

# The Ethics of Providing Quality Healthcare System in Nigeria

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## ABSTRACT

Health is seen as one of the most important services provided by the government and a significant proportion of the nation's wealth is usually devoted to health, particularly in developed countries. The theme, healthcare requires careful administration and must be based on sound policies and sincere commitment because it connects to bodily integrity and the dignity of the patient. For proper healthcare practices, good ethical principles must be on hand to guide medical practice as the noble profession urges. Worldwide, there has been growing public concern regarding the ethical conduct of healthcare professionals. Using analytical-expository method the paper points out to an extent, the structure and operation of the healthcare system in Nigeria, a brief sequence of the evolution of healthcare in Nigeria, the need for quality healthcare staffers, and a quality healthcare system in Nigeria, focusing on both contemporary and emerging ethical issues that are yet neglected in the country. It will look at the moral importance of healthcare practices, especially toward distributive justice in Nigeria. Undoubtedly, it is necessary to analyze the healthcare ethics toward our direction as a country for better healthcare delivery.

**Keywords:** Health, Healthcare, Ethics, Nigeria, Distribution

## INTRODUCTION

Apparently, health is not just a gift one wishes to have, but a fundamental human right recognized constitutionally and in regional and international pacts, some of which Nigeria has endorsed. Consequently, the government is required not only to implement schemes that will improve the health conditions of citizens but also to institutionalize systems that will ensure, promote, and protect their right to good health. This could be said to be farfetched from the Nigerian system. This often manifested in complaints about the poor ethical conduct of healthcare providers and the increasing use of litigation against healthcare practitioners in recent years (Diyoke 2015, 50-70). The healthcare system in Nigeria is grossly underfunded and poorly managed. Access to safe essential drugs and facilities is limited; staff morale is low while ethics and professionalism are hardly considered necessary to the provision of healthcare services. The human rights of patients are often violated with strong impunity; respect for privacy, confidentiality and patients' rights to participate in decisions concerning their care are almost non-existent (CRH 2007, 1).

However, the effort of few medical centres in Nigeria to keep gait with more developed countries regarding medical technologies now available to the world has introduced medical issues that as yet are still controversial worldwide into the Nigerian medical system. Besides, ethical problems within Nigeria's healthcare system include not only issues of access and rights but also new and experimental forms of medical care. This has forced the country to come to staples with ethical problems in healthcare delivery that hitherto were only prevalent in the Western world in addition to its own unique ethical problems.

The issue of adequate access to healthcare services is a policy concern. This is especially true for those living in rural areas of developing countries, which seem to have limited access to healthcare. Also, access to healthcare varies across groups, and individuals, and is largely influenced by political, cultural, social, and institutional factors, demographic and institutional makeup. A country's health services system is not just the

result of that country's social, political, and economic history, but also a reflection of that country's values, cultures, and shared beliefs about it. Moreover, the delivery of modern healthcare depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams (Wikipedia, retrieved, June, 10th 2024). This paper will, therefore, attempt to examine the brief historical overview of the healthcare system in Nigeria, the need for a quality healthcare system, the training of quality healthcare workers, healthcare policies in Nigeria, ethical implications of the poor healthcare system, distributive justice, and healthcare workers in Nigeria.

## **HISTORICAL OVERVIEW OF HEALTHCARE SYSTEM IN NIGERIA**

Nigeria is located in the West African sub-region and is bordered by Niger in the north, Chad in the northeast, Cameroon in the east, and the Republic of Benin in the west. The National Population and Housing Census reported Nigeria's population as 140.4 million in 2006 with a growth rate of 2.2% (NPC, 2006). With an estimated population of slightly above 182 million in 2015, the United Nations ranked Nigeria as the 7th most populous country, and the fastest-growing population in the world (UN, 2015). About a quarter (24.9%) of the Nigerian population are women of reproductive age (15-49 years) and 31.7% are young people aged 10-24 years. Nigeria has a young population structure: 62% of the population is in the age range of 0 to 24 years, and the median age is 17.9 years. Life expectancy in Nigeria was 53 years by the end of 2014 (World Bank, 2016). The figure is lower than the average of 59 years for sub-Saharan Africa and 67 years for lower-middle-income countries (World Bank, 2016).

