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Medical Aesthetic Practices from The Perspective of Legal Liability to Achieve Equitable, Inclusive, and Sustainable Health Care

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Abstract

The practice of medical aesthetics in Indonesia is growing rapidly alongside advances in healthcare technology and the public's increasing demand for appearance-enhancing treatments. Aesthetic procedures such as aesthetic dermatology, cosmetic injections, and cosmetic surgery have become part of modern healthcare services aimed at improving quality of life. However, aesthetic procedures performed on healthy individuals raise legal implications, particularly regarding the liability of medical personnel in the event of complications or unsatisfactory outcomes. Article 274 of Law No. 17 of 2023 on Health stipulates that medical personnel are obligated to provide services in accordance with professional standards, service standards, standard operating procedures, and professional ethics. Nevertheless, medical aesthetic practices still face challenges regarding the clarity of legal liability in the provision of their services. This study aims to (1) analyze the legal framework governing medical aesthetic practices within Indonesia's health law system, and (2) examine the forms of legal liability for medical professionals in medical aesthetic practices to achieve equitable, inclusive, and sustainable healthcare services. The research method used was a normative legal approach, employing both a statutory and a conceptual framework. The results of the study indicate that the regulation of medical aesthetic practices within the Indonesian health law system establishes professional standards and medical service standards as the primary foundation for the provision of health services.

INTRODUCTION

The development of medical aesthetic practices over the past few decades has shown significant growth in terms of the number of services, the variety of procedures, and public interest. Medical aesthetics, which was initially limited to reconstructive needs, has now shifted into part of a lifestyle focused on enhancing physical appearance (Nasser, 2020). This phenomenon is inseparable from the influence of globalization, advances in medical technology, and social constructs regarding beauty standards (Moeloek, 2018). In the Indonesian context, the growth of beauty clinics and medical aesthetic services has also expanded rapidly, yet this development has not been fully accompanied by strengthened regulations and adequate legal accountability mechanisms (Nurhayati, 2019).

Normatively, medical aesthetic practices are part of healthcare services subject to the health law regime, as stipulated in Law No. 17 of 2023 on Health. Within this framework,

every medical procedure, including aesthetic procedures, must meet professional standards, service standards, and patient safety principles (Trihono, 2018). However, medical aesthetic practices have specific characteristics that distinguish them from curative healthcare services, namely their elective nature and their focus on aesthetic outcomes rather than solely on curing disease. This situation creates its own complexity in determining the limits of healthcare providers' legal liability, particularly when the results expected by patients are subjective and cannot always be objectively measured.

In practice, cases of malpractice or legal disputes in medical aesthetic services are not uncommon, whether caused by medical personnel negligence, the use of substandard equipment and materials, or the absence of adequate informed consent. Furthermore, the prevalence of aesthetic procedures performed by non-medical personnel or in unlicensed facilities also increases risks to the public. This situation highlights a gap between regulatory frameworks and on-the-ground practices, which has the potential to create legal uncertainty and undermine patients' rights as consumers of healthcare services (Aulia, 2021).

From the perspective of legal liability, medical aesthetic practices can be examined not only within the realm of civil law through the concepts of breach of contract and tort, but also within the realms of criminal and administrative law. Civil liability pertains to the obligation to compensate patients for losses they have suffered, while criminal liability arises when there is an element of fault that satisfies the elements of a specific offense, such as negligence resulting in injury or death (Subekti, 2016). On the other hand, administrative liability relates to compliance with licensing requirements, operational standards, and professional codes of ethics. Therefore, a comprehensive and integrated approach is needed in formulating a legal liability system capable of providing optimal protection for patients as well as legal certainty for medical personnel (Perwira, 2020).

Within the framework of national legal development, medical aesthetic practices must also be viewed through the lens of justice, inclusivity, and sustainability. Justice demands balanced protection of both patients' rights and the interests of medical professionals. Inclusivity requires that medical aesthetic services not only be accessible to specific groups but also address the principle of non-discrimination, including protection for vulnerable groups. Meanwhile, sustainability emphasizes the importance of safe, ethical, and responsible practices in the long term, both in terms of individual health and the healthcare system as a whole (Mulyadi, 2019).

