

Bystanders' Behaviour in Traffic Crashes: A Vietnamese Case of Confucian Morals, Social Relationships, and Good Samaritan Risks

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Abstract

In Vietnam, where Emergency Medical Service systems are often ineffective, bystanders play an essential role in prehospital care for traffic-injured victims. However, little is known about what bystanders do and what compels or hinders them from helping at the scene. This study employed a focused ethnographic approach, utilizing semi-structured, in-depth interviews with forty-eight traffic-injured patients and their families, followed by thematic analysis. The aim was to examine how Vietnamese bystanders respond to traffic crashes and navigate the competing interests and risks associated with helping strangers. There is a strong cultural expectation for them to help, based on morality (Đạo đức) and social connection (Tình nghĩa). The legal system obligates bystanders to help while excusing the other parties involved in the crash from the same duty, thus contributing to conflict at the crash scene. Bystanders can be better supported with information on basic first-aid training and revised Good Samaritan laws that build on traditional Vietnamese virtues of social connectedness rather than emphasising civic duty alone.

Keywords: Bystander, Good Samaritan, traffic injury, pre-hospital care, Vietnam

Abbreviations:

Cardiopulmonary resuscitation (CPR)

Emergency Medical Service (EMS)

Out-of-hospital cardiac arrest (OHCA)

1. Introduction

Traffic injury and death are major public health issues in developing countries. In Vietnam, estimates are that over 20 thousand traffic deaths and hundreds of thousands more non-fatal traffic incidents occur annually (Nguyen et al., 2020). Unlike chronic or communicable diseases, traffic injuries involve not only individuals and their healthcare providers but also bystanders and strangers. Due to the lack of an effective Emergency Medical Service (EMS) in Vietnam, bystanders play an essential role in the initial pre-hospital management of road traffic injuries and may contribute directly to preventing mortality. Therefore, a study of the social interactions around traffic crashes allows us to not only examine the culture and institutions that inform behaviour but may also contribute to improving the management of traffic injury.

In 1970, seminal research on group size and helping behaviour provided strong empirical evidence that "the presence of other people serves to inhibit the impulse to help", a phenomenon called the bystander effect (Latané & Darley, 1970, p. 38). In contrast, studies on prosocial behaviour and altruism have shown that social influence, depending on the setting, may result in positive outcomes. In a crowded situation, moods and thoughts can be transmitted contagiously within a group. Thus, behaviours or ideas offered by a group member usually receive unanimous support (Locher, 2002). Just as apathy can spread among the group, prosocial generosity towards strangers may also be socially contagious (Tsvetkova & Macy, 2014).

Emotional contagion has previously been argued to be a rudimentary form or a precursor to sympathy (Darwall, 1998; Hoffman, 2000). Empathy is a foundation of a "good society", as it motivates prosocial and caregiving

behaviours and facilitates cooperation between members of a similar social group (Tsvetkova & Macy, 2014). However, concerns have been expressed in countries as diverse as China and the USA about a growing “empathy deficit” (Obama, 2006).

Previous research into a bystander’s role in responding to traffic injury indicates conflicting views about what laypeople should do. While some suggest laypeople should defer to professionals, this advice presumes the presence of a robust EMS system, which is often lacking in low- and middle-income countries (LMICs), including Vietnam (Heidari et al., 2019). Misinformation from bystanders can lead to confusion and delays, while their aggregation at accident sites might obstruct emergency responses and even escalate the crisis (Khorasani-Zavareh et al., 2009; Wesson et al., 2015). However, Vietnamese law on Road Traffic (No. 23/2008/QH12, Article 38) mandates active bystander involvement by requiring them to:

- a) Protect the accident scene;
- b) Provide timely assistance and medical treatment to the victims;
- c) Immediately report to the nearest police office, health agency or People’s Committee;
- d) Protect the victims’ property;
- e) Provide true information on the accident at the request of competent agencies/ organisations.

The law also requires that operators of other vehicles, when passing the places of accidents/crashes, be responsible for taking the victims for emergency medical treatment.

Despite its existence, the enforcement of such a law is unheard of in Vietnam. In this article, I examine how Vietnamese bystanders respond to traffic crashes and navigate the competing interests and risks of helping a stranger. By answering the two research questions, “What do Vietnamese bystanders do in a traffic crash situation?” and “What compels or hinders them from being involved?”, we hope to identify culturally responsive strategies to improve prehospital trauma care in Vietnam.

2. Method

2.1 Research Designs

This study adopted a focused ethnographic approach, which emphasises exploring a specific element of society (Knoblauch, 2005) and has been defined as “an applied and pragmatic form of ethnography that explores a specific social phenomenon as it occurs in everyday life” (Bikker et al., 2017). The study used the traditional methods of ethnography, including in-depth interviews and participant observation, which provided fine-grained and detailed information on participants’ accounts of their subjective experiences in naturalistic settings. It conforms to a constructivist approach in which meaning-making arises from exploring shared perspectives in specific cultural contexts. Such an approach is flexible and efficient enough to allow for rapid data collection in a resource-constrained situation (Rashid et al., 2019).

