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STUDY ON IMPEDIMENTS TO BYSTANDER CARE IN INDIA

BASED ON A NATIONAL SURVEY CONDUCTED BY TNS INDIA PVT. LIMITED
FOR SVELIFE FOUNDATION



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

This document has been produced with the help of a grant from The Global Road Safety Partnership through the Bloomberg Philanthropies funded Road Safety Grants Programme. Global Road Safety Partnership is a hosted project of the International Federation of Red Cross and Red Crescent Societies. The contents of this document are the sole responsibility of the authors and can under no circumstances be regarded as reflecting the positions of International Federation of Red Cross and Red Crescent Societies (IFRC) nor those of the Donors.

Study on Impediments to Bystander Care in India
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“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.”

Albert Einstein

Why does India lose more than 15 people every hour to traffic accidents? Can bystanders and Police play a role in saving lives? Are attitudes of the police discouraging people from helping accident victims? Is our criminal procedure contributing to fatalities on the road? Are hospitals a part of the problem or the solution? Are cumbersome and opaque judicial processes making people hesitant to help a fellow human being while he is seriously injured? If current investigation procedure was simplified will bystanders step forward? Should the name and identity of Good Samaritans be kept anonymous? Should a bystander pay the medical cost of a victims/ he has brought in? Should first-aid training be made mandatory before getting a driver's license? Is it worrying that in India people believe that a pizza arrives faster than an ambulance? Do we have a conducive legal & ethical environment for bystanders to help injured victims?

Does India need a Good Samaritan Law?

IMPEDIMENTS TO BYSTANDER CARE IN INDIA

Executive Summary

Background

As early as 1979, Justice V. Krishna Iyer of the Supreme Court of India remarked, “More people die of road accidents than by most diseases, so much so that the Indian highways are among the top killers of the country” Little has changed since then. In 2012 alone, close to 140,000 people died in road accidents in India, while close to 500,000 were left seriously injured or permanently disabled¹. The number of people who die due to road accidents in India is more than the individual populations of 27 countries across the world. It is estimated that fatalities and injuries from road accidents result in the loss of over 2.5% of India’s GDP. Despite attempts to mitigate the risks, little or no progress has been felt on Indian roads.

SaveLIFE Foundation (SLF), a non-profit, non-governmental organization established in 2008 to reduce the high number of road accident deaths in India, sought to find out the scope and depth of the issue. When SLF explored the root causes of road accident deaths in India, its team discovered that 80% of victims fail to receive emergency medical care within the critical Golden Hour after an accident². 50% of those who currently die can be saved if they receive timely medical attention³.

Emergency Medical Services (EMS), including ambulances and paramedics, are rare or non-existent in most parts of India. Even in major cities, traffic and road conditions delay the arrival of help. Under these conditions, bystanders and police can play a crucial role in saving lives. They can rush victims to the hospital, control crowds, or administer first aid. Yet, as a hapless Kanhaiya Lal and the country witnessed in Jaipur on 13th April 2013, bystanders often fail to respond to victims’ pleas for help⁴. SLF sought to understand why. It engaged TNS India Private Limited to conduct a diagnostic study to establish the root causes and key factors behind the failure of bystanders to assist road-side victims.

The Survey

The study covered various categories of bystanders and potential Good Samaritans across seven cities of India to develop a first-hand account of factors that hinder bystanders from coming forth as first responders to assist a seriously injured victim on the road.

- The survey was carried out among 1,027 road-users across Delhi, Hyderabad, Kanpur, Ludhiana, Mumbai, Indore and Kolkata.
- Within each location the survey was conducted at busy city intersections as well as along highway stretches leading to the city.
- Three broad categories of respondents were covered during this survey, viz. Pedestrians, vehicle owners and patrons at roadside establishments.

¹ “Accidental Deaths and Suicides in India, 2012 Report” by National Crime Records Bureau, Government of India

² Indian Journal of Surgery, 2006

³ 201st Report of the Law Commission of India titled “Emergency Medical Care to Victims of Accidents and During Emergency Medical Condition And Women Under Labour” dated August 2006

⁴ Hindustan Times news report titled “Callous city ignores accident victims” dated 15th April 2013

BROAD FINDINGS

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 REGARDLESS OF WHETHER THERE WERE OTHERS ON SCENE OR NOT

88%

OF RESPONDENTS WHO WERE UNLIKELY TO ASSIST INJURED VICTIMS STATED THAT THEY WERE RELUCTANT TO HELP FOR FEAR OF LEGAL HASSLES, INCLUDING REPEATED POLICE QUESTIONING AND COURT APPEARANCES

77%

OF RESPONDENTS WHO WERE UNLIKELY TO ASSIST INJURED VICTIMS ALSO STATED THAT HOSPITALS UNNECESSARILY DETAIN GOOD SAMARITANS AND REFUSE TREATMENT IF MONEY IS NOT PAID FOR TREATMENT

78%

OF RESPONDENTS BELONGING TO THE LOWEST SEC BRACKET (PROBABLY THE POOREST PEOPLE ON THE ROAD) ARE UNLIKELY TO COME FORWARD TO ASSIST A VICTIM. **72%** OF MIDDLE INCOME AND **70%** OF UPPER-INCOME RESPONDENTS STATED THAT THEY WOULD NOT COME FORWARD TO HELP THE INJURED VICTIMS

BROAD FINDINGS

58%

RESPONDENTS ADMITTED THAT IF THEY HAD TO, THEY ARE MORE LIKELY TO HELP A VICTIM OF ROAD ACCIDENT THAN OF VIOLENCE

88%

RESPONDENTS EXPRESSED THE NEED FOR A SUPPORTIVE LEGAL ENVIRONMENT TO ENABLE GOOD SAMARITANS TO COME FORWARD AND HELP INJURED VICTIMS ON THE ROAD

36%

OF ALL BYSTANDERS FEEL THAT BYSTANDER RESPONSIBILITY ENDS WITH CALLING THE EMERGENCY NUMBERS

77%

RESPONDENTS AWARE OF WHICH EMERGENCY NUMBERS TO CALL TO REPORT AN ACCIDENT

**Can a strong
legal framework
encourage Bystanders
to step forward?**

SECTION 1

INTRODUCTION

The Golden Hour

80%

**ROAD ACCIDENT
VICTIMS IN INDIA
DO NOT RECEIVE
ANY EMERGENCY
MEDICAL CARE
WITHIN THE CRITICAL
FIRST HOUR AFTER
AN ACCIDENT**

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.

WHO Report titled "Prehospital Trauma Care Systems"

1.1 Prologue

According to the Global Status Report on Road Safety 2013 released by the World Health Organization, India suffers from the highest number of road accident deaths in the world. Safety studies have found that poor road infrastructure, road user behaviour such as failure to comply with speed limits growing drinking and driving habits, and refusal to use proper motorcycle helmets and child car seats, are among the main factors contributing to road mishaps. However, so many of these mishaps end in death in India due to the failure of emergency medical services to reach victims in time. According to The Law Commission of India in its 201st Report on "Emergency Medical Care to Victims of Accidents and During Emergency Medical Conditions and Women Under Labour":

Doctors point out that at least 50 percent of the fatalities can be averted if victims are admitted to a hospital within the first one hour. For an accident victim, it is important that he is provided basic first aid which enables him to survive till he reaches the hospital.

