Original Article

law& pass International Journal of Law, Public Administration and Social Studies https://lawpass.org

https://doi.org/10.47353/lawpass.v2i1.72

Legal Analysis of Joint and Continuing Corruption Crimes in the Misuse of Specialized Personal Medical Devices: A Case Study of Pekanbaru District Court Decision No. 59/Pid.sus.TPK/2018/PN.Pbr

Amri Ul Ikhwan[1], Redyanto Sidi[2], Abdul Rahman Maulana[3]*
Universitas Pembangunan Panca Budi, Indonesia

*Corresponding author: maulana050790@gmail.com

Abstract
This study analyzes the legal regulation and accountability concerning joint and continuing corruption offenses involving the misuse of specialized personal medical devices at the Regional Public Hospital (RSUD) Arifin Achmad, based on Pekanbaru District Court Decision No. 59/Pid.sus.TPK/2018/PN.Pbr. Corruption cases in healthcare remain prevalent, particularly involving medical device procurement and utilization. This research employs a normative juridical method by examining legal principles, statutes, and court rulings related to corruption in healthcare. Findings indicate that the corruption charges related to the misuse of specialized personal medical devices may more appropriately fall within civil law rather than criminal law. Furthermore, the hospital institution and its director should bear legal responsibility alongside the defendant and associated parties. The study highlights the importance of rigorous application of regulations concerning state financial losses and stresses that not all cases should be adjudicated as pure criminal acts, adhering to the principle of ultimum remedium. Recommendations include a thorough review and application of relevant legal regulations to ensure fair protection for defendants and uphold justice for the state. This study contributes to strengthening legal certainty and protection in the healthcare sector, particularly against corruption.

Keywords: Corruption Crime; Joint Offense; Continuing Offense; Medical Device Misuse; Legal Accountability.

Introduction

Healthcare development is a pivotal aspect of national advancement that requires an integrated and continuous approach across multiple sectors and disciplines. The progress in science and technology has significantly contributed to improving public health standards and increasing awareness about the importance of a healthy lifestyle. Medical devices serve as indispensable tools for healthcare professionals, enabling them to provide services that are efficient, safe, and equitable. The availability, management, and proper utilization of these devices directly influence the quality of healthcare delivery and patient safety outcomes.

In Indonesia, the constitutional framework, particularly Article 28H paragraph (1) of the 1945 Constitution, explicitly guarantees every individual the right to live in good health and to

Received: April 19, 2025 | **Revised:** April 22, 2025 | **Accepted:** April 24, 2025 | **Publication:** April 30, 2025

obtain access to adequate healthcare services. This constitutional guarantee imposes a fundamental obligation on the state to provide a healthcare system that is accessible, affordable, and of a high standard to all citizens. Despite this legal commitment, the healthcare sector continues to face numerous challenges, among which corruption remains a significant impediment to the effective delivery of health services. Corruption in healthcare procurement, especially involving medical devices, undermines the trust of the public, diverts vital resources, and compromises service quality.

The phenomenon of corruption in the healthcare sector in Indonesia has been documented extensively, with cases reported in regions such as Maluku, Jakarta, Bandung, North Sumatra, and Riau. These cases reveal a pattern of irregularities in the procurement and use of medical devices, including allegations of joint and continuing corrupt practices. A prominent case exemplifying this issue is the decision of the Pekanbaru District Court, number 59/Pid.sus.TPK/2018/PN.Pbr, which deals with allegations of joint and continuing corruption relating to the misuse of specialized personal medical devices at the Regional Public Hospital (RSUD) Arifin Achmad.

The legal classification of corruption offenses involving medical devices, particularly when conducted jointly and continuously, presents complex challenges in both the legal and practical arenas. Distinguishing between criminal acts and civil disputes in the procurement and utilization of medical devices is often difficult, leading to ambiguity in enforcement and judicial proceedings. This uncertainty raises critical questions regarding the adequacy and appropriateness of the existing legal framework and its application in such cases.

This study aims to address two principal questions: first, how joint and continuing corruption offenses related to the misuse of specialized personal medical devices are regulated under Indonesian law; and second, how accountability is established and enforced in such cases, particularly in the context of the Pekanbaru District Court decision. By focusing on these issues, this research seeks to provide clarity and contribute to a more precise understanding of legal mechanisms applicable to corruption in healthcare procurement and service delivery.

