

ARTICLE

AN OVERVIEW AND CRITICAL REVIEW OF THE COMPULSORY TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT, 2017

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Abstract

The Compulsory Treatment and Care for Victims of Gunshot Act, 2017 was enacted to guarantee that individuals with gunshot injuries promptly receive appropriate and sufficient medical treatment and care. It mandates reporting all cases of gunshot wounds to the police in order to ensure that incidents involving guns are properly documented and investigated. Its enactment was welcomed as a huge relief for the protection of gunshot victims. However, since its enactment not much has changed, as victims are still neglected and refused treatment when there is no police report. This state of affairs prompted the Inspector General of Police and other stakeholders to reiterate that gunshot victims should be accepted for treatment without police report. This paper seeks to provide an overview of the current reality of gunshot victims in Nigeria regarding prompt treatment. Is the enforcement of the Act enough? Is there a need for more efforts on the part of government and other stakeholders? The study employs a doctrinal research methodology, utilizing primary and secondary sources of law, including legislation, books, articles in journals, newspapers, and internet materials, to provide answers to the aforementioned questions. The paper concludes by making some recommendations, which include collaboration between hospitals and the

Keywords:Victims, Emergency, Gunshot Wounds Act, Hospitals, Police

1.0 Introduction

Before the enactment of the **Compulsory Treatment and Care for Victims of Gunshot Act, 2017**¹ (The Act), the legal and medical reality for gunshot victims in Nigeria was both **dire and life-threatening**. Many hospitals **refused to treat victims without police report**, citing fears of being implicated or arrested, despite the Hippocratic Oath. As a result, **numerous lives were lost due to delays or outright refusal of emergency care**.² The Act was a **direct legislative response to this problem**, making it a criminal offense for medical personnel to refuse treatment to gunshot victims.³ The story of Beatrice Popoola, who was wounded in the head by armed robbers the night before her wedding, depicts the alarming and tragic consequences of this practice. Mr. Anthony Igwe was shot many times by his attackers in his apartment. He was rushed to the hospital, but the hospital insisted on a police report and a N200, 000 deposit. He was refused treatment when the money was deposited without police report.⁴

The list includes Saka Saula, former chairman of the Lagos State chapter of the National Union of Road Transport Workers (NURTW) who passed away due to gunshot injuries after being denied treatment at a hospital he was taken to. Bayo Ohu, an employee of the Guardian Newspaper at that time was shot by suspected assassins at his residence in Lagos. Following the attack, he was turned away by a private hospital.⁵ Christopher Ojiaka was shot at a bank ATM where he sustained serious injuries. Unfortunately, he passed away as two hospitals declined to provide him with treatment thereafter. Odiri Onosigho, an accountant, was shot by armed robbers in Festac, AmuwoOdofin Local Government Area of Lagos State. He died after being rejected by both private and public hospitals in the area for lack of police report.⁶ In 2019, Precious Owolabi, a member of the National Youth Service Corps (NYSC) and a television station reporter in Abuja was hit by a stray bullet while on duty and despite being rushed to a

¹**Compulsory Treatment and Care for Victims of Gunshot Act, 2017** (No. 11 of 2017), Laws of the Federation of Nigeria (LFN).

² Punch Editorial Board, 'Removing Obstacles to Gunshot Victims' Treatment' *Punch Newspapers* (18 August 2019) <https://punchng.com/removing-obstacles-to-gunshot-victims-treatment/>

³ The Act, section 2

⁴ Ebere Ojukwu, 'How Police, Hospitals Cause Untimely Deaths of Gunshot Victims' *The Sun Nigeria* (7 March 2021) <https://thesun.ng/how-police-hospitals-cause-untimely-deaths-of-gunshot-victims/>

⁵ Deji Lambo Accountant Shot by Robber Dies Following Rejection by Lagos Hospitals, the Punch Newspaper (26th April 2021). Available at <https://punchng.com/accountant-shot-by-robber-dies-following-rejection-by-lagos-hospitals/>

⁶ Uwaegbulem Izunwanne, Right to Life of a Gunshot Victim; A Constitutional Right in the Context of the Compulsory Treatment and Care for Victims of Gunshot Act, 2017 (2021). Available at SSRN: <https://ssrn.com/abstract=3953770> or <http://dx.doi.org/10.2139/ssrn.3953770>

hospital, he was denied treatment because there was no police report.⁷

The foregoing highlights the persistent plight of gunshot victims in Nigeria. Several of the deceased referenced might have survived if adequate and timely medical treatment had been administered in accordance with the provisions of the *Compulsory Treatment and Care for Victims of Gunshot Act, 2017*. The directive issued by the Inspector General of Police, **Olukayode Egbetokun**, in collaboration with the **Federal Ministry of Health**, mandating the compulsory treatment of gunshot victims without a police report in all hospitals across the country, underscores the unfortunate reality that the law continues to be **widely disregarded**.⁸

Compulsory Treatment and Care for Victims of Gunshot Act, 2017 is one law whose implementation and enforcement will literally save lives. The government enacted the Act, in an attempt to stem the suffering and potential deaths of accident and gunshot victims caused by the absence of police reports. The Act mandates Nigerian hospitals to treat and care for gunshot victims. The Act also requires every person to help gunshot victims by transporting them to the closest hospital so they can receive medical attention.⁹ Prior to the enactment of the Act, several victims of gunshot wounds died from bleeding to death because they were not attended to by hospital personnel.¹⁰ This is borne out of the fact that hospitals tried to avoid harassment and possible arrest by the police.

