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THE LEGAL PROTECTION OF HOSPITALS IN THE CASE OF NON-BPJS PATIENTS WHO ABSCOND AS A FORM OF BAD FAITH DUE TO THEIR INABILITY TO PAY

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ABSTRACT

Hospitals often encounter financial difficulties when non-BPJS patients evade payment due to financial incapacity, with some institutions unfairly shifting the financial burden onto doctors. This situation raises serious legal, ethical, and employment concerns, especially in light of Law No. 17 of 2023 on Health, which mandates institutional responsibility for patient management. Meanwhile, Artificial Intelligence (AI) offers promising solutions for predicting and mitigating financial risks by identifying high-risk patients, though it introduces new challenges regarding data privacy, accountability, and liability. This study aims to explore the legal protections available to doctors when patients abscond without paying, and to propose a legal framework for integrating AI in healthcare to prevent such incidents. Using a normative legal approach, the research analyzes key provisions of Law No. 17/2023, employment regulations, and relevant case studies involving financial disputes between doctors and hospitals. The results show that imposing financial liability on doctors not only breaches employment principles but also contradicts healthcare regulations. Furthermore, AI can improve financial risk management by helping hospitals predict and prevent non-payment cases, though its implementation requires clear legal guidelines to avoid unintended consequences for medical staff. In conclusion, hospitals must bear financial responsibility for unpaid patient bills to protect doctors' legal rights. Additionally, a comprehensive regulatory framework for AI is essential to ensure that the technology is implemented fairly, safeguarding both healthcare professionals and patient interests.

INTRODUCTION

The Healthcare institutions face significant challenges when patients fail to fulfil their financial obligations. In Indonesia, while the BPJS Kesehatan program provides universal health coverage for many citizens, a substantial portion of patients remain outside this system, particularly those seeking care as private, non-insured individuals. These non-BPJS patients may receive treatment but later claim financial incapacity, resulting in unpaid medical bills (Aji, 2024). When patients abscond without paying, hospitals must manage the financial gap to maintain operations. However, in some cases, hospitals shift the financial responsibility onto doctors through internal policies or wage deductions, placing an unjust financial burden on healthcare professionals who were merely fulfilling their professional duties. This situation creates ethical and legal dilemmas that need careful examination.

The enactment of Law No. 17 of 2023 on Health introduces new legal frameworks for managing healthcare delivery in Indonesia. This law emphasizes the institutional responsibility of healthcare providers, aiming to ensure that financial risks are managed properly at the organizational level. However, cases of financial disputes between doctors and hospitals remain prevalent, especially in

private hospitals, where operational costs are tightly managed. Doctors often find themselves in a vulnerable position, having no choice but to absorb the financial losses caused by patients fleeing without payment. This practice contradicts employment principles that protect workers from arbitrary financial penalties, creating tension between healthcare institutions and medical professionals.

Amid these challenges, Artificial Intelligence (AI) has emerged as a potential solution to help hospitals manage financial risks and optimize patient care. AI is a simulation of human intelligence in machines such as computers or robots that are programmed to mimic human cognitive functions with other human minds, such as learning and problem-solving (Lee & Yoon, 2021). AI-powered systems can assist in profiling patients' financial capabilities and predicting the likelihood of non-payment. For example, machine learning algorithms can analyse patients' past medical records, payment history, and socioeconomic data to identify individuals who may struggle to pay their bills. Hospitals can then pre-emptively implement financial interventions such as upfront payments, flexible instalment plans, or referrals to social programs, reducing the risk of unpaid bills. Additionally, AI can support automated billing and debt recovery processes, easing the administrative burden on medical professionals. However, the use of AI in healthcare introduces new legal and ethical concerns, particularly around data privacy, algorithmic transparency, and accountability. There is a need for regulations to ensure that AI technology is used responsibly without creating unintended burdens for doctors or patients.

Despite the promise of AI, regulatory gaps remain in Indonesian healthcare law regarding the use of advanced technologies. While Law No. 17/2023 addresses healthcare delivery and patient management, it lacks specific provisions for the legal responsibilities of AI in financial risk management. For example, if AI systems inaccurately classify patients or generate incorrect financial assessments, questions arise about who should be held accountable—the hospital, the AI provider, or the healthcare professionals. Without clear legal frameworks, there is a risk that AI-related errors could become another source of liability for doctors, further complicating their already challenging roles. A new perspective on technology adoption and identifying barriers to technology adoption among health workers is still as relevant today (Parthasarathy et al., 2018). The amount of research on AI in the field of medicine and health has grown rapidly and gained popularity over the past decade (Tran et al., 2019).