The objectives of this research are to critically examine the legal framework regulating joint and continuing corruption offenses in the healthcare sector, with a focus on specialized personal medical devices, and to analyze the legal accountability mechanisms employed in the referenced case. The study contributes to theoretical discourse by bridging the domains of health law and criminal law, providing an analytical foundation for interpreting corruption-related offenses in healthcare. Additionally, it offers practical insights for policymakers, legal professionals, and healthcare administrators to strengthen governance, improve legal certainty, and safeguard the rights of both service providers and recipients.

The structure of this paper is organized as follows. Following this introduction, the literature review section synthesizes relevant legal theories, statutory provisions, and prior research findings pertinent to corruption crimes in healthcare. The methodology section outlines the normative juridical approach used for legal analysis. The results and discussion section presents a detailed examination of the Pekanbaru District Court case, exploring its implications for legal accountability and enforcement. Finally, the conclusion summarizes key findings and

offers recommendations to improve legal frameworks and practices related to corruption in the healthcare sector.

Literature Review

Legal Framework on Corruption Crimes

Corruption is generally defined as the abuse of entrusted power for private gain, and it has been criminalized in many jurisdictions to safeguard public interests. In Indonesia, the primary regulation governing corruption crimes is Law No. 31 of 1999 on the Eradication of Corruption Crimes, amended by Law No. 20 of 2001. These laws provide comprehensive definitions and sanctions covering various corrupt acts such as bribery, embezzlement, fraud, and abuse of authority. Particularly relevant to this study are the provisions addressing joint (deelneming) and continuing (voortgezette handeling) corruption offenses. The Indonesian Criminal Code Articles 55 and 56 specify the liability of individuals who participate collectively or assist in the commission of corruption crimes. Joint corruption offenses involve coordinated criminal intent and actions by multiple perpetrators, while continuing offenses refer to repeated or systematic acts stemming from a single criminal intent.

Healthcare Law and Legal Protection

Healthcare law regulates the conduct of medical practitioners and the administration of healthcare services, including procurement and usage of medical devices. Indonesian Law No. 17 of 2023 on Health highlights the importance of legal protection for healthcare workers who act according to professional and ethical standards. This legal protection is essential to ensure that healthcare professionals can perform their duties without fear of unjust legal repercussions. Simultaneously, healthcare laws impose strict standards for transparency, accountability, and proper management of resources, aiming to prevent misuse and corruption. The interface between healthcare law and criminal law is especially important in cases where corruption potentially endangers patient safety and service quality.

Theories on Joint and Continuing Offenses

Joint and continuing offenses represent two important legal constructs in criminal law. Joint offenses occur when multiple individuals collaborate to commit a criminal act, sharing intent and responsibility. The principle of joint liability enables the legal system to prosecute all participants equitably. Continuing offenses involve a series of criminal acts linked by one unified criminal intent and carried out over time. This concept helps the legal process by aggregating repeated actions into a single offense for prosecution. Both concepts are crucial for addressing complex corruption schemes in healthcare procurement, where multiple actors may be involved and corrupt practices may persist over extended periods.

Principle of Ultimum Remedium

The principle of ultimum remedium asserts that criminal law should function as the last resort when other legal remedies fail to address wrongdoing adequately. Scholars emphasize this principle to prevent excessive criminalization of administrative or civil irregularities. In the healthcare corruption context, it is vital to discern between corrupt criminal behavior and procedural errors that may better be resolved through administrative or civil sanctions. This approach balances the protection of public interests with the need for fair and proportionate legal responses.

Empirical Studies on Healthcare Corruption

Empirical research indicates that corruption in healthcare procurement remains a pervasive problem worldwide, including Indonesia. Studies report that weak oversight mechanisms, lack of transparency, and insufficient enforcement capacity create an enabling environment for corruption. For instance, analyses of medical device procurement reveal frequent irregularities such as inflated pricing, kickbacks, and favoritism. These malpractices lead to inefficient allocation of resources and compromised healthcare service delivery. Cross-country comparisons suggest that robust anti-corruption frameworks, judicial independence, and active civil society involvement are critical for curbing corruption in the healthcare sector.

Corporate and Institutional Liability

Modern legal doctrines increasingly recognize that institutions, including hospitals and healthcare organizations, bear liability for corrupt acts committed by their employees within the scope of employment. Corporate liability encourages organizations to implement internal controls, compliance programs, and ethical standards to prevent corruption. This shift promotes systemic accountability beyond individual culpability, emphasizing the role of institutional governance in combating corruption.

