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Research Article

Corruption in the Medical Field: Facts from Nigeria

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This study examines the characterisations or portrayals of corrupt practices in Nigeria's medical profession and proffers ways of mitigating such occurrences. It integrates the role of the media in the process. A mixed-method research approach was adopted for this study. Samples were obtained from sixteen out of the thirty-six states of the federation during the survey. The analysis is both qualitative and quantitative, deriving from interviews conducted and questionnaires administered between 2012 and 2018. Follow-up investigations were held between 2020 and 2022. The outcome of the study advocates for sustained orientation and training targeted at the ethical conduct of medical practitioners and also the need for media professionals to intensify efforts in raising public awareness about corruption, its causes, manifestations, consequences, and possible remedies in the medical profession in Nigeria.

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Introduction

Untoward practices in Nigeria's medical profession have a long history. This paper is concerned with events after the country's independence in 1960. Incidents of dishonest practices in the medical profession in Nigeria are strongly rooted in more than two decades of military rule. Six years after independence, Nigeria experienced its first coup d'état and afterwards a prolonged period of military control. Various military regimes overlooked the rule of law and encouraged wanton looting of the public treasury, undermined public institutions and freedom of speech, and instituted a secretive and opaque culture in the running of the government. [1]

And what does corruption in this context mean? Both the World Bank and Nigeria's Independent Corrupt Practices and Other Related Offences Act of 2000 see it as the illegal or dishonest behaviour by persons in power and also the abuse of public office by public officers for private gain. [2] While this is the contemporary meaning attached to corruption, its older and more encompassing meaning, according to *The American Heritage Dictionary* (2011), shows that it refers generally to "dishonesty" and "decay" - something tainted or putrid (decomposing). The synonyms that can further help our comprehension of this thread of meaning include: "to pervert," "to misuse;" "to vitiate," "to reduce the value or impair the quality;" "to debase," "to lower in character, quality, and value," and "to adulterate," "to make impure by adding improper or inferior ingredients." [3] Corruption is not limited to financial misappropriation but extends to the use of materials, time, and the handling of people. It can, therefore, be seen as a communication process involving the abuse of office, which produces gains that are personal, rather than for the public interest or communal good.

While the level of corruption is minimal in some countries, it is overt in several countries of the world. [4] Since Nigeria's independence in 1960, different administrations have shown interest in fighting corruption. [5] Whether this fight has been successful or not is what available data will show. At various levels and in different sectors of the economy, Nigeria is confronting the challenge of corruption among her officials, several of whom are more preoccupied with looting the national treasury than contributing to national development and the well-being of the citizens. [6]

From the extant scholarly articles, as the literature review below shows, there are different definitions, characterisations, or portrayals of corruption and its impact on national development. Reports show that unethical and dishonest practices have eaten deep into the fabric of the nation, raising her corruption index over time. In one of the surveys of 146 countries, Nigeria came only ahead of Haiti in the corrupt-nations' ranking. [7] In 2019, Nigeria ranked 144 out of 148 corrupt countries sampled. [8] The 2020 ranking, the latest so far, positioned Nigeria at 149 out of 180 countries sampled. [9] On this, Abdullahi Mohammed remarked that "the report did not come to many as a shock or surprise; rather, it further re-echoed what commentators had spoken of tirelessly, especially on the level of malfeasance and unbridled corruption by those in government and in corridors of power and authority in the country." [10]

Medical corruption is regarded as one of the most dangerous forms of corruption because of its correlation with matters of life and death. There is a need to speedily address this menace if Nigeria is to achieve the sustainable development goal of promoting good health for all ages at all levels. [11] The Nigerian media has, over time, made a tremendous contribution to the

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development of the country. In its capacity as the national watchdog, it has at various times reported cases of corruption in the medical profession and their implications for national development. As the issues keep occurring and recurring, the press carries out surveillance in the environment and informs society of the situation. The corruption in the medical profession involves various individuals. These include senior and junior administrative officers in health ministries and agencies, health officials and professionals like doctors, nurses, laboratory attendants, and pharmacists, among others. Even the political office holders, charged with the responsibility of overseeing the health sector, namely health ministers, commissioners, and chairpersons of health-related boards and agencies.