Given these complex dynamics, this study explores the legal protections for doctors in situations where patients evade payment and examines how AI can be used to mitigate financial risks. It seeks to clarify the boundaries of institutional accountability and propose a regulatory framework for AI in healthcare that ensures fair treatment of doctors and patients alike. The research also aims to bridge the gap between technological innovation and legal frameworks, ensuring that AI benefits the healthcare sector without creating new vulnerabilities for medical professionals. In doing so, this study contributes to the development of a sustainable healthcare system that balances financial sustainability, patient care, and legal fairness.

The problem of patients fleeing without paying poses serious risks to hospitals and doctors, threatening the financial stability of healthcare institutions and the well-being of medical professionals. Hospitals must be held accountable for managing financial risks, and AI should be implemented carefully to support, rather than burden, healthcare workers. This research highlights the importance of clear legal guidelines to ensure that doctors are protected from unfair financial penalties, while also exploring the potential of AI to enhance patient care and financial management. With appropriate regulations, AI can become a valuable tool in promoting a more efficient and just healthcare system, safeguarding both doctors and patients from the risks of financial failure.

This study aims to explore the legal protections available to doctors when patients abscond without paying, and to propose a legal framework for integrating AI in healthcare to prevent such incidents. This study contributes to healthcare law, ethics, and technology integration by addressing the legal protections available to doctors when patients abscond without payment and proposing an innovative framework for integrating AI to prevent such incidents. It fills a critical gap in the literature on the rights and protections of medical practitioners while highlighting the potential of AI to optimize administrative functions, reduce financial losses, and enhance accountability in healthcare institutions. The proposed framework ensures that AI applications align with legal and ethical standards, safeguarding patient rights and professional responsibilities. Additionally, this research provides a foundation for further exploration of AI's role in addressing operational and legal challenges in healthcare.

METHODS

This study utilizes a normative legal approach to analyze laws, regulations, and legal principles concerning financial liability and the protection of healthcare professionals. The research examines statutory provisions, legal doctrines, and jurisprudence to assess hospital accountability and financial risk management, with particular attention to Articles 191 and 193 of Law No. 17/2023, which mandate hospital obligations regarding financial protections for healthcare professionals. Doctrinal analysis is employed to explore ethical principles related to non-discriminatory care, as outlined in Article 23.

The study also investigates the legal implications of AI adoption in healthcare, focusing on data privacy and compliance with existing laws. By applying systematic interpretation and comparative analysis of legal texts, the research provides actionable recommendations for institutional accountability and the governance of AI technologies. This approach ensures that the findings are rooted in legal theory and statutory interpretation, offering clear guidance on the application of laws to protect healthcare professionals and manage financial risks effectively.

RESULTS

This section delves deeper into the legal, ethical, and technological implications surrounding the financial liability of doctors and the role of Artificial Intelligence (AI) in mitigating financial risks in hospitals. Shifting financial burdens from hospitals to medical professionals, especially in cases involving non-BPJS patients, contravenes multiple provisions of Law No. 17 of 2023 on Health. Furthermore, the integration of AI in Financial Risk Management (FRM) presents opportunities to improve sustainability but requires robust legal frameworks to prevent misuse or unintended consequences. This analysis also emphasizes the need for institutional accountability and the role of transparent governance to balance quality healthcare delivery with financial sustainability.

Legal Violations in Shifting Financial Liability to Doctors

The legal position of ordinary hospitals in carrying out the function of health services as a subject of law provides rights and obligations that allow them to take legal action, such as making decisions and acting in and out of court. In providing health services to patients, hospitals involve various health workers. Doctors, patients, and hospitals are three interconnected legal subjects in the context of health maintenance. The three create medical relationships and legal relationships. The medical and legal relationship between doctors, patients, and hospitals focuses on the maintenance of health in general and health services in particular (Mulyono et al., 2019). However, many hospitals attempt to transfer financial risks to medical professionals by withholding salaries or imposing financial penalties for unpaid bills from non-BPJS patients. These practices violate several critical provisions in Law No. 17/2023, which emphasizes that healthcare institutions must assume full responsibility for financial operations and cannot shift liabilities to their employees.

