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Ethical Discretion in Medical Record Disclosure: Legal Protection for Doctors in Acute Appendicitis Cases

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Abstract

Medical confidentiality is a fundamental duty for physicians, and disclosing patient records is generally prohibited by law and professional ethics. However, life-threatening emergencies raise the question of whether such disclosure can be legally justified to protect a patient's life. This study examines how Indonesian law addresses this dilemma and whether physicians have a defensible legal basis for disclosure in emergency situations. Using a normative juridical approach that reviews legislation, scholarly writings, and ethical guidelines, the research finds that Indonesian statutory law does not yet clearly regulate discretionary disclosure by physicians in conscious emergency refusal situations. As a result, physicians who disclose records to manage emergencies face uncertain legal protection. Nonetheless, interpretive principles such as lex specialis and the maxim salus populi suprema lex esto may justify limited disclosure when the goal is life preservation. Within this framework, disclosure may be considered lawful if proportional, narrowly confined to the emergency, and properly documented. The study concludes that clearer statutory provisions are needed to establish exceptions to confidentiality in emergencies. Such reforms would enhance legal certainty and strengthen protection for medical personnel who act in good faith, balancing ethical obligations with humanitarian imperatives.

KEYWORDS

medical records; confidentiality; physicians; medical emergencies; legal protection.

Introduction

As a fundamental component of human life, health demands significant attention, particularly in ensuring access to healthcare services and protecting patients' rights, including the right to access and the right to confidentiality of medical records (Santoso et al., 2025). Healthcare providers are obligated to respect and safeguard these rights throughout medical care (Sri Irawati, 2024). Yet, the interests at stake extend beyond the patient. Medical personnel, entrusted with responsibility for a patient's well-being, are likewise entitled to legal protection in the performance of their duties (Fibrini, 2024; Riza, 2018). This necessity arises because patient safety remains the paramount priority for physicians in carrying out their professional obligations (Salus aegroti suprema lex) (Mashdurohatun et al., 2025). In medical ethics, the maxim Salus Aegroti Suprema Lex, grounded in beneficence, affirms that healthcare providers must prioritize patient safety as a core standard of professional responsibility (Hemadhanita et al., 2024). This principle reflects the enduring spirit of the Hippocratic Oath, which continues to guide contemporary practice (Novianto, 2015). Accordingly, medical professionals should be able to perform their duties without apprehension over insufficient legal safeguards, with their ultimate aim being the advancement of the patient's health.

Although medical professionals possess specialized training enabling them to address health concerns effectively (Deden Hidayat & Adang Bactiar, 2024), their authority is circumscribed by legislation designed to protect patients. Among the most fundamental of these protections is the legal obligation to preserve confidentiality. Such confidentiality encompasses personal identity, medical history, diagnostic findings, and treatment data obtained during professional care (Widjaja et al., 2025). Medical records, therefore, hold a dual role: they serve as repositories of patient information vital to clinical

care and as evidentiary instruments in legal processes, particularly in cases of alleged malpractice (Abduh, 2021). Given the sensitive nature of medical information, patient consent functions not only as a foundation of legitimacy but also as a mechanism of protection for both patient and physician (James Davidta Ginting & Rezky Pahlawan, 2025).

This study examines the scope of legal protection afforded under Indonesian health law to medical professionals when patient confidentiality collides with urgent clinical needs (Ginting & Jaelani, 2022). Such conflict typically emerges when a patient makes a decision likely to worsen their condition yet explicitly requests that the physician withhold disclosure from third parties, including family members. A representative example is a patient who refuses surgery for appendicitis, later developing complications such as perforation. The unresolved legal issue is whether a physician may bear liability if the patient deteriorates after discharge, given that confidentiality prevented the family from being informed.

Acute appendicitis remains one of the most common abdominal emergencies worldwide. If untreated, it may progress into perforation with life-threatening complications (Hidayat et al., 2024). From an ethical standpoint, physicians strive to achieve the best possible outcomes for their patients. Yet, a dilemma arises when this commitment intersects with their statutory duties under Law No. 17 of 2023 on Health. The practical question is whether physicians may disclose confidential medical information to family members to secure treatment consent when a patient, though clinically conscious under the Glasgow Coma Scale (GCS), refuses intervention (Politi et al., 2022). Physicians may feel compelled to involve families to safeguard health, but such disclosure carries risks of breaching confidentiality and legal exposure.

