is an action carried out by medical personnel that is not in line with general standards of action and this results in harm to the patient, apart from that this is classified as negligence or deliberate in the realm of criminal law. In grammatical interpretation, medical malpractice according to the Big Indonesian Dictionary (KBBI) is medical practice that is carried out incorrectly or incorrectly and deviates from the law or code of ethics.

According to J. Guwandi, medical malpractice or medical criminal acts include the following matters:

1. Doing something that should not be done by a medical professiona;
2. Not doing what should be done or neglecting obligations; and
3. Violates a provision according to the law (J. Guwandi, 2004).

Furthermore, J. Guwandi explained that malpractice in a broad sense is separated from the actions carried out:

1. Deliberately (dolus, vorsatz, intentional) which is prohibited by law, such as deliberately carrying out an abortion without medical indication, euthanasia, and providing incorrect medical information.
2. Not intentionally (negilence, culpa) or due to negligence, for example: neglecting patient treatment, being careless in diagnosing patients (J. Guwandi, 2004).

Thus, in medical malpractice there are elements of error which are not the same as the definition of error within the criminal scope, namely that there is intent or negligence including the offense of omission which results in material or immaterial losses to the patient. Along the way, medical malpractice must be separated from medical accidents (medical mishap, misadventure, accident). This is because at first glance they both look the same, even though in fact there are different elements that result in criminal liability. In medical malpractice, doctors or dentists who have committed it must meet the criteria, for example, errors or negligence in handling, carelessness and ignoring obligations as stipulated in medical service standards.

What needs to be paid attention to by a medical personnel/doctor is how to understand the responsibilities of a doctor, which of course will have a fatal impact on all possible negligence made by medical personnel/doctors, and which should be understood as follows:

1. There is detection to diagnose a disease symptom;
2. There is an obligation to return the patient to good condition;
3. Providing informative education using simple delivery methods; and
4. There is approval and agreement by the patient's family regarding all medical procedures that will be carried out (Budiarsih, 2021).

On the other hand, in a medical accident (medical mishap/medical accident) it is something that can be understood, forgiven and not blamed, because in a medical accident the doctor has acted with great care and thoroughness by anticipating various possible consequences for the patient according to the circumstances. with medical service standards or standard operational procedures, but medical accidents can arise because every medical

procedure always has a risk involved, and in medical accidents the doctor's responsibility or actions cannot be questioned, because the risks that arise are the risks borne by the patient, for example in the case of allergies , anaphylactic shock, hypersensitivity to drugs that cannot be predicted in advance and can cause death, cardiac arrest, brain damage, coma, paralysis, and so on.

A doctor whose treatment does not comply with medical operational standards and standard medical procedure procedures means that he has made an error or negligence, which apart from being processed under criminal law, can also be sued for civil compensation in cases where, for example, the patient suffers losses. Prosecution for criminal liability can only be carried out if the patient is permanently disabled or loses his life, while civil lawsuits can be carried out as long as the patient suffers losses even if there is a small mistake (Supriadi, 2001).

The problem of medical negligence is not something new, but has been prevalent since ancient times. In 2250 BC, the Code of Hammurabi was known which stated that "if a doctor dissects a patient who has a serious wound using a lancet knife made of bronz and results in death, or dissects an infection in the patient's eye with the same knife , but damages the person's eyes, then the injured person will cut off the doctor's fingers." Negligence in principle is not an internal violation if it does not result in any loss. However, if the negligence results in material loss to physical loss such as injury or even loss of life, then the person causing the loss can be punished under criminal law (Agustina, 2022).

In fact, there are many malpractice cases in various countries, but this needs to be explained more clearly regarding malpractice cases committed by doctors, especially in Indonesia. The first case that occurred was the case of Siti Chomsatun against the Main Director of Kramat 128 Hospital, dr. Tantiyo Setyowati, M.Kes., and dr. Fredy Merle Komalig, M.K.M. This case began in April 2009, Siti Chomsatun became a patient at Kramat 128 Hospital because she experienced a disease in the form of swollen thyroid gland or commonly called a goiter, until finally the patient underwent surgery on April 13 2009.

Before the case went to court, through Leila Zenastri, daughter of Siti Chomsatun, RS. Kramat 128 was reported to the Indonesian Medical Discipline Honorary Council (MKDKI) on August 10. To MKDKI, Siti Chomsatun complained about 2 medical staff at Kramat 128 Hospital, namely Dr. Tantiyo Setyowati and dr. Fredy Melke Komalig. After 23 months of examining the case, on June 26 2012, the MKDKI issued a decision on Siti Chomsatun's complaint numbered: NO. 43/P/MKDKI/2010.