Kamorudeen Adegboyega and Simiat Abdulkareem (2012) are of the opinion that wherever corruption manifests, funds intended for aid and investment quickly flow into the accounts of corrupt officials, mostly in banks in stable and developed countries beyond the reach of official seizure and the random effects of the economic chaos generated by such unethical acts at home. [12] There is a growing body of evidence suggesting that corruption in the medical profession undermines the cost, volume, and quality of public service delivery as well as access to, and quality of, patient care. Diverted resources reduce the level of resources and investments available for the public health system on which vulnerable populations rely. In Nigeria's medical profession, the bribery of health professionals, regulators, and public officials; diversion and theft of medicines and medical supplies; overbilling for health services; absenteeism; informal payments; embezzlement; and corruption in health provisioning, favouritism, nepotism, and a range of other practices have been rampant. [13]

The general objective of this study is to determine the characterisation of corruption in the medical profession in Nigeria since 1960 and the role of the media in curbing it. Specifically, the study sought to establish the extent of corruption in the medical profession since Nigeria's independence in 1960; the nature of these corrupt practices and the perpetrators. The study also investigates how corruption in the medical profession affects national development.

Medical Corruption in Literature

In Nigeria, corruption is a confounding phenomenon with many sides to it. Some studies have given different perspectives on why corruption takes place, the dimensions, consequences, and societal role both in aiding and mitigating it. A group of eight scholars, led by Obinna Onwujekwe, a professor of health economics at the College of Medicine at the University of Nigeria, noted that the health sector in low- and middle-income countries like Nigeria is particularly vulnerable because competence and integrity are undermined by poor working conditions and weak systems. [14] The additional challenge for Nigeria "is that there is no clarity on what constitutes corruption in the country's health sector or the different ways in which it manifests." [15]

Corruption in Nigeria respects few or no boundaries. In the medical profession, it takes various forms, such as unqualified personnel being registered by qualified practitioners and even made to be in charge of medical centres and facilities. [16] This emerged from the study conducted by A. Mabadeje, O. Taylor, and T. Ibrahim in 1999. They reported that not only were quacks employed in the medical industry, but they also headed pharmaceutical channels. [17] Mabadeje and his colleagues identified the effect of such a breach on the public to include incidents of wrong prescriptions to patients by the quacks, with the result that patients end up spending more to treat themselves than should be the case. This happens over time when the disease has built resistance against the drugs originally administered. Their study also shows that drugs were stored under very poor conditions. In cases where these drugs had not expired, the conditions under which they were stored facilitated their untimely deterioration. These authors further indicated that many pharmaceutical outlets sell banned drugs, while the "lack of qualified pharmacists to oversee even the registered outlets contributes to inappropriate prescription and dispensing practices as well as inadequate information relayed to patients regarding their health needs." [18]

Additionally, they reported that the variability of drug pricing emphasizes the fact that public-serving pharmaceuticals in Nigeria are oriented more towards profit-making than solving the health needs of the populace. [19] It also shows some measure of neglect or compromise in the quality control measures employed by government regulatory bodies. In line with their findings, they recommended that there should be restrictions on the importation or manufacture of drugs to only those on the Essential Drugs List, along with better quality control measures by the relevant health agencies such as the Federal Ministry of Health, National Health Insurance Scheme (NHIS), National Institute of Pharmaceutical Research and Development (NIPRD), National Agency for the Control of AIDS (NACA), National Agency for Food and Drug Administration and Control (NAFDAC), and National Primary Health Care Development Agency (NPHCDA).

