

Horror in Our Hospitals: How chronic lack of beds kills patients



•**Horried husband:** It was like a cruel joke. I watched helplessly as my wife was left to die at LASUTH By Chioma Obinna

A hospital bed is more than furniture as it is a vital tool in a patient's recovery.

But how available is this vital tool in hospitals across Nigeria?

The chronic lack of the three-letter word – bed – has turned many patients in Nigeria into statistics.

They are dying avoidably.

This was the fate 42-year-old Ifelola Abiona suffered at the Lagos State University Teaching Hospital, LASUTH.

For her husband, Mr Sunday Abiona, nearly two months after the wife passed on, the memory is as vivid as a fresh wound.

He remembers the sterile scent of the hospital and the agonising realisation that, despite the availability of doctors' expertise and other things required in the hospital to get his wife back on her feet, Ifelola was slipping away because of lack of bed to commence treatment.

"It was like a cruel joke," Abiona recounts, his voice thick with emotion. "The doctors were ready, and the nurses were there, but my wife was left languishing, her condition deteriorating, simply because there was no bed for her."

Ifelola, a vibrant mother of two, had been diagnosed with a condition requiring surgery.

The procedure was scheduled at LASUTH, one of the leading tertiary hospitals in Lagos.

And the doctors and other members of staff were preparing for the operation, believing Ifelola was in good hands.

But hope quickly turned to despair when she had a crisis before her appointment date.

She was a mother of two, a wife, a daughter and a friend.

Now, she is gone and not because she didn't fight hard enough, but because the system that was meant to save her life failed her at every turn.

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"It all began in October (2024). Ifeolola wasn't feeling well, so she went to a medical centre for what they thought was malaria", the husband narrates.

"But the doctor on duty took one look at her and said, 'This is more than malaria. You need further tests.'"

That was the beginning of husband and wife's nightmare.

In November, she was referred to LASUTH where she began attending the endocrinology clinic.

The doctors suspected an issue with her adrenal glands.

On December 19, 2024, they gave them a referral letter to the surgical department.

They were preparing for whatever lay ahead, hoping that early intervention would make a difference.

"But on January 1, 2025, everything changed," Abiona said amidst tears.

Desperate search for help

He said: "That morning, I checked her blood pressure — it was 112/75.

"But her pulse was racing at 105. Worried, I called a nurse from our church. She advised me to bring Ifeolola to their clinic immediately.

"When we arrived, they ran some tests. Her sugar level was dangerously high. Her vitals were unstable.

"The nurse did her best to stabilise her, then urged us to take her straight to LASUTH since that was where her doctors were."

Ifelola was rushed to the Medical Emergency Unit of LASUTH.

"The doctors checked her records and said, 'This is a surgical emergency'. They directed us to the Surgical Emergency Department.

"But when we got there, the doctors didn't even come out to see her. They didn't check her vitals.

They didn't even look at her lying weak in the car. All they could say was: 'There is no bed'.

As basic as bed space may seem, without it there is no hope for the patient.

"Instead, they told us to try another hospital — either the Federal Medical Centre (FMC) in Ebute Mett or the Lagos University Teaching Hospital (LUTH), Idi Araba".

Ifelola was rushed to FMC, Ebute Metta.

"By God's grace, we found a doctor willing to admit her at FMC".

Finally, a bed and some hope for the embattled family of Ifelola.

Sadly, the struggles didn't end there.

“At FMC, we had to buy everything including gloves for the doctors, syringes, medication — everything. Even the most basic items had to be paid for out-of-pocket. “Despite the financial strain, we did everything we were asked. She was sent for scans, x-rays, and more tests — many of which she had already been done at LASUTH”.

Then, after all that, they were told the hospital had no facility to handle her case.

Back to LASUTH

“I was speechless. Why did they put her through all those tests if they knew they couldn’t treat her? Why make us spend close to a million naira on tests when they knew the case was beyond them?

“On January 3, 2025, they referred us back to LASUTH or LUTH.

“But LASUTH had already rejected us once. “Still, we had no choice.