Article 193 explicitly outlines that healthcare facilities, including hospitals, are responsible for any damages, negligence, or losses incurred within their operations, regardless of whether these involve patients' financial matters or administrative oversights (Undang-Undang Kesehatan, 2023). This provision ensures that medical personnel are protected from undue financial burdens. Transferring unpaid debts from patients to doctors is, therefore, inconsistent with this legal obligation and may expose hospitals to legal liability for violating employment laws and contractual obligations.

Additionally, Article 191 recognizes that hospitals are entitled to manage financial operations, including setting remuneration for medical professionals. However, these financial arrangements must comply with fair labour practices. Salary deductions or penalties imposed on doctors for patient defaults contradict labour regulations, which protect employees from arbitrary deductions and unlawful wage reductions (Undang-Undang Kesehatan, 2023). These practices also erode trust between medical staff and hospital management, creating an unhealthy work environment that can lead to lower productivity and poor patient outcomes.

Another concern involves the ethical obligations of healthcare professionals. Under Article 23 of Law No. 17/2023, healthcare services must be provided equitably, ensuring non-discriminatory access for all patients, regardless of their financial status. Doctors are ethically required to provide treatment without bias, and shifting financial risks to them could create moral dilemmas. Physicians may feel pressured to prioritize patients who can pay, undermining their professional integrity and the principle of non-discriminatory care.

The transfer of financial burdens to doctors also breaches Indonesia's Employment Law (Law No. 13 of 2003), which prohibits wage reductions or penalties without the employee's consent. Article 93 of this law ensures that salary deductions can only occur under specific legal conditions, such as agreed-upon deductions for employee benefits. Unilateral deductions to recover unpaid patient bills violate employment agreements and undermine the financial security of doctors, creating an environment of exploitation. Moreover, arbitrary financial penalties not only breach formal labour protections but also undermine workplace ethics by fostering inequitable treatment. Doctors who are financially penalized for non-payment cases may feel pressured to select patients based on their ability to pay, contradicting the non-discriminatory principles outlined in Article 23 of Law No. 17/2023. This situation could cause doctors to experience ethical dilemmas and deteriorate the quality of patient care, jeopardizing the public's trust in healthcare institutions.

Moreover, the financial burden placed on doctors not only threatens their well-being but also violates standards for workplace safety. Stress and financial instability can impair a doctor's ability to provide high-quality care, increasing the risk of medical errors. This situation highlights the importance of institutional responsibility in managing financial risks and ensuring that doctors are free to focus on their primary duty—providing safe and effective care to patients. Furthermore, Article 12 of Law No. 17/2023 mandates that healthcare institutions provide legal and financial protection for their employees to create a supportive work environment. Shifting financial risks to doctors contradicts this obligation, exposing healthcare professionals to stress, financial instability, and burnout. The inability of hospitals to comply with these legal and ethical requirements results in poor workforce morale and can lead to high turnover rates among medical personnel, exacerbating staffing shortages.

Financial penalties imposed on doctors also have negative implications for patient safety and healthcare quality. Law No. 17/2023 mandates that hospitals ensure healthcare services are delivered based on professional competence, free from external pressures that could compromise the quality of care. When doctors are forced to bear financial risks, their decision-making may be influenced by financial considerations, leading to unequal treatment among patients. This risks violating the principle of universal access to healthcare, which ensures that patients receive appropriate medical care regardless of their socio-economic background.

Although Law No. 17 of 2023 provides a clear legal framework that holds hospitals accountable for financial risks, enforcement remains a challenge. Hospitals often exploit ambiguous labour contracts and informal agreements to transfer financial liabilities to doctors, bypassing legal protections. Additionally, the absence of strict monitoring mechanisms allows such practices to persist without significant consequences.

To address these governance failures, regulatory bodies must enhance supervision and enforcement by conducting regular audits of hospital policies and labour practices. Hospitals that continue to impose financial penalties on doctors should face sanctions or penalties, including the suspension of licenses or financial penalties for non-compliance. Dispute resolution mechanisms, such as mediation or arbitration, should be strengthened to resolve conflicts between doctors and hospitals promptly.

