



THE PHYSICIAN NOT THE DISEASE: IMPLICATION OF CLINICAL IATROGENESIS ON HEALTH DELIVERY SYSTEM IN KEFFI, NIGERIA.

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Abstract

Clinical iatrogenesis is seen as an “epidemic” that has bedeviled the modern medical institution that is being practiced in the hospital/clinics. This study was set to find out the implications of this epidemic on health delivery in Keffi. It aimed to find out the factors responsible for persistent occurrence of clinical iatrogenesis in Keffi town, its implications on health delivery and then proffer solutions that will curb its existence for an effective health delivery in Keffi and Nigeria at large. The data used for the study were collected through the administration of questionnaires, focus group discussions and observations made on the sampled population. Data were qualitatively analyzed in simple frequency and percentage table based on the one hundred and ten retrieved questionnaires. Misdiagnosis, illegible handwriting, wrong prescriptions, unnecessary/wrong surgical operations, improper keeping of patient’s records, impatience of practitioners, the monopolistic nature of practitioners over patients among other factors were discovered to be the causal factors to clinical iatrogenesis. This has negative implications on health delivery in Keffi. Thus, the government should encourage the training of more medical practitioners, in-house training/seminars/workshops to update practitioners’ knowledge on the use of modern tools, development of an effective policy that will ensure that negligent practitioners are appropriately discipline, disclosure of practitioners’ negligent acts among others. This will eradicate or reduce the occurrence of clinical iatrogenesis in Nigeria.

Keywords: *Implication, Clinical iatrogenesis, health delivery*

Introduction

Iatrogenesis is composed of two Greek words, “iatros,” which means physicians and “genesis,” which means origin or causes. The World Health Organization (2021) defines it as "any harmful and unwanted reaction related to the taking of a medication and occurring incidentally" and then excludes poisoning, errors in prescriptions, overdoses and self-medication. The frustration that has become obvious from the experience of iatrogenesis in both private and public health sectors in Nigeria, has reached an alarming stage that a review in the health sector is now inevitable or self-extinction of citizens will become the alternative. It has now become a norm for somebody to go into the hospital for treatment and come out with more severe infections (Abel & Emmanuel, 2022). The situation is even more difficult as hospital’s regulatory authorities seem to be indifferent about patient’s safety and quality management in our hospitals and clinics. Modern medicine practitioners ignore preventable hospital infections and serious medical errors. Medical practitioners in Keffi and Nigeria in general, even go as far as denying the public access to valuable information about the rate of unrelated infections while in the hospitals receiving treatment (Abel & Emmanuel, 2022). In and around Nigeria, hospital/clinic infections have led to a substantial number of deaths annually. If hospital information were made public, people would have known the hospitals with a good record of infection management. Medical errors are alarmingly common in hospitals/clinics in Keffi; but very few results are made public, and only when the victims are literate enough and are able to defend their course. If not, the usual story is to give a reason.

Clinical iatrogenesis in health care posed a serious threat to patients’ safety, especially in low-income countries like Nigeria where the level and quality of medical service is very poor. In Nigeria for instance available data shows that there is one medical doctor to every six thousand people in the population (WHO, 2021). Knowledge of the occurrence of clinical iatrogenesis in our health sectors (especially the public hospitals/clinics) is inadequate (Abel & Martha, 2022). What people know is based on conjecture as little scholarly research has been conducted and disseminated in the area of clinical iatrogenesis in Nigeria/Keffi. In a more general sense, clinical iatrogenesis comprises of all clinical conditions of which the remedies, physicians, hospital/clinics are the pathogens or the “sickening” agents. The clinical iatrogenesis is the focus of this study. Hence, it is not news again to see patients in the emergency section and even in the in-patient rooms languishing

in pains because of delayed medical attention that may be as a result of medical practitioners' non-official engagement. The essence of this study is to find out the root causes of clinical iatrogenesis, its implications on the lives of Keffi citizens and then, make a concise recommendation that will be relevant in solving the iatrogenic syndrome in health delivery in Keffi. This work will also bring to the notice of the general public, the complications imminent in the negligence in modern medicine; so that patients could be alerted to seek for redress in curbing induced harms by medical practitioners.