According to a study by the Indian Journal of Surgery (2006), 80% of road accident victims in India do not receive any emergency medical care within the critical first hour after an accident.

Pre Hospital Trauma Care

The formal medical care that may be provided to an injured victim before reaching the hospital is referred to as "Pre-Hospital Trauma Care". In its report titled 'Pre-Hospital Trauma Care Systems', the World Health Organization (WHO) has stated that even the most sophisticated and well equipped pre-hospital trauma care systems, including advanced ambulance services, can do little if bystanders fail to recognize the seriousness of a situation, call for help, and provide basic care until help arrives. 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 potentially life-saving measures can be initiated, such as assisting breathing, applying direct pressure to a wound to reduce external bleeding, and opening an obstructed airway. The likelihood of an injured individual surviving or dying depends on the timeliness of these actions. If bystanders promptly initiate such first aid, or even rush the

victim to a nearby medical facility, the odds of survival may be greatly enhanced.

The aforementioned report of the WHO further states: "Bystanders must feel both empowered to act, and confident that they will not suffer adverse consequences, such as legal liability, as a result of aiding someone who has been injured."

SaveLIFE Foundation has been strongly advocating for a supportive legal framework that allows bystanders to come to the aid of accident victims without fear of police or prolonged legal formalities. In many countries around the world, legislation exists to protect Good Samaritans. In India, however, this area has received little attention. It has therefore been necessary to advocate for the framing of such Guidelines.

SaveLIFE Foundation, with support from Bloomberg Philanthropies and Global Road Safety Partnership, contracted TNS India Private Limited to independently undertake this diagnostic study to establish the root causes and attitudinal predispositions behind the reluctance among bystanders to react at times of emergency.

TNS Global, which is part of the WPP-KANTAR group, is the world's largest consumer research company with operations in 81 countries. TNS has more conversations with the world's consumers than anyone else and understands individual human behaviours and attitudes across every cultural, economic and political region of the world. The social research business practice of TNS is proud to be recognised as the preferred partner for servicing major multilaterals and bi-lateral agencies like The World Bank, UNICEF and UNDP, several prestigious universities as well as many national and regional Governments. TNS has been operating in India since 1994.

In the past many research studies and surveys have been carried out to understand what engineering interventions can control the mortality rate during accidents on Indian roads, build public awareness and enhance trauma care services. The output of this study, however, is the first of its kind. This is the first documented evidence of the hurdles to bystander care in India and its findings speak to the urgent need for Legislation or Guidelines that protect the interests of Good Samaritan

Bystanders must feel both empowered to act, and confident that they will not suffer adverse consequences, such as legal liability, as a result of aiding someone who has been injured.

WHO Report titled "Prehospital Trauma Care Systems"

SECTION 2

SURVEY DESIGN AND SAMPLE COVERAGE

Survey Design

2.1 Scope of work

The clear mandate of this research was to seek answers to the following areas of inquiry

1. Popular opinion on whether people on the roads spontaneously come forward to help road accident victims and perceived factors that hinder or facilitate this reaction
2. Whether bystander engagement in helping trauma victims would differ for those in road accidents from those who are victims of crime, and possible reasons behind this differentiation if it exists
3. Under what conditions would a bystander decide to come forward to help a victim of an accident or violence and, in this context, understand the relative importance of such factors as familiarity with locality, severity of the trauma and cause of injury
4. Popular perception of attitudes of the police and hospital staff towards victims of the accident and those who help such victims
5. Level of awareness of the general public regarding emergency numbers to be called in case of an accident or incidence of violence
6. Popular opinion and suggestions on a supportive environment that would enable bystanders to come forward and help injured persons without fear or discomfort

2.2 Coverage and respondent segments

2.2.1 Survey location

The selection of cities for the survey has been done on the following parameters

- a. Road accidents/10000 population
- b. Severity of road accidents
- c. Diversity in city infrastructure and socio-economic parameters

Based on these parameters, it was decided that Delhi, Hyderabad, Kanpur, Ludhiana, Mumbai, Indore and Kolkata be selected for the purpose of this study.

Delhi, Hyderabad, Kanpur,
Ludhiana, Mumbai, Indore,
Kolkata

Within each selected geography the survey was conducted at busy city intersections as well as along highway stretches leading to the city.

Table 2.1 Accident statistics of sample cities

City	All accidents	Population	Accident/10000	Accident severity*	Ratio & severity
Delhi	7260	12259230	5.9	29.7	Moderate ratio & moderate severity
Hyderabad	2797	4025335	6.9	17.7	Moderate ratio & low severity
Indore	4961	1960631	25.3	8.3	High ratio & low severity
Kanpur	1413	2767031	5.1	45.3	Low ratio & high severity
Kolkata	2843	5080519	5.6	12.5	Low ratio & moderate severity
Ludhiana**	430	3487882	1.2	52.8	Low ratio & high severity
Mumbai	28424	13922125	20.4	2.2	High ratio & low severity

*Accident Severity: Road accident deaths/100 accidents
Source: NCRB. Data pertains to 2010.
** Initially it was decided to take Jalandhar as a sample city because along with Hyderabad it is a WHO RS-10 location. But, accident details for the city were not available with National Crime Records Bureau and hence, Ludhiana was chosen as it had a similar development profile

2.2.2 Respondent segments

Three broad categories of respondents were covered during this survey, viz.

A) Population categories within city intersections

- a. Pedestrians-Pedestrians are further classified into two typologies.
 - i. Pedestrians who are waiting for a public vehicle service at a designated stop/stand
 - ii. Pedestrians who are temporarily stationary on the roadside because they are customers of the various goods and services on the offer along the roadside e.g. going to an ATM, standing at a cigarette shop, buying vegetables from a vendor or kiosk, etc.
- b. Vehicle owners - Those who go to office in their own vehicle or are driven to work (vehicles include four wheelers, three wheelers as well as motor bikes and scooters). These respondents were questioned at their workspace as well as at their household in nearby residential colonies.
- c. Stationary - Those who have shops beside roads, non-permanent kiosks, vendors, cobblers etc.

