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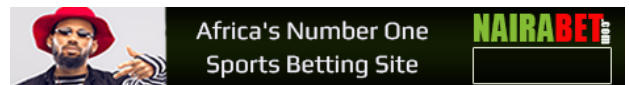
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## Worse than consulting clinics

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BY OUR REPORTER ON JANUARY 23, 2016

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By CHIOMA IGBOKWE

**LOST** in thought, Mrs. Folake Adejobi repeatedly rained abuses on her destiny, which she blamed for the death of her husband, the late Mr. Adejobi, a taxi driver who died of brain tumour three days before the scheduled date he was to see an oncologist. "We were on their waiting list for four months as my husband's case got worse. They only gave him pain killers which finally killed him. Life is so unfair," Folake, a petty trader in Oshodi market, said in tears.

According to her, no one knew that the reason her husband collapsed while on duty was because of a brain tumour. "I was alerted that my husband collapsed at their taxi park in Festac. They were able to resuscitate him and took him to the general hospital at Ajegunle. They ran some tests and showed that he had malaria. He spent some days there and was discharged. He resumed work almost the same day and he had another attack. I was confused because the hospital could not determine what was actually wrong with him.

"To minimize cost, we were referred to LUTH (Lagos State University Teaching Hospital) and the doctor who saw us referred my husband to see a specialist. We managed to gather all we could from friends and took him for the special scan where it was discovered that he had brain tumour. The doctor assured us that as soon as we see the specialist, he would go in for surgery. We got the shock of our lives when we were told to return four months later. I pleaded that they should handle his case as an emergency but the nurse showed me the list and said that those ones were more serious than mine. She advised us to go and pray or seek alternative hospital. He got worse everyday till he died two days before the scheduled date to see the specialist."

Apart from the case of Adejobi, in far-away Benue State, the loud voices of some youth corps members shook the private ward section of the general hospital in Kastina-Ala Local Government Area. They were

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praying for the recovery of one of them simply identified as Kolawole who was lying critically ill on the bed.

The nurses on duty had told them that the repeated case of convulsion was spiritual and that it will take divine intervention to cure him. They took turns to keep vigil hoping that Kolawole will get better. Unknown to them, Kolawole, who fell inside the bathroom, had a hemorrhage as a result of his head he hit hard on the floor.

A day later, Kolawole died and the terrified corps members concluded that evil spirits were very active in that land and they should all seek for redeployment.

They were, however, brought back to reality when an autopsy was conducted by the family of Kolawole and discovered that his brain was filled with clots of dried blood. He died as a result of unidentified internal bleeding which led to the repeated case of convulsion.

Just like so many others, Chinyere's family became fed up when they could no longer borrow money to treat her mother who had tumor of the intestine. "We have sold our land just to meet up with the cost of chemotherapy. These days it is hard to borrow money especially when all your relatives are battling to feed themselves properly. We were lucky when a family friend introduced to us traditional medicine. It is cheaper although I cannot guarantee the quality of treatment. The only good thing is that the pains have reduced."

On why the family did not seek medical help from teaching hospitals, Chinyere explained: "We actually took her to LUTH but we were asked to return three months later. They only gave pain killer and asked us to go and return at the scheduled date. I was offended but when the nurse showed me the list I became terrified. She even referred me to the consultant's private hospital. My main concern is to save my mother's life at all costs."

These cases and many more confirm that it is no longer news that impoverished Nigerians die daily due to the inability to afford huge hospital bills. All too familiar are horror tales of healthcare system in Nigeria where people would go to hospitals for minor and controllable illnesses and would end up in the morgue. It's quite scary and even more alarming with the realisation of the fact that the healthcare system in the country is not equipped to deal with present and future challenges. Dr Mohammed Habeebu, a Consultant Oncologist and Radiotherapist at the Lagos University Teaching Hospital (LUTH), Idi-Araba, Lagos, said the radiotherapy machine at the hospital broke down as a result of overuse.