The healthcare system in Nigeria has developed over time as molded by historical, political, and socioeconomic facets. Before the colonial era, traditional healing practices were the basic means of healthcare in Nigeria, with communities relying on herbal remedies, spiritual rituals, and community-based care (Olayinka 2021, 21-36). Afterward, the introduction of Western-form healthcare during the colonial era led to the establishment of the first modern healthcare facilities, such as hospitals and clinics that are primarily serving colonial administration and the urban elites (Olayinka 2021, 24-25). The effort of the early missionaries in healthcare delivery at this early stage cannot be over-emphasized.

However, after Nigeria's independence in 1960, the government sought to expand and improve the country's healthcare system (Dina et al., 2012, 62000-5). This led to the implementation of several healthcare policies and programs, including the National Health Policy of 1988, which aimed to provide comprehensive and accessible healthcare services to all Nigerians (Federal Ministry of Health, 1988). So, the effectiveness of these initiatives have been hindered by various challenges, such as inadequate funding, infrastructure, and human resources, as well as the inequitable distribution of healthcare services, particularly in rural areas (Olayinka 2021, 31-32). Similarly, in recent years, the Nigerian government has made efforts to address these challenges, including the introduction of the National Health Insurance Scheme (NHIS) in 2005, which aims to provide universal health coverage for Nigerians (NHIS, accessed May 1, 2024). Also, the government has sought to strengthen the primary healthcare system, increase investment in healthcare infrastructure, and improve the training and retention of healthcare professionals (Federal Ministry of Health, 2018).

Despite these efforts, the Nigerian healthcare system continues to face significant challenges, including high maternal and child mortality rates, the prevalence of communicable diseases, and limited access to quality healthcare services, particularly for vulnerable populations (WHO, Nigeria (COVID-19), accessed May 20, 2024). Addressing these challenges will require a sustained and comprehensive approach, involving collaboration between the government, healthcare providers, and the community (Olayinka 2021, 34-35).

## **THE NEED FOR HIGH-QUALITY HEALTHCARE AND PERSONNEL IN NIGERIA**

One integral issue that has spawned a lot of research and discussion in Nigeria is the need for high-quality healthcare and personnel. The Nigerian healthcare system has faced significant challenges, including inadequate infrastructure, limited access to important medical services, and a shortage of skilled healthcare professionals (Aregbeshola and Khan 2018, 1015-23). The scarcity of quality medical professionals in Nigeria

is one of the main worries about Nigeria's healthcare. Nigeria's doctor-to-population ratio, as reported by the World Health Organization (WHO), is 0.4 per 1,000 people (WHO 2020). This shortage of healthcare professionals, including doctors, nurses, and other allied healthcare workers, has resulted in a significant burden on the existing healthcare system, leading to increased workloads, longer waiting times, and suboptimal patient care (Ogbonnaya et al. 2020, 256-61).

Another important aspect of the need for quality health in Nigeria is the availability of healthcare services. Many Nigerians, particularly those living in rural and underserved areas, have limited access to basic healthcare facilities, diagnostic services and essential medications (Aregbeshola and Khan 2018, 1015-23). This lack of access to quality healthcare services has contributed to poor health outcomes, including high rates of maternal and child mortality, the prevalence of communicable and non-communicable diseases, and the burden of infectious diseases such as malaria, HIV/AIDS, and tuberculosis (Ogbonnaya et al. 2020, 256-61). To properly address these issues, the Nigerian government and relevant stakeholders have implemented various initiatives and policies aimed at improving the healthcare scheme. These efforts include the National Health Insurance Scheme (NHIS), which aims to provide universal healthcare coverage, and the establishment of primary healthcare centres across the country (Aregbeshola and Khan 2018, 1015-23). Also, there have been efforts to train and retain healthcare professionals, as well as improve the infrastructure and equipment in healthcare facilities (Ogbonnaya et al. 2020, 256-61).

So, Nigeria's urgent need for high-quality healthcare and personnel calls for a multipronged approach. In order to accomplish this, it is critical to address the shortage of quality medical professionals, improve the accessibility and affordability of healthcare, and fortify the general healthcare system.

