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Legal Dimensions of Therapeutic Communication in Midwifery Care: Protecting Patient Rights and Ensuring Patient Safety in Indonesia

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Abstract

Therapeutic communication is a fundamental component of quality midwifery care that extends beyond clinical interaction to encompass legal and ethical responsibilities. In Indonesia, the enactment of Law Number 17 of 2023 on Health has reinforced the protection of patient rights, informed consent, and patient safety, thereby increasing the legal significance of effective communication between midwives and patients. This study aims to examine the legal dimensions of therapeutic communication in midwifery care and its role in protecting patient rights while ensuring patient safety. Employing a normative legal research design, the study adopts statutory, conceptual, and comparative approaches to analyze relevant legislation, professional standards, ethical codes, and international guidelines concerning health communication and patient safety. The analysis demonstrates that therapeutic communication constitutes not only a professional competency but also a legal obligation that underpins informed consent, respect for patient autonomy, shared decision-making, and the prevention of medical disputes. Furthermore, effective communication strengthens patient trust, reduces the likelihood of adverse events, and enhances legal accountability in midwifery practice. The study proposes an integrated legal framework positioning therapeutic communication as a bridge between regulatory compliance and safe, patient-centered maternity care. Strengthening legal awareness and communication competence among midwives is therefore essential for improving healthcare quality and safeguarding both patients and healthcare professionals in Indonesia.

Keywords: *Therapeutic Communication; Health Law; Midwifery Care; Patient Rights; Patient Safety; Informed Consent*

Abstrak

Komunikasi terapeutik merupakan komponen fundamental dalam pelayanan kebidanan yang berkualitas karena tidak hanya mendukung interaksi klinis, tetapi juga mencerminkan tanggung jawab hukum dan etika tenaga kesehatan. Di Indonesia, berlakunya Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan semakin menegaskan pentingnya perlindungan hak pasien, pelaksanaan *informed consent*, dan keselamatan pasien, sehingga komunikasi terapeutik memiliki dimensi hukum yang semakin signifikan. Penelitian ini bertujuan menganalisis dimensi hukum komunikasi terapeutik dalam pelayanan kebidanan serta perannya dalam melindungi hak pasien dan menjamin keselamatan pasien. Penelitian menggunakan metode penelitian hukum normatif dengan pendekatan perundang-undangan, konseptual, dan komparatif melalui analisis terhadap peraturan perundang-undangan, standar profesi, kode etik, dan pedoman internasional. Hasil penelitian menunjukkan bahwa komunikasi terapeutik merupakan kewajiban hukum sekaligus kompetensi profesional yang menjadi dasar pelaksanaan *informed consent*, penghormatan terhadap otonomi pasien, pengambilan keputusan bersama, serta pencegahan sengketa medis. Selain itu, komunikasi terapeutik meningkatkan kepercayaan pasien, meminimalkan risiko kejadian tidak diharapkan, dan memperkuat akuntabilitas hukum dalam praktik kebidanan. Penelitian ini menawarkan kerangka hukum komunikasi terapeutik yang mengintegrasikan kepatuhan regulasi dengan pelayanan kebidanan yang berpusat pada pasien guna meningkatkan mutu pelayanan kesehatan di Indonesia.

Kata kunci: Komunikasi terapeutik; hukum kesehatan; pelayanan kebidanan; hak pasien; keselamatan pasien; *informed consent*

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BACKGROUND

Patient safety has become one of the fundamental pillars of contemporary healthcare systems and is recognized as a global priority for improving healthcare quality. Despite significant advances in medical technology and evidence-based clinical practice, preventable adverse events continue to occur across healthcare settings, often resulting in patient harm, prolonged hospitalization, increased healthcare costs, and legal disputes. The World Health Organization (WHO) estimates that millions of patients worldwide experience preventable harm every year, with communication failures consistently identified as one of the leading contributing factors to patient safety incidents (World Health Organization, 2021). Consequently, healthcare quality is no longer assessed solely by clinical competence but also by the effectiveness of communication between healthcare professionals and patients.

Therapeutic communication occupies a central position in healthcare because it facilitates mutual understanding, builds trust, supports shared decision-making, and promotes patient-centered care. Unlike ordinary interpersonal communication, therapeutic communication is a purposeful, professional, and ethical interaction designed to achieve specific health outcomes while respecting the dignity, autonomy, and rights of patients (Arnold & Boggs, 2020). Effective therapeutic communication enables healthcare providers to gather accurate clinical information, explain diagnoses and treatment options, address patients' concerns, and ensure that patients fully understand the implications of medical interventions. Conversely, ineffective communication may lead to misunderstanding, inadequate informed consent, medical errors, dissatisfaction, and even litigation (O'Daniel & Rosenstein, 2008).

Within maternal and newborn healthcare, therapeutic communication assumes even greater importance because pregnancy, childbirth, and postpartum care involve not only complex clinical interventions but also emotional, psychological, cultural, and ethical considerations. Midwives serve as primary healthcare professionals who accompany women throughout pregnancy, labor, childbirth, and the postpartum period. Their responsibilities extend beyond technical clinical procedures to include providing education, emotional support, counseling, advocacy, and facilitating informed decision-making. Accordingly, communication competence has been recognized by the International Confederation of Midwives (ICM) as one of the essential competencies required for professional midwifery practice (International Confederation of Midwives, 2024).

Numerous studies have demonstrated that effective communication between midwives and women contributes to higher maternal satisfaction, improved adherence to healthcare recommendations, enhanced emotional well-being, and better maternal and neonatal outcomes (Downe et al., 2018). Women who receive clear explanations regarding their condition, available interventions, potential risks, and available alternatives are more likely to participate actively in clinical decision-making and develop greater trust in

healthcare professionals. Conversely, inadequate communication has been associated with delayed decision-making, anxiety, refusal of recommended interventions, patient complaints, and avoidable adverse events (Bohren et al., 2019). These findings indicate that communication should not be regarded merely as an interpersonal skill but rather as an indispensable component of safe and high-quality maternity care.