Habeebu, who was reacting to the allegation that the radiotherapy machine at the teaching hospital was faulty, confirmed that the machine was faulty. "Our machine is not the only one faulty, others in the country are also faulty and only two are functional out of the about seven we have in the country.

"We have six government-owned and one privately-owned designated hospitals with radiation machines. The private one is operational and one other in the government hospital is functioning.

"In LUTH's case, we are trying to repair the machine, but the clinic is on, where we treat patients every day. There are many modalities to the treatment of cancer. Cancer treatment is not just about radiotherapy; there are other forms of treatment too," he stated.

Another major problem is the issue of doctors and other health workers who go on strike as if they are casual workers.

On December 30, 2014, Nigeria's only neuro-pathologist, Effiong Essien Udo Akang reportedly died of a heart condition on his way to a private hospital. He could not receive medical care at the University College Hospital (UCH), the teaching hospital of the University of Ibadan, where he was head of the department of pathology, because the Joint Health Sector Union (JOHESU), a coalition of allied health professionals, was on strike.

Akan was not the only victim of the incessant strikes that have bedevilled Nigeria's public health sector for years; numerous others have died from treatable diseases. In the past, poor health infrastructure have been blamed for many avoidable deaths recorded in Nigeria, but in recent times, strikes by medical professionals are also taking their toll.

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With increasing access to India, no one that can afford it stays in Nigeria for serious ailments.

Also on the list are unprofessional medical personnel who are always aggressive to patients especially those who cannot afford to give them tips.

Mrs. Sunday lost her baby due to negligence on the part of the nurses on duty at a General Hospital in Lagos. Her when her water broke, the nurses simstory as reported by the media was that ply gave her a towel to soak the water and abandoned her. Those who were on duty simply told her that the doctor was asleep. By the time the doctor woke up and realised what was happening, the baby was practically dragged out of an unconscious mother. They referred her to LUTH where there are several incubators. Unfortunately, all the incubators in the hospital were occupied, the baby battling for life was kept in an air conditioned room where he died hours later.

### **Frustrated patients turn to clerics for miracles**

Africans have a way of rescuing themselves from various diseases through the use of herbs, mysterious or potent words, animal parts, living and non-living things, water, fasting, prayers, laying of hands.

People appear in their thousands in churches and crusade grounds (both Christians and non-Christians), not seriously seeking after Christ or spiritual food, but for miracles. Healing miracles have actually become the 'real thing' or the most current issue in African Christianity today.

The General Overseer of the Synagogue, Church of All Nations (SCOAN), Prophet T.B Joshua's worldwide fame is founded on the miracles that are said to have taken place in his church in Lagos and in his healing services around the world. His official TV channel, Emmanuel TV shows back-to-back videos of these dramatic miracles. Tens of thousands of people from all over Africa come to Lagos for healing.

Others are Christ Embassy popularly known with its healing school. Some of their exploits were broadcast on national television; while the healing school normally has persons from different religions, countries and backgrounds. It was also observed that most of these people seeking alternative source of healing, quickly moves over to alternative referral when the church fails to heal them.

A herbal doctor, Mr. Segun Adegunke, who is based in Ikorodu, Lagos, lamented that there is increase in the number of deaths ever since the local herbal doctors were not allowed to operate. "It was better and more authentic than now they have tried to modernize everything. Some of us were not licensed because they said that we did not go to school. Despite that, I have so many patients and most of them after trying different hospitals; they finally end up in my clinic"

### **Special E wing in LUTH**

Probably overwhelmed by the dilapidated state of facilities, *Saturday Sun* gathered that LUTH established a private clinic within the premises. Popularly known as the E wing, it was gathered that high profile patients are given the option of seeking services at that part of the hospital. The section, said to be under the control of private establishment, also has most of the consultants on their payroll.

A nurse, who preferred anonymity, said that it is only the poor in Nigeria that are expected to queue for long.

"I do not work for LUTH but for the E clinic. I was employed by a consultancy firm. This is the best place to get quick attention anytime you come to LUTH. It is expensive but very efficient. You still have access to all the consultants and patients who can afford their services are given quick attention more than the others", she stated.

