THE LEGAL FRAMEWORK FOR EMERGENCY MEDICAL CARE IN NIGERIA: MESSIAH OR MIRAGE? *

Abstract

Emergency medical care is the provision of medical care to patients with life- threatening conditions who require urgent treatment. From a policy perspective, emergency medical services (EMS) are one of the higher profile aspects of the health system as they are the first point of contact with the health system for many people. It is that care delivered in the first few hours after the onset of an acute medical or obstetric problem or the occurrence of an injury, including care delivered inside a fixed facility. This paper attempts an appraisal of the legal framework for Emergency Care Services in Nigeria. This paper draws a comparison with the American medical system by looking at the Emergency Medical Treatment and Labour Act (EMTALA) of the United States. The paper found that even though there are laws on Emergence care medicine in Nigeria but there is a dearth implementation of the said laws. The paper also found that even though the legal framework and policies regarding emergency care medicine seems adequate, on the face of it, a lot of work needs to be done regarding its implementation and sanctions on erring medical professionals. The paper further found that patients are not aware of these laws and hence, have no use for them. The paper therefore recommends adequate implementation of the law on emergency care so that medical practitioners would face the wrath of the law services in Nigeria.

Keywords: Emergency, Medical Practitioners, Medical Services, Health care providers

1. Introduction

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.[1] However, historically, the medical profession has grown beyond the individual doctor– patient or researcher–subject relationship, characterised by mere care giving, into a complex organisation that exercises power and authority, influences political decisions concerning healthcare, and functions even as a business enterprise.[2] The issue of emergency medical care, which often includes dealing with life and death situations, brings into sharp focus several intersecting concerns regarding health services, the rights of patients, and the duty of the state and medical profession. This indignity caused by the refusal to treat patients in critical condition, has resulted in the loss of life, undue suffering and consequent morbidity.[3] Lack of emergency care medicine has been identified as one of the major causes of deaths on a regular basis in Nigeria. Lots of Nigeria roads are without plans for emergency rescue operations on the event of the occurrence of any unforeseen road accidents. Also, when through the help of individuals or communities who were fortunate to witness the occurrence of the accident or the emergency situations, the bureaucracy at the reception of most hospitals and health institutions may pose as an obstacle to save lives. It is a well known practice in Nigeria's healthcare establishments for victims of emergencies to be denied treatment for inability to deposit a fraction to the health institution and also the inability of gunshot victims to provide police report[4] or failure to bring necessary reports from other security agents. During the end SARS in 2019 many who were victims of stampede, sustained injury as a result of spray 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 a police a 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 are no more. 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.

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[1]The Hippocratic Oath [Internet] [cited 2016 Oct 15]. Available from: https://lsnaith.wikispaces.com/file/view/Hippocratic+Oath.pdf

[2] P. Starr. *The Social Transformation of American Medicine*. New York: Basic Books; 1982.

[3] E. Premdas Pinto, ' the Jurisprudence of Emergency medical care in India: an ethics perspective' *Indian Journal of Medical Ethics* Vol II No 4 October-December 2017

[4]*The Vanguard Newspaper* 16th May 2018 'Stop rejecting gunshot victims, Lagos police warn doctors' https://www.vanguardngr.com/2018/05/990725/ Accessed 31 July 2022; *The Guardian Newspaper* 12th January 2018 'Treatment of Gunshot Victims' https://guardian.ng/opinion/treatment-of-gunshot-victims/ Accessed 31 July 2022.

This paper examines the current laws on Emergency care medicine in Nigeria. The paper also makes references to the United States of America as a good example of country that have advanced in emergency medical care and whose legislations have over time evolved in that respect. The study recommends adequate implementation of the law on emergency care so that Healthcare providers will face the wrath of the law whenever they refuse to treat victims who needed emergency care.

2. The Evolution of Emergence Medical Care

The actual practice of emergency care is as old as medicine itself. However, wherever it exists as an independent specialty, it is very young.[5] During the Second World War, doctors all over the World were actively involved in emergency care and rescue services. The late 60s and early 70s was a watershed period in the evolution of Emergency Medicine as a primary specialty. Those who refused to learn history are forced to repeat them. The study of the evolution of the specialty in different parts of the World may guide our future development.