The refusal of hospital personnel to treat victims of gunshot injuries in Nigeria can be traced back to the aftermath of the Nigerian Civil War. Following the end of the war which lasted from 1967 to 1970, the country witnessed a sharp increase in incidents of gun violence and armed robbery. This surge in criminal activity resulted in a corresponding rise in fatalities and gunshot wounds. In response, the military government promulgated the **Robbery and Firearms (Special Provisions) Decree** in 1970, aimed at curbing the growing menace of armed robbery.¹¹ Over time, the strict legal provisions under this decree, coupled with law enforcement practices, inadvertently contributed to a culture of fear among medical practitioners, who began to

⁷Adejumo Kabir , Nigerian Journalist Shot Dead While Covering Shiites Protest, *The Premium Times* (July 22, 2019) available at <https://www.premiumtimesng.com/news/headlines/342389-nigerian-journalist-shot-dead-while-covering-shiites-protest.html?tztc=1>

⁸Sodiq Ojurongbe, Physicians Fear Treating Gunshot Victims despite IG's Order. *The Punch Newspaper* (5th November 2023). Available at <<https://punchng.com/physicians-fear-treating-gunshot-victims-despite-igs-order/>>

⁹ Ibid.

¹⁰ Ebere Ojukwu, 'How Police, Hospitals Cause Untimely Deaths of Gunshot Victims' *The Sun Nigeria* (7 March 2021) <https://thesun.ng/how-police-hospitals-cause-untimely-deaths-of-gunshot-victims/>

¹¹**Ikpeazu C. A.**, *An Analysis of Nigeria's "Compulsory Treatment and Care for Victims of Gunshot Act, 2017* (2018) National Institute for Legislative and Democratic Studies (NILDS) Research Series

associate the treatment of gunshot victims with legal risks and possible prosecution.¹²

The Robbery and Firearms (Special Provisions) Decree of 1970 later became the Robbery and Firearms (Special Provisions) Act. Section 4 of the Act criminalizes the act of providing assistance, shelter, or medical treatment to individuals suspected of armed robbery, effectively classifying such aid as aiding and abetting a criminal offence. This provision became a legal tool frequently invoked by the police, sometimes indiscriminately, against individuals, especially medical personnel who rendered assistance to gunshot victims later suspected of criminal activity. Consequently, hospitals across the country began to demand police clearance before treating such victims, often erring on the side of caution to avoid legal entanglement or police harassment. However, with the enactment of the Compulsory Treatment and Care for Victims of Gunshot Act, 2017, all hospitals in Nigeria, whether public or private, are now mandated to receive and administer immediate and adequate treatment to persons with gunshot wounds without requiring a police report or clearance. The Act underscores the importance of emergency medical care, emphasizing that the preservation of life must take priority over procedural requirements. Despite being a federal law, the implementation of the Act has been adopted in only a few states, namely Rivers, Delta, and Lagos States.¹³

Is the Act enough to address the rejection of gunshot victims? Can it protect the victims of gunshot wounds? This paper seeks to interrogate these questions in six sections, including this introduction. The focus of section two is the review of the salient sections of the Act, while section three is on the legal framework for the protection of gunshot victims and emergency treatment in particular. Section four examines the challenges to the effective implementation of the Act. Section five looks at what obtains in other jurisdictions. Section six concludes with useful recommendations.

Conceptual Clarification

¹² Ibid

¹³ Ibid.

2.1 Victim of Gunshot Wound

A gunshot victim refers to any person who sustains injury as a result of gunshot powder burn and other injuries arising out of or caused by the discharge of a firearm.¹⁴ The term includes anybody with gunshot wounds, irrespective of the circumstances leading to the injury. It is worthy of note that there is no distinction between innocent victims and suspected offenders. In describing gunshot wound (GSW), technically, it is a form of ballistic trauma resulting from a projectile, typically a bullet, fired from a firearm. This injury is characterized by the rapid transfer of kinetic energy from the projectile into the body's tissues. The damage extends beyond the direct path of the bullet, often leading to severe internal injuries, blood loss, and physiological shock. A GSW is a medical emergency requiring rapid intervention.¹⁵ The immediate medical response to a gunshot wound follows established trauma protocols, prioritizing the stabilization of life-threatening conditions. The initial and most time-sensitive goal is hemorrhage control, as significant blood loss can lead to rapid shock and death. This is achieved through direct pressure on external wounds or the application of tourniquets for severe extremity bleeding.¹⁶ The emergency intervention following GSW is critical to saving the life of a victim. Saving the life of the victim is paramount. This aligns with the Hippocratic Oath sworn by all medical practitioners upon induction into the profession. The ethical responsibilities of healthcare professionals come into sharp focus when handling emergency cases. The Hippocratic Oath, which emphasizes a duty to preserve life and prevent harm, is at odds with practices that delay treatment pending police clearance. From an ethical standpoint, prioritizing administrative procedures over a patient's immediate care contradicts the core values of medical practice.¹⁷ The National Health Act (2014) in section 20 ensures that emergency care victims cannot be denied healthcare due to financial or bureaucratic reasons.