The fieldwork took place from March to August 2016 in four major hospitals in Hanoi and Ho Chi Minh City. This article predominantly uses interviews with traffic-injured patients as the “key informants.” While we appreciate the drawback of approaching bystander behaviour indirectly by interviewing traffic-injured patients and their family members, this method is justified given the spontaneous nature of traffic crashes, which made it impractical to identify and interview actual bystanders at the scene. Additionally, due to Vietnam’s high traffic injury rate, almost anyone living there has likely witnessed a traffic incident to some extent. During the seven-month fieldwork, the first author was involved in a crash once and observed three others on the road, at one of which they assisted. Therefore, it is reasonable to infer that any road user in Vietnam has been a bystander at one point, thus providing valuable insights into bystander behaviour through their own experiences.

2.2 The Interviews

The first author approached suitable patients (traffic-injured, medically stable, and able to consent to participate in the study) from the orthopaedics and neurosurgery departments. They conducted semi-structured, open-ended interviews with roughly ten injured patients in each hospital and their family members if they were present. Forty-eight interviews were conducted (see Table 1 for their demographic characteristics). Most patients were males of younger ages (20-40 years). Most of them were riding motorbikes at the time of injury. All the injured pedestrians were of the oldest age group (60+). There was an imbalance in gender of participants in some study locations because patients were segregated in rooms based on their gender. If the first few patients agreed (or did not agree) to participate in the study, the others in the same room often did the same – demonstrating the Social Contagion Theory.

Table 1. Selected characteristics of study participants

		Ho Chi Minh City		Ha Noi	
		N	%	N	%
Gender	Male	14	54%	16	73%
	Female	12	46%	6	27%
Age group	20-40	11	41%	12	55%
	40-60	9	33%	6	27%
	60+	6	22%	4	18%
Role in incident	Motorbike rider	13	50%	20	91%
	Motorbike passenger	3	12%	0	0%
	Pedestrian	3	12%	1	5%
	Family member	7	27%	1	5%
Bystanders' assistance	First aid provided	3	16%	6	29%
	Emergency services	2	11%	1	5%
	Transportation to hospital	6	32%	10	48%
	Contacted family	5	26%	9	43%
Other party's involvement*	Provide transportation/assistance	6	50%	8	73%
	Ran away	4	36%	2	18%
Police involvement		7	37%	3	14%
No. participants who provided bystander's assistance **		6	24%	8	36%
Crash types	Between motorised vehicles	10	53%	11	52%
	Motorised vehicles vs Pedestrian/Bicycle	5	26%	1	5%
	Single vehicle-collision	4	21%	9	43%

*The total number does not add up to the number of study cases as the other party's involvement was not always needed (e.g. also injured, single vehicle collision)

**While all study participants have witnessed a crash at some point in their lives, only these participants reported having provided assistance as bystanders. Others walked away for various reasons, including fear, being busy, feeling unequipped to help, or because someone else had already stepped in.

The interviews covered various topics, including how the crash happened, bystanders' responses, the interviewee's feelings about bystanders' actions, and their own beliefs and previous experiences of being bystanders. All interviews were digitally recorded and fully transcribed. The computer program Atlas ti was used to assist in the coding process.

2.3 Analytical Methods

A thematic analysis was conducted as outlined by Braun and Clarke (Braun & Clarke, 2021). The transcripts were read and re-read closely to identify codes that emerged from the data. In describing individual crashes, we identified common patterns or themes of bystander behaviour as perceived by the survivors. The latter interpreted bystander responses based on their 'emic' or culturally informed understanding of bystanders' motivations. This was aided by the first author's cultural background and knowledge and Vietnamese language competence. However, we did not have access to the bystanders' versions of what happened, which may have differed from the participants' accounts. Finally, the themes were explored and referenced with the literature to ascertain how they affect bystanders' decision of whether to help.

This analytical process led to the identification of three key themes: (1) actions undertaken by bystanders, (2) factors influencing these interventions, and (3) the overarching cultural ethos of assistance. 'Bystanders' actions' encompassed the range of immediate reactions at the crash scene, including offering first aid, ensuring the victim's safety, and facilitating their transport. The theme '*Influences on bystanders' assistance*' captured the array of factors determining the likelihood of bystander intervention, such as the injured individual's characteristics, the bystander's experiences or knowledge, the presence of other individuals or family members at the scene, and the overarching legal context. Lastly, the '*Culture of helping*' theme delved into the societal values and moral obligations that guide and inform bystander behaviours. These themes interact within a nested hierarchy, illustrating the complex dynamics at play in bystander actions, as depicted in Figure 1.