## ETHICS AND ETHICAL IMPLICATIONS OF HEALTHCARE (POOR) SYSTEM IN NIGERIA

Ethics is an important subject of discussion in medicine because beings are not merely mechanical parts to be fixed when they are faulty; they are autonomous beings with not only functional bodies, but also a personality, psyche, spirit, and consciousness. Humans are rational beings and so treatment of patients in hospitals can be done in an impersonal way; treatment is necessarily relational concerning the person's dignity. Therefore, policies and practices in hospitals and the attitude of hospital personnel affect the patients' well-being either positively or negatively. This is the basis for ethical principles to guide medical practice. Medical ethics is clear about the position of the patient in medical care as seen from the Hippocratic Oath and the various ethical codes of healthcare professionals. From these, it is clear that the priority of attention goes to the welfare of the patient and not to some financial, heuristic, or utilitarian considerations. Hence, medical care, healthcare policies, and hospital management in Nigeria ought to be tended towards the said end and not to the promotion of other interests arising from economic, social, political, or even ethnic/class pressure. Healthcare providers are expected to not only have the skills and knowledge relevant to their field but also the ethical and legal expectations that arise out of the standard practices. For instance, medical ethics has been founded on the framework of four basic moral principles; **autonomy**, **beneficence**, **nonmaleficence**, and **justice**.

- The first of these principles, **autonomy**, has to do with respect for the patient's right choice of care, self-governance, and the right to accept or refuse treatment. Therefore, the obligation of the doctor is to treat individuals' diseases, not to judge them for why they are sick. It may be important for the doctor to endeavor to motivate patients to change what they are doing or their identity, however, that is just a piece of the treatment, not a character judgment (Unnikrishnan, Kanchan, and Kulkarni 2014, 22:51-6). However, Autonomy in the healthcare setting is usually vague whether the patient does or does not have the condition required for autonomy. Two imperative conditions must be met for autonomy. First, patients' competence to make decisions for themselves. Second, patients' free coercion in making the decision. That is to say, autonomy implies the freedom to choose.
- **Beneficence** on the other hand implies the obligation to prevent or remove harm at the same time, promoting good through acting in the best interest of the patient and contributing to their welfare.

- **Nonmaleficence** is also the obligation of physicians not to inflict harm or adverse effects on the patient, particularly from inappropriate or absent care. According to *Summers, (NS) if we go back to the basic understanding of the Hippocratic ethical teaching, we arrive at the dictum of "first do no harm, benefit only."* *The scholar pointed out that the standard identifies with the initial segment of this teaching and signifies "to not harm."*
- The last but not unreasonable ethical principle, **justice** refers to the distribution of benefits, risks, and costs fairly, equitably, and appropriately, and treating patients with similar cases in a similar manner (Kennelly 2011, 3: 170-74).

Healthcare ethics has also been advanced to mean issues of having competent hands or professionals, availability of necessary facilities and organization, equipment and supplies, knowledge, costs, payment, systems, and quality. However, given the above meaning and definition of healthcare ethics, it is evident that ethical practices among healthcare professionals across the world are a major policy challenge, particularly in Nigeria where there is a dearth of ethics among healthcare givers. For instance, in some hospitals, especially in rural areas, you would find a nurse performing the function of a medical doctor and at the same time, doing the duties of a pharmacist. These acts of performing the duties of other healthcare professionals by other practitioners negate the ethical principles of healthcare ethics. Accordingly, available evidence indicates that on the average, in most public hospitals in Nigeria, one doctor may attend to up to 200 patients (Abiodun 2010, 1: 39-54). The shortage in healthcare personnel has also been attributed to working conditions of service of the professionals which are responsible for their poor attitude reactions towards care receivers. Despite a recent influx of younger people into the health profession, the majority still prefer to practice outside the country because of good working conditions. This brain drain of healthcare professionals poses a serious threat to ethical practice with integrity among healthcare givers in Nigeria and most third-world countries of Africa.

On the side of respect for autonomy in decision making, this of course, has to do with the issue of respecting the patient's right, choice of care, and the right to accept or refuse treatment and probably the involvement of the public or health care receiver in the decision process of best health care system. However, in this regard, it is observed that most care receivers' rights including self-determination are mostly abused by healthcare professionals. They deny the patients the right to be given complete, accurate, and comprehensible information that facilitates an informed judgment and knowledge of the drug administered to them. This is against the ethics, that the patient has the right to accept, refuse, or terminate treatment. In fact, a patient who asks the question in Nigeria is more likely to experience a heart attack which could be a result of the rudeness of some health workers before the pain of the sickness that brought him or her to the hospital in the first place. Thinkers and critical observers have noted that some healthcare providers in Nigeria are becoming a shadow of what they stand for as their attention is more keen on material possessions rather than healthcare, instances abound where life is at risk and the doctor refused attending to the patient until some stipulated amount of money is deposited. They see patients as so demanding, a bother, and a waste of their time. Perhaps, this explains why Nigeria records a significant number of patient deaths even before they are attended to at the various hospitals (Liman 2010, Daily Trust 9th June).

