

Legal Service in the Protection of Ophthalmologists from the Risk of Medical Lawsuits

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Abstract

Optometrists face high legal risks due to invasive procedures directly related to vision function, while understanding medical law is still relatively limited. This condition raises the need for preventive and applicative legal service. This study aims to analyze the implementation of legal service in providing legal protection to ophthalmologists from the risk of medical lawsuits and assess the effectiveness of legal service in increasing the understanding and legal awareness of ophthalmologists. The research method uses a mixed approach (mixed methods) with an evaluative descriptive design through a one group pretest–posttest model. The research location will be carried out in hospitals and eye clinics in Makassar City in 2025 with the subject of ophthalmologists, hospital management, and legal teams. Data was collected through observation, interviews, pre- test and post-test questionnaires, and documentation studies, then analyzed descriptively, qualitatively, and quantitatively. The results of the study show that legal service is carried out in a structured manner through medical legal education and applicative assistance supported by the active role of hospitals and legal teams. The effectiveness of legal service can be seen from a significant increase in ophthalmologists' legal understanding and the ability to apply the principle of legal prudence in clinical practice. This study concludes that legal service is effective as an instrument of preventive legal protection for ophthalmologists. This study suggests strengthening ongoing legal service programs and recommends the integration of medical legal education in hospital management systems and ophthalmologist professional development.

Keywords: *Legal Service, Ophthalmologist, Medical Lawsuit*

Introduction

Modern healthcare faces increased legal risks. Subjects experience increased patient awareness of medical rights. Objects show the increasing transparency of services through digital documentation. Evidence includes the tendency to resolve disputes through litigation. Modern health services have recorded a surge in malpractice lawsuit cases. The subject involves a patient who is demanding large financial compensation [1]. The object highlights the complexity of modern medical procedures. The testimony indicated a lawsuit involving a forensic medical counselor. This legal risk burdens medical personnel psychologically. The subject felt prolonged emotional distress. Objects include threats to long-term professional careers. The statement emphasized the need for preventive legal protection. Increased legal risks hinder clinical innovation. Subjects face excessive caution in practice. The object causes a decrease in the quality of patient services. Statement demanding community-based legal service intervention [2].

Increased global legal risks are affecting specialist medical personnel. The WHO 2025 health report notes that around 28% of specialist medical personnel have faced the threat of a medical lawsuit. The subject involves surgical and ophthalmology specialists as high-risk fields. The object indicates an invasive procedure with potential complications. Captions underscore data from 150 survey countries [3]. Optometrists face the highest lawsuit in ophthalmology. Subjects noted 35% of cases involving postoperative refractive errors. The object highlights clinical risks such as corneal infections. The statement emphasizes the lack of understanding of procedural law. The threat of this lawsuit lowers clinical confidence. Subjects experience a decrease in the volume of elective procedures. Objects include litigation costs reaching billions of dollars globally [4]. The statement calls for legal service to increase awareness. This global data reinforces the urgency of specific protection in Indonesia.

Indonesia's national data in 2025 recorded around 42% of health service disputes involving specialist doctors. Subjects dominated cases in type A and B hospitals. The information comes from a

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report from the Ministry of Health of the Republic of Indonesia. Ophthalmologist faces procedural negligence lawsuit [5]. The subject involved 18% of the total national cases. Objects include cataract surgery with vision complications. The data shows a 15% increase from 2024. This dispute is weighing on the medical justice system. The subject noted a delay in the trial of up to two years. The object causes economic losses of IDR 500 billion annually. The information demands local legal service for the ophthalmologist. Lack of legal understanding exacerbates the risk of lawsuits in Indonesia [6].

Optometrists have a high legal risk. The subject faces medical measures directly related to vision function. The object shows an invasive procedure such as cataract surgery. Descriptions include clinical outcomes are not always predictable. Ophthalmologists treat post-excimeral laser complications. The subject involves residual refraction that triggers a lawsuit [7]. The object highlights the professional standards of the Indonesian Doctors Association. The information indicates the risk of endophthalmitis infection. These legal risks arise from the patient's expectations of perfection. The subject noted the claim for reimbursement of re- operation costs. The object includes incomplete informed consent documentation. The statement emphasizes the need for routine clinical audits. Ophthalmologists experience repeated litigation pressures. Subjects felt a decrease in private practice motivation. The object incurred a 20% surge in medical insurance costs. Statement demanding specific legal service of ophthalmology [8].

The high legal risk of ophthalmologists creates a gap between *Das Sollen* and *Das Sein*. *Das Sollen* wants ophthalmologists to obtain full legal protection. Subjects act in accordance with national medical professional standards. The object includes the Law on Medical Practice No. 29 of 2004 [9]. The testimony guarantees proportional immunity from lawsuits. *Das Sein* showed that the understanding of medical law is still low. The subject noted that in the 2025 survey, only 32% of ophthalmologists understand litigation procedures. The object highlights the impact of the increase in malpractice lawsuits. The information resulted in financial losses of IDR 200 million per case. This gap exacerbates defensive practices. Subjects avoid high-risk procedures. Objects include decreased access to ophthalmology services. The statement emphasizes legal service as a bridge between *Das Sollen-Das Sein*. This legal protection supports the implementation of effective service [10].

The *Das Sollen-Das Sein* gap requires a strong international foundation. The protection of medical personnel is affirmed internationally. Article 25 paragraph (1) of the Universal Declaration of Human Rights guarantees the right to health. The subject protects the doctor from disproportionate legal risks. The object includes the WHO 2025 patient safety policy. The statement emphasizes balanced accountability of health workers [11]. The WHO policy highlights the Global Patient Safety Action Plan. Subjects support ophthalmological preventive legal training. The object targets a 25% reduction in global lawsuits. Description integrates informed consent of international standards. This protection is applied in 194 member countries. The subject noted a 15% decrease in litigation in developed countries. The object includes an ophthalmologist protection framework. Statement demanding adaptation of Indonesian legal service based on UDHR-WHO [12].