Beyond its clinical significance, therapeutic communication possesses important legal implications. Modern health law increasingly recognizes access to information, respect for autonomy, informed consent, confidentiality, and participation in healthcare decisions as fundamental patient rights. These legal principles require healthcare professionals to communicate information accurately, honestly, and comprehensibly before performing any medical intervention. Consequently, communication is no longer viewed solely as an ethical obligation but also as a legal duty that determines whether patients have been able to exercise their rights freely and meaningfully (Beauchamp & Childress, 2019). Failure to provide adequate information may invalidate informed consent and expose healthcare professionals and healthcare institutions to civil, administrative, ethical, or even criminal liability depending on the applicable legal framework.

The legal significance of therapeutic communication has become increasingly relevant in Indonesia following the enactment of Law Number 17 of 2023 concerning Health, which consolidates previous health legislation into a comprehensive legal framework governing healthcare delivery. The law emphasizes the protection of patient rights, access to healthcare information, informed consent, professional accountability, patient safety, and quality healthcare services. Healthcare professionals, including midwives, are required to provide healthcare services in accordance with professional standards, service standards, ethical principles, and applicable laws. Accordingly, communication becomes an inseparable element of professional responsibility because the fulfillment of legal obligations depends not only on the technical correctness of clinical procedures but also on whether patients receive sufficient information to understand and voluntarily consent to healthcare interventions.

The importance of communication is further reflected in the ethical framework governing midwifery practice. Professional codes of ethics consistently require midwives to respect women's dignity, privacy, autonomy, cultural values, and reproductive rights while maintaining honesty and transparency throughout the continuum of care (ICM, 2024). Ethical communication strengthens patient trust and reinforces the professional relationship between healthcare providers and women. At the same time, ethical standards frequently serve as references in legal proceedings concerning allegations of professional negligence. Consequently, communication deficiencies may generate ethical violations that subsequently evolve into legal disputes when patients experience harm or perceive that their rights have been disregarded.

International patient safety initiatives also identify communication as one of the most effective strategies for preventing medical errors. The Joint Commission International (JCI) includes improving

effective communication among healthcare professionals as one of the International Patient Safety Goals because failures in communication remain a major cause of sentinel events across healthcare institutions (Joint Commission International, 2024). In maternity care, communication failures may occur during clinical handovers, emergency obstetric management, risk disclosure, documentation, or interactions between healthcare providers and patients. Such failures may compromise patient safety even when clinical interventions themselves comply with professional standards.

Despite the growing recognition of therapeutic communication in healthcare research, existing studies predominantly examine its relationship with patient satisfaction, psychological support, quality of care, or communication skills among healthcare professionals. Research within midwifery similarly focuses on communication as a determinant of maternal experience, respectful maternity care, or interpersonal relationships between midwives and women (Bohren et al., 2019; Downe et al., 2018). Comparatively limited scholarly attention has been devoted to examining therapeutic communication from a health law perspective, particularly regarding its role as a legal mechanism for protecting patient rights while simultaneously safeguarding healthcare professionals from avoidable legal disputes. In Indonesia, this gap is even more apparent because the implications of the new Health Law for communication practices in midwifery have not yet been comprehensively analyzed within legal scholarship.This study addresses that gap by positioning therapeutic communication not merely as a clinical competency but as an integral legal obligation embedded within contemporary health law. It argues that effective communication functions as a bridge connecting legal compliance, professional ethics, patient autonomy, informed consent, patient safety, and professional accountability. Rather than viewing communication exclusively as a soft skill, this article conceptualizes therapeutic communication as a legal instrument that operationalizes patient rights throughout the continuum of midwifery care.

Accordingly, this study aims to analyze the legal dimensions of therapeutic communication in Indonesian midwifery care by examining relevant health legislation, professional standards, ethical principles, and international patient safety frameworks. Specifically, the study seeks to answer three research questions: (1) how therapeutic communication is positioned within Indonesian health law; (2) how therapeutic communication contributes to protecting patient rights in midwifery services; and (3) how effective communication supports patient safety while strengthening legal accountability in professional midwifery practice. By integrating perspectives from health law, communication studies, and midwifery, this article proposes a conceptual framework that redefines therapeutic communication as a foundational legal component of patient-centered maternity care. The proposed framework contributes to the development of health law scholarship while offering practical guidance for policymakers, educators, healthcare institutions, and midwives seeking to strengthen legal compliance and improve the quality and safety of

maternal healthcare services in Indonesia.

METHOD

This study employed normative legal research using statutory, conceptual, and comparative approaches to examine the legal dimensions of therapeutic communication in midwifery care in Indonesia. Normative legal research focuses on analyzing legal norms, principles, regulations, and professional standards governing healthcare practices rather than collecting empirical data (IRAC method). The statutory approach examined the legal framework regulating therapeutic communication, patient rights, informed consent, and patient safety, with particular emphasis on Law Number 17 of 2023 concerning Health, relevant implementing regulations, and professional standards governing midwifery practice in Indonesia. These legal instruments were analyzed to identify the obligations of healthcare professionals in providing adequate information and ensuring patient participation in healthcare decision-making.

The conceptual approach was used to analyze key concepts underlying the study, including therapeutic communication, patient rights, informed consent, patient autonomy, professional accountability, and patient safety. These concepts were interpreted through the perspectives of health law, bioethics, patient-centered care, and healthcare communication to establish an integrated analytical framework. The comparative approach compared Indonesian legal provisions with internationally recognized standards, including the World Health Organization (WHO) Global Patient Safety Action Plan 2021–2030, the International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice, and the Joint Commission International (JCI) International Patient Safety Goals. This comparison was conducted to evaluate the consistency of Indonesian health law with global principles concerning patient safety and therapeutic communication.

The study relied on primary and secondary legal materials. Primary legal materials consisted of Indonesian legislation, ministerial regulations, professional standards, ethical codes for midwives, and international normative documents issued by WHO and ICM. Secondary legal materials included peer-reviewed journal articles, academic books, and legal commentaries on health law, therapeutic communication, informed consent, patient safety, and midwifery practice. Relevant literature was identified through Scopus, Web of Science, PubMed, and Google Scholar.

Data were analyzed using qualitative content analysis and legal interpretation. The analysis involved classifying legal materials according to their relevance, followed by grammatical, systematic, and teleological interpretation to examine the meaning, consistency, and objectives of the applicable legal provisions. The findings were then synthesized to develop a conceptual framework explaining how therapeutic communication functions as a legal mechanism for protecting patient rights, strengthening

informed consent, promoting patient safety, and enhancing professional accountability in midwifery care.

