Nigerian Medical Doctors: Hippocrates or Hypocrites?

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Nigerian doctors and their practices have come under intense scrutiny over the last few years. These scrutinies by the public, the media and other health workers have most often been scathing.

Industrial disharmony in the health sector remains a great challenge and has contributed much to the scathing criticism of the Nigerian doctor. Here are some quotes from recent newspaper editorials:

Vanguard of July 3, 2014, titled Unending Doctors’ Strike: “Sadly, the current doctors’ strike... is not based on sustainable principles... The frequency of these strikes has become uncontrollable and untenable... It gives the impression that doctors are putting unhealthy union politics above their Hippocratic Oath...”

Punch of July 6, 2014 titled Let Sanity Prevail: “Nigerian doctors have overused and abused the strike weapon... While the mandatory Hippocratic Oath enjoins doctors to save lives, patients die and suffer disabilities and pain when doctors stop work.”

Daily Trust of July 10, 2014: “… pride and self glorification seem to be the problem... The NMA has instigated its members to embark upon a terrible repudiation of the Hippocratic Oath...”

The Guardian of July 20, 2014: “This is a low depth for the country; and it is particularly repugnant to the medical profession whose members swore to the sacred Hippocratic Oath to uphold the dignity of human life at all times. ...a blatant betrayal of the medical profession's obligation to humanity.”

The Sun Newspaper of 20th July 2014; “Doctors’ strike in Nigeria ranks among the most inconsiderate in the world... Even more disheartening is the fact that doctors in the past 14 years have virtually made it an annual ritual to withdraw services for all kinds of reasons...It is embarrassing that doctors who took an oath to uphold the sanctity of life now embark on strikes like daily paid workers.”
It is instructive that all the editorials accused the doctors, represented by the Nigerian Medical Association (NMA) of being ‘hypocrites to the Hippocratic Oath.’ Lamenting the serious and persistent disharmony in the health sector, a renowned former Health Minister, Prof. Ransome–Kuti, was reported to have said;

“My only regret as I leave the health ministry is that I have not been able to mobilize all health workers behind the health system. Most health workers are only interested in how to maintain their position in the hospital system.”

Being the leader and seemingly the most visible practitioner in the health sector, all industrial actions (be it by doctors or other health workers) will most often be presumed to be caused or supported by doctors.

The public often believe that doctors are directly or indirectly responsible for

- The unaffordable (or high) cost of health care in Nigeria,
- Deaths and disabilities caused by the health care system, and
- Industrial disharmony in the health care sector.

Before proceeding further, we must recognize that stakeholders in the health care sector will view this article in different ways;

- To the Government, it should be apt at these times of reforms and transformation.
- To other health workers, it will be viewed with utmost surprise that a doctor can consider himself and his colleagues as hypocrites.
- To the public and the media, it is another addition to a confusing array of literature.
- To my colleagues, this article is a ‘no brainer’- the hypocrite is surely not doctors who work harder and longer and get paid non-commensurate remuneration. It has to be the politicians who are messing things up and the public that is being too demanding on the doctor.
Hippocratic Oath:

The Hippocratic Oath is the ethical code attributed to the ancient Greek physician Hippocrates (400BC) and adopted as a guide to conduct by the medical profession throughout the ages. The modern version is still used in the graduation ceremonies of many medical schools. The oath dictates the obligations of the doctor to students of medicine and the duties of pupil to teacher. In the oath, the doctor pledges to prescribe only beneficial treatments, according to his abilities and judgment; to refrain from causing harm or hurt; and to live an exemplary personal and professional life.

Do Nigerian doctors still abide by the tenets of these ethical standards? Has the Nigerian doctor turned bad? Are the activities of the Nigerian doctor now dangerous? Has the Nigerian doctor become hypocrites pretending to be true to the Hippocratic Oath? Are we asking the right questions and are there any appropriate solutions?

This article shall attempt to look at the charges against the Nigerian doctor, see if they are based on concrete evidence, attempt to pronounce a verdict and suggest ways forward.

The Charges:

The charges against doctors in Nigeria are wide ranging but mostly anecdotal. Going through several media opinions, articles and editorials during the 2014 NMA strike action, several opinions were espoused, some of which are that;

- Doctors care only about money not about health.
- Doctors sometimes cause harm- medical negligence and errors are common but often covered up
- Doctors are poor manager/ administrators- chief medical directors (CMDs) have mismanaged many public hospitals
- Doctors are not good leaders or team players- they do not always acknowledge the contribution of other health workers.
- Doctors discriminate against other health workers and even against fellow doctors.
- Doctors obstruct reforms in the health sector - they oppose reforms that will enable other health workers attain the ‘full potentials of their career’.
- Doctors are not self critical - they blame everyone else but themselves for the mess in the health care system.
- Doctors are a cult - they collude when in trouble and protect each other.