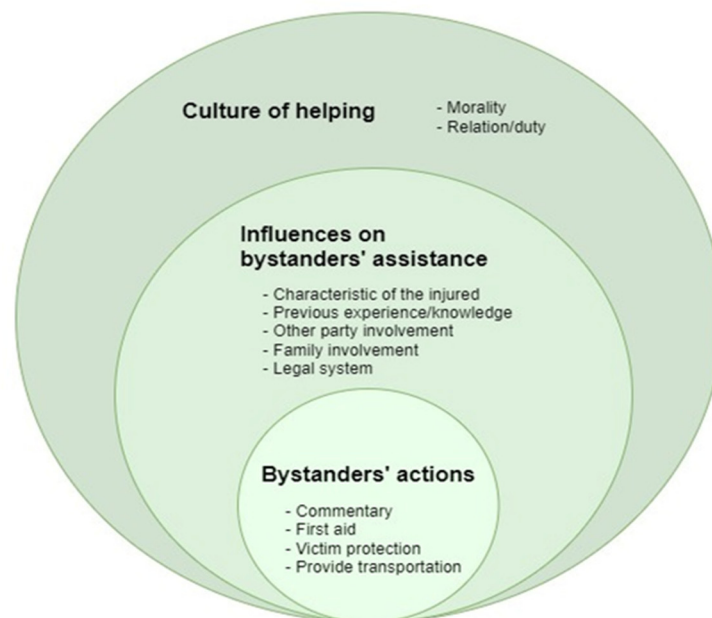


Figure 1. Bystanders' roles at the crash scene: thematic map showing three main themes and their relationships

2.4 Ethical Considerations

The ethical aspects of this research have been approved by the Australian National University Human Research Ethics Committee (Protocol 2015/802) and Ha Noi School of Public Health Institutional Review Board (ID 2015.239.HSPH.239.SETP). The study was approved by both Ho Chi Minh City and Ha Noi Departments of Health.

Informed consent was obtained from all participants involved in the study. For each participant, either verbal or written consent was obtained. This approach was particularly sensitive to the socio-political context of the country. To some participants, written consent could be perceived as intrusive. Others, due to their background or injuries, were unable to read or write. When such was the case, the information sheet was read out loud for them, and verbal consent was sought. This approach was approved by the relevant institutional ethics committees.

3. Results

Responding to the study questions pragmatically, we sought to describe how bystanders enacted the Good Samaritan laws, as they understood them, and what influenced their actions.

3.1 Bystanders' Actions at a Crash Scene

3.1.1 Verbal Commentary

At the very least, bystanders typically offered advice to survivors [and their companions] but made no attempt to treat them in any way. Sometimes, the information was helpful, especially if the bystanders knew the area's ins and outs and could provide informative directions (such as the way to the nearest hospital). Other times, their advice was useless because they made ill-informed statements like 'the bone is broken, why don't you call a taxi', or worse, 'I think s/he is dead' (when the patient was still alive). Survivors said they generally did not appreciate these types of comments. Furthermore, there were concerns that crowds standing around may suffocate (Note 1) the

victim while not contributing anything useful. It appears that talk was seen as a replacement for meaningful action.

From my experience, bystanders hung around after a crash, looking and saying things like someone needed to bring [the victim] to the hospital. They were full of talk but did nothing to help actively. If they had done something, it would have been helpful. (B12, female 20s, motorbike vs motorbike)

However, occasionally, bystanders' verbal interventions helped resolve conflicts.

He [the other party] kept saying it was my fault, that I rode too fast. Luckily, the people nearby came out and argued that 'now we do not know who is right or wrong, but you [the other party] are unharmed, so you have to bring him [the patient] to the hospital. (A15, male, 30s, motorbike vs motorbike)

3.1.2 Bystanders' First Aid

The law is ambitious in its requirement for bystanders to provide medical treatment at the scene. In general, first aid was rare, as most bystanders were more concerned with transporting the survivor to a hospital as quickly as possible.

A bystander shook my arm but did not do anything else [i.e. first aid]. He probably wanted to check if my joints were displaced or if my bone was broken. He then scolded the other party and made him [the other party] bring me to the hospital. (A15, male, 30s, motorbike vs motorbike)

Participants said that bystanders had used ice compression and alcohol wash to reduce swellings and gauze, cotton balls and a torn shirt to stop bleeding in some cases.

There was a student [a bystander]. She took off her shirt to dress the wound for me. Then she went with me to the hospital even though she had to go to school herself; she waited until I had the X-ray results back before she left. (D36, female, 40s, motorbike vs car)

At the accident scene, unconscious patients were often offered sugared tea as bystanders were confused between concussion and hypoglycaemia. When bystanders were unsure what to do, they fanned the patient so "it would be easier for them to breathe". In only one case, the patient reported that his fractured leg was stabilised with a splint.

3.1.3 Protecting the Victim

Bystanders often helped survivors by picking up their belongings and vehicles after the crash. Most crashes involved a motorbike, which is, for many Vietnamese people, their most valuable asset and also their means of making a living. Some local people looked after the survivor's or other party's motorbike while they went to the hospital. However, concerns over what to do with the motorbike sometimes exceed the need for medical assistance. For example, Tuan (below) waited almost an hour to go to the hospital due to concern about his bike.

He [the bystander] had his motorbike, and he was alone. Although he wanted to help, he could not. What are we going to do about the bikes?! I waited for my friend and sister to come so that one could take me and the other could take my bike. (Tuan, A5, male, 20s, motorbike vs object)

3.1.4 Transportation to Hospital

It is expected that the other party in the accident assumes the responsibility of bringing the crash survivor to the hospital. The burden falls on bystanders and the survivor's family when the other party is absent. The bystander usually takes the patient directly to the hospital or contacts the family, who then assumes responsibility.

The person who crashed into me ran away. Two motorists were passing by; they saw I fell, so they helped me and brought me to the hospital with my motorbike. Once I was there, I called my family. (C23, male, 20s, motorbike vs motorbike).

