

IMPEDIMENTS TO BYSTANDER CARE IN INDIA

National Study on Impact
of Good Samaritan Law



Based on a survey conducted for SaveLIFE Foundation by
Marketing and Development Research Associates (MDRA)



SaveLIFE Foundation
Supports the UN Decade of Action
for Road Safety 2011-2020



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IMPEDIMENTS TO BYSTANDER CARE IN INDIA National Study on the Impact of Good Samaritan Law
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www.savelifefoundation.org | www.goodsamaritanlaw.in

“ *...the most common desisting factor restraining the public from coming forward to help victims, is the apparent fear of being involved in police cases. There is need to build confidence amongst the public to help road accident victims.* ”

-Supreme Court Judgment in SaveLIFE Foundation & Anr. Vs. Union of India & Anr.

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EXECUTIVE SUMMARY

In the past decade, over 13 lakh people have been killed due to road crashes in India. In 2017 alone, 1.47 lakh were killed and close to 5 lakh were seriously injured. In the absence of an efficient Emergency Medical Services (EMS) system in India, the role of bystanders is crucial in saving the lives of victims in road crashes. As per the Law Commission of India, 50% of those killed in road crashes could have been saved if rapid assistance was rendered. This assertion was also reaffirmed by World Health Organisation (WHO). According to WHO, 50% of victims of road accidents die in the first 15 minutes due to serious cardiovascular or neurological injuries and the rest can be saved by providing basic life support during the "Golden Hour". However, due to fear of harassment by police, detention at hospitals and prolonged legal formalities, bystanders are reluctant in coming forward to help a victim on the road.

In 2012, SaveLIFE Foundation filed a Writ petition in Supreme Court of India under Article 32 of the Constitution of India in public interest for the development of supportive legal framework for the protection of Good Samaritans, i.e., bystanders who render help to the injured persons or a person in distress on the road. The objective of the petition was to create an enabling legal framework for the comprehensive protection of Good Samaritans from ensuing legal and procedural hassles.

On 30th March 2016, the Hon'ble Court approved the Guidelines and SOPs issued by Ministry of Road Transport and Highways. Under Article 141 of the Constitution Hon'ble Court gave it "force of law", thereby making it binding on all States and UTs of India and therefore instituting the Good Samaritan Law.

It has been two years since the Law came into effect and through this national study we aim to measure the impact of the Good Samaritan Law. The study has been conducted in 11 cities across the country with a total sample size of 3667 respondents including Good Samaritans (who have helped road crash victims post 2016 Judgment), Police Officials, Hospital Administration, Medical Practitioners and Trial Court Lawyers. Additionally observations were conducted in over hundred hospitals across the country to verify adherence to Supreme Court Judgment on Good Samaritan Law.

Through this study it is evident that there is little awareness about the new rights that the citizens of India have under the Supreme Court instituted Good Samaritan Law. It is also evident that the concerned agencies have not established the prescribed institutional mechanisms in order to enable the protection granted by the Hon'ble Supreme Court of India to those who selflessly and proactively come forward to assist injured persons on the road.

Therefore, a two-pronged approach to increase awareness at both national and regional level should be employed throughout the country. An integral aspect to people exercising their rights as Good Samaritans is being aware of their rights. New and innovative campaigns to educate people should be conducted by different stakeholders including State Governments. Different Government departments must launch rigorous training sessions to align responsibilities among hospitals and police officials. Due training needs to be conducted to train these officials on interacting with Good Samaritans.

Lastly, various States should transform the judgment into a State-specific Good Samaritan Law. This will enable allocation of appropriate budgets and creation of required systems for implementation of the Supreme Court Judgment in true letter and spirit. The state of Karnataka recently became the first State in India to do so and other States and UTs too must act in similar spirit.

KEY FINDINGS

1 Though there is an increase in general willingness to help the injured, from 26% in 2013¹ to 88% in 2018, yet in terms of concrete actions the willingness to help victims is still low. Out of those who were willing to help

- only **29%** said they were willing to escort the victim to the hospital
- only **28%** were willing to call an ambulance
- only **12%** said they would call the Police.



6 82% of the surveyed police officials admitted that they haven't published or displayed Standard Operating Procedures at their Police Station. 64% of the surveyed police officials admitted that they take personal details of Good Samaritans. Further, 60% of the surveyed police officials admitted that no action is taken against erring officers who fail to comply with the Good Samaritan Law.



2 Over 33% of respondents who were hesitant to help attributed their hesitation to fear of police harassment while over 28% attributed it to legal hassles and court appearances. Cumulatively 62% of respondents were hesitant to help due to legal hassles and police harassment. This is an improvement over 2013 when 88% of those unwilling to help attributed their hesitation to fear of legal and procedural hassles. Overall, only 16% people were aware of the Good Samaritan Law. Cities of Hyderabad, Kolkata and Ludhiana were found to have the lowest level of public awareness on Good Samaritan Law.



7 **43%** of the surveyed Good Samaritans confirmed that they were asked for personal details at hospitals.

8 **59%** of the surveyed Good Samaritans said that they were detained by police while another 22% said that they were detained at hospitals while trying to help injured road crash victims.

3 None of the hospitals surveyed had a Good Samaritan Charter published at their entrance, in violation of the Supreme Court Judgment.



4 96% of the surveyed medical professionals admitted to not having a Good Samaritan Law Committee in their hospitals. Further, 76% of the surveyed medical professionals admitted that no action is taken against erring professionals who fail to comply with the Good Samaritan Law.



9 Among those who were aware of the GSL, the top 3 sources of awareness were Television, Newspaper and word of mouth.



5 57% of the surveyed medical professionals admitted that they sought contact details of Good Samaritans while admitting road crash victims in their hospitals. 87% of the surveyed medical professionals and 74% of the surveyed police officials admitted to not having received any training on implementing the Good Samaritan Law.

"A Good Samaritan is a person who, in good faith, without expectation of payment or reward and without any duty of care or special relationship, voluntarily comes forward to administer immediate assistance or emergency care to a person injured in an accident, or crash, or emergency medical condition, or emergency situation."

¹ Data from Study on Impediments to Bystander Care in India, 2013 (www.savelifefoundation.org)

1.1 INTRODUCTION

In 2012, SaveLIFE Foundation filed a Public Interest Litigation (PIL) in the Supreme Court of India requesting the court to insulate Good Samaritans who come forward to help the injured from ensuing legal and procedural hassles. On October 29, 2014, the Supreme Court in the Writ Petition 'SaveLIFE Foundation & Anr. vs. Union of India & Anr., 2012', directed the Central Government to issue the Guidelines to protect Good Samaritans until appropriate legislation was made by the Central Government. Consequently, in a Gazette Notification dated May 12, 2015, Ministry of Road Transport and Highways (MoRTH) notified the Guidelines. In a landmark move on 30th March 2016, the Supreme Court of India via Article 141 of the Indian Constitution provided the 'force of law' to the said Guidelines issued by the Central Government by making it legally binding on all States and Union Territories in India in effect, instituting a Good Samaritan Law for India.

This judgment and the protection it provides is a significant milestone. However, mass awareness and implementation of the law remains a significant challenge. For effective implementation, two conditions are critical- first, confidence amongst people that the State will protect them and second, people's agency to transform into active rescuers from passive bystanders.

In 2013, three years before the institution of the Good Samaritan Law (GSL) by the Honorable Supreme Court of India, a study was conducted by SaveLIFE Foundation to understand and document the impediments to "bystander care" in India. The 2013 report looked at structural, psychological and cultural roadblocks that hinder adequate help from reaching victims. The survey was carried out amongst road-users across Delhi, Hyderabad, Kanpur, Ludhiana, Mumbai, Indore and Kolkata.

Two years after the institutionalization of the GSL, SaveLIFE Foundation commissioned the current study to take stock of ground realities once again.

This study aims to measure Knowledge, Attitude, Behavior and Practices (KABP) of citizens as well as concerned stakeholders (Hospitals, Police and Judiciary) towards helping those who are injured in the post GSL scenario.

This report presents the key facts and findings of the survey to measure and evaluate change in practices and perception of bystanders and other stakeholders. It also traces and highlights structural and other barriers towards the effective implementation of Good Samaritan Law and bystander care.

SECTION 2 SURVEY DESIGN, RESEARCH METHODOLOGY & RESPONDENT PROFILE

SURVEY DESIGN, RESEARCH METHODOLOGY & RESPONDENT PROFILE

2.1 RESEARCH METHODOLOGY AND SURVEY DESIGN

2.1.1 RESEARCH METHODOLOGY

A systematic and scientific approach was adopted to cover all categories of respondents and stakeholders. A multi-stage sampling procedure was adopted to select the respondents. A unique 3 "S" sampling criteria – based on spread of sample, size of sample and selection criteria was deployed to ensure robust and representative sample size. Two methodologies were deployed for this research- quantitative survey and observational study.

2.1.2 SCOPE OF WORK

The main objective of the study is to:

- Document awareness of GSL among common citizens and implementing authorities (Police/ Hospital/ Judiciary)
- Document, measure and analyze perception of key stakeholders i.e. Police, Medical Practitioners and Hospital Staff, and the Judiciary towards Good Samaritan Law.

- Trace and capture the experience of Good Samaritans who have helped road crash victims post March 2016.
- Evaluate implementation of GSL Guidelines by Hospitals, Police and legal professionals.

2.1.3 RESPONDENT SEGMENTS AND ELIGIBILITY

Five key categories of the respondents were covered to measure impact of Good Samaritan Law, viz.

1. COMMON CITIZENS/ BYSTANDERS

As the Good Samaritan Law is primarily to protect citizens from legal, procedural, hospital-related hassles, this was a key sample group for the study.

The respondents of Common Citizen category were selected randomly using intercept surveying technique. This category was further divided into two typologies:

A. Population Categories within Cities:

- Pedestrians and people with houses along the road.

B. Populations Categories along Highways

and Roads:

- **Moving Population:** Drivers/ passengers/ helpers travelling on LMV, HMV, buses, passenger coaches etc.
- **Stationary Population:** Owners/ workers in road- side eateries, repair shops, weighing kiosks etc.

2. GOOD SAMARITANS

Bystanders who helped road crash victims post institutionalization of Good Samaritan Law (i.e. post- April 2016) were selected through purposive sampling. Respondents who had taken the victim to hospital were selected and surveyed under this category.

3. POLICE OFFICIALS

Investigating officers at the level of Inspector or Sub-Inspector who have adequate experience of handling road crash cases were selected for the survey.

4. MEDICAL PROFESSIONALS

This category was further classified into two typologies:

- A. Administrative Staff** Medical Superintendent or equivalent
- B. Medical Practitioners** Doctors who manage emergency room and treat road crash victims.

5. LAWYERS

Due to code of Judicial Ethics, we engaged trial court lawyers to document court proceedings and attitude towards legal cases involving Good Samaritans.

Observational visits to government and private hospitals were also conducted to verify placement of GSL Charter.

2.1.4 COVERAGE, SAMPLE SIZE AND RESPONDENT PROFILE

Geographically, the survey was conducted across 11 cities, namely, Delhi, Jaipur, Kanpur, Varanasi, Ludhiana, Bengaluru, Hyderabad, Chennai, Mumbai, Indore and Kolkata. Urban and peri-urban areas were selected for this survey.

Above cities were selected for the survey based on following parameters:

- Cities of baseline survey (2013) for baseline-endline comparison [Plus 4 new cities]
- Mix of metro and non-metro cities
- Cities with million plus population
- Cities with significant number of road crashes, deaths and injuries

SURVEY DESIGN, RESEARCH METHODOLOGY & RESPONDENT PROFILE

In total, 3667 respondents were interviewed for this survey

In order to check hospitals' adherence to specific GSL Guideline to display GSL charter at the Hospital, observations were conducted at 115 hospitals across the country.

2.1.5 SURVEY INSTRUMENT

Interviews were conducted using structured face to face interviewing technique. Separate questionnaires were developed for each category of respondents. Questionnaires were translated into all regional languages for ease of comprehension.

TABLE 2.1: CITY WISE SAMPLE SIZE ACHIEVED

S.N.	City	General Citizens	Good Samaritans	Police Officials	Hospital Administration	Medical Practitioners	Trial Court Lawyers	Total Sample	Hospital Visits
1	Delhi	358	44	20	10	10	20	462	115 (Observations)
2	Ludhiana	145	15	15	10	10	15	210	
3	Jaipur	145	15	15	10	10	15	210	
4	Kanpur	133	30	15	10	10	15	213	
5	Varanasi	138	22	15	10	10	15	210	
6	Kolkata	339	21	20	10	10	20	420	
7	Indore	178	17	15	10	10	15	245	
8	Mumbai	341	21	21	11	10	20	424	
9	Chennai	342	18	20	10	10	22	422	
10	Hyderabad	351	19	20	10	10	20	430	
11	Bengaluru	348	13	20	10	10	20	421	
Grand Total		2818	235	196	111	110	197	3667	115

STATISTICAL SIGNIFICANCE

The above sample yielded:
 ± 1.62% margin of error at 95% confidence level at **overall level** (total sample)
 ± 1.77% margin of error at 95% confidence level for **common citizens including Good Samaritans**

“ Our entire judicial set up functions on the presumption that all people are aware of their rights and are able to approach the concerned institution. ”

- Ex CJI P Sathasivam

SECTION 3

AWARNESS OF GSL – CITIZENS AND STAKEHOLDERS

AWARNESS OF GSL - CITIZENS AND STAKEHOLDERS

SIGNIFICANCE OF PRE- HOSPITAL TRAUMA CARE AND ROLE OF BYSTANDERS

In a robust emergency care system, three crucial aspects determine the journey from injury to recovery - Scene, Transport and Facility. The protocol followed at the scene of the crash determines the probability of survival of the victim. Bystanders are often present when an injury occurs, or they quickly reach the scene. The first few minutes after a serious injury occurs represent a window of time during which various lifesaving procedures can be initiated. The possibility of an injured person surviving the trauma is to a great extent contingent on the promptness of bystanders' response. If the bystander initiates first aid or even rushes the victim to the nearest medical facility, the victim's chances of survival will be enhanced. In its report titled, "Pre-Hospital Trauma Care Systems", the World Health Organization (WHO) states that it is important that bystanders "feel both empowered to act, and confident that they will not suffer adverse consequence, such as legal liability, as a result of aiding someone who has been injured".²

IMPEDIMENTS TO BYSTANDER CARE SURVEY, 2013 AND GOOD SAMARITAN JUDGMENT

In order to investigate the impediments to bystander care in India, SaveLIFE Foundation

(SLF) commissioned a seven-city survey-based research in 2013. The 2013 Report looks at cultural, structural and psychological roadblocks which hinders adequate help for road crash victims. The cities surveyed in the study included Delhi, Indore, Hyderabad, Kanpur, Kolkata, Ludhiana and Mumbai.