B) Population categories along highways leading to the City

- a. Vehicular- Drivers/passengers/helpers travelling on LMV, HMV, buses, passenger coaches, motorcycles who are contacted at halting points like roadside eateries and petrol pumps; and
- b. Stationary- Owners/workers in road side eateries, repair shops, weighing kiosks, employees at toll collection points, petrol/diesel pump attendants

2.3 Profile of achieved sample

Table 2.2 Achieved sample by city

City	# of respondents
Delhi	155
Hyderabad	156
Mumbai	143
Kolkata	152
Kanpur	139
Indore	142
Ludhiana	140
Total	1027

Figure 2.1 Distribution of sample according to SEC

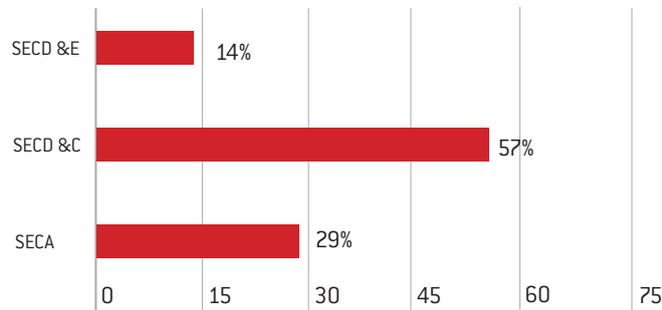


Figure 2.2 Distribution of sample according to respondent typology

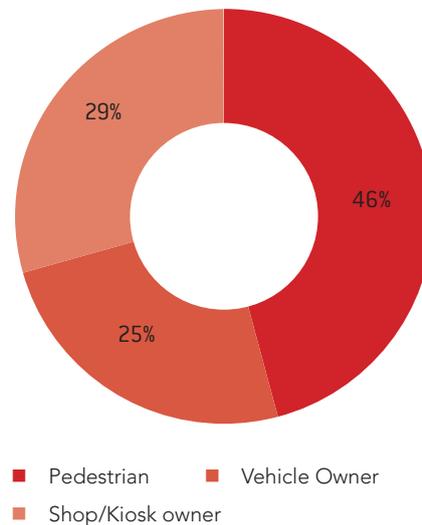
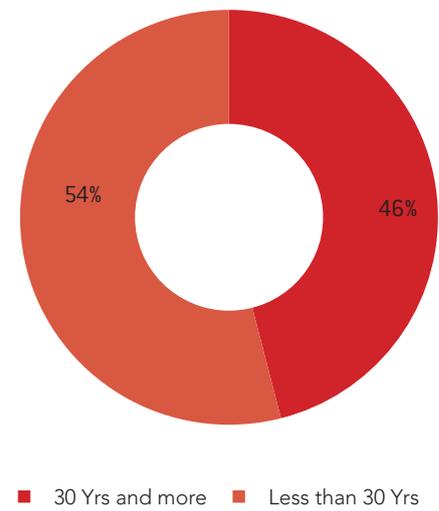


Figure 2.3 Distribution of sample according to age of respondent



Open ended & rating based on multiple response segments

2.4 Survey instrument

The survey comprised of a combination of open ended as well as rating based multiple response segments. The open ended segment sought to elicit the average road user’s views on the issue, what they considered to be the key issues that inhibit bystanders from assisting injured roadside victims, as well as their expectations from various stakeholders if they themselves were the victims. The multiple response segments were designed to elicit how the survey participants were likely to personally respond to a trauma situation and to identify and measure the relative strengths of possible determinants governing their response.

Why are 74% Indians reluctant to save another human life?

SECTION 3

SERIOUSNESS OF THE ISSUE OF BYSTANDER CARE

A seriously injured person lying on the roadside is unlikely to get assistance from majority of bystanders in India

74%

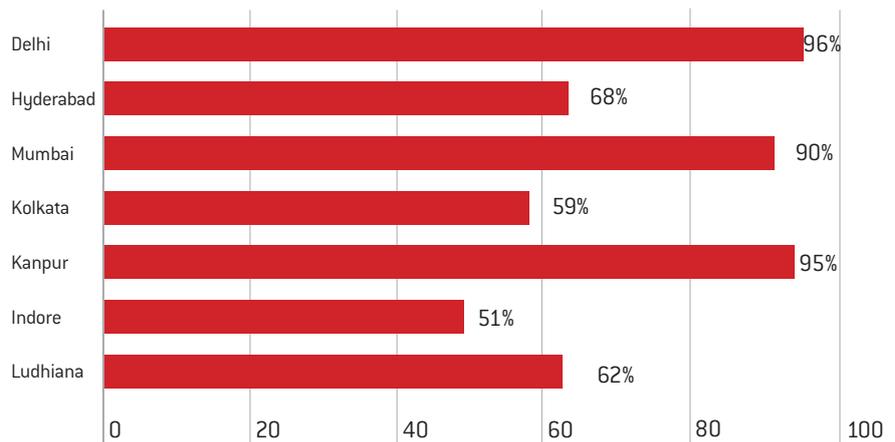
BYSTANDERS ARE UNLIKELY TO ASSIST A VICTIM OF SERIOUS INJURY, IRRESPECTIVE OF WHETHER THEY ARE ALONE AT THE SPOT OR IN THE PRESENCE OF OTHERS

3.1 Public opinion on the current situation

As per this survey, popular opinion with respect to bystanders coming to the aid of roadside trauma victims is reflective of a negative disposition among the general public to get involved in aiding trauma victims, especially if the extent of injury is seen to be severe. The survey has clearly revealed that a seriously injured person lying on the roadside is unlikely to get assistance from a bystander. Even though the first several minutes after an accident are most crucial for a victim of serious injury, the survey indicates that such victims have far less of a chance of getting bystander assistance compared to a victim who is visibly not very seriously injured.

Across cities, these proportions varied significantly, which in essence is reflective of the socio-cultural ethos of each.

Figure 3.1: City-specific proportions of bystanders who are unlikely to be first responders for a victim of serious injury



The proportion of bystanders who are unlikely to help a severely injured victim varies quite a bit across cities with as high as 96%, 95% and 90% in Delhi, Kanpur and Mumbai respectively; to a low of 51% in Indore.

71%
OF ALL YOUNG BYSTANDERS (30 YRS OR BELOW) ARE UNLIKELY TO COME FORWARD TO HELP A SEVERELY INJURED VICTIM

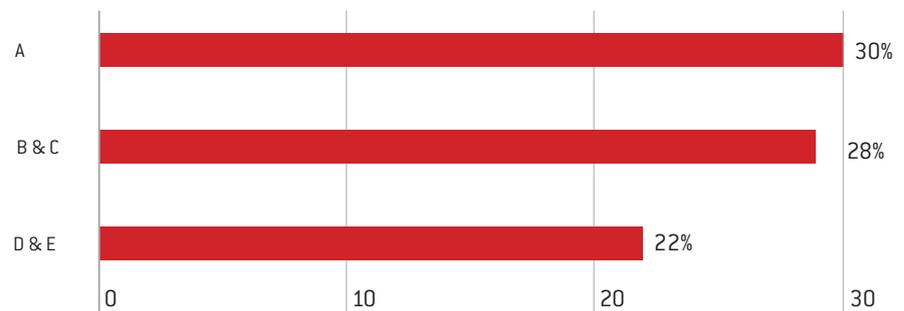
We have already reported that 46% of the respondents to this survey were below the age of 30 yrs while 54% were 30 or above. The survey revealed that a relatively higher proportion of the older bystanders (more than 30 yrs) are less likely to come forward to provide assistance to severely injured victims than those who were younger (less than or equal to 30 yrs).