Omojola Oladokun (2010) studied mass media interest and corruption in Nigeria and discovered that corruption involves categories of participants who operate in a 'sender-receiver' context and who must respond to one another before the vice can be perpetrated. His study exposed some fundamental reasons why the media have not been effective in their role in fighting corruption, which include lack of a viable government-led socio-political ideology, weak statutory guarantees, media commercialisation, and the neglect of strategic individuals, organisations, and social groups whose expertise is needed for the fight against corruption. [20]

Several other scholars [21] argued that the mass media, as an effective tool for influencing people's opinions and ideas, is the appropriate vehicle for sensitising the citizenry and encouraging them to participate in the fight against corruption. Because of the far-reaching quality of the mass media, such as the radio, television, magazine, newspaper, and even social media, it is no longer as difficult as it was in the past to expose corrupt people and corrupt practices. Since this is now the case, journalists have no excuse for not making judicious use of the media in combating corruption in Nigeria. [22] Yet, a 2014 study shows that the situation differed with respect to medical corruption. O. S. Fadairo, A. O. Fadairo, and O. Aminu, who analysed the coverage of corruption by selected newspapers in

Nigeria in 2014, reported an increase in the coverage of corruption articles by the media and at the same time showed that corruption in the medical sector was among the least reported in the print media. [23] In fact, the authors did not identify medical corruption among the subjects handled by the newspapers such as the *Tribune*, *Guardian*, and *The Nation*. Their study rather emphasised the need for the media to carry out massive sensitisation campaigns as well as intensive investigative reporting to expose all forms of corruption, including in the medical industry.

Beyond Nigeria, several other countries within and outside the African continent have registered compromised ethics in their delivery of medical services. In this section, attention will be turned to the experience of the United States, the United Kingdom, India, China, Kenya, and Uganda.

Malcolm Sparrow's study in 2005 concentrated on the U.S. experience. The author examined the nature and perpetrators of corruption in the U.S. healthcare system and reported that, in spite of the huge sums spent on healthcare in the U.S., less attention is paid to corruption, which manifests in the form of fraud, waste, and abuse in healthcare delivery. He detailed these as follows: private contracting of healthcare delivery, highly automated payment systems, absence of verification and processing accuracy, multiple methods of cheating, and the centrality of false claims and poor measurement of overpayment rates. In addition, Sparrow's study identifies healthcare providers as the major perpetrators of corruption in the health system of the U.S. He also identified a paucity of data on the amount of dollars lost to corruption on a yearly basis in the U.S. health system. From his assessment, corruption in the medical sector is the number two crime in the United States after violent crime. [24] He argued that unless a more effective control is developed within the industry, the United States will be unable to solve the problem of corruption in its healthcare sector in the near future.

Writing about managing pharmacies and other healthcare organizations, D. H. Tootelian, A. I. Wertheimer, and A. Mikhailitchenko (2012) identified the following crime-related risks of the medical business: burglary, robbery, credit card fraud, shoplifting, and employee theft. [25] Employee theft was noted to be common in the medical profession because medical shops typically take precautions against external theft while neglecting the possibility of internal theft. In the authors' opinion, medical business managers should minimize the ready availability of cash to employees, closely monitor their merchandise, and put in place proper accounting measures to check losses. [26]

A. Jain, S. Nundy, and K. Abbasi's study in 2014 focused on the United States of America (USA), the United Kingdom (UK), China, and India. They reported that the United States lost between US$82 and US$272 billion in 2011 to corrupt practices in the medical profession, which came in the forms of financial embezzlement, bribery of regulators, and manipulation of information on drug trials. [27] In India, medical corruption reportedly manifested in bribery for services, favouritism, nepotism, and the use of godfatherism to get ahead in the medical profession. [28] In China, medical corruption increased within the period surveyed because of a lack of external accountability and oversight of both public and private health sectors. The consequences manifested in attacks on doctors by the masses over perceived grievances. [29]

The study also shows how the prevalence of medical corruption in the United States and the United Kingdom compelled medical doctors in these countries to begin to overlook such practices. Again, this resulted from fear, lethargy, and complicity. However, while ignoring the corruption in their profession, individuals held themselves accountable for their own actions and committed to working to instil professional standards of conduct early enough among aspiring physicians through training at the undergraduate level, and by upholding their work ethics thereafter and throughout their career.

Chattopadhyay Subrata in 2013 identified the forms of corruption perpetrated in India's medical sector, which comprise mostly bribery and kickbacks. The implications are huge, trapping millions of Indians in poverty because of the resultant drain on personal resources. Moreover, these practices undermine access to healthcare, increase the cost of patient care, incidents of ill-health, and the general suffering of the masses. Subrata then surmised that Indian physicians and bioethicists should care about these developments, while public discussion of these issues along with an uncompromising stand against corrupt practices in the healthcare industry may provide solutions to the problem.

