



**EXAMINATION OF THE ENFORCEMENT GAP IN THE COMPULSORY
TREATMENT AND CARE FOR VICTIMS OF GUNSHOT ACT 2017 IN NIGERIA**

BY:

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ABSTRACT

The Compulsory Treatment and care for Victims of Gunshot ACT 2017 was enacted to address the long-standing practice of delays in medical treatment for victims of gun violence or gunshot injuries in Nigeria. Often, gunshot victims have found it very difficult to get urgent medical care in hospitals, often on the grounds that a police report had not been produced. Despite the clear humanitarian effort and public objective of this Act, reports of refusal of treatment and preventable deaths persist across the country. The Compulsory Treatment and Care for Victims of Gunshot Act 2017 was enacted to remedy the situation. The Act requires all hospitals, public or private, to provide immediate, adequate treatment to gunshot victims without requiring a police report or upfront payment, aiming to save lives by removing barriers to emergency care. The National Health Act 2014 also makes it an offense for health care providers, health workers and health establishments to refuse a person's emergency treatment. This article examines the enforcement gap between the normative provisions of the Act and its practical implementation. Adopting the doctrinal and comparative approach, the article examines some of the challenges and impediments undermining the implementation of the existing law. The article argues that the failure of enforcement is not primarily a defect of legislative intent but of weak accountability mechanisms, inadequate coordination and the lack of institutional sanctions, it concludes by proposing targeted legal and institutional reforms aimed at transforming the act from a symbolic intervention into an effective lifesaving instrument.

Keywords: Gunshot victims, Health law, Enforcement Gap, Right to life, Compulsory treatment.

1. Introduction

Gunshot injuries constitute a significant public health crises and challenges in Nigeria. Cases like armed robbery, gang violence, insurgency, cultism, communal violence, Boko haram insurgency and excessive use of force by enforcement agency etc. have proven to be a steady incidence of gunshot wounds from across the country.¹As a result of a misinterpretation of *section 4 of the Robbery and Firearms (special provision) Act1990*, thousands of Nigerians have lost their lives due to refusal of medical institutions to treat gunshot victims except upon the submission of a valid police report and a huge financial deposit for medical bills, this practice often justified by fear and harassment has to resulted in avoidable deaths of thousand individuals. The proclivity of hospitals and other healthcare centers to deny treatment, and give urgent medical attention of gunshot victims, until police report has been made, has been a serious issue of concern. Furthermore, the National Health Act makes provision for emergency treatment of persons for any reason whatsoever*. In response to public outcry and sustained advocacy by civil society organizations and humanitarian organizations, the Nigeria legislature enacted the **Compulsory Treatment and Care for Victims of Gunshot Act 2017**(hereafter “the Gunshot Act”). The Act mandates that all hospitals in Nigeria, whether public or private, shall accept or receive, for immediate and adequate treatment by any hospital in Nigeria with or without police clearance, any person with a gunshot wound*. Even though certain penalties have been put in check to criminalize individuals who fail to adhere to the strict provision of the Act, there seems to be a huge gap inenforcement. media reports and anecdotal evidence continue to reveal instances where hospitals delay treatment, insist on police clearance, or refuse admission altogether. Thesedisconnects between law and practice raisesplethora of questions as to the effectiveness of legislative interventions in heath sector.

This article interrogates the enforcement gap in the Gunshot Act; it asks why a law designed to save lives has failed to achieve consistent compliance. It argues that while the Act is normatively progressive, its enforcement mechanism is weak, under institutionalized and

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¹CA Ikpeazu, 'An Analysis of Nigeria's "Compulsory Treatment and Care for Victims of Gunshots Act, 2017"' (National Institute for Legislative and Democratic Studies (NILDS), 2018) <https://ir.nilds.gov.ng/bitstream/handle/123456789/383/An%20Analysis%20of%20Nigeria%E2%80%99s%20%E2%80%9CCompulsory%20Treatment%20and%20care%20for%20Victims%20of%20Gunshots%20Act.pdf?sequence=1&isAllowed=y>> accessed 18 February 2026.

poorly aligned with Nigeria's health governance framework, the article contributes to existing scholarship by shifting the focus from the mere existence of the law to the structural conditions necessary for its enforcement. The article concludes that without structural institutional reforms, the act risks remaining symbolically progressive but operationally ineffective.