There were nominal differences in the proportion of likely helpers between pedestrians, vehicle owners/drivers and kiosk/shop owners/ attendants. However, we do see a marked difference in likely involvement of bystanders as first responders in assisting a severely injured victim between different socio-economic categories of respondents (SEC). *The SEC is essentially a proxy categorisation to income variables and roughly translates to high (A); middle (B), lower middle (C), lower (D) and economically weaker section (E). These categories of households are based on the occupation and education level of the chief wage earner of the family.*

79%
OF ALL OLDER BYSTANDERS (OVER 30 YRS) ARE UNLIKELY TO COME FORWARD TO HELP A SEVERELY INJURED VICTIM

The data clearly shows that most of those belonging to the lower SEC brackets (probably the poorest people on the road) are unlikely to come forward to assist an injured victim compared to middle and upper income categories.

Figure 3.2 SEC wise break-up of proportion of bystanders who are likely to help a severely injured victim



- A = High Income
- B = Middle
- C = Lower Middle
- D = Lower
- E = Economically Weaker Section

The major reason stated by respondents from lower SEC’s for avoiding helping trauma victims is because they are often victimised by the police or the hospital staff.

People across cities felt that it was not very easy to help those involved in road mishaps. The prevailing mood was one of apprehension with the entire process of helping someone. It was perceived that it takes a lot of courage to come forward and take up the “huge” responsibility of rushing an injured victim to hospital. It was stated that at most the victim’s family members, or an ambulance, may be informed.

Most respondents felt that the job of helping an injured victim ends at either placing the victim by the side of the road or calling his/her family members. It was very rarely that the bystanders would deliberately seek the assistance of police as the first step.

Police trouble was often mentioned as the major reason that hinders people from coming forward to help injured victims and this report delves deeper into the issue in later sections. Among respondents who stated that they would indeed help injured victims, the reasons varied from moral inclinations to a sense that some day they may face a similar situation and may need help from bystanders. Some also stated that they would come forward to help an injured victim for the sake of humanity and that it was an act of virtue or in their words in Hindi, "punyakakaam".

58%
**BYSTANDERS
ARE MORE OPEN
TO HELPING A
VICTIM OF ROAD
ACCIDENT THAN A
VICTIM OF VIOLENCE**

3.2 Likely response rate for accident victims vis-à-vis victims of violence

There was a higher propensity to help accident victims than victims of violence. It was stated by several respondents that people were wary of getting embroiled in "political trouble" by helping a victim of violence. Furthermore, cases of violence would attract more legal proceedings and hence there was lesser propensity to help victims in such situations.

It became clear that in cases of possible involvement of criminal elements bystanders were not forthcoming to even inform the police. Police involvement was always stated to be the last resort.

In case of victims of violent crime, the risk perception of personal incrimination is even higher, especially if the victim happens to pass away in transit to a hospital. In fact, the prevalent opinion was that it was always better to let the police handle such cases rather than getting personally involved.

**Do bystanders fear
prolonged legal
formalities?**

SECTION 4

FACTORS AFFECTING BYSTANDER RESPONSE

88%
BYSTANDERS
WHO ARE UNLIKELY
TO HELP A VICTIM
BELIEVE THAT GOOD
SAMARITANS ARE
SUBJECTED TO
LEGAL HASSLES AND
MISTREATMENT
AT THE HANDS
OF POLICE

77%
BYSTANDERS
WHO ARE
UNLIKELY TO HELP
A VICTIM FEEL
THAT HOSPITALS
UNNECESSARILY
DETAIN GOOD
SAMARITANS AND
OFTEN DEMAND
MONEY FROM THEM
FOR TREATMENT
OF THE VICTIM

It has already been stated that 74% of the participants in the survey had admitted that they were unlikely to help a severely injured victim irrespective of whether they were alone or in the company of other bystanders. In the following sections this report will explore in-depth the major impediments to bystanders coming forward to assist injured victims on the road.

4.1 Extrinsic factors

Extrinsic factors are those that are governed by the external environment. The various impediments stated by respondents included apathy of medical establishments, fear of police harassment and the perceived burden of investing time and money.

A high proportion of bystanders who had reported that they were not likely to come forward to help a severely injured victim on the roadside (irrespective of whether they were alone or otherwise) harboured an opinion that taking an accident victim to the hospital leads to a lot of problems as hospitals detain Good Samaritans till the police arrive and also demand payment for treatment of the victim.

An even higher proportion of such bystanders harboured an opinion that taking an accident victim to the hospital leads to a lot of problems because of legal hassles and repeated police questioning.

The perceived apathy of medical establishments and police was identified as a major impediment to any bystander participation. The public opinion of both these entities was at low ebb. Bystanders also expressed doubt as to whether hospitals in their city were well-equipped to provide prompt trauma care to road side victims.

Some respondents in Kolkata asserted that even though some government hospitals have all required facilities, yet there was lack of prompt help. In Hyderabad, about a third of the respondents felt that the current response time of ambulances and hospitals were optimal, and several stated that there was a visible increase in the availability of trauma care for injured persons.

The lack of coordination between police and hospitals was seen as the main contributor to hassles and loss of time and money for Good Samaritans.

74%

**BYSTANDERS
FEEL THAT THEY MAY
BE MORE INCLINED
TO HELP A VICTIM
NEAR THEIR PLACE
OF RESIDENCE
OR WORK DUE
TO A SUPPORTIVE
AND FAMILIAR
ENVIRONMENT**

Costs involved in transporting the victim and being forced to bear the initial charges at hospitals was seen as an added impediment to bystander assistance for victims. Nearly half of the bystanders were of the opinion that they would not like to take the lead in bringing an accident victim to the hospital because then they would have to bear the transportation cost and the initial charges at the hospital.

4.2 Intrinsic factors

Intrinsic factors are those that are ruled by the internal beliefs and dispositions of individuals. The issues explored include familiarity of surroundings, fear of blood, fear of infections, lack of information on response procedure and convoluted and often self-defined limits to extent of responsibility.

At an aggregate level, a high proportion of bystanders had agreed to the fact that they were more likely to help a road accident victim if the incident happened within their familiar surroundings such as near their place of residence as against someplace unfamiliar.

Many respondents stated that it was not the sight of blood that would make them turn away.

Similarly, a relatively low proportion of bystanders had felt that if they saw a severe accident on the road or a victim of violence, they would hesitate to be involved because of the risk of contracting HIV, Tuberculosis, Hepatitis B and C.

The process for helping an injured victim is time consuming and tedious. The usual opinion voiced was that since once you get involved you cannot just quickly help and leave, and since the involvement is likely to be all day, it's better to avoid.

Around a third of all the bystanders interviewed had admitted that they were unaware of any emergency medical services in their city or where exactly to take the victim.

Extrinsic factors can be addressed through systematic intervention

24%
BYSTANDERS UNLIKELY TO HELP AN INJURED VICTIM MAY FAIL TO DO SO OUT OF FEAR OF THE SIGHT OF BLOOD

37%
BYSTANDERS ARE UNAWARE OF WHERE TO TAKE THE VICTIM FOR EMERGENCY TRAUMA CARE

4.3 Critical elements that hinder bystander involvement as first responders

The survey revealed that bystander participation as a first responder to a trauma incident on the road was largely qualified by the twin issues of time and harassment rather than intrinsic factors which are characterised by attitudinal predispositions of individuals. The most common response was that there was not enough time to get involved in the legal hassles that follow helping an injured victim. It was felt that more often than not the Good Samaritan was left to save his/her own skin by getting involved in helping the victim. That it is the extrinsic factors that strongly affect bystander action is an encouraging outcome because such factors can be addressed through programmatic, structural as well as legislative interventions whereas attempting to change mindsets and beliefs is relatively a more complex and long drawn process.