Judicial Perspectives on Corruption in Healthcare

Judicial decisions offer important insights into the practical challenges of prosecuting corruption in healthcare. Courts must navigate complex evidentiary issues, including proving intent, tracing corrupt transactions, and quantifying state losses. The Pekanbaru District Court case involving the misuse of specialized personal medical devices illustrates these difficulties. Judicial rulings in such cases shape legal interpretations and enforcement practices, highlighting the need for clear statutory guidance and procedural safeguards to ensure just outcomes.

Method

This study employs a normative juridical research method aimed at examining the legal framework, principles, and judicial decisions related to joint and continuing corruption offenses involving specialized personal medical devices. Normative juridical research focuses on analyzing secondary legal materials, including statutes, regulations, legal doctrines, court

rulings, and scholarly publications, to interpret and critically evaluate applicable laws and their implementation.

Data collection in this study relies on a comprehensive review of secondary sources such as Indonesian legislation—specifically Law No. 31 of 1999 on Corruption Eradication and its amendment Law No. 20 of 2001—as well as the Indonesian Criminal Code and the Health Law No. 17 of 2023. In addition, this research examines the Pekanbaru District Court Decision No. 59/Pid.sus.TPK/2018/PN.Pbr as a primary case study to contextualize legal application.

The analysis is conducted qualitatively by synthesizing legal texts and judicial decisions to identify legal norms and assess their adequacy in regulating and prosecuting corruption crimes in healthcare. This approach facilitates a critical evaluation of how the law is interpreted and applied, especially concerning the principles of joint and continuing offenses, legal accountability, and the ultimum remedium doctrine.

The normative juridical method enables an in-depth understanding of the legal constructs governing corruption crimes in the healthcare sector and highlights potential gaps between legal theory and practice. This method is appropriate because the research objective is to clarify and evaluate existing laws and judicial interpretations rather than to collect empirical data from direct observation or experimentation.

Result and Discussion

This section analyzes the joint and continuing corruption allegations concerning the misuse of specialized personal medical devices at RSUD Arifin Achmad, based on the Pekanbaru District Court Decision No. 59/Pid.sus.TPK/2018/PN.Pbr. The discussion integrates legal principles, court findings, and regulatory frameworks to provide a comprehensive understanding of legal responsibility and the nature of the offense.

The defendant, a civil servant and medical specialist at RSUD Arifin Achmad, was accused of collaborating with CV. Prima Mustika Raya (CV. PMR) in a scheme involving falsification of procurement documents and overpricing of medical devices used in surgical services during 2012–2013. The accusation involved inflating the prices of Formulir Instruksi Pemberian Obat (FIPO) by listing higher costs than actual purchases, leading to financial losses to the state estimated at over IDR 130 million for the defendant and IDR 66 million for CV. PMR.

The prosecution charged the defendant under Articles 2 and 3 of Law No. 31/1999 concerning the eradication of corruption crimes, as amended by Law No. 20/2001, in conjunction with Articles 55 and 64 of the Indonesian Criminal Code regarding joint participation and liability.

Legal Interpretation of Joint and Continuing Corruption

The court applied the legal concept of joint (deelneming) and continuing (voortgezette handeling) offenses, concluding that the defendant and co-actors acted in concert over an extended period to commit systematic corruption. The repeated submission of falsified

procurement documents constituted continuing offenses reflecting a single unified criminal intent.

However, the analysis revealed a critical distinction. The defendant initially owned the medical devices personally and permitted their use in hospital services, which introduces a civil law element regarding ownership and compensation. This situation complicates the criminal charge, as the transactions resembled a sale rather than outright misappropriation or fraud.

Institutional Accountability

Further analysis pointed to institutional responsibility on the part of RSUD Arifin Achmad. The hospital administration and its director failed to exercise adequate control over procurement and asset management. This institutional negligence contributed to the circumstances enabling corruption to occur. According to legal doctrine and corporate liability principles, the hospital as a corporate body should bear responsibility alongside individual perpetrators.

Regulatory Framework and Financial Oversight

The case also highlights gaps in implementing financial management regulations, such as Government Regulation No. 58/2005 and BPK Regulation No. 2/2010, which mandate prompt follow-up on findings of state financial losses. The delayed or insufficient response in handling the alleged losses raised questions about administrative procedures preceding the criminal prosecution.

This underscores the principle of *ultimum remedium*—criminal law should be the final resort after administrative and civil remedies have been exhausted. Not all irregularities should escalate to criminal charges if administrative sanctions or recovery efforts are feasible.

