

An Analysis of the Legal Responsibility of Team Physicians for ACL Injuries Among Indonesian Liga 1 Players in Light of Law Number 17 of 2023 on Health

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ABSTRACT

This study analyzes the legal liability of team doctors in cases of Anterior Cruciate Ligament (ACL) injuries in Indonesian League 1 players, reviewed from Law Number 17 of 2023 concerning Health. The background of this study is based on the high risk of ACL injury in professional football athletes and the complexity of applying medical care standards in the context of sports. The method used is normative legal research with statute, conceptual, and case approaches, utilizing primary materials (Law 17/2023, Criminal Code, PSSI/LIB regulations), secondary (health law journals, sports medicine books), and tertiary (legal dictionaries). The results of the study show that the responsibility of team doctors includes civil, criminal, ethical, and administrative dimensions; Law 17/2023 strengthens the accountability framework through Article 440 concerning criminal sanctions for medical negligence, as well as the rights and obligations of patients-athletes. However, it is evident that there is a gap in the qualification standards of Liga 1 team doctors and the absence of specific protocols for handling ACL injuries, which makes it difficult to prove negligence. The main recommendations include improving medical qualifications, drafting detailed protocols, and socializing obligations based on Law 17/2023 to clarify treatment standards and strengthen athletes' legal protection.

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1. INTRODUCTION

Legal protection for professional athletes in Indonesia is a crucial aspect that is

increasingly urgent. Athletes, as individuals who rely on physical fitness as their primary livelihood capital, face an inherent and high risk of injury in competitive sports,

particularly professional soccer. Not only can injuries stop their careers prematurely, but they can also have a significant impact on financial stability, psychological well-being, and overall quality of life.¹ Therefore, the existence of a strong legal framework is essential to guarantee the rights of athletes and provide a fair redress mechanism if the injury suffered is aggravated or caused by medical negligence.

This development reflects the evolution of legal awareness in society and the sports sector. Athletes are no longer seen solely as sports actors, but as individuals with basic rights that must be comprehensively protected. The demand for higher accountability in the professional sports sector suggests that legal protection must go beyond general medical ethics and include the specific rights of athletes in a professional context. This places greater responsibility on those involved in the management and healthcare of athletes, including team doctors and sports organizations.

Anterior Cruciate Ligament (ACL) injury is one of the most common and serious knee injuries that often befall professional football players, including in the Indonesian League 1 competition.¹ This injury occurs in one of the four main ligaments of the knee that serves as an important stabilizer.² The mechanism of injury often involves sudden movements such as a rapid change of direction, an inappropriate landing after jumping, a slowdown of pace while running, or a direct impact to the knee, such as when making a tackle.¹

Typical symptoms of an ACL injury include a "pop" sound that is heard or felt at the time of injury, severe acute pain, rapid swelling of the knee in the first 24 hours, severe knee instability (feeling "giving way" or "wobbling"), as well as significant limitation of range of motion.¹ The severity of these injuries varies, ranging from mild stretching (Grade 1), partial tear (Grade 2), to total tear (Grade 3) that causes severe knee instability.¹ ACL injuries often require complex medical interventions, both non-surgical and surgical, followed by a lengthy

rehabilitation program.³ In many cases, these injuries can end a professional player's career, underscoring its serious impact.¹ The high incidence and severe consequences of ACL injuries in professional football demand a very high standard of care from team doctors. This suggests that the level of expertise and precision expected from team physicians in managing these types of injuries is potentially higher than that of general medical practice.

Team doctors play a central role in the professional football ecosystem, with primary responsibility for the health and injury management of athletes. This role covers a broad spectrum, from injury prevention through pre-competition physical evaluations, accurate early diagnosis, on-field emergency management, medium-term injury management, to guiding the rehabilitation process and safe *return-to-play* programs.⁴ Liga 1 regulations require each team to have a doctor with medical qualifications and certification from the Indonesian Football Association (PSSI), and must be present on the bench during every match.⁷ Clubs are also responsible for ensuring all players undergo a *Pre-Competition Medical Assessment* (PCMA) at least 14 days before the first match, which involves a thorough medical examination by a professional medical team.⁵