2. Conceptual Framework: Enforcement Gap and the Right to Health

2.1 The Concept of Enforcement Gap

An enforcement gap occurs when a law, although valid on paper, lacks institutional mechanisms for consistent application. It refers to the disparity between the formal existence of legal rules, and their practical observance. It is a gap that exists and between what the legislation intends (e.g., immediate treatment of victims of gunshot) and what actually happens (e.g. police clearance must be given before treatment of victims of gunshot).² It captures situations where law is enacted without proper corresponding intuitional capacity, regulatory bodies, monitoring or accountability mechanisms, to ensure strict compliance with the act and proffer room for penalties in case of deference. However, for the Act, the matter of penalties doesn't seem to be the major issue of concern, as certain penalties, although not stringent, have been set in place in matter of defaults. The provisos of Section 5,7,9,11, of the Act stipulate different penalties in situations whereby a hospital, or health personnel defaults in matters relating to victims of gunshot.³ However, the existence of criminal penalties alone does not guarantee compliance.

The gunshot Act illustrates a classic enforcement gap; a clear statutory duty exists, yet compliance remains inconsistent because enforcement is sporadic and consequences are rarely applied. In health law, such gaps are particularly dangerous, as delayed or denied compliance often results in irreversible harm. The enforcement gap undermines the credibility of the legal system and erodes public trust.

²AH Buhari, 'An appraisal on compliance with the Compulsory Treatment and Care for Victims of Gunshot Act, 2017' (SSRN, 2023) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=4582002>> accessed 18 February 2026.

³U Chijioke, 'A critical appraisal of the Compulsory Treatment and Care for Victim of Gunshot Act 2017' (SSRN, 2021) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=4000825>> accessed 18 February 2026.

2.2 Right to Life and Emergency Medical Care

Section 33(1) of the Constitution of the Federal Republic of Nigeria 1999(as amended) which state that ‘every person has a right to life and no shall be intentionally deprived of his life, save in execution of a sentence of a court in respect of a criminal offence in which the person has been found guilty in Nigeria.⁴ Although the constitution does not expressly recognize a justifiable right to health, the courts have interpreted the right to life to encompass state duties to prevent avoidable deaths. The right to life and emergency medical care has also been accorded recognition by several international and regional treaties to most of which Nigeria is a party. Examples of these are Universal Declarations of Human Rights(UDHR) , International Covenant on Economic, Social and Cultural Rights(ICESCR),which recognizes the right to the highest attainable standard of health (Article 12) and the African Charter on human and Peoples Rights, domesticated in Nigeria which guarantees the right to heath (Article 16)These instruments impose positive obligations on the state to ensure access to emergency medical treatment without reasonable barriers.⁵

3. Legal Framework of the Compulsory Treatment and Care for Victims of Gunshot, 2017

The Compulsory Treatment and Care for victims of Gunshot bill was enacted by Mrs. (Hon)Nkeiruka Chidubem Oyejocha in 2009. It was passed by the Nigerian National Assembly on November 14th, 2017, and was signed into law by President Muhammadu Buhari on January 12th, 2018.⁶ The Act mandates all medical facilities to receive and accept victims of gunshot for immediate treatment with or without a police report and medical bills.

The Gunshot Act establishes a clear legal duty on health care providers to prioritize the survival of gunshot victims. The provision of **section 1** provides for immediate treatment of victims without the requirement of police report.

⁴S Bello, 'Enforcing the right to emergency medical care in Nigeria: A legal analysis of Section 20 of the National Health Act, 2014' (SSRN, 2025) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=5351066>> accessed 18 February 2026.

⁵V Nnebe, 'Patients' right to emergency healthcare in Nigeria: Laws, limitations and solutions' (SSRN, 29 September 2024) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=4971013>> accessed 18 February 2026.

