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LIST OF CONTRIBUTORS

1. R.O. Okuneye (Ph.D) - Dept. of Physical and Health Education, Lagos State University, Ojoo, Lagos.
2. B.A. Fajenwonyomi (Dr. PH), Dept. of Community Health, Obafemi Awolowo University, Ile-Ife.
3. S.Ugboma (B.Sc., M.B.Ch.B.), Dept. of Community Health, Obafemi Awolowo University, Ile-Ife.
4. B.O. Ogundele (Ph.D) Dept. of Physical and Health Education, Federal College of Education (Special) Oyo.
5. J.A. Ajala (Ed.D; Prof.) Dept of Physical and Health Education, University of Ibadan, Ibadan.
6. D.O. Moronkola (M.Sc) - School of Science, St. Andrews College of Education, Oyo.
7. E.A. Emeke (M.Ed) - Institute of Education, University of Ibadan, Ibadan.
8. O.A. Moronkola (Ph.D) - Dept. of Physical and Health Education, University of Ibadan, Ibadan.
9. O.B. Boroffice (Ph.D) - Dept. of Physical and Health Education Lagos State University Ojo, Lagos
10. M.O. Mgbor (Ph.D) - Dept. of Physical and Health Education, University of Benin, Benin City.
11. O.A. Akeredolu (M.Ed) - Dept. of Physical and Health Education Ondo State College of Education, Ikere - Ekiti
12. T.A. Bulugbe (M.Ed) - Dept. of Physical and Health Education Tai Solarin College of Education, Ijebu-Ode.
13. G.O. Akanbi (B.Sc) - Dept of Home Economics, St. Andrews College of Education, Oyo.
14. F. Okewole - Lawal (M.Ed) - Dept. of Home-Economics, Federal College of Education (Special) Oyo.
15. C.E. Olanegan (M.Phil.) - Dept. of Home-Economics; Federal College of Education (Special) Oyo.
16. D.A. Olaniyan (Ph.D) - Dept. of Educational Management University of Ibadan.

CONTENTS

Emeke E.A. (1995) Journal of School Health Education 2(1&2)

AN APPRAISAL OF MEDICAL INSTITUTIONS AND MEDICAL PROFESSIONALS IN NIGERIA

Emeke E.A.

ABSTRACT

The paper takes a critical look at the Medical Institutions and Medical professionals in our country. It assesses how well Nigerians are being served by them, and concludes that some changes are called for in the quality, quantity and pattern of health care delivery system in this country. The paper ended with a few suggestions and recommendations.

INTRODUCTION

Medical institutions and medical professionals can be regarded as cultures originating from antiquity. Every human society has been known to exist with them, crude as these may have been in ancient societies.

The practice of medicine is closely associated with ethical problems. In many parts of the world when new graduates of medicine are admitted into the profession, they promise or swear to practice their self - chosen profession in accordance with the moral and ethical codes as stated in the physician's Oath and International Code of Medical Ethics, both of 1948. Western medicine from the time of Hippocrates has been deeply concerned with ethics, and so have all other health professions till date.

OBJECTIVES OF HEALTH PROFESSION AND HEALTH INSTITUTIONS

The health profession primarily renders to the sick, health services that will bring about healing or promote healthy well - being. The sick may be the one who is physically ill, mentally ill or emotionally disturbed. Different branches of Medicine cater for these different categories of sicknesses, and different hospitals or departments of an hospital (in case of big and/or teaching hospitals) cater for the different categories of the sick.

When a person is sick he is taken to an health institution where he meets health professionals - first, usually a nurse, and thereafter a doctor. From the doctor, the patient may further need the services of other health professionals such as: a Laboratory Technologist - in cases where laboratory tests are required, a Radiographer, if X-Ray is required and a pharmacist or a pharmacy Attendant. In our experience in Nigeria, the patient hardly needs directly the services of a pharmacist, for all the patient does is take the doctor's prescription to the hospital pharmacy or an outside Chemist and purchases the drugs from a person who neither querries him as to why he is purchasing Drug A instead of Drug B, nor offer him explanation of what advantages Drug B has over Drug A.