“Back to LASUTH, it became a battle against time for the husband and family.

“We called everyone we could. We begged. We pleaded.

“Finally, someone told us to come. When we arrived at LASUTH around 4:30 PM, we went straight to the Medical Emergency. We showed them the referral letter. The story never changed. ‘No bed.’ That was all they said again.

“Nobody came out to check on her. Nobody took her vitals. She was their patient. She had been coming there for months. They knew her case. Yet, they did nothing.

“I made more calls. Someone gave me the number of a doctor. I called him, and, finally, someone listened. A doctor came out and checked her vitals. But even after that, they still said, ‘No bed’.

“Then they suggested a private ICU in Ikeja. The cost was ₦2 million deposit, to be reviewed every three days.

“It was impossible. We were running out of options.

“Eventually, they said we could try their CCU ICU. We went there. They said there was a bed. I ran back to pay.

“But the person at the payment desk refused to take my money. ‘We can’t accept payment until the patient is brought in’, he said.

“I rushed back to the emergency room to tell the doctors. By the time I got back, the bed had been given to someone else.

“Again, we were sent to another ICU, this time at Ayinke House, still in LASUTH. We found a bed. I paid for the admission kit. “Then they told me to pay for the ICU.

“I ran up and down, trying to sort out payments, and trying to get my wife the help she needed. And at that time, nobody treated her. Nobody gave her medicine. Nobody stabilised her.

“She was left lying there, clinging to life, with nothing but an oxygen mask.

“When I finally paid ₦600,000 for the ICU, they asked to see the receipt before moving her.

“By the time I brought the receipt back, they wasted more time. A doctor finally came, checked her, and then stepped outside to make a phone call.

“By the time they were ready to move her, she was gone.

‘She might still be alive if...’

“If they had admitted her that day on the first of January, she might still be alive.

“If they had acted faster, she might still be here. But no one cared. They only moved when we knew someone important. They only acted when we made calls. And even then, it was too late.”

With teary eyes, he told Sunday Vanguard, that his late wife left behind two children, a boy and a girl.

“Our son will turn 14 in March. Our daughter will turn 9 in July. Now, they have to grow up without their mother”. Abiona lamented

“And why? Because in Nigeria, if you don’t know someone, you don’t matter. Because in Nigeria, even in an emergency, if you can’t pay millions, your life is worthless. “Because in Nigeria, our public hospitals, the last hope for ordinary people are broken. “At FMC, patients must buy gloves for doctors. At LASUTH, patients must beg to be treated. If you don’t know anyone, you are invisible. If you don’t have money, you are expendable.

“My wife was not just a statistic. She was a person, a wife, a woman with dreams, with a family who loved her. She deserved better.

“And if nothing changes, more people will die the same way she did—waiting, begging, and ultimately losing a battle they should have never had to fight alone”.

Silent killer

Ifelola’s story is not strange across Nigeria: The lack of hospital beds is a silent killer. It’s a systemic failure that often goes unnoticed, overshadowed by other healthcare challenges.

Although the lack of personnel and access to treatment are significant issues, particularly now that Nigeria is facing the most dreaded trend of Japa syndrome, the simple unavailability of a bed can be the final, fatal blow...just like in the case of Ifelola.

Her story highlights the urgent need for increased investment in healthcare infrastructure, particularly to address the critical shortage of hospital beds and ensure that no one else suffers the same preventable tragedy.

However, some hospital authorities and the Federal Government claimed that the issue of bed is currently being addressed.

More facilities

more facilities

Responding to Sunday Vanguard's question on the issue, the Minister of State for Health and Social Welfare, Dr Izaq Adekunle Salako, said the Federal Government is addressing the issue of bed through the establishment of eight new Federal Medical Centres and Teaching Hospitals across the country. "Here in Lagos, we have a new Federal Medical Centre in Epe.

"All over the country, new Federal Medical Centres, and new Teaching Hospitals have been approved. "This is basically to expand the bed space and ensure that the infrastructure that is available to treat patients is widened. "Where we do that, of course, there will be more bed space available. "Of course you also see that the budgetary allocation for the health sector is increasing on an annual basis. "So all of that will support the expansion of infrastructure and increase bed spaces."

