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**Moral Rationality in Modern Public Rescue: An Ethical Examination of
Bystander Assistance in Elderly Fall Incidents**

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Abstract

Public assistance after an older adult falls is not merely a matter of individual moral choice. It is a composite issue in which ethical motivation, legal responsibility, risk perception, first-aid competence, and social trust intersect. Building on and substantially revising the original manuscript, this paper adopts an interdisciplinary perspective that draws on ethics, social psychology, law, and public health. It examines why bystanders hesitate in fall-related rescue situations and how a modern public assistance framework can be developed without abandoning the traditional moral resource of benevolence. The paper argues that Confucian ideas of compassion and care remain important ethical foundations for helping behavior. Yet in a highly mobile society where responsibility is complex and risk information travels quickly, moral condemnation alone cannot reliably increase rescue willingness. Hesitation arises mainly from four sources: perceived legal uncertainty, limited trust among strangers, insufficient first-aid knowledge, and the amplification of risk through memorable media cases. In response, this paper proposes an ethical model of rational benevolence. Under this model, a rescuer should assist while ensuring personal safety, respecting the recipient's will, preserving necessary factual records, following basic first-aid principles, and connecting the person to professional emergency services. Rational benevolence does not weaken traditional moral concern; rather, it gives benevolence a sustainable form under modern conditions of risk.

Keywords: public rescue; elderly falls; rational benevolence; risk perception; social trust; Good Samaritan protection; first-aid education

1. Introduction

Whether a bystander should assist an older adult who has fallen appears at first to be a simple everyday decision. In substance, however, it condenses several tensions in modern

public ethics. For the person who has fallen, the incident may involve fracture, head injury, loss of mobility, or even life-threatening complications. The World Health Organization defines a fall as an event in which a person inadvertently comes to rest on the ground, floor, or another lower level, and identifies falls as a major global public health problem, especially for older adults who face a higher risk of severe injury and death (World Health Organization, 2021). Assistance after a fall is therefore not an abstract moral topic; it concerns life protection, public safety, and the practical capacity for mutual aid.

In actual situations, however, bystanders do not always act immediately. Hesitation, observation, avoidance, recording, or calling emergency services before direct intervention is often simplified in public discussion as indifference or selfishness. Such moral judgments may be intuitively understandable, but they also obscure the structural conditions behind the behavior. Rescue in modern public space usually occurs among strangers. Information at the scene is incomplete, the injury is uncertain, responsibility is unclear, and the rescuer may fear misunderstanding, legal liability, or secondary harm caused by inappropriate movement. Rescue hesitation is therefore not equivalent to moral failure. It is better understood as moral motivation constrained by legal, cognitive, technical, and social conditions.

The central question of this paper is as follows: When traditional benevolent ethics enters a highly mobile society of strangers, why do individuals oscillate between “I should help” and “I should protect myself”? How can risk awareness be recognized without allowing it to develop into a general withdrawal from public responsibility? The paper argues that public rescue must move from a single moral appeal to a coordinated framework of ethics, law, skills, and technology. Only when goodwill is supported by operable procedures, predictable legal boundaries, and learnable skills can moral impulse become stable public action.

2. Theoretical Foundations and Analytical Framework

First, traditional benevolence provides the value foundation for rescue behavior. Confucian ethics emphasizes compassion, reciprocity, and the extension of care from familiar relations to broader human relations. Its core is not a demand for reckless self-sacrifice, but an effort to cultivate sensitivity toward the suffering of others. Fei Xiaotong's analysis of the differential mode of association shows that moral responsibility in traditional society was often structured through kinship, locality, and familiar social networks (Fei, 1992). The difficulty is that modern urban public space is no longer organized primarily by familiar relations. Stable interaction, reputational constraint, and long-term reciprocity are often absent. Traditional moral resources must therefore be institutionalized and proceduralized if they are to operate among strangers.