⁶UC Kalu and CA Ewelukwa, 'An appraisal of the legal framework for the compulsory treatment and care for gunshot victims in Nigeria' *LASJURE* [2023] 4 20-35 <https://heinonline.org/hol-cgi-bin/get_pdf.cgi?handle=hein.journals/lwadsljerw4§ion=7> accessed 18 February 2026.

The provision of **section 2** imposes a duty to assist both public and private hospitals, as well as individual healthcare practitioners. **Section 3** requires hospitals to notify the police within 2 hours of commencement of treatment of a gunshot victim. **Section 5** criminalizes refusal to report to the police as provided by Section 3 of this act, victims and prescribes penalties, by including fines and imprisonment, although the provision may appear robust on its face, its effectiveness depends on actual enforcement. The provision of **section 7** penalizes any person who fails, neglects or refuses to give report required under **section 6** of the act, and imposes fines or imprisonment as stated in the Act. Other sections such as **9 and 11**, penalizes individuals, healthcare authorities, police officers or hospitals for standing by, or guilty of committing an offence under the Act.

The Act, however, does not designate a specific regulatory body to oversee the enforcement authority, nor does it establish a monitoring reporting framework. The act highlights its laudable intents, but its implementation mechanisms are weak and ambiguous thereby diminishing its transformative potential. This legislative silence significantly weakens its practical effectiveness.⁷

The central problem lies in the Act's passive and reactive structure. It operates on the assumption that simply stating a legal duty and attaching a penalty is enough to ensure compliance. However, it does not take into consideration the existing power imbalances and deeply rooted bureaucratic practices within Nigeria's security and health sectors. Rather than actively protecting caregivers, the Act leaves them vulnerable between two powerful institutions, the medical system and the police, where the police often exercise immediate coercive authority. The Act does not provide a mandatory protocol for police conduct in hospitals, does not establish a designated liaison mechanism between hospitals and law enforcement, and does not grant immediate legal immunity to healthcare practitioners who act in good faith under its provisions. As a result, for an individual doctor or nurse, the practical risk of police harassment appears more serious than the distant possibility of a fine for non-compliance, especially since such penalties are rarely enforced.⁸

⁷RE Nduka, 'Strengthening medical emergency services in Nigeria: The need for reforms' *African Journal of Law, Ethics and Education* [2026] 8 (5)
<<https://www.ajleejournal.com/index.php/ajlee/article/download/290/273>> accessed 18 February 2026.

⁸C Chukwuma-Agbodike, 'Health care legal regime in Nigeria and dealing with implementation challenges' *International Review of Law and Jurisprudence* [2024] 6 (3)

Thus, the absence of institutional protection is not merely a minor omission but a fundamental weakness that undermines the entire enforcement framework. It effectively turns the Act from a protective instrument for victims into a potential source of risk for caregivers. This situation reinforces the “entrenched pre-2017 practices” and the “institutional fear” previously identified. Until healthcare providers receive clear and practical guarantees that they will be protected from retaliatory arrest or harassment when they comply with the law, the obligation to provide mandatory treatment will continue to appear dangerous rather than safeguarded.

In October 2023, the Nigeria Police Force issued a directive instructing medical facilities to comply with the Act “without any hesitation,” demonstrating official recognition at the highest level of the legal requirement. Although this directive represents progress at the policy level, it does not, by itself, address the deeper problem. Without dismantling the culture of suspicion and putting in place strong and effective protection for medical personnel, the enforcement gap will remain, and preventable deaths are likely to continue.⁹

4.The Enforcement Gap: Law Versus Reality

4.1 persistent Demand for Police Report Despite Clear Statutory Obligations

Section 1 of the Act clearly requires that every hospital in Nigeria, public or private, must accept or receive victims of gunshot wounds for immediate treatment without the prerequisite of police report. However, in practice, this is not the case as many hospitals insist on police clearance before commencing treatment. *Mr. paschal Uchendu, a surgeon with Day Star Clinic, Enugu, stated that doctors have always been advocates of implementation of the 2017 Act. However, he made some striking revelations. According to him

The police will ask us to treat gunshot victims first before they produce report, the same police will arrest a doctor who treats gunshot victims without a police report. We have had classes where doctors willfully treated gunshot victims and they ended up being arrested by the same police. The judiciary will also say the same thing, that gunshot victims should be treated first before providing police report; unfortunately, they won't be there to defend you when you are arrested by the police. Therefore, no doctor who has discharged the duty imposed by sections 1 and 2 of this Act and was

<https://www.nigerianjournalonline.org/index.php/IRLJ/article/download/472/470>> accessed 18 February 2026.