GUN

A **gun** is a mechanical device designed to discharge one or more projectiles through a barrel by means of rapidly expanding gases generated by the combustion of a propellant. The force

¹⁴ Compulsory Treatment and Care for Victims of Gunshot Act, 2017 Section 15 ,

¹⁵What Is a Gunshot Wound and How Does It Cause Damage<<https://biologyinsights.com/what-is-a-gunshot-wound-and-how-does-it-cause-damage/>> Accessed 21 January, 2026.

¹⁶ *ibid*

¹⁷Legal and Ethical Responsibilities Of 'Treatment Of Emergency Cases Without A Police Report: Focus On Victims Of Accidents, Gunshot Wounds, And Critical Injuries In Nigeria. - Soaring Eagles Attorneys Accessed 21 January 2026. Accessed 21 January, 2026.

produced by this controlled explosion propels the projectile at high velocity toward a target¹⁸ A gun is generally classified as a type of **firearm**, defined in many jurisdictions as a weapon capable of expelling a projectile by the action of an explosive.¹⁹In technical term *gun* commonly refers to **handguns** (e.g., pistols and revolvers) **rifles, shotguns** , certain types of artillery (in military contexts).²⁰The defining components of a gun typically include a barrel through which the projectile travels, a chamber that holds the cartridge a firing mechanism (such as a firing pin and trigger system) ammunition containing a primer, propellant, and projectile.²¹

TREATMENT

Treatment in the context of gunshot wound victims refers to the emergency and definitive medical interventions undertaken to stabilise the patient, control haemorrhage, prevent infection, and repair tissue or organ damage caused by projectile trauma²².A duty of care arises when a healthcare professional undertakes the treatment of a gunshot wound victim, thereby assuming responsibility to provide medical attention consistent with accepted professional standards²³. In the treatment of gunshot wound victims, healthcare providers owe a duty of care once a professional relationship is established. The Compulsory Treatment and Care for Victims of Gunshots Act, in section 1-2 specifically provides for the obligation of “every hospital in Nigeria whether public or private” to provide “immediate and adequate treatment” to any person with a gunshot wound.

2.2 Analysis of Statutory Obligations Under the Gunshot Victims Act, 2017.

The Compulsory Treatment and Care for Victims of Gunshots Act, 2017 is the only law that specifically protects victims of gunshot in Nigeria. The law was enacted to guarantee that people who sustain gunshot wounds get timely access to quality medical care and that the medical personnel are not harassed by the police as it is not uncommon for law enforcement to temporarily close a hospital or arrest persons who render assistance to victims while conducting

¹⁸Saferstein, R. (2014). *Criminalistics: An introduction to forensic science*. Pearson Higher Ed.

¹⁹Heard, B. J., and Brian, B. H. (2008). Handbook of firearms and ballistics: examining and interpreting forensic evidence.

²⁰Florin, I. L. I. E., MOȘTEANU, D. E., & GEORGESCU, B. M. (2021). MODERN APPROACHES REGARDING CLASSIFICATION AND TERMINOLOGY OF FIREARMS UP TO 20MM IN CALIBER. In *International Conference KNOWLEDGE-BASED ORGANIZATION* (Vol. 27, No. 3).

²¹ Ibid

²²hrestha R, Kanchan T, Krishan K. Gunshot Wounds Forensic Pathology. [Updated 2023 Apr 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556119/>

²³Ikpeazu, C. A. (2018). An Analysis of Nigeria’s “Compulsory Treatment and care for Victims of Gunshots Act, 2017.”

an investigation into allegations of collaboration with criminals.²⁴ The Act aims to provide for the compulsory treatment and care of victims of gunshots and related matter.