The Study Area

This research is carried out in Keffi town. The town was found in 1802 by Fulani cattle rearers called Abdul Zanga who came to Keffi from Katsina. Through invasion, Zanga and his kinsmen expanded their control over the entire land of Keffi and established it as their territory. Keffi Local Government was later created in 1976 from the former Benue – Plateau State, but presently is one of the oldest local government areas in the present Nasarawa State of Nigeria. The town shares common boundaries with Kokona Local Government in the South. Keffi is the gate way to the nation's capital (Abuja) from the eastern part. The Local Government is headed by a chairman while the custodian of the tradition in Keffi is headed by first class chief or Emir. The people of Keffi are acquainted with three religions which are: Christianity, Islam and Traditional religion. The economy of Keffi is centered on Agriculture while the primary economic activities include farming, rearing of animals and petty trading. Linguistically, the people of Keffi are primarily very fluent in Hausa language while the educated ones also speak English language as a second language

Theoretical Framework

A theory is a set of ideas that provides an explanation to some or a phenomenon (for human society). The development of sociological theory has seen the increasing emphasis on science, not only on college and universities, but in society as a whole, thus, it is necessary that every research is backed up by theoretical perspective; this gives the research work a framework on which the findings can rest.

The counter-productivity of modern medicine has led to the death, maiming and the sickening reality of the medical institution on several occasions. This counter productivity resulted from the combination of several variables such as negligent, carelessness, institutional and intellectual monopoly, greed, poor handwriting, labeling of drugs, death infrastructure, among other variables.

For the purpose of clarity, two theoretical perspectives were used: the symbolic interactionism and the Marxist perspectives- to x-ray the phenomenon at hand. The symbolic interactionist perspective is concerned with examining the interaction between the different role players in the health and illness drama. Their focus is on how illness and the subjective experience of being sick are constructed through the doctor-patient exchange. While the Marxian perspective sees medicine as a major social institution, and in capitalist societies, it is shaped by capitalist interest.

According to the symbolic interactionist perspective, identity is created through interaction with others. Learning to be a social being means learning to be in control over this process by managing the impression others have about us. This creative capacity is apparent when we play the role of patients in our encounter with health-care practitioners. Practitioners also, attempts to create impression of themselves for us.

Most studies have shown that the power element in doctor-patient relationship is significant with doctor-centered interactions being the most common (Bryne& Long, 1976). Stewart &Roter (1989), have constructed a contrasting classification where the patient dominate, exercising a strong paternism over subordinate clients. The power element in doctor-patient relations is particularly significant when a patient is allowed to enter the hospital. following the classic analysis of the institutionalization of the health institution by Goffman (1968), interactionist research into hospital life focus on the claim that the hospital regime is designed to restrict the opportunity of patients to fashion their identities. Hospital life mirrors life in other total institutions such as prisons, mental hospitals, convents and so on. Patients' power to control their identity is reduced as much as possible as soon as they are ill and admitted in the hospital.

The interactionist perspectives focus on power relations in the construction of health and illness. It brings to light the unequal distribution of resources available to health practitioners and patients in home visits, in the surgery, at the out-patient clinics or hospital wards.

Thus, the patient will never know about the danger of a drug unless another drug to replace it is available. Since it is them (medical practitioners) that has the power to label a patient as ill or not ill. Mendelson (1983), once said "modern medicine would rather you die using its remedies than live without using it. The pediatricians' reckless prescription of powerful drugs indoctrinate children from birth with the philosophy of a drug for every illness. Doctors are directly responsible for hooking millions of people on prescription drugs (Robert, 1983 retrieved). The doctor further observes that almost every stage obstetrical

procedure in the hospital is part of the mechanism that enables the doctor to create his own pathology. He said that the vaccine is not in any way safe and are far more dangerous than the disease (Robert, 1983).

