Institution of the Right to Emergency Health Care in Nigeria

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Abstract

Access to quality healthcare is a human right of every individual irrespective of race, gender, creed, and economic status, but how many individuals in Nigeria in the real sense, have access to this right? Emergency care systems provide timely care to the acutely ill and injured. Effective management of time sensitive conditions requires certain policies and procedures to be in place so that care can be delivered in an organized manner and without delay. For example, section 20(1) of the Nigerian Health Act 2014 provides that a health worker or establishment shall not refuse a person emergency medical treatment for any reason. But the provision of timely treatment during life-threatening emergencies is not a priority for many health systems in Nigeria. This paper argues for the meeting of expectations for access to emergency care in Nigeria in the face of obstacles. Especially using the World Health Organisation Emergency Care System Assessment (ECSA) that allows countries to evaluate their ECS and set priorities for improvement. Emergency care has the potential to address a large portion of death, achieve universal health coverage to wit the fulfilment of the human rights to the highest attainable standard of health.

Keywords: Healthcare, Access, Human Rights, Emergency Care, Nigeria.

1 Introduction

A medical emergency is an unexpected situation which could affect the wellbeing of persons to the extent of causing death or serious damage when prompt attention and care is not received.[1] The World Health Organization (WHO) classifies emergencies to include: non-communicable diseases, such as diarrhea, malaria, heart diseases, cerebrovascular disease, asthma and diabetes.[2] Also included, are injuries whether intentional through self-inflicted harm, interpersonal violence, armed conflict and non-intentional injuries from transport or non-transport and with forces of nature.[3] In recent times, communicable diseases like the Ebola virus and Coronavirus Disease (COVID-19) have also caused emergencies globally, and as these incidents have exposed obvious, poor response mechanisms to health emergencies existing in several countries.[4]Estimates from Africa have suggested that only 71% of people live within two hours of a hospital that could potentially provide emergency care.[5]The quality of Emergency Medical Services (EMS) also differs from one country to another, and may even vary between regions within countries.[6]

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[1]Olaitan Olusegun, "Emergency Medical Care and the Law in Nigeria: Towards Protection of Patients' Rights", (2023) 19 *Journal of Health & Biomedical Law*, Suffolk University Law School 252.

[2] WHO, 'Methods and Data Sources for Country-Level Causes of Death 2000-2019', (2020) World Health Org <https://cdn.who.int/media/docs/default-source/gho-documents/global-health estimates/ghe2019_cod_methods.pdf? sfvrsn=37bcfacc_5 [https://perma.cc/F55V-5QYC> accessed 20 January 2025.

[3] WHO, 'Strengthening Health Systems to Improve Health Outcomes', (2007), World Health Org <http://apps.who.int/iris/bitstream/handle/10665/43918/9789241596077_eng.pdf;jsessionid=> accessed 20 January 2025.

[4]Abdoulaye Bousso, 'Health Emergency Operation Centers Implementation Challenges in Africa,' (2019), 33 *PAN AFR. MED. J.* 171, 171<https://doi.org/10.11604%2Fpamj.2019.33.171.17890> accessed 22 January 2025.

[5] Taylor W Burkholder, Madeline Ross and others, 'A Global Review of Emergency Care in National Constitutions (2021)23(2) *Health and Human Right Journal* 188.

[6] Amber Mahmood and others, 'Assessment of Pre-Hospital Emergency Medical Services in Low-Income Settings Using a Health Systems Approach', (2018). 11 *INT'L J. EMERG. MED.* 1, 2

Emergency care systems have received little attention in Low or Middle Income Countries (LMIC)s, mostly due to the reluctance in investing the funding necessary to establish a formal and high-quality system.[7] These countries instead mostly focus on using scarce resources to deliver affordable health services to citizens without much attention paid to the quality of these services.[8] Developed countries on the other hand have well-developed, structured, and high-quality EMS.[9] Some of these systems operate at very advanced levels, using telemedicine to promote speedy professional medical care remotely to patients who are far away from specialists. Emergency care systems are the prerequisite of a successful health system response, yet they remain inadequately supported across Nigeria. An emergency can be described as a type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine.[10]Health care in Nigeria has not traditionally focused on emergency medical care.[11] The ability of the health system to adequately manage risks of emergencies and provide access to good-quality care is often affected by those very emergencies because they disrupt a range of important elements of health care provision. [12] This includes geographic accessibility to facilities, availability of a competent health workforce, and availability of funding. Government oversight, the presence of effective leadership and organizational management are key, and may be lacking in emergency situations.[13]

In 1716, the New York Midwives Oath, became the earliest formulation of medical ethics in the United States and stated unequivocally, that 'a midwife has an obligation to help any woman in labour, whether she be poor or rich… in time of necessity'.[14] This vital provision aims at ensuring that patients who are in labour are to receive care, and the phrase 'in time of necessity' can be interpreted to mean 'during emergencies'[15] The goals of medicine, as laid down in the Hippocratic Oath, are founded on profound moral-ethical principles, which require healthcare providers to be committed to the mitigation of suffering, to uphold the primacy of life and to recognise their corresponding obligations.[16] The history of emergency medical services extends back to the biblical story of the good Samaritan.[17] 'There was once a man who was going down from Jerusalem to Jericho when robbers attacked him, stripped him, and beat him up, leaving him half dead... A Samaritan who was travelling that way came upon the man... He went over to him, poured oil and wine on his wounds and bandaged them; then he put the man on his own animal and took him to

[7] Ibid.
[8]Hunniya Waseem and others, 'Establishing a Successful Pre-Hospital Emergency Service in a Developing Country: Experience from Rescue 122 Service in Pakistan,' (2011).288 *EMERG. MED. J.* 513, 513-14
[9] Olusegun (n1). 253.
[10] PO Ouma, J Maina, PN Thuranira, and others 'Access to Emergency Hospital Care Provided by the Public Sector in Sub-Saharan Africa in 2015: A Geocoded Inventory and Spatial Analysis' (2018) *Lancet Global Health* 342–50. <https://doi.org/10.1016/S2214-109X(17)30488-6>.
[11] M Berer, 'HIV/AIDS, Pregnancy and Maternal Mortality and Morbidity: Implications for Care', In: M Berer, TK Ravindran (eds) *Safe Motherhood Initiatives: Critical Issues*. (Oxford: Blackwell Science; 1999):198-210.
[12] Mohammad Torabi and, Experiences of Pre-Hospital Emergency Medical Personnel in Ethical Decision-Making: A Qualitative Study, (2018)19 *BMC Medical Ethics* 1,1.
[13] T Yates, J Allen, Joseph M, D Lantagne, *WASH Interventions in Disease Outbreak Response. Humanitarian Evidence Programme.* (Oxford: Oxfam; 2017):88.
[14] R Baker, 'American Independence and the Right to Emergency Care. (1999)*' JAMA*; 281(9); 857-860
[15] NS Davis, *History of Medicine, With the Code of Medical Ethics*, (Chicago, ill Cleveland Press 1903).
[16] The Hippocratic Oath<https://lsnaith.wikispaces.com/file/view/Hippocratic+Oath.pdf>Accessed 12 June 2024.
[17] Holy Bible: The New Testament; Luke 10, The Parable of the Good Samaritan.