The urgency of this research is amplified by several converging factors. First, the rapid growth of the medical aesthetics industry in Indonesia, with a 185% increase in clinics from 2019 to 2024, has outpaced regulatory development, thereby creating legal uncertainty for both practitioners and patients. Second, the increasing prevalence of aesthetic procedures performed by non-medical personnel or in unlicensed facilities, often marketed aggressively through social media, poses significant risks to patient safety. Third, the 2023 Health Law represents a fundamental shift in Indonesia's health legal system by consolidating previously fragmented regulations, but its specific implications for medical aesthetics have not been systematically analyzed. Fourth, MKDKI's finding that aesthetic complaints increased from 2% to 11% of all medical complaints between 2020 and 2024 indicates that the current legal framework has not been fully effective in preventing disputes or providing adequate remedies. Fifth, the absence of specific regulations on filler injections, one of the most common aesthetic procedures,

creates gray areas in practice regarding scope of authority, competency standards, and oversight.

The novelty of this research lies in five aspects. First, it provides a comprehensive analysis of medical aesthetic practices within Indonesia's health law system under the 2023 Health Law, filling the gap left by previous research that predates this legislation. Second, it systematically analyzes four dimensions of legal liability, namely civil liability, criminal liability, administrative liability, and ethical/professional liability, within an integrated framework rather than treating them separately. Third, it uses filler injections as a concrete case study to illustrate how general health law provisions apply to specific aesthetic procedures, demonstrating that medical aesthetics is not a legal vacuum but requires more specific regulation. Fourth, it explicitly connects legal liability analysis to the three normative principles of equitable, inclusive, and sustainable healthcare, thereby providing a justice-based justification for regulatory reform. Fifth, it identifies specific regulatory gaps regarding scope of authority, including the distinction between general practitioners and specialists, competency standards, and oversight mechanisms, while also providing concrete recommendations for addressing these gaps.

The above explanation underscores the importance of conducting an in-depth study of medical aesthetic practices from the perspective of legal liability in order to identify regulatory gaps, analyze relevant forms of liability, and formulate a regulatory model that is more responsive to the dynamics of practice in the field. Thus, it is expected that a medical aesthetic service system can be realized that not only thrives economically but also upholds the principles of justice, inclusivity, and sustainability within the framework of the Indonesian rule of law.

METHOD

This study employs a normative legal research method to examine the legal framework and liability of medical personnel in medical aesthetic practices in Indonesia. The methodology integrates both a statutory approach and a conceptual approach:

1. Statutory Approach

   Involves analyzing primary legal sources, including Law No. 17 of 2023 on Health, relevant articles on professional standards, patient safety, informed consent, and administrative regulations. This approach identifies the legal obligations of healthcare professionals and standards of service applicable to medical aesthetic procedures.
2. Conceptual Approach

   Examines theoretical frameworks and legal doctrines regarding medical liability, patient protection, equity, and sustainability. It includes literature on ethical standards, civil, criminal, and administrative accountability, as well as jurisprudence and professional disciplinary mechanisms.
3. Data Collection

   Data were collected from legal texts, government regulations, professional codes of ethics, scholarly literature, and prior research on medical aesthetics, malpractice, and patient rights.
4. Data Analysis

   Materials were analyzed qualitatively using legal interpretation and doctrinal analysis to identify gaps, interpret regulatory provisions, and evaluate the forms of

liability for medical personnel. Emphasis was placed on professional standards, due care, and patient-informed consent as criteria for assessing legal liability.

5. Outcome

   The method enables a comprehensive understanding of the regulatory landscape for medical aesthetics, clarifies the forms of legal liability (civil, criminal, administrative, and ethical), and provides a basis for recommendations to ensure equitable, inclusive, and sustainable healthcare services.

RESULTS AND DISCUSSION

Legal Regulations Governing Medical Aesthetic Practices Within the Indonesian Health Law System

Legal regulations regarding medical aesthetic practices within Indonesia's healthcare legal system must be grounded in the understanding that such practices are part of healthcare services and not merely commercial cosmetic activities. Medical aesthetic practices involve interventions on the human body, the use of specific preparations, and potential medical risks that require professional competence, service standards, and legal liability. One of the most prevalent forms of medical aesthetic practice in society is the injection of fillers or dermal fillers, which aims to improve facial contours, add tissue volume, and enhance physical appearance (Notoatmodjo, 2017). Therefore, the practice of filler injections must be firmly established within the health law framework so that it adheres to the principles of patient safety, professional standards, and state oversight.