The treatment of the ailments or their symptoms is not the only duty of the health profession and the health institution. The attendance to the promotion of a healthy well-being, through counselling, seminars and discussions is ideally the bedrock of the medical profession. Patients seek health care in order to be relieved of some actual, perceived, present or potential disease.

Patients want to receive effective health care reasonably expecting that such care will have a positive impact on their health. Ineffective and unnecessary care is of negative value to the patient, as well as a complete waste of the resources required to obtain it. But the judgement of effectiveness requires patients to have access to "technical" information, about the relationship between their conditions and the potential effect of a myriad of different intervention manoeuvres. In this regard medical professionals should be open and should freely discuss with patients so that they (the patients) can gain access to information regarding their health status and the necessity of different intervention procedures.

There are definitely variations in patterns of health care delivery from private to mission, to government - run hospitals. The objective of health policy is to provide and pay for needed services. Given this objective, the implications of variations in practice patterns are obvious. Either some medical institutions and practitioners are doing things they should not be doing or others are leaving undone things they should be doing. In either case, some change is called for. The observation of systematic and persistent variations is prima-facie evidence of a system of care which is not meeting its objectives. This finding of the author regarding variations in health care delivery pattern is not peculiar to Nigeria. For instance, Lewis (1969), Bunker, (1970), Vayda (1973) and Evans (1990) called attention to this phenomenon in their studies of patterns of delivery of health care at different medical institutions and by different medical professionals in Europe and America.

TEMPTATIONS FACING THE MEDICAL PROFESSIONAL

Today, the medical practitioner is exposed to various types temptations which constitute threats to both the integrity of the profession and the human race at large. These challenges or temptations include - abortion, contraception, euthanasia; pollutions of water, air, soil, food etc; torture; biological dying etc. These temptations can be safely categorized as two major temptations. The first temptation which can be said to be the summary of all the temptations is the temptation of money.

There have been instances in the country, where patients were not attended to properly at health institutions where they would have paid less, only to be referred to some private clinics or hospitals, meeting the same medical professional and being charged exorbitantly; howbeit, receiving good treatment. The questions are, what has changed in the professional know - how of the practitioner? Has he suddenly become more proficient, more knowledgeable because he is in his private clinic? Or can it be reasonably said that the government hospital/clinic/health Institution reduced his professional knowledge and efficiency?

The answer to all the above questions is in the negative. The only plausible answer lies in the love of money as a first priority. This is a misplaced priority for a dedicated physician, because the health and well being of the sick is more important than money and power.

Still on the line of money priority is the situation found in some of our medical institutions, where even emergencies will not be attended to until exorbitant deposits and/or fees are paid; private, government and even mission - run hospitals and clinics are all involved in this practice. Wherein lies the adherence of the medical practitioner's primary responsibility which is PRIMUM NON NOCERE meaning, FIRST DO NO HARM, wherein lies the dedication to that part of the Medical Declaration of Geneva (1948) which states:

"The health and life of my patient will be my first consideration"

Geneva Declaration (in part)

Both the humanitarian and the Hippocratic character of Medicine must not only be emphasized in word but also in deed and in every single service to humanity. Sodipo, (1992) described this love of money by medical practitioners when he condemned:

"the obnoxious attitude of some doctors (who) demand money before treatment is administered to critically ill or injured persons"

He enjoined that:

"physicians as shepherds of liberty must live above board and not become vultures of society whose role is to eliminate unwanted or sick human beings"

pp. 30 - 31.

The second major temptation is the placement of greater value by medical practitioners on experiments on human beings and human genetics including eugenics, over the health and well - being of the sick.

Experiments, no doubt constitute good dividend to our developed and highly technological world. Though science and technological progress are of service to humanity, they must not be carried out at all costs by these investigators at the service of personal struggles. Science is absolutely meaningless without conscience, because ethic must predominate over technic. The full import of this last statement must be realized in no other profession than the medical profession, since man is the subject and object of research. Medical investigators must have absolute respect and dignity for human life and without any discrimination based on age, sex, race, ill-health, disability, religious or political belief. A relevant portion of the 1948 Geneva Declaration on the issue under consideration state:

"I will not permit considerations of religion, nationality, race, party, politics or social standing to intervene between my duty and my patient".