The key findings of the study titled "*Study on Impediments to Bystander Care in India*" are as follows:

- 74% bystanders are unlikely to assist a victim of serious injury irrespective of whether they are alone at the spot or in the presence of others.
- 88% of the bystanders who were unlikely to help a victim hesitated to do so as they believed that Good Samaritans were subjected to legal hassles and mistreatment by Police.
- 77% of those who were unwilling to help a victim felt that hospitals unnecessarily detained Good Samaritans and often demanded money from them for treatment of victims.
- 37% bystanders were unaware of where to take the victim for emergency trauma care.
- 88% of those surveyed expressed the desire for a Law that could create a supportive environment to assist injured victims.

Following the report, in its Judgment on 30th March 2016, the Honorable Supreme Court in the Writ Petition 'SaveLIFE Foundation & Anr. vs. Union of India & Anr.', W.P No. 235 of 2012

stressed the need to "widely publish" the rights conferred on Good Samaritans through "electronic and print media for the benefit of public so that public is made aware and that serves as impetus to Good Samaritans to extend timely help and protection conferred upon them without incurring the risk of harassment".

Laws can be ineffective if the beneficiaries are not aware of them. This section examines the existing level of awareness about the Good Samaritan Law amongst general citizens and key stakeholders namely, Medical Professionals, Police Officials and Lawyers. Furthermore, factors influencing the existing level of awareness among citizens and stakeholders are also discussed.

3.1 PUBLIC AWARENESS OF THE GOOD SAMARITAN LAW

As per the current study, as low as 16% people surveyed were aware about the Good Samaritan Law in India. This implies that over 8 out of 10 people in India are still unaware about the existence of their new rights as Good Samaritans.

Awareness was measured in terms of recall-either top of mind or aided. Without any aid or cues, only 16% of respondents could recollect the Law.

In terms of educational qualification, 85% bystanders who were educated till primary level were mostly unaware about the GSL, followed by those who were illiterate

**84% PEOPLE
ARE STILL NOT
AWARE ABOUT
THE GOOD
SAMARITAN
LAW**

(76.5%) and HSC / SSC pass-outs (73.4%) respectively. A direct link can therefore be drawn between the level of education and awareness levels regarding GSL. This also points to the need for innovative campaigns to reach constituencies that the State might not be able to reach through traditional education campaigns.

Further, in terms of SEC classification, awareness about GSL was lowest among SEC C & D where more than 80% of respondents were unaware of GSL compared to other categories of respondents.

The survey clearly establishes that majority of people surveyed are unaware about the Good Samaritan Law. It also revealed that majority of these are at bottom of the social hierarchy.

² World Health Organization, *Pre-Hospital Trauma Care Systems*, 2005.

AWARNESS OF GSL - CITIZENS AND STAKEHOLDERS

3.1.1 POSITION OF CITIES IN TERMS OF PUBLIC AWARENESS ABOUT THE LAW

All three Southern metros had highest proportion of respondents who were unaware about the law with Chennai at 93%, Bengaluru at 92% and Hyderabad at 89%. On the contrary, Indore had highest recall of the law followed by Jaipur, Mumbai and Delhi. City-wise responses are recorded in Figure 3.1.

These findings may be indicative of the lack of public campaigns or insufficient public awareness drives regarding the Law in these cities. State Governments still need to do a lot of work in building sustained public advocacy initiatives on the Good Samaritan Law.

3.2 GOOD SAMARITAN LAW AS DESCRIBED BY CITIZENS

The Good Samaritan Law is a protective framework comprising of specific duties which are to be followed by the Police, Hospitals and the Judiciary, in order to insulate Good Samaritans from legal and procedural hassles

52% of respondents who were aware about the Law, reported that it mandates that the 'Police cannot question a Good Samaritan about the incident without their consent'. 21% of respondents said that the 'Law protects Good Samaritans from detention by Police and Hospitals'. It is crucial to note that the percentage of respondents who knew about

other provisions of the Law, including their choice to become an eye-witness, duty of hospitals to provide treatment, protection from detention at the hospital and not being forced to pay medical bills, were each well below 10%.

3.3 SOURCE OF AWARENESS ABOUT THE GOOD SAMARITAN LAW

Survey findings point that television stands out as one of the primary sources of awareness. In the last decade, digital media has emerged as a critical tool in raising awareness about any issue. However, it emerged as the last source of information on GSL. Figure 3.2 captures the detailed data:

TELEVISION IS THE PRIMARY SOURCE OF AWARENESS ACROSS THE COUNTRY FOR THE GOOD SAMARITAN LAW.

FIGURE 3.1: PERCENTAGE OF CITY-WISE AWARENESS OF GOOD SAMARITAN LAW (TOP OF MIND)

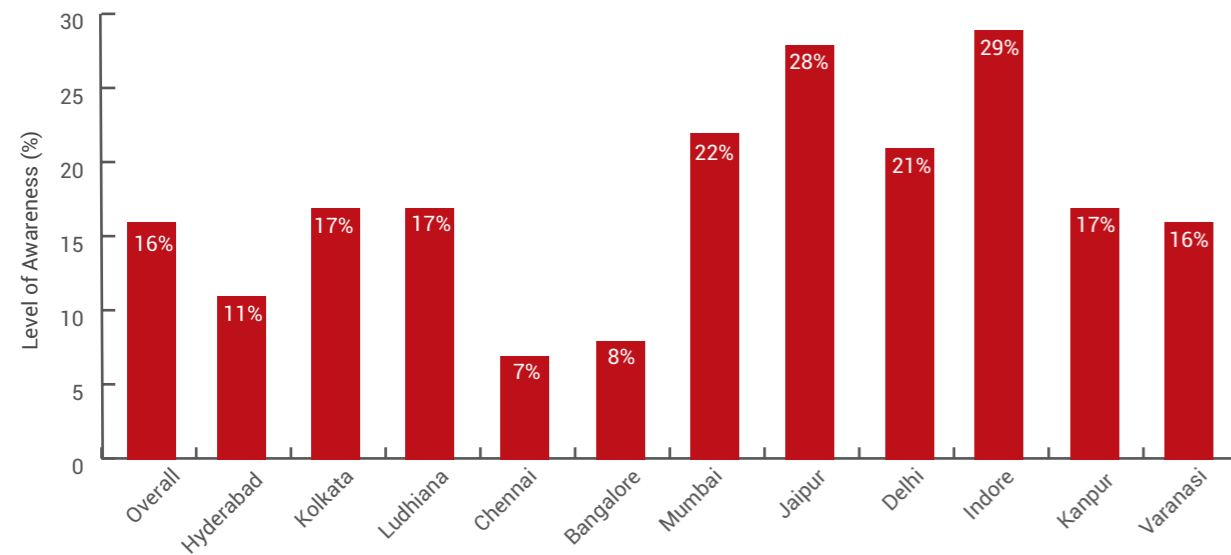
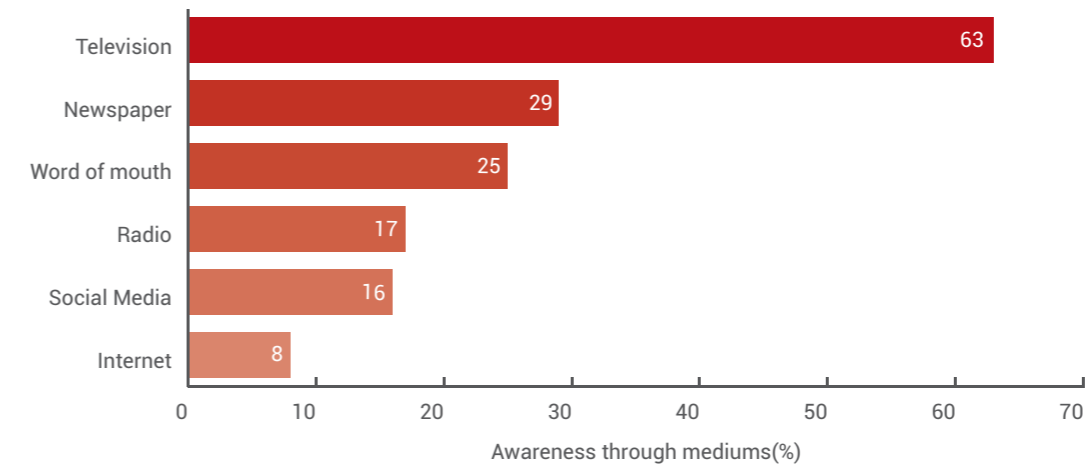


FIGURE 3.2: SOURCE OF AWARENESS AMONG CITIZENS



AWARNESS OF GSL - CITIZENS AND STAKEHOLDERS

The trend of television being the primary source of awareness of the law, was same among medical professionals who were surveyed and were aware of the GSL. This was followed by newspaper with 56% of them citing it as their source of information, 51% citing word of mouth 27% citing social media, 24% citing job training and 20% citing internet as their sources respectively.

Amongst the Police Officials who were aware about the law, 62% cited newspapers as being their source of information about the same.

“ It's not the source or the nature of the law that matters but the impact of that law... on the freedom that is crucial ”

-Supreme Court of India
in The Automobile Transport(Rajasthan) Ltd vs. The State of Rajasthan and Ors,1962

SECTION 4

IMPACT OF THE LAW ON PEOPLE - BEHAVIOUR & PRACTICES OF GENERAL CITIZENS

IMPACT OF THE LAW ON PEOPLE - BEHAVIOUR & PRACTICES OF GENERAL CITIZENS

4.1 CURRENT STATUS OF BYSTANDER CARE IN INDIA

This section examines the attitude, behavior and perception of citizens towards road crash victims and impact of the Good Samaritan Law on their behaviour.

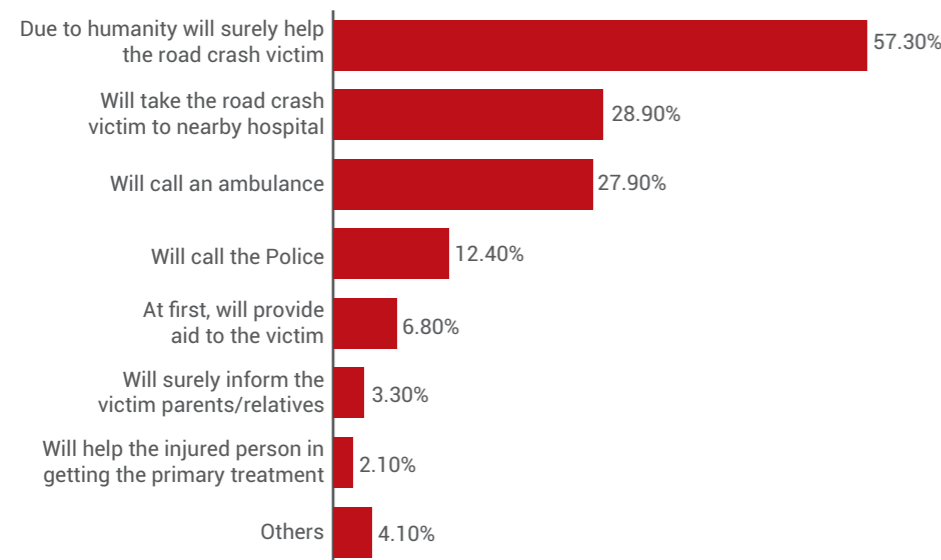
4.1.1 BYSTANDER WILLINGNESS FOR HELPING ROAD CRASH VICTIMS

After Good Samaritan Law came into effect, the willingness of bystanders to help road crash victims has increased to 88%. Those who showed willingness to help a road crash victim were asked to explain in concrete steps how they would help the victim. Majority of these bystanders (57.3%) couldn't provide a concrete answer. About 29%, said they would

ABOUT 29% OF THOSE WILLING TO HELP, WERE WILLING TO ESCORT THE VICTIM TO THE HOSPITAL.

take the victim to a nearby hospital (29%) followed by calling ambulance (28%), calling police (12.4%) or providing on-the-spot first aid to the victim (6.8%).

FIG 4.1: BYSTANDERS WILLINGNESS TO HELP ROAD CRASH VICTIMS
[N=2691, Multiple Responses]



4.2 FACTORS AFFECTING BYSTANDER RESPONSE

The respondents who were reluctant to help victims were further questioned on the impediments to bystanders coming forward to assist injured victims on the road. The most-cited reason for not coming forward to help road crash victim was fear of police harassment with 33% of respondents stating the same. Over 28% bystanders held an opinion that helping a victim could lead to problems because of legal hassles, court appearance etc.

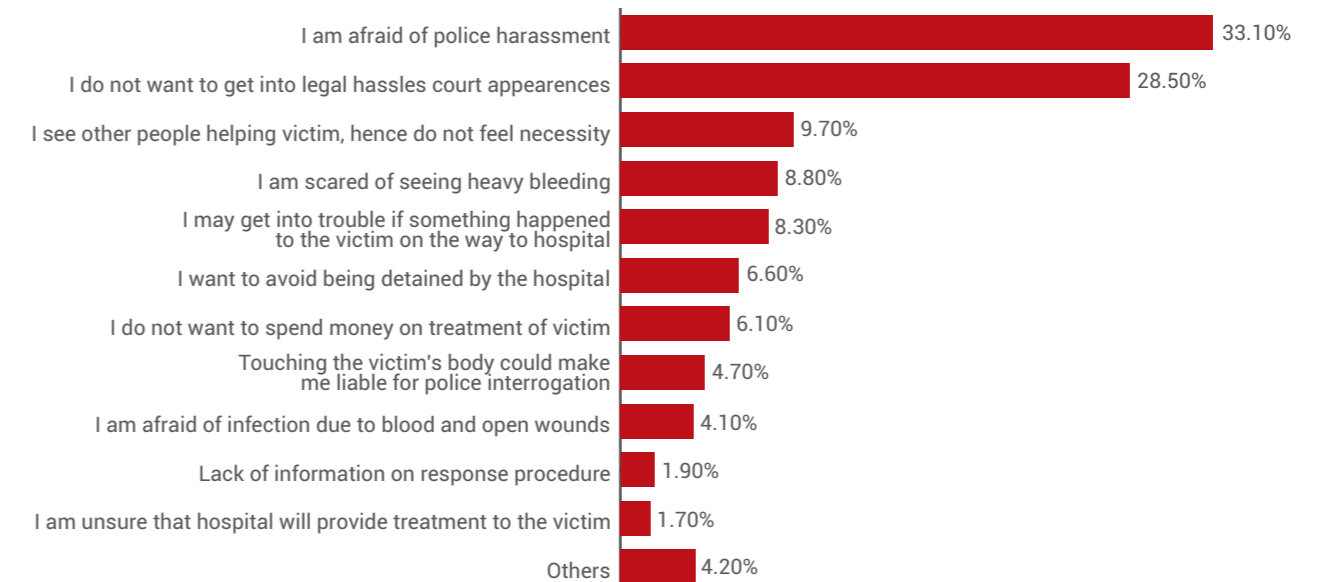
10% of respondents felt that other people present at crash scene would help crash victims and their help may not be required- a classic example of social diffusion of responsibility- while few others mentioned

fear of blood, fear of victim succumbing to injury on the way to hospital, and perceived burden of monetary expenses.

