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TO SERVE AND NOT TO COUNT THE COST: THE CHALLENGE AND THE CHARGE

The 4th Biennial Prof. Abayomi Bandele Bandepo Memorial Lecture University of Ile-Ife, On November 30, 2005

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COURTESIES

The book of Apocrypha which is incorporated in some editions of the Holy Bible, there is a great eulogy in Ecclessiasticus 44:[10-15] it is appropriate for this occasion and I read—

"But we will praise these godly men, whose righteous deeds have never been forgotten. Their reputations will be passed on to their descendants, and this will be their inheritance.Their descendants continue to keep the covenant and always will, because of what their ancestors did. Their family line will go on for ever, and their fame will never fade. Their bodies were laid to rest but their reputations will live for ever. Nations will tell about the wisdom of these men, and God's people will praise them.[1]

Memorial lectures carry a level of poignancy that are rather special in themselves. They bring to focus remembrance events and /or persons that may not or should not be forgotten for special reasons. Often, the events that initiate the lecture may carry much pain occasioned by man's inhumanity to man-such as we have on this occasion, the brutal killing of a very precious man, a gentleman, a man of peace! Prof Bandele Bandepo

I am very privileged to follow in the wake of three erudite and distinguished medical giants and scholars who gave the previous Professor Abayomi Bamidele Bandipo Memorial Lectures.

Olajide Olaolu Ajayi Distinguished Professor of Surgery and Chief Medical Director of the University College Hospital Ibadan when he delivered the first lecture in 1996. Umaru Shehu-Emeritus Professor of Public Health whose name speaks for itself.

Oladipo O. Akinkugbe Emeritus Professor of Medicine, University of Ibadan NNOM CON an embodiment of all round excellence

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I fellow in utter humility these great men, as you can well imagine, with trepidation, after reading their superb lectures. I will not, cannot dare to match the excellence of their lectures and will seek no excuses. I would like however to ask the MDCAN to please give lectures so as to make them worthy of the memory of a colleague who himself was described as "an outstanding personality, research scientist and scholar" by Prof Ajayi at his funeral oration

I would therefore offer as a start extracts and snippets from previous lectures to provide a trend and continuity as we seek to do honour to our departed colleague and chart a path and course for our association's future. Prof Olajide Ajayi [2] delved into history and said inter alia

"The history of medicine rose from and still resides in compassion. An incompassionate society cannot, therefore, perceive healthcare as one of its national objectives".

He also lamented the death of Prof Bandepo as fellows:

This gentle and humane doctor and medical administrator died violently in the hands of those he served so diligently, so loyally and with so profound attention.....".

Prof Oladipo Akinkugbe [3] in the third biennial lecture ended his lecture like the profound physician and philosopher and colossus he is with the great six IFS.

If only Nigeria can get its act together as the "players' level".... The Ministers of Health, the Primary, Secondary and Tertiary Health Care agencies and Institution. the Educational Institutions charged with the training of professional health manpower, and Medical Research Centres

If only the consumer public can be made aware of the dangers that lie ahead in not taking heed of preventive measure.

If only counseling, advocacy, information, education and communication can be vastly improved to encourage the generality of Nigeria to take their health more seriously

If only the basic infrastructure (potable water, rural/urban electricity), nutrition, and education can be better integrated to be made more functional.
If only the economy could be made to improve to the extent that every Nigerian goes to bed with a full and satisfied stomach.
And if all of the foregoing were even half-guaranteed.
Adams Smith's social contract in his Wealth of Nations would be near to consummation and Health would restore itself to its rightful definition of a state of mental, physical and social well-being, not merely the absence of disease.
Nigerian's millennium year ranking of No.187 among the 191 nations of the world not continue to be described paradoxically as a country 'too poor to be rich and too rich to be poor" Then and only then will we be reliving the memory of Dele Bandipo in the words of Horace (65-08BC-) "Non Omnis Moriar" (I shall not altogether die)
But we cannot continue to dwell in that pain or permit the wickedness of that event continue to drive us into bitterness and the wish for vengeance or despair.
Bill Clinton, the brilliant erudite young President of USA 1992-2000 ad in his book " My life" told the moving narrative of his memorable visit to Rwanda where the worst of human bestiality showed up in the genocide of 1994. I quote him.
"The survivors told me their stories. The last speaker was a dignified woman who said her family had been identified to the rampaging killers as Tutsis by Hutu neighbors whose children had played with hers for years. She was badly wounded by a machete and left for dead. She awoke in a pool of her own blood to find her husband and six children lying dead beside her. She told Hillary and me that she had cried out to God in despair that she had survived, then came to understand that my life must have been spared for a reason, and it could not be something as mean as vengeance. So I do what I can to help us start again" I was overwhelmed; that magnificent woman had made my problems seem pathetically small. She had deepened my resolve to do whatever I could to help Rwanda"[4]
We will rather use this occasion to address ourselves to making the MDCAN achieve the objectives foe which it was truly established.
The second reason is that honour must continue to be done to the memory of the excellent qualities of our late colleague and what he stood for a because this lecture was established post-humously;, it reflects the deep affection and respect in which he was held. He neither lobbied for nor canvassed for it but it stands testimony to his sterling qualities and the value for which he stood and for which his life was taken.
The testimony of these lectures will comfort his family that evil will never triumph over good.
The late Prof. Bandepo was one of us the Medical and Dental Consultant' Association of Nigeria. At our inception we bound ourselves by certain principles which defined our aims and objectives which read as follows:[5]