an inn, where he took care of him.' Even though the method of wound management is different nowadays, the concept of emergency care is the same.[18]

A medical or health emergency is defined by the National Health Service of the United Kingdom as 'a life-threatening illness or accident which require immediate intensive treatment'.[19] Therefore, emergency care means inpatient or outpatient hospital services necessary to prevent the death or serious impairment of the health of the recipient.[20] In most cases where emergency care is required, a patient is at risk of losing their life if such care is not delivered timely. This is why there are certain guidelines that ensure the efficiency of emergency care. Emergency services are required to be provided at the right time, it must be provided urgently, by skilled personnel, as efficiently and effectively as possible.[21] The goal of emergency care is to get people safely from the world into the hospital, from the site of acute injury or illness to definitive care. There are emergency components at every level of the health system, from bystander response through to tertiary interventions. Emergency Medical Service (EMS) provides emergency medical care for all types of emergencies such as medical, surgical, Obstetrics and gynecological, pediatric emergencies, accident and intentional injuries, disasters and epidemics.[22] EMS thus involves a continuum of pre-hospital, hospital and rehabilitative care and the linkages between the components, including but not limited to emergency personnel, emergency communication system, Emergency infrastructure, integrated emergency ambulance service system, emergency equipment and a functional trauma system in the receiving facility.[23]

The EMS system is triggered by a member of the public through a call to an emergency phone number which puts them in contact with Emergency Contact Centre (ECC). The ECC dispatches a suitable ambulance service closest to the incidence to deal with the situation anywhere within the system coverage. The ambulance service provides resuscitative care and transfers the patient to definitive care centre with the Accident and emergency units of hospital/ health facility providing definitive care.[24] Accessibility of health care is a complex concept involving an individual or population's ability to seek, reach and utilize health care services, with five dimensions: identifiability or availability, approachability, acceptability, and affordability. The time-dependent nature of emergency conditions makes accessibility all the more important. Problems with accessing emergency care, whether via systematic barriers or lack of available emergency services, lead to delays in care and worse outcomes.[25] Although there have been

[18] Ibid.

[19] NHS England, 'About urgent and emergency care', <https://www.england.nhs.uk/urgent-emergency-care/about-uec/>accessed 17 June 2024.

[20]Public Health of George Washington University, 'Definition of Emergency Care', <https://publichealth.gwu.edu/departments/healthpolicy/CHPR.nnhs4/PCCM/subheads/pccm116.html> accessed 17 June 2024.

[21]Otmar Kloiber, 'Patients' Rights- A World View', The Patients' Rights Act 20 years on- Achievements and Challenges', January 2016.

[22] Federal Ministry of Health, Abuja, 'Policy on Emergency Medical Services (EMS) in Nigeria
Federal Government Official Release (March 2016)

[23] Ibid.

[24] A Junaid, I Razzak, L and Arthur Kellermann, 'Emergency Medical Care In Developing Countries: Is It Worthwhile? (2002) 80(11) *Policy and Practice Bulletin of the World Health Organization*.

[25] W Taylor Burkholder, Harveen Bergquista, A Lee Wallis, 'Governing Access to Emergency Care in Africa '(2020)10 *African Journal of Emergency Medicine* 3.

significant strides in developing emergency care in Nigeria during the 21st century, yet accessibility remains limited to a small proportion of the population.[26]

The United Nations Office of the High Commissioner for Human Rights' General Comment No 14 frames the 'Right to Health' in terms of availability, accessibility, acceptability and quality (AAAQ). It further elaborates accessibility in terms of non discrimination and economic affordability.[27]The rights-based approach to emergency care stresses the AAAQ framework as a means for developing ECSs that fulfill a government's core responsibilities no matter the country's income level to its people. Issues of access feature prominently when mapped across health system building blocks, including laws guaranteeing access to emergency care, bystander protection (Good Samaritan) laws, regulatory mandates for initial screening and stabilization before requesting payment, and financing mechanisms to fund facilities that provide emergency care to people who otherwise cannot pay.[28]As economic development and reallocation of resources allows for the progressive realization of a more comprehensive emergency care system, other components such as a toll-free universal emergency number and ambulances can be legislated and regulated though various governance mechanisms. Through the Universal Health Coverage (UHC) agenda, multilateral organizations such as the WHO, academic institutions, funders, and many national governments are strategizing methods to enhance coverage and improve the health of the entire population. UHC focuses on equity in access to health, protection against financial risk, and quality of health services.[29] As it relates to the ECS, UHC will require nondiscriminatory and timely access to emergency care without regard to ability to pay. [30]

2. Governance of Emergency Care Access

Health system governance is one of the WHO's health system building blocks. It is a means to ensure coordination of efforts between the many actors and stakeholders within the health system to maximize means adopted by a society to promote collective action and deliver collective solutions in pursuit of common goals.[31]Governance incorporates a strategic policy framework with effective oversight, coalition building, regulation, attention to system-design, and accountability. As such, achieving universal access to quality emergency care is inseparable from strong governance.[32] The United Nations Development Programme defines governance as 'the exercise of political, economic and administrative authority in the management of public affairs at all levels.' [33] Applied to health, good governance yields effective delivery of health services to meet the needs of the population and fundamentally relies on the setting of standards, incentives to

[26] H Geduld, EJC Hynes, LA Wallis, T Reynolds, 'Hospital Proximity Does Not Guarantee Access to Emergency Care' (2018) 18 *Lancet Glob Health*: e731. https://doi.org/10.1016/S2214-109X30235-3.

[27] UN Committee on Economic, Social and Cultural Rights (CESCR). General comment no. 14: The right to the highest attainable standard of health (art. 12 of the covenant).2000.

[28]TW Burkholder, K Hill, Hynes Calvello, 'Developing Emergency Care Systems: A Human Rights-Based Approach'. (2019) *Bull World Health Organ* 97:612–9. <https://doi.org/10.2471/BLT.18.226605>accessed 8 February 2025.

[29] World Health Organization. Health systems Governance for Universal Health Coverage: Action plan. (Geneva, Switzerland: WHO Press; 2014.)

[30] Ibid.

[31] Burkholder, Bergquist and Wallis (n 25).

[32] Ibid.