In comparison to this, according to 2013 National Study, 88% of surveyed bystanders were unlikely to help a victim because of perceived legal hassles and mistreatment at the hands of Police

Evidently, extrinsic factors i.e. factors governed by external environment are the reason affecting bystander response. The various impediments stated by respondents included fear of Police harassment, fear of legal and procedural hassles and perceived burden of investing time and money. At an aggregate level, roughly 90% of respondents who were not willing to help named one of the extrinsic factors as to why they were reluctant to assist injured victims on the road.

FIG 4.2: REASONS FOR NOT HELPING ROAD CRASH VICTIMS
[N=362, Multiple Responses]



IMPACT OF THE LAW ON PEOPLE - BEHAVIOUR & PRACTICES OF GENERAL CITIZENS

4.1.3 FACTORS INCENTIVIZING BYSTANDERS PROACTIVENESS

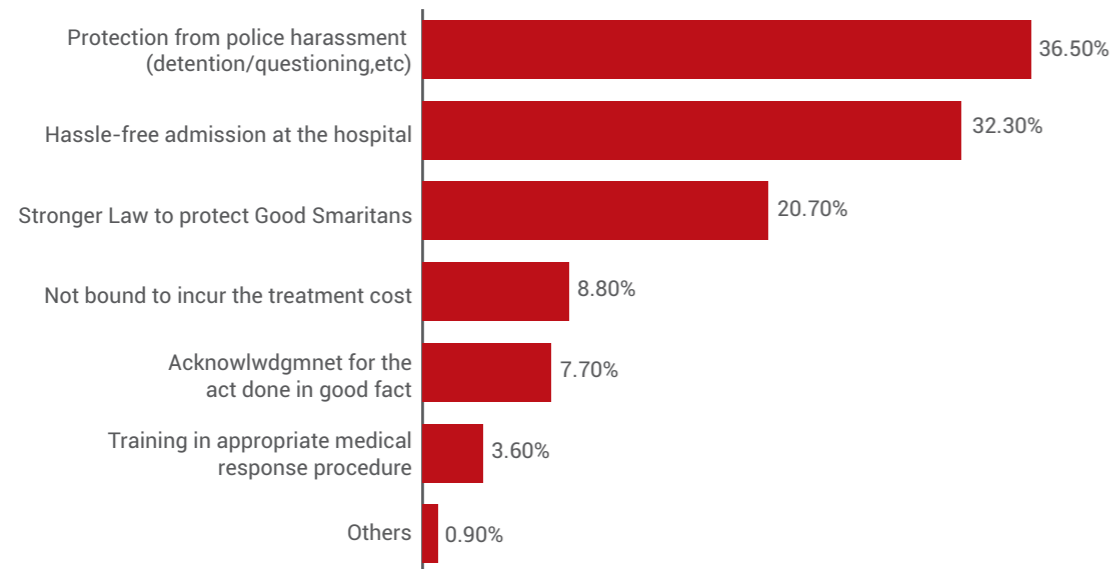
A high proportion of bystanders mentioned protection from police harassment, detention and questioning about the road crash as factors that would motivate them to assist the injured. In fact, one out of every fifth bystander was in favor of stronger laws to protect Good Samaritans from any hassle/harassment during their interaction with the

Police, Hospital or the Judiciary.

32% of respondents across the country mentioned hassle free admission at the hospital as one of the prime motivators which would encourage bystanders to assist road crash victims.

Of all surveyed only 16% knew about the GSL or their rights under it. Previous section delves into this in more detail.

FIG 4.3: MOTIVATORS TO ENCOURAGE BYSTANDERS TO HELP ROAD CRASH VICTIMS
[N=362, Multiple Responses]



4.1.4 SHIFT IN BYSTANDERS' BEHAVIOUR - OPINION OF MEDICAL PROFESSIONALS

The Good Samaritan Law is aimed at encouraging citizens to come forward and assist road crash victims during the 'Golden hour' without fear of harassment or intimidation.

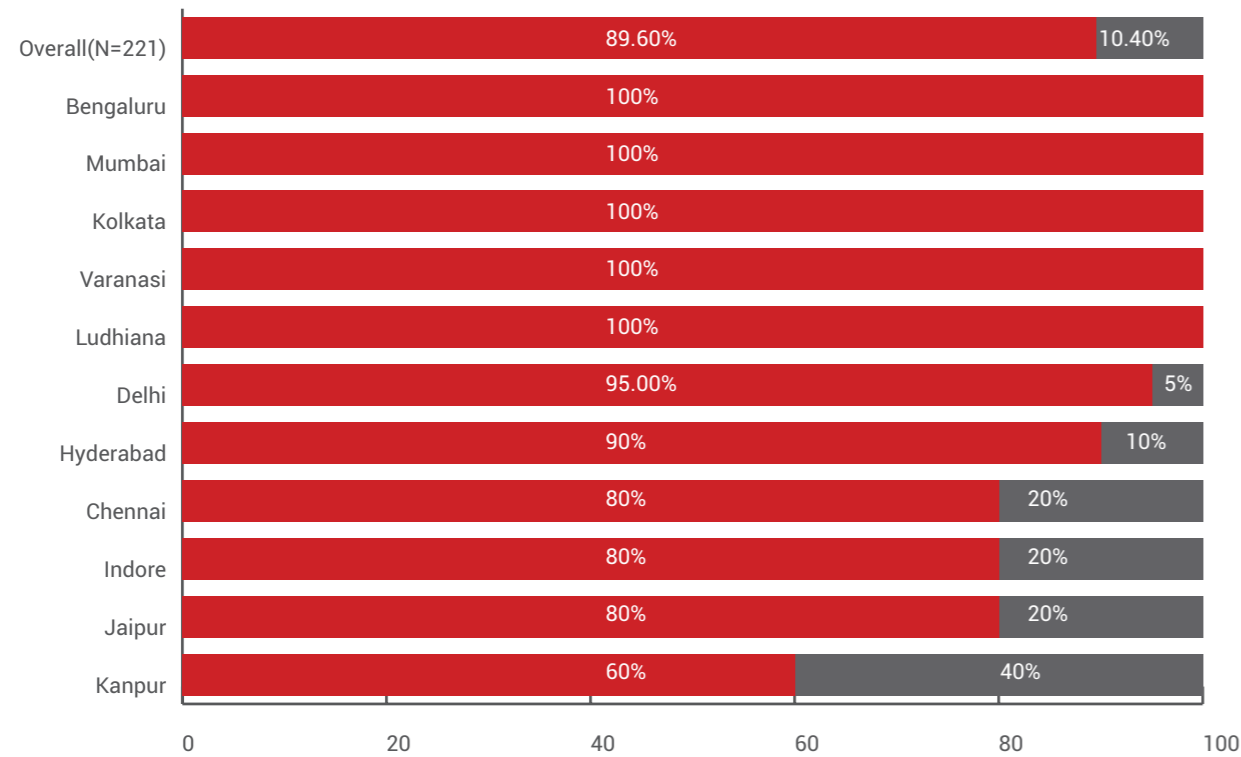
Around 90% of respondents who were medical professionals affirmed that there has been an increase in incidents of Good Samaritans bringing road crash victims to hospitals

The trend of Good Samaritans bringing road crash victims to hospitals varied across cities. While almost all the medical professionals surveyed in Bengaluru, Mumbai, Kolkata, Varanasi, Ludhiana Delhi and Hyderabad said that there has been an increase in number of Good Samaritans bringing road crash victims to hospital, the percentage of medical professionals in Kanpur, Jaipur, Indore and Chennai agreeing with the trend varied between 60% and 80%.

OVERALL, 9 OUT OF 10 MEDICAL PROFESSIONALS SURVEYED AGREED THAT THERE HAS BEEN AN INCREASE IN THE NUMBER OF GOOD SAMARITANS BRINGING IN VICTIMS SINCE THE LAW PROTECTING THEM HAS BEEN INTRODUCED.

IMPACT OF THE LAW ON PEOPLE - BEHAVIOUR & PRACTICES OF GENERAL CITIZENS

FIG 4.4: CHANGE IN BEHAVIOR OF BYSTANDERS AFTER GSL IMPLEMENTATION OPINION OF MEDICAL PROFESSIONALS



When further probed about 17% medical professionals accounted this shift to implementation of the Good Samaritan Law as well as due to reward from the government/ authority for helping road crash victim.

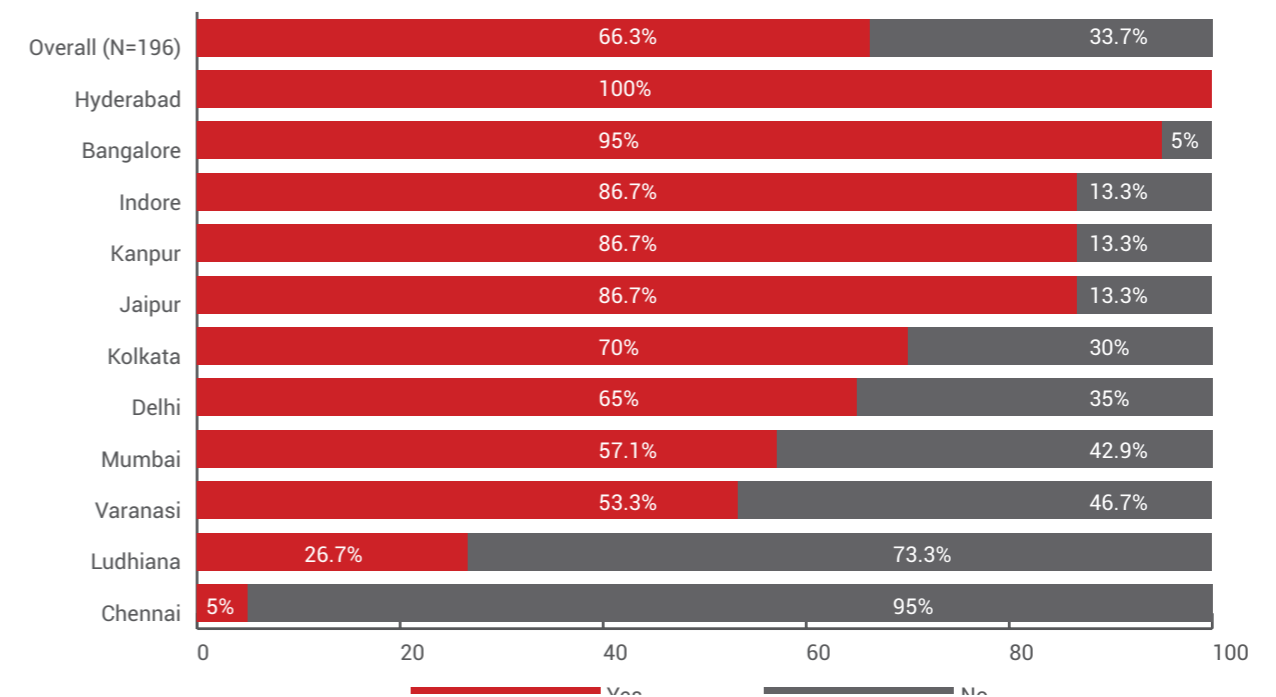
4.3 SHIFT IN BYSTANDERS' BEHAVIOUR - OPINION OF POLICE OFFICIALS

Overall, two-thirds of Police Officials surveyed confirmed that the calls from bystanders to facilitate medical assistance for road crash victims have increased after enactment of the Good Samaritan Law, i.e. after March 30, 2016. The incidence of calls varied across cities.

Hyderabad, Bangalore, Indore, Kanpur and Jaipur saw high incidence of calls. However, cities like Mumbai, Varanasi and Ludhiana were below average. Chennai was an outlier with only 5% respondents affirming the shift in bystanders' behaviour.