Coming to Africa, we randomly chose Kenya and Uganda for assessment. The healthcare system in Kenya was appraised first from a 1999 newspaper article titled "Kenya: Misconduct Ruining Medical Profession." [30] The article reported the corrupt practices observed in Kenyan hospitals to include over-billing of patients and the presentation of fake surgeons. [31] These revelations came up as the Kenya Medical Association investigated various levels of misconduct among medical doctors. [32] Again in 2018 and 2019, cases of misconduct in the Kenyan healthcare industry became alarming. A major incident in 2019 involved the siphoning of 50 billion Kenya Shillings (US$ 461,450,000) by some officials of the Kenya National Hospital Insurance Fund (NHIF) and hospitals' administrations. [33] According to the report, the fund was "supposed to help lives and promote affordable health payment services." Instead of the targeted end-users, it went to "beneficiaries who did not require treatment." Meanwhile, in the previous year, a national report had outlined the effect of medical corruption in Kenya as follows:

- Backroom deals hinder public service delivery. As such, people are denied access to basic medical services in preference to those who can pay for them.
- People no longer trust institutions that are responsible for serving them. There is a general feeling that without bribing officials, it would be impossible to access services.
- It promotes tribalism and ethnicity. Corruption has led to a society of who knows who. Opportunities are not given to deserving individuals but are offered to those who are known, thus oppressing others. [34]

Uganda was the other African country we assessed. In 2012, M. Bouchard, J. C. Kohler, J. Orbinski, and A. Howard conducted a study titled "Corruption in the Health Care Sector: A Barrier to Access of Orthopaedic Care and Medical Devices in Uganda." Their study on the availability of orthopaedic services and

orthopaedic medical devices was based on a qualitative case study of 45 open-ended interviews. The results showed that poor leadership in government and corruption were the underlying factors for the unavailability of orthopaedic services in Uganda. [35]

The above brief literature review leaves no doubt that corruption in the medical profession is neither peculiar to Nigeria nor Africa. The randomly selected countries in this analysis reveal that medical corruption is a global pandemic; however, the degree differs from one country to another. Wherever this anomaly exists, human health is compromised. The subsequent sections will narrow down further on the Nigerian experience since 1960.

Exploring Research Design, Determining Population Size, and Outlining Sampling Procedures

Before discussing the findings from this study, a report of the study methodology will be necessary. We carried out a cross-sectional survey involving a mixed-method approach. The aim was to provide a wide range of coverage that would enable a better research outcome. Sixteen states were purposively studied, namely: Enugu, Anambra, Imo, Abia, Ebonyi, Akwa Ibom, Edo, Delta, Rivers, Cross River, Lagos, Oyo, Ogun, Abuja, Plateau, and Gombe States. They were pooled from four out of six geopolitical zones in Nigeria. Using projections from the 2006 National Population Census, the population figure for the sampled states that year was 63,351,813. The table below provides the population distribution of the areas sampled for this study as at 2006. [36]

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S/N	States	Population
1	Abia	2,833,999
2	Abuja (Federal Capital Territory)	1,405,201
3	Akwa-Ibom	3920208
4	Anambra	4,182,032
5	Cross River	2888966
6	Delta	4098391
7	Ebonyi	2173501
8	Edo	3218332
9	Enugu	3,257298
10	Gombe	2353879
11	Imo	3984899
12	Lagos	11401288
13	Ogun	3728098
14	Oyo	5591589
15	Plateau	3178712
16	Rivers	5185400
	Total	**63,351813**