Second, the theory of risk society helps explain the modern background of rescue hesitation. Beck (1992) argues that modernity does not simply eliminate risk; it makes risk more widely identified, communicated, and calculated. Research on risk perception likewise shows that risk judgment is not determined solely by objective probability, but is also shaped by visibility, memorability, and affective intensity (Slovic, 1987). In elderly fall rescue situations, a small number of highly publicized disputes may be remembered more easily than a large number of uneventful acts of assistance. Through the availability heuristic, such cases can magnify the perceived probability of negative consequences (Tversky & Kahneman, 1973).

Third, social psychology reveals the situational mechanisms of bystander behavior. Darley and Latané's classic study demonstrated that the presence of others in an emergency may diffuse responsibility and reduce the likelihood of immediate intervention (Darley &

Latané, 1968). Helping is not merely a direct expression of character. It is influenced by the number of bystanders, ambiguity of the situation, perceived responsibility, self-efficacy, and expectations of social evaluation. Dovidio et al. (2006) further argue that prosocial behavior is shaped by emotional empathy, normative pressure, cost-benefit estimation, and perceived competence. The question of whether to help an older adult who has fallen cannot be adequately addressed through the binary of conscience versus selfishness; it requires analysis of the decision process itself.

Fourth, moral philosophy offers several normative perspectives. Kantian deontology stresses that helping a person in distress expresses a generalizable moral duty (Kant, 1785/1993). Utilitarianism asks how different courses of action affect overall well-being (Bentham, 1789/1996; Mill, 1863/2001). Virtue ethics highlights the cultivation of courage, prudence, and benevolence (Aristotle, ca. 350 BCE/2009). The ethics of care reminds us that concrete relationships, vulnerability, and contextual sensitivity are central to moral judgment (Gilligan, 1982). Taken together, these perspectives support the analytical framework of this paper: public rescue requires both benevolent motivation and prudent judgment; it must avoid both indifference and recklessness.

3. The Action Structure of Elderly Fall Rescue

Assistance at the scene of an elderly fall is not a single instantaneous act. It is a sequence of decisions. The first step is situational recognition: the bystander must determine whether the older adult is in danger, conscious, bleeding, breathing abnormally, or exposed to vehicles or other environmental threats. The second step is responsibility activation: the bystander must translate “someone needs help” into “there is something I can do.” The third step is competence assessment: the potential rescuer must determine whether they can call

emergency services, maintain scene safety, reassure the person, or organize help from others. The fourth step is responsibility management: the rescuer must consider how to prevent misunderstanding, preserve factual records, and involve other witnesses.

This structure indicates that rescue is not simply an outburst of moral passion. It is the combination of moral motivation and practical reason. If the older adult is conscious, the rescuer should first ask about their condition and needs, assist with contacting emergency services, reach family members or community staff if possible, and invite other bystanders to participate. If head, neck, or spinal injury is suspected, first-aid guidance commonly advises that the person should not be moved unless there is a greater danger at the scene or movement is necessary for CPR or control of severe bleeding (American Red Cross, n.d.). This means that “lifting the person up” is not always the best form of assistance. In some situations, not moving the person, calling professional help, remaining present, and monitoring the condition are more responsible forms of care.

Public discussion should therefore move from the binary of “to lift or not to lift” to the practical question of “how to assist safely, lawfully, and effectively.” Binary language produces moral shame but rarely provides an action plan. Procedural knowledge lowers the threshold for action: ensure scene safety, ask and explain one’s intention, call emergency services, ask another person to record or guide traffic, avoid unnecessary movement without proper training, and remain with the person until professional assistance arrives. Such procedures do not weaken moral passion. They provide it with a proper channel.