TWO-THIRD OF POLICE OFFICIALS SURVEYED CONFIRMED THAT NUMBER OF BYSTANDERS' CALLS HAVE INCREASED SINCE APRIL 2016

FIG 4.5: CHANGE IN BEHAVIOUR OF BYSTANDERS AFTER GSL IMPLEMENTATION (OPINION OF POLICE OFFICIALS ON INCREASE IN CALLS FROM BYSTANDERS TO HELP VICTIMS POST APRIL- 2016)



IMPACT OF THE LAW ON PEOPLE - BEHAVIOUR & PRACTICES OF GENERAL CITIZENS

4.4 SHIFT IN BYSTANDERS' BEHAVIOUR - OPINION OF LAWYERS

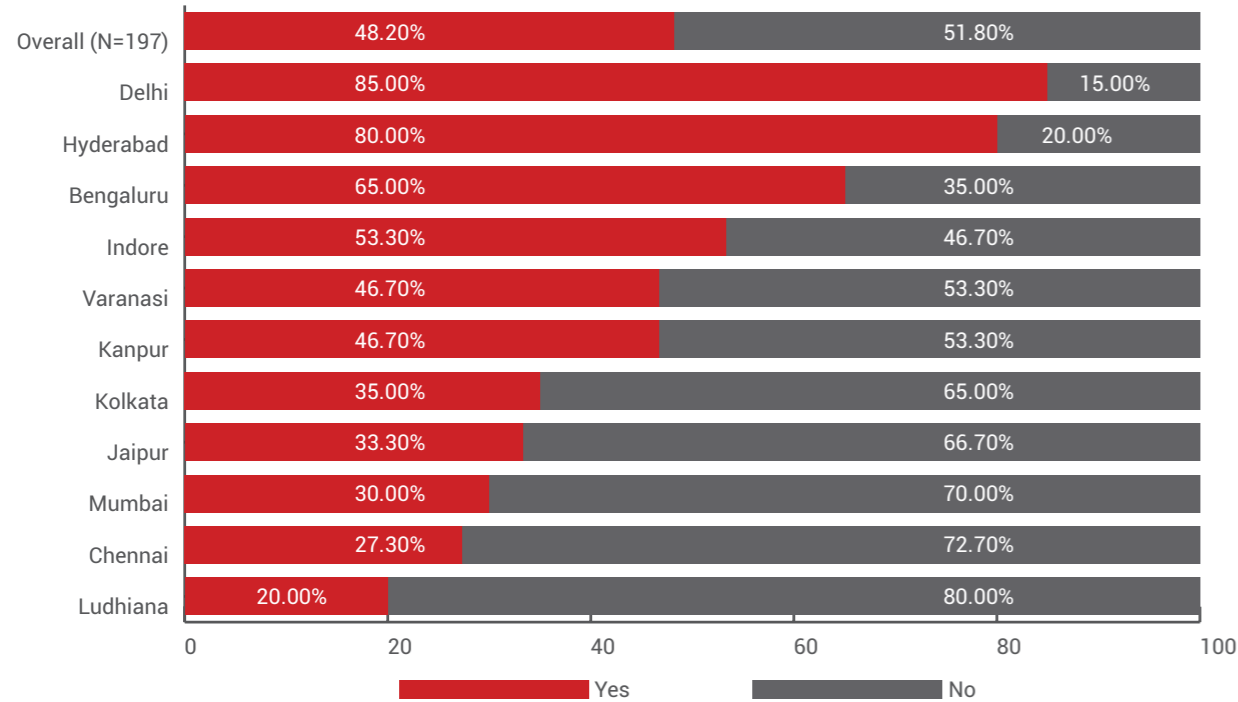
Amongst all stakeholders, lawyers were on the middle of the continuum while describing bystanders' behavior post GSL enactment in 2016. Around 52% lawyers confirmed that Good Samaritans choosing to become an eye-witness did not change at all post-April 2016. Still, fear of harassment and court appearances is prevalent among Good Samaritans and they do not want to come forward to become eye-witness.

At least two-third of lawyers in Ludhiana, Chennai, Mumbai, Jaipur and Kolkata said that there was no change in trends post the

Judgment.

In aggregate, these trends corroborate the evidence gathered through other data points. Though the general willingness to help is high, the probability of assisting an injured is indirectly proportional to the perceived burden of investing time and money or exposure to perceived risk. The higher the perceived burden, lesser the probability. 90% of medical professionals affirmed high incidence of bystanders helping victims however only 66% Police officials could confirm high incidence of receiving calls from bystanders. 19% of respondents who were Police officials maintained that Bystanders fear the involvement with Police and that's a primary reason for them not assisting victims. In fact, more than half of lawyers said that there was no change in bystanders' behaviour.

FIG 4.6: CHANGE IN BEHAVIOUR OF BYSTANDERS AFTER GSL IMPLEMENTATION (OPINION OF LAWYERS ON INCREASE IN BYSTANDERS BECOMING EYE-WITNESSES POST APRIL- 2016)



“...a straightforward measurement of whether a law is achieving its goals – of its impact – is the extent to which there is compliance with it.”

-W.A Bogart
The Impact of Law and Its Complexity

SECTION 5 IMPLEMENTATION OF THE LAW – BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

IMPLEMENTATION OF THE LAW – BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

5.1 IMPLEMENTATION OF THE LAW – BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

This section examines various aspects of implementation of the Good Samaritan Law and corresponding behaviour and practices of Medical Professionals, Police Officials and Lawyers. Different aspects of their conduct with Good Samaritan's was benchmarked against the practices and procedures laid out in the Supreme Court judgment on Good Samaritan Laws.

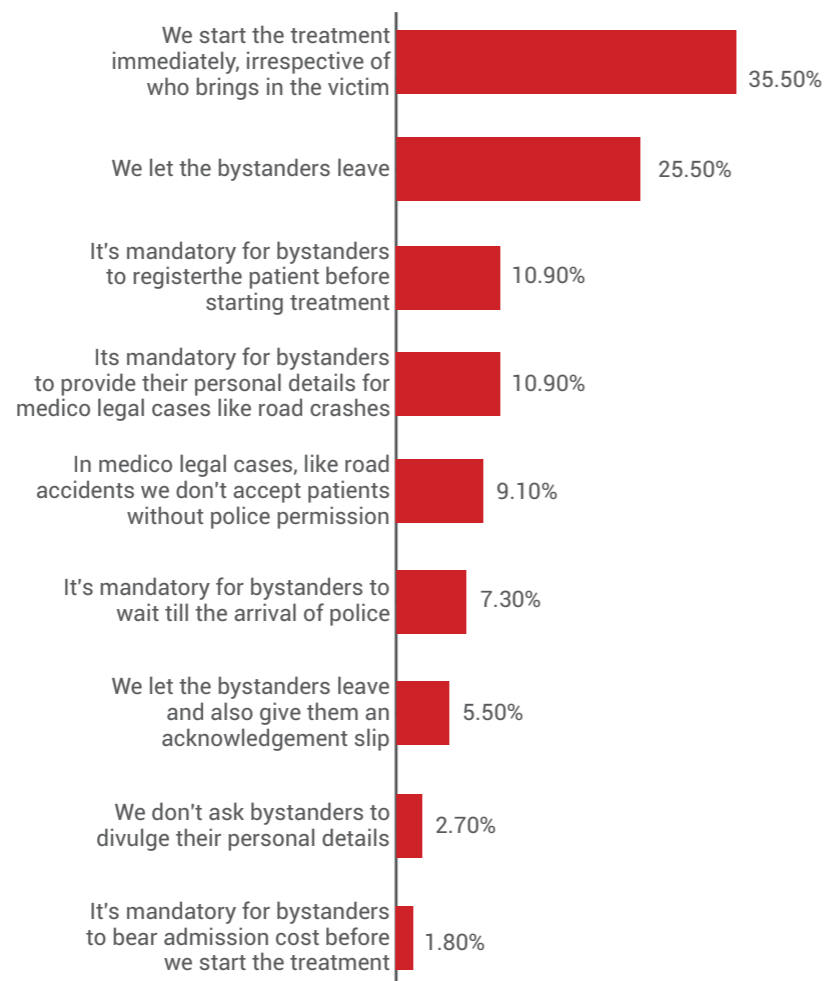
5.2 BEHAVIOUR AND PRACTICES OF MEDICAL PROFESSIONALS

5.2.1 INTERACTION OF GOOD SAMARITANS WITH MEDICAL SYSTEM

As per GSL Guidelines¹⁽¹⁾, "A bystander or Good Samaritan including an eyewitness of a road accident may take an injured person to the nearest hospital, and the bystander or Good Samaritan should be allowed to leave immediately except after furnishing address by the eyewitness only and no question shall be asked to such bystander or Good Samaritan"³

On asking hospital administration staff about their protocol for interaction with Good Samaritans, about 40% of respondents who were hospital administration staff said that

FIG 5.1: HOSPITAL PROTOCOL FOR HANDLING BYSTANDERS AS REPORTED BY HOSPITAL ADMINISTRATION STAFF
[N=110, Multiple Responses]



the Good Samaritan must provide their details or register the patient before the treatment, about 9% of hospital staff surveyed stated that they do not admit the victim without police permission. Around 2% of surveyed hospital staff also admitted to the practice of asking bystander to bear admission cost for the victim.

5.2.2 PLACEMENT OF GSL CHARTER AT THE HOSPITAL ENTRANCE (INTERVIEW)

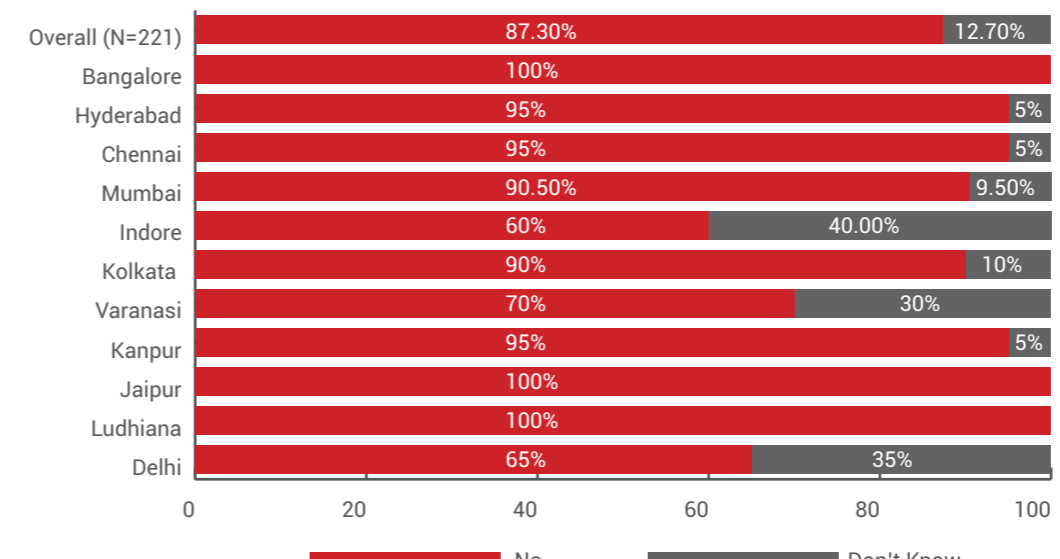
The Good Samaritan Law mandates all Government and private hospitals to publish a charter in Hindi, English and the concerned regional language at their entrance clearly

stating that they shall not detain a bystander or Good Samaritan or ask them to deposit money for the treatment of a victim.⁴ In this regard, all the medical practitioners and hospital administrative staff were probed about compliance with this specific section. None of the respondents could confirm that their hospital had displayed a GSL Charter at hospital entrance.

5.2.3 PLACEMENT OF GSL CHARTER AT THE HOSPITAL ENTRANCE (OBSERVATIONAL)

Compliance with this specific section was also validated through observational study. Over hundred hospitals across the country

FIG 5.2: ADHERENCE TO GOOD SAMARITAN LAW: GSL CHARTER AT THE ENTRANCE OF THE HOSPITAL



³ No.25035/101/2014-RS. Ministry of Road Transport and Highways Notification Dates 12th May 2015

⁴ Guideline No. 12/ No. 25035/101/2014-RS. Ministry of Road Transport and Highways Notification Dates 12th May 2015

IMPLEMENTATION OF THE LAW - BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

were inspected for their adherence to publication of charter at the entrance. Independent visits were scheduled to these hospitals to validate the adherence. The inspection corroborated the survey results. None of the hospitals had Good Samaritan Charter published at the entrance. This was further verified by checking with hospital authorities at all the hospitals where observational visits were made.

NONE OF THE HOSPITALS, SURVEYED HAD A GOOD SAMARITAN CHARTER PLACED AT THE ENTRANCE

5.2.4 ANONYMITY OF GOOD SAMARITANS

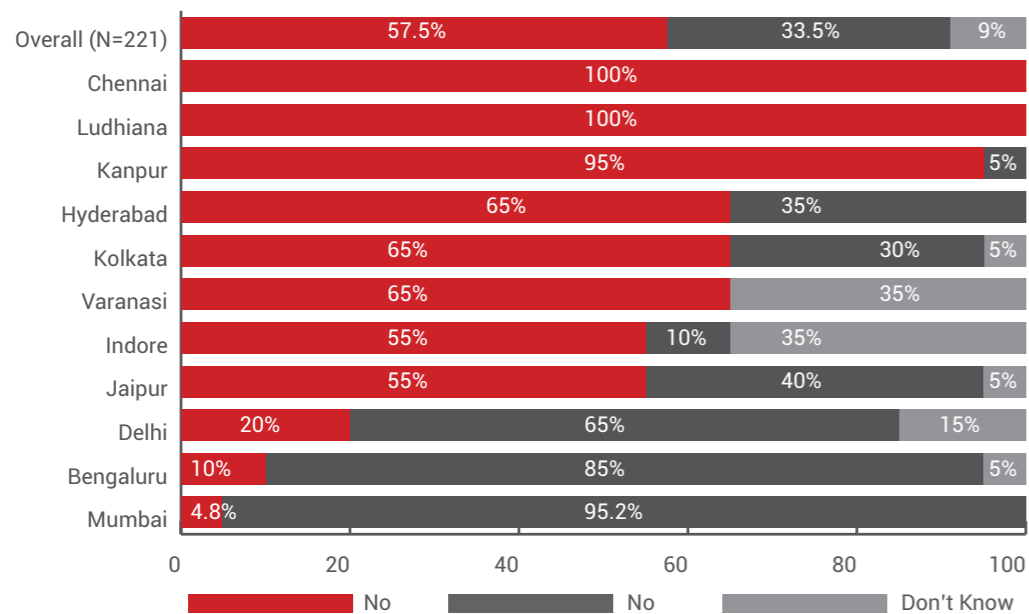
The Supreme Court Judgment on Good Samaritan Law states that *"The disclosure of personal information, such as name and contact details of the Good Samaritan is voluntary and optional including in the Medico Legal Case (MLC) Form provided by hospitals."*⁵

Despite the institution of Good Samaritan Law, 57% of respondents from hospital administration revealed that they still take personal details of the bystander.

City-wise data indicates that compliance with this section is low across the country. Chennai and Ludhiana were at the bottom with 100% of respondents admitting to this practice. In Hyderabad, Kolkata and Varanasi 65% of respondents admitted to non-compliance.

As Per hospital typology, 63% respondents of private hospitals and 49% respondents of

FIG 5.3: ADHERENCE TO GOOD SAMARITAN LAW: TAKING PERSONAL DETAILS OF THE GOOD SAMARITAN



5 Guideline No.5. Ibid

government hospitals confirmed that they take personal details of Good Samaritans.