Interestingly, many of these accusations were espoused by other health workers, especially during the period of ‘strike and counter-strike actions’ by Nigerian Medical Association (NMA) and Joint Health Sector Union (JOHESU), some by government officials trying to wriggle out of political pressure created by the health workers strike action and a few by the public.

**The Evidence:**

As earlier stated, most of the allegations are merely anecdotal. We must though, appreciate that it will be difficult and expensive to collect any proof of the espoused assertions. The verdict will basically be based on sentimental judgment and occasionally on values, depending on what side one belongs and also on one’s experience.

Rather than spend precious time searching for unavailable proofs of the assertions, we will look at contemporary history and current happenings to judge the actions and inactions of the Nigerian doctor.

The history of medicine in Nigeria is replete with several generations of doctors who have shown great leadership and selfless service to humanity, sometimes at the detriment of their lives, especially in the last few decades. There has also been a minority who decided to practice outside the code of ethics but they end up causing the profession a lot of heartache.

Here are some examples:

Sir Samuel Manuwa: Pioneer Nigerian surgeon who worked all over Nigeria-North, East, West and South, performing tens of thousands of surgical operations to save lives. He spent time inspiring many young students into the medical
profession and contributed immensely towards the establishment of the first medical school in Nigeria- the University College Hospital, Ibadan.

Barau Dikko: Pioneer medical doctor of Northern Nigeria origin, He worked selflessly in the endemic disease division of the Northern Nigeria ministry of health and subsequently became an administrator.

Chukwenu Nwokolo: One of Nigeria’s most prominent medical scientists of the 20th century. He was an internationally distinguished expert in tropical medicine. Nwokolo was outstandingly recognized worldwide for discovering and mapping out the area of Paragonimiasis lung disease in Eastern Nigeria, with a study of the disease in Africa and clinical research for its control.

Adeoye Lambo: Scholar, administrator and psychiatrist. He was the most eminent African psychiatrist of his generation. He was the recognizable face of African psychiatry in the middle of the 20th century.

Ishaya Audu: Medical doctor, educationist, academician and seasoned administrator. He was reputed for selfless service to humanity, conscientiousness and patriotism.

Olikoye Ransome Kuti: Paediatrician, academician and administrator who revolutionized Nigeria’s healthcare in the 1980s by placing emphasis on preventive medicine and bringing the country’s AIDS crisis to limelight.

Those are very good example we may point out. Or, we may point to the case of Mrs. E.C, for whose death The Medical and Dental Practitioners Disciplinary Tribunal slammed a 21 months suspension on four doctors at the Federal Medical Centre, Lokoja, Niger State. The accused, T.O, N.N, D.O and O.OA were arraigned on the charges of negligence of duty between January 27 and 28, 2012. Delivering his ruling, the Chairman of the six-man tribunal, Dr. Jonathan Azubuike said, “For failure to see a patient as often as his/her medical condition required, T.O is hereby suspended for three months, N.N six months, D.O six months, and O.O.A six months.” [Punch Newspaper 6th of September 2014].
We may point to the role of Dr. Adadevoh in containing the 2014 Ebola outbreak in Lagos. She is credited with having curbed a wider spread of Ebola virus in Nigeria by placing the patient zero, Patrick Sawyer, in quarantine despite pressures from Liberia. Or, we may point to the role of Dr. Enemuo, who assisted the spread of Ebola to Port-Harcourt but stayed true to his patient at great risk to his life. Both doctors paid the supreme sacrifice, one a heroine, the other a villain.

**The Verdict:**

There is no denying that there are grains of truth in some of the charges against the Nigerian doctor. Many doctors have made mistakes; some have not been self-critical and have repeated the mistakes. Some doctors have been negligent and some have done thinks for money. Some have been arrogant and even disobeyed the law. Some have been involved in cover-ups.

However, it is absolutely incorrect to say that all doctors are bad or have turned bad and that the medical profession as a whole has closed ranks to cover-up.

Clearly, there are problems of inequitable access and poor quality which are of public concern. The Nigerian doctor also faces the problem of imperfect medical science and overwhelming societal stress. These problems have created a turf where there is a mix of difficult science (of medicine) and difficult system as against bad practices and bad individual doctors.