The legal protection of national doctors is comprehensively regulated. Article 50 letter a of Law No. 29 of 2004 regulates the practice of medicine. The subject guarantees protection for medical professionals. Objects include actions as per the standards of the medical profession. Evidence of protecting against unfounded lawsuits [13]. Article 273 paragraph (1) of Law No. 17 of 2023 regulates national health. The subject gives the ophthalmologist's proportional legal immunity. The object highlights high-risk ophthalmological procedures. The statement emphasizes complete medical documentation as evidence. These regulations support practices without fear of litigation. Subjects recorded a 12% decrease in lawsuits post-implementation [14]. The object includes criminal sanctions only for gross negligence. The report calls for the socialization of clinical legal service. This national protection strengthens the foundation of medical legal theory.

The national foundation of legal protection requires a strong legal theory. This research is based on the Legal Protection Theory of Philipus M. Hadjon in 1987. The subject emphasizes the state's preventive protection of citizens [15]. The object includes the ophthalmologist as a subject of weak law. Testimony advocating for explicit protection norms [16]. Hans Kelsen's 1960 Theory of Legal Certainty supports hierarchical norms. The subject guarantees certainty in the medical practice of ophthalmology. The object highlights the pure theory of law for litigation. The testimony prevents subjective interpretation of the lawsuit. Hadjon's theory demanded the intervention of legal service. Subject protects from criminal threats Article 358 of the Criminal Code [17]. The object includes increasing awareness of professional norms. The information integrates Kelsen's legal certainty. This theory forms the concept of practical legal service.

This basic assumption is supported by significant previous research. Medical legal education programs increase the awareness of specialist doctors. Research Ritonga & Manurung [18] demonstrated a 40% increase in procedural compliance. The subject involves medical ethics training Journal of Health Law. Objects include surgeons and ophthalmologists. The information significantly reduced malpractice lawsuits. Bayumi's research analyzed the legal protection of malpractice. Research Aulia & Yusuf [19] discuss malpractice without consent. The subject emphasizes the normative juridical of ophthalmologist advocacy. The object of reducing violations of Article 359 of the Criminal Code. The information shows the effectiveness of education is 28%. This previous study identified a specific gap in Indonesian ophthalmology. The subject demands focused local legal service. The object includes the urgency of effective execution. The description relates to the formulation of the research problem. Previous research has raised a clear research gap. The research gap lies in the absence of specific ophthalmology legal service studies. The subject has not explored the implementation of Makassar ophthalmologist protection. The reasons for the research support the formulation of the first problem. The subject analyzes the implementation of legal service for the protection of lawsuits. Objects include workshop and mentoring methods. The second problem formulation explores the effectiveness of devotion. Subjects measured increased understanding of legal awareness. Objects use a pre- post test survey. A contribution to the journal of legal service.

Methods

This research is a community service research in the field of health law that focuses on the legal protection of ophthalmologists from the risk of medical lawsuits. This type of research was chosen because the main purpose of the activity is not only to produce academic findings, but also to provide direct intervention in the form of education and medical legal assistance to the target subjects. The research approach used is a mixed approach that integrates qualitative and quantitative approaches simultaneously [20]. A qualitative approach is used to describe in depth the implementation of legal service, including the form of activities and the role of supporting institutions [21]. A quantitative approach is used to measure the effectiveness of legal service through changes in the level of legal understanding and prudence of ophthalmologists. The research design applied was descriptive evaluative with a one group pretest–posttest model, so as to allow the measurement of conditions before and after the legal service intervention. This design is relevant to assess the direct impact of the service program on increasing the legal awareness of the research subject [22].

The location of the study was determined in hospitals and eye service clinics in Makassar City that have ophthalmologists active in clinical services. The determination of the location is based on the high intensity of ophthalmology services and the increasing potential for medical disputes in urban areas. The research time will be carried out throughout 2025, including the preparation stage, the implementation of legal service activities, as well as evaluation and analysis of results. The research subjects consisted of ophthalmologists who participated in a series of legal service activities, hospital management, and hospital legal team. The object of the research includes the implementation of legal service and its effectiveness in improving the legal protection of ophthalmologists from the risk of medical lawsuits. The relationship between the subject and the object of this study allows a comprehensive analysis of the practice of legal service and its impact on ophthalmologist professional behavior. The focus of the research is directed to the context of real medical practice so that the results are relevant and applicable.

The type of data used in this study consists of qualitative data and quantitative data. Qualitative data in the form of descriptions of the implementation of legal services, forms of medical legal assistance and education, as well as the role of hospitals and legal teams in supporting ophthalmologists' protection. Quantitative data is in the form of scores on the level of legal understanding and the ability to apply the principle of legal prudence before and after legal service [23]. The source of research data includes primary data and secondary data. Primary data were obtained directly from ophthalmologists through questionnaires, observations, and structured interviews. Secondary data are obtained from hospital documents, internal policies, laws and regulations, and relevant medical legal literature. The operational definition of the variable is prepared to clarify the measurement, including the implementation of legal service as a process variable and the effectiveness of legal service as a result variable. Legal understanding and legal prudence are operationally defined as the cognitive and applicative ability of an ophthalmologist to understand and apply medical legal norms.

The research population is all ophthalmologists who work in hospitals and eye clinics in Makassar City. The research sample was determined using the purposive sampling technique, which is an

ophthalmologist who meets the criteria to participate in full legal service activities and be active in clinical practice. The data collection technique was carried out through direct observation of the implementation of legal service activities to identify the form of activity and the subject's participation. Interviews were conducted with ophthalmologists, hospital management, and legal teams to explore the institutional role in legal protection. Pre-test and post-test questionnaires were used to quantitatively measure changes in ophthalmologists' level of legal understanding. The documentation study was conducted to examine SOPs, medical records, and internal policies related to legal prudence practices. This combination of data collection techniques allows for data triangulation to increase the validity of research results [24].

Data analysis techniques are carried out in an integrated manner according to the type of data obtained. Qualitative data was analyzed using qualitative descriptive analysis techniques through the stages of data reduction, data presentation, and conclusion drawing to describe the implementation of legal service systematically. Quantitative data were analyzed using quantitative descriptive analysis by calculating the average score and the percentage increase in pre-test and post-test results [25]. The research stages begin with the identification of problems and the preparation of research instruments that are relevant to the formulation of the problem. The implementation stage is carried out through educational activities and medical legal assistance for ophthalmologists. The evaluation stage was carried out by measuring changes in legal understanding and prudence. The final stage is in the form of data analysis and the preparation of scientific reports as a contribution to legal service in protecting ophthalmologists from the risk of medical lawsuits.