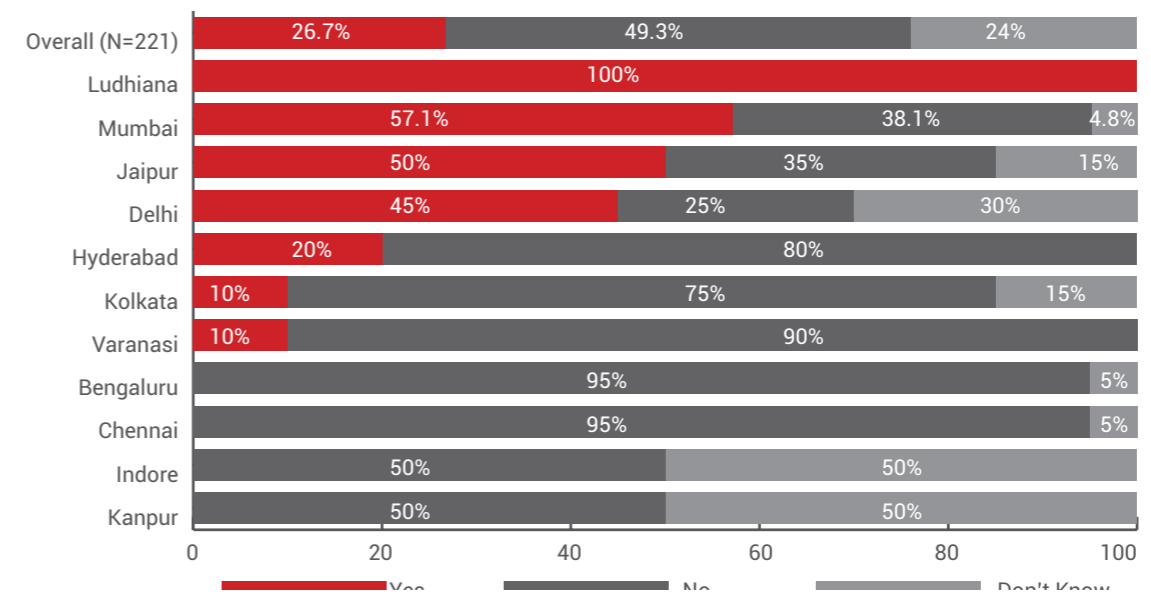
5.2.5 PROVIDING ACKNOWLEDGMENT SLIPS TO GOOD SAMARITANS

The Supreme Court judgment on Good Samaritan Law Guideline mandates that in case the *"Good Samaritan desires, the hospital shall provide an acknowledgment to such people, confirming that an injured person was brought to the hospital"*⁶ Over 49% of medical staff surveyed admitted to not providing acknowledgment slips to Good Samaritans at all. Additionally, 24% of respondents couldn't confirm if their hospital provided an acknowledgment slip to the Good Samaritan. At the National level, the compliance with this Guideline was low, with approximately, 73% of respondents not able to verify adherence to this section.

The figure below depicts city wise trends on the same.

49% MEDICAL STAFF SAID THAT THEY DID NOT PROVIDE GOOD SAMARITANS WITH AN ACKNOWLEDGMENT SLIP & AN ADDITIONAL 24% COULDN'T CONFIRM THE SAME

FIG 5.4: ADHERENCE TO GOOD SAMARITAN LAW: ACKNOWLEDGMENT TO THE GOOD SAMARITANS



6 Guideline No. 13, Ibid

IMPLEMENTATION OF THE LAW - BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

5.2.6 DISCIPLINARY COMMITTEE TO ADDRESS NON-COMPLIANCE W.R.T GOOD SAMARITAN LAW

Around 70% medical staff said that there was no GSL committee in their hospitals to ensure compliance. Additionally, 27.6% of respondents said that they couldn't confirm presence of such a committee in their hospital. The compliance with this section was strikingly low. Over 96% of respondents couldn't confirm compliance to this section of the Supreme Court Judgment on Good Samaritan Law. On being probed about action taken against erring officials, 76% of the surveyed medical professionals admitted that no action is taken against erring officers who fail to

comply with the Good Samaritan Law.

5.2.7 TRAINING OF HOSPITAL STAFF - INTERACTION WITH GOOD SAMARITANS

As per the Standard Operating Procedures (SOP) issued by MoRTH via notification No. RT-25035 /101/2014-RS dated 21st January 2016 and incorporated in the Supreme Court Judgment, "Good Samaritan shall be treated respectfully and without any discrimination on the grounds of gender, religion, nationality, caste or any other grounds."

Keeping this founding principle in mind, the hospital staff was probed if the administration

FIG 5.5: ADHERENCE TO GOOD SAMARITAN LAW: PRESENCE OF GSL COMMITTEE IN HOSPITAL

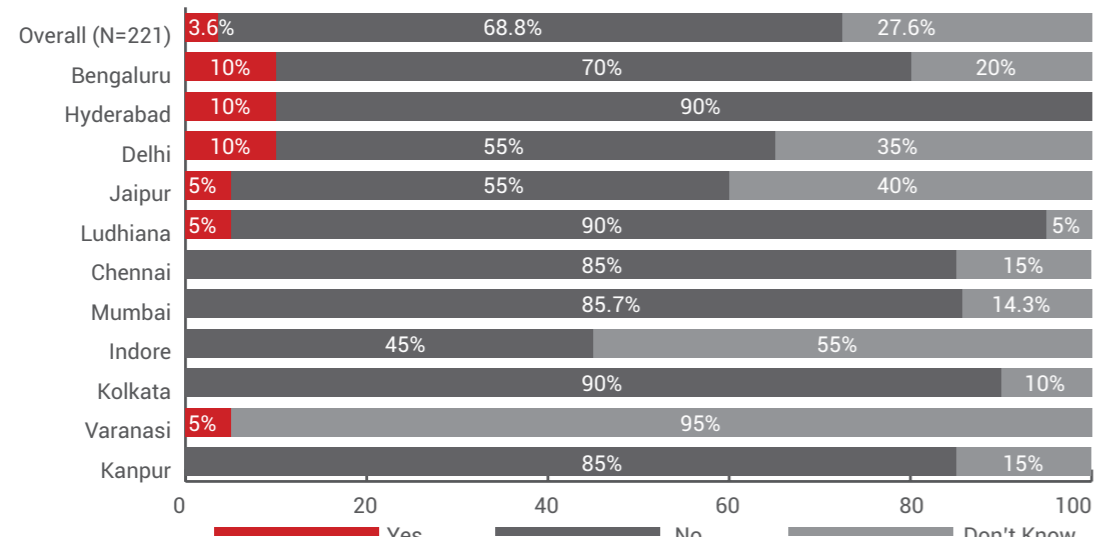
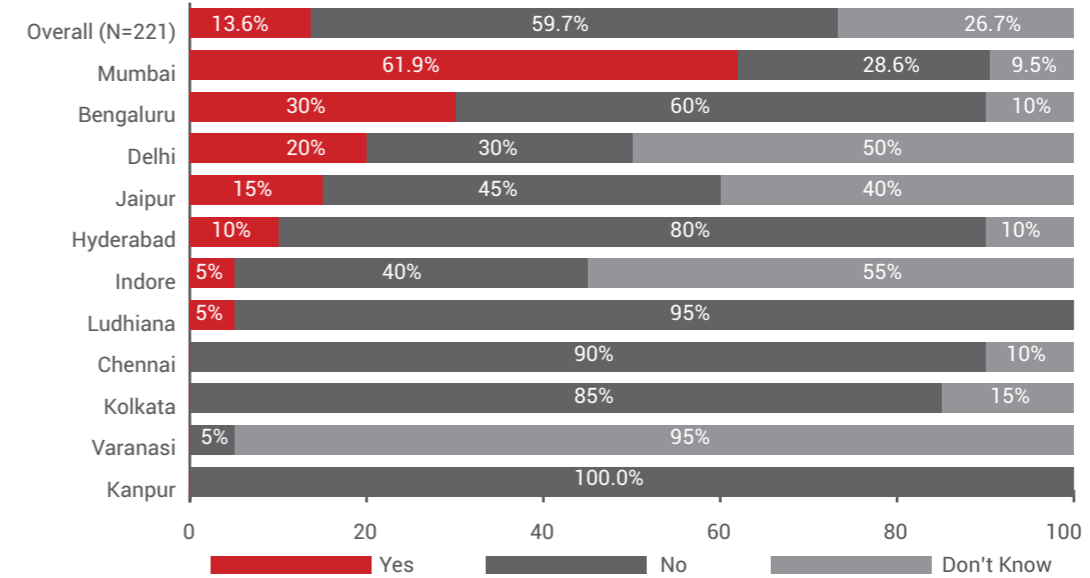


FIG 5.6: ADHERENCE TO GOOD SAMARITAN LAW: TRAINING ON GSL GUIDELINES TO HOSPITAL STAFF



arranged a training or a briefing to orient the staff about the Good Samaritan Law.

As per the survey, 59.6% of respondents admitted that no such training was conducted by hospitals on GSL Guidelines or on Standard Operating Procedure to interact with Good Samaritans. Additionally 26.7% of hospital staff was unaware if such training having been conducted in their hospital.

The survey revealed that, at the National level majority of the hospitals across the surveyed cities do not train their staff on right protocol to interact with Good Samaritans, as per the Supreme Court Judgment. This trend is also

corroborated by the fact that less than 25% of respondents got acquainted with Good Samaritan Law through job training.

5.3 BEHAVIOUR AND PRACTICES OF INVESTIGATING OFFICERS/POLICE

5.3.1 INQUIRY ABOUT PERSONAL DETAILS OF THE BYSTANDER

As per Supreme Court Judgment on Good Samaritan Law, "Any bystander or Good Samaritan who makes a phone call to inform

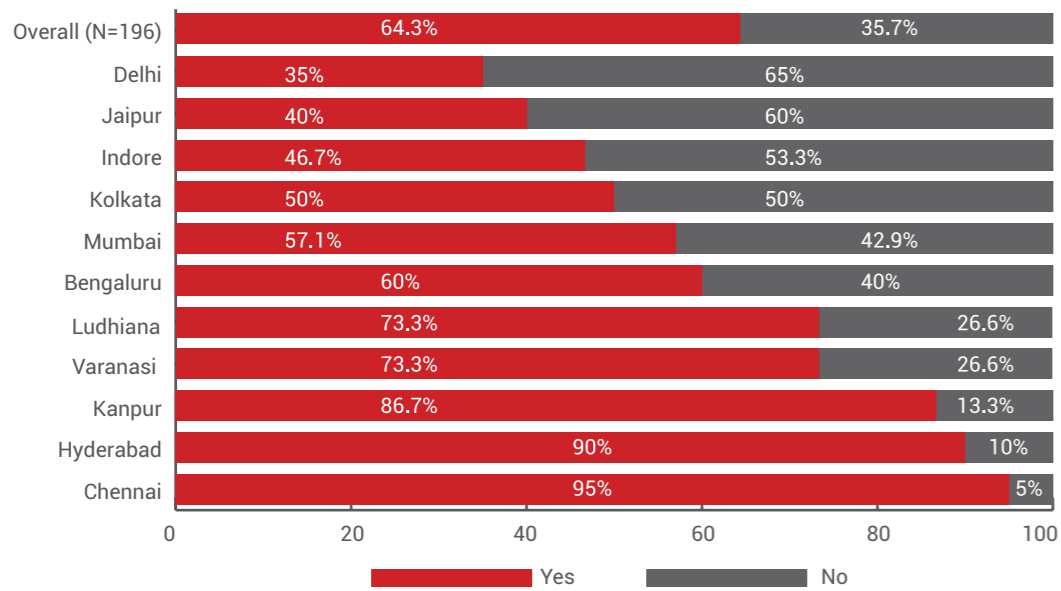
IMPLEMENTATION OF THE LAW - BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

*the police or emergency services for the person lying injured on the road, shall not be compelled to reveal his name and personal details on the phone or in person."*⁷

Around two-third of Police officials surveyed across cities admitted to asking Good Samaritan for their details. In Hyderabad and Chennai the number was as high as 90% and 95% respectively.

58 % POLICE OFFICIALS ADMITTED TO RECORDING PERSONAL DETAILS IN MLC FORM

FIG 5.7: ADHERENCE TO GOOD SAMARITAN LAW: INQUIRY ABOUT PERSONAL DETAILS OF THE BYSTANDER



5.3.2 RECORDING OF BYSTANDER'S PERSONAL DETAILS IN MEDICO LEGAL CASE (MLC) FORM AT HOSPITAL

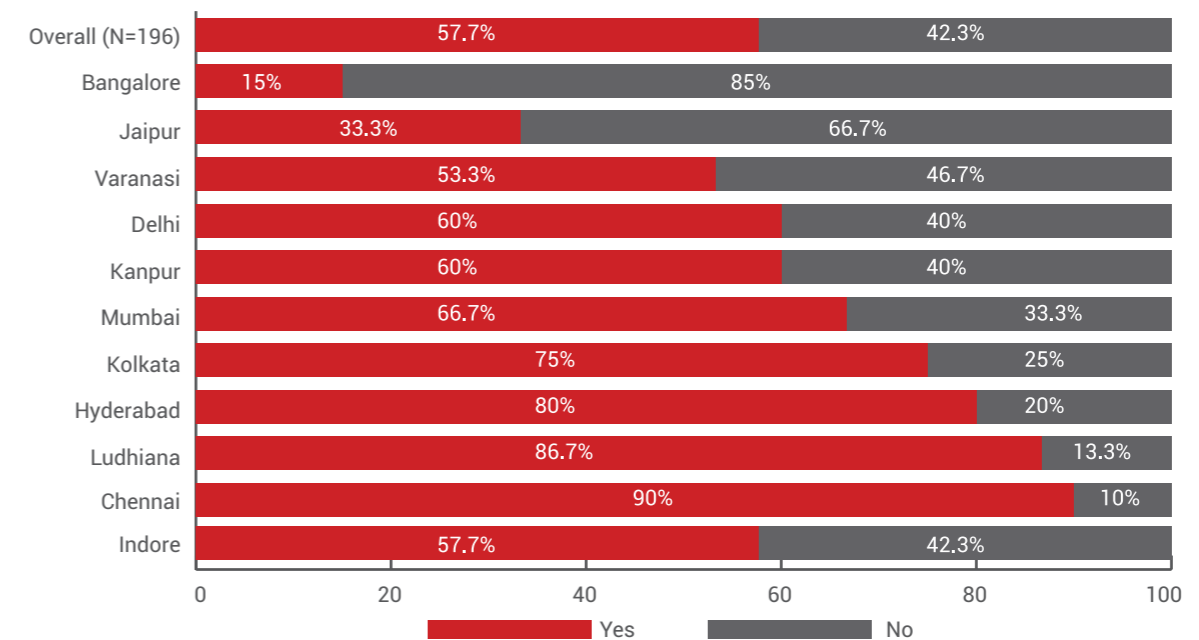
About 58 percent Police officials confirmed to this, personal details of Good Samaritans get recorded in MLC form at the hospital. At city level, in Chennai 90% of Police officials surveyed confirmed this. In Ludhiana, Hyderabad and Kolkata 86.7%, 80% and 75% of Police officials surveyed confirmed that details

of Good Samaritans are recorded in the MLC form respectively. In the National Capital Delhi, 60% of Police officials surveyed confirmed to this.