⁹A Mustapha, 'Compulsory Treatment and Care for Victims of Gunshot Act 2017: An appraisal' (SSRN, 5 January 2018) <https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=3117564>> accessed 18 February 2026.

subjected to arrest, torture and detention by the police would be willing to provide such aid in the event of another incident.

A typical example of this flaw is evidenced in the case of Ebenezer Ayeni a music producer who was shot by armed robber and upon being rushed to the hospital (both private and public hospital) was rejected on the grounds that there is no police report, Ayeni was said to have given up the ghost after struggling with life for more than two hours.¹⁰

Although the Act expressly removes any requirement for police clearance prior to treatment, hospitals across Nigeria continue to demand police reports. This practice is not traceable to the Act itself, but to entrenched Pre 2017 practices, intuitional fear of police harassment and the absence of effective enforcement and persecutory mechanisms.

4.2 Absence of Judicial Interpretation

One of the most profound yet under-examined dimensions of the enforcement gap under the Act, is the apparent absence of judicial interpretation and enforcement of its provisions. Notably there is no reported Nigerian appellate decision interpreting or enforcing the Gunshot Act. This absence deprives the Act of judicial clarification and deterrent value, leaving compliance largely dependent on voluntary observance. Since its enactment, there appears to be no publicly reported Nigerian court decision in which liability has been imposed on a hospital, medical practitioner or institution for failure to comply with act. This absence has important legal and institutional implications. This judicial silence is striking, **particularly** given the frequency of reported incidents involving the refusal or delay of treatment of gunshot victims by medical facilities.¹¹ The absence of case laws suggests that the Act has largely remained dormant within the judicial sphere operating more as a declaratory instrument than as a rigorously enforced legal rights. Without judicial guidance, hospitals and medical practitioners are left to interpret their obligations in an environment of uncertainty, often reverting to preexisting practices that prioritize police clearance over urgent medical intervention.

¹⁰AT Aborode, O Edima, FO Samuel, KOS Nwosu, BL Adeola, OG Oginni, M Allison, S Chinonso, OO Aderibole, Y Okoro, A Olasupo and GY Scott, 'Police report requirement for medical emergencies in Nigeria: A threat to universal healthcare coverage' *Medicine, Conflict and Survival* [2024](40)(4) 339-346 <<https://doi.org/10.1080/13623699.2024.2425336>> accessed 18 February 2026

¹¹C Ndukwe, 'Abolition of the requirement of a police report before the treatment of gunshot victims in Nigeria: A reality or myth?' (SSRN, 2024) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=5001884>> accessed 18 February 2026.

4.3 Weak and Indirect Sanctioning Framework

A central dimension of the enforcement deficit under the Act lies in its sanctioning framework. Although the Act imposes a statutory duty on hospital and medical practitioners to provide immediate treatment to victims of gunshot wounds, the mechanisms provided for enforcing compliance are notably weak and largely indirect. For instance, while sections 5, 7, 9 and 11 provide penalties for defaulters, the Act does not clearly define refusal to treat as a standalone offence, how many individuals have been charged to court for standing by? Walking away or refusing to help*. It is also pertinent to note that most of the fines imposed by the act have proven to be too less effective as the duration of imprisonment or fines has proven to be too low. This structural weakness undermines the deterrent capacity of the Act and contributes significantly to persistent non-compliance.¹²

Furthermore, the act does not vest oversight or disciplinary authority in professional regulatory bodies such as **Medical and Dental Council of Nigeria (MDCN)**. Ordinarily professional misconduct within the healthcare sector is addressed through administrative and disciplinary processes, mechanisms, particularly the **Medical and Dental Council of Nigeria (MDCN)** established under **Sections 15 and 16** of the Act. These mechanisms are often more efficient, specialized and responsive than criminal proceedings

In summary, the sanctioning framework under the Act is weak not because sanctions are entirely absent, but because they are indirect, intuitively fragmented, and rarely activated. The failure to integrate administrative oversight, professional discipline and proactive monitoring mechanisms significantly diminishes the deterrent effect of the Act and contributes to its persistent enforcement gap.