Results & Discussion

The Implementation of Legal Service in Providing Legal Protection to Ophthalmologists from the Risk of Medical Lawsuits

Forms of Legal Service Activities Carried Out in Medical Legal Assistance and Education for Ophthalmologists

The implementation of legal service in this study shows a pattern of activities that are structured and oriented

to the practical legal needs of ophthalmologists. The legal service team carries out medical legal education activities directly to ophthalmologists in hospitals and eye clinics in Makassar City. The educational activity contains material about the rights, obligations, and legal responsibilities of ophthalmologists in the practice of health services. The educational materials also include an introduction to the risks of medical lawsuits as well as dispute prevention strategies through compliance with professional standards and legal procedures. The implementation of this activity took place in the form of interactive legal counseling with an ophthalmology case study approach. Ophthalmologists actively participate in educational activities through discussions and questions and answers related to legal problems that have been or have the potential to be faced. This medical law education activity is the main basis in order to build an understanding of preventive law. The initial activity directed the focus of legal service on increasing the practical legal awareness of ophthalmologists.

The medical legal education activities that have been carried out are then complemented by applicable legal assistance. The legal service team provides direct assistance to ophthalmologists in understanding medical legal procedures related to informed consent, medical records, and operational standards for ophthalmology services. The legal assistance is carried out through a simulation of filling out informed consent and evaluating medical record documents used in daily practice. Ophthalmologists receive assistance in identifying potential legal weaknesses in medical documentation that risk triggering a lawsuit. This assistance also includes individual legal consultation related to cases or experiences of medical disputes that have been experienced. The legal assistance process improves the ability of ophthalmologists to relate clinical aspects to juridical aspects. This mentoring activity shows that legal service is not only theoretical. The relationship between education and mentoring forms a unit of continuous legal service activities.

The implementation of legal service also involves the use of various planned supporting instruments. The legal service team uses observation sheets to record the systematic progress of legal education and assistance activities. Documentation of activities in the form of agendas, legal material modules, photos of activities, and discussion minutes are used as evidence of the implementation of

legal service. Semi-structured interview guidelines are used to explore the ophthalmologist's experiences and responses to the activities followed. The results of the observation showed a high level of ophthalmologist participation during the activity. The documentation of the activity shows the relationship between the legal material presented and the actual medical legal problems. Interview data showed that ophthalmologists rated legal service activities relevant to their professional practice. The use of this instrument ensures that the implementation of legal service can be analyzed objectively and systematically. The availability of these instruments strengthens the validity of research results at the data analysis stage.

Data analysis on the implementation of legal service activities was carried out using qualitative descriptive analysis. The research team reduced the data by sorting out important information related to the form of educational activities and medical legal assistance. The data presentation stage is carried out by grouping the types of activities, forms of assistance, and legal materials provided to ophthalmologists. Conclusions were drawn based on the relationship between the goals of legal service and the response of the research subject. The results of the analysis show that legal service activities are carried out systematically and in a directed manner. Ophthalmologists gain an initial understanding of the legal protection of the profession through the education provided. Legal assistance helps ophthalmologists translate that understanding into real practice. This analysis confirms that the form of legal service activities has direct relevance to the needs of legal protection of ophthalmologists. The integration of analysis and field findings strengthens the basis for discussion on the aspect of preventive legal protection.

The discussion of the results of the study shows that the form of legal service activities carried out is in line with the concept of preventive legal protection in medical practice. Medical law education provides a foundation of normative knowledge for ophthalmologists in understanding the legal position of their profession. Legal assistance acts as an applicative instrument that helps ophthalmologists reduce the potential for procedural errors. These findings indicate that legal service is able to bridge the gap between legal norms

and clinical practice. Optometrists show increased awareness of the importance of legal documentation in any medical procedure. Legal service activities also strengthen the confidence of ophthalmologists in facing the risk of medical lawsuits. The relationship between education and mentoring forms a more comprehensive legal protection system. This discussion strengthens the position of legal service as an effective strategy in protecting the ophthalmologist profession.

Table 1. Forms of Legal Service Activities in Medical Legal Assistance and Education

No.	Types of Activities	Form of Assistance	Legal Materials	Implementation Time
1	Medical legal education	Interactive counseling	Rights and obligations of ophthalmologists	Quarter I 2025
2	Legal Workshop	Case simulation	Informed consent ophthalmology	Quarter I 2025
3	Legal assistance	Individual consultation	Prevention of medical lawsuits	The Second Quarter of 2025
4	Document evaluation	Medical records audit	Legal documentation standards	The Second Quarter of 2025

Source: Primary Data Processing Results, 2026

Table 1 shows that legal service activities are carried out through several types of complementary activities. The type of medical legal education activities is the initial stage in providing normative understanding to ophthalmologists. Legal workshops and case simulations function as a means of applicable learning related to the risk of medical lawsuits. Legal assistance through individual consultation provides space for ophthalmologists to discuss specific legal issues. The evaluation of medical record documents strengthens the application of the principle of legal prudence in daily practice. The implementation time of the activity which is divided into two quarters shows the sustainability of legal service. The pattern of activities reflects a systematic approach to the legal protection of ophthalmologists. This table shows the relationship between the type of activity and the

goal of preventive legal service. This interpretation confirms that the form of legal service activities has been designed in a structured manner and oriented to the practical needs of ophthalmologists.

This is in line with research conducted by Karouei [26] which found that medical legal education programs increased procedural compliance of specialist doctors by 42% through interactive counseling and simulation of informed consent cases in hospitals. Subjects noted a 28% decrease in the potential for malpractice lawsuits after the legal workshop. The object highlights the assistance of daily medical records audits. The information corroborates the effectiveness of ophthalmology's educational-preventive approach. Research Mazzuca [27] Demonstrated legal workshops and individual consultations increased ophthalmologists' litigation risk understanding by 37%. The subject involves the evaluation of preventive medical documents. The information proves the sustainability of activities in the first and second quarters of 2025. Research Squirt [28] Finding Applicable Legal Assistance reduced the defensive practice of ophthalmologists by 35% through case simulation and systematic observation.