RESULTS

Therapeutic Communication as a Legal Obligation in Midwifery Care

The analysis of Indonesian health legislation demonstrates that therapeutic communication has evolved from being regarded merely as a professional interpersonal skill into a legal obligation embedded within the provision of healthcare services. This obligation derives from the principle that every patient has the right to obtain adequate, accurate, and comprehensible information before consenting to any healthcare intervention. Consequently, communication constitutes an inseparable component of lawful healthcare practice rather than an optional complement to clinical competence.

Law Number 17 of 2023 concerning Health establishes a comprehensive legal framework emphasizing patient-centered healthcare, professional accountability, and quality healthcare services. Although the legislation does not explicitly define the term *therapeutic communication*, several provisions require healthcare professionals to provide complete information regarding diagnosis, proposed interventions, expected benefits, potential risks, available alternatives, and possible consequences of refusing treatment. These statutory obligations indicate that effective communication forms an essential legal prerequisite for implementing informed consent and respecting patient autonomy (Republik Indonesia, 2023).

The legal obligation to communicate is reinforced by professional standards governing midwifery practice. Midwives are expected not only to perform clinical procedures according to professional competence but also to establish respectful relationships with women and their families throughout pregnancy, childbirth, postpartum care, and reproductive health services. Professional communication therefore functions as a mechanism through which legal rights are translated into everyday clinical practice.

Analysis of international professional standards further confirms this legal orientation. The International Code of Ethics for Midwives emphasizes that midwives must communicate honestly, respectfully, and compassionately while ensuring that women receive sufficient information to make voluntary decisions regarding their healthcare (International Confederation of Midwives, 2024). This ethical obligation aligns closely with Indonesian legal principles concerning informed consent and patient autonomy, demonstrating that communication represents both a professional and legal responsibility.

The legal significance of communication also extends to documentation. Information delivered to patients should be accurately documented within medical records because documentation provides objective evidence that communication has occurred appropriately. In legal disputes involving allegations of negligence or inadequate disclosure, medical records frequently serve as the primary evidence demonstrating

whether healthcare professionals fulfilled their legal obligations (Pozgar, 2023). Therefore, communication and documentation should be regarded as mutually reinforcing legal responsibilities within midwifery care.

Furthermore, the analysis indicates that therapeutic communication supports compliance with broader principles of healthcare governance, including transparency, accountability, and respect for human dignity. These principles have become increasingly prominent within contemporary health law as healthcare systems move toward patient-centered models emphasizing partnership rather than paternalistic decision-making (Gostin et al., 2023). Consequently, therapeutic communication represents not only a clinical interaction but also an expression of legal compliance within modern healthcare systems. Overall, the findings demonstrate that therapeutic communication constitutes a legally significant component of professional midwifery practice. It functions as a mechanism through which statutory obligations concerning information disclosure, informed consent, professional accountability, and patient participation are implemented in everyday healthcare delivery.

Therapeutic Communication and the Protection of Patient Rights

The analysis further demonstrates that therapeutic communication functions as an essential legal mechanism for protecting patient rights throughout the continuum of midwifery care. Contemporary health law recognizes patients not merely as recipients of healthcare services but as autonomous individuals possessing legally protected rights to information, participation, privacy, dignity, and self-determination. These rights can only be realized when communication between healthcare professionals and patients occurs effectively.

One of the most fundamental patient rights identified in the analyzed legal materials is the right to information. Patients are entitled to receive information regarding their health status, available diagnostic procedures, treatment options, potential benefits, possible risks, and expected outcomes before making healthcare decisions. Therapeutic communication operationalizes this legal entitlement by ensuring that information is delivered in language understandable to patients while considering their educational, cultural, and emotional backgrounds (World Medical Association, 2022). The analysis also highlights the close relationship between therapeutic communication and patient autonomy. Respect for autonomy requires healthcare professionals to recognize patients as active decision-makers capable of determining their preferred course of treatment after receiving adequate information. Rather than directing patients toward predetermined decisions, therapeutic communication facilitates dialogue, clarification, and shared understanding that enable informed choices. This finding is consistent with contemporary bioethical principles emphasizing respect for persons and voluntary decision-making (Council for International Organizations of Medical Sciences, 2021).

Closely related to patient autonomy is the implementation of informed consent. The findings indicate that informed consent should be understood as a communication process rather than merely the completion of administrative documentation. Legal consent is considered valid only when patients receive sufficient information, understand the information provided, possess decision-making capacity, and voluntarily agree to proposed interventions without coercion. Accordingly, obtaining a patient's signature alone does not satisfy legal requirements if meaningful communication has not occurred (Brazier & Cave, 2023).

The analysis further reveals that therapeutic communication strengthens shared decision-making, an approach increasingly recognized within contemporary healthcare systems. Shared decision-making encourages healthcare professionals and patients to exchange information, discuss preferences, evaluate available alternatives, and reach mutually acceptable decisions. Within midwifery practice, this approach is particularly important because women frequently encounter multiple clinically acceptable options regarding antenatal care, labor management, pain relief, breastfeeding, postpartum care, and family planning. Effective communication therefore enables women to exercise their legal rights while promoting individualized maternity care (Elwyn et al., 2017).

Another important finding concerns the protection of vulnerable patients. Women experiencing pregnancy complications, obstetric emergencies, adolescent pregnancy, disabilities, or limited health literacy often face difficulties understanding complex medical information. Therapeutic communication therefore requires healthcare professionals to adapt communication strategies according to patients' individual circumstances while maintaining respect for their legal rights. Such individualized communication contributes to equitable healthcare delivery and reduces disparities in access to information (United Nations Population Fund, 2021). Finally, the findings indicate that therapeutic communication contributes significantly to building patient trust in healthcare professionals and healthcare institutions. Trust encourages patients to disclose relevant clinical information, comply with recommended interventions, attend follow-up care, and maintain long-term therapeutic relationships. From a legal perspective, trust also reduces misunderstandings that frequently precede complaints, mediation, or litigation.

Rather than functioning solely as an interpersonal outcome, trust emerges as a legally relevant consequence of effective communication because it supports transparency, procedural fairness, and accountability in healthcare delivery (Montgomery, 2020). Taken together, these findings demonstrate that therapeutic communication serves as the practical mechanism through which legal principles concerning patient rights are implemented within midwifery practice. Communication transforms abstract legal guarantees into meaningful clinical interactions by ensuring access to information, supporting informed consent, facilitating shared decision-making, protecting vulnerable populations, and strengthening trust between midwives and patients.