From ancient times to the modern era

The oldest medical script existing is probably the 'Edwin Smith Papyrus', circa 700 BC. However, it was itself a translation of another script circa 1300 BC. Emergency medical care was already well described at that time. An example was Case 25: 'If thou examinest a man having dislocation of his mandible and mouth is open, thou shouldst put thy thumbs upon the ends of the rami of his mandible and your two claws under his chin and thus reduce his dislocation'.[6] This method for reducing jaw dislocation is still the standard procedure today. Ancient wars revealed many examples of caring for the injured. Historical anecdotal stories of the Chinese Dynasty of the Three Kingdoms (circa 280- 220 BC) described the famous Chinese doctor 'Hua Tuo' debriding 'dead' bone from the arm of the famous general 'Guan Gong' who was injured by an arrow in battle. Julius Caesar (circa 100-44 BC) introduced the idea of doctors in the battlefield the first army medical officers, who could give on-the-spot first aid at advanced 'dressing stations'. The injured were sent to hospital-like 'valetudinaria' to recover.[7] Gradually public hospitals evolved. The history of emergency medical services extends back to the biblical story of the good Samaritan.[8] '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 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.

The Order of St. John of Jerusalem can be traced back to the times of the Great Crusades around 1023 AD, when the brothers tended pilgrims on their way to Jerusalem.[9] It evolved into two great foundations: the Ambulance and the Ophthalmic Hospital in Jerusalem. The first organised use of ambulances came about during wartime. In about 1796, during Napoleon's invasion of Italy, the French chief military surgeon Baron Dominique Jean Larrey introduced 'flying ambulances'. These 'ambulance volantes' were one- horse light wagons staffed with battlefield caregivers for removing the wounded from the battlefront and taking them to a hospital station to be treated.[10]

In 1853 Britain entered into the Crime and War. In November 1854, 'the Lady with the Lamp' Florence Nightingale – took 38 nurses to Scutari's barrack hospital. Patient's chance of dying fell from the initial 1-in-3 to around 1-in-40.7 During the American Civil War (1861-1865), Clara Barton suggested the 'treat them where they lie' principle for battle casualties. In 1863, 'ambulance trains' of horse-drawn wagons (like the Wild West wagon trains) were organised for fast transportation of the wounded.[11] In 1935, Professor Martin Kirchner in Germany recommended 'casualty should not be brought to the physician but the physician should be brought to the casualty'.[12] This laid the foundation of Emergency Medical Services Systems in Europe. After the Second World War, Kenneth Easton of the United Kingdom pointed out 'the therapeutic vacuum' after motor vehicle accidents in rural areas. In 1949, he started the 'immediate care at road accidents' scheme by voluntary primary

[5] E.H Dykstra. International models for the practice of emergency care [Editorial]. *Am J Emerg Med* 1997; 15(2):208-9.
[6] M.K Hussein. The Edwin Smith Papyrus the oldest surgical treatise in the world. Egyptian Orthopaedic Association website: http://www.eoa.org.eg/oldest. htm.
[7] S. Parker. The Roman Empire. In*: Eyewitness Guides Medicine*. London: Dorling Kindersley, 1995:19.
[8] The Parable of the Good Samaritan. In: Bible: The New Testament; Luke 10.
[9] The voluntary aid societies. In: *Caring for the Sick*. 2nd ed. London: Dorling Kindersley, 1990:8.
[10] S Parker. Emergency Treatment. In: Eyewitness guides – medicine. London: Dorling Kindersley, 1995:58.
[11] S Parker. Caring for the sick. In: *Eyewitness Guides Medicine*. London: Dorling Kindersley, 1995:56.
[12] P Sefrin, Weidringer JW. History of Emergency Medicine in Germany. *J Clin Anesth* 1991;3(3): 245-8.

care physicians. This later matured into the BASICS organisation.[13] In 1957 Professor Karl-Heinz started the first physician-staffed ambulance in Germany. His idea was to perform emergency surgery for accident victims at the scene.[14] Even though this concept did not prove to be effective, the path was set to treat emergency patients before transport.

In 1962, Sir Harry Platt a well-respected orthopaedic surgeon published the famous Platt Report on Emergency Services in the United Kingdom.[15] At that time, hospital casualty departments were overcrowded and services inadequate. He attributed that the term 'casualty service' implied 'casual attendance' and might have contributed to the overcrowding. He proposed a new term 'accident & emergency service' to better describe its functions, hoping that the number of inappropriate attendance would fall as a result. In addition, the term 'casualty' was felt to signify an injury or accident only, excluding medical and surgical emergencies. He recommended the creation of orthopaedic consultants to lead A&E departments to improve the services. This report laid the foundation stone for the development of modern Emergency Medicine in British Commonwealth countries, particularly the United Kingdom, Ireland, Singapore and Hong Kong. The Korean War (1950-1953) and the Vietnam War (1964-1967) provided new experiences in trauma management and established the role of helicopters in casualty evacuation. Returning veterans contributed to the subsequent development of paramedics in the United States of America. In 1967, Frank Pantridge in Belfast of Ireland demonstrated successful defibrillation in heart attacks by physicians and nurses in 'mobile coronary units' outside hospitals.[16] The time had come for the development of modern Emergency Medical Services System.