Methodology

The survey design method for the collection of data from the sample population is used which entails the gathering of information about a large number of people by collecting from a few of them. For the purpose of scientific deduction, a sample size of 130 respondents were selected cutting across four categories of social actors (such as civil servant, health workers, businessmen/women and students) who have reached 18 years of age, residing in the four selected areas (AngwanLambu, DadinKowa, GRA and Angwan NEPA / Federal Medical Centre region of the town. The quota sampling procedure; a type of non-probability sampling method was adopted. This sampling procedure divides the society into different quotas from which a representative sample is collected. Thus, out of the four quota areas: AngwanLambu has 30, Dadinkowa has 30, GRA has 30 while Angwan NEPA/Federal Medical centre region has 40 representations respectively according to their population size. The primary data were collected using many of the existing techniques like observation, interview, questionnaires and focus group discussion. The questionnaire and focus group discussion were adopted for the collection of data for this project. Basically the questionnaire schedule was divided into two sections; A and B. Section A consists of personal bio- data of the respondents (age, sex, marital status and their occupation) while section B contains general questions on clinical iatrogenesis, its implications, causes, among others.

Also the concept of clinical iatrogenesis was simplified for easy comprehension in order to get the right information from the respondents. It is referring to harms done by medical practitioners' negligence/carelessness to patients in the "IN" and "OUT" of clinics/hospitals.

Data Analysis and Presentation

Socio-demography characteristics of the respondent

The age range, sex, marital status and occupation of the respondents were analyzed as follows. It indicates that 52.73% (58) are male, 47.27% (52) females; with 32-38 years representing the largest age range, 46.36% (51) of the respondents are married while, 39.09% (43) are single, also most of the respondents are civil servants with 37.37% (41) followed by students and health workers with 30.91% and 22.73% (25) respectively.

Distribution of respondents' views on how often they experience clinical iatrogenesis in Keffi

The above title indicates respondents' awareness of the incidence of clinical Iatrogenesis in Keffi. 33.64% (37) of the respondents often witness or hear about the occurrence of clinical iatrogenesis in hospitals/clinics in Keffi.

Distribution of respondents' knowledge on the carelessness and negligence of other health practitioners' in Keffi

The above title indicates that about 81.18% (97) of the respondents have knowledge of the negligence/carelessness of medical practitioners in hospitals/clinics in Keffi. It is clear that clinical iatrogenesis (harms resulting from Doctors/Nurses and other health practitioners' negligence/carelessness) is a known social problem. It can also be inferred that people submit themselves for treatments in Keffi, not because they were ignorant of this counter-productivity, but because of lack alternative health delivery system, other the glorified hospitals/clinics. It also implies that majority of the respondents are familiar with this "epidemic".

In response to a similar question in the conducted focus group discussion; the respondents opined that clinical iatrogenesis is like a hidden secret in Keffi. That is to say most people are aware of how negligent/careless many practitioners have been and the attendants result of deaths and injury of patients. The patients don't litigate because of poverty and lack of burden of proves demanded for such litigation. One of the respondent quotes, "the reason hospitals continue in this carelessness is because medical negligence is not disclosed and people don't litigate in Nigeria".

Distribution of respondents' views on the rate of occurrence of clinical iatrogenesis in Keffi

The majority of the respondents which is 31.81% (35), agreed that clinical iatrogenesis is on a very high rate. This means that about 45.45% of the respondents that its occurrence is high. This is in consonants with Illich, (1976) claim that the harm of the modern medicine as practice in the hospital is more than the expected benefits this also agrees with the findings in the journal of America medical association (2000) that postulated that death resulting from the negligence/carelessness of medical practitioners is the third leading cause of death. This result corresponds with result of focus group discussion to a similar question; where it was agreed that the negligence/carelessness of medical practitioners in

Keffi is very high and it is associated with both public and private hospitals/clinics in Keffi; with higher percentage in the public.

Distribution of respondents on people who became handicapped/died as a result of clinical iatrogenesis in Keffi.

The distributions above shows that 51.82% (57) of the respondents have knowledge of people who became handicapped/died as result of clinical iatrogenesis in Keffi. This agrees with the health news publications of January 28, 2004:28 that quoted Oladipo; a hospital administrator as saying that “every year at least half a million hospital patients are either harmed or killed by doctors, nurses and other hospital workers” This could be one of the reason why there are so many handicaps in Keffi town who turn out to become beggars on the streets.