4. Typical Cases and Social Memory

The hesitation surrounding public rescue is often shaped by social memory. Social memory is not identical to the facts of a case. It refers to the collective impression formed through media coverage, online retelling, and everyday conversation. The Peng Yu case is frequently invoked in public discourse as an example of the possible legal risks of helping. Academic discussion has shown that the long-term influence of the case lies not only in the case itself, but also in the way it was repeatedly narrated as a warning about the risks of assisting strangers (Young, 2013). This paper therefore does not treat the case as statistical evidence for the actual probability of liability. It treats it as an example of how risk imagination is formed and circulated.

The Wang Yue incident presents another dimension of bystander behavior and public emotion. In 2011, a two-year-old girl in Foshan, Guangdong, was hit by vehicles and several passers-by failed to intervene promptly, leading to broad public debate (Al Jazeera, 2011). Although this incident is not identical to elderly fall rescue, it reveals how diffusion of responsibility, situational ambiguity, and delayed action can have severe consequences in emergencies. It also reminds us that public rescue cannot depend solely on individual moral courage at the scene. It requires clearer social norms and lower-cost paths of action.

The lesson from these cases is twofold. On one hand, individual cases should not be exaggerated into sweeping judgments about the morality of a whole society. On the other hand, cases do shape public scripts of risk. Once such a script forms, a bystander who sees an older adult fall may not first ask “How can I help?” but instead “Will this create trouble for me?” This psychological shift is a practical expression of the availability heuristic. Moral criticism alone is unlikely to reverse it. Legal education, positive case communication, public

first-aid training, and on-site cooperation mechanisms are needed to rebuild the expectation that help can be protected, understood, and properly performed.

5. Structural Sources of the Dilemma

First, there is a gap between legal protection and public awareness. Article 184 of the Civil Code of the People's Republic of China provides that a person who voluntarily provides emergency assistance and thereby causes harm to the recipient bears no civil liability (Civil Code of the People's Republic of China, 2020, art. 184). This article establishes an important legal foundation for Good Samaritan assistance. Yet the existence of a legal rule does not automatically become public confidence. Ordinary people at an emergency scene do not necessarily recall specific provisions, nor do they always understand the conditions, evidence issues, or remedies involved. Legal protection must therefore enter everyday cognition through accessible legal education, case explanation, and community-based public communication.

Second, assistance among strangers faces a weak trust foundation. In traditional communities, helping behavior is supported by shared relations, reputation, and long-term reciprocity. Modern urban life is marked by mobility, anonymity, and short-lived relations. Giddens (1990) argues that trust under modernity increasingly depends on abstract systems rather than face-to-face relations alone. In other words, for mutual aid among strangers to occur reliably, there must be institutional endorsement, public rules, and verifiable procedures. Without these mediating structures, individuals tend to place self-protection ahead of the impulse to assist.

Third, insufficient skill transforms a moral issue into a competence issue. Many bystanders are not without sympathy; they do not know how to help without causing harm. Research in moral psychology and neuroscience suggests that empathy can arouse moral concern, but empathy itself does not necessarily supply the correct course of action (Decety & Cowell, 2014). When assisting an older adult who has fallen, a bystander who lacks basic knowledge about fractures, stroke, hypoglycemia, cardiac arrest, or spinal injury may become trapped in the condition of wanting to help but not daring to act. First-aid education is therefore not a technical supplement outside moral education. It is a necessary condition of modern moral practice.

Fourth, media communication alters the structure of risk perception. Negative cases are more conflictual and dramatic, and therefore more likely to circulate widely. Ordinary successful rescues without dispute rarely become news. Over time, the sample that the public receives is not equivalent to the real distribution of events; it is a high-emotion sample filtered through the logic of communication. Risk perception may then drift away from actual probability. Public discussion that repeatedly highlights extreme cases can intensify rescue hesitation. A more constructive approach is to present legal protections, professional guidance, and successful mutual-aid cases together.