3. Emergency Medical Care: An Overview

An emergency is defined as an acute situation of illness or injury that risks life or can deteriorate the health of the person if not managed in time.[17] The deterioration must be to a point where if not attended to in time, the health of the patient has a high possibility of not being in a normal health status again. However, this does not apply to chronic illnesses. Emergence medical care is the current medical support that is provided to a person hurt to avoid any possible harmful consequences for his life and health. It is a part of the health care system that is rarely thought, but is still expected to be available always and continuous in the case of need.[18] It is that care delivered in the first few hours after the onset of an acute medical or obstetric problem or the occurrence of an injury, including care delivered inside a fixed facility. The goal of emergency medical care is to either provide treatment to those in need of urgent medical care, with the goal of satisfactorily treating the malady, or arranging for timely removal of the patient to the next point of definitive care. This is most likely a Casualty at a hospital or another place where physicians are available. Emergency medical care exists to fulfil the basic principles of first aid, which are to preserve life, prevent further injury and promote recovery.[19] The three fundamental functions of a health system are to improve the health of the population, respond to people's expectations, and provide financial protection against the costs of ill-health.[20] Emergency medical care can contribute positively to these functions.[21] In most places in the world, the Emergency Medical care is summoned by members of the public (or other emergency services, businesses or authority) via an emergency telephone number which puts them in contact with a control facility, which will then dispatch a suitable resource to deal with the situation. In some parts of the world, the term Emergency Medical care also encompasses services developed to move patients from one medical facility to an alternative one; inferring transfer to a higher level of care. Specialized hospitals that provide higher levels of care may include services such as neonatal intensive care (NICU), pediatric intensive care (PICU), state regional burn centres, specialized care for spinal

[13]*A Short History of BASICS*. The British Association for Immediate Care (BASICS) website: http://www.basics.org.uk/informat.htm.

[14] H. Moecke. Emergency medicine in Germany. Ann Emerg Med 1998;31(1):111-5.

[15] W. H Rutherford, Evans RC. Accident and emergency medicine in the United Kingdom. Am J Emerg Med 1983;1(1):107-9.

[16]J.F Pantridge, Geddes JS. A Mobile Intensive Care Unit in The Management of Myocardial Infarction. *Lancet* 1967;2(7510):271-3.

[17]Medical emergency available at https://en.m.wikipedia.org/wiki/ accessed 5th January 2023

[18]Ljiljana. N, (2009) 'The Place, role and importance of Emergency Medical Care in the Serbian health care system' available at https://pubmed.ncbi.nlm.nih.gov/23120879/ accessed on 21/12/2022.

[19]O. Victor, 'Doctors and right to emergency medical treatment in Nigeria' available at https://tribuneonlineng.com/doctors-and-right-to-emergency-medical-treatment-in-Nigeria/ accessed on 5th January, 2023.

[20] AO Fabamwo, Okonufua. An assessment of policies and programs for reducing maternal mortality in Lagos state, Nigeria. Migrant Education Comprehensive Needs Assessment Toolkit; A Tool for State Migrant Directors Summer 2012. *Afr J Reprod Health (Special Issue).* 2010;14(3):63.

[21] Centre for Medicine & Society (Global Health), University Medical Centre Freiburg, 79014 Freiburg, Germany 2I.

injury and/or neurosurgery, regional stroke centers, specialized cardiac care (cardiac catherization), and specialized/regional trauma care.[22]

In some jurisdictions, EMS units may handle technical rescue operations such as extrication, water rescue, and search and rescue. Training and qualification levels for members and employees of emergency medical services vary widely throughout the world. In some systems, members may be present who are qualified only to drive the ambulance, with no medical training. In contrast, most systems have personnel who retain at least basic first aid certifications, such as Basic Life Support (BLS). Additionally many EMS systems are staffed with Advanced Life Support (ALS) personnel, including paramedics, nurses, or, less commonly, physicians.[23] Most developed countries now provide a government funded emergency medical service, which can be run on a national level, as is the case in the United States, where individual authorities have the responsibility for providing these services.[24]