Section 1 provides for immediate and appropriate treatment to victims of gunshot wounds by both private and public hospitals in Nigeria, whether or not police report is available. This is an important section of the law as it confers right to prompt treatment on victims of gunshot wounds. This right to prompt treatment guarantees right to life as contained in section 33 of the Constitution of the Federal Republic of Nigeria 1999 (As Amended). In spite of the clear directive, hospital personnel still refuse to attend to victims of gunshot who do not present a police report.²⁵ This section appears to conflict with section 4 of the Robbery and Firearms (Special Provisions) Act, which criminalizes treating and harbouring an armed robber. In section 2, a duty is imposed on every person, including security agents, to assist victims in every possible way and ensure they are taken to the nearest hospital for treatment. Here, the scope of mandatory duty extends beyond medical personnel to **civilians, police officers, military personnel, and even bystanders**. The hospital cannot refuse them on account of not depositing money nor can they be subjected to degrading or inhuman treatment as guaranteed under section 34 of the Constitution 1999 (as amended). It aligns also aligns with section 33 on right to life. However, there have been instances where eyewitnesses or bystanders have refused to convey victims to the hospital because of lack of police report.²⁶ This underscores the importance of awareness program to educate citizens that they will not be arrested by the police if they take gunshot victims to the hospital without police report. Section 3 of the Act makes provision for the hospital to report the incident to the nearest police station within 2 hours of commencing treatment. After receiving the report, the police will start investigation into the circumstances surrounding the shooting of the victim. This procedure helps preserve the **right to life** in section 33 of the Constitution 1999 (as amended), while also preserving the **integrity of criminal investigations**. This underscores the importance of cooperation between healthcare practitioners and law enforcement. The law is deliberate in granting hospitals a two-hour window. This reflects a **treatment first, report-later approach**. It recognizes that coordinated efforts from several stakeholders are necessary for an effective response to gunshot injuries. In section 4 it is

²⁴ Guardian Editorial Board, 'Deaths Mount as Lax Enforcement of Victims of Gunshots Act Persists' *The Guardian Nigeria* (20 August 2023) <https://guardian.ng/news/deaths-mount-as-lax-enforcement-of-victims-of-gunshots-act-persists/>

²⁵ *ibid*
²⁶ *ThisDay Live*, "Renewed Hope for Gunshots, Accident Victims" (5 January 2025) available at: <https://www.thisdaylive.com/2025/01/05/renewed-hope-for-gunshots-accident-victims> Accessed 20 June 2025.

provided that the victim must be in a stable condition and no longer requires urgent medical attention before the Chief Medical Director confirms their fitness for police investigation. Verifying a victim's readiness for a police inquiry shouldn't interfere with their right to privacy or jeopardize the recovery. The Chief Medical Director's evaluation contributes to the protection of the victim's rights and well-being. Section 4 of the Act plays a critical role in **safeguarding victims' rights during medical emergencies**, ensuring that law enforcement does not compromise care.

In section 5, hospitals that fail to report as provided in section 3 of the Act may be subjected to a fine of up to N100,000.00, while doctors directly implicated could potentially face a six-month imprisonment term or a fine of N100,000.00, or both. Here there is both personal and corporate accountability. This ensures that penalties are not simply absorbed by institutions, but that **individuals in charge face consequences. It also balances healthcare delivery with the needs of the criminal justice system. Despite** the clarity of this section **implementation remains weak** with some hospitals still demanding police reports upfront.²⁷ Section 6 of the Act compels any person that receives the report mentioned in section 3 to furnish the hospital with relevant details regarding the victim's background. This provision ensures **better identification** of victims, especially those unconscious or unable to speak. It also promotes **cooperation between hospitals and the police**. Where the person withholds the report stated in section 6 an offence punishable by 50,000 thousand naira fine or six-month imprisonment term or both is stipulated in section 7. The provision of section 8 is to the effect that volunteers who help gunshot victims should be treated with dignity and should not undergo unnecessary or humiliating questioning or degrading interrogations. This will encourage good Samaritans to assist victims without fear of harassment and arrest by the police. Section 9 states that where an offence under the Act causes significant physical, mental, emotional, or psychological harm to the victim occurs, it will result in imprisonment for a duration ranging from 5 to 15 years, with no possibility of a fine. This is a very important provision because imposing mandatory imprisonment without the possibility of a fine, points to the gravity of the harm caused and aims to deter individuals from committing such

²⁷*Vanguard*, "Treat all gunshots, accident victim without police report —Again, IGP tells doctors" (28 October 2023) available at: <<https://www.vanguardngr.com/2023/10/treat-all-gunshots-accident-victim-without-police-report-again-igp-tells-doctors>>Accessed 21 June 2025.

offenses in the first place.

Section 10 of the Act borders on duty to notify relatives of the victim within 24 hours of becoming aware of the victim's identity. This requirement is designed to uphold the rights of the victim's family to timely information and involvement during treatment. This also ensures consent can be given especially if the victim becomes unconscious. In section 11 anyone or any authority, including police officers and other security agents whose failure in their obligations according to the Act, leads to the unjustified death of an individual with gunshot wounds, may be subject to a fine of up to N500,000.00, a prison term of five years, or both. The Act seeks to **discourage disregard** for emergency care by the police.

