

Medical Practice In Nigeria

by

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Nigeria is the biggest British Colonial Territory today. It is situated on the west coast of Africa on the shores of the Gulf of Guinea and is entirely within the tropics. It is bound on the west and north by French territory and on the east by the former German colony of the Cameroons, a small portion of which is now held by the United Kingdom as Trust Territory, and administered as an integral part of Nigeria. The total area of Nigeria including the Trust Territory of the Cameroons is about 375,000 square miles, that means that it is more than four times as big as the United Kingdom itself. The population is officially estimated by the British at about 35,000,000, but Nationalist movements in Nigeria, based on their own independent census, think that 40,000,000 would be closer to the truth. There are 11,750 Europeans, 1000 Americans, 250 Indians and 2,500 other non-Nigerians in Nigeria. English is widely spoken and is used in most of the country's legislatures.

The people of Nigeria, on all levels, are benefiting from improved education. The most advanced educational institution is the University College at Ibadan, which is already building a large teaching hospital. Nigeria possesses 161 hospitals, 12 field units, 8 dental centres, 4 mental hospitals (including an asylum), 267 maternity and child welfare clinics and 32 X-ray centres. There are also pathological,

laboratory and research services and a mobile tuberculosis survey unit. There are exactly 509 medical doctors and 22 dentists in Nigeria, which means that the country's 35 to 40 million people are definitely in need of medical men. Here too can be found the answer to the question "Why does the Nigerian government allow a sort of superman position to the medical doctors?" Any realist can see that the government has no alternative and this picture is not likely to change for a long time. We shall return to this question later.

Meanwhile, let us consider the attitude of the Nigerian public towards their doctors. This is an important aspect of our discussion and will certainly have some bearing on the fate of medical practice in Nigeria. Nigerians are basically more inclined to believe that doctors are really supermen because they have seen doctors save the lives of people, whose cases years ago would have been considered hopeless. The populace is gradually transferring its confidence and allegiance from the old black magic cult to the modern medicine man.

The African is a practical man, and those who have been to West Africa have found that Nigeria has her full share of the spirit from which African Nationalism is being built. "The Ibaman of Nigeria," wrote John Stewart Young, "is the American of West Africa. He is practical and can understand America's William James

and his philosophy of pragmatism." Unlike the situation in India, the Nigerian princes are denouncing their thrones and invading Europe and America for medical education. They know that the African social order is basically built around "Hero-Worship" and that the Kings, princes and chiefs will soon lose out as the doctors become established as the heroes of the people, proving that the medical profession in Nigeria has an undisputable position of supremacy. It has the charm and hypnosis of black magic, and above all, it is now being dominated by princes and sons of aristocrats around the country. In North America the wealthy

send their sons to Universities to study business, economics, political science and similar subjects. In Nigeria the plutocrats send their sons into medicine and make sure that they return and practice the magic art. There is a great advantage when viewed from other angles. Medical education is so expensive that only the very rich can afford for their sons to acquire a medical degree. These medical students have also gone into medicine from a devotion to family pride. Their main ambition is not money, and this fact is important because most of them could make more money without a medical degree. They aspire for

PLEXONAL

Composition

Sodium barbitone	-	-	-	-	-	45 mg. (gr 3/4)	C.N.S. sedative
Sodium Phenobarbitone	-	-	-	-	-	15 mg (gr 1/4)	C.N.S. sedative
Sodium Sandoptal	-	-	-	-	-	25 mg (gr 3/8)	C.N.S. sedative
Scopolamine hydrochloride	-	-	-	-	-	0.08 mg (gr 1/800)	C.N.S. and parasympathetic sedative
"Dihydroergotamine-Sandoz"	-	-	-	-	-	0.16 mg (gr 1/400)	C.N.S. and sympathetic sedative

Action

PLEXONAL is a sedative with a wide spectrum and therapeutic margin, acting predominantly on the central nervous system. Excellent sedation is obtained with submarginal doses of the individual ingredients. This explains the absence of undesirable side-effects and after-effects even upon administration of relatively large doses of PLEXONAL over a prolonged period of time.

Indications

All conditions of central excitation of mild to medium severity, especially in presence of over-activity of autonomic functions:—Anxiety neurosis, psychic tension, apprehension, psychomotor excitation, emotional liability, night terrors, insomnia due to any cause except pain.

Average dosage

As a daytime sedative: 1 tablet 3 or 4 times daily.

As a hypnotic: 2 to 4 tablets ½ hour before retiring.

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dignity, honor and the position of leadership held by their fathers, and medicine seems to guarantee them this position in Nigeria.