Therapeutic Communication and Patient Safety

The analysis demonstrates that therapeutic communication is closely associated with patient safety throughout the continuum of midwifery care. Patient safety is no longer understood solely as the prevention of clinical errors but also as the ability of healthcare systems to identify, communicate, and manage potential risks before they result in patient harm. Within this framework, communication functions as a preventive legal and professional mechanism that supports safe, coordinated, and patient-centered healthcare.

The reviewed legal and professional materials consistently indicate that communication failures represent one of the most common contributors to adverse events in healthcare. In midwifery services, ineffective communication may occur during antenatal counseling, labor management, emergency referral, informed consent, clinical documentation, or postpartum education. Such failures may result in delayed interventions, misunderstanding of treatment options, medication errors, or inappropriate clinical decisions, thereby increasing risks to both mothers and newborns (Agency for Healthcare Research and Quality, 2023).

The analysis also reveals that therapeutic communication strengthens risk communication, enabling patients to understand the potential benefits and consequences of healthcare interventions. Women who receive complete and comprehensible information are more likely to recognize danger signs during pregnancy, comply with referral recommendations, and participate actively in decisions affecting maternal and neonatal health. This collaborative process contributes to safer maternity care because patients become active partners rather than passive recipients of healthcare services (National Institute for Health and Care Excellence, 2023). Furthermore, communication promotes continuity of care among healthcare professionals. Midwifery care often involves multidisciplinary collaboration among midwives, obstetricians, pediatricians, nurses, anesthesiologists, and other healthcare providers. Accurate communication during referrals, consultations, and clinical handovers minimizes information loss and ensures that critical clinical information is transferred appropriately. Standardized communication tools, such as structured handover protocols, therefore support both professional accountability and patient safety (Royal College of Obstetricians and Gynaecologists, 2022).

Another important finding concerns communication during obstetric emergencies. Situations such as postpartum hemorrhage, preeclampsia, fetal distress, and emergency cesarean delivery require rapid clinical decision-making while maintaining patients' legal rights to receive understandable information whenever circumstances permit. Although emergency conditions may justify certain limitations in obtaining conventional informed consent, healthcare professionals remain legally obligated to communicate the nature of the emergency, proposed interventions, expected outcomes, and subsequent care as clearly as possible. This demonstrates that communication remains an integral component of lawful emergency care rather than

being suspended during clinical urgency.

The analysis therefore indicates that therapeutic communication contributes directly to patient safety by improving risk recognition, supporting collaborative decision-making, strengthening continuity of care, facilitating emergency response, and reducing preventable harm. These findings reinforce the legal position of communication as an essential element of safe healthcare delivery.

Legal Consequences of Communication Failure

The analysis further indicates that communication failures may generate significant legal consequences for healthcare professionals and healthcare institutions. Contemporary health law increasingly recognizes that professional liability may arise not only from technical negligence but also from inadequate communication that deprives patients of the opportunity to make informed healthcare decisions. One of the principal legal consequences identified concerns invalid informed consent. Where patients receive incomplete, inaccurate, or misleading information, their consent cannot be regarded as fully informed because the essential legal requirements of disclosure and comprehension have not been satisfied. Consequently, healthcare interventions performed without meaningful communication may expose healthcare professionals to allegations of negligence or violations of patient rights, even when clinical procedures themselves comply with professional standards (Mason & Laurie, 2023).

The reviewed legal materials also demonstrate that inadequate communication frequently precedes patient complaints and professional disciplinary proceedings. Many healthcare disputes originate from misunderstandings regarding diagnosis, treatment expectations, potential risks, or clinical outcomes rather than from technical malpractice alone. Patients who perceive that they were ignored, inadequately informed, or excluded from decision-making are more likely to pursue formal complaints or legal remedies despite satisfactory clinical outcomes (General Medical Council, 2024).

Documentation constitutes another important legal finding. Accurate recording of communication processes—including explanations provided, patient questions, informed consent discussions, and shared decisions—serves as documentary evidence that healthcare professionals fulfilled their legal responsibilities. Conversely, inadequate documentation creates evidentiary weaknesses that may complicate legal defense if disputes arise. Thus, documentation should be viewed as an extension of therapeutic communication within the legal framework governing healthcare practice. The findings further indicate that communication failures may undermine public trust in healthcare institutions. Repeated incidents involving poor communication can reduce confidence in maternal healthcare services, discourage women from seeking professional care, and negatively affect healthcare utilization. Accordingly, communication possesses both individual legal consequences and broader institutional implications related to healthcare governance, transparency, and

public accountability (Organisation for Economic Co-operation and Development, 2023).

Overall, the analysis demonstrates that communication failures create multidimensional legal risks encompassing civil liability, professional disciplinary action, ethical sanctions, institutional accountability, and diminished public confidence. These risks emphasize that therapeutic communication should be regarded as a preventive legal strategy rather than merely an interpersonal competency.

Proposed Legal Framework of Therapeutic Communication in Midwifery Care

Based on the synthesis of statutory provisions, professional standards, ethical principles, and international patient safety frameworks, this study proposes an integrated Legal Framework of Therapeutic Communication in Midwifery Care. This framework represents the principal finding of the research by positioning therapeutic communication as the central mechanism linking legal compliance with patient-centered healthcare.

The framework consists of five interrelated components. The first component is legal regulation, encompassing health legislation, professional regulations, and ethical standards that establish the legal duties of healthcare professionals. These normative instruments provide the legal foundation requiring midwives to respect patient rights, disclose relevant information, obtain informed consent, and deliver safe healthcare services. The second component is therapeutic communication, which functions as the operational process through which legal obligations are implemented in clinical practice. Communication enables healthcare professionals to translate abstract legal principles into understandable information, respectful dialogue, and meaningful patient participation.

The third component is patient rights protection. Effective therapeutic communication ensures the realization of fundamental legal rights, including access to information, respect for autonomy, confidentiality, dignity, privacy, and participation in healthcare decisions. Rather than existing solely as legal principles, these rights become practically enforceable through effective communication. The fourth component is patient safety enhancement. Communication supports patient safety by facilitating accurate information exchange, strengthening multidisciplinary collaboration, reducing preventable errors, improving continuity of care, and encouraging patients to participate actively in maintaining their own health. Consequently, patient safety emerges not only from technical competence but also from effective legal and interpersonal communication.