Chaos despite 800 beds

Meanwhile, with about 800 beds at LASUTH, patients continue suffer, and the situation oftentimes causes chaos, particularly in the emergency area as patients are left in cars or ambulances that brought them in wait for a vacant bed.

Refuting the claim of not being attended to, the Chief Medical Director of LASUTH, Prof. Adetokunbo Fabanwo, who acknowledged that there may be delays in finding beds for patients brought to the hospital's Emergency Unit, said they provide them with the immediate medical attention they require. According to him, first aid is usually administered before referral if beds are unavailable.

Fabanwo acknowledged a recent surge in emergency cases, particularly stroke. He explained that some patients, who have received initial treatment and been referred to other facilities, often remain at the hospital, hoping for admission.

These individuals, the CMD says, may later claim to have been neglected for hours. "If an emergency comes to LASUTH and we don't have a bed, we give first aid and we refer. Within 15 minutes, we do that. So, keeping somebody for three hours unattended to, that's a mischievous lie", Fabanwo stated "No, that's not true. That doesn't happen in LASUTH. Let me tell you what happens. Just for us to be on the same page. Some patients that have already been administered first aid and referred will not go away.

"They will stick around, hoping that one magic will happen. Those are the ones that will now eventually claim that they spent hours outside and so on. You can do a spot check yourself.

"We set up a drip, put them on oxygen, give them some treatment, and then give them a referral letter. That is our policy. "We must administer first aid before we refer. "We have a set of workers that we call bed managers, and their business is to constantly go through the wards to know how many vacant beds are in the wards so that patients in the Emergency Units who are fit to be transferred to the wards can be transferred.

"We also have a policy that no emergency case should stay more than 48 to 72 hours in the Emergency Units before either having surgery or being transferred to the ward. "This is all to ensure that there's always a vacant bed to admit a new emergency case.

"But despite all this, we still have situations in which we are oversubscribed, and we're not surprised.

"We are not surprised. It would appear as if LASUTH is becoming the preferred destination for most Lagos citizens because of functionality and ability to deliver."

The CMD blamed the shortage of bed space on what he described as a general upsurge in disease conditions.

"We are now seeing a lot more emergency disease conditions, it may be due to certain environmental factors, it may be due to neglect or negligence on the part of the citizens themselves, but there's an upsurge in emergency medical conditions, especially stroke."

He said in LASUTH, they have four Emergency Units including a Medical Emergency Unit, Surgical Emergency Unit, Paediatrics Emergency Unit, and Obstetrics Emergency Unit.

"We are peculiar in that kind of arrangement.

"Most of the hospitals have a unified emergency service, which means that all patients go to the same place to be sorted out.

"But in LASUTH, we have four discrete different emergency units.

"I can say for sure that out of these four, the two that are most affected by the shortage of beds to admit are the Medical and the Paediatrics Units, and that is because we do see a lot of medical emergency cases.

"We are very proactive. We do not send people away without attending to them. If we do not have beds for admission, we carry out first aid on the patient".

How hospitals are coping

According to the Head of Clinical Services at the National Orthopaedic Hospital, NOHIL, Lagos, Dr WKeel, said with a 450-bed capacity, it has not been easy as they, at all times, grapple with a high volume of patients, consistently operating at over 90% occupancy of its beds.

Despite this challenge, he said, the hospital has implemented strategies to ensure timely treatment and is actively pursuing expansion projects to increase capacity.

"It is quite challenging because we have several patients visiting the facilities", WKeel said.

"But what we do, as opposed to what it has been before, is that we ensure that most of our patients have nothing more than four to six days to stay in the hospital.

“So we do their surgery and discharge them, and we follow them on an outpatient basis.

“The hospital has adopted a strategy of minimizing in-patient stays, performing surgeries promptly and transitioning patients to outpatient care whenever possible.

“For patients travelling from distant locations, NOHIL provides guesthouses to facilitate continued treatment and follow-up. “This approach has been crucial in managing the constant influx of patients

“But one important thing we have done is to limit the period of stay on an admission, and this has been helpful.”