5.3.3 POLICE COMPELLING THE GOOD SAMARITAN TO BECOME AN EYEWITNESS

The survey revealed that more than one-third of Police officials admitted to having pursued and pressurized Good Samaritans

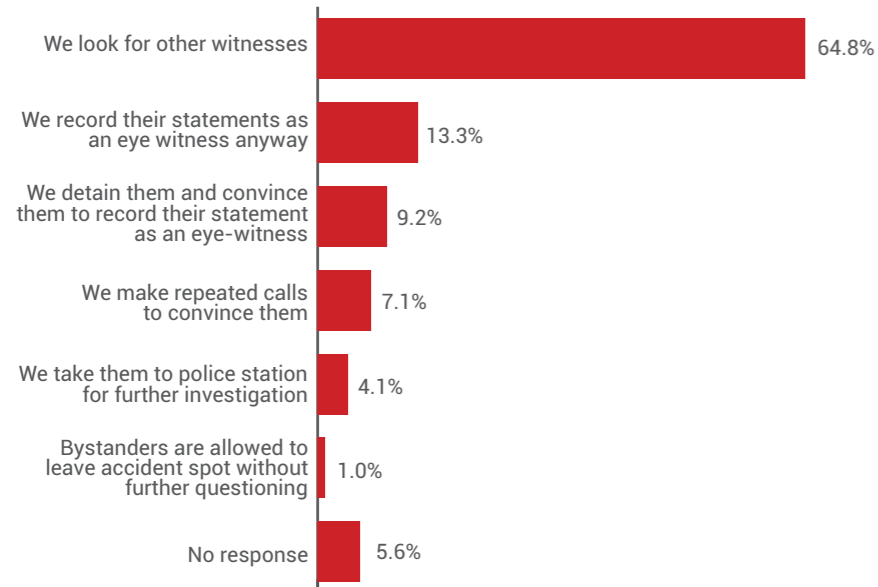
FIG 5.8: ADHERENCE TO GOOD SAMARITAN LAW: BYSTANDER'S PERSONAL DETAILS RECORDED ON MLC FORM AT HOSPITAL



7 Guideline No. 4, Ibid

IMPLEMENTATION OF THE LAW - BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

FIG 5.9: POLICE OFFICIALS TRIED TO CONVINCE BYSTANDER TO BECOME EYEWITNESS
[N=196, Multiple Responses]



to become eyewitness in a road crash case. More than half of the Police officials surveyed in Chennai, Hyderabad and Kolkata admitted to having pressured the Good Samaritan to become an eyewitness.

Police officials were further probed about the protocol they follow, in case bystander is reluctant to become an eyewitness. About 65 percent of respondents revealed that in such cases they look for other eyewitnesses present at the scene of the crash. More than 13 percent stated that even if a bystander refuses to become an eyewitness, they record their statement anyway. Over 9% also admitted to using coercive techniques like detaining the Good Samaritan to pressurize them to become eye witnesses.

Police officials were also probed about the location where witnesses' statement was recorded. About 46% Police officials reported that they record the bystander's statement at Police station, as opposed to the Supreme Court judgment which states that "In case a Good Samaritan chooses to be a witness, his examination by the investigating officer shall, as far as possible, be conducted at a time and place of his convenience".

Police Officials were also probed about action against erring officials, 60% of the surveyed police officials admitted that no action is taken against erring officers who fail to comply with the Good Samaritan Law.

5.3.4 TRAINING OF POLICE OFFICIALS - INTERACTION WITH GOOD SAMARITANS

Nationally three-fourth of Police officials surveyed stated that they did not receive any training by the department on the Standard Operating Procedure for the examination of Good Samaritans by the Police.

Further, 82% of the surveyed police officials admitted that they haven't published or displayed Standard Operating Procedures at their Police Station

NONE OF THE POLICE OFFICIALS SURVEYED IN CHENNAI, KANPUR AND LUDHIANA WERE TRAINED ON GSL GUIDELINES (SOPS)

5.4 BEHAVIOR AND PRACTICES OF LEGAL PROFESSIONALS

Trial court lawyers were asked about the road crash cases where Good Samaritans were harassed. Nationally, 13% of lawyers surveyed, confirmed that they have encountered such cases.

4 out of 10 lawyers surveyed in Jaipur encountered cases wherein Good Samaritans were harassed. This was followed by four major metros Hyderabad, Mumbai, Delhi, Chennai, and Kanpur where about one in five lawyers interviewed, encountered such cases. Lawyers in surveyed cities like Bangalore, Kolkata, Indore, Varanasi and Ludhiana did not encounter any such case.

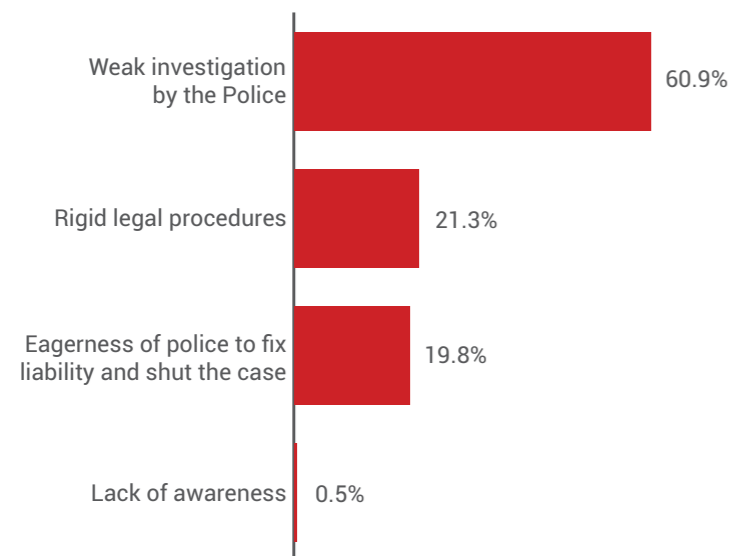
Out of the lawyers that encountered such cases, 31% said that eyewitness of the crash was accused by the Police. An additional 15% of lawyers surveyed mentioned that bystanders were wrongfully impleaded in hit and run cases. Over 19% of lawyers that encountered such cases stated that Good Samaritans were harassed by the Police for extracting information about the crash.

IMPLEMENTATION OF THE LAW - BEHAVIOUR & PRACTICES OF THE STAKEHOLDERS

5.4.1 FACTORS HINDERING COMPLIANCE WITH THE JUDGMENT

Weak investigation by the Police was cited as key hindrance in compliance with the Good Samaritan Law by 61% of lawyers surveyed. Further, close to 20% lawyers said that rigid legal procedures hinder compliance 20% of lawyers surveyed said that eagerness of the police to fix liability and shut the case were the factors that hinder compliance. With the Supreme Court Judgment on the Good Samaritan Law.

FIG 5.10: FACTORS THAT HINDER COMPLIANCES W.R.T GSL DURING THE TRIAL
[N=197, Multiple Responses]



“

The Good Samaritan shall be treated respectfully and without any discrimination on the grounds of gender, religion, nationality, caste or any other grounds.

”

-Standard Operating Procedure for the examination of Good Samaritans, issued as part of Supreme Court Judgment dated 30th March 2016 in SaveLIFE Foundation vs. Union of India in Writ Petition 235 of 2012.

SECTION 6

GOOD SAMARITAN EXPERIENCE - COMMENTARY ON STAKEHOLDERS

GOOD SAMARITAN EXPERIENCE – COMMENTARY ON STAKEHOLDERS

INTRODUCTION

In a road crash incident on the Yamuna Expressway last December, Bohdana Kabalov, a Ukrainian national bled to death after waiting for more than an hour for help to arrive. Bohdana Kabalov was travelling with a friend Vaibhav Sharma who also succumbed to injuries. Another friend Maria Ihnatenko travelling with her was the lone survivor with serious injuries. The expressway patrol squad which arrived at the spot, cordoned off the area but refused to take the victims to the hospital even though it was their duty to help road crash victims. Two journalists who were crossing the expressway pulled out the victims from the mangled SUV and called the emergency helpline (Dial 100), the Senior Superintendent of Police and several other police officers but none responded.⁸ They then rushed the victims to the nearest private hospital which refused to admit them without police permission. Left with no option they went searching for a district hospital. On the way, when they asked for help at more than eight police outposts, none of the police personnel were willing to help and gave vague directions to the hospital. A government ambulance finally arrived only after a State Minister called the Mathura Police.⁹

This is telling of some of those very realities that the Supreme Court Judgment on the Protection of Good Samaritans tries to mitigate. There is a hesitation to assist road crash victims largely due to extrinsic factors like- fear of procedural hassles and the perceived accountability towards the victim. However, WHO in its report titled "Pre-hospital Trauma Care Systems" states that "Even the most sophisticated and well equipped pre-hospital trauma care systems can do little if bystanders fail to recognize the seriousness of a situation, call for help and provide basic care until help arrives". Its therefore critical to ensure that bystanders who come forward to assist the victims don't hesitate on account of legal and procedural issues.

6.1 GOOD SAMARITAN EXPERIENCE

This section aims to capture the experience of Good Samaritans vis-à-vis Police, Hospitals and Judiciary.

In Parmanand Katara v. Union of India, the Supreme Court has pointed out that the effort to save life should be the top priority of the Medical Professionals and Police, as

'preservation of human life is of paramount importance'.¹⁰ Through this study SaveLIFE intends to discern the behaviour of Police and Hospitals, directly as well as indirectly to analyze gaps in their behaviour and practices.

DEMOGRAPHIC DETAILS OF GOOD SAMARITANS

- In terms of gender, majority of Good Samaritans encountered during this survey were males (93%) and the remaining 7% were females.
- In terms of age-wise distribution, 58% of the Good Samaritans were between 19 and 30 years. This was followed by people between the age of 31 and 45 at a little over 27%.
- Nearly 60% of those who helped crash victims were Graduates. 1/4th had either passed Senior Secondary or Higher Secondary examinations.
- Occupationally, 65% of Good Samaritans interviewed were employed in the Private Sector.

6.1.1 GOOD SAMARITAN'S IMMEDIATE STEPS AT THE SCENE

About one-third of the respondents called the ambulance/ hospital/ medical emergency number while almost a similar proportion

took the victim to the hospital in their own vehicle. Another 15% took the victim to the nearest hospital in public transport. The survey revealed that across cities, people prefer to call an ambulance or emergency health services where present, over Police for facilitating rescue and emergency medical care for the victim.

6.2 EXPERIENCE OF GOOD SAMARITANS VIS-A-VIS INVESTIGATING POLICE OFFICERS

The interaction of Good Samaritans with police officials was examined to understand if the Police officers complied with the Standard Operating Procedures promulgated under the Good Samaritan Law.

6.2.1 RESPONSE TIME OF POLICE PERSONNEL

In an efficient emergency care system, immediate action is taken on receiving information. Unfortunately, 57% Good Samaritans surveyed said that the police officials did not call the ambulance immediately after reaching the crash site. As per city-wise responses, 88.9% respondents in

8 <https://timesofindia.indiatimes.com/city/agra/ukrainian-alive-for-an-hour-after-e-way-crash-cops-didnt-help-witnesses/articleshow/62244084.cms>

9 <https://www.pressreader.com/india/the-times-of-india-mumbai-edition/20171226/281861528873574>

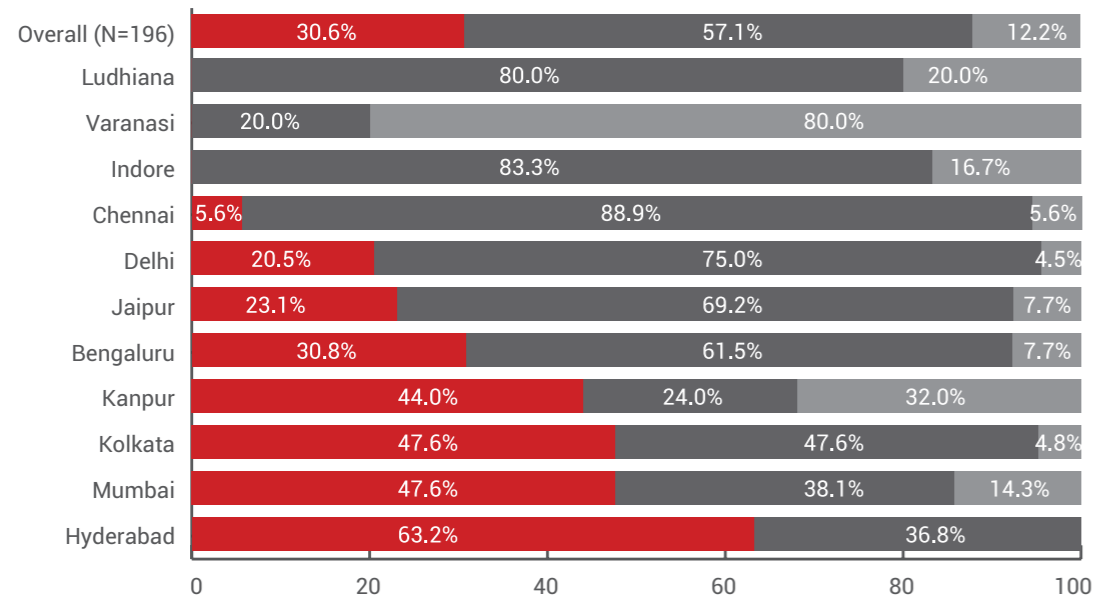
10 Parmananda Katara v. Union of India AIR 1989 SC 2039

GOOD SAMARITAN EXPERIENCE – COMMENTARY ON STAKEHOLDERS

ALL SURVEYED GOOD SAMARITANS IN INDORE SAID THAT THE POLICE DID NOT DISPATCH THE VICTIM IMMEDIATELY

Chennai, 83.3% in Indore and 80% in Ludhiana said that the police official did not call the ambulance immediately to help the road crash victim. Additionally, 5.6% in Chennai, 16.7% in Indore and 20% in Ludhiana couldn't confirm that the police acted promptly in calling the ambulance. In Varanasi, 80% respondents couldn't confirm whether the police official called the ambulance promptly. Another 20% respondents in Varanasi revealed that the police didn't act on time in calling the ambulance, implying that none of the respondents in Varanasi, Ludhiana and Indore could confirm that the police acted promptly in calling the ambulance. In Hyderabad a little over 63% respondents affirmed to Police officials calling the ambulance at the soonest, followed by Mumbai.