The final component is professional accountability and public trust. Compliance with communication obligations demonstrates adherence to statutory requirements, ethical standards, and professional responsibilities while simultaneously strengthening patient confidence in healthcare institutions. Effective communication therefore reduces legal disputes and reinforces transparency, accountability, and good

healthcare governance.

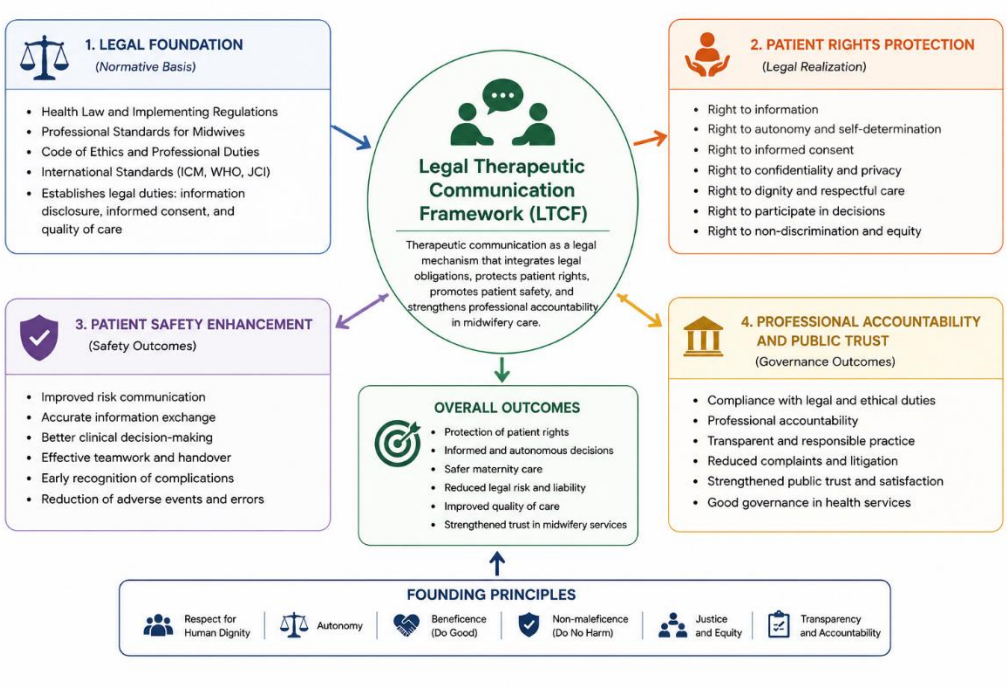

Figure 1. Legal Therapeutic Communication Framework (LTCF)

The proposed framework positions therapeutic communication as the connecting element that integrates legal norms with clinical practice. Unlike previous studies that primarily conceptualize communication as an interpersonal or psychological competency, this framework identifies therapeutic communication as a legal instrument through which patient rights are protected, patient safety is promoted, and professional accountability is strengthened within contemporary midwifery care. This integrated perspective constitutes the primary contribution of the present study to the fields of health law and midwifery.

DISCUSSION

Therapeutic Communication as a Legal Competence Beyond Clinical Skills

The findings of this study demonstrate that therapeutic communication should be understood not merely as an interpersonal or clinical competency but as a legal competence that enables healthcare professionals to fulfill their statutory and ethical obligations. This perspective reflects an important shift in contemporary health law, where communication is increasingly recognized as an essential element of lawful healthcare rather than an ancillary component of clinical practice. While previous studies have primarily emphasized communication as a determinant of patient satisfaction and therapeutic relationships, the present findings suggest that effective communication also functions as a mechanism through which legal obligations are operationalized in everyday midwifery care.

This legal perspective aligns with the concept of patient-centered care, which emphasizes that healthcare should respect patients' values, preferences, and individual needs while ensuring their active participation in decision-making (Epstein & Street, 2011). Within this framework, therapeutic communication is not simply an exchange of information but a process of empowering patients to exercise their legal rights. Consequently, communication becomes a prerequisite for achieving both legal compliance and quality healthcare.

The findings further indicate that communication competence should be interpreted alongside professional competence. Traditional professional regulation has often emphasized technical proficiency as the primary indicator of healthcare quality. However, modern healthcare governance increasingly recognizes that professional competence encompasses communication, ethical reasoning, legal awareness, and collaborative practice (Frank et al., 2015). In midwifery, this broader understanding is particularly relevant because clinical decisions frequently involve sensitive issues relating to maternal autonomy, reproductive choices, cultural beliefs, and family participation. These situations require midwives not only to possess technical expertise but also to communicate complex information in a legally and ethically appropriate manner.

The legal significance of therapeutic communication is also consistent with the principles of relational autonomy, which argue that healthcare decisions emerge through dialogue and relationships rather than through isolated individual choice (Mackenzie, Rogers, & Dodds, 2014). Pregnancy and childbirth illustrate this principle clearly because women's decisions are often influenced by family members, cultural expectations, and healthcare professionals. Therapeutic communication therefore facilitates legally meaningful autonomy by creating opportunities for dialogue, clarification, and shared understanding rather than merely obtaining formal consent.

Another important implication concerns professional accountability. Healthcare professionals increasingly practice within environments characterized by greater public expectations, regulatory oversight, and legal scrutiny. In such contexts, communication serves as evidence of professional responsibility because it demonstrates transparency, honesty, and respect for patients' legal rights. This observation supports the argument that communication competence should be considered a core element of legal professionalism in healthcare rather than an optional interpersonal skill (Kohn, Corrigan, & Donaldson, 2000).

Furthermore, therapeutic communication contributes to reducing asymmetry between healthcare professionals and patients. Traditionally, healthcare relationships were dominated by paternalistic models in which clinicians determined appropriate interventions with limited patient involvement. Contemporary health law, however, has progressively shifted toward partnership models emphasizing collaboration, transparency, and shared responsibility (Entwistle & Watt, 2013). The present findings reinforce this

transition by demonstrating that communication enables patients to become active participants in healthcare decisions, thereby strengthening both legal legitimacy and professional accountability. Taken together, these findings indicate that therapeutic communication represents a multidimensional competence integrating clinical knowledge, ethical judgment, legal compliance, and interpersonal skills. Recognizing communication as a legal competence expands its role beyond improving patient experience toward ensuring lawful, accountable, and patient-centered midwifery practice.