1. To promote the achievement and maintain tenancy of the highest standard of health services throughout Nigeria
2. To uphold the ethics of the Medical and Dental Professions at all times.
3. To promote the professional development of health and Allied Sciences.
4. To consider regularly National Health issues and advise Government appropriately.
5. To advise on Consultancy Services in the various health institutions in Nigeria
6. To promote the welfare of all Dental Consultants in Nigeria
7. To co-operate with organization which have similar aims and objectives

Examined in its totality, the raison d' etre for the existence of our association may be said to be laudable and has very good intentions. The aims and objectives testify to that. But beyond theses intentions, what we may ask ourselves have we achieved? Have we been an effective, cohesive and dynamic force to reckon with? Have we addressed the objectives and aims positively? We have existed as an organization for over 14 years-Our constitution amended severally. The last being on August 28,1999 [5] While this memorial lecture will not be focused mainly at shortcomings and failures, we should identify some of our weak points and find out how to deal with them
It must be admitted that, putting a depressing situation mildly, our morale is not high. Politically we have lost greatly in status. Professionally, we had attained much higher level of excellence, proficiency and competence overall than we may currently claim. About 30 years ago, more than one of our University Hospital could carry out immunofluorescent studies and election microscopy. A number of laboratories can produce world standard vaccines. Our theatres, wards and clinics were brimming with activities in health care and research, also of world class and standard. Our medical, pharmaceutical, engineering and science graduates received international recognition and acclaim. It was good to be a Nigerian scholar and a product of Nigerian institutions. Today, we are not able to do as well as thirty years ago-putting it mildly. It is true to admit that standards have fallen seriously.

Regretfully, we failed to observe the elementary but fundamental rule that once we set on the slippery slope we head for the abyss and may only be stopped perchance, by a force capable of not just stopping the crash but which on impact may shatter us to smithereens! Curran Philpot in his Speech of 1790 rightly said ....

"The condition upon which God hath given liberty to man is eternal vigilance; which condition he break, servitude is at once the consequence of his crime, and the punishment of his guilt" [6].

Vigilance had no meaning to us and the Nigeria Scholar and his institutions got totally crushed and decimated under reactionary and violet forces of anti-intellectualism. Many abandoned ship and fled for safety and survival. The brain drain phenomenon set in with a vengeance and disastrous consequences on scholarship, scientific and technological advance which still haunt us. The outcome set our country back eons!!!

Today, it is common to hear laments about how backward we are even from those who played major role in pushing us over the cliff!!!

Among the few medical scholars who dared to stay, offering the best they could of self, service and leadership was our dear colleague Prof. B Bandipo of blessed memory. It must be obvious to the most casual player in the game, that medical scholarship has suffered most disastrously as our hospital were allowed to undergo untold decay from over 30 years of neglect. Meanwhile our product who escaped from the depressing state have blossomed and added great value to other nations in excellence of service and research. Equally depressing, the best of the product that the institutions have struggled to are still migrating!!! The humble University of Ilorin has over 50 of its medical graduates abroad-three quarters of them already specialist in various fields ... Think of Ibadan, Lagos, Benin, Zaria, Enugu, Port Harcourt and others put together !

The magnitude of the problem is profound, and continues to persist. We have not succeeded yet to convince our young and promising doctors trained at great cost by our National and West African Postgraduate Medical Colleges to stay and rebuild the home front. You just need to ask anyone of them!!! They are waiting for a chance to emigrate. This is one of the challenges that has to be addressed by MDCAN- in my view. No one else will come to build our nation to excellent scientific and medical standards. Our association must seek to stop the brain through a deliberate counteraction. The second thought I wish to lead us through is to direct a beam of light onto our Association.

How do we see ourselves?

How are we seen by others?

The hospital authorities with whom we work.
The Nigerian Medical Association
The National Association of Resident Doctors
The Government
The Ministry of Health and Education
other similar associations

How do we compare and contrast?