6. Coordinating Law, Technology, and First-Aid Skills

The protection of Good Samaritan assistance requires attention to both legal boundaries and behavioral procedures. In the United States, all states have some form of Good Samaritan law. The general idea is to protect unpaid, good-faith emergency assistance from ordinary negligence liability under specified conditions, while excluding intentional harm and gross negligence (West & Varacallo, 2022). This experience shows that modern law does not ask

rescuers to assume unlimited responsibility. Rather, it creates a boundary between encouraging assistance and preventing reckless conduct. Article 184 of the Chinese Civil Code provides a basic basis for immunity. The next task is to improve public awareness and reduce perceived uncertainty through case explanation, legal aid, and accessible legal communication.

Technology can reduce information asymmetry at the scene, but it cannot replace ethical judgment. Mobile phone recording, surveillance footage, emergency call records, and the presence of property managers or community workers may help establish facts. Yet the purpose of recording should not be voyeuristic observation or secondary online dissemination. It should be the protection of both the recipient and the rescuer. A reasonable approach is to ask a third party to help record the scene, call emergency services, maintain order, and provide information to professionals, provided that privacy is respected and rescue is not delayed.

First-aid education is the most direct and practical path for improvement. Schools, communities, workplaces, and public service institutions can teach basic knowledge such as how to check consciousness and breathing, when to call emergency services, when not to move an injured person, how to control bleeding, and how to locate an automated external defibrillator. The goal is not to turn ordinary citizens into medical professionals. It is to teach the minimum correct action. When people know what they can do, what they should avoid, and when to hand over to professionals, willingness to help is more likely to become action.

Community support mechanisms are equally important. Communities can establish first-aid volunteer networks, maps of publicly available AEDs, emergency contact procedures for property management, and registration systems for emergency contacts of older residents.

Where individuals incur reasonable costs because of assistance, legal consultation, psychological support, and necessary compensation mechanisms may also be explored. These arrangements do not fully institutionalize morality. They tell individuals that they are not alone in bearing risk. The more public assistance receives institutional recognition and collective support, the less likely it is to be overwhelmed by individual risk calculation.

7. Rational Benevolence as an Ethical Model

Rational benevolence is the central concept clarified in this revision. It contains two dimensions. Benevolence means that the suffering of another person cannot be treated as completely irrelevant to oneself. Rationality means that rescue must be guided by safety, evidence, competence, and consequences. Rational benevolence rejects two extremes: one treats unconditional impulsive rescue as the only moral option; the other withdraws entirely from public responsibility in the name of risk. A mature public ethic should enable people both to want to help and to know how to help within clear boundaries.

At the individual level, rational benevolence can be translated into five principles. First, safety comes first: determine whether there are vehicles, fire, crowding, or other immediate dangers. Second, respect the person's will: when the person is conscious, ask whether assistance is needed and explain what one intends to do. Third, use the minimum necessary intervention: when the injury is uncertain, do not move the person casually; prioritize emergency services and supportive presence. Fourth, create cooperative witnessing: ask other bystanders to call, record, contact family members, or maintain order. Fifth, hand over to professionals: when emergency personnel, relatives, or community staff arrive, explain what was observed and complete the transfer of responsibility.

At the social level, rational benevolence requires public systems to reduce the threshold of goodwill. Moral education should not merely emphasize that one ought to help; it should teach how to help. Legal education should not merely list provisions; it should explain common situations. Media coverage should not only amplify disputes; it should also report successful assistance and professional advice. Community governance should not place all responsibility on isolated individuals; it should provide mechanisms for on-site cooperation. In this way, benevolence becomes not only a demand on the inner character of the individual but also a learnable, supportable, and sustainable public capacity.

Rational benevolence also reconciles the tension between duty-based and consequence-based ethics. From a deontological perspective, helping a person in distress expresses respect for persons. From a consequentialist perspective, prudent assistance reduces inappropriate movement, misunderstanding, and dispute. From the perspective of virtue ethics, rational benevolence combines courage with prudence rather than celebrating rashness. From the ethics of care, it recognizes both the vulnerability of the recipient and the limits of the rescuer. Rational benevolence is therefore not a downgrading of traditional morality. It is the practical renewal of benevolence under modern conditions.