Section 12 provides that the hospital must keep adequate record of the treatment provided to the victim. This section emphasizes the importance of accountability and continuity of care by the hospital. It stresses that **emergency care must also be properly documented**. It ensures that the treatment of gunshot victims is **transparent, traceable, and professionally accountable**. Ultimately, this fosters better health outcomes, clarity, and public trust in emergency response systems. Section 13 makes provision for the prosecution of a corporate body where an offence is committed. It affirms that **corporate entities are not immune from criminal prosecution**. It ensures that **hospitals and healthcare facilities cannot hide behind corporate status to avoid liability**. In section 14, a person or corporate body can be ordered by the High Court to make restitution equivalent to the loss suffered by the victim. Overall, the Act is designed to ensure that victims of gunshot receive quick and proper medical care without fear of harassment or delay. It also imposes obligations on hospitals, individuals, and authorities to assist and protect gunshot victims in accordance to the provisions of the Act. **The Compulsory Treatment and Care for Victims of Gunshot Act, 2017, is a human rights-based legislation aimed at preserving life and ensuring dignity in moments of emergency.** It recognizes that the lives of gunshot victims must not be lost to **bureaucracy**.

3.0 Legal Framework for Emergency Medical Treatment in Nigeria

Other laws exist that address emergency treatment beyond the Compulsory Treatment and Care of Victims of Gunshot Act 2017. Various emergencies can occur apart from gunshot wounds. Therefore, it is important to consider additional applicable legislations concerning emergency

healthcare.

National Health Act (NHA) 2014²⁸

Section 10 (1) of the National Health Act provides that “a health care provider, health worker or health establishment shall not refuse a person emergency medical treatment for any reason.” Emergency care can broadly be defined as the delivery of health services for conditions that require rapid intervention to avert death or disability for which delays of hours can worsen prognosis or render care less effective.²⁹

Gunshot injuries require rapid intervention to avert death or disability. In addition, the NHA establishes a framework for the regulation, development and management of a national health system and set standards for rendering health services in the country and for related matters. In section 10 (2) person who contravenes this section commits an offence and is liable on conviction to a fine of N100,000.00 or to imprisonment for a period not exceeding six months or to both. Section 1 of the Act established the National Health System, which defines and provide a framework for standards and regulation of health services including:

- (a) Encompass public and private providers of health services;
- (b) Promote a spirit of cooperation and shared responsibility among all providers of health Services in the Federation and any part thereof;
- (c) Provide for persons living in Nigeria the best possible health services within the limits of available resources;
- (d) Set out the rights and obligations of health care providers, health workers, health establishments and users;
- (e) Protect, promote and fulfil the rights of the people of Nigeria to have access to health care services.

The Act aims to create a framework that ensures equitable access to high-quality healthcare services for all Nigerians, regardless of whether they seek care from public or private healthcare providers. They also emphasize the importance of cooperation, responsibility, and respect for the rights of both healthcare providers and patients within the healthcare system.

²⁸ National Health Act LFN 2014

²⁹ Harveen Bal Bergquist, Taylor W Burkholder, Osama A Muhammad Ali, Yasein Omer & Lee A Wallis, “Considerations for service delivery for emergency care in low resource settings” (2020) 10 *African Journal of Emergency Medicine* (Suppl. 1) available at: <https://doi.org/10.1016/j.afjem.2020.07.002> (accessed 21 June 2025).

Federal Road Safety Commission (Establishment) Act of 2007³⁰

The Act established the Federal Road Safety Commission (FRSC) with the responsibility for traffic management, preventing and minimizing accidents on the highways, the supervision of users of such highways, the regulation of traffic thereon and clearing of obstruction on any part of the highways and for educating drivers, motorists and other members of the public generally on the proper use of highways; and for related matters to safety on the highway. Section 10(4) (z) of the Federal Road Safety Commission (Establishment) Act of 2007 empowers road safety officers to arrest and prosecute hospital or medical personnel that rejects accident victims. Section 10 (3) (k) provides for giving prompt attention and care to victim of accidents by members of the Corps.. **Although this Act is about traffic regulation and offences**, gunshot injuries may arise in traffic related contexts, such as armed robbery attacks on the highway

Medical and Dental Practitioners Act³¹

This legislation establishes the Medical and Dental Council of Nigeria (MDCN), which regulates the practice of medicine and dentistry in the country. It sets standards for medical practitioners, including emergency medical care. The Act includes minimum ethical standards and guidelines as to the code of conduct which the Council considers desirable for the practice of the professions for medical and dental practitioners which the council reviews and prepares from time to time.³²

4.0 Challenges to the Effective Implementation of the Act

The Compulsory Treatment and Care for Victims of Gunshots Act, 2017 is one law that has been enacted to save lives literally considering the number of lives that have been lost because they were refuse treatment and care by hospital due to inability to produce police report. Since the enactment of the Act, it appears not much has changed. It is therefore imperative to recognize impediments to effective implementation.³³ Some challenges affecting effective implementation of the law includes:

³⁰Federal Road Safety Commission (Establishment) Act *CAP 141 LFN,2007*

³¹Medical and Dental Practitioners Act *CAP M8. LFN 2004*

³²Medical and Dental Practitioners ActSection 2

³³ Kingsley Omonobi, Treat all Gunshot Accident Victim without Police Report Again IGP Tells Doctors 28 October, 2023.)Available at <<https://www.vanguardngr.com/2023/10/treat-all-gunshots-accident-victim-without-police-report-again-igp-tells-doctors/>>

Funding

Gunshot injuries often require specialized care and equipment and without these resources, patients are at risk of death or disability.³⁴ There is therefore a need for a holistic approach to making sure that other issues regarding the treatment of gunshot victims are addressed. According to Dr. Kunle Ashimi, because of the type of care and expertise required to treat gunshot wounds, there is a need for the government to specially fund the treatment and care of gunshot victims. According to him, the government must supply a specific amount of funding, and if the government wants to be truthful and holistic, it should foot the bills when hospitals treat gunshot victims.

Another significant concern pertains to the financial burden on hospitals when reporting gunshot incidents to the police multiple times. This becomes especially challenging when hospitals must foot the bills for these reports while also bearing the costs of providing care and treatment to gunshot victims. In situations where the victim's identity is unknown or where no relatives can be identified, hospitals may find themselves caring for unconscious patients unable to provide their name or address.³⁵

Another gap in respect of funding is in relation to the provision of the section 2(2)(a). Abubakar noted that the Act does not specify who would be responsible for the victim's medical bills. This is not provided for in the Act though it mandates the hospital to notify the victim's family or relations within 24 hours of ascertaining his or her identity.³⁶ Does this mean that they are the ones to pay? This is where the issue arises. If the family members or relations of the victim are to pay the bills, what if they cannot pay after treatment has been carried out at great cost, especially by a private hospital?

Fear of Police Harassment

One of the commonly cited reasons for hospitals refusing to treat gunshot victims without a police report is the perceived fear of harassment by the police. According to a report published by *BusinessDay* Newspaper, some medical practitioners expressed their reluctance to assist accident or gunshot victims encountered on the road, citing the **fear of being robbed or implicated** in criminal investigations. One doctor revealed that police officers have, in several

³⁴ Sodiq Ojuroungbe, Physicians Fear Treating Gunshot Victims Despite IG's Order. The Punch Newspaper (5th November 2023). Available at <<https://punchng.com/physicians-fear-treating-gunshot-victims-despite-igs-order/>>

³⁵ *ibid*

³⁶ The Compulsory Treatment And Care For Victims Of Gunshot Wounds Act 2017 S.10

instances, attempted to **implicate doctors** in their investigations when victims are later linked to criminal activities. While acknowledging the existence of unethical practitioners in the medical field, he stressed that **many innocent doctors have been subjected to interrogation, unlawful detention, or even had their hospitals sealed off by law enforcement**, merely for providing emergency care to such victims. It was further noted by another doctor that **private hospitals were more frequently targeted** by police, who often suspected them of collusion with criminals, especially in cases involving robbery-related injuries. He added, that *police could shut down hospital during their investigation on the allegation of collaboration with criminals.*³⁷

It is imperative for the Police to ensure compliance with the Act because without the cooperation of the police, medical personnel will continue to exercise restraint in treating gunshot victims. According to section 3 of the Act, medical personnel should contact the police within two hours of commencing treatment. Aliyu Alimi, a medical doctor gave an account of how his friend was arrested and his hospital locked for nearly a week sometimes in 2021 for treating a gunshot victim before reporting to the police. According to him, ‘overzealous police officers also contribute to the refusal of medical personnel to treat gunshot victims.’³⁸

As noted by Abubakar, the Act does not specify what constitutes "unnecessary and embarrassing interrogation" in section 8. This poses a risk that security personnel might use investigation as a pretext to mentally and physically torture caregivers.³⁹ Another issue to note is section 10 which mandates notifying victim’s family within 24 hours of ascertaining the identity of the victim. What happens where the hospital is unable to reach the family of the victim within the stipulated 24 hours? The phrase ‘As soon as it is reasonably practicable’ will protect the victim and the medical facility or personnel if they are unable to report to the police within the stipulated time.⁴⁰

Legal and Regulatory Barriers:

One of the drawbacks of the Act is the time limit given under section 3 within which the hospital

³⁷Daniel Obi, “Why doctors insist on police report to treat accident/gunshot victims” (27 February 2020) *BusinessDay* available at: <https://businessday.ng/uncategorized/article/why-doctors-insist-on-police-report-to-treat-accident-gunshot-victims/> (accessed 22 June 2025)

³⁸Adejumo Kabir. Despite Laws Nigerian Hospitals Still Reject Gunshot Victims. Human Angle. (May 6 , 2023). Available from <<https://humanglemedia.com/despite-laws-nigerian-hospitals-still-reject-gunshot-victims/>>

³⁹ Abubakar Musa A Critical Review of Effectiveness of Compulsory Treatment And Care For Victims Of Gunshot Act, 2017 In Nigerian Hospitals (2022)