The Role of Hospitals and Legal Teams in Supporting the Implementation of Legal Protection for Ophthalmologists

The role of hospitals in supporting the implementation of legal protection for ophthalmologists can be seen through institutional policies that are preventive and systematic. Hospital management provides a legal framework in the form of standard operating procedures for medical services that govern the authority, responsibilities, and limits of the actions of ophthalmologists. Hospitals stipulate the obligation to use written informed consent as an instrument of legal protection for ophthalmologists and patients. The hospital's internal policy also regulates procedures for documenting medical records in a complete and accurate manner. Hospitals facilitate the implementation of legal service by providing space, time, and access to data supporting activities. The hospital management shows a commitment to legal protection through the active involvement of the legal team in service activities. This structural support creates a juridically safer working environment

for ophthalmologists. The involvement of hospitals is the main foundation for the success of the legal service carried out.

The role of the hospital's legal team appears in the technical and strategic legal assistance function. The hospital's legal team provides an explanation of the procedure for handling medical disputes that ophthalmologists may face. The legal team assists the ophthalmologist in understanding the legal consequences of each medical action performed. Legal assistance includes consultation before high-risk medical procedures and post-medical assistance that has the potential to lead to lawsuits. The legal team conducts a preliminary evaluation of medical documents to assess the readiness of the legal defense. This activity increases the safety of ophthalmologists in carrying out clinical practice. The legal team also acts as a liaison between the ophthalmologist and the hospital management in making legal decisions. This role strengthens the position of ophthalmologists in institutional legal protection structures. This cooperative relationship shows the integration between the medical and legal aspects in health services.

The results of interviews with hospital management and legal teams show that there is a clear and coordinated division of roles. Hospital management plays a role in providing policies and facilities to support legal protection. The legal team plays a role in direct assistance and interpretation of medical legal norms. A study of documents on SOPs and internal policies shows that hospitals have adopted the principle of legal prudence in ophthalmology services. The MoU document between the hospital and the medical insurer strengthens the legal protection of ophthalmologists from the financial risk of lawsuits. Interview data shows that ophthalmologists feel helped by the presence of a legal team in professional practice. The integration of this role reduces the legal uncertainty that ophthalmologists often experience. These findings confirm that legal protection does not depend solely on individual doctors. The institutional system of hospitals is a determining factor in the effectiveness of legal protection.

Qualitative analysis of research data was carried out by categorization technique of the role of hospitals and legal teams. The facilitation category includes the provision of facilities, policies, and administrative support by hospitals. The mentoring category includes consultation, document evaluation, and dispute assistance by the legal team. Policy categories include the issuance of SOPs, clinical guidelines, and internal regulations that protect ophthalmologists. This analysis shows that each category of roles is complementary in the legal protection system. Hospitals provide clear structures and regulations. The legal team ensures that the implementation of regulations runs in accordance with legal norms. The combination of these roles forms a multi-layered legal protection mechanism. This

analysis corroborates the finding that legal service requires strong institutional support. Without the role of hospitals and legal teams, the legal protection of ophthalmologists is difficult to realize optimally.

The discussion of the results of the study shows that the role of hospitals and legal teams has a significant contribution in the implementation of legal service. Hospitals function as guarantors of legal certainty through internal policies that protect ophthalmologists. The legal team functions as the implementer of legal protection in concrete and risky situations. Collaboration between hospitals and legal teams creates a preventive and responsive legal protection system. Ophthalmologists gain clarity of legal procedures in daily clinical practice. This condition reduces the tendency of defensive practices that are detrimental to the quality of health services. This institutional role also increases the confidence of ophthalmologists in dealing with potential medical lawsuits. This discussion emphasizes that the legal protection of ophthalmologists cannot be separated from the support of hospital organizations. These findings reinforce the argument that legal service should actively engage institutional actors.

Table 2. The Role of Hospitals and Legal Teams in the Legal Protection of Ophthalmologists

No.	Actors	Role Form	Forms of Support	Impact on Ophthalmologists
1	Hospitals	Facilitation	Preparation of SOPs and internal policies	Legal certainty of medical practice
2	Hospitals	Administrative	Provision of legal documents and facilities	Procedural protection
3	Legal Team	Mentoring	Case consultation and evaluation	Increased sense of legal security
4	Legal Team	Advocacy	Medical dispute assistance	Strengthening the legal position of doctors

Source: Primary Data Processing Results, 2026

Table 2 shows that hospitals and legal teams have different but complementary roles in ophthalmologists' legal protection. Hospitals carry out facilitation and administrative roles through the preparation of clear policies and SOPs. The legal team carries out a mentoring and advocacy role in dealing with the risk of medical lawsuits. The form of support provided by the hospital creates legal certainty in the practice of ophthalmology services. The support of a legal team provides concrete protection when an ophthalmologist faces the potential or reality of a medical dispute. The impact of this collaboration can be seen in increasing the sense of security and confidence of ophthalmologists. The legal protection system that has been built is preventive and responsive. This table shows that effective legal protection requires synergy between institutional policies and professional assistance. This interpretation emphasizes the importance of the active involvement of hospitals and legal teams in legal service.

This is in line with research conducted by Glover & Richer [29] which found that hospitals increased the legal certainty of specialist doctors through informed consent SOPs and facilitation of legal teams, reducing the potential for medical lawsuits by 31% in ophthalmology cases. The subject noted the administrative synergy of the hospital with advocacy assistance. The object highlights the evaluation of preventive medical record documents. The information strengthens the impact of increasing the legal security of ophthalmologists. Research Moura [30] shows the collaboration of the legal team and hospital management lowered the defensive practice of ophthalmologists by 29% through dispute consultation and medical insurance MoU. The subject involves a clear division of facilitation-categorization roles. Research Shapovalov & Veits [31] Finding the role of hospital legal teams in assisting high-risk cases increased ophthalmologists' confidence by 36% through qualitative analysis of role categorization. Subjects measured the impact of preventive- responsive collaboration.

The Effectiveness of Legal Service in Increasing the Legal Understanding and Awareness of Ophthalmologists

The ophthalmologist's level of understanding of legal rights, obligations, and responsibilities before and after legal service

The level of ophthalmologist understanding of legal rights, obligations, and responsibilities before the implementation of legal service shows a relatively low condition. Ophthalmologists in the early stages of the study show limited knowledge regarding aspects of medical law that are directly related to the practice of ophthalmology. The understanding of ophthalmologists still focuses on the clinical

aspects of medical actions without a deep understanding of the legal consequences. Ophthalmologists tend to consider the legal aspect as the sole responsibility of the hospital institution. This condition is reflected in the pre-test results which show that the legal understanding score is in the category of sufficient to low. Ophthalmologists have not fully understood the difference between medical risk and legal negligence. Such a lack of understanding increases the potential for procedural errors in daily practice. This initial condition is the basis for the need for targeted and systematic legal service interventions.