3.2 Influences on Bystander'S Assistance

3.2.1 The Injured

Bystanders played a crucial role in providing initial support to traffic-injured persons at the scene. However, bystanders were not neutral or unbiased. They are more likely to help the seemingly weak or more vulnerable. Unsurprisingly, women garnered more help than men, especially when travelling with a child.

The bystanders took my son and kept him there waiting for my husband. One carried me on a motorbike and brought me to hospital [...] I know that sometimes people do not help, especially if it is against a container truck, (Note 2) as the victim is likely to be an extortionist. Me, I am a good person, so they helped. (B13, female 20s, motorbike vs pedestrian)

Likewise, pedestrians and smaller vehicles are considered to be in a weaker position compared to their larger/faster

counterparts.

They [the bystanders] think that if it is a motorbike versus a pedestrian, the motorbike is at fault, so they kept me and my vehicle and awaited the police. To make matters worse, the other girl was unconscious while I was conscious. Although my leg was severely injured, they [the bystanders] thought that her injury was worse. It turned out she got discharged from the hospital the same day, even visited me later and made me soup (B9, Female, 30s, motorbike vs pedestrian).

Injury severity plays a significant role in bystander behaviour. Patients reported that if bystanders perceived them to have more severe injuries (that is, they were unconscious, had heavy bleeding, or were unable to stand up), they received more attention, and help would come more quickly.

From my experience, bystanders would call for the family to help if the injury is not severe. In my case, I was conscious, so they helped me to the side of the road and called my brother [to bring me to the hospital]. In my mom's case, her injury was so severe that they [bystanders] thought she was dead, so they brought her to the hospital directly. Fortunately, she survived. (B12, female 20s, motorbike vs motorbike).

Intuitively, it makes sense for the more injured victims to receive more help and for aid to come faster. In reality, however, this is not always the case. Mr Dang (C21, male, 50s, pedestrian vs motorbike) suffered multiple injuries on his face (fractured maxilla and mandible) and had broken his leg. He stated he was “left to lie by the side of the road for a long time with no one as much as touching [checking on] him” because he was unconscious, and they thought he was dead. Another reason severely injured people are less likely to be helped is that the scene is often too confronting for most people. The sight of blood and wounds can evoke fear and anxiety, as it is human nature to be scared of such distressing situations. As one participant stated:

I can assist with small things like propping up the bike or stopping the traffic. But when there is a serious accident, I am too afraid to even look. I am too scared of seeing people hurt and being traumatised by those images. (Son of B18, female, 60s, motorbike vs motorbike).

3.2.2 The Knowledge

Given Vietnam's high traffic incident rate, almost all participants have witnessed at least one crash previously. Reflecting on their experience as bystanders and explaining their decisions not to become directly involved, many participants quoted lack of knowledge as a barrier to help rather than the absence of willingness.

In Vietnam, we do not have public information on what to do when a crash happens. So, although people want to help, they don't know how to help. (A5, male, 20s, motorbike vs object).

Indeed, apart from physically taking the victim to the hospital, many participants were not sure of any other way to help despite having first-hand experience with traffic injuries themselves.

Sometimes I saw [traffic injured people] but I do not help [because] I do not know how to help. I am a woman; I cannot be like the man carrying or taking the injured person to the hospital. (B13, female 20s, motorbike vs pedestrian).

3.2.3 The Other Party

As aforementioned, it is common for bystanders to pressure the person they thought was responsible for the crash to take the injured person to the hospital. This is because when the other party is not present, bystanders are challenged by the possibility of being mistaken as the perpetrator of the victim's injury, and even more so when the injury is serious.

People are afraid when they see how severe the injury is. Although you did not cause the incident, if the family questioned and the patient is unconscious, who can be your witness? How can they believe you? What if the police questioned? People are always worried when the police are involved. (Son of B18, female, 60s, motorbike vs motorbike).

When the other party is absent, bystanders also carry more financial and legal responsibility and a greater risk of being held financially responsible for medical bills, or even mugged.

If you brought the victim to the hospital, the hospital would think you were the one who caused the injury and held you back to pay for the treatment. You would also need to go to the police for a statement; it is very bothersome. I know these are just excuses, but you must live here to understand how it is. There is also a chance that the whole incident was staged. This has happened to my uncle. He was riding on the road, and suddenly another motorbike pretended to be crashed by him. The person would not let him go, and while he was being distracted, an accomplice stole his wallet. (Friend of D32, female, 20s, motorbike vs motorbike).

3.2.4 The Family

Family involvement at the crash scene helped bystanders by diffusing the responsibility and reducing the risk of being misunderstood. Some bystanders went to extra lengths to involve family early in the care of the patient. Mrs *Binh* (B18, female, 60s, motorbike vs motorbike) was carrying her eight-year-old granddaughter when she crashed and became unconscious. As the granddaughter only remembered their house address but not the phone number, a bystander took the child home to look for her family, which took about 30-40 minutes. Then, the same man brought *Binh's* son back to the scene where *Binh* was still lying by the side of the road, waiting for an ambulance. A bystander helped flag down a taxi, and *Binh* was taken to a hospital closer to home so the family could care for her.