4. Right to Health and Emergency Medical Care

The right to health is guaranteed under the UDHR which states that 'Everyone has the right 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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.[25] The Banjul charter also dictates that every individual shall have the right to enjoy the best attainable state of physical and mental health.[26] In addition, the right to health is protected in the international convention of economic, social and cultural rights which states that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health must be recognised by every state party.[27] Emergency treatment is the necessary immediate health care that must be administered to prevent death or worsening of a person's medical situation. Therefore, it is for the purposes of preserving life, which is protected under the Constitution as one of the fundamental rights.[28] It is worth noting that the right to health, and by extension the right to emergency medical treatment, is intrinsically connected to the right to life. The writer states that since the right to health is linked to the right to life it is therefore a violation of the provision of Section 33 of the 1999 Constitution as amended. In addition, the United Nations Committee on Economic and Social and Cultural Rights (CESCR) stated in their General Comment that the right to health is indispensable for other rights as every person is entitled to this in order to live in dignity.[29] The writer states that by acting to ensure that patient's rights to health care are preserved especially in emergencies, healthcare professionals and advocates can work for a different and possibly better future- a future where all individuals do have a right to health care and do have a right to emergency medical treatment.

5. Legal Framework for Emergence Medical Care in Nigeria

National Health Act (NHA) 2014

The NHA is the principal legislation regulating the Nigerian healthcare sector. It also makes adequate provisions for Emergency Medical Care. Section 20 (1) and (2) of the National Health Act provides that;

(1) A health care provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason.
(2) A person who contravenes this section commits an offence and is liable on conviction to a fine of N 100,000.00 or to imprisonment for a period not exceeding six months or to both.

This clearly emphasises that the duty of treating patients during emergency situations, is on all health establishment whether public or private health facilities. The law makers by virtue of the above provisions find that persons have been denied emergency services and care by hospitals. It is also the intent of the lawmakers that agency vigorously enforce the ability of persons to receive all necessary and appropriate emergency services and care. It is further the intent of the lawmakers to ensure public access to emergency services regardless of ability to pay. The Act further emphatically prohibits the refusal of Emergency medical care and

[22] Introduction to Emergency Medical Care http://samples.jbpub.com/9781284040548/085335-CH01-Henry.pdf accessed on 2nd January, 2023.
[23] Emergency Medical Services in India: A concept paper presented by National Health System Resource Centre to Ministry of Health and Family Welfare, Government of India 2010.
[24] Emergency Medical Services, an Overview https://www.naemt.org/about-ems/EMS-overview.
[25] Article 12 of the Universal Declaration of Human Rights, (UDHR)
[26] Article 16(1), African charter on human and people's rights, 1998, 26363 UNTS 1520.
[27] Article 12(1), International convention on economic, social and cultural rights, 16 December 1966, 14531 UNTS 389.
[28] Section 33 of the 1999 Constitution as amended
[29] General Comment No. 14, Committee on Economic and Social Rights, Para. 1.

by penalising the refusal, the National Assembly underscores the seriousness which it attaches to emergency treatment considering that it is about saving lives through taking steps to fulfil the right to life. Therefore, medical practitioners are liable when they do not attend to a patient in an emergency situation because it is their legal duty to do so. It is also necessary to note that in providing for the Basic Health Care Provision Fund, the National Health Act dedicated five per cent of the fund to emergency medical treatment to be administered by a committee to be appointed by the National Council on Health.

Compulsory Treatment and Care for Victims of Gunshots Act, 2017

To strengthen the provisions of Section 20 of the NHA, the National Assembly went ahead to enact a specific law- Compulsory treatment and care for victims of gunshots Act, 2017**.** The lawmakers took steps in the right direction by emphatically stating that 'every hospital in Nigeria whether public or private shall accept or receive for immediate and adequate treatment with or without police clearance any person with a gunshot wounds'.[30] The very first section of this Act is very commendable since it is not just a duty but also a right for all hospitals in Nigeria be it private or public to attend to victims of gunshot without a police report. This section 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 hospital for instant medical care.[31] This provision ensures that the fundamental rights of the victims are protected in line with international law provisions and the Constitution.[32] This provision also ensures that even a criminal that has been shot by the police must immediately be taken to the hospital for treatment and not taken to the police station to wriggle in pains and probably die. More so, civilians who act as good Samaritans will no longer be treated like criminals by the police since this law has imposed a duty to assist on everybody.[33]

