

## Ethics and Professional Discipline Education in Specialist Medical Education

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### ABSTRACT

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Healthcare services are inherently fraught with potential ethical dilemmas and violations of professional discipline, particularly in medical practice involving resident physicians. Resident physicians, while still in their education, perform medical procedures and have ethical and professional responsibilities to patients, colleagues, and institutions. This study aims to examine the regulation of professional ethics for resident physicians based on the Indonesian Code of Medical Ethics (KODEKI) and Minister of Health Regulation Number 3 of 2025, and to analyze the mechanisms for resolving violations of the code of ethics for resident physicians based on these two instruments. The research method used is normative legal research with a statutory and conceptual approach, through a deductive analysis of primary and secondary legal materials. The results indicate that KODEKI functions as an ethical norm that emphasizes the moral values, professionalism, and integrity of physicians, with an enforcement mechanism through the Medical Ethics Honorary Council (MKEK). Meanwhile, Minister of Health Regulation Number 3 of 2025 is an administrative norm that regulates the enforcement of professional discipline through the Professional Discipline Council (MDP) with structured administrative sanctions. Therefore, a comprehensive understanding and consistent implementation are necessary to ensure that the enforcement of professional ethics and discipline for resident physicians is fair, proportional, and in line with the principles of medical education and patient safety.

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## 1. INTRODUCTION

Healthcare is rife with ethical dilemmas and legal disputes. The nuances of health or medical law are also strongly embedded in healthcare, with obligations imposed on those involved. Failure to act

cautiously can result in lawsuits and legal challenges. Therefore, an understanding of ethical and legal principles within the medical profession is crucial.

Medical ethics are rules or principles that serve as pragmatic provisions, containing several rules of conduct and prohibitions. Professional ethical rules are created and compiled by professional associations or societies as guidelines for the conduct of their members, and are called codes of ethics. The word "code" comes from the Latin word "codex," meaning book, something written, or a set of principles or rules. From this definition, it can be concluded that a medical code of ethics is a set of written rules outlining dos and don'ts as a guide for physicians in carrying out their profession. In other words, a medical code of ethics is a book containing ethical rules for physicians.

A code of ethics for medical and healthcare professionals plays a crucial role in improving the quality of care. The principles within this code of ethics form the basis for moral behavior, such as maintaining patient confidentiality, acting with honesty, and prioritizing patient needs over personal or employer interests. By following a code of ethics, healthcare professionals can improve patient safety, raise standards of care, build patient trust, and provide better overall care. The implementation of a code of ethics in the medical field has a significant impact. Ethical standards in the workplace ensure that medical and healthcare professionals adhere to moral and ethical standards in their practice, resulting in more reliable and consistent healthcare. Furthermore, adhering to a code of ethics helps maintain public trust in the medical profession. Ethical guidelines for all physicians in Indonesia are contained in the Indonesian Code of Medical Ethics (KODEKI). This code emphasizes the principles of integrity, patient confidentiality, professional responsibility, peer relations, and protecting patient safety. KODEKI applies to all physicians, including resident physicians, even those still in training. Understanding of KODEKI among some medical personnel remains low and requires strengthening in the medical education process, including at the resident level.

In addition to KODEKI, a more recent regulation, Minister of Health Regulation Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical and Health Personnel, also provides a legal basis for the authority, obligations, types of violations, and disciplinary mechanisms for medical personnel, including resident physicians. This regulation introduces an administrative mechanism through the Professional Disciplinary Council, which differs from the ethical mechanism currently handled by the Medical Ethics Honorary Council (MKEK). Minister of Health Regulation Number 3 of 2025 seeks to clarify the limits of medical personnel's authority and provide procedural certainty in resolving professional disciplinary violations.

Minister of Health Regulation Number 3 of 2025 stipulates the types of professional disciplinary violations for medical and health personnel. While KODEKI emphasizes moral aspects, professionalism, and the doctor-patient relationship, Minister of Health Regulation Number 3 of 2025 imposes administrative consequences for violations, including warnings, restrictions on authority, and even revocation of practice authorization. In the context of resident physicians, this regulation is crucial because ethical violations they commit impact not only patients but also the educational institutions and hospitals where they undergo their training programs. In this regard, there remains a lack of synchronization between the understanding of ethics and its implementation among medical personnel, particularly in clinical educational settings. This suggests the need for a more in-depth study of the relationship between the CODEKI and government administrative regulations in the resident context.

Based on the description that has been presented, it is necessary to study the position of resident doctors in the two regulations of KODEKI as an ethical norm and Permenkes number 3 of 2025 as an administrative norm to explain how the rules of professional ethics are applied, as well as how the mechanism for resolving violations must be carried out appropriately, fairly, and in line with the principles of medical education. The purpose of this paper is to find out how the rules of professional ethics of resident doctors in KODEKI and Permenkes Number 3 of 2025 and to find out how the mechanism for resolving violations of the code of ethics of resident doctors is based on these two legal instruments.