Strengthening Patient Rights Through Therapeutic Communication

The findings also demonstrate that therapeutic communication serves as the primary mechanism through which patient rights are translated from abstract legal principles into practical healthcare interactions. Although Indonesian health legislation formally recognizes patients' rights to information, autonomy, privacy, and participation in healthcare decisions, these rights cannot be effectively exercised without meaningful communication between healthcare professionals and patients. Accordingly, therapeutic communication functions as the practical instrument through which legal rights become enforceable within clinical practice.

One of the most significant findings concerns the relationship between communication and informed decision-making. Rather than viewing informed consent as a procedural requirement fulfilled by signing consent forms, this study supports the broader legal understanding that consent is fundamentally a communicative process. Patients must receive sufficient information, understand the available options, appreciate potential risks and benefits, and voluntarily decide without coercion. This interpretation is consistent with contemporary legal scholarship emphasizing that the quality of communication determines the validity of informed consent (Faden & Beauchamp, 1986).

The present findings further reinforce the ethical principle of respect for autonomy. Respecting autonomy requires healthcare professionals to provide information that is understandable, relevant, and responsive to patients' individual circumstances. Women receiving maternity care frequently encounter emotionally challenging situations involving uncertainty, perceived risks, and multiple treatment options. Therapeutic communication therefore enables midwives to support autonomous decision-making while acknowledging patients' emotional, social, and cultural contexts (O'Neill, 2002). This communicative approach is particularly important because genuine autonomy depends not merely on freedom of choice but also on adequate understanding.

The discussion also highlights the role of communication in promoting health literacy, which has become an increasingly important determinant of equitable healthcare. Limited health literacy reduces patients' ability to understand medical information, evaluate healthcare alternatives, and participate

effectively in clinical decisions. Therapeutic communication addresses these challenges by adapting information to patients' educational backgrounds, linguistic abilities, and cultural contexts. Consequently, communication contributes not only to individual legal protection but also to reducing inequalities in access to healthcare information (Nutbeam & Lloyd, 2021).

Another important implication concerns respectful maternity care. International evidence demonstrates that women who experience respectful communication are more likely to trust healthcare providers, adhere to recommended care, and report positive childbirth experiences (White Ribbon Alliance, 2019). Conversely, disrespectful communication—including dismissive attitudes, inadequate explanations, or exclusion from decision-making—may constitute violations of both ethical principles and legal rights. The findings therefore suggest that therapeutic communication should be considered a legal safeguard against disrespectful maternity care by reinforcing dignity, equality, and non-discrimination throughout the continuum of maternal healthcare.

From a governance perspective, effective communication also strengthens institutional accountability. Healthcare organizations that promote transparent communication are better positioned to foster public confidence, encourage patient participation, and reduce conflict between healthcare professionals and service users. This organizational perspective expands the significance of therapeutic communication beyond individual clinical encounters toward broader healthcare governance characterized by openness, responsiveness, and continuous quality improvement (Berwick, 2009).

The findings further indicate that communication contributes to preventive legal protection. Many disputes in healthcare arise not because adverse clinical outcomes occur but because patients perceive that they were excluded from healthcare decisions or inadequately informed about potential risks. Therapeutic communication reduces this perception by fostering mutual understanding, realistic expectations, and collaborative relationships. In this sense, communication functions as a preventive legal strategy that protects both patients and healthcare professionals before conflicts escalate into formal legal proceedings.

Overall, these findings support the proposition that therapeutic communication constitutes a practical realization of patient rights within contemporary healthcare systems. Rather than operating solely as a communication technique, it serves as a legal mechanism that strengthens informed consent, promotes health literacy, facilitates autonomy, advances respectful maternity care, and enhances institutional accountability. This broader interpretation provides a stronger theoretical foundation for integrating communication competence into health law, professional regulation, and midwifery education.

Therapeutic Communication and Patient Safety: A Preventive Legal Strategy

The findings of this study confirm that therapeutic communication contributes substantially to patient safety by functioning as a preventive legal strategy rather than merely a clinical intervention. Contemporary

patient safety frameworks increasingly recognize that adverse events rarely result from isolated technical failures; instead, they often emerge from a combination of communication breakdowns, organizational weaknesses, and human factors (Reason, 2000). Within midwifery care, communication becomes the mechanism through which clinical information, patient preferences, and professional responsibilities are integrated into safe decision-making processes.

The proposed legal framework extends existing patient safety literature by positioning communication as an instrument of legal risk prevention. Effective therapeutic communication enables midwives to disclose risks transparently, clarify treatment alternatives, verify patient understanding, and encourage women to participate actively in decisions regarding their maternity care. Such interactions reduce uncertainty while strengthening procedural fairness, which is increasingly recognized as an essential dimension of healthcare quality (Vincent & Coulter, 2002).

Another important implication concerns the development of a culture of safety. Healthcare organizations characterized by open communication encourage professionals to report incidents, discuss potential risks, and learn from adverse events without fear of inappropriate blame. This organizational culture supports continuous quality improvement while reinforcing professional accountability (Institute of Medicine, 2004). Consequently, therapeutic communication should not be limited to interactions between midwives and patients but should also encompass communication among multidisciplinary healthcare teams responsible for maternal and neonatal care.

Communication likewise contributes to patient safety through risk anticipation. Women who clearly understand danger signs during pregnancy, labor, and the postpartum period are more likely to seek timely healthcare and comply with referral recommendations. Thus, therapeutic communication facilitates preventive healthcare by improving patients' ability to recognize emerging complications before they become life-threatening. This finding reinforces previous evidence indicating that patient education and effective communication are essential components of safe maternity services (Renfrew et al., 2014). Therefore, patient safety should be interpreted as a legal and organizational outcome generated through effective communication rather than solely through technical excellence. Integrating communication into patient safety policies would strengthen both legal compliance and the quality of maternal healthcare services.