This scenario illustrates a central legal–ethical conflict: autonomy requires respect for confidentiality and independent decision-making, while beneficence obliges the physician to preserve the patient's life. Disclosing information risks legal consequences, while withholding it may deny patients the opportunity for life-saving care. The focus of this study, therefore, is whether Indonesian health law provides adequate protection for physicians acting in good faith as they balance respect for autonomy with the imperative of preserving life.

Methods

This study employs a normative juridical approach with a descriptive-analytical design, chosen to clarify the legal basis for disclosing medical records in emergency situations. The method focuses on examining law as a normative system by analyzing principles, statutory provisions, and doctrines relevant to medical confidentiality and its exceptions. Primary legal materials such as legislation and codified ethical standards are assessed alongside secondary sources including scholarly writings, academic journals, and authoritative commentaries, in order to construct a comprehensive understanding of the issue. Rather than merely cataloging legal rules, the research evaluates how these rules interact with practical dilemmas faced by medical personnel, particularly in cases of acute medical emergencies. Through this approach, the study seeks to determine whether Indonesian law provides adequate normative grounds for discretionary disclosure and to identify areas where legal reform may be necessary.

Result and Discussion

The findings of this study are derived from statutory provisions, doctrinal sources, and clinical data relevant to acute appendicitis cases in Indonesia.

First, epidemiological data show that acute appendicitis is one of the most frequently encountered abdominal emergencies. The prevalence is reported as 24.9 per 10,000 population, with a lifetime risk of 7–8%. Complications such as perforation occur in 20–30% of cases and are more frequent among the elderly (Hidayat et al., 2024). Clinically, patients with acute appendicitis typically present in full consciousness. Kishor et al. report that patients usually arrive with a Glasgow Coma Scale (GCS) score of 15, while Yu et al. confirm that the median GCS prior to emergency laparotomy is also 15. These findings support the clinical assumption that appendicitis patients are generally conscious at presentation.

Second, in terms of statutory law, Law No. 17 of 2023 on Health establishes fundamental rights and duties. Article 2(h) affirms the principle of respecting rights and obligations, while Article 2(k) emphasizes moral and religious values. Article 3(a) stipulates that health governance aims to ensure protection and legal certainty for patients, health personnel, and society. Article 4 letters (f) to (i) recognizes patients' rights to determine healthcare independently, to accept or refuse medical treatment, and to the confidentiality of personal medical data. Article 276(d) grants patients the right to refuse treatment, except in the context of communicable disease prevention. Article 301 explicitly requires health personnel to maintain patient confidentiality. Conversely, Article 274(2) provides legal immunity to health personnel acting in emergencies to preserve life or prevent disability.

Third, Minister of Health Regulation No. 24 of 2022 governs medical records. It affirms that the information contained in medical records belongs to the patient, while the physical or electronic records are maintained by healthcare providers, that patients have access rights, and that healthcare providers are obliged to maintain confidentiality. The regulation also allows disclosure to family members in certain circumstances, such as emergencies or when the patient is legally incapable. However, it must be noted that this regulation refers to prior legislation (Law No. 29 of 2004 on Medical Practice and Law No. 36 of 2009 on Health), both of which have been repealed and replaced by Law No. 17 of 2023. Under Indonesian legal doctrine, subordinate regulations may remain applicable insofar as they do not conflict with subsequently enacted higher legislation.

The provision of healthcare in Indonesian law is classified as an obligation of effort (obligatio de medio) rather than an obligation of result (obligatio de résultat). Under this framework, medical professionals are required to exercise diligence, professional competence, and good faith in seeking to restore or preserve a patient's health, but they are not legally bound to guarantee recovery (Flora, 2023). This doctrinal distinction is critical because it reflects the inherent uncertainty of medical outcomes, which depend on numerous variables such as a patient's physiological condition, the course of disease, comorbidities, and adherence to medical instructions (Soge, 2019).