## 2. METHODS

This research is a normative legal study that focuses on the analysis of legal norms governing external human behavior as formulated in statutory regulations, legal principles, and doctrines. The normative character of this research is reflected in its prescriptive nature, aiming not only to describe existing legal norms but also to provide arguments, interpretations, and recommendations regarding what the law ought to be (\*das sollen\*). The legal materials employed in this study consist of primary legal materials, such as legislation, official legal documents, and court decisions relevant to the research issue, as well as secondary legal materials in the form of textbooks, scientific journal articles, legal commentaries, and expert opinions that support the interpretation of primary sources. All legal materials were collected through a comprehensive document or literature study to ensure systematic and in-depth coverage of the relevant legal framework.

The analysis of legal materials was conducted using qualitative juridical analysis with a deductive reasoning approach. This technique begins with general legal norms, principles, and doctrines, which are then applied to specific legal issues examined in the research. The stages of analysis include the identification and classification of relevant legal norms, systematic interpretation using statutory, conceptual, and comparative approaches, and the evaluation of the consistency and coherence of those norms within the existing legal system. The results of this analysis are presented descriptively and analytically to draw logically grounded conclusions and formulate normative arguments that are applicable in addressing the legal issues under study.

## 3. FINDINGS AND DISCUSSION

### **The Code of Ethics as a Standard of Ethics for the Medical Profession**

Medical practice encompasses both ethical and legal aspects, both of which are interrelated. Ethical aspects in the medical profession are not solely related to individual physician behavior or the imposition of moral sanctions for ethical violations. Furthermore, ethical aspects also encompass the implementation of professional standards inherent in physicians' disciplinary and professional obligations in practicing medicine. Thus, professional ethics serves as a normative foundation that integrates moral values, competency standards, and professional responsibilities to ensure the quality of healthcare services and protect patient safety.

Medical ethics is essentially based on ethical norms that govern interpersonal relationships in society and are grounded in the principles of values that exist and develop within the community's philosophy. These ethical values are then systematically formulated in the Indonesian Code of Medical Ethics (KODEKI), which regulates the general obligations of physicians as a moral and professional guideline in medical practice. These provisions apply to all physicians, including resident physicians undergoing specialist training, because during their clinical training they directly perform medical procedures and have ethical responsibilities to patients, colleagues, and educational and healthcare institutions.

The Indonesian Code of Medical Ethics (KODEKI) serves as a normative instrument that provides boundaries and guidelines for physicians in carrying out their professional duties and responsibilities, particularly in providing healthcare to patients. Through its ethical provisions, KODEKI directs physicians to act in accordance with moral principles and professional standards, while upholding patient safety and rights. This ensures that medical practice is carried out responsibly, with dignity, and in accordance with professional ethical values.

### **Latest Regulations of the Minister of Health Regulation Number 3 of 2025**

Recently, the Indonesian government has issued Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2025 concerning the Enforcement of Professional Discipline for Medical and Health Personnel, which was enacted on May 9, 2025, and promulgated on May 19, 2025. This regulation was introduced as a normative effort to reorganize and strengthen the framework for

enforcing professional discipline for medical and health personnel in Indonesia. The issuance of Regulation of the Minister of Health Number 3 of 2025 implements the mandate of Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 concerning the Implementing Regulations of Law Number 17 of 2023 concerning Health, which emphasize the importance of legal certainty and professionalism in the provision of health services.

Regulation of the Minister of Health Number 3 of 2025 provides comprehensive regulations regarding the types of disciplinary and professional ethics violations that can be committed by doctors and other medical personnel, along with the accompanying legal consequences. This regulation not only clearly defines the classification of violations but also establishes disciplinary enforcement mechanisms and administrative sanctions that can be imposed as a form of professional accountability. Thus, this Ministerial Regulation serves as an administrative legal basis that strengthens the application of professional ethics in healthcare practice, while also providing legal certainty for medical personnel, including resident doctors, in carrying out their duties and authorities.

Based on the hierarchy of statutory regulations, Ministerial Regulation No. 3 of 2025 is an implementing regulation established as a mandate of Government Regulation No. 28 of 2024. This is reflected in Article 713 of Government Regulation No. 28 of 2024, which affirms that the Professional Disciplinary Council is tasked with enforcing professional discipline for medical and healthcare personnel in accordance with the disciplinary enforcement provisions stipulated by the Minister. Furthermore, Ministerial Regulation No. 3 of 2025 also implements Article 718 of Government Regulation No. 28 of 2024, which stipulates that further provisions regarding the selection mechanism, procedures for appointment and dismissal of members, and the working procedures for enforcing discipline for the Professional Disciplinary Council are stipulated through a Ministerial Regulation.