[33] UNDP Policy Document, 'Governance for Sustainable Human Development', (New York, NY: United Nations Development Programme; 1997)88.

motivate or deter certain actions, information to clearly define outcomes and performance, and a system of accountability.[34]

There are a variety of legal and regulatory instruments that are used in governing health systems, including international treaties, constitutional and statutory law, regulations, guidelines, protocols and informal practice patterns. Drawing from the WHO ECS Framework and published laws, certain commonalities and best practices emerge. The variability of global legal systems such as common law, civil law, statutory law, religious law or a combination is an important consideration before applying these. Though these laws should also dictate penalties for violations and establish regulatory bodies with the authority to enforce the law. These components were derived from a rights-based framework for emergency care cross-referenced with the WHO Emergency Care System framework.[35]

3 Legal Frameworks Regulating Emergency Care in Nigeria

A human rights-based approach to access to emergency care can provide both the legal and moral support to advocacy efforts. This approach relies on a complex collection of international treaties, national constitutions, domestic laws and court rulings pertaining to the right to health.[36]Access to healthcare is a human right concept, clearly expressed in international legal frameworks and many of these treaties have been ratified by Nigeria.[37] While the applicability of these laws requires domestication by Nigerian legislature, which limits their enforcement, these laws serve as a guide to the standard expected.[38] The 1948 Universal Declaration of Human Rights (UDHR), although not binding on parties, recognizes the rights of individuals to a 'standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.[39]

The 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) also identifies the rights of persons to the highest attainable standard of physical and mental health.[40] The ICESCR further encourages States to reduce infant mortality rates and ensure that children develop in a healthy manner, improve the environment to prevent degradation, prevent, treat and control epidemics and other diseases, and guarantee access to required medical services.[41] Other Conventions also emphasize access to healthcare for vulnerable and marginalized persons

[34] AE Olafsdottir, DD Reidpath, S Pokhrel, and P Allotey, 'Health Systems Performance in Sub-Saharan Africa: Governance, Outcome And Equity'. (2011)11 BMC Public Health ;1-3. <https://doi.org/10.1186/1471-2458-11-237>.

[35]Burkholder and others (n 25)

[36] World Health Organisation 'Developing Emergency Care Systems: A Human Rights –Based Approach (2019) <www.who.int/publications/i/item/BLT-18-226605

[37] Emmanuel Nwachukwu, Nigeria: A Health Sector in Crisis, Premium Times Nigeria (Aug. 6, 2021), <https://www.premiumtimesng.com/opinion/477854-nigeria-a-health-sector-in-crisis-by-emmanuel-nwachukwu.htm> accessed 9 February 2025.

[38]Gunilla Backman and others, Health Systems and the Right to Health: An Assessment of 194 Countries, 372 (2008) *LANCET* 2047, 2085

[39] G.A. Res. 217 (III) A, Universal Declaration of Human Rights art. 25 (Dec. 10, 1948

[40] G.A. Res. 2200A (XXI) art. 12(1) (Dec. 16, 1966).

[41] ICESCR, Art. 12(2).

highlighting the lack of basis for discrimination on the grounds of gender, race and economic status. [42]

Similar provisions safeguarding the right to health also exist in African regional instruments like the African Charter on Human and Peoples' Rights (African Charter) 1986,[43] African Charter on the Rights and Welfare of the Child (African Children's Charter) 1999, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2003 (African Women's Protocol).[44]Existing Resolutions and General Comments[45] also contain provisions relevant to emergency health care. However, resolutions are not legally binding but serve as an essential background to changes made by governments and other relevant stakeholders.[46] In a general comment authored by the Committee on Economic, Social and Cultural Rights (CESCR), the organization notes that 'the right to be treated for diseases includes "the creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations.'[47]

According to the CESCR, the availability, accessibility, acceptability, and quality of healthcare goods and services characterizes the right to health. [48] EMS is an essential part of healthcare services, and thus, it is included in the right to health. Therefore, the availability of emergency care in the form of services, drugs, and trained personnel, in pre-hospital and hospital-based settings, is essential to achieving the overall right to health accessibility for persons, who require urgent medical attention, including vulnerable and marginalized groups. This means that no one would be denied access to emergency health services on discriminatory grounds. [49] Many ethical decisions are involved in emergency situations which put healthcare professionals under a lot of pressure because of the unpredictable circumstances, the urgency required, and the life-threatening

[42] United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW art. 12(1), art. 14(2)(b)) (Sept. 3, 1981) (ensuring access to healthcare for women, including those living in rural areas); see also United Nations International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) art. 5(e)(iv) (Oct. 13, 1966) (protecting access to public health and medical care for all races); United Nations Convention on the Rights of Persons with Disabilities (CRPD), art 25, Mar. 30, 2007. United Nations Int'l Convention on the Protection of the Rights of All Migrant Workers and Members of their Families art. 28, Dec. 18,1990, United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules) Rule 27(1) (Dec. 17, 2015). This declares that prisoners are to be given prompt medical attention in cases of emergencies and correctional facilities.

[43] African [Banjul] Charter on Human and Peoples' Rights, art 16(1)(2), Jun. 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982).

[44]Ibid. at art. 14(1)(2). African Union, Protocol to the African Charter of Human and People's Rights on the Rights of Women in Africa, UNITED NATIONS (July 11, 2003), at 16-17, <https://www.un.org/shestandsforpeace/sites/www.un.org.shestandsforpeace/files/> Accessed 20 January 2025.

[45] Comment No. 14, The Right to the Highest Attainable Standard of Health (Art. 12), ¶ 51, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000).

[46] Charles Mock, 'WHO Update, WHA resolution on Trauma and Emergency Care Services', NAT'L LIBR. MED, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2598340/pdf/285.pdf [https://perma.cc/6MJD-TB68>. Accessed 22 January 2025

[47] U.N. ECON. & SOC. COUNCIL, Comm. on Econ., Soc., & Cultural Rights, Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 (2000), The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), ¶ 16, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000).

[48] Ibid. at 12.