4.4 Lack of Monitoring, Reporting, and Complaint Mechanisms

Although the Act correctly mandates hospitals and individuals to report the treatment of gunshot victims to the police after proper emergency care has been administered, its effectiveness is significantly undermined by absence of a coherent and enforceable framework for monitoring compliance, operationalizing reporting duties, and facilitating complaints by

¹²AF Imosemi, 'Compulsory treatment for victims of gunshot act (2017): Saving lives in Nigerian hospitals or a contradiction of the provisions of the administration of Criminal Justice Act (2015) *Nigerian Journal of Medicine* [2018] 27 (4) 333-341
<<https://journals.lww.com/njom/ layouts/15/oaks.journals/downloadpdf.aspx?an=00133597-201827040-00007>> accessed 18 February 2026.

victims. This gap creates a structural weakness thereby creating a disparity between its normative aspirations and practical outcomes.

It is correct that the act does requires hospitals and individuals to report cases of gunshot treatment to the police after medical care has been provided, however this reporting obligation is procedurally underdeveloped .This is because the act does not specify the form , content, or time frame of such reports, nor does it provide guidance on hoe reporting should occur in a manner that protects patients dignity. This gap is widely evidenced in the provisions of **section 6** of this Act, in the sense that it creates a reporting duty not a reporting mechanism. However, a legal obligation is not the same as an enforcement mechanism, it does not provide a standardized reporting procedure, a timeframe within which reporting must occur, a method for verifying compliance etc., we can therefore say that this section exists only at a level of statutory instruction, not institutional operation. The absence of structure is what creates a reporting gap. **Section 6** does not provide victims or their families with.

- a) a right to complain if treatment is refused
- b) a forum to challenge non-reporting
- c) an avenue for investigation or redress

The provision therefore illustrates the broader enforcement gap in the Act, wherein legal duties exist without the institutional mechanisms necessary to ensure compliance or accountability.

4.5 Lack of Institutional Protection for Healthcare Providers

A critical enforcement gap within the Act lies in its failure to provide institutional and legal protection for healthcare providers who comply with its mandatory treatment obligations. Although the Act clearly imposes a duty to treat victims of gunshot wounds, it operates within a socio-legal environment where doctors and other healthcare professionals face serious professional and personal risks when carrying out this duty. The central problem is that the law requires action but does not adequately shield those who act from the punitive consequences of another powerful system, namely the law enforcement system.¹³

¹³G Ejalonibu and E Obot, 'Ending fatal delays: Legislative urgency on "Police report before treatment" practice in Nigeria' (National Institute for Legislative and Democratic Studies (NILDS), 2025) <https://ir.nilds.gov.ng/bitstream/handle/123456789/1763/Legislative%20Urgency%20on%20E2%80%9CPolice%20Report%20Before%20Treatment%20Practice%20in%20Nigeria%20%281%29.pdf?sequence=1&isAllowed=y> accessed 18 February 2026.

In principle, the Act contains provisions designed to protect practitioners. Section 9 states that every volunteer or helper shall be treated with respect and shall not be subjected to unnecessary and embarrassing interrogation when genuinely attempting to save a life. Similarly, Section 4 provides that the police shall not invite a person with a gunshot wound for investigation unless the Chief Medical Director certifies that the patient is fit and no longer in urgent need of medical care. These provisions are intended to establish a legal boundary that prioritizes treatment and separates medical care from criminal investigation.

However, in practice, this protective boundary is frequently ignored. Healthcare providers often operate under a real and well-founded fear of police harassment, detention, or being treated as accomplices for providing treatment without prior police authorization. This fear is not theoretical but based on lived experiences within the medical community. There are reported instances where doctors who acted in good faith were arrested or subjected to unnecessary and embarrassing interrogation, directly contradicting the intention of Section 9. While the Act criminalizes refusal to treat, it does not provide a quick or accessible mechanism for healthcare providers to obtain immediate legal protection if they are unlawfully detained for complying with the law. Although Section 11 prescribes serious penalties, including imprisonment of up to five years or a fine of ₦500,000 where obstruction causes death, these sanctions are rarely enforced against erring officers, which weakens their deterrent effect.