From a medical and legal perspective, filler injections are considered a minimally invasive procedure because they involve injecting specific substances into the body's tissue layers for aesthetic purposes. Although not classified as major surgery, this procedure still carries real risks such as infection, allergic reactions, facial asymmetry, tissue necrosis, and even vision impairment if the injection technique is performed incorrectly. The elective nature of the procedure which is not life-saving means that the legal relationship between doctor and patient in filler cases is heavily influenced by aspects of informed consent, expectations of results, and professional diligence (Chazawi, 2016). Thus, a discussion of filler injection practices is relevant to demonstrate that aesthetic procedures are not a legal free zone, but rather a medical field that must be strictly regulated.

Constitutionally, the philosophical basis for regulating medical aesthetic practices rests on Article 28H(1) of the 1945 Constitution of the Republic of Indonesia, which guarantees every person's right to access health care. This guarantee is not only interpreted as the right to receive treatment for illness, but also as the right to receive safe, high-quality, and responsible health care when an individual chooses a specific medical procedure for their body (Kurnia, 2017). In this context, a patient's autonomy to determine actions regarding their body must remain limited by the interests of legal protection, safety, and professional standards for medical personnel. Therefore, the state must not allow medical aesthetic practices to develop solely according to market mechanisms but must regulate them through adequate legal instruments.

From a sociological perspective, the growth of medical aesthetic practices in Indonesia cannot be separated from changes in lifestyle, the influence of social media, and the public's increasing focus on physical appearance. Filler injections have become one of the most sought-

after procedures because they are considered quick, minimally invasive, and capable of producing immediately visible results. However, this growth in demand has also been accompanied by an increase in aesthetic clinics, aggressive marketing, and the emergence of practices conducted by individuals lacking adequate medical qualifications. This situation demonstrates that as the commercialization of aesthetic procedures increases, so does the need for effective regulation and oversight (Mulyadi, 2019).

Legally, the primary legal basis currently governing health services, including medical aesthetic practices, is Law No. 17 of 2023 on Health, which in Article 4(1)(c) and (d) affirms every person's right to receive safe, high-quality, and in accordance with standards, and in Article 23(1) stipulates that the provision of health services must be conducted safely, with quality, and responsibly, thereby implicitly requiring the professionalism and competence of medical personnel in their implementation (Nasution, 2018). Within this framework, filler injections cannot be viewed as ordinary cosmetic services, as they remain medical procedures that must be performed by authorized physicians who are responsible for their legal consequences. With the enactment of Law No. 17 of 2023 on Health, it can be affirmed that the legality of medical aesthetic practices derives from the general regime of health law, not from informal recognition or mere customary practice.

From the perspective of the medical profession, doctors who perform filler injections remain members of the Indonesian Medical Association (IDI), provided that they possess the necessary qualifications as a physician and hold a Certificate of Registration (STR) and a License to Practice (SIP) as required under Articles 260 and 263 of Law No. 17 of 2023 on Health. Medical aesthetic practices, including filler injections, are not a separate branch of the profession outside the medical framework, but rather part of medical practice subject to the ethical standards and professional discipline established by the IDI. Therefore, physicians performing filler procedures remain bound by the Indonesian Code of Medical Ethics (KODEKI), competency standards, and professional obligations as physicians in general, including the obligation to work within their competencies and not exceed the limits of their scientific authority (Koeswadji, 2017).

If there is a suspected disciplinary violation in the practice of injectable fillers, the physician in question also falls under the jurisdiction of the Indonesian Medical Professional Disciplinary Council (MDP). This is in accordance with the provisions of Articles 304 and 308 of Law No. 17 of 2023 on Health, which stipulate that medical personnel must comply with professional and service standards and may be subject to disciplinary sanctions in the event of a violation in medical practice (Jenie, 2019). In this context, the administration of filler injections that does not meet professional standards, exceeds the practitioner's scope of competence, or causes harm due to negligence may be subject to disciplinary review by the MDP, regardless of whether a civil lawsuit or criminal proceeding is pending.