### **Mechanism for Resolving Violations of the Doctor's Code of Ethics Based on the Code**

The Medical Ethics Code (KODEKI) provides a normative framework for assessing physician behavior in cases of suspected ethical violations. In practice, violations of the KODEKI code are handled by the Medical Ethics Honorary Council (MKEK), an institution established as a forum for resolving disputes related to alleged violations of the code of ethics in the medical profession. These violations of professional ethics generally encompass moral aspects, professional attitudes, and the responsibilities that every physician must fulfill in practicing medicine. As an independent internal body within the scope of a medical professional organization, the MKEK plays a role in maintaining the honor and integrity of the profession, protecting patient rights, and ensuring that medical practice is carried out in accordance with applicable ethical norms and principles.

The initial stage in dispute resolution begins with the submission of a report or complaint regarding an alleged violation of the code of ethics by a physician. Complaints can be submitted by patients, their families, colleagues, or members of the public who feel aggrieved, and must be accompanied by supporting evidence. The MKEK then conducts an initial verification to ensure the authority to handle the case and assess any indications of ethical violations.

If the complaint is deemed worthy of processing after the initial verification, the MKEK forms an examination team competent in the field of medical ethics. This team conducts a substantive examination through the collection and evaluation of evidence, including interviews with relevant parties. Throughout the examination process, the presumption of innocence is upheld, and the examination is conducted behind closed doors to maintain the confidentiality and privacy of all parties. Following the examination, the examination team prepares a report of its findings and recommendations, which forms the basis for the MKEK plenary session. During this session, MKEK members comprehensively evaluate the examination results and evidence to determine whether there have been any ethical violations. Decisions are made deliberatively by majority vote.

If an ethical violation is proven, the MKEK imposes sanctions according to the severity of the violation. Sanctions can range from verbal or written warnings, temporary restrictions on practice rights, to permanent revocation of practice rights. The imposition of sanctions is not only repressive

but also serves as a corrective measure, preventing recurrence of violations, and protecting the safety and quality of patient care.

### **Resolution of Code of Ethics Violations Based on Ministerial Regulation No. 3 of 2025**

Ministerial Regulation No. 3 of 2025 strictly regulates the procedures for complaints and investigations into alleged violations of ethics and professional discipline by physicians. Complaints regarding these alleged violations can be filed by patients or their families who feel aggrieved. Once a complaint is received, the Professional Disciplinary Council (MDP) has the authority to conduct initial verification and examine the submitted evidence. This investigation process may involve witness testimony, expert opinions, and a review of relevant medical documents. Based on the results of the investigation, the MDP then makes recommendations regarding the type of administrative sanctions that can be imposed on the physician in question. The existence of this structured complaint mechanism guarantees legal protection for patients in seeking justice, while also encouraging increased transparency and accountability in the provision of healthcare services.

The findings of this normative legal study demonstrate that the regulation of ethics and professional discipline for resident physicians in Indonesia operates within a dual normative framework, consisting of ethical norms embodied in the Indonesian Code of Medical Ethics (KODEKI) and administrative legal norms regulated under Minister of Health Regulation Number 3 of 2025. This dualism confirms that professional accountability in medical education is no longer understood solely as a moral obligation but has increasingly shifted toward a legal-administrative paradigm. Similar conclusions were drawn by previous studies that emphasize the transformation of medical ethics enforcement from a purely collegial mechanism into a hybrid system combining ethical self-regulation and state-based administrative control (Hendriks & Bovenkamp, 2022; Al-Haq et al., 2023). The emergence of this dual framework reflects growing public demands for transparency, patient safety, and legal certainty in healthcare services, particularly within teaching hospitals where resident physicians actively perform medical procedures.

The study finds that KODEKI functions primarily as a moral-ethical compass, emphasizing integrity, professionalism, and moral responsibility, while enforcement through the Medical Ethics Honorary Council (MKEK) prioritizes restorative and corrective justice. This finding is consistent with earlier research arguing that professional ethics bodies are designed to preserve the dignity and trust of the profession rather than impose punitive sanctions (Cruess & Cruess, 2020). However, unlike previous studies that viewed ethical enforcement as largely symbolic, this research shows that in the Indonesian context, ethical sanctions under KODEKI can carry significant professional consequences, particularly when coordinated with institutional or administrative actions. This convergence occurs because ethical violations by resident physicians often intersect with issues of competence, supervision, and patient safety, making purely moral resolutions insufficient.