FIG 6.1: RESPONSE TIME OF POLICE PERSONNEL

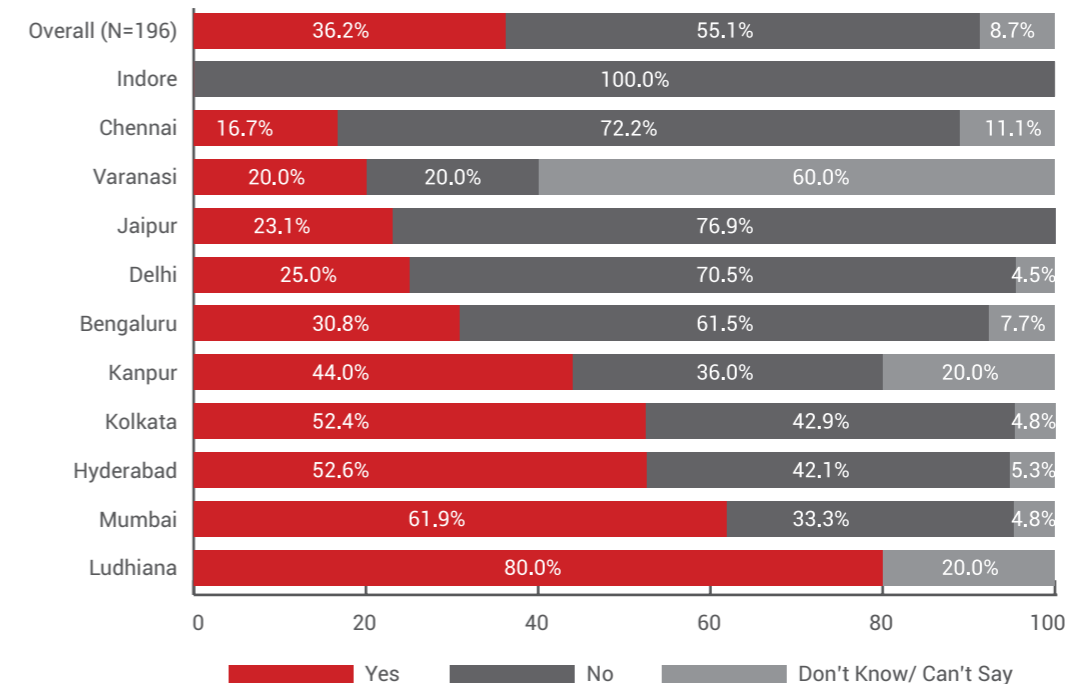


6.2.2 DISPATCH OF VICTIM TO THE HOSPITAL

More than half of the Good Samaritans confirmed that the victim was not carried to the nearest hospital by the Police. In Indore, surprisingly none of the Good Samaritans could confirm whether police had taken the victim to nearby hospital. Similarly, over 70% Good Samaritans in Chennai and Jaipur and around 70% and 60% Good Samaritans in Delhi and Varanasi respectively couldn't confirm whether the Police took the victim to the nearest hospital or not. Detailed data is captured in Figure 6.2.

57% GOOD SAMARITANS SAID THAT THE POLICE DID NOT CALL THE AMBULANCE IMMEDIATELY

FIG 6.2: DID THE POLICEMEN TAKE THE VICTIM TO THE NEAREST HOSPITAL?



GOOD SAMARITAN EXPERIENCE – COMMENTARY ON STAKEHOLDERS

6.2.3 INFRINGEMENT OF ANONYMITY BY POLICE

Good Samaritan Law states that any person who makes a phone call to the Police control room or Police station to give information about any road crash incident, need not reveal personal details such as full name, address, phone number etc.

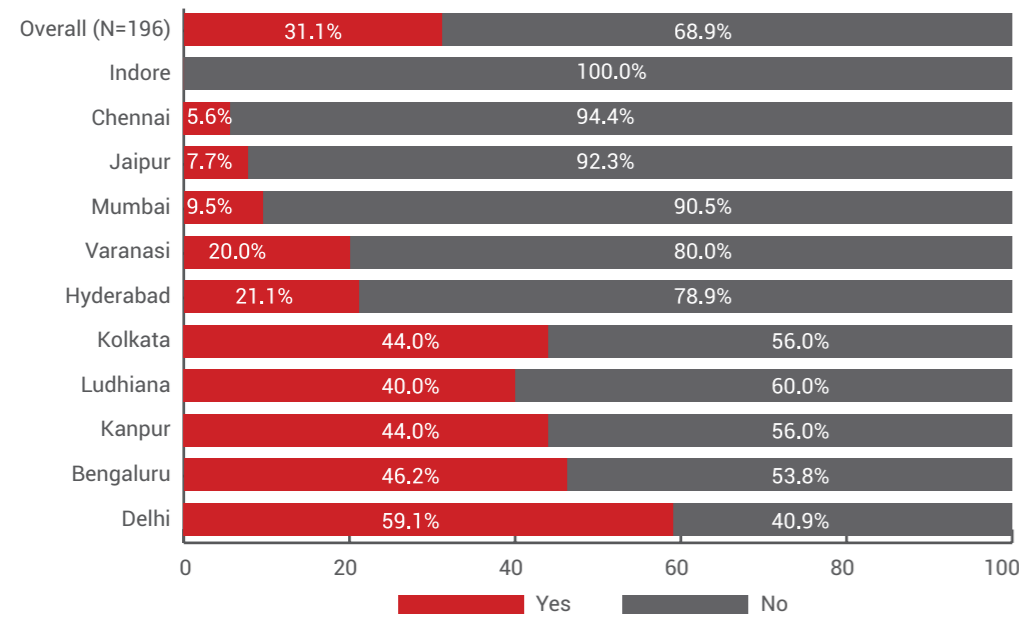
Overall, one-third of Good Samaritans said that their details were taken by the Police. Across cities, the highest proportion of Good Samaritans where details were recorded was in Delhi with 59% Good Samaritans confirming the same, followed by 46% in Bengaluru and 44% in Kanpur stating the same respectively.

Among those Good Samaritans who were

59% GOOD SAMARITANS IN DELHI SAID THAT THE POLICE TOOK THEIR DETAILS

asked for their details, 70% revealed that Police took their personal details such as their name, address and contact number. Few others were probed about the details of road crash and type of vehicles involved in the crash.

FIG 6.3: POLICE TAKING DETAILS FROM THE GOOD SAMARITANS

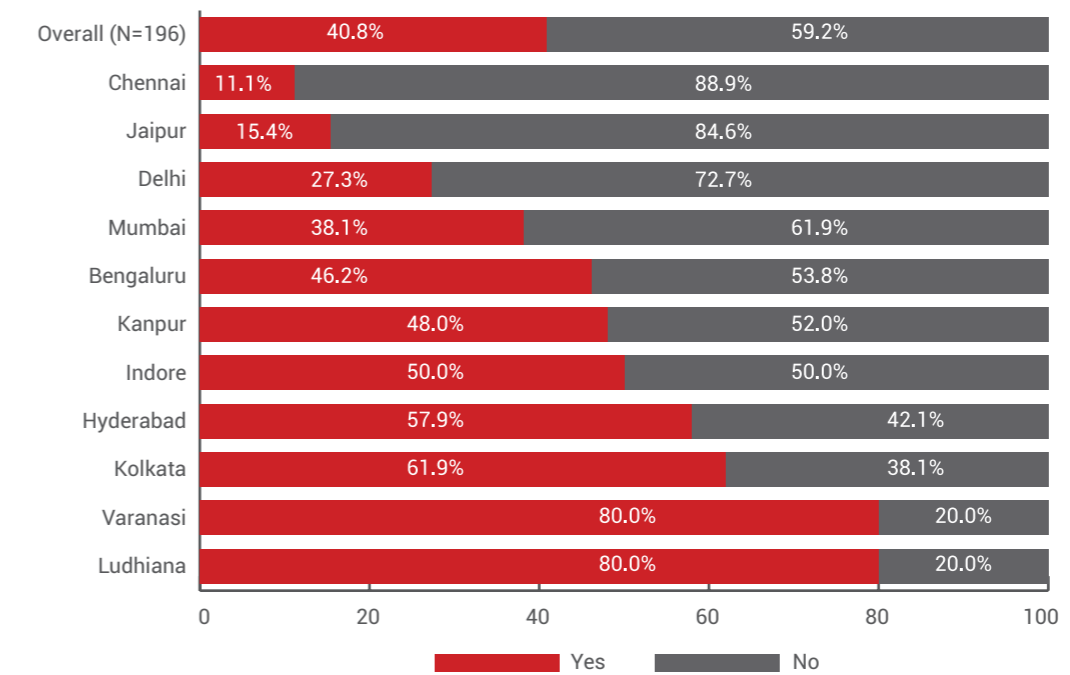


6.2.4 GOOD SAMARITANS HELD BACK AT THE CRASH SCENE

The SOPs for the Protection of Good Samaritans clearly states that, "concerned Police official(s) shall allow the Good Samaritan to leave after having informed the Police about an injured person on the road, and no further questions shall be asked if the Good Samaritan does not desire to be a witness in the matter." However, 59.2% of respondents revealed that they were not permitted to leave the road crash spot by the police. City-wise, Chennai and Jaipur saw high incidence of the same at 89% and 84.6% respectively.

59% GOOD SAMARITANS SAID THAT THEY WERE NOT PERMITTED TO LEAVE THE CRASH SPOT IMMEDIATELY

FIG 6.4: PERMITTED TO LEAVE THE ACCIDENT SPOT BY POLICE



GOOD SAMARITAN EXPERIENCE – COMMENTARY ON STAKEHOLDERS

6.3 EXPERIENCE OF GOOD SAMARITANS WITH HOSPITALS

This section traces the experience of Good Samaritans vis-a-vis hospital authorities and Doctors.

6.3.1 INFRINGEMENT OF ANONYMITY BY HOSPITALS

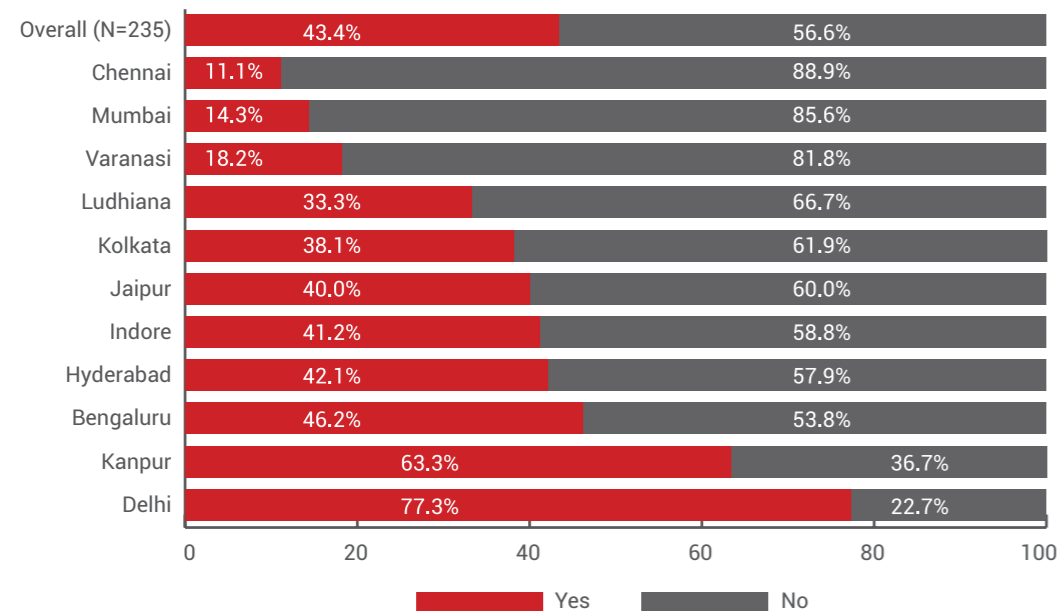
Good Samaritan Law makes the disclosure of personal information such as name and contact details of the Good Samaritan, voluntary

and optional including in the Medico Legal Case (MLC) Form provided by hospitals.

However, about 43% Good Samaritans reported that hospitals asked for their contact details such as phone number, address, email etc. along with their name. It is also pertinent to note that about 57% medical professionals confirmed that they collect personal details of Good Samaritan when they bring road crash victims to hospital.

77% Good Samaritans in Delhi were asked for their contact details after admitting the victim to the hospital followed by Kanpur at 63%.

FIG 6.5: HOSPITAL AUTHORITIES ASKED FOR DETAILS



6.3.2 DETENTION BY HOSPITALS

22% of all Good Samaritans surveyed, reported that they were detained by the hospital authorities after admitting the road crash victim. In case of Delhi, two-third of Good Samaritans were detained by the hospital authorities followed by 37% in Kanpur and 18% in Indore.

ABOUT 22% OF THE GOOD SAMARITANS SURVEYED WERE DETAINED BY THE HOSPITAL AUTHORITIES AFTER ADMITTING THE ROAD CRASH VICTIM.

6.3.3 PROVIDING ACKNOWLEDGEMENT SLIP

Hospitals are also supposed to proactively provide a standardized acknowledgement slip to the Good Samaritan, confirming that they helped the injured victim with some details like the place and time of the incident. This format has to be provided by the State Government. As many as 86% respondents affirmed to not receiving acknowledgement slips from hospitals for their role as a Good Samaritan. In Kolkata and Jaipur none of the surveyed people received an acknowledgement slip. In Bengaluru and Hyderabad, the best farers in this regard, a little over 38% and 31% people reported to receiving an acknowledgement slip. It's unclear whether in the above cases, Good Samaritans demanded an acknowledgment slip and were denied or whether the hospital did not voluntarily issue it.

6.4 EXPERIENCE OF GOOD SAMARITANS WITH JUDICIARY

This section traces experience of Good Samaritans vis-a-vis Courts

GOOD SAMARITAN EXPERIENCE – COMMENTARY ON STAKEHOLDERS

6.4.1 TREATMENT OF GOOD SAMARITANS BY COURTS

Good Samaritans who became eyewitnesses were asked, if according to them, the Police and Judiciary adhere to GSL.

The Standard Operating Procedure notified by Ministry of Road Transport and Highways and incorporated in the Supreme Court Judgment mention that, *"Where a Good Samaritan declares himself to be an eye-witness, he shall be allowed to give his evidence on affidavit"* and that he shall be *"examined in a single examination"* at the Police Station or

the examination shall be conducted *"as per time and place of his convenience"*

When inquired about adherence to these procedures about 46 % Good Samaritans who chose to become eye witnesses confirmed that they were not allowed to record their statement on an affidavit. An additional 14% Good Samaritans were not being able to confirm if they were given that choice. Meanwhile 69% of respondents were not provided with the option of video conferencing or alternate means to prevent inconvenience.