The investigation process at the MDP begins with a complaint filed by the public or an aggrieved party, which is then verified administratively. Following this, a substantive review is conducted through a disciplinary hearing to assess the alignment of the physician's actions with professional standards and standard operating procedures. MDP rulings may result in a finding of not guilty or the imposition of disciplinary sanctions, such as a reprimand, mandatory continuing education, practice restrictions, or the temporary suspension of the practice license. This mechanism aligns with the principle of professional oversight of medical personnel as

stipulated in Article 311 of Law No. 17 of 2023 on Health, which emphasizes the importance of enforcing professional discipline as part of patient protection and the improvement of healthcare quality (Budianto, 2020).

At this point, it is important to emphasize that the practice of medical aesthetics in Indonesia does not actually exist in a legal vacuum. While the regulations have not yet been codified into a single specific regulation on medical aesthetics, the norms governing it are scattered across various interrelated general and sector-specific regulations. This means that the practice of injectable fillers cannot be considered "unregulated," as its legality remains subject to provisions regarding medical personnel, healthcare facilities, informed consent, licensing, and general legal liability. The main issue lies in the scattered and non-specific nature of the regulations, which often creates gray areas in practice regarding the limits of authority, competence, and oversight (Perwira, 2020).

From an institutional and healthcare facility perspective, filler injection procedures must be performed in licensed healthcare facilities that meet the requirements set forth by applicable laws and regulations. In this regard, Minister of Health Regulation No. 9 of 2014 on Clinics remains the primary regulatory framework governing the operation of clinics, including licensing, types of services, medical personnel qualifications, and operational standards for health services, the implementation of which has been aligned with the integrated electronic business licensing system through Minister of Health Regulation No. 26 of 2018 on Integrated Electronic Business Licensing Services in the Health Sector. Furthermore, regulations regarding business activity standards and risk-based licensing in the health subsector can no longer be sufficiently referenced solely to Minister of Health Regulation No. 11 of 2025 on Business Activity Standards and Product/Services in the Implementation of Risk-Based Business Licensing in the Health Sub-sector, which supersedes certain provisions of Minister of Health Regulation No. 14 of 2021, as that regulation has been amended. Thus, the administration of fillers at locations that do not meet the qualifications of official healthcare facilities essentially risks violating administrative law and undermining patient protection. These general regulatory conditions also demonstrate the extent to which Indonesian law has, in fact, recognized the existence of medical aesthetic practices. The state essentially permits filler procedures as long as they are performed by licensed physicians, in legitimate facilities, using safe materials, and adhering to professional standards and service procedures. This means that Indonesian law does not prohibit medical aesthetic practices, but places them within the same legal framework as other medical procedures. Therefore, the notion that aesthetic practices are "unregulated yet legalized" is inaccurate, as the law has implicitly regulated them through general health norms, though it has not yet explicitly and comprehensively codified them in a specific legal instrument (Nasution, 2018).

In the doctor-patient relationship, a crucial aspect of filler injection practice is informed consent. Since filler injections are elective procedures that are not considered emergencies, doctors are required to explain the aesthetic diagnosis, the procedure itself, the benefits, risks, complications, alternative treatments, and the possibility of outcomes that do not meet expectations (Komalawati, 2016). This obligation is directly related to Ministry of Health Regulation No. 290/Menkes/Per/III/2008 on Informed Consent for Medical Procedures, which establishes that the patient's consent is a prerequisite for the validity of the medical procedure following a comprehensive explanation. In the context of fillers, informed consent is

particularly crucial because disputes that arise often involve not only physical injury but also dissatisfaction with aesthetic outcomes, which are inherently subjective.

It is the subjective nature of aesthetic outcomes that distinguishes filler injections from standard curative procedures. In curative procedures, the measure of success tends to be more objective, as it is linked to healing, functional improvement, or patient safety. In contrast, with dermal fillers, success is often assessed based on the patient's perception of facial shape, symmetry, or how well the results align with their personal expectations. Therefore, the standard of care for physicians in filler practice must be higher not only in terms of medical technical aspects but also in managing patient expectations honestly, proportionally, and ethically.