Again, when you look at Beneficence (has to do with the prevention of harm or to remove harm) as an ethical code of practice for healthcare providers one will observe that workers in Nigeria seem to have derailed from their calling. It appears health workers tend to quickly forget that they are in the business because of the patients to be cared for, to ensure that humanity is maintained in the best possible state of good health in terms of their mental, physical, and spiritual well-being (Abiodun 2010, 39-54). Therefore, rather than saving lives and preventing harm, they seem to be aiding and abetting death.

On the justice aspect of healthcare ethics which entails equity in benefits, cost access to facilities, information and opportunity, etc., to healthcare provision. It is clear that our healthcare policy does not provide equal access to healthcare among the populace, ranging from poor healthcare delivery to difficulty in meeting face-to-face with a physician, medical bills, transportation, and illiteracy. Other factors are; low income, and lack of supplemental insurance coverage. These, therefore, are not in romance with the ethical principles of healthcare providers. For instance, the Nigeria Health Insurance Scheme (NHIS) provides cover for a few

public workers and their dependents while the retirement age is 65 years. The implication here is that the few who were even covered under the scheme will definitely lose their assurance when they clock retirement age. Consequently, the majority of the healthcare receivers have to pay out of pocket (OOP), and with the high rate of poverty in the country, some of them resort to other means of healthcare services irrespective of their side effect. All these and many more point to the dearth of ethical justice in our healthcare system.

## CONTEMPORARY ETHICAL ISSUES IN NIGERIA'S POOR HEALTHCARE SYSTEM

The medical care, healthcare policies, and hospital management in Nigeria are supposed to border around healthcare ethics and not the promotion of other interests arising from economic, social, political, or even ethnic/class pressures. Below shall briefly discuss some of contemporary ethical concerns.

**Financial Motives in Healthcare Delivery:** The concern for financial benefits in treating patients has become a big problem in the Nigerian health sector. Generally, the model of healthcare provision that has prevailed in Nigeria is the fee-for-service health system, where patients pay directly for cards, consultations, tests, and treatment. The result is that medical costs vary considerably and patients who visit various hospitals and clinics can easily be classified according to their social status or financial strength. Hence, while the poor and average-class patients are found in general hospitals and community-owned health institutions, the wealthier patients are treated in private clinics or specialist centres; needless to say, the cost of treatment in private hospitals/clinics is grossly higher and the quality of facilities is also far better than in the general/public hospitals. Many doctors, therefore, engage in private practice outside their general practice with an emphasis on their specialization and how much better equipped they are than the public hospitals. The problem of deposits-before-treatment has presented the medical profession in a bad light. Financial considerations always have a way of diminishing the quality of medical care enjoyed by patients. The profit motive single most disruptive threat to the delivery of quality health care today. Collins (1996, 20) observed that;

Unlike other commodities, healthcare, whether it be in a fee-for-service or a managed care environment, should not be viewed solely as a product available for purchase. As healthcare efforts are solely directed to the enhancement of human dignity, healthcare represents a good on which society places great value. To denigrate health care to a mere commodity is to diminish the value of the human person. To create an industry, the entire purpose of which is to generate profits derived from treating people who are sick or in need of healthcare is to interpose between the patient and the caregivers' inherent disincentives to caring of the dignity of a fellow human and incentives to profit from another's misfortune.

This is to say, that healthcare providers must place human lives over financial gains. The human dignity must be at the forefront, unlike other commodities that are primarily for profit making.