Although the role of team doctors is crucial, there are gaps that deserve attention in the existing regulations. The qualification requirements for team doctors in Article 31 point d of the 2020 League 1 Regulations are called "very simple" when compared to the requirements in leading international leagues such as the English Premier League. The English Premier League requires a diploma in sports medicine, a practice license, and passing the Advanced Trauma Medical Management in Football (ATMMIF) qualifying exam.⁶ This difference in standards indicates a potential gap between high expectations of the role of team physicians and established formal regulatory standards. These gaps can affect the level of accountability and quality of medical care provided to athletes. In addition, the absence

of detailed medical protocols in some of the available Liga 1 regulations exacerbates these concerns, as it can make it difficult to establish clear standards of practice in cases of alleged negligence.

Law Number 17 of 2023 concerning Health (Health Law 2023) has been promulgated as a new legal umbrella that comprehensively regulates all aspects of health in Indonesia.⁷ This law repeals and replaces several previous health laws, including Law Number 29 of 2004 concerning Medical Practice and Law Number 36 of 2009 concerning Health. These changes mark a significant transformation in the national health law framework, with the aim of strengthening health systems interactively and holistically.

In the 2023 Health Law, there are new provisions that directly affect the rights and obligations of health workers, including doctors, as well as their legal accountability mechanisms. Article 440, for example, specifically regulates criminal sanctions for medical or health personnel who commit negligence that results in serious injury or death.⁸ The issuance of Law No. 17/2023 fundamentally changed the legal landscape of medical liability in Indonesia. This more integrated and holistic legal framework has the potential to strengthen the rights of patients (including athletes) and clarify the accountability of medical professionals, which could lead to stricter interpretations of negligence and higher expectations of healthcare providers, including team doctors in professional sports.

2. LITERATURE REVIEW

2.1 Roles and Responsibilities of Sports Medicine Specialists.

Sports medicine specialists (SpKO) have a special role in the management of sports-related injuries and health problems. To achieve this specialty, general practitioners must undergo a sports medicine specialist education of at least 3.5 years.⁶ Their responsibilities include diagnosis, non-surgical treatment (administering

medications, therapy, or assistive devices), evaluation of athletes' physical condition before and after training and games, injury prevention consultations, and collaboration with coaching staff and sports instructors.⁵ It is important to note that sports medicine specialists only treat disorders of the musculoskeletal system that do not require surgery and will refer cases that require surgery to an orthopedic specialist.⁶

The existence of sports medicine specialists and the establishment of professional education standards for sports medicine specialists through the Indonesian Medical Council Regulation Number 88 of 2020 indicate that there is a higher standard of competency. This means that the standard of care that applies to sports medicine specialists in treating sports injuries is higher than that of general practitioners. Failures in their specialist areas of expertise, such as injury prevention, accurate non-surgical diagnosis, or timely referral, will be considered a more significant breach of duty.

2.2 Characteristics and Mechanisms of ACL Injuries in Professional Football Players.

ACL injuries in professional football players have distinctive characteristics and mechanisms. Common causes of these injuries include sudden changes in direction, sudden stops, slowing down while running, improper landing after jumping, or direct trauma such as a hard impact on the outside of the knee during a tackle.¹ These movements put excessive pressure on the ACL ligament, causing stretching or tearing.

Symptoms accompanying an ACL injury include: a typical "pop" sound when the injury occurs, severe acute pain immediately after the injury, rapid and significant swelling within a few hours due to fluid and blood accumulation in the knee joint, knee instability (feeling "giving way" or "wobbling"), limitation of range of motion (difficulty bending or straightening the knee), inability to hold the load on the injured foot, as well as bruises in the knee area.¹ The severity of the injury is categorized into Grade 1 (mild stretch), Grade 2 (partial tear), and Grade 3 (total tear).