TABLE 6.1: RESPONSE OF GOOD SAMARITANS WHO AGREED TO BE AN EYEWITNESS

S.N.	Response by Eyewitness (N=35)	Yes	No	DK/ CS
1	Allowed to give evidence on affidavit	40.0%	45.7%	14.3%
2	Were given option of video conferencing for examination to prevent harassment or inconvenience	20.0%	68.6%	11.4%

SECTION 7 RECOMMENDATIONS

RECOMMENDATIONS FROM SURVEYED STAKEHOLDERS

Across cities, all stakeholders surveyed agreed that Good Samaritan Law requires better implementation. They also provided recommendations documented as under:

7.1 ROLE OF THE STATE GOVERNMENT IN INCREASING AWARENESS OF GOOD SAMARITAN LAW

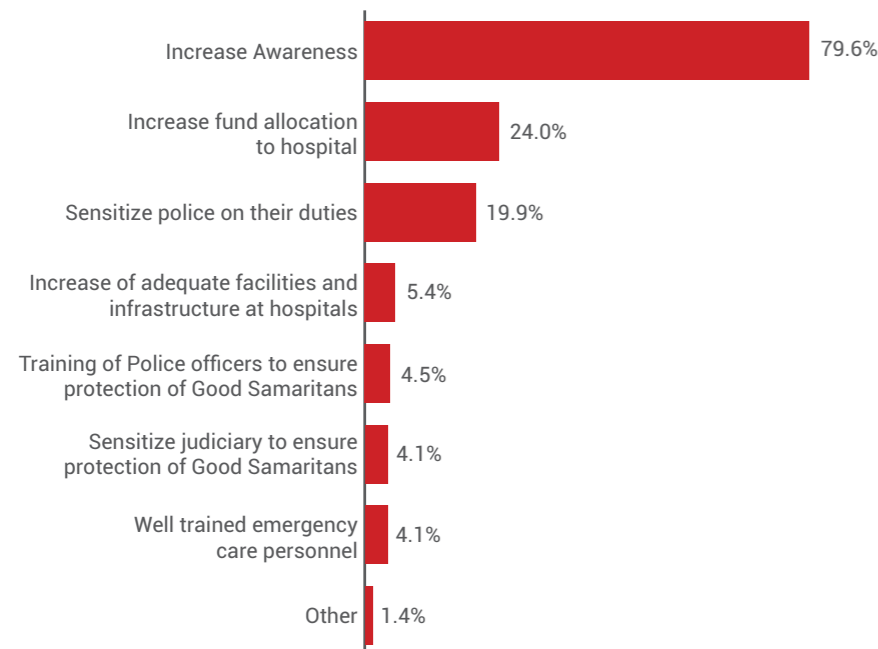
Majority of respondents across cities mentioned that State Governments should undertake aggressive and innovative campaigns to raise the level of awareness regarding the Good Samaritan Law. 25% of respondents also pointed out that State Governments

should increase its fund allocation to hospitals. Roughly 20% respondents also suggested that State Government should focus on sensitizing the Police. Some respondents mentioned about the mass training of police officials to ensure protection of Good Samaritans.

Police Officials were asked about the State Government and its role in improving implementation of GSL. 85% of police officials surveyed advocated for increasing public awareness about GSL. They mentioned that it would improve GSL effectiveness and help the law enforcement officials to implement the same in a better way.

About 29% of respondents indicated that sen-

FIG. 7.1: ROLE OF THE STATE GOVERNMENT IN IMPLEMENTATION OF GSL: RECOMMENDATIONS OF MEDICAL PROFESSIONALS
[N=221, Multiple Responses]



sitizing Police officials and conducting mass training towards their duties would help in making the law more effective. Few others mentioned that increasing fund allocation to hospitals, improving hospital infrastructure, sensitize judiciary and bar council would ensure protection of Good Samaritan Law etc.

About two-third of lawyers across cities strongly advocated for increasing awareness about the GSL. Further, 41% lawyers mentioned that the sensitization of Police about their duties along with mass training of police officials would ensure protection of Good Samaritans. 21% of lawyers surveyed also mentioned that increase in fund allocation to upgrade hospitals infrastructure and facilities would help in effective implementation of the law.

FIG 7.2: METHODS TO INCREASE THE EFFECTIVENESS OF GSL. RECOMMENDATIONS OF POLICE
[N=196, Multiple Responses]

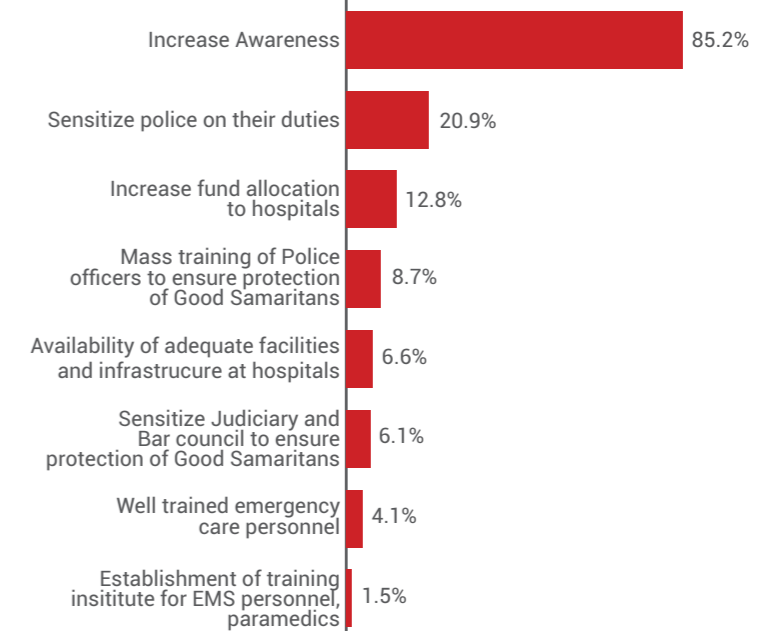
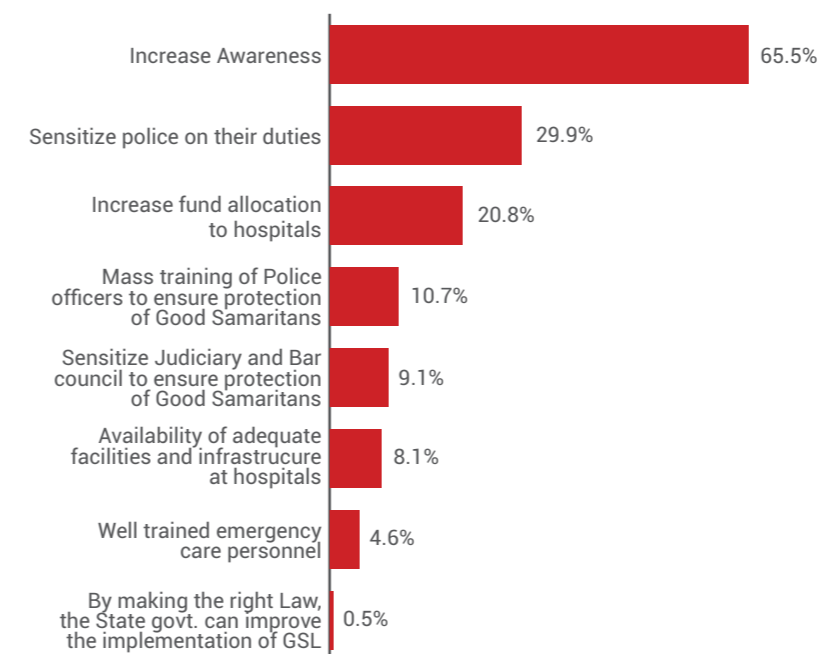


FIG 7.3: STEPS TO BE TAKEN BY STATE GOVERNMENT TOWARDS IMPLEMENTATION OF GSL: RECOMMENDATIONS OF LAWYERS
[N=197, Multiple Responses]



RECOMMENDATIONS FROM SURVEYED STAKEHOLDERS

7.2 RECOGNITION FOR COMING FORWARD AS A GOOD SAMARITAN

Robust and innovative reward schemes should be instituted at all levels- Village, District, State and Centre to incentivize Good Samaritans to assist road crash victims.

While lack of awareness about Good Samaritan Law hinders its effective implementation, yet different stakeholder groups develop protocols and incentives for people who help road crash victims then it will not only help in increasing awareness but also facilitate better implementation and will help save more lives.

7.3 RECOMMENDATIONS FROM SVELIFE FOUNDATION

Given the detailed Judgment from the Hon'ble Supreme Court and the need to build systems to implement the Judgment, it is recommended by SaveLIFE Foundation that various States transform the Judgment into a State-specific Good Samaritan Law. This will enable allocation of appropriate budgets and creation of required systems for implementation of the Supreme Court Judgment in true letter and spirit. The state of Karnataka recently became the first State in India to do so and other States and UTs too must act in similar spirit.

It is evident from the study that there is little awareness about the new rights that the citizens of India have under the Supreme Court instituted Good Samaritan Law. It is

also evident that the concerned agencies have not established the ordered institutional mechanisms in order to enable the protections granted by the Hon'ble Supreme Court of India to those who selflessly and proactively come forward to assist injured persons on the road.

Therefore, a two-pronged strategy to increase awareness at both national and regional level should be employed throughout the country. An integral aspect to people exercising their rights as Good Samaritans is being aware of their rights. New and innovative campaigns to educate people should be conducted by different stakeholders including State Governments. Different Government departments must launch rigorous training sessions to align responsibilities among hospitals and police officials. Due training needs to be conducted to train these officials on interacting with Good Samaritans.

Lastly, a robust Grievance Redressal mechanism needs to be instituted to deal with violation of Good Samaritan Law. To provide for accountability of various Government authorities as well as encouragement for Good Samaritans, we recommend that a Grievance Redressal Mechanism be instituted nationally.

ANNEXURE - I

ANNEXURE - I

1. CITY WISE COVERAGE OF GOOD SAMARITANS

TABLE 1: CITY WISE COVERAGE OF GOOD SAMARITANS

City	Good Samaritans (including Good Samaritans)	Helped road crash victims as Good Samaritan post-April 2016	
	N	N	Percent
Overall	3053	235	7.7%
Kanpur	163	30	18.4%
Varanasi	160	22	13.8%
Delhi	402	44	10.9%
Ludhiana	160	15	9.4%
Jaipur	160	15	9.4%
Indore	195	17	8.7%
Kolkata	360	21	5.8%
Mumbai	362	21	5.8%
Hyderabad	370	19	5.1%
Chennai	360	18	5.0%
Bengaluru	361	13	3.6%

2. PROFILE OF GOOD SAMARITANS

TABLE 2: PROFILE OF GOOD SAMARITANS

S.N.	Category	N=235	Percent
A Gender			
1	Male	219	93.2%
2	Female	16	6.8%
B Age-group			
1	19-30 yrs.	136	57.9%
2	31-45 yrs.	64	27.2%
3	46-60 yrs.	26	11.1%
4	Up to 18 yrs.	5	2.1%
5	More than 60 yrs.	4	1.7%
C Educational Qualification			
1	Graduate	137	58.3%
2	SSC/ HSC	59	25.1%
3	Post Graduate	31	13.2%
4	Studied up to primary level	6	2.6%
5	Illiterate	2	0.9%
D Occupation			
1	Employee – Pvt. Sect	152	64.7%
2	Student	34	14.5%
3	Businessman/trader/self-employed	33	14.0%
4	Employee – Govt. Sect	7	3.0%
5	Unemployed	5	2.1%
6	Housewife	3	1.3%
7	Retired	1	0.4%
E Marital Status			
1	Married and living with spouse	112	47.7%
2	Unmarried	108	46.0%
3	Married but not living with spouse	15	6.4%

3. PROFILE OF MEDICAL PROFESSIONALS

TABLE 3: PROFILE OF MEDICAL PROFESSIONALS

S.N.	Category	N =221	Percent
A Medical Professionals			
1	Medical Practitioner-Doctor	111	50.2%
2	Administrative Staff	110	49.8%
B Gender			
1	Male	189	85.5%
2	Female	32	14.5%
C Highest Educational Qualification			
1	Graduation-MBBS	77	34.8%
2	Post Graduate - Medical	54	24.4%
3	Graduation-General	47	21.3%
4	Post-Graduate-Non-Medical	20	9.0%
5	Doctorate and above (Non-medical)	12	5.4%
6	Diploma	11	5.0%
D Establishment Type			
1	Private	128	57.9%
2	Government	93	42.1%
E Hospital Type			
1	General Hospital	172	77.8%
2	Nursing Home	21	9.5%
3	Primary Health Centre	14	6.3%
4	Community Health Centre	8	3.6%
5	Medical Institute-cum-Hospital	6	2.7%

4. PROFILE OF POLICE OFFICIALS

TABLE 4: PROFILE OF POLICE OFFICIALS

S.N.	Category	N=196	Percent
A Gender			
1	Male	186	94.9%
2	Female	10	5.1%
B Highest Educational Qualification			
1	Graduate	136	69.4%
2	Post Graduate	60	30.6%
C City wise sample coverage			
1	Mumbai	21	10.7%
2	Delhi	20	10.2%
3	Kolkata	20	10.2%
4	Chennai	20	10.2%
5	Hyderabad	20	10.2%
6	Bengaluru	20	10.2%
7	Ludhiana	15	7.7%
8	Jaipur	15	7.7%
9	Kanpur	15	7.7%
10	Varanasi	15	7.7%
11	Indore	15	7.7%

ANNEXURE - I

5. PROFILE OF LEGAL PROFESSIONALS


TABLE 5: PROFILE OF LEGAL PROFESSIONALS


S.N.	Category	N	Percent
A Gender			
1	Male	179	90.9%
2	Female	18	9.1%
B Highest Educational Qualification			
1	LLB/ BA-LLB	176	89.3%
2	LLM	19	9.6%
3	Doctorate	2	1.0%
C Court Type			
1	District/ Session court	115	58.4%
2	High Court	71	36.0%
3	Tribunal/ Appellate court	11	5.6%
D City wise sample coverage			
1	Chennai	22	11.2%
2	Delhi	20	10.2%
3	Kolkata	20	10.2%
4	Mumbai	20	10.2%
5	Hyderabad	20	10.2%
6	Bengaluru	20	10.2%
7	Ludhiana	15	7.6%
8	Jaipur	15	7.6%
9	Kanpur	15	7.6%
10	Varanasi	15	7.6%
11	Indore	15	7.6%



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