**Discrimination and Preferential Treatment:** Various forms of discrimination have been practiced throughout history perhaps, the clearest form being racial discrimination and slavery. However, it would seem that in Nigeria, public outcry is often loudest regarding the discrimination against women and children. Yet, as pointed out above, such smaller groups as the terminally ill, accident victims, and many more medically ill groups not discussed daily face a great injustice in institutions meant to protect and promote the well-being of the members of society. Discrimination can take the form of preferential treatment, where treatment/medication is distributed based on some other factors apart from need. Discrimination occurs when preference is given to rich patients over poor ones, treatment is refused to accident victims, HIV/AIDS patients are stigmatized and discriminated against. Discrimination could also take the form of unfair concentration of health facilities in certain areas with a resultant neglect of other areas etc., are instances of preferential treatment. Discrimination is an evil that diminishes the value of human life. Medical ethics is starkly in opposition to any kind of discrimination since the basis for treatment according to medical ethics is an illness and not one's race, colour, social standing, and/or financial weight. Some doctors prefer city life to service in rural areas. This questions the nobility of their profession and goes against the Hippocratic Oath or Physician's

Oath which they take since they undertook that they would not "permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and patients (Code 2004, 10)."

Moreover, the duty to care does not arise by the mere fact of being a doctor but only to the extent that the patient is the responsibility of the doctor.

A doctor who comes to the scene of a road accident and refuses to administer first aid to the injured victims incurs no liability because no duty is owed. However, once a doctor undertakes to treat a patient, whether or not there is an agreement between them, a duty to care arises (Okonkwo 1989, 124).

It is on the 'duty to care' therefore, that legal obligations are relevant to the treatment of patients. Once a relationship is established between the doctor and the patient on the basis of treatment, the rights of the patient become the responsibility of the doctor. To buttress the point further, if a doctor administers medical treatment to a patient in a negligent manner and causes the patient harm, the patient may bring an action of negligence against the doctor, claiming damages for harm suffered (Okonkwo 1998, 23).

## HEALTHCARE POLICIES IN NIGERIA

With the goal of enhancing the general health and well-being of its population, Nigeria's government and policymakers have placed an emphasis on healthcare policies. To address the various issues the Nigerian healthcare system is facing, many important healthcare policies have been put into place. One of the most significant healthcare policies in Nigeria is the National Health Insurance Scheme (NHIS), which was established in 1999 (Adewole et al. 2017, 10: 3455-61). The NHIS aims to provide universal healthcare coverage and ensure that all Nigerians have access to affordable and quality healthcare services. The scheme is designed to pool resources and share the costs of healthcare, thereby reducing the financial burden on individuals and households (Adewole et al. 2017, 10: 3455-61).

Another important healthcare policy in Nigeria is the National Strategic Health Development Plan (NSHDP), which was introduced in 2010 and updated in 2018 (Federal Ministry of Health 2018, Accessed June 1, 2024). The NSHDP serves as a comprehensive framework for the development of the healthcare sector, with a focus on improving primary healthcare, strengthening the health system, and addressing the burden of communicable and non-communicable diseases (Federal Ministry of Health 2018, Accessed June 1, 2024). Likewise, the Nigerian government has also implemented policies and initiatives aimed at addressing specific healthcare challenges, such as the National Immunization Policy, which aims to improve vaccination coverage and reduce the burden of vaccine-preventable diseases (Adamu et al. 2019, 302). Additionally, the National Malaria Elimination Program (NMEP) has been established to combat the high prevalence of malaria in the country (Adegun and Adegun 2018, 302). Again, the Nigerian government has recognized the importance of improving the quality of healthcare personnel and has implemented policies to enhance the training, recruitment, and retention of healthcare professionals. For instance, the National Human Resources for Health Policy and Strategic Plan (2008-2012) aimed to address the shortage of healthcare workers and improve the distribution of healthcare personnel across the country (Ogbonnaya et al. 2020, 3: 256-61).

While these healthcare policies have made significant progress, challenges remain in their effective implementation and the achievement of desired health outcomes. Factors such as inadequate funding, infrastructure deficiencies, and the unequal distribution of healthcare resources continue to hinder the successful implementation of these policies (Aregbeshola and Khan 2018, 11: 1015-23).

Thus, the healthcare policies in Nigeria demonstrate the government's commitment to improving the healthcare system and addressing the diverse health needs of the Nigerian population. However, sustained efforts and collaborative approaches between the government, healthcare providers, and the community are necessary to ensure the effective implementation and impact of these policies.