The uncertainty in outcomes is most evident during the diagnostic process. Different medical conditions may present with similar symptoms, which creates the risk of diagnostic errors such as misdiagnosis, overdiagnosis, or wrong diagnosis. These errors occur not only in Indonesia but across jurisdictions worldwide, as limitations of diagnostic tools and variability in patient responses often complicate accuracy (Nasawida & Sari, 2022). To mitigate such risks, medical professionals rely on structured clinical procedures. The process begins with anamnesis and heteroanamnesis, followed by physical examinations and the use of basic diagnostic tools, and finally, the application of supporting investigations such as radiological imaging and laboratory testing (Muhrer, 2014). This systematic approach provides the basis for determining a diagnosis and projecting a prognosis.

Appendicitis serves as a concrete example of this process. The prevalence of acute appendicitis in Indonesia is approximately 24.9 cases per 10,000 population, with a lifetime risk of 7–8 percent affecting both men and women. The incidence peaks in individuals aged 20–30 years, while perforated appendicitis accounts for 20–30 percent of cases and rises dramatically among patients over 60 years old, with rates between 32 and 72 percent (Kheru et al., 2022; Sartelli et al., 2018). Diagnosis traditionally depends on the combination of clinical evaluation, laboratory tests, and imaging modalities such as ultrasound and CT scans, each of which contributes to a comprehensive assessment (da Silva et al., 2026; Hasheminasab et al., 2026; Issaiy et al., 2023). Among these indicators, leukocyte count is particularly significant, as elevated levels are closely correlated with the severity of inflammation (Faisal Syamsu et al., 2021).

These medical data align with findings from large cohort studies that patients with appendicitis usually present fully conscious. Kishor et al. observed that acute appendicitis patients typically have a Glasgow Coma Scale (GCS) score of 15, while Yu et al. reported a median preoperative GCS of 15 in emergency laparotomy. Clinically, this is consistent, as appendicitis rarely affects the central nervous system except in complicated cases such as septic shock. The legal implication of this clinical fact is significant, from a civil law perspective, conscious patients are generally presumed capable of expressing legally relevant consent or refusal..

This legal presumption creates tension in practice. Patients who feel temporarily relieved by analgesics may refuse further investigations or interventions, even when medically necessary. Such decisions complicate therapeutic contracts between doctors and patients. These agreements, recognized in law as therapeutic transactions, arise whenever individuals engage with medical personnel in healthcare facilities (Purwanto & Ginting, 2023; Syahputra et al., 2022). By nature, they encompass promotive, preventive, curative, and rehabilitative services, and they are legally grounded in the principle of informed consent (Jullia Makasenggehe et al., 2023). One central obligation within this relationship is the preparation and maintenance of medical records.

The regulation of medical records is set out in Minister of Health Regulation No. 24 of 2022, which defines them as documents containing patient identity, examination results, treatments, and medical services provided. This regulation emphasizes confidentiality, integrity, and patient ownership of information, while allowing disclosure to family members in specific situations such as minority or emergency. However, the regulation is based on Laws No. 29/2004 and 36/2009, both repealed by Law No. 17/2023, thereby requiring alignment with the newer law (Wijayanti et al., 2024).

Law No. 17/2023 strengthens the legal basis for patient rights and professional obligations. Articles 2 and 3 affirm respect for rights, obligations, moral, and religious values, while guaranteeing legal certainty for both patients and medical personnel. Article 4 recognizes rights to self-determination, refusal or acceptance of treatment, and confidentiality of medical information. Article 301 obligates professionals to safeguard confidentiality, while Articles 276 and 4 (2–3) specify exceptions during emergencies or incapacity. Emergencies are defined under Article 1 (24) as conditions requiring immediate intervention to save life or prevent disability, which includes acute appendicitis with severe leukocytosis and risk of septic shock.

Beyond patient rights, Indonesian law also defines negligence (culpa). It may be conscious (bewuste culpa) or unconscious (onbewuste culpa), depending on whether the actor misjudges foreseeable consequences or fails to recognize risks at all (Novianto, 2015). Malpractice, as explained by Soerjono Soekanto, occurs when professionals either omit required actions or commit actions that should have been avoided (Soge, 2019).