Since the bystander did not have the guarantee that his/her involvement would actually be of any real help to the victim and that he/she would receive the protection of law from being harassed, there was little propensity to invest the requisite time to help a road side victim.

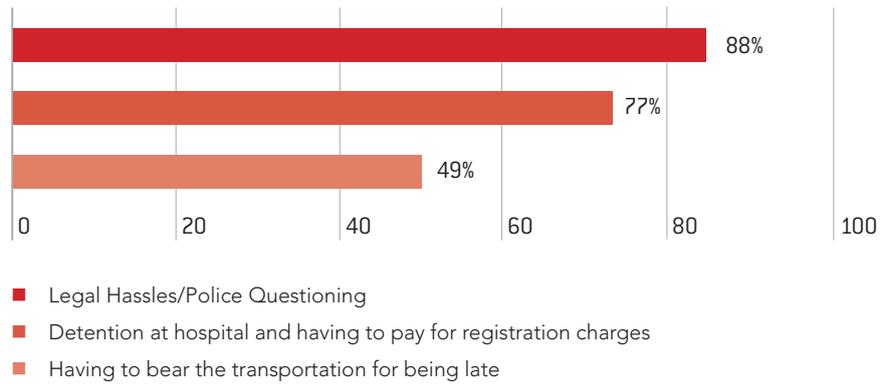
Most respondents felt that taking an injured victim to hospital would lead to them getting involved in the ensuing investigation at the hospital, then at the police station, and then at courts to give statements. Most respondents felt that if they were simply allowed to leave after dropping the injured victim to a hospital, it would certainly make them come forward to help.

Among other issues a prominent consideration was also the fear of getting forced into a financial commitment. Across all centres it was stated that in current times with high inflation and exorbitant costs of living, people are not ready to spend their own money for the treatment of the victim.

Summarising the results from this discussion, the following section aims to look at the key determinants of bystander care in further detail and elicit the common issues that are experienced by the public at large and which in turn govern their apparent reluctance to become first responders in helping a seriously injured victim.

The current system does not allow a Bystander’s responsibility to end at taking a victim to hospital or providing initial care.

Figure 4.1 Critical elements that hinder bystander involvement as first responders



NB: Multiple responses from a base of 765 respondents out of 1027 who were unlikely to come forward and assist a seriously injured victim

Table 4.1 Critical elements that hinder bystander involvement as first responders – by SEC

SEC	Legal Hassles/ Police Questioning	Detention at hospital and having to pay for registration charges	Having to bear the transportation cost
A	87.6	77.6	41
B,C	86.5	74.6	50.8
D,E	91.3	81.7	54.8

The ordering of issues in terms of their weightage remains more or less the same if the analysis is done by SEC, except for the fact that being late to office perhaps becomes a more critical hindrance for those in SEC A (high income bracket) relative to the others.

Table 4.2 Critical elements that hinder bystander involvement as first responders – by age of respondent

Age	Legal Hassles / Police Questioning	Detention at hospital and having to pay for registration charges	Having to bear the transportation cost
Age ≤ 30 yrs	90.3	73.5	48.2
Age > 30 yrs	84.7	79.9	49.3

The finding by age of respondent is very similar, which goes to prove that the relative significance of the four different factors stated above as key detriments towards realising bystander care remain unchanged irrespective of population characteristics.

Good Samaritans should not be subject to lengthy police procedure & judicial hassles

Fear of police and the judicial process

The bottom line is very clear; bystander assistance will significantly improve only if there is immunity from prolonged legal formalities. From all corners of the country, the plea from concerned citizens was that whether you are appreciated for helping out or not, at least the Good Samaritan should not be subjected to lengthy police and judicial processes.

Assurance of Anonymity

It is not that people do not appreciate the need for the police to gather the basic facts. It's just that Good Samaritans want an assurance of anonymity; and a simplified process of providing information to the investigators, one that does not involve repeated visits to the Police station or the courts. The majority of respondents felt that in India, despite being civil custodians, the behaviour of the average policeman is not very civil.

This is very clear from the TNS survey wherein as high as 88% of the bystanders who would not come forward to help a victim were of the opinion that Good Samaritans are subjected to legal hassles and questioning by cops at the hospital. Similarly, 77% of these bystanders harboured an opinion that hospitals tend to unnecessarily detain Good Samaritans and often extort money for treatment of the victim.

"People don't want to get involved in road accident cases, they feel instead of getting appreciation, they will get harassed by the system and they would have to devote a lot of time by making rounds to police station/court."

- Delhi

People do not want to deal with the authorities also involved in the incident (police), because it is time consuming. They fear they will have to answer questions and will be prone to suspicion. The police do not have a good reputation so many people will not even try." - Delhi

"The harrowing experience of being made a witness to the case and having to continually deal with an unhelpful police; as well as the insecurity that surrounds being a witness since there is no protective Law."

- Delhi

There were several suggestions that came forth from participants of the survey regarding ways and means of improving the present system. They included:

1. Taking a statement from the bystanders who bring in a victim to the hospital should be completed in one sitting
2. Expenses incurred should be reimbursed through a corpus fund immediately
3. Installation of CCTV in accident prone and crime prone streets to get first hand identification of perpetrators so that Good Samaritans are not harassed
4. Good Samaritan's participation in the inquiry and eventual legal process should be encouraged but not mandatory

Some of the more pertinent quotes from survey participants have been provided below.

"If there are any questions from police, it should be completed in one sitting. The helping person should not be called again. The statement should be taken only once..."

- Hyderabad

"Expenses incurred to be paid in cash immediately by a national insurance and perhaps a reward if proven that prompt action has saved a life"

- Delhi

".....if cameras are installed for close scrutiny of roads, it would serve a two-fold purpose. It would cut short the judicial process by providing cogent evidence; it would also address the primal fear of the person who considers extending help that he would not be falsely implicated.."

- Delhi

"Giving my name and phone number should be voluntary. Hospitals should not expect me to sign for emergency procedures. Hospitals should not keep us waiting if it's a police case. I should not have to go to a hospital depending on whose jurisdiction it comes under!!! If the sufferer dies in my car, I should not be harassed."

- Delhi

In general people are hesitant to come forward and help victims of crime. Many people say hesitation is due to fear of unnecessary attention from media and the society. Then there is also the fear from the accused and their powerful contacts.

"If they are witnesses, they may be harassed/blackmailed by the people who are actually guilty (in a way scared as their identity will be disclosed and no protection will be provided.)"

- Mumbai

In fact, several participants were quick to point out that the bad precedents set in movies/serials end up influencing the beliefs and convictions of the common man.