This situation creates a serious operational contradiction. The police are required by the Act to receive reports after treatment and to avoid interference, yet their possible actions often discourage treatment from beginning. Even though the Inspector-General of Police issued a directive in October 2023 and the Federal Ministry of Health reaffirmed the position in 2026, these high-level instructions have not eliminated the entrenched culture of suspicion at local police stations and hospital facilities.¹⁴ Without clear, practical, and widely known mechanisms guaranteeing immunity from arrest or prosecution for healthcare providers who act under the Act, the legal duty becomes a risky personal decision. For many doctors and nurses, the immediate risk of police involvement appears more serious than the distant and weakly enforced penalty for non-compliance. Consequently, the absence of institutional protection is

¹⁴M Osarogiagbon, 'In compliance with existing law, IGP orders treatment of gunshot victims without police report' *Nigerian Observer News* (28 October 2023) <<https://nigerianobservernews.com/2023/10/in-compliance-with-existing-law-igp-orders-treatment-of-gunshot-victims-without-police-report/>> accessed 18 February 2026.

not a minor oversight but a fundamental failure that undermines the core purpose of the Act and turns it from a protective shield into a potential danger for those who attempt to save lives.

4.6 Persistent Defiance and the Crisis of Repeated Directives

The enforcement gap is further demonstrated by the repeated need for top government officials to issue new directives on the same issue, which reflects ongoing systemic non-compliance. Despite the enactment of the 2017 Act, the Inspector-General of Police found it necessary to issue a major directive in October 2023, and this was again emphasized by the Federal Ministry of Health and Social Welfare in a 2026 statement. The Ministry explicitly referred to slow or non-compliance by many medical facilities and the continued refusal of some hospitals to treat victims without police reports as the reason for its renewed intervention. This repeated pattern of crisis, directive, and continued non-compliance shows that the law exists more in official declarations than in everyday practice.¹⁵

Public reactions to the 2023 directive revealed widespread skepticism. Many individuals questioned what difference the new order would make, pointing out that the same rule had been in force since the passage of the 2017 Act. This public doubt is supported by tragic incidents that occurred even after these directives. The death of Greatness Olorunfemi in September 2023, who was allegedly denied treatment at a General Hospital in Abuja because she lacked a police report, occurred within the context of the existing law and shortly before the renewed directive.¹⁶ Such repeated tragedies and the constant need for reminders from high-level authorities demonstrate that the Act lacks a self-executing enforcement mechanism. Compliance depends largely on occasional instructions from above rather than on an

¹⁵B Oyaleke, 'Breaking the ceiling glass: Illegality of mandatory requirement for police report-clearance for medical emergency treatments by health providers in Nigeria' *International Journal of Science, Technology & Society / Revista Internacional De Ciências, Tecnologia & Sociedade* [2023] 11 (2) <<https://pdfs.semanticscholar.org/89fd/9f43966f03903ef7a9a6493f085166a099e5.pdf>> accessed 18 February 2026..

¹⁶A Musa, 'A critical review of effectiveness of Compulsory Treatment and Care for Victims of Gunshot Act, 2017 in Nigerian hospitals' (ResearchGate, nd) <https://www.researchgate.net/profile/Abubakar-Musa-8/publication/366580474_TOPIC_A_CRITICAL_REVIEW_OF_EFFECTIVENESS_OF_COMPULSORY_TREATMENT_AND_CARE_FOR_VICTIMS_OF_GUNSHOT_ACT_2017_IN_NIGERIAN_HOSPITALS_A_SEMINAR_PAPER_DELIVERED/links/63a85cbca03100368a28c082/TOPIC-A-CRITICAL-REVIEW-OF-EFFECTIVENESS-OF-COMPULSORY-TREATMENT-AND-CARE-FOR-VICTIMS-OF-GUNSHOT-ACT-2017-IN-NIGERIAN-HOSPITALS-A-SEMINAR-PAPER-DELIVERED> accessed 18 February 2026.

established system of routine accountability. As a result, the law remains reactive, responding to crises after they occur instead of preventing them.