[49] Jean-Frederic Levesque and others, 'Patient-Centered Access to Health care; Conceptualizing Access at the Interface of Health Systems and Populations'(2013) 12 *Int'l J. Equity Health* 18.

nature of these cases.[50] In making ethical decisions during the daily performance of their duties, emergency care providers usually consider established professional principles, specific rules set out by the organizations where they work, and the legal consequences of their actions.[51] Some of these ethical issues have been addressed by regulatory frameworks of some countries, which make it easier for services to be rendered without fear.[52]

Also, the World Health Assembly (WHA) is the governing body of the WHO and is comprised of all Ministers of Health in the 194 WHO Member States.[53] The WHA converges yearly to deliberate on diverse subjects related to health and agree on actions to bring about needed changes, which are subsequently documented as Resolutions. To improve EMS in LMICs, the WHA adopted Resolution 60.22 in 2017, which was the first item to be published by them on this matter.[54] The WHA encourages governments to improve their pre-hospital and emergency trauma care systems by ensuring that services are timely and effective.[55] Thus, first aid training is necessary for first responders to effectively offer basic care to patients before they reach the hospital in the absence of formal ambulance services.[56] States with formal emergency systems are expected to establish monitoring mechanisms to ensure that minimum standards in respect of training, equipment, infrastructure and communication are met.[57] A universal-access telephone number, which is extensively disseminated to the public, is to be made available in formal emergency systems or where such formal systems are being established.[58]

In 2019, the WHA adopted Resolution 72.16. In its preamble, the Resolution emphasizes the importance of urgently attending to critical medical situations.[59]WHA emphasises that millions of deaths and long-term disabilities and complicated health conditions would be avoided if there is access to quality and urgent medical care. The Resolution acknowledges that emergency care is vital to the achievement of several targets under SDGs 3, 11 and 16.[60] To guarantee prompt and efficient health services for populations, the WHA calls upon States to take additional steps in strengthening the delivery of emergency services as part of UHC, as well as adopt policies that would encourage an EMS system that is sustainably-funded and appropriately-managed.[61] This EMS system would provide safe and quality services without discrimination against socio cultural

[50]Mohammad Torabi and others, Experiences of Pre-Hospital Emergency Medical Personnel in Ethical Decision-Making: A Qualitative Study, (2018) 19 BMC Medical Ethics 1,1.

[51] F Arthur, *The Law of Hospital and Health Care Administration*, (Health Administration Press; Ann Arbor, Michigan, 1988).

[52]TeKaunihera, and Rata Aotearoa, A doctor's duty to help in a medical emergency' (2021) Medical Council of New Zealand June<www.mcnz.org.nz> accessed 20 June 2024.

[53]Tsion Firew, The World Health Assembly Adopts an Emergency Care Resolution, ACEP NOW (Dec. 20, 2019), < https://www.acepnow.com/article/the-world-health-assembly-adopts-an-emergency-care-resolution>

[54] Sixtieth World Health Assembly, Health systems: emergency-care systems, U.N. Doc. A60/22 (May 23, 2007).

[55] Ibid at 2.

[56] WHO Update, 'WHA Resolution on Trauma and Emergency Care Services, Injury Prevention <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2598340/pdf/285.pdf >accessed12 June 2024.

[57] Ibid.

[58] Ibid, 285.

[59] Seventy-Second World Health Assembly, Emergency Care Systems for Universal Health Coverage: Ensuring Timely Care for the Acutely Ill and Injured, U.N. Doc. A72/16 (May 28, 2019).

[60] Ibid. at 1-2.

[61] Seventy-Second World Health Assembly, Emergency Care Systems for Universal Health Coverage: Ensuring Timely Care for the Acutely Ill and Injured, U.N. Doc. A72/16(May 28, 2019

and socio economic factors, such as the inability to pay before treatment.[62] The Thirteenth General Programme of Work (GPW 13), [63] which outlines WHO's strategy for the period between 2019 to 2023, and with the mission to promote health, keep the world safe, serve the vulnerable, focuses on three targets; one target is to ensure that by 2030, one billion more people are better protected from health emergencies.[64] There are several that deal with right to health issues and therefore obligate signatories to uphold certain principles or policies with regard to health. [65] A comprehensive review of United Nations treaties found that eight treaties included language directly addressing the need for emergency and surgical care anesthesia as these treaties can be applied to emergency care as surrogate.[66] Although the enforcement of international treaties is challenging and often limited, these human rights laws have been used at national levels to substantiate legal claims around access to essential medications.[67]Article 103 of the UN Charter provides: 'In the event of a conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.[68] This is further, supported by Article 53 of the 1969 Vienna Convention on the Law of Treaties (VCLT).[69]

Constitutional law is a very effective framework for EMS service**.** With respect to health systems, constitutional laws are a powerful mandate to respect, protect and promote the right to the highest attainable standard of health. For example, the incorporation of a right to access essential medications into the national constitution has been shown to have an effect via favorable court rulings on national implementation.[70]

4. Review of the Guarantee of Emergency Medical Services in Nigeria

Despite the fact that Nigeria has been reported to be the second-highest country in the world in terms of traffic accidents and other emergencies, EMS delivery remains sub-standard.[71]The situation is worse in rural communities, as development lags behind urban settings. Road traffic accidents (RTAs) constitute one of the highest number of emergencies leading to mortalities in Nigeria.[72] Nigeria, like most LMICs, does not have a formal and organized pre-hospital EMS.[73] Factors such as the type and severity of injuries and distance to a hospital are often considered

[62] Agnes Usoro and others, 'Perspectives on the Current State of Nigeria's Emergency Care System Among Participants of an Emergency Medicine Symposium: A Qualitative Appraisal', (2021).11 BMJ Open,
[63] Thirteenth General Programme of Work 2019-2023, WORLD HEALTH ORG.
23 June 2024, < https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023
[64] Seventy-Second World Health Assembly, Emergency Care Systems for Universal Health Coverage: Ensuring Timely Care for the Acutely Ill and Injured, U.N. Doc. A72/31 (May 28, 2019
[65] Wade Mansell and Karen Openshaw '*International law. A Critical Introduction*.' (Second Edition Hart publishers 2019) 115
[66] KS Chawla, L Rutkow and others, 'Beyond A Moral Obligation: A Legal Framework for Emergency and Essential Surgical Care and Anesthesia' (2017) 41(5) *World Journal of Surgery Pub Med* 208
[67] Ibid.
[68] UN Charter 1945.
[69] HV Hogerzeil, M Samson, JV Casanovas, L Rahmani-Ocora, ' Is Access To Essential Medicines As Part Of The Fulfilment Of The Right To Health Enforceable Through The Courts? (2006) *The Lancet*; 368:305–11. <https://doi.org/10.1016/S0140-6736(06)> 4.
[70] Ibid, 6.
[71] Olusegun (n 1) 253
[72]O C Ndubuisi, R Onyemaechi, Uchenna Ofoma, 'The Public Health Threat of Road Traffic Accidents in Nigeria: A Call to Action', (2016) 6 *Annals Med. & Health Scis.* Rsch 199.
[73]AmardeepThind and others, Prehospital and Emergency Care, In Essential Surgery: Disease Control Priorities 245, 246 (Haile T Debas and others (eds)., 3rd ed., 2015).