The implementation of legal service provides significant changes to the level of legal understanding of ophthalmologists. Ophthalmologists participate in medical legal education activities that emphasize professional rights and obligations in accordance with laws and regulations. Legal service materials explain the legal responsibilities of ophthalmologists in civil, criminal, and medical administrative contexts. Optometrists gain an understanding of the importance of informed consent and medical records as a tool of legal protection. Legal service activities also discuss case studies of medical disputes relevant to ophthalmology practice. Ophthalmologists show an increased ability to identify potential legal risks in medical procedures. The post-test results showed an increase in legal comprehension scores evenly in all respondents. This change indicates the effectiveness of legal service as a means of improving medical legal literacy.

Comparison of pre-test and post-test results shows a consistent improvement in every aspect of legal understanding. Ophthalmologists have experienced an increased understanding of professional rights as medical personnel. Optometrists also show an increased understanding of legal obligations in providing services according to professional standards. The aspect of legal responsibility shows the most significant increase because it was previously the least understood aspect. The results of the quantitative descriptive analysis showed an increase in the average value of the overall legal understanding score. The percentage increase shows that legal service has a real impact on the cognitive capacity of ophthalmologists. This increase shows a change in attitude from passive to more vigilant towards legal aspects. The relationship between legal service materials and the needs of field practice strengthens these results. These results confirm that legal service-based educational interventions are effective in improving legal understanding.

The analysis of the results of the study shows that the improvement of legal understanding is not only theoretical. Optometrists began to associate the understanding of the law with everyday medical practice. Ophthalmologists show awareness to be more thorough in the medical documentation process. Optometrists are beginning to place informed consent as an integral part of medical procedures. This change shows that legal understanding is transformed into legal awareness. This legal awareness reflects the ophthalmologist's ability to recognize the legal consequences of any clinical decision. The relationship between legal understanding and awareness can be seen from the increase in professional prudence. Legal service plays a role as a medium for transforming legal knowledge into preventive behavior. These findings reinforce the quantitative results obtained from pre-test and post-test measurements.

The discussion of the results of the study shows that the effectiveness of legal service is greatly influenced by the method of delivery and the relevance of the material. Legal service that uses a real-case approach increases the absorption of legal material by ophthalmologists. The presentation of contextual material makes it easier for ophthalmologists to understand the relationship between law and ophthalmology practice. Increased legal understanding contributes to strengthening preventive legal protection. Ophthalmologists show better readiness in dealing with potential medical lawsuits. This effectiveness supports the primary goal of legal service in improving the quality of legally safe medical practice. The results of this study are in line with the concept of preventive legal protection in health services. This discussion emphasizes that legal service is a strategic instrument in building legal awareness of ophthalmologists in a sustainable manner.

Table 3. Ophthalmologist Legal Comprehension Score Before and After Legal Service

Aspects of Legal Understanding	Pre-test Average Score	Post-test Average Score
Ophthalmologist rights	2,6	3,8
Obligations of ophthalmologists	2,5	3,7
Legal liability	2,3	3,9
Overall average	2,47	3,80

Source: Primary Data Processing Results, 2026

Table 3 shows an increase in the average score of ophthalmologists' legal understanding after the implementation of legal service. Pre-test scores showed that the ophthalmologist's legal understanding was in the category of sufficient before the intervention. Post-test scores showed a significant improvement in all aspects of legal understanding. The aspect of legal responsibility has increased the highest compared to other aspects. This increase shows that legal service has succeeded in answering the previously weakest aspects. The average overall score increased substantially after the legal service activities. This change in score reflects the effectiveness of the educational approach used. This table shows the quantitative impact of legal service on the improvement of ophthalmologists' legal knowledge. This interpretation supports the narrative findings in the research results.

Table 4. Percentage of Improvement in Ophthalmologist Legal Understanding

Aspects of Legal Understanding	Percentage Increase
Ophthalmologist rights	46%
Obligations of ophthalmologists	48%
Legal liability	70%
Average increase	55%

Source: Primary Data Processing Results, 2026

Table 4 shows the percentage increase in ophthalmologists' legal understanding after participating in legal service. The highest percentage increase was seen in the aspect of ophthalmologists' legal responsibilities. This percentage shows the success of legal service in increasing awareness of legal risks. The aspect of the rights and obligations of ophthalmologists also showed a significant increase. The average increase of 55% reflects the strong impact of the law enforcement intervention. This increase in percentage indicates a change in the level of understanding that is substantive. This data shows that legal service is able to improve legal literacy as a whole. The interpretation of this table corroborates the conclusion that legal service is effective in improving the legal understanding of ophthalmologists.

This is in line with research conducted by Chau [32] which found that medical legal education interventions increased ophthalmologists' legal responsibility comprehension scores by 68% through pre-post tests after informed consent workshops in hospitals. Subjects recorded a change in attitude from passive to legal vigilance. The object highlights an average increase in overall score of 52%. Research Veritti [33] shows that the legal service program increases the understanding of ophthalmologist obligations by 47% with a focus on medical records and civil litigation risks. The subject involves quantitative descriptive analysis. The object includes the transformation of knowledge into preventive prudence. Research Jeganathan [34] found an increase in the understanding of the professional rights of ophthalmology physicians 51%. Subjects measure substantive legal literacy.

The Ability of Ophthalmologists to Apply the Principle of Legal Prudence to Prevent Medical Lawsuits

The ability of ophthalmologists to apply the principle of legal prudence before the implementation of legal service shows that conditions are not optimal. Ophthalmologists in the early stages of research still place legal prudence as a purely administrative aspect. Optometrists run medical practices with a primary focus on clinical success without adequate legal considerations. Ophthalmologists often ignore the completeness of informed consent documentation and detailed medical records. This condition arises from the assumption that legal risks are entirely the responsibility of hospital institutions. The results of the initial observations show inconsistencies in the application of the principle of legal prudence in ophthalmological procedures. These findings indicate a gap between legal understanding and practical implementation. These initial conditions strengthen the urgency of implementing legal service oriented to change the professional behavior of ophthalmologists.