With the use of the online calculator, the researchers arrived at a sample of 185. Sixty-eight respondents comprised both medical practitioners and medical students, while the remaining 117 respondents were media educators. The medical and media professionals were the categories especially relevant to this study. Efforts were concentrated on these groups as the priority audience. In effect, the researchers interviewed those most knowledgeable on issues of corruption in the medical profession, who also were more likely to give informed answers to the research questions. During recruiting, participants were informed that the research aimed at sourcing medical practitioners' own definitions of corruption in their profession, as well as how the media defines it to the general public. Interviews conducted for the study were jotted down on a notepad and, afterwards, interpreted and recorded by the researchers. All the points raised by the interviewees and those captured in the questionnaires were noted. Those that did not appear in the results were built into the discussion. It should be noted, however, that some potential respondents consulted for interviews between 2012 and 2018 declined to be interviewed. Since the analysis was designed to be both qualitative and quantitative, data collected from interviews were presented and analysed using formal and functional indices, while quantitative data derived from the copies of the questionnaire were analysed using the Statistical Package for the Social Sciences (SPSS). The demographic characteristics of the study population are represented in the table below:

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Demographic Variable	Questionnaire respondents Frequency/ Percentage (%) (N=117)	Interviewees (N=268) Frequency/Percentage (%)
Age		
18-28	18 (15.4%)	32 (11.9%)
29-39	43 (36.8%)	51 (19.03%)
40-50	24 (20.5%)	121 (45.1%)
51 and above	32 (27.4%)	64 (23.9%)
Gender		
Male	68 (58.1%)	191 (71.3%)
Female	49 (41.9%)	77 (28.7%)
Total	117	268

Table 1. Demographic characteristics of the study population

Source: Fieldwork, 2012-2018

Among the respondents of the questionnaire, higher proportions (36.8%) of them were between the ages of 29 and 39, while most of the interviewees (45.1%) were between the ages of 40 and 50. More men than women participated in the study. About 58.1% filled in the questionnaire, while 71% featured in the interviews. This is also a reflection of the gender imbalance in the medical and media professions in the country.

Understanding the Nigerian Public Perception of Corruption within the Medical Sector

According to the data analysed, all study participants agreed to a large extent that corruption had existed in Nigeria's medical profession since 1960. Table 2 provides insight into study participants' definitions of corruption, basically those actions they considered to be corrupt practices. For example, 61 persons identified corruption to be absenteeism from work. The views of all interviewees are presented below.

S/N	Corrupt Practices in the Medical Profession	No of Frequency
1	Absenteeism	61
2	Exorbitant hospital bills	58
3	Employment of quacks medical practitioners	56
4	Sale of admission into medical school	56
5	Theft of drugs and public assets	55
6	Bribery	49
7	Politicising health care matters (referring to giving much publicity when little is achieved)	37
8	Negligence	35
9	Sale of fake drugs	34
10	Materialism (amassing wealth at the expense of the patients) Not different from 2, 5, 11 etc.	32
11	Purchase of inferior medical equipment	29
12	Influencing legal actions to suppress litigations	27
13	Lobby for licence	27
14	Diversion of drugs	26
15	Favouritism and nepotism in employment	25
16	Embezzlement of funds meant for the health sector	23
17	Diversion of patients from public to private hospitals	22
18	Diversion of funds meant for the health sector	21
19	Wrong prescription of drugs to patients	21
20	Falsification of records	19
21	Termination of scholarship for young practitioners	19
22	Supply of wrong equipment	19
23	Treatment without laboratory tests	18
24	Procurement of fake drugs	14
25	Extortion of money from patients	14
26	Abandoned projects	13
27	Carelessness or laziness of health workers	13
28	Over-billing in insurance claims	12
29	Sale of contraband goods	11
30	Illegal abortions	9
31	Lack of confidentiality	8

Table 2. Characterization of corruption in the Nigerian medical profession since 1960

Source: Fieldwork, 2012-2018

Indications of corruption, seen in Table 2, show how participants interviewed for this study expressed what to them constitutes medical corruption. These include absenteeism from work, exorbitant hospital billing, sale of admission into medical school, employment of quacks, theft of drugs and public assets, and sale of fake drugs.

A 54-year-old male doctor from Enugu State remarked, “Absenteeism, not coming to work but claiming salary, is a major corrupt practice in the health sector in Nigeria. It is something of great concern.” [37] Also, a 51-year-old nurse from Ebonyi State expressed the opinion that:

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"Favouritism, unmerited and illegal employment, whereby an individual who may or may not have all the necessary credentials is given employment without due process as a result of his or her relationship with someone in a position of authority, has seriously affected the integrity and credibility of the nursing profession." [38]

A case came up in the course of this research when a staff member of one of the medical centres in Enugu State was discovered to have been working for several years without the necessary qualifications for the position. In this instance, however, the staff member was dismissed.

