

How rot in LUTH led to US-based Nigerian's death

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| Comfort Obi

The Editor-in-Chief and Chief Executive Officer of The Source magazine, Comfort Obi, in this article, narrates how Nigeria's chaotic health system, typified by the rot in the Lagos University Teaching Hospital, Idi-Araba, Lagos, led to the death of a United States-based Nigerian, Mr Olaleye Adenibuyan

On January 24, 2024, Nigeria lost a patriotic citizen. It lost Mr Olaleye Adenibuyan. He died in circumstances that, at once, confounded, broke the heart, and put a big question mark on Nigeria's healthcare system.

To not a few people, Adenibuyan's death was avoidable if only the hospital where he died lived up to its assumed status of a teaching hospital.

Let me confess upfront so you don't accuse me of being deliberately emotional.

Adenibuyan was my cousin-in-law. A fine gentleman, he was married to my cousin, Thelma. And we admired and loved both of them. I can't put it.

Theirs was a relationship built on a solid foundation; a partnership rooted in time. They loved wearing uniforms and pranced around like teenagers who just fell in love.

Adenibuyan had served his country, Nigeria, as a police officer before he relocated to the United States of America in 1989. But that relocation never stopped him from visiting his beloved country, his beloved Ondo State, and his more beloved community, Owo, two times every year.

For him, it was a ritual. His love for Nigeria was that strong. And each time he visited, he bought more local fabrics for uniforms for himself and his beloved wife Thelma. In their local fabrics, they promoted Nigeria's culture, and fashion.

So, this year, 2024, as usual, he set out from his Dallas, Texas, USA base for Nigeria and arrived Lagos on January 14, 2024. Each time he and his wife came home, either together, or separately, they usually checked into a hotel at Ajao Estate. The Estate is close to the Lagos Airport.

For the Adenibuyans, it was convenient as it saved them from the punishing Lagos traffic (we call it go slow) to the airport for a flight to Akure, Ondo State, en route Owo.

So, on January 14, Mr Adenibuyan arrived Lagos and checked into the usual hotel. Luggage did not arrive from the US and so, he needed to buy some things from a shop opposite the hotel. That done, as he climbed up the staircase back to his room, the devil stepped in. Tragedy struck. He missed a step. And fell backwards.

As he fell, the family was told, he hit his head on the floor or wherever. The impact was grave. He lost consciousness. And was quickly rushed to a nearby hospital. I cannot confirm what attention he got there. His state was beyond what a small private hospital could handle. So he was quickly referred to the University of Lagos Teaching Hospital, LUTH.

Established in 1961, LUTH is a tertiary hospital affiliated to the University of Lagos College of Medicine. It is a 761-bed hospital established to be a centre of medical excellence. To its credit are some of Nigeria's best brains in medicine. Many of its products are those "making waves" worldwide. They were trained there. It used to be Nigeria's pride. As were the University College Hospital, UCH, affiliated to the University of Ibadan, and the Obafemi Awolowo University Teaching Hospital, OAUTH, affiliated to the Obafemi Awolowo University, former University of Ife. And some more.

I don't know about others, but LUTH has lost its status as a centre of medical excellence. It is now a shadow of itself; a shame to Nigeria. It has deteriorated. With Adenibuyan admitted there, we experienced, firsthand, the shadow LUTH has become. And our

hearts broke.

The injury Adenibuyan sustained to the head needed urgent attention. It was a medical emergency. So, he was admitted to the intensive care unit – private wing, no less. Meaning the attention was expected to be top-notch.

When one pays millions of naira, even as the naira has lost its value, the least one would expect would be first-class attention. But not here. There was nothing special. Patients were kept in what I choose to call “an open mini ward”. No privacy. No screen. When the question of some privacy was raised, the answer was: “It is because there is no general monitor.”

Once Thelma heard of her husband’s situation, she began to make arrangements to come home. She works in one of the biggest and best government-owned hospitals in Texas where she has risen to the position of director. So, once she was briefed on the prognosis, she knew she had to rush back to Nigeria. Her mission was to take her husband back with her to the USA once he was stable enough to fly.

Meanwhile, from the US, before she was able to secure a seat on a plane, she and the family rallied around to pay every kobo required, every kobo, directly and indirectly, demanded, officially or unofficially. No expense was spared.