Furthermore, the law provides that no hospital in Nigeria must refuse to treat a victim of gunshot[34] injuries for lack of initial financial deposit and that no person including the police or other security agents must make gunshot victims pass through demeaning treatment or infliction of pain.[35] The Police are also mandated to render every possible assistance to any person with gunshot wounds and ensure that the person is taken to the nearest hospital for immediate treatment. The writer states that one of the key ingredients of an ideal legislation on the treatment and care for victims of gunshots in Nigeria will be the acknowledgment of the right to immediate and adequate treatment for gunshot victims; and recognizing the harrowing experience of gunshot victims and their families as well as the needless loss of life occasioned by failure to administer medical treatment. The Act also penalises any person, authority including any Police officer, or other security agents who stands by and fails to perform his duty under the Act.[36]

It is sad, that despite all these legal frameworks, the Nigeria Police have continued to raid hospitals and clinics to harass medical workers that treat emergencies like accidents and gunshot. Even hospitals have continued to demand for police report before treating victims of medical emergencies without making efforts to update themselves on the current laws. The hospitals based their argument on the suspicion that the victim maybe an armed robber or offender shot by the police and not a victim of stray bullet. Many hospitals have imbibed themselves with the old tradition of demanding for money before commencing treatment on an emergency victim. In view of the foregoing, the writer states that that all medical practitioners have a moral obligation to serve humanity. This is a primary consideration as opposed to earning money which is a secondary consideration. Thus, ignoring individuals with need for emergency medical treatment would amount to an 'infamous and disgraceful conduct. In addition, the right which protects public goods always prevails in the event that there is a conflict between two rights.

Emergency Medical Care in the USA

In the United States of America, the private hospitals were refusing to provide emergency medical care to accident victims or those who were in urgent need of medical care or women under labour. The reason being either the patients were not covered by insurance or were not in a position to pay the medical expenses. Hence, they were dumped into public hospitals which lead to denial of emergency medical care, and in many of the

[30] Section 1,The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017).
[31] Section 2,The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017).
[32]Principle 2, Principles of Medical Ethics; Declaration 2, Declaration of Tokyo (1975); Article 5 African Charter; Section 34(1) (a) of the Constitution of the Federal Republic of Nigeria, 1999.
Section 10,The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017). [33]
[34] Section 3(1),The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017).
[35] Section 3(2),The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017).
[36] Section 5,9 and 11 The Compulsory Treatment and Care for Victims of Gunshots Act (2017),(Act No. 22 2017).

cases, it leads to serious consequences. This situation leads to passing of EMTALA STATUTE (42 USC 1395 DD) (Emergency Medical Treatment and Labour Act) by amending the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) also known as anti-dumping law. This Act made it a mandatory duty on the part of hospitals to attend on such persons. The Act contains an entire scheme of screening, stabilizing and rendering emergency treatment. It also deals with situations where the hospital is not sufficiently equipped to provide stabilisation or emergency treatment, and in that event, the hospital has to transfer the person to another hospital. In some instances, it cannot transfer unless the patient is stabilised. It also defined what can be considered an emergency medical condition. Many safeguards are provided in EMTALA as to what should be done for transfer of a person to another hospital. The EMTALA also creates offences against those who violate the duties envisaged by it.[37]

6. Conclusion`

The goal of an emergency medical system is to provide universal emergency care that is, emergency care should be available to all who need it. Section 33 (1) of the 1999 Constitution 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 healthcare 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, also gunshot victims are still denied treatment and subjected to inhuman treatment.

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. The Federal and State Government, the Medical Association of Nigeria (NEMA) and the Medical and Dental Association, 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 which are deeply rooted. Education and enlightenment are the keys to making the provision of the NHA on emergency medical care and laws like the Gunshot Victims Act truly effective. These provisions of the laws are to be included in the primary, secondary and tertiary curriculum. This is a strategy to educate students who will in turn orientate their family their family members on what to do in case they find themselves in a situation where they become victims of gunshot wounds. Nigerians, the Health care institutions, Legal Practitioners, potential unknown victims, security agents and every other stakeholder are to strictly abide by the provisions of the NHA on emergency medical care and Compulsory Treatment and Care for Victims of Gunshots Act (2017). 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 study recommends that Section 20 of the NHA be amended to cover more areas like what can be considered an emergency medical condition.

[37] http://lawcommissionof india.nic.in/reports/rep201.Pdf