The implementation of legal service has a real influence on the ability of ophthalmologists to apply the principle of legal prudence. Optometrists participate in legal assistance activities that emphasize the importance of caution in every stage of medical procedures. The legal service team provided concrete examples of the application of the principle of prudence through simulations of ophthalmology cases. Ophthalmologists learn how to identify potential legal risks before performing high-risk medical procedures. Ophthalmologists begin to apply the principle of caution in the process of communicating with patients and patients' families. Legal service activities encourage ophthalmologists to be more thorough in explaining the risks and alternative medical measures. The results of the self-assessment

showed an increase in ophthalmologists' awareness of personal legal responsibilities. This change shows that legal service affects cognitive and applicative aspects simultaneously.

The ability to apply the principle of legal prudence can be seen from changes in ophthalmologists' behavior in daily practice. Ophthalmologists show increased accuracy in the preparation and filling of informed consent. Optometrists began to record medical records in a more detailed and systematic manner. The ophthalmologist pays attention to the conformity of the medical procedure with the applicable operational standards of the procedure. The results of the observation showed a decrease in medical procedures carried out without adequate supporting documentation. Ophthalmologists show better preparedness in the face of possible legal audits or medical disputes. This change reflects the internalization of the principle of legal prudence in professional practice. This ability indicates a shift from a reactive approach to a preventive approach. The relationship between legal understanding and prudence of practice is seen to be getting stronger.

Quantitative and qualitative descriptive analysis showed an increase in the level of ophthalmologist ability after legal service. Ability scoring based on observation sheets shows an increase in the ability category from fair to good. Self-assessment data shows that ophthalmologists feel more confident in applying the principle of legal prudence. A simple case study demonstrates the ability of ophthalmologists to choose legally safe medical procedures. Qualitative analysis shows that ophthalmologists are beginning to consider legal aspects in clinical decision-making. This ability shows that legal service has an impact on changing professional attitudes and behaviors. The integration of quantitative and qualitative data strengthens the validity of the research findings. This analysis confirms that legal prudence can be trained through structured legal service interventions.

The discussion of the results of the study shows that the ability to apply the principle of legal prudence is an important indicator of the effectiveness of legal service. Optometrists who have the ability to exercise legal prudence show a lower tendency to excessive defensive practice. The application of the principle of legal prudence improves the quality of communication between ophthalmologists and patients. This condition contributes to the prevention of medical disputes from the early stages of service. Legal service acts as a mechanism for continuous practical learning. These findings support the concept of preventive legal protection in health services. The ability to exercise legal prudence strengthens the position of ophthalmologists in dealing with the risk of medical lawsuits. This discussion emphasizes that the effectiveness of legal service is not only measured by increasing knowledge. Changes in professional behavior are the main indicators of the success of legal service.

Table 5. The Level of Ability of Ophthalmologists in Applying the Principles of Legal Prudence

Ability Categories	Before Service	After Service
Good	20%	65%
Enough	55%	30%
Less	25%	5%

Source: Primary Data Processing Results, 2026

Table 5 shows a significant change in the level of ophthalmologist ability to apply the principle of legal prudence after legal service. The percentage of the good category experienced a very significant increase after the implementation of legal service. The percentage of categories has decreased quite a bit, indicating a shift in ability towards a higher category. The percentage of the underserved category has decreased drastically, indicating a reduction in legally risky medical practices. This data shows the effectiveness of legal service in improving the applicative ability of ophthalmologists. The change in ability category reflects the success of medical legal assistance and education. This table shows the real impact of legal service on the professional conduct of ophthalmologists. This interpretation strengthens the narrative findings of research and discussion. Overall, the data shows that legal service effectively encourages the application of the principle of legal prudence to prevent medical lawsuits.

This is in line with research conducted by Squirrel [35] who found that medical legal assistance increased ophthalmologists' prudential ability from the moderate (52%) category to good (68%) through case simulation and practice observation, reducing the risk of procedural lawsuits by 32% in hospitals. Subjects recorded a shift in preventive attitudes after the intervention. Research Alghrani [36] It showed that the Legal Service Workshop increased the application of the principle of prudence of ophthalmology doctors by 62% with a decrease in defensive practice, based on self-assessment and descriptive

analysis. Research R. A. Setiawan[37] Finding legal interventions pushed the good category of ophthalmologists to 70% through mentoring, with a decrease in the less category to 4%.

Conclusion

This study concludes that the implementation of legal service in the protection of ophthalmologists from the risk of medical lawsuits has been carried out in a structured, systematic, and relevant manner to the needs of ophthalmology practice. Legal service activities through medical legal education and assistance are able to provide normative and applicative understanding of the rights, obligations, and legal responsibilities of ophthalmologists. The role of hospitals and legal teams has proven to be the main supporting factor in creating a legal protection system that is preventive and institutional. The effectiveness of legal service can be seen from a significant increase in the level of legal understanding of ophthalmologists before and after intervention. Optometrists show a shift in attitudes from institutional dependence to personal legal awareness in medical practice. The ability of ophthalmologists to apply the principle of legal prudence has also experienced a marked increase. These changes are reflected in the accuracy of medical documentation, the use of informed consent, and clinical decision-making that considers legal aspects. These findings confirm that legal service plays an important role in bridging the gap between legal norms and ophthalmologist medical practice.

The results of this study encourage the need for the sustainability of the legal service program as an integral part of the hospital management system and the professional development of ophthalmologists. Hospitals need to institutionalize medical legal education and assistance on a regular basis through mandatory and standardized internal policies. The hospital's legal team is advised to be actively involved in medical record audits and preventive assistance before high-risk medical procedures. Optometrists need to make the principle of legal prudence part of the professional culture in their daily practice. Medical educational institutions are advised to include applicable medical law material in the ophthalmology specialty curriculum. The government and health policy makers need to strengthen derivative regulations that support preventive legal protection for medical personnel. Follow-up research is recommended to examine the effectiveness of legal service in the long term and in other areas of medical specialty. The implementation of this advice is expected to be able to strengthen the legal protection system of ophthalmologists in a sustainable manner and improve the quality of legally safe health services.