Distribution of respondents’ view on nonchalant attitude of medical practitioners towards patients in Keffi.

The above indicates that 50.91 % (56) of the respondents agreed that medical practitioners in Keffi have been very rude to them at the course of interacting or seeking for medical attention. This implies that the doctor-patient relationship is not cordial in Keffi’s hospitals; thus, psychologically, patients seeking for health care are destabilized before being attended to.

It was also agreed in the focus group discussion that medical practitioners (especially doctors and nurses) are rude to the patients that they are paid to comfort and cater for.; especially practitioners in the public hospitals in Keffi. At the time of discussions instances abound were doctors and nurses were seen raining abusive words on their patients who struggle to express their feelings (women in labour) or because they have a stigmatized illness (HIV/Aids patients). One of the nurse respondents said, “sometimes, doctor say they are not on duty or they have closed – even in emergency situation - so sometimes the patients die”.

Distribution of respondents’ views on the victims of clinical iatrogenesis in Keffi

The distribution shows that 71.82% (79) of the respondents agree that all category of people in Keffi have suffered from the negligence/carelessness of medical practitioners in the hospitals/clinics in Keffi. That is to say it is not only a specific category of people that are victims of clinical iatrogenesis but anybody could be, not minding whether such person is an infant, a youth or an adult. This means that the effects of clinical iatrogenesis does not spare any category of people. However,

the categories of people that suffer most are usually children and youths. This is because the children are more vulnerable to epidemics and diseases, while the youths form the larger proportion of the active labour force and thus more associated with accidents and victims of clinical iatrogenesis, since this category of people form the larger proportion of patients.

Distribution of respondents' views on the class of people that are victims of clinical iatrogenesis in Keffi

From the population sample, it shows that 81.82% (90) of the respondents opined that the poor are the main victim of clinical iatrogenesis in Keffi town. This is because the rich have the means to either pay for extra care or go to other city/abroad where they can find a more humane environment for their health needs. From the above table it can be deduced that they rich are given special treatment in the clinic/hospitals in Keffi because of their wealth. This could be seen as the main reason for the creation of private wards for this class of people, so that even their care and treatment is done in a private way as their money can command (Obom-Egbulem, 2009).

Similarly the result of the focus group discussion on the same question was in consensus with the above result. It was agreed that the poor suffer most from the carelessness/negligence of medical practitioners, since most of the rich people because of their social status command more respect and they have what it takes to change from one hospital/clinic to more expensive ones whenever they are treated harshly/ negligently in one.

Distribution of respondents' views on the fact that clinical iatrogenesis leads to the deaths of patients in Keffi daily.

The above heading shows that 32.73(36) of the respondents agreed that clinical iatrogenesis leads to deaths/injuries of patients in hospitals/clinics in Keffi daily. Also another 20 % (22) of the respondents agreed that clinical iatrogenesis is alarmingly on a high rate that leads to the deaths/injuries of patients daily in Keffi. This makes a total of 52.73 % (58) of the respondents that agreed that several deaths in Keffi resulted from clinical iatrogenesis (avoidable harms caused by medical practitioners to patients); (Ruby, 2011:6).

More so, there was a consensus among the health workers who participate in the focus group discussion that at least twelve (12) people's illness were aggravated as a result of negligence/carelessness of medical practitioners, and at least four (4)

deaths in a week result from such avoidable mistakes. This is aside deaths from unavoidable mistakes.

Distribution of respondent's views on the major ways that clinical iatrogenesis is perpetrated in Keffi's hospitals/clinics.

The distribution above indicates that 52.73%(58) of the respondents opined that the main ways that clinical iatrogenesis is perpetrated in Keffi's hospitals / clinics are through diagnosis (wrong medical test result), wrong prescription of drugs by partitions, to patients' wrong surgical operation i.e. Surgical operation on the wrong parts of the body or a wrong method of operation and eligible handwriting of medical doctors , that sometimes lead to the dispenser of wrong drugs / injection (Oyebode, 2006), (Manhood Magazine, 2009:10), Abayomi,w www.enextnews.com). Most of the respondents are of the view that wrong prescription / wrong dosage administration /wrong or inappropriate surgical operation are the most frequent means of clinical iatrogenesis is perpetrated in Keffi.