In this decision issued by the MKDKI, Dr. Tantiyo Setiyowati., M.H., Kes, and Fredy Melke Komalig., M.K.M. was declared to have violated medical discipline for "not carrying out adequate medical action/care in certain situations which could harm the patient". This refers to Article 3 paragraph (2) letter f Perkonsil 4 of 2011 concerning Professional Discipline of Doctors and Dentists with details of action as follows a) dr. Tantiyo Setyowati gives corticosteroids to patients with shortness of breath caused by vocal cord paralysis. In the a quo MKDKI decision, it is known that corticosteroids are not commonly given to patients with shortness of breath caused by vocal cord paralysis. Where the treatment for Siti Chomsatun should be to carry out strict observation, b) Fredy Melke Komalig has written a doctor's prescription for antihypertensive drugs on prescription paper that is not his own.

Armed with the MKDKI's decision, Siti Chomsatun finally filed an Unlawful Action Lawsuit against Kramat 128 Hospital at the Central Jakarta District Court. The lawsuit filed by Siti's attorney was in April 2017, the court decision on case number 287/Pdt.G/2017/PN.Jkt.Pst was in November 2018, meaning that from the filing of the lawsuit until the decision of the Central Jakarta District Court was more from one year.

The lawsuit filed by Siti's attorney to the (Panel of Judges) of the Central Jakarta District Court which is examining and adjudicating this case is not only about material losses but also

immaterial losses. However, the judge through the decision of the Central Jakarta District Court with case number: 287/Pdt.G/2017/PN.Jkt.Pst. only agreed and decided to provide material compensation to Siti, namely Rp. 17,620,933 which must be paid by the defendant.

Various government efforts have been made to ensure the availability of access to health services for its citizens by facilitating facilities and infrastructure in the health sector. This must also be in line with various legal instruments aimed at providing protection for every citizen who is in contact with health services provided by doctors and hospitals.

The existence of this legal instrument has been bridged by the government to provide legal certainty and protection for citizens who take part in the implementation of treatment or healing that has been offered by the various parties concerned. Apart from that, with the existence of various legal instruments, the provision of health services certainly cannot be realized easily. In this case, it is necessary to have a supervisory body/institution that represents the government in providing health services for every citizen. The establishment of a body or supervisor has the aim of ensuring that the implementation of health services is in accordance with the agreed legal corridors and to advance the quality of health services starting from doctors and hospitals. Various supervisory bodies or institutions have been created by the government so that this goal is achieved. Among them are the Indonesian Medical Council (KKI), the Indonesian Doctors Association (IDI), the Indonesian Medical Discipline Honorary Council (MKDKI), and the Medical Ethics Honorary Council (MKEK) (Andryawan, 2016).

MKDKI itself is an institution that has the authority to decide whether there are errors in the application of medical disciplines, and also represents the task of being able to enforce the rules that require all doctors to obey when implementing medical practice. MKDKI members consist of doctors who are representatives of professional organizations, hospital associations, and legal experts. MKDKI members consist of three doctors and three dentists from their respective professions, one doctor and dentist representing the hospital association and three people from law degrees. This is so that neutrality is guaranteed in the work carried out by MKDKI (Lintang, 2021).

According to Article 3 of the Indonesian Medical Council Regulation Number 3 of 2011 concerning the Organization and Work Procedures of the Indonesian Medical Discipline Honorary Council and the Medical Discipline Honorary Council at the provincial level, it is stated that in implementing medical discipline enforcement the MKDKI has the duty to:

1. Receive complaints, carry out examinations, and make decisions regarding cases of alleged violations of professional discipline of doctors and dentists that have been submitted; and
2. Prepare guidelines for procedures for handling cases of suspected violations of the professional discipline of doctors and dentists (Lintang, 2021).

Apart from that, in Article 5 the MKDKI's authority is to design procedures for handling cases involving doctors and dentists, prepare guidebooks for carrying out MKDKI and MKDKI-P duties, receive complaints regarding alleged violations involving the professional discipline of doctors and dentists, and accept if there is a request for appeal; does not accept complaints that are not part of MKDKI's jurisdiction and can be rejected if there is a request for appeal.