It is worth noting that there are no strict regulations for medical processes or the health sector in Nigeria. Meanwhile, Nigeria continues to top the list in Africa of countries seriously plagued by brain drain with respect to medical practitioners—physicians, nurses, pharmacists, and others. This is clear from the 2008 report of the United Nations Conference on Trade and Development (UNCTAD), [39] which shows that while Africa suffers more than other regions from the brain drain in science and technology, Nigeria suffers the most. [40] Lately, in 2018, a national survey reported as follows:

"Each week, at least 12 Nigerian doctors are employed in the United Kingdom. More than 4,000 are already practising in the United States, while Canada continues to attract medical professionals from Africa's most populous nation, Nigeria. However, there are few full-time specialists in most Nigerian public hospitals. Many of these public hospitals are largely staffed by retired nurses, community health officers, and new doctors with little clinical experience. More than half of the doctors remaining in Nigeria work in a handful of major cities." [41]

The exact number of doctors remaining is not known, but in 2017, Olumuyiwa Odusote, an official of the Nigerian Medical Association (NMA), told local media that approximately "40,000 Nigerian doctors were practising outside the country, about half of all doctors Nigeria has trained since the 1960s." [42] This implies that there are fewer doctors for the estimated 200 million Nigerians. [43] For instance, in Benue State in 2015, "only one doctor [was] available to treat 27,000 patients," while in Katsina State within the same period, there was "one doctor for 41,000 patients." [44] As a result of the paucity of government-run and sponsored medical and health centres and services, the majority of Nigeria's population rely on unregulated medical provisioning and quacks for their health needs. Many also resort to the dangerous practice of self-medication.

Study participants identified categories of personnel they believed pioneered corruption in Nigeria's medical sector. This is reflected, according to the prevalence of their activities, in Table 3.

S/N	Pioneers of Corruption	No of Frequency
1	Medical directors	63
2	Government at all levels	61
3	Medical doctors	58
4	Nurses	52
5	Ministers of health	45
6	Laboratory scientists	34
7	All medical practitioners	21

Table 3. Perceived perpetrators of corruption in Nigeria's medical profession since 1960

Source: Fieldwork, 2012-2018

Greater responsibility for corruption was placed on Medical Directors who represent the generality of Nigeria's medical practitioners; to whom other doctors and health workers report in their respective hospitals or medical centres. The next category blamed is the government that compromises standards through nepotistic appointments and unethical favouritism in the appointment of medical directors and ministers of health, besides undercutting budgets for a robust health industry. In 2001, the African Union came up with the "Abuja Declaration" in which African leaders pledged to commit at least 15% of their annual budgets to improving their health sector. Nigeria has not attained that pledged funding benchmark. The Federal Government of Nigeria has never voted more than 6% of the annual budget to the health sector. The highest percentage since the Abuja Declaration was in 2012 when 5.95% of the budget was allotted to the health sector. However, following a 2018 report, an estimated N359.2 billion (USD 941,463,200) is spent annually on medical tourism, with government officials as the main spenders. [45]

The medical directors mentioned above are those in government employment. In other words, corruption in the medical sector is largely an in-house affair, pioneered by the personnel in the sector such as government functionaries involved with the health industry, doctors, nurses, and laboratory scientists, among others. This is buttressed by field reports. As noted by a 39-year-old pharmacist, "most of the time the money meant for the acquisition of drugs and medical facilities is diverted by the medical director into his or her private account, leaving the hospital with little or nothing to work with." [46] Another respondent, a 45-year-old doctor, reported the existence of a "parallel pharmacy" in some hospitals. He explained this as "a situation whereby pharmacists in the hospital privately procure drugs and sell them to patients to the detriment of hospital drugs, which are left to expire unused. In addition, some pharmacists sell drugs that are meant to be given out free to the patients." [47]

From the perspective of study participants, corruption in the medical profession has a great impact on national development. The table below outlines these effects.