**If you were lying injured
on the road, would you
want a bystander to help?**

SECTION 5

RESPONDENTS' EXPECTATIONS FROM STAKEHOLDERS IF THEY THEMSELVES WERE INJURED

5.1 Expectations from other bystanders if the respondents were injured

- Most of the respondents wanted bystanders to rush them to a hospital immediately
- Several respondents expected some first aid while on way to the hospital
- Respondents also wanted bystanders to inform their family.

5.2 Expectations from the police

It was interesting to note for bystanders from metros that while they were averse to police involvement when they would help a victim, if they were themselves injured they would want the Police informed immediately. The response from smaller towns varied slightly as respondents felt that their reaching the hospital and their family being informed was more important than informing the Police.

Regarding expectation from police, the most common responses were as follows:

- Rush them to nearest hospital and not wait for ambulance or other formalities
- Inform the family members
- Police should not waste time in pointless enquiries while the victim goes from bad to worse

The range of responses from across the cities made it clear that police was not expected to do something extraordinary, but rather only perform its basic duties. The police was expected not to unnecessarily detain or harass any Good Samaritan, and instead thank them for their cooperation.

5.3 Expectations from city ambulance service

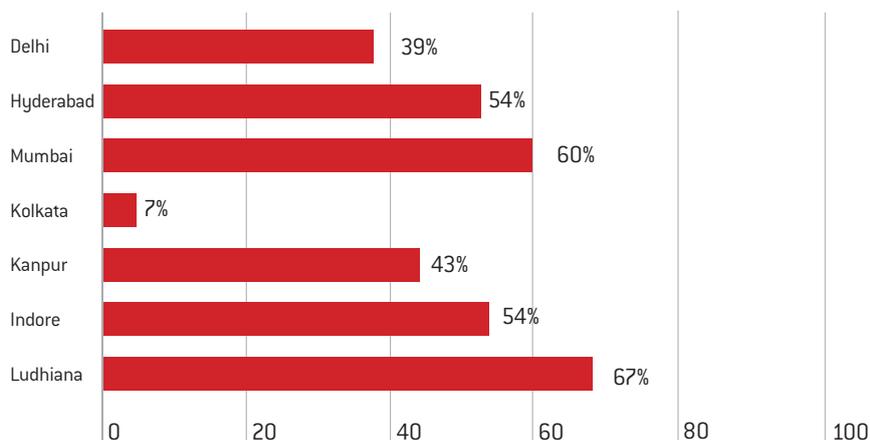
For almost all the people across all the cities, the prevalent expectation was that the ambulance should reach the accident spot immediately and help the victim reach the hospital well on time. Some of the people also thought that doctors should be available in the Ambulance itself to provide the first aid to the person in need. But in this matter, there seems to be a great deal of scepticism.

Police involvement

Medical professionals should be available in ambulances

The ambulance issue was found to be wanting across many cities. In Kolkata, it was asserted that the ambulances usually took the victim to the hospital or establishment it was attached to rather than the nearest facility. The ambulance was also often found to be coming late.

Figure 5.1 Proportion of bystanders who believe they have an efficient rapid response ambulance service in their city



Dedicated accident emergency centres

There were several suggestions for developing dedicated accident emergency centres (within the medical centres). This, people believe, would prevent a lot of time from being wasted in establishing identities; and if there is a standard protocol issued to the concerned doctors to be followed for such cases, it would definitely save more lives during the 'Golden Hour'.

Small first aid booths in every locality (in line with the PCR van concept) which are managed by 3-4 trained people

Suggestions have also come forth to consider setting up of many small first aid booths in every locality (in line with the PCR van concept) which are managed by 3-4 trained people. When an accident is reported, while an ambulance is being rushed to the accident spot, simultaneously a team from these small first aid booths may rush to the site before the ambulance and provide some basic first aid help and act as a supporting unit to the ambulance.

Delays are preponderant in hospitals

5.4 Expectations from medical establishments if respondents were victims

Current perceptions of responsiveness of hospitals varied depending on the ownership but in most cases delays are perceived. While in Private hospitals, payments for treatment hindered rapid care, in Government hospitals, formalities such as informing Police and doing paperwork, and perceived apathy of staff, delayed care.

Expectations from hospitals if respondents were rushed to one in an injured state:

- Respondents expected that doctors should tend to them immediately
- Considering the seriousness of the injury, senior doctors should be there to provide the treatment to the victim instead of him or her being delegated to junior residents just because verification and paperwork is yet to be done.

The responses regarding the standard of hospitals were fairly similar across cities. It was found that overall nearly two-thirds of the respondents found the hospitals to be in proper shape and conducive to trauma care. In this regard there were minimal difference between big cities and smaller cities. In Hyderabad, the doctors in general were found to be helpful across the board. In other cities, some of the respondents did mention that the doctors were found to be wanting in giving timely and proper care. But the fact that the police and the attending doctors together create a lot of hassles for the Good Samaritan bringing in the injured victim was mentioned across all the cities. In Kolkata, for instance, it was asserted that doctors were often not found on duty and that it was the non-medical staff that would pressurize the victim and helpers for money. Further it was stated that the hospitals asked victims to get all the medicines from "outside", thus making timely treatment difficult

Does India need a Good Samaritan Law?

SECTION 6

STATE OF PREPAREDNESS

77%

RESPONDENTS WERE AWARE OF THE NUMBER TO BE CALLED TO REPORT A MEDICAL EMERGENCY

A high proportion of Bystanders expressed the need for a law to protect people who help accident victims

88%

RESPONDENTS TO THE SURVEY EXPRESSED THE DESIRE FOR A LAW THAT WOULD CREATE A SUPPORTIVE ENVIRONMENT FOR THEM TO ASSIST INJURED VICTIMS

This section essentially looks at whether or not residents of a city are aware of the emergency numbers to be called if they witness an accident, and whether they genuinely feel the need for a supportive legal environment to be enacted in India to protect bystanders from harassment in case they come forward to help victims of trauma.

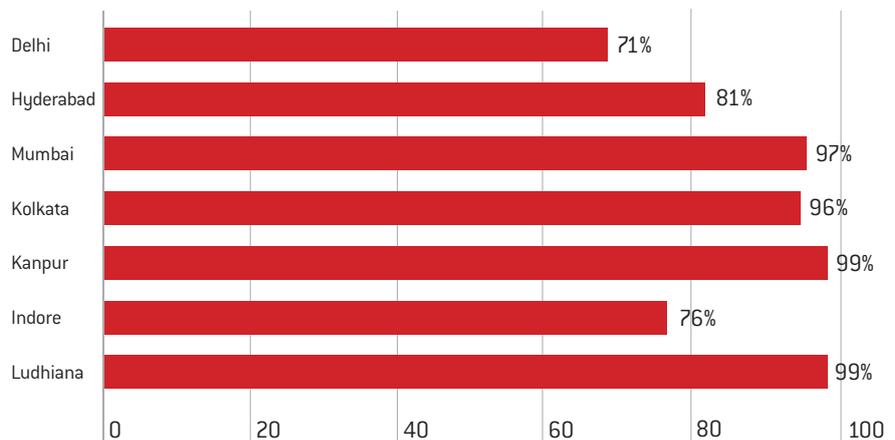
6.1 Awareness of emergency numbers

A high proportion of bystanders were aware of what emergency numbers to call if they wanted to contact the police or an ambulance service to report an accident. The 108 Emergency Response Services is a free 24/7 emergency service for providing integrated medical, police and fire emergency services in some cities of India.