From a civil law perspective, the legal relationship between a doctor and a patient in the context of filler injections is essentially a therapeutic contract. The doctor is not obligated to guarantee specific results, but is required to exercise due care in accordance with professional standards, service standards, and standard operating procedures. However, if a doctor acts negligently, provides incorrect information, performs procedures beyond their scope of practice, or violates applicable standards thereby causing harm to the patient, the patient may file a lawsuit under Article 1365 of the Civil Code regarding unlawful acts. Thus, civil liability in filler procedures may arise not only from unsatisfactory results but also from deviations from the standards of professional conduct that doctors are required to adhere to (Subekti, 2016).

Filler injections may also give rise to criminal liability under certain circumstances. This is particularly the case when the procedure is performed by an unauthorized person, carried out with gross negligence, or involves the use of hazardous materials, thereby causing serious injury or severe consequences for the patient. In this context, distinguishing between medical risk and professional negligence is crucial, as criminal law cannot be applied solely based on unsatisfactory outcomes. Therefore, the application of criminal provisions including those now under the regime of Law No. 1 of 2023 on the Criminal Code must be based on careful evidence regarding the existence of fault, a causal relationship, and the resulting harm.

On the other hand, the practice of injectable fillers must also be viewed from the perspective of administrative law. Doctors must be licensed to practice, healthcare facilities must hold valid operating permits, and the services provided must align with the scope of the permit and the standards applicable to the facility. If filler procedures are performed outside of a licensed healthcare facility, without a permit, or without meeting standard service requirements, an administrative violation may occur regardless of whether or not there is actual physical harm to the patient. This demonstrates that administrative law plays a crucial preventive role in regulating medical aesthetic practices before civil or criminal disputes arise (Trihono, 2018).

From a consumer protection perspective, patients can also be viewed as consumers of healthcare services. This perspective is relevant because many aesthetic clinics market filler services through advertisements that emphasize instant results, minimal risk, and often exaggerated beauty claims (Shidarta, 2019). If the information provided is incorrect, incomplete, or misleading, it not only violates professional ethics but also potentially violates consumer protection principles. Therefore, the regulation of filler practices should not be viewed solely through the lens of the doctor-patient therapeutic relationship but must also be analyzed as a service relationship that demands informational honesty and protection for the

weaker party.

The prevalence of illegal filler injections performed by non-medical personnel highlights a gap between regulatory frameworks and on-the-ground implementation. In such practices, the issues at stake are no longer merely about the quality of aesthetic results, but also concern patient safety, the legal status of the practitioners, and legal liability in the event of complications. Many patients lack the ability to assess whether the procedure is being performed by a licensed physician, whether the materials used are legal, and whether the facility meets health standards. This situation reinforces the argument that government oversight of medical aesthetic practices must be strengthened, including through monitoring of digital advertising, verification of facility legality, and enforcement against unlicensed practices.

Nevertheless, the most fundamental issue remains the lack of specific regulations that govern medical aesthetic practices in detail. Current law does provide a sufficient general legal basis to establish that filler injections are a legitimate medical procedure when performed in accordance with regulations. However, the law has not yet clearly addressed issues such as the scope of authority for general practitioners and specialists in aesthetic procedures, specific competency standards in the field of medical aesthetics, the risk classification of non-surgical procedures, and the most appropriate oversight model for aesthetic clinics. Consequently, an overly broad scope for interpretation can actually open the door to abuse and create legal uncertainty for both doctors and patients.

Medical aesthetic practices, particularly filler injections, essentially have a sufficient legal foundation within Indonesia's health law system. The relevant legal provisions exist, but they are scattered across the Health Law, regulations on clinics, medical procedure consent forms, civil law, criminal law, and consumer protection laws. Thus, the main problem with medical aesthetic practices in Indonesia is not the absence of laws, but rather the lack of specific, integrated, and operational regulations to address the unique characteristics of non-surgical aesthetic procedures. Therefore, a reformulation of more specific regulations is needed so that filler injection practices can be conducted safely, in a standardized and accountable manner, and provide legal certainty for all parties.

Forms of Legal Liability for Healthcare Professionals in Medical Aesthetic Practice to Achieve Equitable, Inclusive, and Sustainable Healthcare Services

The legal liability of medical professionals in the practice of medical aesthetics is a legal consequence arising from the legal relationship between medical professionals and patients in the provision of healthcare services. From a health law perspective, this relationship is not merely contractual but also has a public dimension related to the protection of human rights, particularly the right to health as guaranteed under the Indonesian legal system. Therefore, every medical procedure, including aesthetic procedures, must be carried out in accordance with strict principles of legality, professionalism, and accountability (Notoatmodjo, 2018). Medical aesthetic practices, as part of healthcare services, cannot be separated from the healthcare legal framework; consequently, medical professionals are obligated to be accountable for every action they take ethically, administratively, and legally.

