Perspective Article

From Oath to Action: Addressing Ethical Challenges in Indonesia's Medical System

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Abstract
The Hippocratic Oath serves as the moral compass of medical professionalism, emphasizing compassion, integrity, and respect. However, Indonesia's healthcare system faces mounting ethical challenges, including corruption, nepotism, discrimination, and workplace bullying. These systemic issues often obstruct the efforts of many dedicated physicians to uphold their moral commitments, particularly those from minority backgrounds. Rather than pointing fingers, this article seeks to critically examine the institutional and structural dynamics that threaten professional integrity and public trust. Drawing on documented evidence, professional experiences, and sociocultural analysis, it outlines actionable reforms to restore the core values of medicine in Indonesia. It highlights Bethsaida Hospital, under the leadership of Prof. Dasaad Mulijono, as one example of how institutional commitment to empathy, fairness, and non-discrimination can translate ethical ideals into daily practice. Proposed solutions include AI-driven transparency in selection processes, enhanced ethical education, legal protections for whistleblowers, and a nationwide recommitment to diversity and inclusion. Upholding the spirit of the Hippocratic Oath is a shared responsibility, and its revival is crucial for a more just, humane, and trustworthy healthcare system.

Keywords: Medical Ethics, Hippocratic Oath, Healthcare Integrity, meritocracy, Ai In Medicine, Indonesia, Professional Reform, Anti-Discrimination, Whistleblower Protection, Bethsaida Hospital, Inclusive Leadership, Systemic Improvement, Prof. Dasaad Mulijono

1. Introduction

The Hippocratic Oath is more than a ceremonial tradition—it is a solemn ethical commitment that binds physicians to the ideals of beneficence, non-maleficence, justice, and collegial solidarity [1-4]. In many countries, including Indonesia, these principles are deeply valued by countless medical professionals who strive to serve with compassion and excellence. However, persistent systemic issues threaten the full realization of these ideals. Across the nation, cases of corruption, favouritism, institutionalized bias, and hierarchical intimidation have surfaced, challenging the moral fabric of the profession.

This article is not an indictment of individual doctors, many of whom display remarkable dedication and integrity in the face of adversity. Instead, it is a call to confront structural dysfunctions that compromise ethical practice, especially for physicians from underrepresented ethnic or religious groups. It aims to provoke thoughtful dialogue and inspire reform, not blame.

Bethsaida Hospital, under the leadership of Prof. Dasaad Mulijono, offers one example of how institutions can strive to embody the Hippocratic values through an inclusive, patient-centred, and spir-

itually grounded model of care. Such examples demonstrate that ethical medicine is not an ideal of the past, but a living possibility when moral courage and institutional integrity are prioritized.

2. Ethical Challenges in The Indonesian Medical Landscape
2.1. Systemic Corruption and Nepotism
In medical education and specialist training, deviations from a merit-based process, such as favouritism, informal payments, and preferential treatment, have been widely reported. These trends risk eroding public trust and can disillusion talented individuals who lack connections in politics or finance. When access to opportunity is perceived as inequitable, morale declines and ethical standards suffer [5–8].

2.2. Ethnic and Religious Underrepresentation
Doctors from minority ethnic and religious groups, particularly Chinese Indonesians and non-majority faith practitioners, have reported disproportionate barriers to academic and professional advancement. Though many excel clinically, they may face opaque evaluations, exclusion from leadership pipelines, or administrative delays. These patterns—while not universally practiced—highlight a need for stronger equity safeguards across institutions [9–12].

2.3. Hierarchical Bullying and Professional Marginalization
In some training hospitals, a rigid hierarchy fosters environments where junior doctors may face undue pressure, humiliation, or even career sabotage for challenging outdated practices or introducing patient-centred innovations. Minority physicians advocating for newer modalities—such as lifestyle medicine—have sometimes been labelled as disruptive or unorthodox, rather than engaged contributors [13–15].