5. Recommendations To Bridge the Gaps In The Enforcement Of The Compulsory Treatment and Care for Victims of Gunshot, 2017

To transform the Compulsory Treatment and Care for Victims of Gunshot Act 2017 from a symbolic statute into a truly effective life-saving law, reforms must directly address the structural weaknesses identified in this research. Studies and policy analyses consistently show that non-compliance is driven not by ignorance of the law alone, but by fear, weak accountability, poor coordination, and limited emergency infrastructure. The recommendations below integrate these research findings into a clear and practical reform framework.

5.1 Enactment of Explicit Legal Immunity and Protection for Healthcare Providers

To transform the Compulsory Treatment and Care for Victims of Gunshot Act, 2017 into an effective lifesaving law, the most urgent reform is the introduction of clear and unambiguous legal protection for healthcare providers. Research and practical experience consistently show that the primary reason for non-compliance is the fear of police harassment, arrest, detention, or being treated as an accomplice for providing treatment without prior police authorization. Although the Act imposes a duty to treat, it does not sufficiently shield those who carry out that duty from intimidation by law enforcement officials. This structural weakness creates hesitation and discourages compliance.¹⁷

To address this problem, the Act should be amended to include an explicit “Safe Harbor” clause granting immunity to healthcare providers and institutions that act in good faith. The amendment should clearly state that no doctor, nurse, hospital administrator, or volunteer shall be subjected to arrest, detention, interrogation, or prosecution solely for providing emergency treatment to a gunshot victim without a police report, provided that the post-treatment reporting requirements are fulfilled. Such a provision would remove uncertainty and convert the Act into a protective instrument rather than a potential source of risk. In addition to legislative reform, institutional mechanisms must be established to make this protection effective in practice. A

¹⁷E Robert, 'Towards the effective compliance of the Nigerian Compulsory Treatment and Care for Victims of Gunshot Act, 2017' (SSRN, 2023) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=4341678>> accessed 18 February 2026.

formal directive from the Police Service Commission and the Nigeria Police Force should instruct all commands to respect this immunity. Furthermore, a 24-hour emergency hotline should be created at both national and state police headquarters to enable hospital administrators to report incidents of interference and obtain immediate resolution. These measures would ensure that protection is both legal and operational.

5.2 Establishment of a Multi-Sectoral National Compliance and Oversight Framework

Another major weakness in the implementation of the Act is the absence of a permanent and clearly designated enforcement body. Without structured oversight, compliance depends largely on occasional directives from high-ranking officials rather than on a stable system of accountability. This reactive approach has proven insufficient and has allowed violations to continue without consequences.

To correct this deficiency, a National Gunshot Act Compliance Task Force should be established through legislation or executive action. This body should be jointly led by the Federal Ministry of Health and the National Human Rights Commission, with representation from the Nigeria Police Force, the Medical and Dental Council of Nigeria, the Nursing and Midwifery Council of Nigeria, the Nigerian Medical Association, and relevant civil society organizations. Its mandate should include monitoring compliance, investigating reported violations, collecting data, and publishing regular public reports. In addition, violations of the Act by licensed healthcare professionals should be formally classified as professional misconduct. This would trigger disciplinary proceedings by the appropriate regulatory councils, including suspension or revocation of licenses. Administrative sanctions are often more immediate and impactful than criminal penalties and may therefore serve as stronger deterrents. The National Human Rights Commission should also be empowered to receive complaints from victims and their families, conduct independent investigations, and impose administrative fines where appropriate. Through these measures, accountability would become embedded within professional and institutional governance systems.