when determining whether a pre-hospital emergency system is efficient.[74] Several studies also consider the number of people who died before reaching the hospital as an additional determinant.[75]For example, a research study conducted over two years in a tertiary hospital in Enugu state reported that 88 people were Brought in Dead (BID) out of 382 emergency patients brought to the hospital.[76] Similarly, an eight-month long study that took place in a teaching hospital in Lagos, Nigeria, had a total of 144 BID cases. This statistic is higher than other countries, indicating that the pre-hospital EMS in Nigeria is inefficient and fraught with challenges.[77]

One would recall the pathetic video and report of a promising youth, Greatness Olorunfemi. Who was a victim of road traffic robbery popularly called one chance having been thrown out of a moving vehicle after being robbed. She was rushed to a public hospital where she was allegedly not accepted by the health personnel.[78] There have been lots of words on the Nigerian streets on accounts of hospitals rejecting emergency cases with impunity as if there is no law on the subject in Nigeria. Unconfirmed reports state over and over again about hospitals demanding a police report as a pre-condition for treatment for emergency cases or gunshot victims. Police authorities in Nigeria have come out on numerous occasions to inform the public that a police report is not a pre-condition for the treatment in emergency cases.[79]

There are various instruments in Nigeria which are centered on health services, it may be to provide rights to patients (such as The Patients' Bill of Rights), or to regulate the practice of health practitioners (such as the Code of Medical Ethics), or to create a structure in the health sector (such as the National Health Act 2014), or even to outline directives to be followed in the event of a pandemic (such as the Quarantine Act[80]). The Patients' Bill of Rights is an instrument which provides an aggregate of rights which can be asserted by patients in Nigeria. Alongside these rights, the bill also provides for the duties of the practitioners, and the responsibilities of the patients themselves. One of the rights provided by the Nigeria Patients' Bill of Rights is the right of access to emergency care.[81] This right states that a patient has the right to receive urgent, immediate and sufficient intervention and care in the event of an emergency, prioritizing such needed attention over other factors including cost and payment as well as law enforcement requirements.[82]This provision is to the effect that patients have the rights to emergency healthcare which must be given immediately, without prerequisite consideration of whether the patient can pay for the treatment, or whether there are any other laws in Nigeria which ordinarily would preclude the treatment from being carried out. This means that as far as this law is concerned, this is an absolute right. However,

[74] HG Burkitt and others, 'Essential Surgery: Problems, Diagnosis and Management', (2007). 95 *BR. J. SURG*. 535
[75]Mobolai Oludara and others, 'Emergency Medical Services Outcome Assessment in Lagos, Nigeria: Review of Cases of Brought in Dead Patients', (2014).7 *Open Access Maced. J. Med. Sci*. 253.
[76] AJ Edeh and others, 'Cases of Brought In Dead (BID) In The Accident And Emergency Department Of A Tertiary Hospital In Enugu, Nigeria: A Retrospective Study', (2018) 6 *J. Experimental RSCH*. 71, 72.
[77]Oludara and others (n75)
[78]Olusesan Olajide, 'Enforcing Emergency Medical Treatment in Nigeria' *Punch (Nigeria)* 10 October 2023.
[79] Ibid.
[80] CAP Q2 LFN 2004
[81] Section 7, Patients' Bill of Rights.
[82] Ibid.

under this law, patients are still obligated to make payment for the treatment, but must not be denied such treatment simply because they may not be able to pay.[83]

The National Health Act (NHA) is the prescribed law relating to healthcare delivery in Nigeria.[84] The Act provides a framework for the regulation, development and management of a national health system and set standards for rendering health services in the federation. Section 20(1) of this Act states that "a healthcare provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason". This section precludes healthcare practitioners from refusing to offer emergency treatment to a patient for any reason. Some reasons may include uncertainty of the patients' ability to pay for the treatment, or certain laws which may ordinarily order against such treatment. None of these reasons supersedes the provision of this section.[85]This order is followed up by Section 20(2) NHA which provides that "any person who contravenes this section commits an offence and is liable on conviction to a fine of N100,000 or to imprisonment for a period not exceeding six months, or to both" The section not only confers a responsibility on the healthcare practitioner, but attaches penalties which would be a consequence of defiance. This is one of the very few sections of the Act that has penalties attached, and this indicates the seriousness of the responsibility.

The Compulsory Treatment and Care for Victims of Gunshots Act, 2017 is probably the most comprehensive law in relation to emergency treatment in Nigeria. It makes guidelines compelling medical practitioners to treat and care for victims of gunshot wounds as urgently as they would treat any other emergency. This law was necessitated as a result of the incessant deaths caused by the non-treatment of victims of gunshot wounds by medical professionals, usually as a result of uncertainty as to the provisions of the law with regard to treating gunshot wounds, and the perceived likelihood of criminal interference.[86]Section 1 of the Act provides for a right to treatment, stating that every hospital in Nigeria is bound to accept or receive any person with gunshot wound for immediate and adequate treatment. Such treatment must occur with or without clearance from the Nigerian Police. Furthermore, Section 2(2) (b) states that a person with a gunshot wound shall be received for immediate and adequate treatment by any hospital in Nigeria with or without initial monetary deposit. This aspect of the law serves as a shield to patients who cannot afford such treatment at the material time it is needed. Their inability to pay is not to become a restriction to their right to emergency healthcare. More so, the Police are not to invite any victim of gunshot wounds from the hospital for the purpose of investigation, unless such a patient is certified fit by the Chief Medical Officer.[87] This Act is very commendable and certainly, represents a step forward in an attempt to respect human dignity and preserve life. At last, medical personnel will no longer be harassed by the police for treating such persons in Nigeria. Also, Any person whether civilian or security agents has a duty to be a good Samaritan and give every possible assistance to any person with gunshot injuries by ensuring that the person is rushed to the nearest

[83] Ibid.
[84]Federal Republic of Nigeria. National Health Act 2014. < https:// nigeriahealthwatch.com >Accessed 25 January 2025.
[85] Mabel Ijeoma Ezeuko, 'The Laws Guiding Emergency Treatment in Nigeria in Cases of Gunshot Victims', (2019) *Medico-Legal Journal*. 20.
[86] Ibid.
[87]Compulsory Treatment and Care for Victims of Gunshots Act (2017), (Act No. 22 2017), Section 1,

hospital for instant medical care.[88] This provision ensures that the fundamental rights of the victims are protected in line with international law provisions and the Constitution.[89]