On the other hand, the result of the focus group discussion on the same question tallies with the above result from the questionnaires. It was agreed that from experience, the main means of perpetrating clinical iatrogenesis are wrong laboratory test result, wrong prescription of drugs, improper keeping of patient medical result, illegible handwriting, arrogated knowledge on the part of practitioners, lack of patience by practitioners, indifferent attitude towards patients' pleas by medical practitioners, etc.

Distribution of respondents' responses on their support for the disclosure of clinical iatrogenic incidence to patients

The distribution above shows that 60% (66) of the respondents support the ideal that incidence of clinical iatrogenesis should be disclosed to patients or their relations if the trend of clinical iatrogenesis is to be halted or reduced to the barest minimal. This will expose hospitals / clinics in Keffi, that are prone to clinical iatrogenesis; 29.09 % (32) of the respondent disagree. Positing that, that will be inimical to the health system in Keffi, since it will make medical practitioners to be tensed up in carrying out their duties.

Also, in line with the above, there was a consensus among the respondents' incidence should be disclosed to the patient or at least, the relative of the patient. This will make them to know the reason /causes or their unceasing illness. This will give room for litigation when necessary, and thereby curtail the excesses of

the medical practitioners. However, four of the respondents out of the twelve (12) disagree with the idea of disclosure of such harm, arguing that it will make practitioners to be tensed up while treating patients.

Distribution of specialists that make avoidable harmful errors due to carelessness/ negligence because of too many patients at their disposal

The above indicates that 32.73% (36) of the respondent agrees that the prominence of clinical iatrogenesis is because of too many patients at the treatment roll of a medical doctor per time, the argument is that in some public hospital in Keffi, the ratio is a doctor to fifty (50) patients (FMCK, Annualreport, 2010).

On the other hand , this also indicate that about 23.64%(26)and 22.23%(25)of the respondents strongly disagree and disagree respectively , that patients ratio to medical practitioners is the main reason for the negligent act .This shows that a total of 46.36% (51) of the respondents disagree that such carelessness/negligence is because of too much patients at the disposal of the medical practitioners.This is In consonant with the responses of the focus group discussion , where the respondent argues that most negligence of the medical practitioners were done when there are few patient to be attended to. They opined that such negligence / carelessness is because of in patients and arrogance of some medical practitioners. Also it was argued and consented that the exploitative nature of medical practitioners (especially medical doctors and pharmacists,) who divest drugs and other public hospital tools and equipment to their private hospitals, where they change exorbitant price for any treatment in order to maximize profit also contribute to poor treatment of patients. The desire for higher profit has become one of the reasons why surgeons sometimes carry out unnecessary surgical operations on patients, since it commands higher price; this higher profit but at the detriment of the patients 'health.

Distribution of respondents' views on the kind of discipline given to practitioners that harm their patients negligently

The above heading indicates that bulk of the respondents representing 41.82% (46) opined that such practitioners are to be sent for further studies/orientation before they are permitted to practice again. 32.73% (36) of the respondents suggested that such practitioners should be disqualified from practicing as medical practitioners.

A similar question in the Focus Group Discussion (FGD) was concluded that such practitioners, if their action is certified as avoidable errors should be held responsible to pay for the damage and then asked to go for further training before

practicing again as a practitioner. Few members of the group (FGD) argued that such practitioners should be killed, positing that it is only when medical practitioners begin to experience the same fate as their patients, just the way Pilots suffer with their crew for any carelessness; the practitioners will remain negligent at the course of discharging their duty.

Distribution of respondents' views on obsolete and inadequate equipment to the patients in Keffi

The above title indicates that the bulk of the respondents representing 45.45% (50) agree that obsolete and inadequate hospital equipment contribute to clinical iatrogenesis in Keffi. A total of 69.09% (76) of the respondents at least agreed that obsolete equipment is one of the causes of clinical iatrogenesis in Keffi.