## **DISTRIBUTIVE JUSTICE AND HEALTHCARE SYSTEM**

Within Nigeria's healthcare system, distributive justice is a major challenge. Distributive justice refers to the fair and equitable distribution of resources, benefits, and burdens within a society (Beauchamp and Childress 2019, 1-2). Disproportionate resource allocation and unequal access to healthcare services are two ways that distributive justice issues in the Nigerian healthcare system are expressed. The disparity in healthcare access between urban and rural areas is one of the main issues. The majority of healthcare facilities, specialized services, and qualified healthcare professionals are concentrated in urban areas, leaving rural communities with limited access to quality healthcare (Abubakar et al. 2018, 2: 144-52). Due to this gap, there are major healthcare disparities, with people living in rural areas frequently experiencing worse health outcomes and having to travel great distances in order to receive medical attention.

Additionally, a person's access to healthcare in Nigeria is significantly influenced by their socioeconomic status. Individuals from higher-income backgrounds are more likely to afford private healthcare services and have better access to quality care, while those from lower-income backgrounds often rely on the often-overburdened public healthcare system (Aregbeshola and Khan 2018, 11: 1015-23). Pathetically, the consequence of this is that access to healthcare is no longer a basic human right but rather a privilege.

The unequal distribution of healthcare resources, such as medical equipment, medicines, and skilled healthcare personnel, further exacerbates the problem of distributive justice. The concentration of resources in certain regions or facilities, often influenced by political and economic factors, leaves other areas severely underserved (Ogbonnaya et al. 2020, 3: 256-61). This leads to differences in health outcomes and care quality between various socioeconomic groups and geographical areas. Nigeria's National Health Insurance Scheme (NHIS) has encountered difficulties in implementing equity, despite its goal of promoting universal healthcare coverage. Enrollment in the NHIS has been lower among individuals from lower-income backgrounds, and the scheme has been criticized for not adequately addressing the needs of the most vulnerable populations (Adewole et al. 2017, 10: 3455-61).

It takes an all-encompassing and multidimensional strategy to solve the distributive justice issue in the Nigerian healthcare system. Policymakers and healthcare authorities need to prioritize the equitable distribution of resources, including the expansion of healthcare infrastructure and the deployment of skilled healthcare professionals to underserved areas (Aregbeshola and Khan 2018, 11: 1015-23). Furthermore, in order to guarantee that healthcare is accessible to all Nigerians, regardless of their socioeconomic status, measures to increase the affordability and accessibility of healthcare services, such as fortifying the NHIS and looking into alternative financing mechanisms, are essential.

Put simply, the distributive justice issue in Nigeria's healthcare system is a reflection of the nation's larger socioeconomic inequalities and disparities. To properly address these problems, a comprehensive strategy that incorporates social and economic policies that support inclusivity and justice in addition to healthcare policies is needed.

## **ATTITUDE OF HEALTHCARE PROVIDERS TOWARDS PATIENTS IN NIGERIA**

There have been many cases of negligent or careless behavior by healthcare providers in Nigeria's healthcare system, which has had a negative effect on patient safety and care. These incidents demonstrate how the Nigerian healthcare system needs more supervision, responsibility, and professionalism. One concerning case involved a nurse who administered an incorrect medication to a patient, leading to the patient's death (Adebayo and Oladapo 2018, 2: 129-35). Upon investigation, the nurse was charged with manslaughter after it was discovered that she had behaved irresponsibly and without appropriate supervision. This incident emphasizes how crucial it is for medical professionals to follow medication administration guidelines and guarantee patient safety.

In another case, a doctor was accused of performing an unnecessary hysterectomy on a patient without obtaining informed consent (Okafor and Eze 2019, 2: 260-64). The unapproved procedure caused significant psychological and physical harm to the patient, and it was eventually determined to be a blatant violation of both the patient's autonomy and the provider's ethical duties. Instances of healthcare providers engaging in unethical practices, such as requesting or accepting bribes from patients, have also been reported in Nigeria (Oriji and Eze 2020, 1: 26-31). Along with undermining public confidence and erecting obstacles to fair access to healthcare services, these acts also jeopardize the integrity of the healthcare system.