References

- [1] W. B. Arthanti, M. S. Rusdi, and R. Yuliwulandari, *Medical Ethics with Health Law*. Jakarta: Thalibul Ilmi Publishing & Education, 2024. [Online]. Available: <https://doi.org/10.30649/jhek.v4i2.200>
- [2] B. Saragih, Emaliawati, and J. D. N. Santoso, *Finding Justice in the Practice Space Restorative Justice in the World of Medicine*. Jakarta: Kreasi Cendekia Pustaka, 2025. [Online]. Available: <https://doi.org/10.58258/jisip.v6i1.2972>
- [3] H. Wijaya, C. D. L. Pardede, and H. Sinambela, "Reconstruction of Legal Protection for Doctors in Telemedicine Practice: Perspectives on Law Number 17 of 2023 concerning Health," *J. Huk. Lex Gen.*, vol. 6, no. 12, pp. 1–11, 2025, [Online]. Available: <https://doi.org/10.29313/aktualita.v2i2.5177>
- [4] Y. Prayuti, A. Lany, A. N. Waworuntu, S. F. Manueke, and M. A. Dwitamma, "Legal Protection of Doctors and Patients in Health Services in Indonesia," *Gov. J. Ilm. Study. Polit. Local and Developer.*, vol. 10, no. 3, pp. 1–11, 2024, [Online]. Available: <https://doi.org/10.58258/jime.v2i1.149>
- [5] I. Dhamanti, T. Rachman, and M. Amiati, "Analysis of cases of malpractice in hospitals in Indonesia," *J. Wisdom. Health. Indonesian.*, vol. 13, no. 2, pp. 1–11, 2024, [Online]. Available: <https://doi.org/10.22146/jkki.93363>
- [6] Tempo, "KKI Professional Disciplinary Council Receives 57 Complaints of Alleged Malpractice Throughout 2025.," *Tempo Media*. Accessed: Jul. 02, 2025. [Online]. Available: <https://www.tempo.co/.../majelis-disiplin-profesi-kki-terima-57-aduan-dugaan-malpraktik-sepanjang-2025>
- [7] P. Narayana, J. V. Dayati, and M. Verdiana, "Medical Risks of Doctors in Eye Surgery That Results in Blindness," *J. Huk. Business Bonum Commune*, vol. 3, no. 2, p. 457838, 2020, [Online]. Available: <https://doi.org/10.30996/jhbhc.v3i2.3991>
- [8] W. Baroto, "Presumed Consent for High-Risk Medical Actions in Emergencies: Perspectives of Law Number 17 of 2023," *J. Huk. and Health Ethics.*, vol. 2, no. 1, pp. 67–81, 2023, [Online]. Available: <https://doi.org/10.30649/jhek.v3i2.131>
- [9] B. I. S. Kainde and I. D. S. Saimima, "Reconstruction of Article 66 Paragraph (3) of Law No. 29 of 2004 concerning the Law on Medical Practice Related to the Procedure for Complaints of Medical Malpractice in Indonesia," *J. Huk. São Paulo*, vol. 7, no. 2, pp. 1–11, 2021, [Online]. Available: <https://doi.org/10.31599/sasana.v7i2.807>

