

# Review of: "Corruption in the medical field: Facts from Nigeria"

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I appreciated the change in the title; it is clearer now. The article is situated within the context of the journal, and the English language and style require a slight spell-check. However, in my opinion, there is still the presence of generic information and insufficient specificity regarding methods and timelines. Various issues, both minor and major, come to light. Subsequently, some suggestions are provided to enhance these aspects:

**-Abstract-** Provide a brief historical overview of the medical profession in Nigeria since 1960. Specify how the media contributed to raising awareness of corrupt practices. Additionally, a brief rationale for choosing a mixed-method research approach is needed. Explicitly explain why the sixteen states were selected for the survey. Clearly state the study timelines, specifying when interviews, questionnaires, and follow-up investigations were conducted. Briefly highlight key qualitative and quantitative results without excessive detail. Clarify the nature of the analysis derived from interviews and questionnaires. Offer more specific recommendations for the guidance and continuous training of physicians. Specify how media professionals can enhance their efforts. Consider organizing results and implications in a more logical sequence.

**Main text-**The historical context and definition of corruption could be presented more cohesively to smoothly lead to the study's objectives. It lacks details on methods, sample selection, and research methodology. The discussion primarily presents qualitative results without a solid interpretation. Delve deeper into the implications of participants' perceptions and dimensions of corrupt practices. Claims need stronger support from study data or relevant literature. The assertion that health directors and government officials are the primary culprits requires stronger evidence. Address potential counterarguments or alternative explanations for a more balanced view. While political recommendations are mentioned, they lack specificity. Provide concrete suggestions on how to implement proper monitoring, prosecute corrupt professionals, and remove charlatans. Transitions between paragraphs and ideas could be smoother. Ensure a clear thought flow to guide the reader through the discussion. The study refers to Ayoola (2008) and the ICPC Report (2008), but including direct citations would be beneficial. Avoid generalizations like radical statements such as "all doctors are unqualified." Such simplifications oversimplify the nuanced nature of the problem. The language is generally clear but could be refined for conciseness and precision. The Discussion section can be strengthened to provide a nuanced and well-supported interpretation of study results.

**- Doubts-** Where it is stated that corruption impacts the masses through loss of life and unprofessional behaviour of medical professionals, including specific examples or statistics would better emphasize the point. Provide a more in-depth description of how to practically implement healthcare sector monitoring, enforce self-discipline among medical

professionals, and prosecute unacceptable practices. The claim that the media should guide society in oversight functions is valid but could be further elaborated, specifically outlining how the media can effectively play this role. When addressing the brain drain issue, specify the "root causes" and how the government could concretely address them. This would make the conclusion more detailed and actionable. Finally, the conclusion could end more forcefully, perhaps emphasizing the urgency of taking concrete measures and the positive impact it would have on public health and trust in the medical profession.

Summarizing the article presents several amenable critical points:

1. A more in-depth description of these aspects would be useful to better understand the representativeness of the collected data.
2. The data analysis is based on interviews and questionnaires conducted between 2012 and 2018, with follow-ups between 2020 and 2022. It is unclear whether these time periods are sufficient to fully capture the evolution of corruption in the medical sector, considering the dynamic nature of the issue.
3. The article seems to focus mainly on corrupt practices without providing contrary perspectives or divergent opinions. Including critical voices or opinions defending the current situation could enhance the completeness and balance of the analysis.
4. Despite recognizing the role of the media in combating corruption, the article could further explore how the media have addressed specific cases of medical corruption and measure the effectiveness of their initiatives.
5. Although the article refers to international corruption rankings, specific numerical data to support claims about the magnitude of the problem would be useful. The inclusion of statistical data provides a more solid foundation for arguments.
6. Conclusions appear to be primarily based on data from a specific regional context in Nigeria. Generalizing conclusions might be limited without a more in-depth analysis of the national situation and consideration of local specificities.
7. While the article provides an overview of corrupt practices, there is a lack of in-depth analysis of the root causes of corruption in the medical profession in Nigeria. A better understanding of the problem's underlying factors could lead to more effective solutions.

The topic of the paper is very interesting, and I invite the authors to continue stimulating international attention to it. Congratulations.