6.2 The need for a Supportive Legal Environment

An overwhelmingly high proportion of bystanders had expressed the need for a law to protect people who try to help accident victims from hassles at hospitals and Police stations. The need was highest among lower SECs because they are the more susceptible to harassment. 95 percent of those in SEC D and E expressed a strong demand for a supportive legal environment to come forward and help someone. The situation across cities is similar with minor exceptions. It may be recalled that SEC D and E are roughly the equivalents of Lower Income Groups (LIG) and Economically Weaker Sections EWS categories of the population.

Figure 6.1 City - wise demand for a Good Samaritan Law



SECTION 7

BROAD CONCLUSIONS

While studying the data and responses from the survey respondents, several questions and conclusions stood out on the issue of Bystander Care. These are detailed below.

A supportive Legal environment

I. Demand for a Good Samaritan Law

An overwhelming 88% of all respondents to the survey expressed the desire for a law that would create a supportive environment for them to assist injured victims. This number rose to as high as 99% in Kanpur and Ludhiana and 97% and 96% respectively in Mumbai and Kolkata. More importantly, the demand was highest among the lowest socio-economic bracket with 95% of respondents demanding legal protection from arbitrary and unnecessary harassment.

Currently, no such law or provision exists in India. Good Samaritan Laws are prevalent, inter alia, in various states within the European Union, in Canada, Australia, the United States and China. India offers no protection to bystanders who come forward to assist and aid accident victims. Given the preponderance of responses which state lengthy and cumbersome procedures of the police, courts and hospitals and accompanying derisive attitudes, the need for adequate legislation is immediate and urgent. India should no longer lose people to a heinous and entirely preventable crime.

No lengthy investigation procedures

II. Perceived police harassment

“...The police should inform the family members immediately and not trouble the person who had brought the victim...”

- Kolkata

The perceived fear of police harassment was a crippling block in Bystanders being involved as first responders. Almost 88% of respondents from the highest income bracket and 91% from the lowest income bracket cited police questioning as a reason for them not to get involved. The incidence of harassment at hands of police is synonymous with lack of alacrity and promptness at the medical end. The respondents felt despondent at prospect of falling victim to any road side mishap. They were almost unanimous in their opinion that if they fall victim then the police should not harass the person trying to help them. People do not want to be a part of lengthy investigation procedures.

Specific suggestions that were revealed through the survey were:

- i. The Good Samaritan should not be assumed to be the perpetrator of the accident at the first go
- ii. Police should be compassionate to the helper so that such acts of helping others can be an example for others in future

III. Lack of knowledge & Fear of Legal Procedures

“People don’t want to get involved in road accident cases, they feel instead of getting appreciation, they will get harassed by the system and they would have to devote a lot of time by making rounds to police station/court”,

- Delhi

Legal processes within the criminal justice system can be lengthy, cumbersome and bewildering. The common man is often left running from pillar to post trying not to waste his time. Of all the respondents who stated that they would not come forward to help a victim, an overwhelming 88% said they fear legal hassles in the form of their identities being given to multiple agencies and repeated appearances to courts. Coupled with the fact that 50% of respondents above 30 feel that their offices will not compensate for being late, taking time out for subsequent court appearances greatly deter Bystanders. The time of the person who has helped should be respected; they should be allowed to leave after taking the basic details of the accident.

The lacuna of procedure in favour of the bystander/helper was a major impediment. The helper was dissuaded because he did not know what to expect from the police and how much time or expense it would involve in the hospital.

IV. Hospital Intervention

“...Hospital should attend to the person with care and give immediate treatment without waiting for police to file a case, the unholy nexus of hospital and police is a reality and everyone knows it”

- Hyderabad

People do not want hassles from the police or the hospital; they just want to help the victim in reaching the hospital and leave. A staggering 77% of respondents cite detention at hospital and having to pay registration charges as a reason not to step up. Some suggestions that emerged in this respect were as follows:

- i. The helper to the victim should be thanked and allowed to go, and not necessarily sit for hours in the hospital
- ii. Considering the seriousness of the injury, qualified and senior doctors should be there to provide the treatment to the victim instead of him or her being delegated to junior residents just because verification and paperwork is yet to be done
- iii. It should not be incumbent upon the Good Samaritan to pay unnecessary charges and costs

Bystanders fear multiple court appearances

Hospitals unnecessarily detain Good Samaritans

- iv. Dedicated accident emergency centres (within the medical centres) should be set up. This would prevent a lot of time being wasted in establishing identities; especially if there is a standard protocol issued to the concerned doctors to be followed for such cases

Skepticism towards response services

V. Lack of confidence in ambulance services

“...I have no hopes from the Ambulance, in this country the Pizza reaches the customer within half an hour but not the ambulance...”
- Kanpur

There is an unhealthy scepticism of the response and availability of ambulances within cities. Only 7% of the respondents from Kolkata and 39% from Delhi believe they have an efficient rapid response ambulance service in their city. Bystanders are nervous around injured victims, especially seriously injured ones. 24% of respondents state they would not come forward due to fear of blood and therefore, do not wish to be saddled with a seriously injured victim. When this is seen in the light of a lack of confidence with city ambulance services, it can be concluded that this fear keeps away more people.

No knowledge of Emergency numbers

VI. Lack of knowledge & preparedness

One of the most shocking state of affairs revealed by the survey is people's lack of knowledge of emergency numbers. 77% of people were aware of the number to be called to report a medical emergency. While this seems like a relatively high percentage, it is minor compared with the number of fatalities occurring everyday due to lack of medical services. 100% of people should know emergency numbers. This want for knowledge reveals an apathetic lack of awareness on the issue at the core of road accidents. India does not have a universal access number for emergency response, which perpetuates the issue further.

Moreover, a very small proportion of the population is trained in first-aid or basic trauma life support. Basic safety and first-aid training is not a part of schooling systems or mandatory before one acquires a driving license.

Around a third of all the bystanders interviewed had admitted that they were unaware of any emergency medical services in their city or where exactly to take the victim

While the lack of an efficient and protective system for Bystanders is the primary cause for the former failing to offer basic trauma life support, a significant number of people reported transport costs and the office not supporting their coming late as reasons not to help injured victims. It may be unfair to expect Good Samaritans to pay for medical expenses but there is a need for sensitisation campaigns to ensure that minor factors such as transportation costs are not obstacles to saving a life. Hospitals play a major role here due to the fact that if a victim is brought into the nearest hospital and then turned away, the Good Samaritan may be reluctant to find the next hospital. Offices and employers need to develop protocols and incentives for emergency situations where the employees feel free to come to the aid of a victim.