But what did the family see at LUTH?

LUTH had no equipment. Nothing. After the millions of naira deposited, one still had to pay, separately, for soap and gloves. For a scan to determine the extent of damage to the head, Adenibuyan was taken to a private facility outside LUTH. Why? LUTH said its own scan machine was not in “a working condition.” A teaching hospital? The scan showed a lot of blood in the skull. Nothing was done.

A couple of days later, LUTH declared triumphantly that the “bleeding has stopped”. The question we, as laymen, asked was: What about the blood already accumulated there? Our elementary understanding was that the blood “has caked there!” If true, we were nervous about the implication.

More surprises were afoot.

On January 17, three days after he was admitted, LUTH said Adenibuyan needed an intracranial pressure monitoring machine. But this teaching hospital does not have the machine. When needed, it was explained to us, it is rented from outside. Cost: N400,000. The family paid. But the machine was not delivered until January 19th. And when it was delivered, it was left by the corner of Adenibuyan’s bed for days, unused.

Perhaps, it was a coincidence, but the ICP monitoring machine was used only on the day Thelma arrived (24th) and began to ask questions. This was 10 days after he was referred to LUTH, and perhaps, 10 days after it should have been used.

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Thelma arrived in Nigeria at about 9.40 am on Delta Airlines and went from the airport to LUTH to see her husband. She waited for about three hours before she was allowed after which she incessantly requested to speak with his medical team. She wanted to know why the ICP had not been put in place as was revealed to her by Lekan, her stepson, who was in Nigeria for a short vacation, and her husband’s younger brother, Deji. She wondered why the machine was just lying down there. When one of the doctors finally arrived, he tried to explain.

But given Thelma's background, and where she came from, the explanation made no sense to her. She hinted so in many ways, but was, at once very disciplined and too distraught to argue. But finally, she was told another doctor who would do that was being expected.

The doctor, an unassuming guy, competent, calm, and collected finally arrived. We were sitting in the ICU waiting room when he walked past. Instinctively, and I guess, from his carriage, I knew he was the one, and I told Thelma so. She sent a message across that she would want to speak with him.

Over an hour later, the doctor came out from the ICU and asked for Thelma. We followed him. And Thelma had a lot of questions and complaints. He listened, and said he had just returned to the country the previous day, and was seeing Adenibuyan for the first time, but quickly added "he is being attended to by a good team." He explained to us where he thought he should, and apologised where he thought he should. For example, he agreed with Thelma that it was not right to intubate her husband without informing the family. He apologised it was wrong not to have carried the family along every step of the way. And then, calmly, he told us what the situation was, and the way forward.

He said Adenibuyan required an urgent surgery to release the pressure on the brain. He disclosed that the pressure was 61, far beyond the normal 15. This was what Thelma and Lekan consistently, subtly, suggested and appealed for a surgery to release the pressure to the brain. It would entail the removal of a part of the skull bone to allow the brain to swell and then, compress later to normal size. This should have been done, at most, three days after the unfortunate incident.

Anyway, better late than never, we consoled ourselves.

The time for the surgery was set for 4.00 pm. But again, a problem.

LUTH does not have a drill. The family was told "There is only one place to rent it. Cost N200,000. No problem. This was on a Thursday. The surgery was meant to be done immediately. But the rental place said, "The drill is not available until Friday afternoon". Another vendor was frantically sought. He agreed to N180,000 and promised to deliver it against the 4.00 pm surgery time. Great. Our spirit lifted some.

But another problem.

Unbelievably, LUTH does not have more than two functional surgery rooms. So, there is usually a queue. Adenibuyan had to wait. One doctor, obviously frustrated by the situation told us: "Today two are functional. Tomorrow, Friday, only one will be available."

So, I asked why: He told us: "We have 22, but there is no manpower. Doctors, nurses, and technicians must have left. If the 22 are open, there will be nobody to man them. Nobody. So, why keep them open?" We were appalled. Our hearts sank. But we held onto hope.