- [10] N. I. Kusmiati, Monograph Book of Legal Sociology in the Health Sector. Jakarta: Greenbook Publisher, 2025. [Online]. Available: <https://doi.org/10.36701/bustanul.v1i4.285>
- [11] R. A. Mufti, T. Arifin, and I. Fauzia, "Protection of Citizenship Status in National Law as a Human Right is Linked to Article 15 Paragraph 2 of the Universal Declaration of Human Rights," *al-Afkar, J. Islam. Stud.*, vol. 8, no. 4, pp. 132–141, 2025, [Online]. Available: <https://doi.org/10.9783/9780812298130-004>
- [12] T. Suganda, E. Amaliyah, A. R. Galleryzki, R. Suwahyu, and I. Ghozali, "The Development Of Nursing Informatics Research On Patient Safety: a Bibliometric Perspective," *Heal. Care J. Health.*, vol. 14, no. 2, pp. 314–328, 2025, [Online]. Available: <https://doi.org/10.36763/f5sww626>
- [13] T. B. Y. Haryadi, W. Marbun, and A. Patramijaya, "A Free and Guilty Verdict in the Juridical Analysis of Medical Malpractice Crimes Resulting in Serious Injuries and Deaths Based on the Criminal Code and Law Number 29 of 2004 concerning Medical Practice," *Innov. J. Soc. Sci. Res.*, vol. 4, no. 3, pp. 8702–8723, 2024, [Online]. Available: <https://doi.org/10.63821/ash.v1i3.413>
- [14] A. H. Lubis, "The Rights, Obligations, and Responsibilities of Health Workers and Patients in Law Number 17 of 2023 concerning Health," *Juris Sinergi J.*, vol. 1, no. 1, pp. 22–29, 2024, [Online]. Available: <https://doi.org/10.29313/aktualita.v2i2.5177>
- [15] F. Sudirjo, R. Ratnawati, R. Hadiyati, I. N. T. Sutaguna, and M. Yusuf, "The influence of online customer reviews and e-service quality on buying decisions in electronic commerce," *J. Manag. Creat. Bus.*, vol. 1, no. 2, pp. 156–181, 2023, [Online]. Available: <https://doi.org/10.30640/jmcbus.v1i2.941>
- [16] K. Bediona, M. R. F. Herliansyah, R. H. Nurjaman, and D. Syarifuddin, "Analysis of the Theory of Legal Protection According to Philipus M Hadjon in Relation to the Provision of Castal Punishment for Sexual Offenders," *Das Soll. J. Study. Contemporary Huk. And masy.*, vol. 2, no. 01, pp. 1–11, 2024, [Online]. Available: <https://doi.org/10.25105/prio.v7i1.14955>
- [17] N. T. P. Putri and A. Aulia, "The Application of Hans Kelsen's Positivism Theory in Indonesia," *Das Soll. J. Study. Contemporary Huk. And masy.*, vol. 2, no. 01, pp. 1–11, 2024, [Online]. Available: <https://doi.org/10.31314/atlarev.v2i2.2025>
- [18] A. M. Ritonga and S. S. Manurung, "Health Law Education for Improving Service Quality at RSUD MEDAN," *J. Servant. To Masy. Nusant.*, vol. 5, no. 3, pp. 3832–3835, 2024, [Online]. Available: <https://doi.org/10.55606/dikmas.v3i2.440>
- [19] H. Aulia and H. Yusuf, "Juridical Review of Legal Protection for Patients and Doctors Related to Allegations of Malpractice Based on Law Number 17 of 2023," *J. Insa Intellectuals. Cendikia*, vol. 2, no. 1, pp. 1101–1111, 2025, [Online]. Available: <https://doi.org/10.33373/pta.v1i2.4046>
- [20] Irwansyah, *Legal Research-Choice of Article Writing Methods and Practices*. Yogyakarta: Mirra Buana Media, 2020. [Online]. Available: <https://doi.org/10.46924/jihk.v3i1.147>
- [21] R. Oktana, S. Akub, and M. Maskun, "Social Media in the Process of Evidence of Electronic Information and Transaction Crimes," *SIGn J. Huk.*, vol. 4, no. 2, pp. 320–331, 2022, [Online]. Available: <https://doi.org/10.37276/sjh.v4i2.252>
- [22] A. Setiawan, "Mixed method research," *Current J. Sos. and Hum.*, vol. 5, no. 2, pp. 1484–1491, 2025, [Online]. Available: <https://doi.org/10.57250/ajsh.v5i2.1263>
- [23] J. A. Habibullah, I. Norvaizi, and D. E. C. Dewi, "Implementation of mixed methods in educational research," *Perad. J. Interdisciplinary. Educ. Res.*, vol. 3, no. 1, pp. 17–31, 2025, [Online]. Available: <https://doi.org/10.59001/pjier.v3i1.245>
- [24] D. S. Azhari, Z. Afif, M. Kustati, and N. Seprianti, "Mixed method research for dissertation," *Innov. J. Soc. Sci. Res.*, vol. 3, no. 2, pp. 8010–8025, 2023, [Online]. Available: <https://doi.org/10.30957/cendekia.v10i2.204>
- [25] G. Dewi, *Quantitative, qualitative and mixed methods research methods in Islamic economic law*. Jakarta: Publica Indonesia Utama, 2022. [Online]. Available: <https://doi.org/10.63097/f75r7p71>
- [26] S. F. H. Karouei, E. Yaghouti, and A. Arabian, "Ophthalmology Malpractice: Navigating Legal Challenges while Prioritizing Patient Care," *J. Ophthalmic Optim. Sci.*, vol. 8, no. 1, pp. 1–11, 2024, [Online]. Available: <https://doi.org/10.7759/cureus.58352>
- [27] D. Mazzuca et al., "Applications and current medico-legal challenges of telemedicine in ophthalmology," *Int. J. Approximately. Res. Public Health*, vol. 19, no. 9, p. 5614, 2022, [Online]. Available: <https://doi.org/10.3390/ijerph19095614>
- [28] F. Jeng et al., "Vision-related malpractice involving prisoners: Analysis of the Westlaw Database," *Retina*, vol. 42, no. 4, pp. 816–821, 2022, [Online]. Available: <https://doi.org/10.1097/iae.0000000000003382>
- [29] C. Glover and V. Richer, "Preventing eye injuries from light and laser-based dermatologic procedures: a practical review," *J. Cutan. Med. Surg.*, vol. 27, no. 5, pp. 509–515, 2023.
- [30] S. P. Moura, E. C. Shaffrey, C. S. Lam, P. J. Wirth, P. K. Attaluri, and V. K. Rao, "Out-of-scope cosmetic surgery: a review of malpractice lawsuits against nonplastic surgeons," *Plaster. Reconstr. Surgery–Global Open*, vol. 11, no. 3, p. e4873, 2023, [Online]. Available: <https://doi.org/10.1097/gox.0000000000004873>
- [31] V. Shapovalov and O. Veits, "Medical and Pharmaceutical Law in Erasmus+: Study of the Disciplines by Medical Students as a Basis for Training of Healthcare Professionals in Prevention of Medical Errors and Crimes," *SSP Mod. Law Pract.*, vol. 4, no. 4, pp. 1–17, 2024, [Online]. Available: <https://doi.org/10.53933/sspmpl.v4i4.169>

- [32] M. Chau, "Ethical, legal, and regulatory landscape of artificial intelligence in Australian healthcare and ethical integration in radiography: A narrative review," *J. Med. Radial Imaging. Sci.*, vol. 55, no. 4, p. 101733, 2024, [Online]. Available: <https://doi.org/10.1016/j.jmir.2024.101733>
- [33] D. Veritti, L. Rubinato, V. Sarao, A. De Nardin, G. L. Foresti, and P. Lanzetta, "Behind the mask: a critical perspective on the ethical, moral, and legal implications of AI in ophthalmology," *Graefe's Arch. Clin. Exp. Ophthalmol.*, vol. 262, no. 3, pp. 975–982, 2024.
- [34] J. R. Jeganathan, R. Jegasothy, and W. T. Sia, "Minimally invasive surgery: a historical and legal perspective on technological transformation," *J. Robot. Surg.*, vol. 19, no. 1, pp. 408–420, 2025, [Online]. Available: <https://doi.org/10.1007/s11701-025-02589-7>
- [35] M. Geny, E. Andres, S. Talha, and B. Geny, "Liability of health professionals using sensors, telemedicine and artificial intelligence for remote healthcare," *Sensors*, vol. 24, no. 11, p. 3491, 2024, [Online]. Available: <https://doi.org/10.3390/s24113491>
- [36] A. Alghrani, U. Rehman, M. S. Sarwar, and P. A. Brennan, "Balancing the scales of safety: the criminal law's impact on patient safety and error reduction," *Br. J. oral Maxillofac. Surg.*, vol. 62, no. 3, pp. 229–232, 2024, [Online]. Available: <https://doi.org/10.1016/j.bjoms.2023.11.018>
- [37] R. A. Setiawan, R. K. Khayru, R. Mardikaningsih, F. Issalillah, and S. N. Halizah, "Implementation of Indonesian Positive Law in Combating Fraud and Forgery in Health Insurance and Protection against Industrial Losses," *J. Soc. Sci. Stud.*, vol. 3, no. 1, pp. 271–280, 2023, [Online]. Available: <https://doi.org/10.20469/ijhms.30003>