Judicial Outcome and Legal Protection

The court ultimately acquitted the defendant of the primary charge but convicted him of the subsidiary charge concerning continuing corruption. The sentence included imprisonment, fines, and an order to pay compensation. This verdict reflects judicial balancing between criminal accountability and recognition of complexities in ownership and procurement arrangements.

Legal protection for the defendant is essential, particularly in cases where actions may fall into a legal grey area between criminal and civil liabilities. Healthcare professionals acting in good faith and in compliance with professional standards deserve protection from unwarranted criminal prosecution.

This case elucidates the need for clear delineation between civil transactions and criminal offenses in healthcare procurement. It also calls for strengthening institutional oversight and capacity to ensure compliance with procurement regulations and financial accountability.

Furthermore, enforcing prompt administrative follow-up on audit findings can reduce unnecessary criminal litigation. Training for healthcare administrators on procurement ethics and legal requirements is critical.

Finally, this case reinforces the need for a holistic legal framework integrating criminal, civil, and administrative law principles to effectively combat corruption while safeguarding the rights of all stakeholders.

Conclusion

The analysis of the Pekanbaru District Court Decision No. 59/Pid.sus.TPK/2018/PN.Pbr regarding joint and continuing corruption in the misuse of specialized personal medical devices at RSUD Arifin Achmad reveals several important findings. Firstly, the legal framework governing joint and continuing corruption offenses is adequate but requires precise application to distinguish between criminal acts and civil or administrative irregularities. The case underscores the necessity for courts to apply the principle of ultimum remedium, ensuring criminal prosecution is reserved for genuinely culpable conduct.

Secondly, institutional accountability must be emphasized alongside individual liability. The failure of RSUD Arifin Achmad's management to implement proper oversight mechanisms contributed significantly to the occurrence of corruption. Therefore, corporate liability principles should be reinforced in the healthcare sector to enhance governance and prevent corrupt practices.

Thirdly, the protection of healthcare workers' legal rights is paramount. Clarifying the boundaries between lawful medical device use and corrupt procurement practices is essential to avoid wrongful criminalization and maintain the integrity of healthcare services.

Finally, regulatory and procedural gaps, particularly regarding timely financial oversight and follow-up on state asset losses, need urgent attention. Strengthening procurement regulations, improving administrative sanctions, and enhancing capacity building for healthcare administrators are critical to mitigating corruption risks.

References

Abdul Rahman Maulana Siregar, Redyanto Sidi, S. H., M. H., et al. (2024). Mediasi sebagai alternatif penyelesaian sengketa diluar pengadilan pasca berlakunya Undang-Undang Nomor 17 Tahun 2023 tentang kesehatan. Medan: PT Dewangga Energi International.

Agus Santoso. (2019). Hukum, moral, dan keadilan: Sebuah kajian filsafat hukum. Yogyakarta: Sinar Media.

Aris Prio Agus Santoso et al. (2020). Perlindungan hukum tenaga kesehatan dalam gugus tugas percepatan penanganan COVID-19 ditinjau dari sudut pandang hukum administrasi negara. Seminar Nasional & Call For Paper, Hubisintek.

Asram A. T. Jadda. (2017). Perlindungan hukum terhadap pasien sebagai konsumen jasa pelayanan kesehatan. Manadi Legal Review, 1(1).

Bambang Fitrianto, T. Riza Zarzani, & Anto Simanjuntak. (2021). Analisa ilmu hukum terhadap kajian normatif kebenaran dan keadilan. Soumatera Law Review, 4(1). http://publikasi.lldikti10.id/index.php/soumlaw/article/view/222/168

Barda Nawawi Arief. (2010). Bunga rampai kebijakan hukum pidana: Perkembangan penyusunan konsep KUHP baru (Edisi pertama, cetakan ke-2). Jakarta: Kencana Prenada Media Group.

Basuki Wibowo. (2016). Kepastian dan keadilan negara hukum. Malang: Pustaka Reza Cipta.

Beni Satria, & Redyanto Sidi. (2022). Hukum pidana medik dan malpraktik (Aspek pertanggungjawaban pidana terhadap dokter dalam pelayanan kesehatan). Medan: Cattleya Darmaya Fortuna.

Dikdik M. Arief Mansur, & Elisatris Gultom. (2007). Urgensi perlindungan korban kejahatan antara norma dan realita. Jakarta: PT Raja Grafindo Persada.