Meanwhile, Article 4 of the Indonesian Medical Council Regulation Number 50 of 2017 concerning Procedures for Handling Disciplinary Complaints from Doctors and Dentists, explains that MKDKI is not an institution that can carry out mediation, reconciliation and negotiation processes between complainants, integrated patients, and/or their Proxies: MKDKI also does not accept complaints related to ethical issues and legal issues, whether civil or criminal. If an ethical violation is found during the inspection, MKDKI will forward the complaint to a professional organization.

Violations of professional discipline in Indonesian Medical Council Regulation Number 4 of 2011 concerning Professional Discipline of Doctors and Dentists can be grouped into three, namely:

1. Carrying out incompetent medical practices;
2. Doctors' professional duties and responsibilities that must be given to patients are not carried out properly; and
3. Carrying out actions that are disgraceful and could damage the dignity and honor of the medical profession.

Complaints regarding alleged medical disputes are also stated in Article 66 of Law Number 29 of 2004 concerning Medical Practice, paragraph (1) states that if someone knows or feels that they have been disadvantaged as a result of a doctor's actions when carrying out medical practice, they can complain to the Chair of the MKDKI in writing, this complaint does not eliminate a person's right to be able to complain about alleged criminal acts to the competent authorities and/or file a civil claim for damages in court.

Meanwhile, based on Law Number 29 of 2004 concerning Medical Practice, it has been stated firmly that giving disciplinary sanctions to doctors is the authority of the MKDKI, this is in accordance with Article 67 of Law Number 29 of 2004 concerning Medical Practice which states that the MKDKI is the one who examines and makes decisions regarding complaints related to the discipline of the medical profession, and article 69 paragraph (2) of Law Number 29 of 2004 concerning Medical Practice states that the decision in question is in the form of whether a doctor is declared guilty or not guilty and given disciplinary sanctions. Disciplinary medicine can be given by MKDKI based on Article 69 paragraph (3) of Law Number 29 of 2004 concerning Medical Practice, namely:

1. Provide written sanctions/warnings;
2. Provide recommendations for revocation of Registration Certificates (STR) or Practice Permits (SIP); and
3. Provide an obligation for doctors who are found guilty of violating medical discipline to take part in training or education at medical educational institutions.

However, in practice, Article 66 paragraph (3) of Law Number 29 of 2004 concerning Medical Practice states that a complaint against the Chair of the MKDKI does not eliminate the possibility for parties who do not benefit from reporting alleged criminal acts to the authorities or suing for losses in court. . This means that parties who feel disadvantaged by the doctor's actions can immediately make a complaint to the judiciary and create legal uncertainty. Because in medical disputes generally the problem is the final result of health services without showing the process, even though according to legal perspectives, doctors as medical personnel are only responsible for the process or procedure carried out (inspaning verbintennis) and there is no guarantee of the final result (resultalte verbintennis). (Aribowo, 2017).

So far, many of the various parties who, when they have been harmed, have chosen to make a complaint to a court institution, because it is considered that the court institution can resolve medical disputes through civil or criminal procedures, whereas through MKDKI procedures it does not have the authority to conclude like judicial institutions in general. . This can be understood based on the sanctions given by the MKDKI to doctors who have committed disciplinary violations as stated in Article 96 paragraph (3) of Law Number 29 of 2004 concerning Medical Practice where the sanctions given to doctors are in the form of disciplinary sanctions and with the existence of Article 66 paragraph (3) Law Number 29 of 2004 concerning Medical Practice, it can be seen that there is a lack of authority from the MKDKI which results in a lack of power surrounding the profession (Syah, 2019).

A doctor who is sued by a patient is not necessarily said to be guilty when the complaint is still being processed at the MKDKI. This can certainly cause concern for the doctor who is being sued, besides that the problem he faces will become difficult if the problem has been published in the media and reported widely, or has become widely known by the public and can result in character assassination caused by the tendencies of the patient stated that the doctor had made a mistake. Where this character assassination is not fair to the medical profession or the doctors themselves, this is also the case

because the doctor is not necessarily guilty, while his career has been damaged in front of the general public (Mulyadi, 2020).