1. Do we see ourselves as a strong, virile, serious and cohesive body which command respect and allegiance? How well do we attend our conferences and what comes out of resolutions at the end of such meetings? Are we disciplined in respect to the ethics that govern our profession? If we would be fair to ourselves, we would score our-selves well below pass mark!
2. Do we carry the respect of the institutions in which we work where the Chief executives from our own rank and file? Or are we thoroughly compromised by the time we got to the post that we are no longer creditworthy? What positive impact of have our CMDs' made towards the upliftment our association?
3. How do we relate and interact with NARD especially during trade union conflicts? Do our junior colleagues really respect us and do we exert any positive influence on their sometimes disruptive actions e.g strikes
4. Do we ourselves go on strikes? Do we have any views on strikes? Have we any moral authority as an association during conflicts> Do we care if our patients suffer and/or die during crises or do we take advantage to feather our own nests? Does our paid job suffer from conflict of interest of our own private practice? Are some of our actions ethically correct?
5. How do we stand in relation to the Federal and /or State Government? Article iv of our constitutions says "to consider regularly National Health issues and advice Government appropriately" We must ask ourselves if we carry out this function pro-actively on only perfunctorily when there are crises.

6. Finally, how well do we protect or see to the welfare of our members especially when they are in trouble with the law enforcement organization e.g Nigerian Medical Dental Council or the Law Court? Do we abandon them to themselves.... Everyone to himself, God for us all!!!

Do not misunderstand me, I am not advocating defence of felony or unprofessional conduct, but an erring colleague rest assured that he or she will be humanely considered? If he is "sentenced", do we have any counseling towards his/her rehabilitation? These are issues to consider either as an association or in conjunction with the Nigerian Medical Association to which we all belong.

Our third line of thought I would like to focus on or address, considers a possible philosophy for the Nigerian Consultant Physician by physician of course. I include Surgeon, Dental surgeon, Physicians etc all of us.

How can we bring ourselves away from the "morass" or pit of despair and cynicism in which we have found ourselves back to the pedestal of respectability to which our profession was known and deserve to belong?

I. Therefore has to be a will and a firm resolve for re-awakening and reform.

II. Therefore has to be an iron-cast decision to accept discipline in our association

III. A clear cut course of action must be charted and pursed.

What I am constrained to challenge our association to addressing is a very difficult and indeed controversial. The issue or resorting to STRIKES- even as a last resort and when dealing with an inconsistent authority which dose not keep its own side of an agreement reached. That denies us the appropriate instruments/equipment and condition conductive to functioning adequately and sometimes basic and elemental rights. I repeat what Prof. Olajide Ajayi said the history of medicine rose from and still resides in compassion.

THE CHALLENGE POSED BY STRIKES

Are strikes just, justifiable and/ or ethically/morally tenable in the medical profession? There is no profession with the authority on and responsibility for life like the medical profession.

By our actions or inactions, life may be saved life may be lost, life may be damaged, life may be ruined .....

Every discipline or subsection of medicine bears critical relationship to the welfare of individuals, families and communities etc.

Abandonment of our services as physicians in certain circumstance can result in certain death for the patients in our care. Furthermore, lives that would have been saved may come to an abrupt end e.g. Road Traffic Accidents, Obstetrics emergencies obstructed labour bleeding as in antepartum, intra or post-partum haemorrhages ..... involving both mother and infant!!!.

Convulsing children, anaemic children cerebral malaria; in Surgery, - GIT catastrophes, chest injuries etc. just where do we stand?

Whilst it is fair and proper to fight for our rights, can we justify gaining such rights at the expense of the irretrievable damage or losses associated with doctor's strikes? How do we reconcile the tenets of our professional declaration of the Hippocratic Oath Geneva Declaration- which we faithfully affirm at qualification? **AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:**

I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity.

I WILL GIVE to my teachers the respect and gratitude which is their due

1 WILL PRACTICE my profession with conscience and dignity:

THE HEALTH OF MY PATIENT will be my first consideration,

I WILL MAINTAIN by all means in my power, the honour and the notable tradition of the medical profession

MY COLLEAGUES will be my sisters and brothers

I WILL NOT PERMIT consideration of age, disease or inability, creed, ethnic origin, gender, nationality, political, race, sexual orientation, or social standing to intervene between my duty and my patient

I WILL MAINTAIN the utmost respect for human life from its beginning even under threat and I will not use medical knowledge contrary to the laws of humanity

I MAKE THESE PROMISES solemnly, freely and upon my honour.[7]

How do we feel if we find ourselves at the receiving end-should we (ourselves), our spouses, our children or close relatives die or get irretrievably damaged because of doctor's strike? I dare say it may happen?