This drift of the well-to-do into medicine has other advantages too. Some of our young doctors have been able to return home and take positions in clinics or hospitals already established and built by their parents while they were studying for their degrees. Since there is, clearly, some competition between small communities in the country, medical services are already becoming available to these small communities as more and more of these clinics are erected in the Hinterland.

The issue of socialized medicine is an explosive one in North America, and I have always felt reluctant to discuss it, but since quite a few of my friends are interested in knowing more about the type of medical practice we have in Nigeria, I want to say a word or two about the subject. The African culture and outlook is keyed up towards socialism. This opinion is an indisputable fact. The land, for example, belongs to the people and even in this second half of the 20th Century, community ownership is still the order of the day. We, in fact, had state medicine before England. Ours is that of a limited socialized medicine. It is limited, in fact too limited, because it is all we can afford at present. The Nigerian as I have already mentioned is a practical man and a realist. In Nigeria, a medical doctor can register with the State Federal Medical Services and accept posting in any cities in the country. He is regarded as a civil servant and treated as such. While

in the civil service, he gives the government 8 hours of every day. He may be on day shift (7 a.m.-3 p.m.), evening shift (3 p.m.-10 p.m.), or night shift (10 p.m.-7 a.m.). When he is on night shift, he is not expected to stay in the hospital after 12 midnight. Actually what happens is that he is on call from 10 p.m. to 7 a.m. each day for that week. Unless there is a serious case at night, he sleeps at home, only to be awakened at 6 a.m., by the night supervisor so that he arrives at 7 a.m. to make the morning round with the day shift doctor-in-charge, who of course takes over immediately. The night doctor then is off duty again until 10 p.m., when he must then report and take over from the evening doctor. During these 8 hectic hours on duty, the Nigerian doctor is overworked. Medical services in Nigeria are offered free except for a small fee which pays for the paper work involved in registering him in the hospital, and giving him a card and any other small services which must be performed in connection with this matter. If admitted in a hospital one pays around 15-20 cents a day, which goes to cover the wear and tear of bed and beddings. Medicine in any form is free while surgery is a state responsibility.

If the Nigerian doctor is a man of great endurance, he can, even while working for the government, have his own private practice and receive patients while off duty. In fact, private practice hospitals seem to be increasing in number. Since private hospitals must charge fees, much the same as in this country, and since they must also face the stiff competi-

tion of state hospitals, only the rich can patronize them. These hospitals cannot survive long except in the large and individual cities where the state hospitals are always overcrowded. The civil service also has priority of both attention and admission in the state hospitals, and this is another reason why some private citizens find the private hospitals more acceptable. Some of the strongest arguments in favor of the private hospitals are the exclusive and luxurious treatment which they offer the patient. While in the state hospitals, private rooms are only reserved to serious cases, in private hospitals anyone who can pay for a private room and private nurses can have them. It is customary in Nigeria to pay all medical fees in advance or at least on the same day as treatment is offered. Pay as you go is the slogan and patients are not allowed to leave hospitals until all fees are paid. This may sound crude to people in North America but not to the Nigerian. Anyone can get sick, but in Nigeria a sick man has two choices. He may go to a state hospital and get everything free, but if he chooses to go to a private hospital, he must be prepared to pay the full costs or face the consequences. In fact, private hospitals sometimes have to be careful and may refuse admission to some patients unless they are sure that such patients could pay the costs. My cousin still runs his own private hospital in Nigeria, and I remember that I used to work for him during the holidays while I attended high school. Usually every person coming to see the doctor passes through our office. Here he

is registered, and we make all efforts to obtain pertinent information concerning the patient as regards to age, address, occupation, etcetera. He pays us a flat fee (doctor's fee), then goes to see the doctor, after which he goes through the pharmacy department where he obtains his medicine, after paying for it. If the patient has received an injection, he also pays the pharmacy department for it. This is the general routine followed by all patients on entering the private hospital.

In conclusion I must mention that most young doctors in Nigeria prefer to work for the State because the salaries are fantastically high, and besides the State services offer adventurous young doctors the opportunity to see the whole country. Doctors are usually transferred from one district to another, or from city to city, within five years. On the other hand, experience gained, while in the civil service, comes in handy when they retire or resign to go into private practice. Still others prefer the State services because they can serve the state and at the same time carry on a limited private practice of their own. The government purposely prefers it this way, because it is aware of the serious shortage of doctors in the country. In the meantime, the government is continually warning the doctors not to allow their minor private practices to interfere with their services to the state.

Dr. Wiggins suggests, "We should utilize facts in teaching so that concepts may be learned and hope that the concepts are what remains after the facts that have been taught are forgotten."