Strength of Proof of MKDKI Decisions in Medical Crime Cases

MKDKI is an institution that has the authority to determine whether or not there are errors in practicing medical disciplines, and also has the task of being able to regulate regulations that require doctors and dentists to obey them when practicing medicine. In the MKDKI heirarchy it is composed of doctors who represent professional organizations, hospital associations, and experts in the field of health law. MKDKI members consist of 3 doctors and 3 dentists from their respective professional organizations, 1 doctor and 1 dentist representing hospital associations and also three legal experts. This aims to create neutrality in institutions that are carrying out their duties (Lintang, 2021).

Apart from viewing the MKDKI as a mechanism for upholding medical discipline, in legal governance in Indonesia there are also very common lawsuit instruments, including the criminal lawsuit process. In the criminal justice mechanism, which is one of Indonesia's legal systems, apart from having a crucial function in overcoming crime problems, crime also has a main function, namely to enforce discipline and obedience for all citizens. Criminal justice also has serious stages, including inquiry, investigation, trial and final decision. All these processes must be based on good intentions and full of objectivity, and respect human rights and especially the rights of doctors who are being processed under the law.

The existence of a good and well-aimed criminal justice system is intended to be able to create sorrow and a deterrent effect, and handle criminal acts, especially crimes in the medical realm. Apart from that, the criminal justice mechanism also functions in determining guarantees of legal protection for humans and to uphold the law as a fundamental basis for the state and nation.

In the practice of the criminal justice system, it is important for the parties involved, including law enforcers, prosecutors, lawyers and judges, to work professionally and have high ethics. The parties must carry a high attitude of integrity, neutrality and impartiality towards any party in the judicial process. In the end, a criminal justice system that functions well and shows the principle of 'equality before the law' will give rise to an understanding among all humans that law enforcement is carried out fairly. This also creates a strong basis for social obedience and security for all citizens, as well as strengthening the foundations of justice and the supremacy of law in a country, including justice in the realm of medical dispute practice (Bustomi, 2023).

From a criminal law perspective, unlawful acts can be categorized into two types of errors, namely intentional errors and unintentional errors (negligence, negligence). These two characteristics have different legal consequences, depending also on the nature of the act. A person's error or negligence is seen by whether the perpetrator of the criminal act can be held responsible, that is, if the action is determined by 3 factors, namely:

1. The mental state of the perpetrator of the crime;
2. There is a mental connection between the perpetrator of the criminal act and the act he committed, which can be in the form of: intentional (culpa) or negligence/negligence; and

3. There is no reason to forgive (Wijaya, 2017).

Mistakes that are intentional in the medical realm are also commonly referred to as criminal malpractice, this is basically very rare and is considered a rare case in the medical world. Some examples are carrying out abortions without clear medical notification or engaging in active euthanasia. In cases like this, the treatment is an intentional thing that is practiced with the intention or malicious intent to harm or harm the patient, in this case the patient. As a comparison, in this case, for example, a doctor openly helps a patient to end his life, and this is clearly contrary to ethical and legal principles.

On the other hand, errors that are negligent or negligent are cases that are more popular in the world of medicine. These cases of negligence are often called serious and culpa lata (popularly known as grove schuld or gross negligence) and are regulated in the Criminal Law. This error occurs when a doctor or medical personnel does not carry out the standard of care or medical process that should be provided in special or even emergency situations. As a result, this act of negligence can result in serious injury or even loss of life to the patient (Bustomi, 2023).

If the patient feels that he has not benefited from bad medical treatment or negligence, the patient can bring criminal charges to the police. This complaint allows patients to complain about doctors who have been responsible for the patient's losses as stated in Law Number 17 of 2023 concerning Health, the patient's right to complain about criminal charges is regulated in Article 308 paragraph (1) which states that medical personnel or health workers Those suspected of committing unlawful acts in the practice of health services can be given criminal sanctions, but first they must request a recommendation from the panel as stated in Article 304 of Law Number 17 of 2023 concerning Health.

In the context of criminal law liability, doctors who are involved in malpractice cases and cause harm to patients can be prosecuted criminally in accordance with Article 360 paragraphs (1) and (2) of the Criminal Code. This article is the legal foundation for regulating the sanctions or punishments that can be given to doctors if mistakes or negligence in medical practice result in other people suffering serious injuries or disease, or even create obstacles in carrying out their work or position for a certain period of time.

Before carrying out a trial to punish a doctor who may be considered guilty or not, in criminal law there are also rules regarding investigations. Investigation of criminal cases is generally carried out by the police in accordance with the Law of the Republic of Indonesia Number 8 of 1981 concerning Criminal Procedure Law (KUHAP). To handle cases that include medical problems, the investigator usually has the status of a doctor/at least a PPNS investigator who has a medical educational background, so that the process can give proper responsibility to a medical worker and understand what medical malpractice is like (Herman, 2020).