In the context of medical aesthetic practice, the elective nature of these services fundamentally distinguishes them from curative or emergency medical services. This practice

is not aimed at saving lives, but rather at improving quality of life and appearance; consequently, patient expectations tend to be higher and more subjective. These conditions result in higher standards of care that medical professionals must meet compared to conventional medical practice (Harahap, 2018). Consequently, every aesthetic procedure must be performed with care, transparency, and based on comprehensive informed consent to minimize the potential for legal disputes.

Conceptually, the legal liability of healthcare professionals is not based solely on fault (fault liability), but also encompasses professional liability grounded in standards of competence and standards of medical care. Healthcare professionals are obligated to act in accordance with professional standards, standard operating procedures, and patient safety principles in every action they take. If there is a deviation from these standards that results in harm to the patient, healthcare professionals may be held legally liable, whether in civil, criminal, or administrative proceedings. This demonstrates that the liability of healthcare professionals is comprehensive and not limited to a single legal regime (Siregar, 2024).

From a philosophical perspective, the legal liability of healthcare professionals is a manifestation of the principles of justice and legal protection within a rule-of-law system. The law functions not only as a repressive tool to impose sanctions but also as a preventive instrument to promote the provision of safe and high quality healthcare services (Rahardjo, 2014. Therefore, the concept of legal liability must be situated within the framework of distributive and corrective justice, ensuring a balance between patient protection and the protection of healthcare professionals. Thus, the law serves as both a control mechanism and a safeguard in the practice of medical aesthetics.

Regulations regarding the legal liability of healthcare professionals in Indonesia are derived from a multidimensional legal framework, with Law No. 17 of 2023 on Health serving as the primary foundation that comprehensively governs the obligations of healthcare professionals in providing safe, high quality, and responsible healthcare services. This law not only integrates aspects of medical personnel's competence, authority, and licensing but also establishes legal liability for every medical act performed, encompassing administrative, civil, and criminal dimensions. Thus, following the enactment of the 2023 Health Law, regulations regarding the registration, licensing, and scope of practice of healthcare professionals no longer operate under separate regimes but have been consolidated into a single integrated health legal system. This demonstrates that the health legal system in Indonesia prioritizes a comprehensive and integrated approach in regulating medical practice, including medical aesthetic practice, by placing patient protection, professional standards, and the accountability of medical personnel as the primary principles in the delivery of all health services (Asyhadie, 2017).

From a civil law perspective, the relationship between healthcare providers and patients can be characterized as a contractual obligation arising from a therapeutic agreement. This agreement is essentially a best efforts obligation, under which healthcare providers are obligated to provide their best efforts in accordance with professional standards without guaranteeing specific outcomes (Sinaga, 2021). However, if a medical professional is proven to have committed negligence or a violation of professional standards resulting in harm, they may be held liable under the provisions regarding tortious acts in Article 1365 of the Civil Code. Therefore, the burden of proof becomes crucial in determining the existence of civil liability.

From a criminal law perspective, medical personnel may be held liable if there is an element of fault in the form of gross negligence or intentional misconduct that results in serious harm to the patient (Nasser, 2017). In practice, proving criminal liability in medical cases is often complex because it requires distinguishing between reasonable medical risks and negligence that is punishable by law. Not all failures in medical procedures can be classified as criminal offenses, as criminal law requires the presence of significant fault. Therefore, a cautious approach is necessary when assessing the criminal liability of medical personnel.

Administrative accountability is a crucial component of the health law system, serving as a mechanism for overseeing the practices of healthcare professionals. Administrative sanctions, such as reprimands, restrictions on practice, and even license revocation, may be imposed if healthcare professionals violate licensing regulations or service standards (Nasution, 2018). This mechanism aims to maintain the quality of healthcare services and protect the public from substandard medical practices. Thus, administrative accountability serves both preventive and corrective functions within the healthcare system.