Finally, legal provisions address protections for healthcare professionals (Hurint & Yusuf, 2024). Article 273 permits withdrawal of services when medical personnel face violence or abuse, Article 274 exempts liability for actions in emergencies, and Article 280 defines their duty as best efforts rather than results. Despite these protections, no provision directly shields individual physicians from liability when disclosing records in emergencies. This contrasts with Article 192 (2), which exempts hospitals from liability when performing life-saving duties, thereby revealing a legal gap.

The results highlight a fundamental tension in Indonesian medical law: while patients' rights to autonomy and confidentiality are explicitly safeguarded, physicians' discretionary authority to disclose medical information in emergencies remains insufficiently regulated. The doctrine of obligation de medio clarifies that doctors are expected to act diligently without guaranteeing outcomes, yet the law does not explicitly immunize them when they disclose records in good faith to preserve life.

This gap becomes most apparent in cases of appendicitis. Although patients are often fully conscious and legally competent to refuse treatment, clinical realities demonstrate that deterioration can occur rapidly, creating emergencies where delay in intervention is fatal. Here, the legal principle of autonomy collides with the ethical principle of beneficence. Physicians face a dilemma: respecting confidentiality may honor autonomy but risk death, while disclosure to family may save life but expose the physician to liability.

The repeal of Laws No. 29/2004 and 36/2009 and their replacement by Law No. 17/2023 compounds this issue. While the new law articulates patient rights clearly, it lacks equally clear provisions on physicians' discretion. Subordinate regulations such as PERMENKES 24/2022, still anchored in repealed statutes, further exacerbate inconsistencies. The result is structural uncertainty in the legal framework governing confidentiality and disclosure.

Interpretive legal principles such as lex specialis derogate legi generali, together with ethical maxims such as salus populi suprema lex esto, may provide justification for disclosure aimed at preserving life. At the same time, excessively broad disclosure authority may undermine patient autonomy and weaken confidentiality protections if not accompanied by strict proportionality standards. Yet, reliance on interpretive principles alone does not resolve the risk of litigation. Physicians may still be accused of negligence whether they disclose information or remain silent. This uncertainty creates a chilling effect, pushing professionals to avoid disclosure even when medically justified, thereby undermining patient safety.

The professional consequences of litigation intensify this dilemma. As shown in prior studies, even unsuccessful lawsuits damage physicians' reputations in the eyes of society, peers, and institutions (Hafidz & Bachmid, 2024; Mobasher & Abdollahi, 2024). Combined with the absence of explicit statutory protection, this risk incentivizes medical professionals to prioritize legal safety over medical necessity, contrary to their ethical duties.

Therefore, the findings underscore the urgent need for normative reform. Indonesian health law should explicitly regulate physicians' discretion to disclose medical information in imminent emergencies, provided such disclosure is proportional, properly documented, and undertaken in good faith. Aligning statutory provisions with clinical realities would ensure consistency across the legal hierarchy, protect both patients and professionals, and close the existing legal gap.

Conclusion

This study finds that while Indonesian health law provides a comprehensive framework for patient rights and

confidentiality, a critical normative gap persists regarding the discretionary disclosure of medical records in emergency situations (Ocak & Avsarogullari, 2019). The results show that appendicitis and similar conditions often escalate into emergencies even when patients remain fully conscious and legally competent, creating tension between the legal presumption of autonomy and the medical imperative of timely intervention. Existing statutory provisions, including those in Law No. 17 of 2023, affirm confidentiality as a core obligation but do not clearly regulate exceptions when disclosure is necessary to safeguard life.

The discussion highlights that this gap forces medical professionals to rely on interpretive principles such as lex specialis and salus populi suprema lex esto. However, such reliance does not provide sufficient legal certainty and may expose physicians to liability even when they act in good faith. This uncertainty not only undermines professional confidence but also risks patient safety, as doctors may hesitate to involve family members in urgent decisions for fear of litigation.

Therefore, the conclusion reached is that clearer statutory rules are required to explicitly delineate the scope and limits of disclosure in emergencies. Such reform would harmonize legal obligations with the realities of medical practice, ensuring that patient rights to confidentiality are preserved while allowing physicians to act decisively in life-threatening situations. Without clearer statutory limits regarding emergency disclosure, physicians remain exposed to legal uncertainty when attempting to reconcile patient autonomy with life preserving obligations.

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