In carrying out inquiries and inquiries into medical personnel who are deemed to have committed medical malpractice regarding reports or complaints of alleged medical malpractice, the reports and complaints must be accompanied by a MKDKI decision. To respect the feelings and respect for the medical profession as a noble profession, police and prosecutors must avoid lying, intimidation or harsh or abusive treatment towards medical personnel during interviews and must respect each other.

There are several things that a police or prosecutor cannot do in the process of investigating medical personnel, that is:

1. Investigators carried out violence and unreasonable actions against medical personnel;
2. Giving a bad label to medical personnel by using words that are not good;
3. nvestigators lose patience and become emotional when conducting interviews

with medical personnel; and
4. Investigators must not use bodily or physical force or other harsh treatment that could cause a sense of humiliation to the profession of medical personnel

After all the steps and stages have been carried out, it is also necessary to understand the strength of the evidence for decisions issued by the MKDKI in matters involving medical disputes. If you look at the evidence as stated in Article 184 of the Criminal Procedure Code, is the MKDKI decision included in one of the pieces of evidence contained in that article, because based on that article the valid evidence is as follows:

1. Witness testimony;
2. Expert testimony;
3. Letter;
4. Instructions; and
5. Statement of the defendant.

According to the provisions of Article 187 of the Criminal Procedure Code, a letter that can be considered as valid evidence under the Criminal Procedure Code is a letter that is formed on an oath of office or a letter that is confirmed by an oath. Referring to the form of documentary evidence in Article 187 of the Criminal Procedure Code, the MKDKI decision is most in line and falls into the form of a letter as in Article 187 letter b, namely "a letter made in accordance with statutory regulations or a letter made by an official regarding matters included in the procedures such as those which are the responsibility and which are intended to prove something or a situation (Wijaya, 2017).

Further explanation of Article 187 letter b of the Criminal Procedure Code is as follows "what is meant by a letter made by an official, including a letter issued by a panel authorized to do so". If this is explained, then there are elements of a letter based on Article 187 letter b of the Criminal Procedure Code, namely:

1. A letter made in accordance with statutory regulations or an official regarding matters including management for which he is responsible; and
2. Intended to prove a thing or situation.

In this regard, in the first element, it is clear that the MKDKI decision is indicated in a letter that is in accordance with statutory regulations, because the MKDKI decision is made according to the KKI Regulations and is a regulation that is given attribution authority by the Law governing Health. Then in the second element, because the decision is to show whether or not there is an error and violates the medical discipline practiced by the doctor in carrying out medical procedures on patients, then this is "proof of a condition or thing.".

Based on this, the evidentiary strength of the MKDKI Decision that can be used as documentary evidence in medical criminal cases is as follows:

1. Issued by an authorized official or issued by an official institution;
2. MKDKI decisions are made through a legal and legitimate process;
3. Proving at a trial at MKDKI is the same as proceeding using criminal procedural law; and
4. The examination process and trial process are carried out in depth, and carried out by parties who are competent in their fields.

CONCLUSION

1. MKDKI also has the aunthority contained in Article 5, namely that MKDKI has the authority to prepare procedures for handling cases of suspected violations of the professional discipline of doctors and dentists, preparing guidebooks in carrying out the duties of MKDKI and MKDKI-P, receiving complaints regarding alleged violations of the professional discipline of doctors and dentists, and accepting if there are appeals; rejecting complaints that are not within the jurisdiction of the MKDKI and rejecting any appeal requests. Meanwhile, disciplinary sanctions can be given by the MKDKI based on Article 69 paragraph (3) of Law Number 29 of 2004 concerning Medical Practice, namely: 1) providing written sanctions/warnings, 2) providing recommendations for revocation of Registration Certificates (STR) or Practice Permits (SIP), and 3) provide an obligation for doctors who are found guilty of violating medical discipline to take part in training or education at medical education institutions.
2. The evidentiary strength of the MKDKI Decision that can be used as documentary evidence in medical criminal cases is as follows: 1) issued by an authorized official or issued by an official institution, 2) the MKDKI decision was produced through a legal and legitimate process, and 3) proving at a trial at MKDKI is the same as using criminal procedural law; and the examination process and trial process are carried out in depth, and carried out by parties who are competent in their fields.

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