- 1948 Geneva Declaration (in part)

From time immemorial, the vocation of the medical professional has been a "priestly" vocation, and the physician as the undisputed protector of two holy and precious values - viz: the respect for life and charity towards the sick human being - has always had a vocation of confidence. Patients always submit themselves confidently to the medical practitioner, believing that he will do best for them and not toy with their lives. The patient believes that since doctor realizes the minuteness of his knowledge in the face of the magnitude of the mystery of life, suffering and death, he (the patient) can abandon his life to him.

Article III (4) of the Helsinki Declaration 1975 makes clear the need for the medical practitioner to avoid and overcome the tendency of giving in to the second temptation we have been discussing. This Article States

"In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject"

- Helsinki Declaration (Art III (4).

It is noteworthy that Hippocrates and his followers do solemnly swear to respect human life which is sacred, unique and of infinite value from conception to natural death; and that one may never end the life of a patient no matter the age or ailments. Similarly, to "destroy" under the guise of research or experiment, the disabled, aged, critically ill or injured patients is unethical.

Many Medical professionals are engaged in unethical practices, and they hide under different international associations, bodies or agencies to execute these practices. For example, (relevant to our discussion of the second temptation), it is common knowledge these days that some doctors no longer give adequate information to patients to allow these patients make decisions by themselves about procedures that they will be put through. Some are even known to even coerce, deceive, misinform or under-inform patients about procedures these patients will undergo, purely for selfish and other reasons - research and promotion inclusive. This is not good enough.

SHORTFALLS IN PROVISION OF FACILITIES

Certain facilities need be provided in the hospitals for patients especially those in the lying-in wards, and those who will stay for some reasonably long period.

a) ***Relaxation Facilities:*** need be provided. After the systemic and the organic treatment has been faced and reasonably achieved, stress that is known to also be an underlying cause of sicknesses should be prevented from setting into the patients. Studies (Yoloye, 1991) have shown that the provision of relaxation facilities such as music, television, radio, ludo and card games etc can be tension reducing, ~~bringing~~, health improving and tonic acting to the nervous systems and the composition of the individual in his entirety. The above assertion can be better appreciated when it is realized that as found out by Clinebell, 1956; Iwundu, 1987, a good percentage of sicknesses treated in the hospital are stress induced and stress related.

b) ***Occupational Therapy:*** is useful for patients who need to regain the use of certain affected parts of the body, those who have to undergo a fairly long period of convalescence, and those who need to be prepared for rehabilitation and reintegration into the society when they eventually are discharged. Engagement in some form of arts and crafts for convalescing patients is itself an effective therapy.

c) ***Counselling Services***: are almost non-existent in our hospitals, and yet they are of vital necessity to all categories of patients. Counselling is a helping relationship on a one to one basis. During counselling sessions, problems are explored,

alternatives are brought to light and examined, before conclusions are reached by the patient under the guidance of the counsellor. Many problems that people go through affect their health, and since many health - related issues can be treated through talking to somebody, counselling services need be provided in our hospitals.

d) ***Educative Posters***: on different aspects of health and well being are not available in our hospitals. Posters that are well designed and contain relevant information pieces will have graphic effect on patients and can be complimentary to the medical professional's treatment of different ailments and diseases. These posters should not be written only in the English Language, but also in the languages of the local environs or the majority of attendants and potential attendants at the hospital.

CONCLUSION

What do patients and potential patients expect form the health care system? They want a system which is at any time able to provide the best possible treatment and offer the best possible service, regardless of the ability to pay, personal positions, age, tribe, religion, political leaning etc. The best possible treatment is a citizen's right. They want to see medical institutions provide full-fledged services that include counselling services and occupation therapy as well as provide different facilities that will promote the healthy well-being of the citizens.

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