The 2004 Code of Medical Ethics ("CME") is a Code of Conduct prepared by the Medical and Dental Council of Nigeria ("MDCN") to guide the medical and dental professions in Nigeria.[90]The CME specifies the responsibilities of medical professionals to the sick and one of these duties is to "give emergency care as a humanitarian duty unless he is assured that others are willing and able to give such care."[91] Furthermore, the CME provides that, during emergencies, medical practitioners must provide quality medical care to patients and attend to them without discrimination.[92] Rule 12 provides that healthcare facilities are expected to have emergency and accident units.[93] The CME also states that medical practitioners who happen to be at the scene of an emergency are not under any obligation to give medical attention to the victim of that emergency.[94] However, if the practitioner decides to assist, he or she must provide reasonable care, in that the practitioners actions must align with a competent and reasonable qualified practitioner would do in a similar situation. The CME also notes that failure to meet the required standard will give rise to liability for professional negligence, despite the limitations outside the control of the practitioner in an emergency situation.[95]According to the CME, it constitutes professional negligence when a medical practitioner who is in a position to attend to a patient who needs urgent medical attention fails to promptly do so. These provisions of the CME mean that emergency care must be given to a patient when it is within the duty of the practitioner in the hospital. This duty, however, will not extend to settings outside the hospital.[96]

At the federal level, the National Emergency Management Agency (NEMA) was established to prevent and manage disasters in Nigeria.[97] NEMA also improves the living conditions in the country after a catastrophe and educates people in terms of new disasters. NEMA operates offices in six geo-political zones of the country. NEMA handles a wide range of emergencies, not just emergencies specific to medical conditions.[98]

There is also the Nigerian Federal Road Safety Corps, (FRSC) a paramilitary structure, which was created in 1988.[99] One of the responsibilities of the FRSC is giving prompt attention and care to victims of accidents and providing roadside and mobile clinics for the treatment of accident victims

[88]Ibid, Section 2.
[89] Principles of Medical Ethics; Principle 2, Declaration 2, Declaration of Tokyo (1975); Article 5 African Charter; Constitution of the Federal Republic of Nigeria, 1999(as amended) Section 34(1) (a)
[90]O Olaitan Olusegun and Oludamilola A. Adejumo, '*Legal Prescriptions for Medical Practitioners: A Handbook of Medico-Legal Issues and Rights Protection in Nigeria*14 (Krafts Publishers, 2023).14
[91]Medical and Dental Council of Nigeria, Code of Medical Ethics (2016).
[92] Ibid.
[93]Ibid.
[94]Ibid.
[95] Medical and Dental Council of Nigeria
[96]Oludamilola Adebola Adejumo and Oluseyi Ademola Adejumo, 'Legal Perspectives on Liability for Medical Negligence and Malpractices in Nigeria,' (2020). *PAN AFR. MED*. J. 34, 35
[97]Oyinpreye Jasper Abiodun and others,' Pre-Hospital Care of Road Traffic Accident Victims in the Niger Delta: a Private Initiative and Experience,' (2019).11 OPEN ACCESS *Emerg. Med*. 51, 55
[98] NEMA, National Emerg. Mgmt. Agency, <Https://Nema.Gov.Ng/About-Nema/> accessed 26 July 2024.
[99] FRSC, Federal Road Safety Commission, <https://frsc.gov.ng/about-us/ >accessed 28 June 2024.

free of charge.[100]The FRSC has thus been involved in the pre-hospital care of accident victims but with little or no training to render effective services. In 2001, the Lagos State Government, in collaboration with a foreign firm, attempted to establish an EMS system. Subsequently, the Rivers State Government-owned EMS kicked off in 2002, followed by other states including Enugu, Ondo, Ogun, Delta, Akwa Ibom and the Federal Capital Territory.[101] These attempts have been marred by the unwillingness of these governments to contribute funds into a project that does not generate revenue. Reports support that Lagos State has the most efficient state-run EMS system in Nigeria.[102]

Agencies carrying out EMS in Lagos state include the Lagos State Emergency Management Agency (LASEMA), which manages emergency responses in the state, and Lagos Response Unit (LRU), which strives to make both human and material resources available for effective response to emergencies.[103] The emergency services of Lagos state consist of two trauma centers, which initially had ambulance services available at those centers.[104] However, for greater efficiency, the ambulance services were detached from the trauma centers in March 2001, to exist independently as the Lagos State Ambulance Services (LASAMBUS).[105] Upon establishment, health professionals employed in LASAMBUS were trained on emergency medicine in France and Israel. Lagos State adopted the models of both countries to form a pre-hospital EMS system, which translated to staff simultaneously having the capacity to handle urgent cases at the emergency scene, perform first-aid treatments and transport patients to the hospital. In 2011, the Lagos State government established ambulance stations in strategically selected locations across the state, each equipped with an ambulance.[106] As of 2020, twenty-five stations were managed by LASAMBUS in the state. By operating throughout the day and week, LASAMBUS improved emergency services significantly with regard to response time and quality of care, all resulting in lower mortality rates.[107]However, Lagos State is recently experiencing some challenges in providing pre-hospital care to individuals who have a medical emergency and strengthen hospital-based medical care. Reports state emergency stations managed by LASAMBUS are insufficient, with about one million persons depending on one ambulance for urgent transportation, while few existing stations have insufficient facilities to carry out their duties.[108] Healthcare professionals working in LASAMBUS have not maintained their formal certifications in training programs, or courses like

[100] Ibid.

[101]Nnamdi Nwauwa, 'Improving Care and Response in Nigeria', (2017*) Emerg. Med. Services* J<https://www.jems.com/operations/ambulances-vehicle-ops/improving-care-response-in-nigeria/>

[102] Helen Zidon,' Nigerian Ambulance Services: For the Dead or the Living? Business Day (Dec. 19, 2020), <https://businessday.ng/bd-weekender/article/nigerian-ambulance-services-for-the-dead-or-the-living/> accessed 28 June 2024.

[103]Abiodun Awoyemi, EMS Around the World: Bare Bones—EMS in Nigeria, EMSWORLD (Sept. 2019), <https://www.hmpgloballearningnetwork.com/site/emsworld/article/1223146/ems-around-world-bare-bones-ems-nigeria>https://www.hmpgloballearningnetwork.com/site/emsworld/article/1223146/ems-around-world-bare-bones-ems-nigeria accessed 28 June 2024.

[104]Chinmayee Venkatraman et al., 'Lagos State Ambulance Service: A Performance Evaluation,' (2020) 47 *Eur J. Trauma Emerg. Surg*. 1591, 1592.

[105] Ibid.

[106]Gbenga Salau, 'With Depleting Lagos Ambulance Points, Vehicles, Accident Victims Now at Higher Risk', The Guardian (Aug. 1, 2021, 4:13 AM), https://guardian.ng/sunday-magazine/with-depleting-lagos-ambulance-points-vehicles-accident-victims-now-at-higher-risk/ Accessed 29 June 2024.