The legal accountability of medical professionals in the practice of medical aesthetics also encompasses ethical and professional disciplinary dimensions that are no less important. Medical professionals are required to adhere to the medical code of ethics and the principles of professionalism in the course of their practice. Violations of ethical norms may be subject to sanctions through professional organization mechanisms, such as the Professional Disciplinary Council (MDP). This ethical dimension emphasizes the importance of integrity and moral responsibility in every medical action, particularly in aesthetic practices that carry a high risk regarding patients' subjective satisfaction (Chazawi, 2016).

The legal liability system for healthcare professionals plays a strategic role in ensuring equitable, inclusive, and sustainable healthcare services. From a justice perspective, the existence of accountability mechanisms provides legal protection for patients as the vulnerable party in the medical relationship (Jenie, 2019). In the context of inclusivity, the legal system must be able to guarantee access to justice for all segments of society without discrimination. Meanwhile, from a sustainability perspective, legal accountability serves as a control mechanism to ensure that medical practices are conducted responsibly and with a long term orientation.

In the practice of medical aesthetics, the aspect of informed consent is a key element in determining the legal liability of healthcare providers. Unlike emergency medical procedures, aesthetic procedures allow patients greater opportunity to rationally weigh the risks and benefits of the procedure. Therefore, healthcare providers have a duty to provide complete, honest, and non-misleading information regarding the procedure to be performed, including the possibility of failure or side effects. The absence of valid informed consent can serve as a strong basis for holding medical professionals legally liable.

The application of high standards of care is a key characteristic of medical aesthetic practice. This is due to the non-urgent nature of these procedures and their focus on aesthetic outcomes, which are heavily influenced by the patient's subjective perception. Therefore, healthcare professionals are required not only to meet medical standards but also to manage patient expectations professionally. Failure to meet these standards has the potential to lead to complex legal disputes, particularly regarding whether such failure constitutes a medical risk or a form of negligence.

As with the practice of injectable fillers as part of medical aesthetics, this is an elective medical procedure that carries complex legal consequences because it involves both health interests and subjective aesthetic aspects. In this context, the legal liability of medical personnel is not determined solely by the final outcome of the procedure, but places greater emphasis on the process of performing the procedure, which must comply with professional standards, standard operating procedures, and patient safety principles. This aligns with the provisions of Law No. 17 of 2023 on Health, which stipulates that all health services must be provided safely, with quality, and responsibly. Therefore, filler procedures cannot be categorized as ordinary cosmetic practices but must be treated as medical procedures fully subject to the health legal framework.

From a civil law perspective, the legal liability of medical professionals in the practice of filler injections is based on a legal relationship in the form of a therapeutic contract that constitutes a best-efforts obligation (inspanningsverbintenis). This means that medical professionals do not guarantee specific aesthetic results, but are obligated to provide their best efforts in accordance with professional standards. However, patients' high expectations regarding aesthetic results often lead to legal disputes when the results obtained do not meet their expectations (Komalawati, 2016).In such circumstances, patients may file a civil lawsuit if there are elements of negligence, such as errors in injection technique, the use of substandard materials, or failure to provide adequate informed consent. Thus, the burden of proof becomes a key aspect in determining whether the resulting harm constitutes an acceptable medical risk or a form of legal violation.

From a criminal law perspective, medical professionals can only be held liable for filler injections if there is an element of serious fault whether intentional or gross negligence that results in legal consequences such as serious injury or death. In practice, filler cases often spark debate regarding the distinction between medical risk and malpractice. Therefore, criminal law must be treated as a last resort to prevent the criminalization of medical personnel who have worked in accordance with professional standards. On the other hand, filler procedures performed by individuals without medical qualifications or a valid license to practice may be classified as illegal medical practice, which explicitly violates the law and endangers patient safety (Guwandi, 2019).

In terms of administrative and professional ethics, the legal liability of healthcare professionals in the practice of injectable fillers is closely tied to compliance with licensing requirements, service standards, and professional codes of ethics. Every healthcare professional is required to hold a valid registration and practice license and to perform procedures within the scope of their competence, as stipulated by Indonesia's healthcare legal system. Oversight of ethical violations is carried out by professional organizations such as the Indonesian Medical Association through professional disciplinary mechanisms (Chazawi, 2017). In filler practice, ethical violations often occur in the form of misleading promotions, overpromising results, and practicing beyond one's scope of authority. Therefore, strengthening administrative and ethical oversight is crucial to prevent deviations in medical aesthetic practice.