5.3 Implementation of Mandatory Standardized Treatment and Reporting Protocols

Uncertainty about procedures has significantly contributed to non-compliance. Many hospitals lack clear, standardized operational guidelines on how to manage gunshot emergencies while

complying with the law. This absence of clarity creates confusion and increases the likelihood of hesitation or refusal to treat.¹⁸

To address this gap, the Federal Ministry of Health should develop and issue Mandatory Treatment and Reporting Protocols applicable to all public and private health facilities. These protocols should clearly define what constitutes a gunshot emergency, provide standardized documentation forms for patient admission, and specify the exact timeline and method for reporting cases to the police after treatment has begun. The guidelines should also outline the internal chain of command within hospitals to ensure that treatment decisions can be made promptly, even under external pressure. In addition, healthcare institutions should establish protected and anonymous reporting channels to allow staff members to report incidents of obstruction or intimidation without fear of retaliation. Information collected through these systems should be integrated into a national monitoring framework to strengthen transparency and institutional learning. By reducing procedural ambiguity, these standardized measures would promote consistency and confidence in compliance.

5.4 Sustained National Awareness and Professional Training

Research findings indicate that ignorance and misinformation about the Act persist among healthcare workers, law enforcement officers, and the public. Many citizens remain unaware that emergency treatment should not depend on the presentation of a police report, and some frontline officers and hospital staff continue to rely on outdated practices.¹⁹

To correct this problem, the government should implement a sustained and multi-platform public awareness campaign using radio, television, social media, and community outreach initiatives conducted in local languages. The campaign should clearly communicate that emergency medical treatment is a right and that no prior police report is required before care is provided. Public awareness would empower victims and bystanders to demand compliance and reduce hesitation at critical moments. At the professional level, education on the Act should be integrated into the curricula of medical and nursing schools and incorporated into continuing professional development programs. Police training academies and in-service training

¹⁸IL Uwaegbulem, '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' (SSRN, nd) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=3953770>> accessed 18 February 2026.

¹⁹O Olusegun, 'Emergency medical care and the law in Nigeria: Towards protection of patients' rights' *Journal of Health & Biomedical Law* [2022] 19 251-272 <<https://sites.suffolk.edu/jhbl/files/2024/01/Olusegun-bbcc01cb89fac0f9.pdf>> accessed 18 February 2026.

programs should also include modules on the legal and ethical obligations relating to emergency medical care. Professional bodies such as the Nigerian Medical Association and relevant regulatory councils should actively support and coordinate these educational efforts. Continuous training and sensitization would gradually shift institutional culture and reinforce lawful practices.

5.5 Strengthening Pre-Hospital Emergency and First Responder Systems

While the Act focuses primarily on hospital-based treatment, research shows that many victims die before reaching medical facilities due to weak pre-hospital emergency systems. The absence of organized and well-funded emergency response networks significantly limits the overall effectiveness of the law.²⁰

To address this broader challenge, the government should formalize and adequately fund a national first responder system in partnership with institutions such as the Federal Road Safety Corps, the Nigerian Red Cross, and community-based organizations. Structured training programs for commercial drivers, transport unions, and community volunteers in basic emergency response techniques would improve survival rates during the critical period before hospital arrival. Additionally, the role of the police in emergency situations should be redefined. Because police officers are often the first officials at the scene, their responsibilities should prioritize life-saving assistance rather than immediate investigation. This requires specific training in first aid, the provision of basic emergency equipment, and clear operational guidelines that emphasize rapid and safe transport to the nearest appropriate hospital. By strengthening pre-hospital systems and integrating them into a coordinated emergency framework, the overall objective of preserving life would be significantly enhanced.

Conclusion

The enforcement challenges associated with the Compulsory Treatment and Care for Victims of Gunshot Act, 2017 stem primarily from structural design weaknesses rather than from a lack of legislative intent. To convert the Act from a largely symbolic statute into a functioning and

²⁰T Olaniyi, 'A critical appraisal on compliance with the Compulsory Treatment and Care for Victims of Gunshot Act 2017' (SSRN, 2023) <<https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=4570302>> accessed 18 February 2026.

life-saving legal instrument, reforms must be comprehensive and interconnected. Explicit legal protection, institutional oversight, standardized procedures, sustained public and professional education, and strengthened emergency response systems must operate together as parts of a unified framework. Only through such coordinated and systemic reform can the right to life, safeguarded through immediate and barrier-free emergency medical care, become a practical and enforceable reality in Nigeria.