[107] Emergency Medical Services, LASEMS and LASAMBUS, Lagos State: Ministry, <https://health.lagosstate.gov.ng/emergency-medical-services-lasems-and-lasambus/>Accessed 29 June 2024

[108] Ibid

Basic Life Support (BLS), Advanced Cardiovascular Life Support skills, and International Trauma and Life Support ("ITLS").[109]Poor administration, poor staff welfare, lack of funds, dangerous locations used as stations, and lack of facilities are among some of the reasons quoted by members of staff for the inefficiency of LASAMBUS.[110] Others include traffic congestion, failure of drivers to give ambulances the right of way, thereby leading to delays in arriving at emergency scenes, remoteness between the location of the emergency, emergency centers, and the hospital, difficulty in accessing emergency locations due to inadequate rescue equipment, for example, seas, buildings under fire and collapsed buildings, inadequate ambulances, and confusion regarding whom to call for assistance. These challenges take a toll on the performance of the program.[111]

Valuable human resources are being lost in Nigeria due to lack of effective medical services. It can be recalled the incidence of August 24 2016, where some doctors were traveling from Ekiti to Sokoto State, close to Kaduna, they were involved in a ghastly motor accident that claimed the lives of four doctors on the spot. On the account of other survivors, two doctors did not die on the spot and they probably would not have died if they had received emergency treatment right from the spot and in transit to the hospital.[112]In trauma or emergency, there is the golden hour, if the patient received medical care within sixty minutes of the occurrence of the injury, the probability of survival is high. During the end SARS in 2019 many who were victims of stampede, sustained injury as a result of stray bullets and who needed emergency care lost their lives as a result of rejection by hospitals who requested for a deposit of a fraction of the bill or police report before they can treat the said victims. While some hospitals argue that they have strict instructions from the police not to treat victims of gunshots on the sole reason that the victims maybe robbers. Others are of the opinion that the hospital is a business and not a charity home so victims must deposit a fraction of their bill before treatment can commence. These medical practitioners flagrantly disregard the sanctity of life and even watch victims struggling with their lives until they pass on. If only victims were aware of their right to emergency treatment and healthcare providers are aware that mere denial to treat a victim of emergency case carries a fine or imprisonment or both, the reverse would have been the case.[113]

There are many more limitations to the right to emergency healthcare in Nigeria, which include but is not limited to untrained personnel, and refusal of emergency treatment based on religious inclinations such as the refusal of blood transfusion as in the case of *Medical and Dental Practitioners' Disciplinary Tribunal v. Okonkwo*.[114]In Nigeria, bystanders or good Samaritans play an important role in rescuing persons in need of emergency care and transporting them to the hospital.[115]The assistance rendered to these distressed persons save lives due to the timely

[109] Ibid.

[110]NahimahAjikanleNurudeen, 'LASAMBUS: Ambulance Points Without Ambulances', *Daily Trust,* (Apr. 27, 2016),<https://dailytrust.com/lasambus-ambulance-points-without-ambulances> 8 July 2024.

[111]GbengaSalau, With depleting Lagos ambulance points, vehicles, accident victims now at higher risk, The <, https://guardian.ng/sunday-magazine/with-depleting-lagos-ambulance-points-vehicles-accident-victims-now-at-higher-risk>/ Accessed 29 June 2024.

[112]Olajide (n78)

[113]Ngozi Eunice Emeka, 'The Legal Framework for Emergency Medical Care in Nigeria:
Messiah Or Mirage?' (2022) *International Journal of Comparative Law and Legal Philosophy (IJOCLLEP*) 4 (2)

[114](2001) AHRLR 159 (NgSC).20-23.

[115] BA Solagberu et al., Re-Hospital Care in Nigeria: A Country Without Emergency Medical Services, 12 NIGER J. CLINICAL PRAC. 29, 31 (2009).

intervention. The question that arises is whether good Samaritans will be liable if they perform a negligent act leading to accidental harm or loss of life while trying to assist a sick or injured person. A Good Samaritans' bill proposed in 2015, is being considered by the legislative arm of the Nigerian government.[116] The bill aims to remove legal obstacles encountered by bystanders in the course of saving lives, so that bystanders would be encouraged to assist without fear of liability.[117]

The bill, which is only applicable to emergencies that occur outside hospital premises, specifies that persons who assist those in need of urgent medical attention will not be liable for their actions or omissions.[118] The bill notes that the Good Samaritan is duty-bound to treat the emergency patient cautiously and carefully, as acting in an unreasonable, reckless, or negligent manner will incur liability.[119] Those who intentionally cause or worsen the emergency are also not immune from liability. It remains unclear whether the Bill protects medical practitioners who assist at the scene of emergencies. Good Samaritans must obtain the consent of the ill or injured before assisting, with the exception that if the ill or injured person is unconscious or unable to approve, implied consent will be presumed.[120] Minors who need urgent medical intervention, on the other hand, are not required to give their consent before assistance is rendered to them.[121]

Nigeria does not have a specific law called the Good Samaritan Law that provides legal protection to people who give assistance to those whom they believe are injured or ill.[122] However the Nigerian legal system does have provisions related to aiding others in emergencies and providing assistance during accidents or medical emergencies. Though many believe that lack of training is the main reason why CPR is not done in Nigeria, the other reason is out fear of arrest or accusation of having killed the victim.[123]GSLs are established in every state in the United States of America (USA), including the District of Columbia.[124] These laws vary state by state with respect to the range of guaranteed protections, the amount of immunity from liability, and whether there is a legal duty to assist at the scene of an emergency.[125] Nevertheless, a similar provision in U.S. GSLs, is the immunity from liability granted to Good Samaritans who assist ill or injured people at the scene of an emergency; however, the exemption does not extend to aid that was carried out in a reckless or grossly negligent manner.[126] This immunity usually covers healthcare providers who in good faith, intervene in medical emergencies that occur outside hospital settings without receiving compensation.[127] To be considered a Good Samaritan, a pre-existing relationship and duty of care must not exist; therefore, immunity does not apply to healthcare professionals assisting

[116] Dare Odufowokan, House in Move to Protect Good Samaritans, Youths, *The Nation* (June 26, 2016), <https://thenationonlineng.net/house-move-protect-good-samaritans-youths/>accessed 29 June 2024.
[117] ibid
[118] Good Samaritan's Bill, (2019) section 2.
[119] Good Samaritan's Bill, (2019) section 1.
[120] Patricia G. Montana, Watch or Report? Livestream or Help? Good Samaritan Laws Revisited: The Need to Create a Duty to Report, (2018). 66 *CLEV. ST. L. REV*. 533, 537
[121] Ibid.
[122] First Aid by Leavande 'does the good Samaritan law exist in Nigeria < https://firstaidbylevande.com.ng/does-the-good-samaritan=law-exist-in-nigeria/ Accessed 29 June 2024.
[123] Ibid
[124] Montana, (n120)
[125]William M. Garneau and others, Cross-Sectional Survey of Good Samaritan Behaviour by Physicians in North Carolina, (2016). 10 BMJ OPEN 1, 1
[126] Nancy Levit, The Kindness of Strangers: Interdisciplinary Foundations of a Duty to Act, 40 WASHBURN L. J. 463, 476 (2001).
[127] Illinois Good Samaritan Act, 745 ILL. COMP. STAT. 49/25; N.C. GEN. STAT. § 90-21.14; ARK. CODE ANN. § 17-95-101 (2017).