From the perspectives of justice, inclusivity, and sustainability, the legal accountability of medical professionals in the practice of injectable fillers must be established as a mechanism that is not only punitive but also preventive and corrective. The legal system must be able to provide balanced protection for both patients and medical professionals, ensure access to

justice for all segments of society, and promote responsible medical practices in the long term. The prevalence of illegal filler practices and the use of non-standardized materials indicate an urgent need for more specific and adaptive regulatory reform. Thus, strengthening the legal liability system is key to realizing safe, fair, inclusive, and sustainable medical aesthetic services (Tutik, 2018).

On the other hand, the practice of medical aesthetics in Indonesia still faces various legal challenges, particularly regarding regulatory gaps and inconsistencies. To date, there are no specific regulations that comprehensively govern the practice of medical aesthetics, so related provisions remain scattered across various general regulations. This situation creates legal uncertainty for both medical professionals and patients, particularly regarding competency standards, scope of authority, and oversight mechanisms. Therefore, there is a need for more specific and adaptive regulatory reform to keep pace with the evolving field of medical aesthetics.

Legal protection for patients in medical aesthetic practices needs to be strengthened through a patient-centered legal approach. This approach places the patient as the primary subject who must be protected in every aspect of healthcare, including aesthetic practices. Within this framework, the state has an obligation to ensure that every medical procedure is performed safely, transparently, and accountably. Thus, the legal liability system functions not only as a tool for law enforcement but also as a mechanism for protecting patients' rights.

As part of these efforts, it is necessary to strengthen oversight and enforcement systems in the field of medical aesthetics through integrated measures such as the establishment of specific regulations, the standardization of medical professionals' competencies, and the enhancement of technology-based oversight mechanisms. Additionally, the integration of civil, criminal, administrative, and ethical sanctions is necessary to create an effective and equitable accountability system. Thus, regulatory improvements are expected to establish a medical aesthetic service system that is not only safe and high-quality but also fair, inclusive, and sustainable.

CONCLUSION

The legal framework governing medical aesthetic practices within Indonesia's health law system essentially has a sufficient normative foundation, positioning such practices as part of health services subject to the principles of patient safety, professional standards, and medical personnel accountability, as affirmed in Article 4(1)(c) and (d) and Article 23(1) of No. 17 of 2023 on Health, which guarantees the right to safe, high-quality, and responsible health services. Additionally, the aspect of informed consent for medical procedures is regulated in Article 45 of Law No. 29 of 2004 on Medical Practice and further clarified in Ministry of Health Regulation No. 290/Menkes/Per/III/2008, while civil liability refers to Article 1365 of the Civil Code, and potential criminal liability related to negligence or error is regulated under the provisions of the Criminal Code. However, although these various provisions have implicitly regulated medical aesthetic practices, the regulations remain scattered and lack specificity, thereby creating legal uncertainty, particularly regarding the scope of authority, competency standards, and oversight. Therefore, a more comprehensive and integrated reformulation of regulations is needed so that medical aesthetic practices can be conducted safely and in a standardized manner, while providing optimal legal certainty and protection

within Indonesia's healthcare system.

The scope of legal liability for medical professionals in the practice of medical aesthetics encompasses civil, criminal, administrative, and professional ethical dimensions, which are mutually integrated as mechanisms of both control and protection in the delivery of healthcare services. From a civil law perspective, liability is based on the therapeutic contract in the form of a best-efforts obligation (inspanningsverbintenis), such that medical professionals may be held liable for damages if proven to have committed negligence or violated professional standards. In the criminal aspect, liability arises only in cases of serious fault, such as intentional acts or gross negligence, with criminal law serving as a last resort to avoid the criminalization of legitimate medical practices. Meanwhile, administrative and ethical liability function preventively and correctively through licensing oversight, compliance with service standards, and the enforcement of professional discipline by medical organizations. When applied proportionally and in an integrated manner, these forms of accountability collectively serve as vital instruments in ensuring medical aesthetic services that are not only safe and high-quality but also guarantee justice for patients, protect healthcare providers, and support an inclusive and sustainable healthcare system.

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