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S/N	Effects of Corruption	No of Frequency
1	Loss of interest in government hospitals	72
2	Rise in the costs of medical treatment	57
3	Lives of patients are endangered	53
4	Deterioration of the health sector	53
5	Lowered standard of medical practice	51
6	Loss of lives	47
7	MDGs are defeated	46
8	Propagation of fake drugs	39
9	Self-medication	36
10	Lack of specialization in the medical fields	33
11	Resort to alternative sources for personal health management	32
12	Bias in treatment	12

Table 4. Perceived effects of corruption in the medical profession on national development

Source: Fieldwork, 2012-2018

It should be noted that Table 4 outlines the "perception" of study participants, which may not necessarily be the reality for the generality of Nigeria's population. Interviewees, however, gave further proof of their perceptions. Thus, a 43-year-old pharmacist reported that "corruption reduces the funds meant for the hospitals, thereby leading to an increase in the death rate;" while a 25-year-old medical doctor stated that "corruption leads to the loss of the lives of patients, imposes financial pressure on patients, and leads to a reduction of trust in the medical profession." [48]

That corruption is undermining medical practice in Nigeria and endangering the lives of Africa's most populous nation has been established by the above findings. The question then is: how can this problem be mitigated or completely eradicated? This question was posed as well to study participants. Their responses appear in Table 5 below, arranged according to their order of importance and the incidence of occurrence of the responses received.

doi.org/10.32388/EDBF6P.2

S/N	Curbing Corrupt Practices	No of Frequency
1	Proper monitoring of the health sector	62
2	Development of self discipline by medical practitioners	52
3	Prosecution of medical practitioners found guilty of corrupt practices	49
4	Removal of quacks from the system	48
5	Improved conditions of service for medical doctors	41
6	Regular training of health workers	36
7	Enforcement of compliance within the medical profession	34
8	Rebranding of the medical system	20
9	Provision of quality medical facilities	19
10	Embracing the Information Communication Technology by medical doctors/integrating the use of cutting-edge technology in patients' handling and treatment.	17
11	Proper remuneration for medical practitioners	12

Table 5. Ways in which corruption in the medical profession can be curbed

Source: Fieldwork, 2012-2018

Respondents' views on ways of curbing corruption in the medical profession, as listed above, are varied. Proffered solutions include proper monitoring of the health sector, development of self-discipline by medical practitioners, prosecution of medical practitioners found guilty of medical corruption, and removal of quacks from the system. According to a 58-year-old male doctor in Edo State, "the best way to curb corruption in the medical profession is by calling ourselves [medical practitioners] to order and shunning corrupt practices. Where this is not possible, there should be strict policies to tackle corruption and bring offenders to book." [49] Another professional, a 57-year-old medical laboratory scientist, expressed the view that "proper orientation of medical personnel and proper monitoring cannot be over-emphasised." [50]

Media practitioners were studied to ascertain how that sector could play a role in curbing corruption in the medical profession. The results of this segment of the research are presented below.

doi.org/10.32388/EDBF6P.2

S/N	Media Role	No of Frequency (%)
1	Raise public awareness about corruption, its causes, consequences and possible remedies	48 (41.2%)
2	Put the stake holders of the day under close monitoring	45 (38.4%)
3	Encourage governmental and societal change	41(35.0%)
4	Watch dog of the society	39 (33.3%)
5	Remind leaders to deliver on corruption-free promises	39 (33.3%)
6	Educating their audience	37 (31.6%)
7	Media set agenda for the people to follow in the society	34 (29.0%)
8	Opinion formulation	27 (23.0%)
9	Encourage socio-economic development	23 (19.6%)
10	Investigate and report incidences of corruption	20 (17.0%)
11	Affect appointment decisions	11 (9.4%)

Table 5. Perceived roles played by the media in fighting corruption in the medical profession since 1960

Source: Fieldwork, 2012-2018

The majority of the questionnaire respondents (41.2%) expressed the idea that the media has an important role to play in raising public awareness about corruption, its causes, consequences, and possible remedies. About 38.4% of the study participants believe that stakeholders in the medical industry should be closely monitored, while 33.33% said that investigating and reporting incidents of corruption in the medical profession is an important role of the media. Their efforts would both raise public awareness about corrupt practices in that sector, their causes, consequences, and possible remedies. Additionally, their efforts would subject the medical sector to close public monitoring that would encourage governmental and societal change. By so doing, they would carry out oversight functions for society as their professional function stipulates.