Expanding facilities

Looking to the future, NOHIL is actively expanding its facilities.

“For example, part of what we have done is to construct an Accident and Emergency Unit that is also equipped with its theatre suite, with several bed spaces, wards, and bed spaces that will also increase the bed capacity of the hospital”, the Head of Clinical Services said. However, at FMC, where the late Ifelola was accepted before she was returned to LASUTH, the Medical Director, Dr Dada Adedamola, said to end the problem of bed space, under his leadership, the hospital has increased the number of beds from 72 to 450.

“For me, the motivating factor has always been to demonstrate that improving healthcare in this country is not rocket science”, Adedamola said.

“Nigerians can improve Nigeria, and I wanted to be part of that change. Today, the facility boasts 450 beds—a seven-fold increase—and stands as a testament to meticulous planning and effective resource utilization.

“The question many ask is, how did we manage to achieve so much with so little? “The answer is planning. We had a roadmap, and we followed it religiously. “With strategic planning, we maximised what we had to serve as many patients as possible”.

NMA reacts

Fielding questions in a chat with Sunday Vanguard, the Chairman of the Nigerian Medical Association (NMA) Lagos State Chapter, Dr. Saheed Babajide, blamed the weak primary healthcare system as the root cause of persistent bed shortages in the state’s hospitals.

Babajide urged the government to strengthen primary care and collaborate with private healthcare providers to alleviate pressure on secondary and tertiary facilities.

He further argued that the current referral system is dysfunctional, leading to an overwhelming influx of patients at general and tertiary hospitals, even for conditions that could be managed at the primary level.

According to him, there is the need for a robust primary healthcare system as the foundation of effective healthcare delivery. “The major thing that can reduce the issue of bed space is making the primary healthcare solid”, the NMA chief said.

“If primary healthcare is not solid, the pressure will be on secondary healthcare, which is the General Hospital.

“The pressure will also be on the tertiary healthcare, which is the tertiary hospital and some specialist hospitals and medical centres.”

Babajide highlighted the significant gap in primary healthcare coverage in Lagos, noting that out of approximately 300 primary healthcare centres, only around 57 are comprehensive centres with doctors.

This scarcity of qualified medical professionals at the primary level forces patients to seek care at higher-level facilities, regardless of the severity of their condition.

“What do you expect as a result of our health system?” the NMA chief asked.

“Of course, the government should do something.”

Babajide urged the government to collaborate with private hospitals in local communities to provide primary healthcare services, suggesting that this partnership could bridge the gap in access to care. He emphasised the importance of establishing clear conditions and requirements for such collaborations, including agreed-upon fee structures.

The NMA chief explained that a functional primary healthcare system would allow for the early diagnosis and treatment of common ailments, preventing them from escalating into complex medical conditions requiring hospitalization.

Babajide cited examples such as malaria, hepatitis, appendicitis, and even minor surgical procedures that could be handled at the primary level, thereby reducing the burden on hospitals and freeing up beds for more critical cases.

“By the time we reduce the number of people going to those places, bed space will be available,” he asserted.

The NMA chief cautioned that simply increasing the number of beds in hospitals is not a sustainable solution.

“You can even put all the beds in LASUTH, that bed will be filled in a day,” Babajide said.

The focus, he argued, must be on rebuilding the referral system and ensuring that primary care facilities can effectively manage the majority of healthcare needs.

Struggle with bed space

All said and done, the bottom line is that many hospitals across the country are struggling with bed

All said and done, the bottom line is that many hospitals across the country are struggling with bed space.

Many consistently operate at over 90 per cent occupancy.

Critical stakeholders are of the view that the story of Ifelola should serve as a wake-up call to end a system where access to care is not determined by the unavailability of beds in our hospitals, but by the fundamental right to life.

They insisted that lack of beds in any hospital represents more than just a missing piece of hospital furniture but a symbol of a life lost, a future stolen, and a constant reminder of the systemic failures that have cost the lives of thousands of Nigerians.