3.2.5 The Legal System

While the Good Samaritan Law is designed to encourage aid at a traffic crash scene, the law may also act as a deterrent for helping strangers. Generally, the other party involved in the crash is expected to take the primary responsibility for assisting the more injured party to the hospital and to compensate if they are at fault. However, Vietnam traffic law recognises the possibility that the other party might be mortally endangered in a traffic crash, thus exempting them, if they are less injured or uninjured, from their duty to assist. This legal dispensation of operators and other persons directly involved in a traffic accident (other parties) applies the following law (article 38).

Persons involved in a traffic accident must act as follows:

a/ Immediately stop their vehicles; keep unchanged the conditions at the site of the accident; give first aid to the victims and show up at the request of competent agencies;

b/ Remain on the scene of the accident until the arrival of the police, except for cases in which the operator has also been injured and must be carried for emergency medical treatment or has to carry the victim for emergency medical treatment or his/ her life is threatened, but shall later report himself/ herself to the nearest police office;

This law contributes to the fear of helping at a crash felt by the other party and bystanders and explains why people often “run away”.

It was tempting for me to run. People run because they are afraid that there might be a fight once the family arrives. They also worry that they have to pay for the victim but do not have the financial capacity to. And then there is the police. Once the police are involved, they will go to jail. So if they stop, they suffer, and their family suffer. The cost is too great. (C26, male, 40s, motorbike vs car).

When the other party absconds, it can become tough to hold them accountable, as one of our participant's family members recalled.

My son was travelling with my wife when the crash happened. He caught the other party, kept his bike's key and took photos of his bike's plate. While my son was getting a taxi to bring my wife to the hospital, the other party hijacked the motorbike and ran away. Once the police came, they could not do anything other than draw sketches and mark the scene. There were witnesses, but the police came too late, so most left. They [the police] claimed that the bike's registration was untraceable as it was an old vehicle, likely having been changed hands multiple times. They are the authorities, so they should know how to investigate this. Yet they were so irresponsible. Other people told me to file an official report and follow the “procedure” (making a money hand gesture). But what if they caught him [the other party] and he still refused to pay me; I would lose even more money. (Mr Hung, Husband of B10, female, 50s, open comminuted tibial fibular fracture, motorbike vs motorbike).

When the law is not trustworthy, angry bystanders and families sometimes resort to “vigilante violence”, as Mr *Hung* (above) described it:

If I were there, I would have beaten him first. Then I would call the police. He was amoral first [...] It was also this area; if it were any other place, the local people would not have let him go off so easily.

The consequence of this law is that the burden to help rests heavily on bystanders rather than the other party. It is, therefore, common for bystanders to pressure the person they think is responsible for the crash to take the injured person to the hospital. Sometimes, to avoid conflict at the scene, uninjured parties often run off after they take the other person to the hospital.

When I fell, many passers-by stopped to help; they held the other party back. But he [other party] also did not run away; he helped me stop the bleeding and brought me to the hospital. After that, he said he had to park his vehicle, but he never came back (D32, female, 20s, motorbike vs motorbike).

3.3 The Culture of Helping

3.3.1 The Moral Imperative to Help

Victims of crashes have a strong social expectation that bystanders will help them if they are injured. The Vietnamese saying ‘A good leaf protects the tattered one’ [lit: *Lá lành đùm lá rách*] is deeply rooted in Vietnamese culture and is perceived as a moral justification and imperative to help those in need. For example, when bystanders are ambivalent and do not side with the more injured party, this leads to concern.

Bystanders helped [me]. Quite a few onlookers were doing nothing, but there were also people who chastised the other party. And some of them helped me move to the side of the road. (A12, female 20s, motorbike vs motorbike).

Or, as in the following case, the victim experienced extreme disappointment that they were not helped.

Although so many onlookers were nearby, none noticed or did anything. No one said anything to the other party on my behalf. They were very apathetic and just ignored me. I don't know if it is just that area [...] If this happened in another place, he [the other party] would have suffered. They [the locals] would have beaten him up. In this area though, it was like they did not care (B10, female, 50s, motorbike vs motorbike).

Blame and judgment can confuse a situation when helping an injured person. Often, in a debatable crash situation, the assumption is that the less injured party or the larger vehicles are at fault, as noted above. Bystanders may unduly jump to conclusions, which can have a detrimental effect on injury outcomes. In An's (30-year-old female, manager of a company) case, for example, she crashed into a pedestrian who was jaywalking across the road. The pedestrian fell and briefly lost consciousness. A bystander promptly helped take the pedestrian to a nearby hospital. Meanwhile, An was kept at the scene to wait for the police. Although she was severely injured, An was perceived to be at fault and was socially isolated. Not only did no one help her, even though she was “limping to the side of the road to sit down”, but she was also prevented from leaving.

He [a bystander] shouted at me, took my motorbike and my key and told me not to leave. I tried to tell him that I cannot even stand up, but he would not listen. (B9, Female, 30s, motorbike vs pedestrian).

An was eventually taken to hospital by her family. She suffered from a severe meniscus tear and multiple torn ligaments in her knee. When the first author met An, she was preparing for her fourth operation due to a secondary infection. The pedestrian had been discharged from the ED with minor scratches.