⁴⁰British Columbia Gunshot and Stab Wound Disclosure Requirements (December 20, 2010)

<<https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/gunshot-stab-wound-disclosure-act-public-qa.pdf>>

is to notify the police. A very salient contribution from a medical point of view is by Dr. Oduote, who expressed the Nigerian Medical Association's (NMA) concerns regarding the Act. He stated that while the law aims to protect patients with gunshot injuries, it has limitations. Dr. Oduote emphasized that sometimes, saving the lives of patients with gunshot wounds requires more than four hours of intervention, whereas the law mandates reporting to the police within two hours.⁴¹ Limitation of time within which to notify police is a clog in the wheel of the Act. It is more practicable and realistic if reporting to the police can be within 24 hours, as this will balance security concerns with required treatment and other associated interventions.

Lack of Awareness

There is need to create awareness and understanding of the Act among healthcare workers, law enforcement agencies, and the general public. Many healthcare facilities may not be fully aware of their obligations under the law, leading to delays or denials of treatment for gunshot victims. The police should also, in collaboration with other stakeholders, demonstrate their readiness to assist, rather than victimize and harass, good Samaritans and healthcare providers who attend to the injured in emergencies.

Lack of Training and Equipment for Trauma Care

Adequate training ensures that healthcare professionals understand their legal obligations and can fulfill reporting requirements accurately and promptly. Properly trained healthcare professionals can minimize complications associated with gunshot wounds through appropriate wound management, infection control and specialized care. Where a hospital lacks the requisite trained personnel and equipment to take care of gunshot wound, they will most likely decline and refer to another hospital. The process of referring from one hospital takes precious time which can be the difference between life and death.

Lessons From Other Jurisdictions: Canada and Usa

Canada

⁴¹ B. Emma Nnadozie and Chioma Obinna "Treatment of Gunshot victims: police and NMA disagree", (May 22 2018). *The Vanguard* Available at <https://www.vanguardngr.com/2018/05/993550/>

After the Ontario Medical Association's Section on Emergency Medicine called on the Ontario government to pass a law requiring physicians to report gunshot wounds to police,⁴² the first law of its kind in Canada was passed and is now known as the Mandatory Gunshot Wounds Reporting Act (the Ontario Act), which came into effect in Ontario in 2005.⁴³ According to the Act, the purpose of the law is to minimize serious risks to public safety, and that mandatory reporting of gunshot wounds will enable police to take immediate steps to prevent further violence, injury or death.”⁴⁴ Medical facilities that treat patients who have gunshot wounds have to tell the police what kind of treatment they are offering and if available, the patient's identity as well as the name and location of the health care facility.⁴⁵

Also there is protection from liability as the law stipulates that no action or proceeding may be brought against a regional health authority, a health care facility or any other person acting under the authority of the Act for anything done or omitted to be done in good faith, in the exercise or intended exercise of a power or duty under the Act. Seven other provinces and one territory have adopted largely identical legislations regarding compulsory reporting of gunshot wounds.⁴⁶

United States of America

In nearly every state in the United States, (with the exception of New Mexico and Oklahoma),⁴⁷ healthcare providers are required to report any knowledge or treatment of gunshot wounds, regardless of when the injury occurred. Failure to comply with this reporting requirement can result in fines or imprisonment, depending on the state's laws. The specific timelines for reporting as well as the penalties and legal consequences for non-compliance, differ across states and regions. A health practitioner employed by a health facility, clinic, public health department, or government agency must report immediately or as soon as possible when they provide

⁴² Ovens H, Morrison H, Drummond A, and Borgundvaag B. The Case for Mandatory Reporting Of Gunshot Wounds In The Emergency Department. Ontario Medical Association Section on Emergency Medicine Position Statement. *Ont Med Rev* 2003;17-22. Available: www.oma.org/pcomm/omr/nov/03gunshot.htm (accessed 2004 Mar 10).

⁴³ Mandatory Gunshot Wounds Reporting Act, 2005, SO , c 9

⁴⁴ Ontario Act, supra note 1, Preamble.

⁴⁵ Mandatory Gunshot Wounds Reporting Act, 2005 Section 2(1)

⁴⁶ Martin, A F The Adoption Of Mandatory Gunshot Wound Reporting Legislation In Canada: A Decade Of Tension In Lawmaking At The Intersection Of Law Enforcement And Public Health. (2015). *McGill JL & Health*, 9, 173.