8. The Limited Use of International Experience

International experience can provide a comparative perspective, but it cannot be copied mechanically. The Good Samaritan laws in the United States show that legal systems can explicitly protect good-faith rescuers while retaining limits for intentional harm and gross negligence (West & Varacallo, 2022). This design recognizes that ordinary people in emergencies cannot be expected to meet professional medical standards, while also requiring basic reasonableness. In the Chinese context, the existing civil-law immunity provision can

serve as a foundation. The crucial task is to help the public understand its boundaries and transform legal text into a perceptible expectation of safety.

Public health experience also shows that fall rescue should not be understood only as on-site assistance. Fall prevention matters. The World Health Organization emphasizes education, training, safer environments, and policy support as part of fall-prevention strategies (World Health Organization, 2021). Improving elderly fall assistance therefore requires attention not only to whether bystanders reach out, but also to living environments, barrier-free public space, community health management, and family care. The more effectively falls and severe injuries are prevented, the less pressure is placed on emergency bystander response.

This paper therefore adopts a limited approach to international comparison. It draws on legal immunity, first-aid training, and public-health prevention, but it does not treat any external model as a complete answer. Reconstructing public rescue ethics in China must take account of local family culture, community structure, urban lifestyles, and legal realities. The more feasible question is not which society is morally superior in the abstract, but which concrete mechanisms can enable ordinary people to help others more willingly, more safely, and more competently when the moment arrives.

9. Discussion and Future Research

This paper attempts to move beyond the binary opposition between moral condemnation and self-protection. Criticism of bystander indifference has its place, because public life cannot lose responsiveness to human vulnerability. Yet if criticism remains emotional and does not provide legal, technical, and cooperative mechanisms, it is unlikely to change behavior. Conversely, explaining all hesitation as rational self-protection weakens the ethical

foundation of mutual aid. The key is to recognize the limits of individuals while requiring institutions and education to assume their proper responsibilities.

Future research can proceed in three directions. First, more rigorous empirical studies are needed to distinguish the effects of perceived legal risk, first-aid competence, self-efficacy, number of bystanders, and scene environment on rescue willingness. Second, policy evaluation should examine public awareness of Article 184 of the Civil Code, the influence of media reporting, and the behavioral effects of community first-aid training. Third, cross-cultural research can analyze how different societies balance individual liberty, legal responsibility, and public mutual aid.

Writing and public discussion should also be cautious about using unverifiable data to manufacture certainty. Articles on public ethics must distinguish between cases and statistics. A case can sharpen problem awareness, but it cannot by itself justify a general conclusion. Statistics can support an argument, but only when the source, measurement, and scope are clear and reviewable. Evidence-based caution prevents ethical discussion from sliding into moralized accusation or emotional mobilization.

10. Conclusion

The dilemma of assisting older adults after a fall does not show a simple failure of traditional morality. It reveals the practical transformation required when traditional benevolent ethics operates within modern conditions of risk. Individuals still possess moral capacities for sympathy and assistance, but those capacities must be supported by legal protection, first-aid skills, factual transparency, and community coordination before they can

reliably become action. The key question is not whether morality is needed, but how morality can become practicable in complex situations.

The model of rational benevolence proposed in this paper offers a middle path. It maintains concern for the life and dignity of the person in need while recognizing the safety, competence, and responsibility boundaries of the rescuer. It inherits the core spirit of benevolence while incorporating practical knowledge from law, public health, and social psychology. Only when goodwill no longer depends solely on isolated individual courage, and instead receives institutional, technical, and cooperative support, can mutual aid among strangers become more stable.

Ultimately, elderly fall rescue should not be treated as a moral test for any single group. It should be understood as a test of modern public competence. A more mature public ethic does not require every person to take unlimited risks in every situation. It enables more ordinary people to take timely, benevolent action under conditions that are bearable, understandable, and protected.

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