Many participants saw the lack of help to injured victims as indicative of a growing apathy in contemporary Vietnamese society. This is partly due to widespread stories of Good Samaritans wrongly accused because of their good deeds constantly appearing in the media. In extreme cases, they were framed and incarcerated for the victim's injury. In other cases, they were extorted by the victim for monetary compensation or trapped into some sophisticated plots of gang robbery. Despite their scandalous omnipresence in the media, the actual occurrence of such cases is rare. However, to ordinary people, the idea of getting punished for doing a good deed (*làm ơn mắc oán*) is a morally disturbing development, a blow to social trust, compassion, and the principle of moral reciprocity.

People want to help, but they are afraid of getting involved. Firstly, I don't know how bad the injury is, and I don't know proper first aid, so I am worried I might worsen the damage. Secondly, if I help, when family come, they don't know if I am the one that caused the accident or the helper. They might fight me; then I am done for. I have seen this a lot, and it is always the case of 'làm ơn mắc oán' (getting punished for doing good) (C27, 40s, male, motorbike vs object).

3.3.2 Relationship and Duty

There is a strong cultural expectation that bystanders will help an injured person at a crash based on personal relationships and a sense of duty for people with whom one has a relationship, even if they are strangers.

We Vietnamese emphasize Đạo đức (morality) and Tình nghĩa (relationship). They [the other party did] turned back to help me and brought me to the hospital; although they left abruptly afterwards, I still think they are good people (B17, 70s, male, motorbike vs motorbike).

While *Đạo đức* can be easily translated into English as morality, it is challenging to describe *Tình nghĩa* in English. It is a compound word of ‘*Tình*’, which represents love, feeling/emotion, and ‘*Nghĩa*’, which describes responsibility/duty to other people. *Tình nghĩa* is commonly used to describe the relationship between people – father and son, husband and wife- and between strangers who, by a stroke of fate, crossed paths. *Tình nghĩa* influences bystanders' response in traffic crashes and affects the victims' interpretation of the experience.

For example, *tình nghĩa* is stronger amongst acquaintances, and people are more likely to receive help in their

neighbourhood.

[The crash] happened right next to my local church. It was almost 10 PM, and the road was tranquil, but because people knew me, they helped me and brought me to the hospital. Then they call my wife. If it had been elsewhere, I would be dead [D2].

Tình nghĩa is a connection that goes both ways. Often, when discussing reasons not to help, people quoted concerns of extreme extortion by the victim for financial gain. However, this was not found in this research. Once the other party has contributed, even minimally, *tình nghĩa* establishes a connection to share the responsibility between both parties. The following quotes illustrate how the bond between the people involved in the accident led them to moderate their financial expectations.

He [the other party] also has it tough. He does not have much money himself. He told me that he would visit again when he got his salary. The other day, he visited and gave me a few thousand dong (a few dollars). The surgery alone cost me 8 million dong (~500 AUD). I have his number, but I don't want to call. He is a good man. He came back, brought me to the hospital, waited for my X-ray, and even brought me here (the 2nd hospital) (A15, 30s, male, motorbike vs motorbike).

The bystander held the other party back. We knew he was at fault, but we did not call the police. He is also miserable [khô], and we don't want to make it difficult for him (Son of A4, 70s, male, pedestrian vs motorbike).

4. Discussion

In this article, we have categorised bystanders' assistance from the surviving recipients' perspective. In all 40 crashes studied, some form of assistance took place, ranging from verbal comments, sharing local knowledge, or providing safe passage to a hospital. Bystanders performed many valuable roles at crashes, such as providing emotional care, simple succour, first aid and calling for professional assistance. As this research found, bystanders can be both facilitators and inhibitors to timely medical care for the traffic injured. By congregating at the crash scene, they may also negatively impact the relief provided to the injured by supplying false medical advice (e.g. the victim is dead) or diverting attention from timely medical care to the matter of who is at fault. They may also create opportunities for theft. Below, we discuss these findings in light of the broader socio-cultural and economic context of Vietnam to reveal the complexity of bystanders' roles.

4.1 Bystanders in a Modernising Health Care System

Thirty years post *Đổi Mới* or Renovation, Vietnam has transformed from one of the poorest countries in the world with a per capita income of \$130 in 1990 to a lower middle-income status with a per capita income of more than twenty-five times greater (World Bank, 2022). As the country shifts to a modern market economy, attendant socio-cultural transitions occur.

Traditionally, Vietnamese society was tied by familial bonds, social connections, and patronage networks, creating a solid system of reliable social support under the umbrella of Confucian ideology. Since then, the communist regime has somewhat disrupted the strong reliance on close familial ties to build a broader base for shared relationships or 'comradeship' across society. In the earlier days of the regime (the 1950s in the North and mid-1970s in the South), the government focused a large proportion of its resources on building a welfare system, taking the primary role in protecting all individuals and satisfying their basic needs (Bélanger & Barbieri, 2009). However, it quickly became clear that the state did not have the means to support its policy. By the end of the 1980s, a series of reforms or 'Renovation' (*Đổi Mới*) was introduced, which aimed to move the country forward from the economic crisis of a centralised planning economy to a 'socialist-oriented market economy'. These reforms allowed the state to abdicate many social obligations and reinstate the family as the *de facto* locus of social security and health care (Bélanger & Barbieri, 2009).