On the source of equipment used, she explained that the hospital is well equipped. "As I said, it's under the control of a private sector, so they are funding that section very well. Everything is there especially, the fact that the patient has access to the best consultants around. It's even better to patronize them than to make use of private hospital outside that has access to few experienced doctors. We should all pray that God will give us enough money to pay for better medical treatment when the need arises."

One of the doctors in LUTH said that the facilities on ground have been overstretched by the number of cases they receive on a daily basis. "There is urgent need to invest in the health sector for the sake of the masses. If Nigeria can get to a point of free medical for all, not just free medical but to ensure that the quality of healthcare given is good enough. It's nothing new across the world that places like E ward exists. It's about what you can afford. Instead of joining long queues at the expense of the sick, it's best to get quality treatment and pay for it. Even in the western world, the poor are still suffering. The only concern of government is to ensure that they do not end up paying doctors who at the end of the day will channel their time to private practice at the expense of patients in the hospital."

Throwing more light on why consultants abandon their work for their personal clinics, he said it can never be stopped. "It's unfortunate that no one can do anything about it because the regulatory bodies are guilty of same offence. Most of the consultants in Nigeria are attached to one government hospital or the other and they are heavily paid. How can they decide to destroy their businesses in the name of government establishment? And naturally patients prefer to be referred to the hospital of their personal doctor and pay the bill. The truth is that government hospitals remain the best place to get a good surgery because; you have at least three experts in the surgery room. It's better and that is why the E wing is booming in LUTH. We are overwhelmed by the number of patients." On the way forward, he suggested that EFCC should also be part of the regulatory body. "It's fraud and should be investigated. If you want to go into private practice, face it. These unending queues can be reduced drastically if all those under the payroll of government will dedicate their time.

"There is growing number of half-baked doctors, there is need to retrain them and reabsorb them into the system. Let the so-called elderly consultants face their private clinics. Government will save enough money to employ more dedicated doctors that will help reduce the embarrassing queues that we see everyday."

On alleged special ward E, the hospital spokesman, Mr Kelechi Otuneme said that the ward is just a private wing that people who need privacy and can afford it go to. "It is not private and illegally operated. The first class cabin in the aeroplane, is it illegal and privately owned other than the airline? All the staff are LUTH staff, doctors, nurses, secretarial staff etc.

"However, due to the Federal Government's directive for outsourcing of some services like cleaning, some of them were absorbed. Also, few nurses and lab scientists were employed to assist so that the main wards do not suffer. These are not regular staff. Just like UNILAG has UNILAG ventures and other places too."

He assured that Lagos State has enough consultants by the two teaching hospitals. "We have enough specialists but two teaching hospitals. The cost of treatment over here is very cheap and patients keep coming", he added.

### **NHIS to the rescue**

The quest to provide efficient and effective health care delivery system prompted the Nigerian government to review its health policies. One of such policies is the establishment of a health insurance scheme, a framework for the provision of affordable and efficient health care system-in-the country. This was in the wake of a terrible performance in the health sector manifesting in severe shortage of qualified personnel, drugs and other health infrastructures as a result of a dwindling economy. It became obvious that government alone could no longer fund the health system, hence an alternative funding mechanisms, leading to the emergence of a health insurance scheme in the country. National Health Insurance Scheme (NHIS) was established under Act 35 of 1999 by the Federal Government and designed to provide easy access to healthcare for all Nigerians at an affordable cost through various prepayment systems.

Meanwhile, NHIS has said it is working towards enrolling a minimum of 40 million Nigerians in 2016. Executive Secretary of the agency, Mr. Olufemi Akingbade, reportedly made this announcement in an interactive session with newsmen.

He said the figure will include maternal and child health, students enrolled in public primary schools across the country, cases of emergency, and internally displaced persons.

Akingbade noted that the current enrolment rate is low and therefore called on state governments to make

it compulsory for their workers, indigenes and residents to be captured under one insurance scheme or the other.

Akingbade also said the scheme is working on revising the Mobile Health Insurance Scheme because of some perceived gaps, adding that it will be repackaged for better services.

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