2.3 ACL Injury Diagnosis, Treatment, and Rehabilitation

The management of ACL injuries involves a systematic series of stages. Diagnosis is generally made through a physical examination, where the doctor will move the knee to observe its function and perform special tests such as the Lachman test and the Drawer test to check the condition of the ligaments.³ To get a clearer picture, supporting examinations such as X-rays (to look at fractures), ultrasound (for soft tissues), or MRI (for the clearest picture of ligaments) are often recommended.³ In certain cases, arthroscopy may be recommended, which is a procedure with the insertion of a miniature camera to determine the type and extent of the injury directly.⁴

ACL injury treatment options can be non-surgical or surgical procedures, depending on the extent of the injury, the patient's age, and the intensity of physical activity.³ Non-surgical treatment includes rest, immobilization of the knee to reduce pain and swelling, ice packs, administration of nonsteroidal anti-inflammatory drugs (NSAIDs), the use of knee braces for stability, and physiotherapy to restore knee function, strengthen the muscles around the leg, and improve stability. If necessary, ACL reconstruction surgery will be performed, followed by a rigorous and structured rehabilitation program to restore knee strength, flexibility, and stability before athletes can return to activity or play.³

The detailed and gradual nature of ACL injury diagnosis, treatment, and rehabilitation points to the many tipping points where medical negligence can potentially occur. These include misdiagnosis (e.g., MRI misinterpretation), delayed diagnosis, improper selection of treatment modalities, or inadequate guidance during the rehabilitation phase that leads to re-injury. Each stage demands adherence to specific professional standards and protocols.

3. METHODS

This research uses a normative legal research method (*doctrinal legal research*). The approach used includes a statute *approach* to analyze the content and relevance of Law Number 17 of 2023 concerning Health and other related regulations. In addition, a conceptual approach is used to understand and analyze legal concepts such as legal liability, medical negligence, *lex artis*, *informed consent*, and *volueri non fit injuria*. The technique of collecting legal materials is carried out through literature studies, namely identifying, collecting, and reviewing legal documents, journals, books, and other relevant written sources. The analysis of legal materials is carried out qualitatively-normatively, namely by interpreting, elaborating, and synthesizing relevant legal norms, doctrines, and theories to answer the formulation of problems

4. RESULTS AND DISCUSSION

4.1 Legal Framework for Team Doctor Accountability in Indonesia Before Law No. 17 of 2023.

Prior to the enactment of Law Number 17 of 2023 concerning Health, the legal framework governing the practice of medicine and health workers in Indonesia was based on several separate laws, such as Law Number 29 of 2004 concerning Medical Practice and Law Number 36 of 2009 concerning Health.⁹ This law regulates the rights and obligations of doctors, practice standards, and general accountability mechanisms for medical personnel.¹⁰ While it does not specifically address sports medicine, the general principles of medical negligence and the professional liability contained in it remain valid.

Understanding the previous legal framework is very important to highlight the transformative impact of Law No. 17 of 2023. This new law explicitly repeals and replaces the previous law¹¹, indicating an effort to integrate and strengthen health regulations. The new, more explicit and potentially more stringent provisions on criminal liability

(Article 440) and institutional accountability (Article 447)¹² show a significant tightening of accountability compared to previous regulations that may be more ambiguous. This means that team doctors, who were previously subject to general principles, are now faced with a more detailed and potentially more assertive legal framework in terms of accountability.

The Liga 1 regulations, as stated in the BRI Liga 1 Regulation – 2021/2022, require team doctors to have a diploma in accordance with medical qualifications and certification from PSSI.⁷ In addition, the team doctor is one of the two mandatory officials who must be present on the bench during each match.⁸ The club is also responsible for ensuring that all players undergo

Pre-Competition Medical Assessment (PCMA) at least 14 days before the first match, which involves a thorough medical examination by a professional medical team.¹⁰ The Gospel of Jesus Christ

However, there are significant systemic weaknesses in these regulations. The qualifications required for a League 1 team doctor are explicitly called "very simple" when compared to leading international leagues such as the English Premier League.⁷ The English Premier League requires a diploma in sports medicine, a practice license, as well as passing the Advanced Trauma Medical Management in Football (ATMMIF) qualification exam.⁷ These lower entry standards for medical staff, coupled with the absence of detailed medical protocols in the available League 12 regulations, could lead to disparities in the actual standards of care provided. This disparity has the potential to increase the risk of negligence and shows the urgent need for PSSI to align its medical standards with international best practices in professional football. The absence of a clear standard can make proving negligence difficult because there are no specific, detailed benchmarks.