2.4. Discrepancy Between Oath and Reality
Despite formal adherence to the Hippocratic Oath, the realities of practice may diverge. Competition, institutional pressures, and systemic inefficiencies can lead to environments where collegial respect is compromised. This disconnect raises ethical questions not of personal failure, but of structural design, suggesting that safeguarding ethics requires more than individual goodwill; it demands supportive, transparent systems [16–19].

3. Bethsaida Hospital: Ethical Practice in Action
Bethsaida Hospital was founded with a clear moral vision: to treat each patient and colleague with dignity, equity, and empathy. Under Prof. Dasaad Mulijono's leadership, it has become a model for cultivating ethical practice even in challenging contexts. The hospital enforces a zero-tolerance policy toward discrimination and bullying, actively recruits based on merit and character, and champions patient-centred, evidence-based care, including the integration of lifestyle medicine.

Rather than being an exception, Bethsaida represents a possibility for healthcare institutions throughout Indonesia—a tangible reminder that professionalism rooted in compassion and fairness is both achievable and sustainable. Since 2024, Bethsaida has welcomed physicians previously marginalized elsewhere, offering them a platform to thrive. These efforts demonstrate how inclusive leadership can elevate the moral climate of an institution, benefiting both practitioners and patients. Bethsaida has also emerged as a sanctuary for previously marginalized minorities, empowering them to contribute their academic and professional gifts without the fear of suppression, intimidation, or systemic exclusion. This shift not only restores justice but sets a powerful precedent for what ethical, inclusive, and spiritually grounded healthcare can look like in a modern society.

4. Proposed Reforms for Ethical Revitalization
4.1. Ai-Based Transparency in Selection and Evaluation
By employing AI-driven systems for admissions, job placements, and promotions, the medical profession can reduce subjective bias and foster a meritocratic environment. These tools can be programmed to evaluate candidates on objective criteria such as academic records, clinical performance, research impact, and patient satisfaction [20–23].

4.2. Legal Protections and Enforcement

Ethical lapses must carry real consequences. Strengthening laws against discrimination, bribery, and abuse of authority—and ensuring that they are enforced without bias—will help deter misconduct. Licensing boards and professional associations must also uphold ethical standards through transparent accountability processes [24–26].

4.3. Whistleblower Support

Creating robust frameworks to protect and reward medical professionals who report systemic problems is essential. Anonymity, job security, and formal recognition can embolden ethical leadership and uncover hidden malpractice without fear of retaliation [27–30].

4.4. Ethics Education and Mentorship

Ethical reasoning, empathy, and cultural sensitivity should be emphasized throughout medical training, not only as abstract theory but as living practice reinforced by mentors and institutional culture. Training programs must model the very virtues they aim to instill [31–34].

4.5. Inclusive Leadership and Representation

Medical leadership should reflect Indonesia's rich ethnic and cultural diversity. Ensuring fair representation in decision-making bodies helps break long-standing patterns of exclusion. Diversity audits, inclusive recruitment policies, and open-door feedback mechanisms can accelerate progress [35–38].

4.6. Safe Dialogue Forums for Professional Advocacy

Hospitals and professional bodies should regularly host forums for ethical dialogue, peer reflection, and collaborative reform. Independent ethics committees can provide oversight, mediation, and guidance when internal conflicts arise [39–42].

5. Conclusion

A nation's healthcare system is a reflection of its moral values. While many Indonesian doctors continue to serve with excellence and integrity, the system within which they operate must evolve to support, not undermine, their ethical commitments. Addressing the roots of corruption, bias, and intimidation is not a matter of personal judgment but of collective responsibility.

Bethsaida Hospital's example shows that ethical medicine is not idealistic—it is practical, scalable, and urgently needed. By embracing reforms grounded in transparency, equity, and compassion, Indonesia can transform its medical institutions into spaces where every patient is treated with dignity and every doctor is empowered to live up to the oath they once took—not in word, but in truth.

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