Furthermore, healthcare facilities in Nigeria have faced allegations of poor infection control practices, leading to the spread of nosocomial infections among patients (Nwankwo and Aniebue 2019, 1: 1000008). These mistakes have put patients at risk of avoidable harm. The causes of these lapses include inadequate sterilization of medical equipment, poor hand hygiene, and overcrowding in healthcare settings. The frequency of these irresponsible and unethical actions by Nigerian healthcare professionals highlights the necessity of thorough reforms and more robust regulatory frameworks inside the healthcare system. To guarantee that medical staff adhere to the highest standards of care and put patients' safety and well-being first, better training, oversight, and accountability procedures are necessary.

In the same vein, the Nigerian government and healthcare regulatory bodies must take proactive steps to address the underlying systemic issues that contribute to these lapses, such as inadequate resources, poor infrastructure, and lack of effective oversight mechanisms (Aregbeshola and Khan 2018, 11: 1015-23). The healthcare system can strive to promote a culture of professionalism, moral behavior, and patient-centered care by tackling these issues.

## EVALUATION AND CONCLUSION

Ranging from the preceding, it suffices to conclude, therefore, that the Nigerian Healthcare System is bursting with inadequacies and shortcomings, and weaknesses in the areas of capital, material, and human resources which hinder the effect of healthcare delivery services. The Nigeria Health Sector can only be improved if Nigeria statesmen are less self-centered but much more committed to working on health policy formulation, implementation, monitoring, and evaluation. And so, the Nigeria Medical Association (NMA) must also insist that necessary facilities are put in place so that doctors can be better encouraged to uphold professionalism as negligence is presumed until the contrary is ascertained.

There is a need to understand that in law, the hospitals and the owners are liable for the negligence of their workers and there is a liability also whether the doctors do not act for reward or not. Both the principal and agent (Hospital Owners and Workers) are vicariously liable for any form of negligence arising from inadequacies and challenges in the health sector. However, the Federal Ministry of Health, the Hospitals Management Board, the State Minister of Health, the Chief Medical Director, and the entire hospital are liable for the negligence in the health system in the country.

Lastly, the paper submits that the Federal Government should consider the great words of Adam Smith; "No society can surely be flourishing and happy of which greater part of its members are unhealthy, poor and miserable (Smith 1776, 96)." The statement is a clarion call for unreserved support and commitment of the political elites, health policymakers, and power elites in charge of public affairs to accord topmost priority to issues bothering the healthcare delivery system so that Nigeria can be ranked as a developed country at least in health jurisdiction. Still, health matters should not be subjected to political rhetorics and bureaucratic red-tapism since life has no duplicate.

## RECOMMENDATIONS

1. To enhance early illness management and preventive care, the Nigerian government should prioritize growing and bolstering primary healthcare services, such as community-based clinics. This may lessen the workload for hospitals and other higher-level healthcare facilities.



2. Government spending is required to modernize healthcare facilities, particularly in underserved and rural areas. These facilities must have clean water, dependable electricity, state-of-the-art medical equipment, and necessary medications.
3. In order to improve the nation's healthcare system, measures for the education, hiring, and retention of qualified healthcare workers, such as physicians, nurses, and community health workers, particularly in rural areas, must be put in place.
4. To guarantee that all Nigerians, particularly the impoverished and vulnerable, have fair and inexpensive access to healthcare services, the country should either create a universal health coverage system or expand its current health insurance programs.
5. To guarantee constant availability at all healthcare facilities, the procurement, distribution, and management of necessary medications and medical supplies must be improved.
6. The government must put in place reliable mechanisms for monitoring and evaluating the performance of the healthcare system, spotting gaps, and providing information for evidence-based policy and program enhancements.
7. Organize and involve local leaders and community-based organizations in the development and execution of healthcare initiatives, as well as community ownership and participation in healthcare services.
8. Due to the importance of quality healthcare to the well-being of the people, concentrate on enhancing maternal and child healthcare services.
9. In order to improve the delivery of healthcare services, particularly in rural areas, investigate the use of digital technologies such as telemedicine, electronic medical records, and mobile health applications.
10. Since traditional and complementary medicine are frequently widely used and accepted in many communities, it is important to acknowledge them and incorporate them into the official healthcare system.
11. Training Nigerian healthcare workers on ethics is crucial to help them improve patient care, professionalism and accountability and be cultural sensitive.
12. Implementation and sustainability of national health policies will help Nigerian healthcare deliveries meet global health standards and best practices.

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