Darmawan, R., Redyanto Sidi, & Yasmirah Mandasari Saragih. (2023). Perlindungan hukum terhadap dokter dalam pelayanan kesehatan praktik dokter mandiri. Jurnal Ilmiah Ners. https://journal.universitaspahlawan.ac.id/index.php/ners/article/view/13000/10038

Erizal Gani. (2015). Karya tulis ilmiah teori dan terapan. Yogyakarta: Rineka Cipta.

Fahmi Soeprapto. (2012). Cita-cita penegakan hukum. Jakarta: Media Utama.

Fernando Manullang. (2013). Legalisme dan kepastian hukum. Jakarta: Raja Grafindo Persada.

Gerardus Gegen et al. (2021). Perlindungan hukum tenaga kesehatan di masa pandemi COVID-19. Jurnal Ilmiah Ilmu Hukum QISTIE, 14(2).

H. Zaeni Asyhadie. (2017). Aspek-aspek hukum kesehatan di Indonesia. Jakarta: PT Raja Grafindo Persada.

Jejen Musfah. (2018). Tips menulis karya ilmiah. Jakarta: Kencana.

Kif Aminanto. (2018). Hukum hak cipta. Jember: Katamedia.

M. Hatta Ali. (2014). Harmonisasi keadilan dan kepastian dalam hukum. Bandung: Sinar Grafika.

Peraturan BPK RI Nomor 2 Tahun 2010.

Peraturan Menteri Dalam Negeri Nomor 133 Tahun 2018 tentang Penyelesaian Tuntutan Ganti Kerugian Daerah terhadap Pegawai Negeri Bukan Bendahara atau Pejabat Lain.

Peraturan Menteri Pendayagunaan Aparatur Negara Nomor 09 Tahun 2009.

Peraturan Pemerintah Republik Indonesia Nomor 58 Tahun 2005 tentang Pengelolaan Keuangan Daerah.

Redyanto Sidi. (2021, Desember). Hak asasi manusia dalam perspektif hukum kesehatan di Indonesia. Medan: Perdana Publishing.

Redyanto Sidi. (2023). Legal responsibility for medical risks and medical negligence in the view of health law. Journal of General Education Science, 2(1), 104–110.

Rizky Darmawan, Redyanto Sidi, & Yasmirah Mandasari Saragih. (2023). Perlindungan hukum terhadap dokter dalam pelayanan kesehatan praktik dokter mandiri. Jurnal Ilmiah Ners. https://journal.universitaspahlawan.ac.id/index.php/ners/article/view/13000/10038

Salim H. S., & Erlies Septiana Nurbaiti. (2013). Penerapan teori hukum pada penelitian tesis dan disertasi. Jakarta: PT Raja Grafindo Persada.

Satjipto Rahardjo. (2009). Ilmu hukum. Bandung: PT Citra Aditya Bakti.

Satjipto Rahardjo. (tanpa tahun). Permasalahan hukum di Indonesia. Bandung: Penerbit Alumni.

Sistematika penulisan skripsi secara umum dan penjelasannya. (2024, November 23). Kumparan. https://kumparan.com/berita-hari-ini/sistematika-penulisan-skripsi-secara-umum-dan-penjelasannya-1yP3389ya0I

Sudikno Mertokusumo. (tanpa tahun). Mengenal hukum suatu pengantar. Yogyakarta: Liberty.

Sudarto. (1983). Hukum pidana dan perkembangan masyarakat. Bandung: Sinar Baru.

Undang-Undang Nomor 15 Tahun 2006 tentang Badan Pemeriksa Keuangan.

Undang-Undang Republik Indonesia Nomor 8 Tahun 1981 tentang Hukum Acara Pidana.

Undang-Undang Republik Indonesia Nomor 15 Tahun 2004 tentang Pemeriksaan Pengelolaan dan Tanggung Jawab Keuangan Negara.

Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan.

Undang-Undang Republik Indonesia Nomor 20 Tahun 2001 tentang Perubahan atas Undang-Undang Nomor 31 Tahun 1999 tentang Pemberantasan Tindak Pidana Korupsi.

https://nasional.kompas.com/read/2021/06/10/16461311/kasus-korupsi-pengadaan-alkes-mantan-pejabat-kemenkes-divonis-2-tahun?page=all

https://www.antaranews.com/berita/3534180/jaksa-bali-tuntut-tiga-tahun-kepada-terdakwa-korupsi-alkes-rsud-badung

https://www.detik.com/sumut/hukum-dan-kriminal/d-7493530/kadinkes-sumut-alwi-divonis-10-tahun-kasus-korupsi-apd-covid-19