I make bold to say that we have lost a lot of respect and sympathy of the public we serve as a result of our frequent strike? What of the militancy of our younger and more dynamic (?) reactive colleagues? Do we, or can we exercise any form of moderating influence in conflict resolution when such conflicts arise with management either at local or national levels. Does the NMA reckon with us at all as a force?

I want to challenge the MDCAN to address the issue of strikes which really is anti-thetical to the tenets and ethics of our calling.

Our profession or calling, seen as a job or means of livelihood permits us under the labour laws codes

acceptable internally to resort to strikes when negotiations fail to enforce our right to compensation and fair wages for work done. This means that we must submit our professional code to labour laws. There is however not one of us who will not agree that ours may not be regarded in ordinary parlance as a job or work undertaken for pay. I do not see how a doctor can be paid due wages for saving lives!!! Just what sum of money as value can we put on life? I think doctors have to be remunerated at the highest level in the country-whichever that may be! The MDCAN should demand a commission to look into this in peace times- not during crises or conflicts when rational thinking is often difficult.

An MDCAN worth its salt should be able to order its junior association, the NARD- either not to go on strike or order striking younger doctors back to work- and such orders would be promptly obeyed. But such respect can only be eared, after agreed and cast iron terms have been worked out. The authorities should respect and accept decisions endorsed and recommended by the MDCAN because they bear the stamp and authority of a respected body.

I do not know if the state or Federal Government agencies have any respect whatever for our association? The need for us to be recognized as the authority that speaks for Nigerian Consultants (Doctor and Dentists) is paramount.

I do not wish to raise what I have outlined as problems only, without proffering solutions for them. I will want to suggest as follows

1) We must set up a "THINK TANK" to look into and plot/chart strategies. Such Think Tank work out short, intermediate and long-term strategies for implementation.

   Short term: 6 months 1 year
   Intermediate term
   Term 1 + year-2/3 years
   Long term 3+years

   b. We must serve notice to our members to come prepared to debate/consider our short-term strategies at the next general meeting .There must be adequate and binding consensus following such careful deliberation

   c. Resolve to implement and respect decisions reached to the letter.
   d. Receive from our Think Tank intermediate and long term proposal for further consideration and actions.

2) A firm code of conduct must be fashioned out which is binding on all members of the association. This code must be affirmed on admission to the membership (I do not know if there is such provision presently) The legal nuances' and cautionary inserts should be appropriately written in. Penalty for serious infraction of the code should be provided.

3) Our relation with the NARD, which ought to be the "junior" wing of our association, should be redefined- if it was ever defined. No one remains a resident doctor for ever! It is a passing phase and stage.

The abundant energy, drive and mental zeal should be properly harnessed towards positive goals and achievements. Presently, it is identified too closely with too many negative factors-conflicts, strikes and confrontations with authorities etc. A harmony of intentions and meaningful plan for a great tomorrow for our profession ought to be forged between the two bodies. The residents must be made to know that extreme radicalism of Trade Unionism is incompatible with the true compassionate spirit demanded by our professional dictum enunciated in our Hippocratic Oath and/or the Geneva Declaration we attested to at qualifying as physicians. The Think Tank must work out the meeting for past and future harmonization.

Clause 4 of the objectives of our constitution reads "to consider regularly National Health issues and advise Government appropriately." This clause I find very profound and challenging. Our Association must address this and take the initiative which if critically implemented, we will receive the recognition and attention we are entitled to from the people and government of our great country Nigeria.

In conclusion, we must add our voices to the alarm sounds occasioned by the rampaging pandemic of HIV/AIDS in our nation. It is of catastrophic proportions. In the NICU (where I attend mortality/morbidity sessions every Monday) we serve as referral center and receive series of infants born to HIV positive mothers. Most mothers with active disease do not survive. Many (if not most) had no care to preventive the mother to child transmission of the disease and have been breast fed copiously before reaching us. Most infants do not survive beyond 6-9 months. An occasional child has survived, who was <u>never</u> breast fed, the mother having died a few hours after child birth. Such cases are few and are orphaned. The nation's effort to halt or slow down the pandemic is gathering momentum but, is it too little coming too late? All hands must be on deck to save the nation from the threatening disaster.

I want to believe that we are at the threshold of the new dawn. A safe transition into continuous democratic dispensation and governance will certainly make our health institutions more atuned to

meeting the needs that we serve. We would never descend back into the unresponsive and oppressive state which while deliberately starving our institutions the means to serve accuse us of being unproductive.

The life of our dear friend and colleague cut short at its prime not be lost in vain but become the eternal spring urging us on TO SERVE AND NOT TO COUNT THE COST

I THANK YOU

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