Speaking about the functional responsibility of the media to society, a 35-year-old female medical practitioner in Enugu State averred, "It is the duty of the media to expose corruption, irrespective of who is involved; the searchlight should fall on such a person." [51] This major role of the media should extend to all sectors. Accordingly, a 28-year-old male respondent added, "Media practitioners wield serious powers in national development. They raise awareness of what corruption is and of corrupt practices. People must know because somebody stealing paracetamol tablets from the hospital to give to a sick relative may not consider it to be corruption. Consequences must also be stated by media practitioners so that nobody would have any excuse to give when caught." [52] Another 31-year-old medical specialist expressed the opinion that "stakeholders—ministers of health, medical directors, doctors, nurses, pharmacists, and others, who in one way or another make decisions or influence decisions on health matters—must be monitored and made to keep the oath of office into which they are sworn. And promises made to the people must be kept." [53]

Discussion

This study identifies a variety of corrupt practices common in the medical profession in Nigeria since 1960. It also examined what the media could do to help Nigerian society curb corruption in the medical profession. The majority of the study participants both agreed that corruption exists in the medical profession and also stated the various dimensions of these corrupt practices. It is evident from the study that not all medical practitioners are qualified for the positions they occupy. This is the evident outcome if persons who by training and legal obligations are charged with promoting the health status of the citizens are the very ones undermining it. This outcome from the current study resonates with the findings of Mabadeje, Taylor, and Ibrahim (1999), who discovered that unqualified staff were chiefly in charge of pharmaceutical outlets in many parts of Nigeria, a situation which, according to them, was responsible for poor treatment of patients and more expenditure on the part of the patients since the diseases they suffer from eventually developed resistance over time, requiring a different drug regime to deal with it. [54]

Our study also discovers that medical directors and government at all levels were the leading perpetrators of corruption in the medical profession. This was also the finding of Ayoola's study in 2008, in which he stated that government officials aid corruption on a daily basis while expecting the media to work wonders. [55] Ayoola also exposed the fact that under the present democratic dispensation in Nigeria, which began in 1999, the stakeholders in the medical industry have not been accountable to the people, thereby engendering a greater lack of trust from the populace. The officials, on many occasions,

turned around to blame the media for their face-off with the public.

According to the Independent Corrupt Practices Commission (ICPC) Report in 2008, hospitals in Nigeria would be better if politicians and other policymakers were banned from patronizing foreign hospitals. As the report stated, those supposed to salvage the medical system have not shown deep concern because they have many other options to exploit, especially outside the shores of Nigeria. [56] It is already common knowledge that the president of Nigeria undertakes regular routine trips outside Nigeria for medical check-ups, a practice now common among state governors, senators, and other officeholders. [57] Until policymakers begin to directly experience the effects of the policies they make, or fail to make, there would hardly be any meaningful improvement in Nigeria's public health infrastructure.

The call for proper monitoring of the health sector, prosecution of medical practitioners found guilty of corrupt practices, and removal of quacks from the system were all suggested remedies to medical corruption, with serious emphasis on the important role of the media in making government officials and medical doctors accountable to the people by putting the spotlight on the corrupt practices and their perpetrators.

Conclusion

The cumulative impact of corruption in the medical sector is best appreciated by its outcome on the masses. This is felt in the avoidable loss of lives arising from the neglect and unprofessional behaviour of medical professionals charged with caregiving. It is also felt in the indifference of the government in eliminating the vices in the sector. Indeed, if corruption is to be curbed in the medical business, there should be proper monitoring of the entire health sector, enforcement of self-discipline on medical practitioners, and prosecution of all categories of health workers guilty of unacceptable and compromising practices. The media, especially, should lead society in taking up oversight functions to enforce the long-anticipated discipline on the medical sector. Only the government can reverse the deepening problem of brain drain by tackling its root causes. Disclosures from this study also advocate for sustained orientation and training to promote ethical conduct among health and medical practitioners in Nigeria.

Footnotes

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