AI-Driven Financial Risk Management (FRM): Opportunities and Legal Considerations

To address the challenges of non-payment, hospitals are increasingly turning to AI-powered systems for financial risk management (FRM). AI can assist in identifying patients at risk of non-payment by analysing a variety of data points, including socioeconomic status, payment history, medical records, and demographic data. This predictive capability allows hospitals to implement proactive financial measures, such as requesting deposits, offering flexible payment plans, or referring patients to financial assistance programs.

AI is defined as a software or hardware system designed by humans with complex objectives, acting in the physical or digital dimension by understanding the environment through data acquisition, interpreting structured or unstructured data, reasoning knowledge, processing information derived from data, and deciding the best action to take to achieve a given goal (European Commission, 2018). AI systems function primarily through machine learning algorithms, which are trained on historical patient data to predict future behaviours (Robert, 2019). These algorithms generate risk scores for each patient, indicating their likelihood of defaulting on payment. Hospitals can use these insights to manage high-risk patients more effectively, thereby reducing the likelihood of unpaid bills. For example, if a patient's

financial profile suggests a high risk of non-payment, the hospital might require advance payments or offer special payment terms tailored to the patient's financial circumstances (Gerich et al., 2022).

In addition to predictive analytics, AI can automate billing and collection processes (Kitula et al., 2018). Automated systems can track payment deadlines, generate reminders, and initiate debt recovery actions if payments are overdue (Al-Shaqi et al., 2016). This reduces the administrative workload on medical staff, allowing them to focus on patient care rather than being involved in financial disputes. Automation also ensures that billing errors are minimized, improving overall efficiency in hospital operations. Today's data-rich healthcare ecosystem offers many possibilities for AI developers and AI offers ways to reduce costs and improve the efficiency of health services (Matheny et al., 2020). Other goals in the application of AI in health services are activity and health monitoring, data classification, decision support, and information generation for care coordination and continuity (Seibert et al., 2021). It can be used to improve the efficiency of the procedure (Wahl et al., 2018).

Despite the potential benefits, the implementation of AI in financial management raises several legal and ethical concerns (ANA, 2022). First, AI systems rely heavily on personal data, including sensitive health and financial information. Indonesia's Personal Data Protection Law (UU PDP No. 27 of 2022) requires that all patient data be collected, stored, and processed with the patient's informed consent. According to Satjipto Rahardjo, legal protection is to provide protection to human rights that are harmed by others and this protection is given to the community so that they can enjoy all the rights provided by the law (Rahardjo, 2014). Hospitals must ensure that their AI systems comply with these data privacy laws to avoid legal repercussions. Unauthorized use or misuse of patient data could lead to significant legal liabilities and damage the hospital's reputation. It is important to consider these ethical considerations when using AI in healthcare to ensure that it is used in a safe and ethical manner (McCarthy, 2019).

Another critical concern involves algorithmic bias and discrimination. AI algorithms, if not properly designed and monitored, may disproportionately classify low-income patients as high-risk simply because of their socioeconomic status. This reinforces inequality and could result in unjust denial of care to vulnerable patients. Such outcomes would violate the non-discriminatory principles established in Article 23 of Law No. 17/2023, which ensures equal access to healthcare services for all individuals (Undang-Undang Kesehatan, 2023).

To mitigate these risks, hospitals must implement robust AI governance frameworks. These frameworks should include regular audits of AI models to ensure accuracy and fairness. Requirements that need to be met related to data protection regulations, database quality, and the ability to produce data inputs with high accuracy (Ambagtsheer et al., 2020). Hospitals must also collaborate with AI providers to establish transparent processes for validating and updating predictive algorithms (Amato et al., 2018; Cho et al., 2013; Ye et al., 2020). Training programs for medical and administrative staff are essential to ensure that AI-generated insights are interpreted correctly and applied ethically in financial decision-making.

The reported challenges and barriers target recognition accuracy, integration with sensor networks, privacy, security, human-machine interaction and impairment of user cognition, acceptance, and cost (Krishnan & Pugazhenthi, 2014). Introducing AI-based technology into health science raises public concerns and discussions, with many health workers fearing that technology will replace human interactions, violating the ethics of healthcare, while others fear that AI will replace the role of health workers (Stokes & Palmer, 2020). One of the most significant challenges in AI-based financial management is the issue of accountability. The issue of liability is another critical aspect that is currently under-regulated. An action is considered a legal act if it has legal consequences that can be accounted for or recognised by the state (Hernanto & Amelia, 2024). If an AI system produces an inaccurate prediction that leads to financial harm—such as the unjust denial of care or wrongful billing—the question arises: Who is responsible? Hospitals, as the primary users of the system, bear some degree of accountability. However, AI developers must also be held liable for any flaws or biases in the algorithm. Clear legal frameworks are needed to define the roles and responsibilities of all stakeholders involved, ensuring that doctors are not unfairly blamed for decisions influenced by AI.