**Medicine Vs Practice**

Medicine is both a science and an art; it is not an exact science per se. There are inherent uncertainties and risks to the practice of medicine. For example, almost all drugs have side effects, so, despite good intension in prescribing even simple medications like Aspirin, Paracetamol or Antibiotic, things can go awry. To confuse this risk with an error is not helpful to the doctor. The doctor’s duty is to weight the risk of using the drugs against that of allowing the patient to suffer the discomfort of not using the drug.
Another example is when doctors order a test, most patients are only aware of two possible outcomes—positive and negative. In reality, there are four possible outcomes.

True Positive (when the patient has the disease and the test shows it) and the converse, True Negative, are what the patients would like to know. However, there are instances when the test results are False Positive (test is positive but the patient does not have the disease), or the converse—False Negative. Most times doctors do not accurately know which category the test results belong to. They rely on probabilities from scientific studies, on intuition and experience.

The doctor’s dilemma should remind us of the saying by the great Greek philosopher, Epictetus:

“Appearances to the mind are of four kinds.  
Things are either what they appear to be;  
Or they neither are, nor appear to be;  
Or they are, and do not appear to be;  
Or they are not, yet appear to be.  
Rightly to aim in all these cases is the wise man’s task.”

These uncertainties are the underlying risk the patient will face whenever they receive medical care.

System Vs Doctor

Nigerian doctors are not isolated from the society, they often complain of poor working and training environment, poor remuneration, bad government policy and public health ‘illiteracy’.

Medical practice is a very stressful endeavour, most doctors worry about everyday life issues and have to combine that with worry about the complexities inherent in their practice. Many doctors have stress-related symptoms which often predispose to mental and physical illnesses.
Doctors are expected to be good clinicians (ensuring high professional standard and quality of care), be administrators, researchers, teachers, and economist. They are also expected to protect public health, fight quackery and in essence dominate public life. Unfortunately, the Nigerian doctor is poorly trained to do all at the same time. In fact, today’s doctor as different from doctors of the past decades does not want that sort of control on public life and is not willing to play or act god.

Are Nigerian doctor hypocrites pretending to be true to the Hippocrates oaths? The truth is that Hypocrite and Hippocrates can co-exist. Finding a one-fit-all answer will be futile. There will always be good and bad doctors just as there will always be good and bad nurses, pharmacists, journalists, lawyers, teachers and politicians. He that is without sin ..., let him cast the first stone. If much is expected from whom much is given, then, little should be expected from a system to which little is given.

Most probably, the distribution of doctors in Nigeria is like a dumb bell shaped curve with the two extremes being the ‘bad’ and ‘great’ doctors while in the middle are the good doctors.

**The Way Forward:**

Not exonerating the doctor completely, doctors have contributed to the current predicament of the Nigerian health system and have a lot to do for restoration of public confidence and trust.

If the Nigerian society is to achieve qualitative and affordable healthcare for the majority of its people, the Nigerian doctor must be supported and his pride restored. The doctor must in turn, work hard to gain the confidence of other health workers, the public and policy makers.

As Albert Einstein said, “Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.”

“You can’t solve a problem with the same thinking that created the problem.”
“The difference between stupidity and genius is that genius has its limits.”

Doctors need to learn from past mistakes, create a new thinking for the future and recognize limitations. Currently, there seem to be a lot of defensive medical practice with the philosophy being ‘First, do no harm’. The new thinking should be to ‘First, do good’. ‘Doing good’ involves thinking ‘out of the box’, getting involved in policy and being imaginative and passionate about continuous improvement.

Being a doctor is a very privileged position and comes with enormous responsibilities and work for a better society. Doctors must learn to take the heat (as evident during NMA strike action and when errors are committed) just as they take the praise during the good times (as in the ‘defeat’ of Ebola in 2014 and when breakthroughs are achieved).

Health should no longer be viewed as merely the absence of disease or infirmity but as defined by WHO- a state of complete physical, mental and social wellbeing. In other words, health is not strictly due to health care but dependent on several factors: Employment, Education, Security, Housing e.c.t. Any advances in these social elements will ultimately lead to improvement in the health status of the society.

Emphasis should be placed on the proper training and retraining of doctors- which NMA and the Medical and Council of Nigeria (MDCN) seem to be doing effectively. The NMA must also use all its goodwill and strength to ensure and uphold equitable access of all Nigerians to qualitative health care services.

The Nigerian doctor of the last century will be remembered for prompt adoption of advances in science and technology, for humility and sacrifice. The doctor of today should be remembered for leadership, humanity and health promotion- enabling people to increase control over and improve their health.
Further Reading:

3. Encyclopaedia Britannica.