in emergencies while performing their regular duties in clinical settings.[128] Other laws may protect these health professionals, but a higher degree of care is required from professionals than from laymen.[129]

5. Conclusion

The Nigerian healthcare system, just like the healthcare systems of most developing countries, is one which leaves a lot to be desired. Generally, there is insufficient access to healthcare facilities in Nigeria. This is not the same as lack of affordability though they usually go hand in hand. In many regions, there is either a total absence of or poorly equipped diagnostic centres. In many rural areas, which are the worst hit, there are no doctors to access, prescribe treatment, or to monitor patients' conditions. These factors exacerbate problems around emergency healthcare because the lack of access automatically means the lack of urgent care. [130] If an accident occurs in a rural area, and the victims require emergency help without which they would certainly lose their lives within one hour, it would be impossible for them to access emergency healthcare if the nearest hospital is three hours away. One would also have to factor in the fact that Nigeria has a very poor road networks .[131] More so, the Ambulance services which are supposed to convey emergency patients to hospitals are practically dysfunctional. The lack of access to these facilities deprives persons of their right to emergency care.[132]

The poverty of many Nigerians affects all sectors, including the healthcare sector, because many Nigerians cannot afford to make payments for the services they need. More so, over 90% of Nigerians are not covered by any form of health insurance.[133]Over the years, there have been reports of doctors who refuse to treat victims of gunshot wounds without a prior provision of a police report. Some doctors say that this refusal is as a result of fear from law enforcement, because in many cases, 'the police sometimes try to rope in the doctor in their investigation if the victim was involved in criminal activity'[134] This is notwithstanding the provisions of the Compulsory Treatment and Care for Victims of Gunshots Act, 2017 which state that such treatments must be given without requesting for any Police report.[135] Therefore, there have been many unfortunate incidents of Nigerians dying of gunshot wounds because the hospitals demanded police reports before carrying out their responsibilities.[136]

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[128] Brian West & Matthew Varacallo, Good Samaritan Laws, (2022), STATPEARLS <https://www.ncbi.nlm.nih.gov/books/NBK542176/> Accessed 29 June 2024

[129] Ibid.

[130] World Health Organization, 2011. Decade of Action for Road Safety 2011–2020. Geneva

[131] Justine Blandford and others, 'It's A Long, Long Walk: Accessibility to Hospitals, Maternity And Integrated Health Centers In Niger' (2012) *International Journal of Health Geographics* (24),

[132] Helen Zidon, 'Nigerian Ambulance Services: For the dead or the living? *Business Day Newspaper*, December 19, 2020.

[133]Chukwuma Muanya, 'Over 170 Million Nigerians Without Health Insurance', *The Guardian Newspaper*, 25th September, 2020

[134] Daniel Obi, 'Why Doctors Insist on Police Report to Treat Accident/Gunshot Victims', *Business DayNewspaper*, February 27th 2020. https://businessday.ng/amp/unctegorized/article/why-doctors-insist-on-police-report-to-treat-accident-gunshot-victims/ accessed 27 June 2024.

[135] Compulsory Treatment and Care for Victims of Gunshot Act, 2017, section 1.

[136]Kayode Oyero, 'Ebenezer Died of A Gunshot Wound Because Hospitals Demanded Police Report- Friends Mourn Man Who Planned To Wed Next Week', *The Punch Newspaper*<https://punchng.com/ebenezer-died-of-gunshot-

Reports of people being barred from hospitals due to inability to levy upfront payments or being required to purchase emergency medication and supplies are not uncommon. These and other barriers to accessing emergency care not only result in otherwise avoidable death or disability but also represent systematic violations of human rights.[137] However, the government is not capable of performing these responsibilities alone and should collaborate with private organizations to achieve these objectives. In the meantime, individual states of Nigeria should establish alternatives to a formal healthcare system.

The presence of a constitutional guarantee for emergency care accessibility is an important first step to facilitate further legislation, regulation and enforcement via lawmaking bodies, courts, and regulatory ministries. In contrast to constitutional law, statutory laws also known as acts or legislation are more detailed and specific. Section 33 (1) of the Nigerian Constitution 1999 (as amended) provides for the fundamental right to life, and yet healthcare institutions and security agents, including the police, disregard the sacrosanct nature of the constitution in this regard. Apart from the constitution, the National Health Act makes provision for emergency treatment of persons for any reason whatsoever and the Compulsory Treatment and care for Victims of Gunshots Act, 2017 (Gunshot Victim's Act, 2017) also empowers medical personnel to provide medical attention to gunshot victims without waiting for police report. Notwithstanding these provisions, the demand for cash deposits in Nigerian hospitals before a patient is treated has become a dangerous trend in the health care delivery service across the country and Nigerians have helplessly lived with this trend which has occasioned loss of lives due to patients' inability to pay on demand, their hospitals bills.

Nevertheless, it is important to recognise that legislation is only one instrument amongst others in eliminating the inhuman attitude of hospitals, healthcare institutions, the police and other security agencies towards gunshot victims and victims of emergency medical care. All stakeholders and duty bearers must all work together to ensure the implementation of the right to health which extends to the right to emergency medical treatment. Legislation alone will not be sufficient to eradicate longstanding practices. Let these provisions of the laws are to be included in the primary, secondary and tertiary curriculum. The current provision on Emergency medical care under the NHA in Nigeria needs a timely review because many practical areas are left out as a result of which there are a lot of loopholes in the mode of actual implementation of the provisions. For instance, in USA Emergency Medical Treatment and Active Labour Act (EMTALA) in its provisions stated what can be considered an emergency medical condition. This paper recommends that Section 20 of the NHA be amended to cover more areas like what can be considered an emergency medical condition.

Nigeria has integrated UHC as a goal in her national health strategies to achieve UHC targets by 2030 and eliminate preventable maternal and child deaths, strengthen resilience to public health emergencies, reduce financial hardship linked to illness, and strengthen the foundations for long-term economic growth. Yet, progress in translating commitments to UHC into expanded domestic resources for health, effective development assistance, and ultimately, equitable and quality health services, and increased financial protection has been slow.

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wound-because-hospitals-demanded-police-report-friends-mourn-man-who-planned-to-wed-next-week/?amp accessed 27 June 2024.

[137]Jose M Zuniga, Stephen P Marks, and Lawrence O Gostin, *Advancing the Human Right to Health* (Oxford University Press 2013) 12