⁴⁷ https://cdn-links.lww.com/permalink/prsgo/c/prsgo_11_3_2023_01_18_gemayel_gox-d-22-00678r2_sdc1.pdf

medical services to a patient whom they know or suspect has certain types of injuries.⁴⁸ For instance in California, self-inflicted or firearm-related injuries and injuries resulting from assault or abusive conduct must be reported to a local law enforcement agency by telephone immediately and followed up with a written report within two working days using a standard form approved by the Office of Emergency Services or another state agency.⁴⁹

This reporting requirement applies even if the injured person has died, and it includes details such as the injured person's name (if known), location, extent of injuries, and information about the perpetrator of the injury as provided by the injured person.⁵⁰ These two jurisdictions have gunshot mandatory laws. It appears, amongst other reasons that the mandatory reporting of injuries resulting from gunshot helps law enforcement agencies in Canada and the USA investigate crimes, identify suspects, and ensure public safety. This is because timely reporting can be critical for solving cases involving gun violence. Whereas the main reason in Nigeria is to ensure treatment of gunshot wounds by health care facilities in order to save lives of victims.

5.3 Summary of Findings

The findings reveal a deeply fragmented emergency care regime in Nigeria, where access to life-saving treatment depends on a whole lot of factors. The Act functions as an unfunded mandate, imposing a legal obligation on hospitals to treat emergency cases without providing a sustainable financial mechanism to offset the high costs of trauma care, thereby encouraging economic rejection in place of legal refusal. In practice, enforcement is further undermined by persistent demand for police report before treatment despite the Act. Incidents of doctors being harassed and arrested still persist thereby weakening the implementation of the Act. There is still lingering fear of ‘aiding and abetting’ liability among medical practitioners under section 4 of the Robbery and Firearms Act. In comparative terms, Nigeria lags behind jurisdictions such as the United States and Canada, where mandatory reporting frameworks are effectively deployed to support public safety data collection, while Nigeria is still grappling with the more fundamental challenge of using reporting mechanisms to secure timely, life-saving access to emergency medical care.

⁴⁸Gemayel KT, Hiro ME, Sullivan RR, Payne WG. Review of Statutory Obligations for Reporting Ballistic Injuries. 2023 *Plast Reconstr Surg Glob Open.* ;11(3):e4832. doi: 10.1097/GOX.0000000000004832. PMID: 36891569; PMCID: PMC9988277.

⁴⁹ California Code, Penal Code - PEN § 11160

⁵⁰[California Penal Code § 11160 \(2022\)](#) section 11162.5, (1) (2)

6.0 Conclusion and Recommendations

The effective implementation of the Compulsory Treatment and Care for Victims of Gunshot Wounds Act, 2017 will ensure that all gunshot victims receive the necessary medical attention as well as help in addressing the effects of gun violence and contribute to overall public safety. Treating and caring for victims can also aid in investigations and efforts to prevent future incidents of gun violence. It is a legislation on a rescue mission. However, the enactment and enforcement of the Act is not enough. Non-legislative interventions are very crucial in the effective implementation of the Act. It is not enough to enact a mandatory treatment law without an enabling environment. The Act represents a commendable legislative effort aimed at safeguarding the right to life through quick medical intervention. However, while the Act lays a critical foundation for emergency medical rights, **its effectiveness remains inconsistent**, and real change will require a combination of public awareness and training , **institutional funding, and inter-agency coordination**. The following recommendations are made for the effective implementation of the Act:

Public Awareness and Training

Public awareness and training targeting healthcare workers, law enforcement personnel, and the general public. This can be achieved by using social media, television and radio jingles. Medical personnel should undertake continuing medical education. The police should also integrate into their training manual the need to implement the Act. Adequate training ensures that healthcare professionals understand their legal obligations and can fulfill reporting requirements accurately and promptly. Properly trained healthcare professionals can minimize complications associated with gunshot wounds through appropriate wound management, infection control and specialized care. Addressing these challenges requires a multifaceted approach involving increased awareness and training of healthcare providers, improved security measures, enhanced resource allocation to healthcare facilities, and community engagement in order to promote victim-centered care. Strengthening enforcement mechanisms and promoting accountability are also essential to ensuring the effective implementation of the Compulsory Treatment and Care for Victims of Gunshot Act 2017. All stakeholders must work concertedly to implement the Act effectively.

Establishment of a dedicated Gunshot Emergency Treatment Fund

It is important to provide funding to attend to victims whose relatives are not around to foot the hospital bills. Provisions should be made to support the treatment of gunshot victims. In circumstances where hospitals provide emergency care but are unable to trace the victim's family or next-of-kin, the state should assume financial responsibility to ensure continuity of care and compliance with the Compulsory Treatment and Care for Victims of Gunshot Act.

Inter-Agency Cooperation.

To improve coordination, reduce treatment delays, and ensure full implementation of the **Compulsory Treatment and Care for Victims of Gunshot Act**, it is essential for all stakeholders such as the **Federal Ministry of Health**, the **Nigerian Police**, the **Federal Road Safety Corps**, and **National Medical Association**. **The obligations of these agencies should be** clearly outlined in a national policy guideline. Defining these obligations in a national policy guideline will eliminate ambiguity and ensure that medical practitioners act confidently and lawfully when attending to gunshot victims. It also fosters trust between healthcare institutions and law enforcement, promotes legal compliance, and ultimately upholds the right to life enshrined in the Constitution 1999 (as amended).