The economic changes occurred first in the reform of agricultural collectives, where previously communal land was allocated to individual farm households. Price controls on products were also removed, and people were allowed to privately sell their goods in the marketplace (Dang et al., 2006). In the healthcare domain, universal coverage was phased out, followed by the introduction of user fees. This led to the expansion of the private health sector and an increasing shift of costs to households. The 1989 Law on Marriage and the Family explicitly stated that "the family, far more than the State, is responsible for the care and well-being of its members" (Wisensale, 1999, p. 608) (Wisensale, 1999). In this context, family support is critical when someone cannot provide for their own care. It is, therefore, logical that bystanders and injured victims alike prioritised early involvement of the family over state services (i.e. ambulance or early hospitalisation).

Đổi Mới has also stimulated rural-urban migration by creating new employment opportunities. As strangers are

brought into close proximity in urban centres, unique social challenges are made. Relationships between Vietnamese people are dictated by love and duty, and the reciprocity between parties is built over time to develop trust that can uphold these bonds. However, both primary sources of social connection and support (Đạo đức and Tình nghĩa) are gradually being overtaken by approaches based on a Western, more individualist society. The “caring” culture that is built upon Tình nghĩa propinquity and proximity may be weakened as people migrate to urban centres and are forced to interact with others with whom they have no historical or personal connections.

The health system, including emergency care, is transitioning from reliance on trust-based networks of family and friends to a more institutionalised, professionalised Western system, including the provision of ambulance services. However, it is under-resourced and often inefficient, with service gaps (Tran et al., 2021). The role that bystanders take in part reflects their knowledge of emergency care as flawed and problematic. The services are sparsely distributed and often take a long time to arrive at the crash scene; thus, bystanders think it is faster to take the patient to the hospital. Furthermore, EMS services in Vietnam are not covered under national health insurance, so they are costly, especially for just transportation purposes. Therefore, they understandably seek out taxi services instead.

In light of these socio-cultural changes, it is unsurprising that a complex array of contradictory forces comes into play when considering the role of bystanders in crashes. These include cultural beliefs and practices that focus on a solid moral duty to assist those in need, supported by the extension of Tình nghĩa to help those with whom one has a connection of propinquity or proximity, such as acquaintances and neighbours, and backed up by the Good Samaritan Law. Strong cultural drivers to assist are mitigated by fears of being taken advantage of by strangers who may rob or scam bystanders and survivors. Such practices and fear of them may be exacerbated by the lack of economic resources experienced by many Vietnamese, where poverty is common, and there is little in the way of a social security network (Tri et al., 2022).

4.2 To Help or not – the Problem of the Legal System

A major institutional influence on bystanders’ behaviour is the legal system, which explains why bystanders both do and often do not provide assistance in traffic crashes. Our participants expressed fears of legal complications, concerns about the behaviour of the victim’s family, and the possibility of swindlers as reasons for not helping. Many participants fear that bringing a victim to the hospital will be considered evidence that they caused the injury. This might stem from the lack of knowledge as well as the lack of trust in the Vietnamese legal system.

A previous systematic review of bystanders’ experiences of motor vehicle crashes illuminated a diverse array of concerns among bystanders that act as a barrier to assisting. They included fear of liability, of catching an infectious disease, and of inadvertently further harming the victim (Hall et al., 2013). Fear of liability, in particular, restricted bystanders’ willingness to provide first aid. Improved knowledge and skill did not diminish these effects, as even healthcare professionals experience similar concerns when encountering a traffic crash (Hall et al., 2013).

Vietnam differs from many common law countries, such as the United States, Canada, and Australia, which do not require citizens to offer help, yet they protect helpers on the basis of good faith even if their assistance causes extra pain or injury to the helped (Tomlinson, 2000). As a civil law country, Vietnam recognises a general duty to rescue in its criminal codes; meanwhile, it exempts the other party in the crash from helping the injured, thus creating a double standard between bystanders and the other party. It also inadvertently undermines the concept of Đạo đức and Tình nghĩa, resulting in conflict between an ethical responsibility to help and the legal suggestion that bystanders may be responsible for the injury. This is demonstrated in our cases where bystanders become overly concerned with holding the other party accountable rather than providing timely assistance to the injured, at fault or not.

Although rare, the fear of being wrongly accused and subject to injustice is strengthened each time a new case is reported through the media or word of mouth. Such widespread fear has considerably reduced the willingness to engage in compassionate acts among ordinary people and thus has undermined the very foundation of morality. Similarly, the thought that helping the injured equates to causing the injury reflects the disbelief in selfless compassion, especially that of a stranger.

This research also suggests that the Bystander Effect, which discourages bystanders from offering assistance, is partially negated by Vietnamese cultural norms to assist. However, many of our participants’ accounts demonstrate some diminished bystander effect where blame and obligation to act are disputed among bystanders and the people involved in crashes and are perhaps affected by the social contagion that occurs in crowds. The Good Samaritan Law may contribute to overriding the Bystander Effect. Still, we suggest that a culture of helping, characterized by social bonds and relationships, is even more strongly related to providing assistance.