Distribution of respondents according to their rate of visiting the hospital / clinic in Keffi.

The distribution in table 4.16 above shows that a total of 88.18% (97) of the respondents visit the hospital or clinic in Keffi out of which 39.09% (43) representing the bulk of the respondents often visit the hospitals / clinic in Keffi for their health care. It also shows that only 11.82% (13) of the respondents' does not consult the hospital / clinic in Keffi for their health need but rely on other alternative health care gives, such as traditional medicine. This implies that most people in Keffi depend on the modern medicine that is being practiced in the hospital for their health needs.

DISCUSSION OF FINDINGS

This study has shown that Clinical iatrogenesis is a social reality that is associated with the hospital setting of modern medical practices and the practitioners involved are discovered to be mainly responsible for the counter productivities of modern medicine through their negligence and carelessness which in turn has had a wrong effect on the health care delivery and on the health status of patients in Keffi and Nigeria at large.

The negligence and carelessness of practitioners include swrong diagnosis and prescriptions, inadequate experienced medical practitioners; exchange of patient's medical test result in the Laboratory, Profit motivated instead of life saving motivation, Inadequate/Obsolete hospital equipment due to the diversion of some available medical treatment kits and tools for practitioners' personal practice,

although the government still needs to do more in providing sophisticated tools for a better health delivery system.

The resulting effect of the carelessness and negligence of medical practitioners are: amputation of patients from wrong injections, illness recurring from wrong treatment, loss of loved ones, hasty generalization of patient's condition by medical doctors/ other practitioners leading to prescription of drugs based on assumption, death, unwarranted loss of vital body parts as a result of surgical operations, mental disorder, paralysis, cripple, blindness, miscarriage, arising incurable sickness from wrong treatment of a curable sickness from dizziness, hair loss, miscarriage, loss of sight and leg, deafness, loss of womb, cancer, miscarriage resulting from wrong prescription /administration of drugs, inappropriate / unnecessary surgical operation, wrong blood transfusion, miss-matching of patients test results recorded, wrong injections, among others.

It was discovered in the course of this study that the main victims of clinical iatrogenesis are the poor. The rich are treated in the hospital in Keffi with respect in a special way and it was observed that in almost all the hospitals in Keffi, there is an in-built private ward separately reserved for the rich so as to give preferential treatment according to their pocket. It is difficult to address the problems of health inequality between the rich and the poor given the medicals exploitative role over the poor. Only 1.82 % (2) of the respondents admitted that the rich are also victims of clinical iatrogenesis in Keffi, which is very insignificant.

The implications of clinical iatrogenesis in Keffi in the near future is that if nothing is done to checkmate the excesses of medical practitioners in Keffi, a huge number citizens of Keffi in particular and Nigeria in general will continue to be murdered in cold blood, in the hospital the mortality rate of hospital clinic users will increase, the number of beggars will increase on streets and major roads in Keffi. Given that more victims will become blind, deaf, lame, crippled, psychopaths, bed-ridden, perpetual patients, etc. The handicaps will result in to begging or their relatives in other forms of crime, so as to meet their needs for survival in the absence of the government provisions (Researchers' field work, FGD: 2011). The citizens and users of modern medicine in Keffi will continue to see the institution as a force programmes and a route to untimely death .It means that going to the hospital in Keffi is putting one's life at a greater risk and at the mercy of medical practitioners who have gradually lost their passion to save lives for their passion to make more money.

This is significant, since it is in line with Marxian perspectives of health that earlier pointed out that medicine has become a market commodity to be bought and sold

like any other products in the market (Navarro, 1985). In line with Navarro (1985), who opined that despite the fact that more and more is being spent on health, more and more people are experiencing the inefficiency of the modern health system. This put the rich at a better position to access better treatment at the detriment of the poor who could not raise the needed cash.