In contrast, Minister of Health Regulation Number 3 of 2025 represents a legal rationalization of professional discipline, aligning with Max Weber's theory of legal-rational authority, where legitimacy is derived from formal rules, procedures, and institutionalized sanctions. The findings indicate that the Professional Disciplinary Council (MDP) applies a structured, procedural, and evidence-based approach to discipline, emphasizing proportional administrative sanctions. This aligns with international trends in healthcare governance, where disciplinary mechanisms are increasingly formalized to ensure consistency and legal accountability (Dwyer, 2021). Compared to earlier Indonesian studies conducted before the enactment of this regulation, which highlighted legal uncertainty and overlapping authorities in disciplinary enforcement (Sutrisno & Prasetyo, 2019), this research demonstrates a significant regulatory advancement in clarifying institutional roles and procedural standards.

A key finding of this study is the lack of normative synchronization between ethical and administrative mechanisms, particularly in cases involving resident physicians. While previous studies often focused on fully licensed physicians, this research highlights that residents occupy a legally

ambiguous position as both learners and healthcare providers. This ambiguity explains why ethical violations by residents frequently escalate into administrative disciplinary cases. Similar observations were made in comparative studies on postgraduate medical training, which argue that residents are more vulnerable to disciplinary actions due to hierarchical pressures, limited autonomy, and inadequate ethics education (Bynum et al., 2022). Thus, the findings suggest that disciplinary violations among residents are not merely individual moral failures but are also structurally produced by educational and institutional contexts.

From a theoretical perspective, the findings can be explained using professional socialization theory, which posits that ethical behavior is shaped by both formal rules and informal institutional cultures. The persistence of ethical violations despite the existence of KODEKI indicates that normative knowledge alone is insufficient without consistent ethical mentoring and role modeling within clinical education settings. This supports earlier empirical findings that ethical lapses among residents are often linked to organizational culture, workload pressures, and weak supervision rather than deliberate misconduct (Papadakis et al., 2020). Consequently, the study reinforces the argument that ethics education must be integrated systematically into specialist medical training rather than treated as a peripheral normative requirement.

Comparatively, this study diverges from prior research that positioned ethical and disciplinary enforcement as competing systems. Instead, the findings suggest that KODEKI and Ministerial Regulation Number 3 of 2025 are complementary, provided that coordination mechanisms are clearly defined. While KODEKI addresses the moral legitimacy of professional conduct, the Ministerial Regulation ensures procedural justice and legal certainty. This integrated perspective offers a significant scientific contribution by reframing ethical enforcement not as an alternative to legal discipline but as its normative foundation. Such integration aligns with contemporary governance models in healthcare ethics, which emphasize multi-layered accountability systems (Ten Have & Gordijn, 2023).

Scientifically, the implications of these findings are substantial. First, they underscore the need for a harmonized regulatory framework that explicitly recognizes the unique status of resident physicians. Second, they contribute to the development of normative legal scholarship by demonstrating how ethical norms and administrative law interact in professional regulation. Finally, the findings suggest that strengthening ethics education, institutional supervision, and regulatory coordination can reduce ethical and disciplinary violations more effectively than punitive sanctions alone. This study therefore advances both theoretical and practical understanding of professional ethics enforcement in medical education within a modern legal-administrative context.

#### 4. CONCLUSION

Based on the results of the review of the KODEKI and Ministerial Regulation No. 3 of 2025, it can be concluded that the regulation of ethics and professional discipline for resident physicians falls within two complementary normative regimes: ethical norms and administrative norms. The Code of Ethics (KODEKI) serves as a moral and professional guideline that emphasizes the values of integrity, responsibility, patient confidentiality, and the professional relationship between physicians and patients and colleagues. These ethical provisions apply to all physicians, including resident physicians, even those still in their education. In practice, residents perform medical procedures and have a clear ethical responsibility.

Minister of Health Regulation Number 3 of 2025 serves as an administrative legal instrument that provides legal certainty in enforcing professional discipline among medical personnel, including resident physicians. This regulation details the types of disciplinary violations, the authority to investigate, and the administrative sanctions that can be imposed, ranging from warnings to revocation of practice authority. The existence of the Professional Disciplinary Council (MDP) as a disciplinary enforcement body demonstrates a different mechanism for handling violations than the ethical mechanism implemented by the Medical Ethics Honorary Council (MKEK).

The mechanism for resolving ethical violations based on KODEKI through the MKEK emphasizes the assessment of the physician's moral and professional aspects, with the primary goal of maintaining the honor of the profession and encouraging behavioral improvement. In contrast, the violation resolution mechanism under Ministerial Regulation No. 3 of 2025 focuses more on enforcing administrative discipline and legal protection for patients through structured procedures and administrative sanctions. KODEKI and Ministerial Regulation No. 3 of 2025 have different but complementary characteristics, objectives, and mechanisms for regulating the behavior of resident physicians. Therefore, a comprehensive understanding and synchronization of their implementation are necessary to ensure that the enforcement of professional ethics and discipline for resident physicians is fair, proportional, and aligned with the principles of medical education and patient safety.

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