Furthermore, Article 25 of Law No. 17/2023 encourages the integration of digital technologies, including AI, in healthcare operations but stresses the importance of aligning these technologies with national health information systems (Undang-Undang Kesehatan, 2023). This means that AI solutions must be interoperable with existing hospital management systems and comply with national standards for healthcare delivery.

The Need for Institutional Accountability and AI Governance

To build a sustainable healthcare system that supports both doctors and patients, hospitals must prioritize institutional accountability and ethical AI governance. Law No. 17/2023 emphasizes that healthcare facilities must bear full financial responsibility for their operations, including managing risks associated with non-paying patients. Passing financial burdens to doctors is not only unlawful but also unethical, as it compromises both the well-being of medical professionals and the quality of care they provide. Health workers' clinical expertise and contribution can play an important role in co-designing technologies relevant to health services, the current level of health workers' involvement in research and co-design of these technologies is still not significant (Buchanan et al., 2020). Health workers as users of AI-based technology in healthcare, are in a key position to shape and lead the development of AI financial risk management (McGrow K, 2019). However, health workers have minimal involvement in the analysis, development and initial design phases of precision medicine and AI, only included to contribute expertise in the final phase of testing when it can be used earlier in the process (Zhou et al., 2021).

Hospitals must also establish internal policies that align with the principles of fair labour practices and non-discriminatory healthcare. These policies should ensure that doctors are shielded from financial penalties and that any disputes over unpaid bills are resolved through institutional mechanisms rather than individual liability. Indonesia has a body that partially handles legal protection for the community, namely the courts within the scope of the General Judiciary and Government Agencies which are administrative appeal bodies (HS & Nurbani, 2022). Stakeholders should be encouraged to be flexible in incorporating AI (Rigby, 2019). The government has an obligation to protect the interests of parties related to the delivery of health services (Susatya, 2023). However, current regulations do not provide detailed guidelines on how AI systems should handle, process, and protect this real-time data (Beam & Kohane, 2018).

Article 12 of Law No. 17/2023 mandates that hospitals provide legal and financial protection to healthcare workers, underscoring the importance of fostering a supportive work environment. In terms of AI governance, hospitals must adopt ethical guidelines that regulate the use of AI in financial decision-making. These guidelines should address issues such as data privacy, algorithmic transparency, and accountability (Karimian et al., 2022; Kluge, 2020). Hospitals should also involve regulators in the development of these frameworks to ensure compliance with national laws and international best practices. Continuous monitoring and evaluation of AI systems are crucial to prevent errors and biases that could negatively impact patients or staff.

The findings of this study highlight broader implications for healthcare policy and technology adoption in Indonesia. As AI becomes increasingly integrated into healthcare operations, it is critical for regulators to develop comprehensive legal frameworks that address the unique challenges posed by AI technologies. These frameworks must define the limits of liability for hospitals, technology providers, and healthcare professionals to ensure that accountability is distributed fairly.

In addition to legal frameworks, standardization efforts will be necessary to guide the use of AI across healthcare institutions. National standards for algorithmic transparency, data protection, and patient consent will foster trust in AI technologies and encourage wider adoption. Regulatory bodies should also monitor the performance of AI systems regularly to prevent biases, errors, or unintended consequences from undermining the integrity of healthcare services.

CONCLUSION

The study suggests that transferring financial burdens to doctors when non-BPJS patients abscond without paying is legally, ethically, and practically unfeasible. Hospitals must assume full responsibility for financial risks and protect medical personnel's rights. AI-based financial risk management can help prevent non-payment cases and ensure financial sustainability. However, hospitals must implement AI responsibly, comply with data privacy laws, and avoid discriminatory practices. Proper AI governance frameworks should be established to allocate accountability and responsibility among stakeholders. Future research should focus on case studies of AI implementation in Indonesian hospitals and international best practices. Policymakers should consider the socio-economic impact of AI adoption on patients and integrate social equity considerations into AI design and governance to prevent disparities in healthcare access and outcomes.

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