The PSSI/PT LIB regulations include general provisions on medical facilities that must be prepared in stadiums. These facilities include emergency medical rooms equipped with equipment such as oxygen and

Automated External Defibrillators (AEDs), at least two referral hospitals (at least Class B) for emergency purposes, and two ambulances, as well as certified medical personnel.¹⁰ The Club is also responsible for the cost of medical procedures for its members.¹⁰ PSSI has also designed a special health protocol for COVID-19¹³, which shows the organization's capacity to create detailed health guidelines for certain conditions.

Although PSSI has demonstrated its capacity in developing general medical protocols (e.g., COVID-19 guidelines) and establishing basic medical facility requirements, the absence of specific and detailed protocols for the diagnosis and management of common and severe sports injuries such as ACL injuries in the available Liga 1 regulations¹² is a critical gap. The absence of specific guidelines in injury management can lead to inconsistencies in care between clubs and significantly complicate the establishment of clear "standards of care" in potential negligence claims. Without a clear and publicized protocol for ACL diagnosis, handling and *a return-to-play process* within the framework of League 1, the determination of the appropriate standard of care for team doctors becomes highly subjective and relies on general medical principles or expert testimony. This can compromise player safety and complicate legal accountability.

4.2 Analysis of Law Number 17 of 2023 concerning Health Related to Team Doctor Accountability.

Law Number 17 of 2023 concerning Health fundamentally guarantees the right of every citizen to live a healthy physical, mental, and social life, as well as to get safe, quality, and affordable health services to realize the highest degree of health.⁹ The Act also defines key terms such as "Health," "Health Effort," "Health Services," and "Health Workers."⁹ Emphasis is given on improving the degree of public health through promotive, preventive, curative, rehabilitative, and palliative efforts.⁹

The broad principles regarding the right to health and quality health services

enshrined in Law No. 17 of 2023 are the fundamental legal basis for demanding the accountability of team doctors. These principles imply that athletes, as citizens, are explicitly entitled to certain standards of medical care. Any deviation from these standards that leads to losses can be construed as a violation of these fundamental rights, thus strengthening the legal position of athletes. Thus, failure to provide safe and quality care, which leads to ACL injuries or their worsening, is not only a violation of professional standards but has the potential to be a direct violation of the fundamental health rights of athletes guaranteed by the state.

Law Number 17 of 2023 clearly outlines the rights of patients in Article 276.¹⁴ These rights include the right to information about one's health, adequate explanation of the health services received, services according to medical needs and professional standards, and the right to refuse or consent to medical treatment (except in cases of emergency or epidemic).¹⁵ The right to quality health services and according to professional standards is very relevant for athletes, because it requires team doctors to provide optimal care.

On the contrary, Article 277 regulates the obligations of patients.³⁵ This obligation includes providing complete and honest information about health problems, complying with the advice and instructions of medical personnel, and complying with the provisions applicable to health care facilities.¹⁶ Explicit articulation of reciprocal rights and obligations between health workers and patients creates a clearer legal framework for assessing negligence. Failure of an athlete to fulfill his obligations such as not providing a complete medical history or not strictly adhering to medical and rehabilitation advice can potentially contribute to injury outcomes.

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This can give rise to the concept of "*contributory negligence*"¹⁷ and has the potential to reduce physician liability. Therefore, it is important for the team doctor to carefully document the athlete's compliance or non-compliance with medical instructions.

5. CONCLUSION

This analysis highlights the four dimensions of legal accountability of team doctors: civil, criminal, ethical, and administrative. Civilly, the doctor's negligence can lead to a lawsuit for compensation for player losses. In the criminal aspect, Article 440 of the Health Law regulates sanctions for medical negligence that causes serious injury, although its application is still debated due to the inherent risks of therapy. Ethical and administrative related to professional sanctions if they violate service standards.

Law No. 17 of 2023 strengthens athletes' rights to safe and quality health services, providing a firmer legal basis in assessing negligence. However, proving negligence in an ACL injury is not easy due to the medical complexity and risks of the sport itself. *The doctrine of volenti non fit injuria* and *informed consent* limits the responsibility of doctors, but the tripartite doctor-player-club relationship raises potential ethical conflicts.

The determining factors for negligence include the low qualification standards of Liga 1 team doctors and the absence of specific medical protocols from PSSI/PT LIB, which hinder the establishment of uniform medical service standards. Without regulations that adopt international sports medicine standards, the accountability of team doctors is difficult to enforce consistently.

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