The interactionists on the other pointed out the unequal distributions of the resources available to health practitioners and patients (Robert, 1983). He opined that medical practitioners prefer to see patients die using their remedies than to see patients living without using it. Thus in Keffi, doctors keep on working on patients (even when it is clear that it is not their areas of specialization) until they have sap every kobo from the patient, then they will direct him/her to the appropriate quarter (researcher's field work, 2011). This is because medical practitioners were indifferent to the plight and conditions of patients (focus group discussion, 2011). This study reveals that clinical iatrogenesis can be reduced to the barest minimum; the training curriculum of the medical college could be upgraded to include social relationship for medical practitioners. The establishment of an effective public complaint unit in all Keffi hospitals/clinics will monitor practitioners operations and compensate the victims of clinical iatrogenesis. The interactionist shares the perspective that clinical iatrogenesis' cases would subside if health practitioners put themselves in patient's shoes. This will make them to understand what it means to be treated negligently. As stated by one of the participants in the FGD "It is time that a few examples are set by the courts on the consequences of medical malpractices, let's not leave judgment to God. Let's start right here on earth. Right here in Nigeria. Right here in Keffi" by instituting action against negligent health providers in Keffi and then in Nigeria,.

Conclusion and Recommendations

From the study it was unveiled that clinical iatrogenesis has led to the deaths of several citizens of Keffi over the years as several deaths in the hospitals/clinics in Keffi is not of incurable disease but clinical iatrogenesis. The study also indicates that several handicaps in the Nigeria society and Keffi in particular were not born as handicaps but resulted from clinical iatrogenic incidence. the poor are the main victims of clinical iatrogenesis in Keffi as they cannot afford to access better health facilities being very expensive. It was observed that clinical iatrogenesis is perpetrated mainly through misdiagnosis (wrong laboratory test), illegible handwriting of medical doctors, wrong prescription/drug administration and unnecessary or inappropriate surgical operations." It was also discovered that one

of the reasons for the increasing occurrence rate of clinical iatrogenesis in Keffi is because most of the medical equipment in-use are obsolete and out of operation. The findings also revealed that most people in Keffi depend on the modern hospitals/clinics for their health needs.

Thus one can say at this point that the health delivery in Keffi is in jeopardy if nothing is done to bring this self-inflicted epidemic to a minimal level and since almost everyone visits the hospital when he/she is sick. If nothing is done to stop this epidemic, a time will come when everyone who visit the hospital/clinic in Keffi will serve as a medical cadaver for teaching medical students. Hence, the need to disclose clinical iatrogenic incidence to the patients or the patients' relatives so as to solve the patient's puzzle of what his true condition is. This will also give the patients' the burden of prove for litigation if the need arises, and it will make practitioners to become conscious of their Hippocrates's oath of saving life first. Conclusively, health delivery in Keffi is being threatened by the present high occurrence of clinical iatrogenesis, which is mainly caused by medical practitioners' negligence/carelessness in prescription, diagnosing, administration of drugs and surgical operation. This has led to and is still leading to the deaths/injuries of many patients in Keffi particularly and Nigeria at large. The trends of clinical iatrogenesis are on the increase given that it is difficult in Nigeria to prove beyond doubts that an error or negligence had occurred in one's care or to actually prove that the mistake is actually "preventable". The needs for burden of proves, illiteracy, cultural bonds and lack of adequate information hinder litigation against medical negligence or malpractices in Nigeria and Keffi in particular. Until the culture of disclosing clinical iatrogenic incidence and medical litigation is ingrained in our society, such negligence, misdiagnosis and unprofessional behavior will go unhindered.

The following are recommended as measures to curb the clinical iatrogenesis epidemic in Keffi and Nigeria at large: the government should purchase modern medical and diagnostic equipment to replace the obsolete ones that are being used in the clinics/hospitals in Keffi. There should be a deliberate effort by government to increase the numbers of medical practitioners in the country, so as to check the monopolistic nature of the few available ones and thereby reduce excessive pressure that the few sincere ones are facing. This can be done by encouraging and enrolling more students in the medical institutions. In so doing they should expand facilities and personnel to enhance this increase. Also, Government should emphasise primary health care as against curative medicine. This is where a lot of these clinical iatrogenesis are committed.

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