

WRITING BOARD

Love Letter: A Case for Expanding Good Samaritan Laws

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The man arrived at our hospital unceremoniously, dragged from the passenger seat of a pickup truck and dumped on the sidewalk by the entrance. The driver was skittish. He dodged questions and refused to give names. Eventually, in haphazard streams of thought, the driver confessed that the man, his friend, had been with him through the night but was found the next day facedown on his lawn by his young daughter. He left his friend splayed out for hours before deciding to take him for help.

The friend now lay pulseless in front of the hospital. His clothing was damp from the morning rain. Leaves clung to his shirt. A flurry of nurses rushed out. One knelt on the pavement to start chest compressions. Another frantically attempted to obtain a full history from the driver, whose rapidly shifting gaze betrayed that he was itching to leave. When asked about drug use or a possible overdose, the driver deflected before hastily mentioning marijuana and leaving the scene.

The unconscious man was left without a name or a history. Who he was could only be pieced together from clues in his belongings. I noted these details as I scribed for the emergency medicine doctor on shift. Inside the man's wallet was a driver's license. He was young, just in his 20s. I paused when I saw that he was only a year younger than me. Inside the back pocket of his jeans was a folded letter, perhaps from a girlfriend. Black ink bled through the damp sheets of paper, but the words were clear. One sentence stood out.

"If you love me, you'll get clean."

By the time the man reached the inside of the emergency department, he was pronounced dead. He had arrived too late. As his body rested on an exam table in a critical care room, I read through his love letter for my notes. I felt the pain and desperation—and yet still affection—in the letter writer's words. I wondered how she would react when she learned of his passing.

Fearful of the legal repercussions of illicit drug use, this man's friend had delayed care for hours and had refused to share vital information about the overdose and the substances involved that could have saved this man's life. Unfortunately, fear of punishment is a widespread barrier to seeking help during overdoses for people who use drugs (PWUDs).^{1,2} For instance, dialing

911 places callers in contact with law enforcement. Negative associations with the police may prevent PWUDs and their loved ones from using these emergency services. During my time scribing in emergency medicine, I witnessed countless cases where patients or their loved ones expressed mistrust of the systems meant to protect people in danger.

Now as a medical student several years later, I have been revisiting this experience and its profound ramifications for PWUDs facing similar situations across the country. For our patients, understanding the context of health care is as important as learning the science of medicine. During a “Patients, Populations, and Policy” course here at Georgetown, I began to consider possible interventions that could have saved that man’s life.

Currently in the United States, 47 states and the District of Columbia have “Good Samaritan” laws, which often protect individuals from a limited range of drug-related criminal penalties if they dial 911 to save someone who is overdosing. However, 2 main challenges with Good Samaritan laws exist. First, the immunity that these laws provide varies from state to state. Some offer only minimal protection, such as providing immunity only for certain substances, for the first offense alone, or under the condition of statutory drug treatment.^{3, 4} Second, awareness of these laws is often limited among the public and even among the law enforcement officers from whom these laws are meant to protect PWUDs.^{5, 6} As a result, individuals with immunity due to these Good Samaritan laws may be unjustly arrested, thus perpetuating the fear associated with reporting an overdose.

Research has suggested Good Samaritan laws are associated with a decrease in opioid overdose mortality. Therefore, these laws must be expanded throughout all states, and the knowledge and understanding of these laws must be improved to most effectively minimize preventable deaths.⁵ Kansas, Texas, and Wyoming, for example, have no overdose Good Samaritan laws and could be targets of new legislation.³ Even states with existing legal interventions to reduce overdose mortality could also seek expansion of these Good Samaritan laws. While many of these laws provide immunity to seekers of help for themselves, seekers of help for others, and overdose victims themselves, Alabama, for example, only provides immunity to seekers of help for others.³ Indiana limits its protections even more, only covering individuals who obtain naloxone from state-approved sources and administer it to the overdose victim.⁷

I sometimes think about the man who overdosed with a love letter in his pocket. He passed away in my hometown in Tennessee, a state with existing Good Samaritan laws offering some legal immunity in the case of overdoses. If his friend had known, would he still be alive today? Or did the limitations of these laws prevent them from being useful? For instance, Tennessee’s Good Samaritan laws only provide immunity for individuals experiencing an

overdose on the person's first overdose.³ But maybe this was not the man's first overdose. Maybe his friend knew the law and did not want to incriminate him, even if it meant risking the deferral of care until it was too late.

The protection of human life should be a priority over the punitive treatment of people who use drugs. Good Samaritan laws support this protection of life as they have been linked to reduced overdose mortalities. Thus, a push to expand both the reach and the awareness of these laws in states across the United States can help prevent countless needless deaths, just like the one I witnessed on the sidewalk of a Tennessee hospital years ago. If the man had received help sooner, what could he have done with that second chance at life? Could he have gotten clean? Could he have positively impacted the lives of others? If nothing else, perhaps he could have had the chance to write a love letter back.

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