Implications for Midwifery Practice and Health Law in Indonesia

The findings also have important implications for the future development of midwifery practice and health law in Indonesia. Although Law Number 17 of 2023 concerning Health provides a comprehensive legal framework for protecting patient rights, its implementation depends largely on healthcare professionals' ability to translate legal principles into daily clinical practice. Therapeutic communication represents one of

the principal mechanisms through which this translation occurs. For professional education, the findings suggest that communication should no longer be regarded as a supporting competency but as a core legal competency within midwifery curricula. Existing educational programs traditionally emphasize biomedical knowledge and clinical procedures; however, the increasing complexity of healthcare requires equal attention to communication, legal reasoning, ethics, and shared decision-making. Integrating these competencies would better prepare future midwives to navigate legal responsibilities while delivering patient-centered care (International Labour Organization, World Health Organization, & UNESCO, 2022).

Healthcare institutions likewise have a responsibility to strengthen organizational policies that support effective communication. Standard operating procedures should incorporate structured communication protocols, documentation standards, informed consent guidelines, and continuous professional development concerning legal aspects of patient communication. Such institutional support would reduce variability in communication practices while improving legal certainty for both healthcare providers and patients. From a regulatory perspective, the findings indicate an opportunity to further harmonize Indonesian professional regulations with international standards governing respectful maternity care and patient-centered healthcare. More explicit regulatory guidance concerning communication standards could strengthen consistency in professional practice while reducing legal ambiguity regarding healthcare providers' communication responsibilities. Such harmonization would also reinforce Indonesia's commitment to achieving universal health coverage based on quality, safety, equity, and respect for human rights.

Theoretical Contribution and Novelty

The principal theoretical contribution of this study lies in reconceptualizing therapeutic communication as a legal mechanism rather than solely a clinical or interpersonal competency. Existing literature has predominantly examined therapeutic communication from perspectives of nursing, psychology, communication science, and patient satisfaction. Comparatively limited attention has been devoted to understanding communication as a normative legal obligation that operationalizes patient rights within healthcare systems.

This study proposes the Legal Framework of Therapeutic Communication in Midwifery Care, which integrates five interrelated components: (1) legal regulation, (2) therapeutic communication, (3) patient rights protection, (4) patient safety enhancement, and (5) professional accountability and public trust. Unlike previous conceptual models that primarily emphasize communication outcomes, the proposed framework explains the legal pathways through which communication contributes to regulatory compliance, informed consent, patient autonomy, and safer healthcare delivery.

The framework also expands contemporary scholarship on patient-centered care by demonstrating

that communication performs dual functions. First, it serves as a clinical process facilitating diagnosis, counseling, education, and emotional support. Second, it functions as a legal process through which statutory obligations concerning disclosure, participation, and accountability are fulfilled. These dual functions position therapeutic communication at the intersection of healthcare practice, legal compliance, and ethical professionalism. Furthermore, the framework contributes to the development of health law by emphasizing the preventive role of communication in reducing legal disputes. Traditional legal analyses often focus on liability after adverse events have occurred. In contrast, this study argues that effective therapeutic communication should be viewed as a proactive legal safeguard capable of preventing misunderstandings, strengthening trust, improving procedural justice, and minimizing litigation before conflicts arise. This preventive orientation represents an important shift from reactive legal enforcement toward preventive legal governance in healthcare.

Finally, the proposed framework provides practical guidance for policymakers, professional organizations, educational institutions, and healthcare providers. By integrating legal norms, ethical principles, communication competence, and patient safety into a unified conceptual model, the framework offers a comprehensive foundation for strengthening maternal healthcare governance in Indonesia. Future empirical studies may further validate this framework by examining how therapeutic communication influences legal compliance, patient experiences, healthcare quality, and professional accountability across diverse healthcare settings.

Overall, the present study advances the interdisciplinary dialogue between health law, communication studies, and midwifery by demonstrating that therapeutic communication is not merely an interpersonal skill but a foundational legal competency supporting patient rights, patient safety, and accountable healthcare delivery. This conceptual contribution distinguishes the study from previous research and establishes a basis for future theoretical development and policy innovation in maternal healthcare.

CONCLUSSION

Therapeutic communication constitutes a fundamental legal competency in midwifery care that extends beyond interpersonal interaction to encompass the protection of patient rights, professional accountability, and patient safety. This study demonstrates that, within the Indonesian health law framework, particularly under Law Number 17 of 2023 concerning Health, therapeutic communication serves as the operational mechanism through which legal obligations such as information disclosure, informed consent, respect for patient autonomy, and shared decision-making are implemented in clinical practice. Effective communication therefore bridges statutory requirements with patient-centered maternity care.

The proposed Legal Therapeutic Communication Framework (LTCF) represents the principal contribution of this study by integrating legal regulation, therapeutic communication, patient rights protection, patient safety enhancement, and professional accountability into a unified conceptual model. This framework emphasizes that communication is not merely a professional skill but a preventive legal strategy capable of reducing misunderstandings, strengthening trust, minimizing legal disputes, and improving the quality and safety of maternal healthcare services.

The findings have important implications for policymakers, healthcare institutions, professional organizations, and midwifery education. Strengthening communication competencies alongside legal and ethical literacy should become a strategic priority in professional training and healthcare governance. Future empirical studies are recommended to validate the LTCF across diverse healthcare settings and to examine its effectiveness in enhancing legal compliance, patient experiences, and maternal health outcomes. Such evidence would further support the integration of therapeutic communication into health policy and professional standards for sustainable, patient-centered midwifery care.

REFERENCES

Agency for Healthcare Research and Quality. (2023). *Patient safety primer: Communication*. https://psnet.ahrq.gov

Arnold, E. C., & Boggs, K. U. (2020). *Interpersonal relationships: Professional communication skills for nurses* (8th ed.). Elsevier.

Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.

Berwick, D. M. (2009). What 'patient-centered' should mean: Confessions of an extremist. *Health Affairs, 28*(4), w555–w565. https://doi.org/10.1377/hlthaff.28.4.w555

Bohren, M. A., Vogel, J. P., Hunter, E. C., Lutsiv, O., Makh, S. K., Souza, J. P., Aguiar, C., Saraiva Coneglian, F., Diniz, A. L. A., Tunçalp, Ö., Javadi, D., Oladapo, O. T., Khosla, R., Hindin, M. J., & Gülmezoglu, A. M. (2019). The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review. *PLOS Medicine, 16*(6), e1001847. https://doi.org/10.1371/journal.pmed.1001847

Brazier, M., & Cave, E. (2023). *Medicine, patients and the law* (7th ed.). Manchester University Press.