So, either as a result of the queue, or the unavailability, yet, of the drill, the surgery was shifted from 4.00 pm to 8.00 pm. I left and told Thelma I would be back by 7.00 pm. But just before 5.00 pm when Thelma went in to see her husband again, his health had taken a nosedive. Even then, the man who hadn't opened his eyes for 10 days, opened them once he heard his wife's voice. She held his hands tight. "Baby, you know why I came. I came for you. We are going back together. I will put you on a flight. We go back together. Your treatment will be taken care of in the US. And, you will be perfect. We'll be fine, you and I." The three doctors Thelma met, and she told them the same thing. "I am going back with my husband. That's my mission. To take him back to the US with me."

That was not to be. While Thelma held his hands, and CPR was being performed on him, he gave up. He died in his wife's arms.

Since Adenibuyan's passing, too many questions remain unanswered about our country's healthcare system. Take LUTH for instance.

It is not that there are still no qualified medical personnel, even with the exodus, but here is the problem. There is no medical equipment. The medical personnel are just managing, barely managing. Or, how does one explain that a teaching Hospital, LUTH, no less, does not have a functional scan machine, does not have ICP monitoring machine, or the equipment for drill?

It is the shame of a country. As I said earlier, it is not the problem of the medical personnel. I admit that the work ethic of a number of them is zero. Compared to what we see in some other climes, they need a re-orientation. There is no sense of urgency. At times there is no empathy. But I also admit that their work environment is a major problem. It is not inspiring. I admit that their welfare is a major problem. It is depressing. I admit that knowing what to do, and not having the equipment to do it is frustrating. One of the doctors who spoke to us out of frustration said: “You are talking about the equipment. Where is the manpower? Because of our situation, most of us have left. A number of those remaining are on the verge of leaving.” When I asked if he was on his way out too, he gave a knowing smile. I helplessly shook my head.

Since Adenibuyan’s death, regrets have been our food. Many “ifs”. What if he hadn’t been referred to LUTH? Perhaps he would still have been with us. What if LUTH had used the ICP machine as at, and when due? Perhaps, he would still have been with us. What if the drill was used at the time it should have been used, perhaps he would still have been here with us. What if some sense of urgency had been exhibited, perhaps, he would still have been here with us.

The Federal Government shamelessly laments what negative effect the “Japa” syndrome has had on Nigeria’s healthcare system. It shamelessly tells us that 42,000 nurses have left Nigeria in the past three years. Why not? How has the Federal Government treated them? What have you given them to work with? Now, shamelessly, it is putting obstacles here and there to stop nurses from leaving. Why? My response is in one word: Shame.

Isn’t it a shame that the Nigerian government, from state to Federal Government which throws money around as if it is going out of circulation, cannot boast of one good government hospital except Lagos State.? I am reliably informed that Lagos State University Teaching Hospital, LASUTH, affiliated with the Lagos State-owned Lagos State University, LASU, is very well equipped by the Lagos State Government. In our doubts at LUTH, one woman called us aside and asked: “Why did you come to LUTH? Why did you not take him to LASUTH? This type of injury is better handled there.”

We spend tons and tons of money, billions of dollars, trillions of naira, on frivolities, on things we can do without. How does one explain that \$6.2m was spent, allegedly, without authorization, on foreign election observers when LUTH has no medical equipment? Of what use was the presence of the foreign observers to the masses? Did their presence stop us from rigging, from snatching ballot boxes, from doctoring results? Nigeria spent this money when LUTH had no medical equipment, not even a functional scan machine. How does one explain that the sum of N1bn was recently requested to enable a committee to fix workers’ salaries? Yet, our premier hospitals are empty. Can you imagine what that obscene request could have done for LUTH?

But back to Thelma. We don’t know how to handle her, or what to tell her. She is distraught. Disoriented, almost. Her mission to take her husband home to their “second country”, the US, blew up in her face. “Oh, your husband loved you to death. He waited for you to come back, to see you before he passed on. He even opened his eyes for the first time in 10 days once you arrived”, Thelma is told in a bid to console her. Where do all those leave her?

All she knows is that the Nigerian healthcare system failed her. Her mission to take her husband back to the US with her failed. She was, at a point, making inquiries for an air ambulance to evacuate him to the US. That failed. Ironically, what worked was taking him back to Owo in a body bag! Sad!!

Mr Adenibuyan, as your beloved wife fondly called you, may your soul rest in peace. May you find peace in the fact that you are finally, finally back to your cherished Owo.

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