**Preservation
of human life
is of paramount
importance.**

Supreme Court of India

Pt. Parmanand Katara Vs. Union of India & Ors.
1989 SCR (3) 997

INCIDENT REPORTS

Incidents where lack of bystander assistance led to deaths of injured victims

- i. On 04.06.2013, Hindustan Times reported the death of a 17 year old girl, NidhiShivgovind Pandey, in Dadar during morning peak hours on a Monday. She was run over by a speeding bus. Concerns were raised on why no motorists or Bystanders came to her aid in such a busy area. "The girl was lying [on the road] for a long time before she was rushed to the hospital". She was declared dead on arrival at Sion Hospital
- ii. On 13.04.2013, all major news media reported the death of a 26 year old lady and her 8 month old daughter after being hit by another vehicle in Jaipur and being ignored by hundreds of passers-by even as her husband cried out for help in taking his family to the hospital. "He begged for help, not one car stopped in Jaipur", reported India's NDTV news channel about the incident.
- iii. On 05.04.2012, the Times of India reported that a 15 year old boy, after being hit by an unidentified truck, lay bleeding to death, while onlookers just stood around. It was reported that "Some of the people were heard saying that touching the boy could land them in unwarranted police interrogation." By the time the cops reached the stop, vital 20 minutes had passed and the boy had bled to death.
- iv. On 30.04.2012, it was reported in the Hindustan Times that a 42 year old Police Constable, Dinesh Pathak, who was thrown off his motorcycle after it was struck by a speeding vehicle and he bled to death because no one attempted taking him to the hospital. It was reported that a senior officer stated that "Pathak was bleeding on the road for around 15 minutes and nobody attempted to rush him to the hospital on time. Instead, passersby played safe and chose to wait for the police to arrive."
- v. On 06.12.2011, the Times of India reported that an ex-serviceman SurajBhan (67) had bled to death on one of the busiest thoroughfares of Delhi after meeting with an accident. According to the report, "Bhan's right leg was severed under the impact. He lay on the road, gradually bleeding to death, and without anyone to tend to him when a journalist on a motorcycle found him and alerted the Police. A police team rushed to the spot and found him unconscious. They rushed him to the AIIMS Trauma Centre where he succumbed to his injuries." Bhan's family claimed that he lay wounded on the road for over 40 minutes.

- vi. The Times of India, on 21.08.2011 reported that two persons lost their lives following an accident. The accident took place near the tax barrier which is situated on the border of Zirakpur and Chandigarh. Another victim who was injured was reported as saying, "No one came forward to help despite our desperate attempts to get help from people passing by".
- vii. On 09.05.2011, The Telegraph reported from Jamshedpur that a man had been killed when his motor cycle was hit from behind. The victim, Jugal Kishore lay unattended on the road even though the Police Station was a stones throw away from the site of the accident. He succumbed on his way to the hospital. The incident took place at noon.
- viii. On 18.02.2010, the Times of India reported that Major Alok Singh, a 44-year-old decorated Army officer was hit by an unidentified vehicle early morning and was left lying on Africa Avenue in South Delhi for hours. About three hours later, he was taken to the AIIMS trauma centre where he was declared "brought dead".
- ix. On 22.08.2010, the Tribune reported that a 56-year-old road accident victim died in Zirakpur, reportedly due to delay in medical assistance. The deceased was identified as InderNath Sharma, a resident of Dashmesh Enclave. Riding a bicycle, he was hit by a speeding truck from the rear near the Bauli Sahib Gurdwara on the Zirakpur-Dhakoli road around 2:30 pm. The victim was lying on the road for over an hour.
- x. According to a Times of India report dated 31.08.2008, NirmalaKadam died on a busy road in Mumbai. The report stated, "Hit by a taxi while crossing the road, Kadam was then run over by a bus. As she lay in a pool of blood, begging for water, the world turned a blind eye to Kadam's distress. Even the constables, who came ostensibly to help, treated her with callous neglect. She died on the way to hospital."
- xi. On 30.04.2008, it was reported in the Times of India that at the Ashram Chowk in South Delhi, on Monday morning, a 52 year old freelance journalist lay bleeding at the busy crossing for nearly an hour after his bike was hit by a speeding mini truck, without any sort of medical help coming his way. The victim, Shams Tabrez, bled to death on the road. Worse, Dr Anil Sharma, a neurosurgeon at AIIMS, who happened to be passing by and rushed to help the victim, was rebuked by other motorists for abandoning his vehicle on the middle of the road for the sake of a "dead man".

- xii. This problem does not pertain to road accidents alone. On 08.02.2012, it was reported in India Today that a 55 year old person, Jayprakash, residing close to Agra, while trying to cross the track between Agra Cantonment and Raja Ki Mandi station, came under the wheels of a speeding train. He remained conscious despite the hit and struggled with pain right in the middle of the track. The locals, who had gathered by then, offered little help to him, leaving him bleeding. The man lay there when a second train ran over him minutes later. He later succumbed to his injuries.
- xiii. On 09.11.2011, the Mid Day newspaper reported from the National Capital that two young men, brutally beaten up, lay on the roadside, bleeding, pleading for help for more than half an hour, but no one heeded their calls. One man succumbed due to excessive bleeding. Shailaj Roy, a B.Tech graduate from Siliguri in West Bengal and Sidharth Roy, a fashion designer, both 27, lay bleeding and pleaded for help from bystanders. According to friends and relatives of the two men, none of those present, tried to help the duo.
- xiv. On 09.01.2010 it was widely reported including by NDTV that a 40 year old decorated policeman R. Vetrivel was attacked with home made bombs and his legs were brutally hacked by gangsters in Tamil Nadu. He was left bleeding to death and crying for help. A convoy of two State ministers M. R. K. Panneerselvam and Thiru T. P. M. Mohideen Khan holding the health and sports portfolios respectively came and halted but did not rush Vetrivel to hospital, despite there being many cars in their convoy. They chose to wait for an ambulance which arrived after a long time, too late for the injured policeman.
- xv. On 24.02.2011, the Indian Express reported an incident where tension gripped Dum Dum station area after a 50 year old man, who was hit by a train while crossing the track near the railway station, died after he was not taken to the hospital or given assistance for long. The profusely bleeding man died after he was left on the platform without any medical help. The victim was hit by a train when he was trying to cross the railway track near the 7/11 post at Dum Dum station. According to sources, the passengers who took the injured man to the platform informed the Station Manager and the GRP about the incident and they requested them to take the injured man to the nearest hospital. However, neither the GRP nor the station manager responded to the request and the victim was left on the platform bleeding for almost an hour.



ABOUT SaveLIFE Foundation

SaveLIFE Foundation (SLF) is a non-profit, non-governmental organization fighting to reduce India's extreme number of road accident deaths. SLF is pioneering a unique strategy of supporting bystanders, who are often first at the scene of accidents, to come to the aid of victims in those critical moments after a collision. The organization is advocating for a supportive legal framework for bystanders to come to the aid of injured victims and is also training thousands of Police personnel and citizen volunteers every year to do so.

SLF is also strongly advocating for strengthening of national road safety laws and better enforcement standards.

To know more, please visit,
www.savelifefoundation.org

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