Council for International Organizations of Medical Sciences. (2021). *International ethical guidelines for health-related research involving humans*. CIOMS. https://cioms.ch

Downe, S., Finlayson, K., Tunçalp, Ö., & Gülmezoglu, A. M. (2018). Provision and uptake of routine antenatal services: A qualitative evidence synthesis. *Cochrane Database of Systematic Reviews, 2018*(6), CD012392. https://doi.org/10.1002/14651858.CD012392.pub2

Elwyn, G., Frosch, D. L., & Kobrin, S. (2017). Implementing shared decision-making: Consider all the consequences. *Implementation Science, 11*(1), 114. https://doi.org/10.1186/s13012-016-0480-9

Entwistle, V. A., & Watt, I. S. (2013). Treating patients as persons: A capabilities approach to support delivery of person-centered care. *The American Journal of Bioethics, 13*(8), 29–39. https://doi.org/10.1080/15265161.2013.802060

Epstein, R. M., & Street, R. L., Jr. (2011). *The values and value of patient-centered care*. Annals of Family Medicine, 9(2), 100–103. https://doi.org/10.1370/afm.1239

Faden, R. R., & Beauchamp, T. L. (1986). *A history and theory of informed consent*. Oxford University Press.

Frank, J. R., Snell, L., Sherbino, J., et al. (2015). *CanMEDS 2015 physician competency framework*. Royal College of Physicians and Surgeons of Canada.

General Medical Council. (2024). *Good medical practice*. https://www.gmc-uk.org

Gostin, L. O., Wiley, L. F., & Hodge, J. G. (2023). *Public health law: Power, duty, restraint* (4th ed.). University of California Press.

Institute of Medicine. (2004). *Keeping patients safe: Transforming the work environment of nurses*. National Academies Press. https://doi.org/10.17226/10851

International Confederation of Midwives. (2024). *Essential competencies for midwifery practice*. https://internationalmidwives.org

International Confederation of Midwives. (2024). *International code of ethics for midwives*. https://internationalmidwives.org

International Labour Organization, World Health Organization, & UNESCO. (2022). *The health and care workforce in Europe: Time to act*. World Health Organization. https://www.who.int

Joint Commission International. (2024). *International patient safety goals (IPSG).* https://www.jointcommissioninternational.org

Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *To err is human: Building a safer health system*. National Academies Press. https://doi.org/10.17226/9728

Mackenzie, C., Rogers, W., & Dodds, S. (Eds.). (2014). *Vulnerability: New essays in ethics and feminist philosophy*. Oxford University Press.

Mason, J. K., & Laurie, G. T. (2023). *Mason & McCall Smith's law and medical ethics* (12th ed.). Oxford University Press.

Montgomery, J. (2020). *Health care law* (3rd ed.). Oxford University Press.

National Institute for Health and Care Excellence. (2023). *Shared decision making (NG197).*

https://www.nice.org.uk

Nutbeam, D., & Lloyd, J. E. (2021). Understanding and responding to health literacy as a social determinant of health. *Annual Review of Public Health, 42*, 159–173. https://doi.org/10.1146/annurev-publhealth-090419-102529

O'Daniel, M., & Rosenstein, A. H. (2008). Professional communication and team collaboration. In R. G. Hughes (Ed.), *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality.

O'Neill, O. (2002). *Autonomy and trust in bioethics*. Cambridge University Press.

Organisation for Economic Co-operation and Development. (2023). *Health at a glance 2023: OECD indicators*. OECD Publishing. https://doi.org/10.1787/7a7afb35-en

Pozgar, G. D. (2023). *Legal and ethical issues for health professionals* (6th ed.). Jones & Bartlett Learning.

Reason, J. (2000). Human error: Models and management. *BMJ, 320*(7237), 768–770. https://doi.org/10.1136/bmj.320.7237.768

Renfrew, M. J., McFadden, A., Bastos, M. H., Campbell, J., Channon, A. A., Cheung, N. F., Silva, D. R. A. D., Downe, S., Kennedy, H. P., Malata, A., McCormick, F., Wick, L., & Declercq, E. (2014). Midwifery and quality care: Findings from a new evidence-informed framework for maternal and newborn care. *The Lancet, 384*(9948), 1129–1145. https://doi.org/10.1016/S0140-6736(14)60789-3

Republik Indonesia. (2023). *Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105.

Royal College of Obstetricians and Gynaecologists. (2022). *Improving patient safety: Risk management in maternity services*. https://www.rcog.org.uk

Silverman, J., Kurtz, S., & Draper, J. (2013). *Skills for communicating with patients* (3rd ed.). CRC Press.

Starfield, B. (1998). *Primary care: Balancing health needs, services, and technology*. Oxford University Press.

Sujan, M., Furniss, D., Grundy, K., Poulton, B., & Carthey, J. (2019). Human factors challenges for the safe use of digital health technologies. *BMJ Health & Care Informatics, 26*(1), e100081. https://doi.org/10.1136/bmjhci-2019-100081

United Nations Population Fund. (2021). *State of the world's midwifery 2021*. UNFPA. https://www.unfpa.org

Vincent, C., & Amalberti, R. (2016). *Safer healthcare: Strategies for the real world*. Springer. https://doi.org/10.1007/978-3-319-25559-0

Vincent, C., & Coulter, A. (2002). Patient safety: What about the patient? *Quality and Safety in Health Care, 11*(1), 76–80. https://doi.org/10.1136/qhc.11.1.76

White Ribbon Alliance. (2019). *Respectful maternity care: The universal rights of childbearing women*. White Ribbon Alliance.

World Health Organization. (2016). *Standards for improving quality of maternal and newborn care in health facilities*. World Health Organization. https://www.who.int

World Health Organization. (2021). *Global patient safety action plan 2021–2030: Towards eliminating avoidable harm in health care*. World Health Organization.

World Health Organization. (2022). *Global strategy on infection prevention and control*. World Health Organization. https://www.who.int

World Medical Association. (2022). *WMA International Code of Medical Ethics*. https://www.wma.net

Ziebland, S., & Coulter, A. (2021). Calibrating hope: A framework for involving patients in decisions about their care. *BMJ, 372*, n189. https://doi.org/10.1136/bmj.n189