4.3 *Where to from Here?*

As Vietnam becomes wealthier and the country moves closer to universal health coverage, it is speculated that the government will resume the major responsibility of managing citizens' welfare. With improvements in the emergency care system, the critical role of bystanders and families in traffic accidents may evolve, but their immediate presence at crash scenes ensures their continued importance in emergency responses.

The role of bystanders in trauma care, especially in non-Western contexts, remains under-explored. Even in Western contexts, debates persist on whether bystanders should wait for professional responders or take immediate action (Heidari et al., 2019). This ambiguity extends to the actions they should take (Bakke et al., 2015). Consensus largely built around the benefits of bystanders' early cardiopulmonary resuscitation (CPR) in out-of-hospital cardiac arrests (OHCA), as there have been clearly proven long- and short-term survival benefits (Bray et al., 2011; Nielsen et al., 2012). Yet, fear of causing harm and transmission of infectious diseases often hamper early bystanders' responses (Riva & Hollenberg, 2021). Cardiac arrests are relatively more straightforward compared to traffic crashes, where injuries could be complex, thus even less is known about the role of bystanders. Research has shown that bystanders trained in first aid can reduce morbidity and mortality from blunt trauma by 1.8-5% by providing basic first aid, such as freeing the airway and stopping external bleeding (Tannvik et al., 2012). Other research on road traffic injury demonstrates that even if not current, first aid training improves the likelihood of bystanders providing first aid at the scene and saves lives (Arbon et al., 2011).

Our research showed that bystanders could be better supported with information or education about the most useful basic behaviour at the scene, such as not crowding the injured, not moving those with severe damage and calling an ambulance immediately. More specialized training could be provided during the month-long military training compulsory for all senior high school graduates of both sexes. This training already includes basic first aid, such as stopping bleeding and stabilising a fracture. There could be an opportunity to incorporate road injured-specific first aid instruction. Besides providing first aid, bystanders can also help by providing comfort, empathy, reassurance and encouragement to the injured and their companions. It is harder to quantify the effects of these humane interactions, but in the minds of the injured, they are just as helpful. In tandem, the good Samaritan laws in Vietnam could be re-examined to foster a climate of assistance by emphasising the ethical duty to aid others and ensuring rescuers are protected rather than focusing on penalising inaction. Implementing fines or civil penalties could effectively discourage apathy and reduce conflicts between different parties at the scene (Bu, 2017).

The hesitancy observed among bystanders in our study often stems from not only a lack of knowledge and egoistic fear of potential self-harms but is also deeply rooted in cultural ethos and complex social processes individuals are confronted with in emergencies. A prolonged prehospital period is not simply a delay in seeking care resulting from "some sort of 'deficiency' or 'weakness' on the part of the participants but is a dynamic "interpretive process" as individuals try to make sense of their new circumstances (Beedholm et al., 2019). This perspective is consistent with Callese et al. (2015), who in reviewing initiatives to develop EMS and trauma care systems in LMICs, ascertained the importance of context-specific, socioculturally sensitive systems in such settings. These insights validate the crucial role of medical anthropology and qualitative research in enhancing emergency care by acknowledging the sociocultural dimensions of participants' actions.

4.4 *Limitation and Recommendation for Future Research*

People who participated in interviews may be more likely to have done so because they have had a meaningful experience, either positive or negative, a situation that applies to interview studies more broadly. As noted already, due to the difficulties of finding bystanders at crashes, we relied on the experiences of crash survivors whose perceptions are likely to differ from bystanders'. We are also aware that we are reporting the experiences of a subset of traffic-injured patients who survived rather than died in the crash. As is common in qualitative research, a small sample size limits the generalisability of the findings. However, as it was conducted in four hospitals located in the north and south of the country, we found patterns of practices that were shared geographically.

Future research could expand on this study by incorporating additional methods, such as questionnaires or live videos, to gain a more comprehensive understanding of bystander behavior. To overcome the survivor bias inherent in interviewing only crash victims, it would be beneficial to also recruit indirect bystanders, such as traffic police and rescue workers. This approach would capture a broader range of perspectives and provide a more detailed understanding of the dynamics involved in emergency situations. While this study focused on the sociocultural aspects of Samaritan behaviors, psychological factors should not be overlooked. Numerous psychological theories and research on bystanders and group's behaviour exist, and future studies could extend this work to specifically examine developing countries, where bystanders play a major role in prehospital care.

5. Conclusion

In a transitioning country such as Vietnam, changes are occurring that influence people's social practices around health. While the ambulance and health system are relatively new, people rely on personal networks for healthcare and support. However, in the fast-paced urban environments, this reliance on personal networks is becoming less feasible, indicating a need to foster shared Vietnamese values that go beyond personal allegiances or local loyalties to strengthen societal trust. No matter how efficient the emergency system becomes, the general adult population remains crucial in providing prehospital care in traffic crashes. Equipping the populace with basic first-aid approaches to traffic injury offers them a way of building on traditional Vietnamese virtues of care and resolving some of the moral dilemmas people currently face at crash scenes.

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Notes

Note 1. In Vietnam, it is believed that when a large crowd gathers, they would use up all the oxygen in the air thus suffocate the injured person who is due to the nature of being injured are not as efficient at utilising oxygen.

Note 2. The assumption here is that container trucks are company vehicle so the other party is more likely to get paid, and due to their size, they are almost always considered 'at fault'.

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