

## CHAPTER 16

# IMPROVING HEALTHCARE SYSTEM AND PRACTICE IN NIGERIA: THE ROLE OF THE CATHOLIC DIOCESE OF AUCHI

Ferdinand OKAFOR

---

### Introduction

Health is an essential need of any human being. The health of the human person is extensively dependent on the healthcare system of the nation. Healthcare system constitutes one of the critical systems in the wellbeing of a people. This implies that the wellbeing of a people is extensively contingent upon the functionality of the nation's healthcare system.

There is no gainsaying that the healthcare system and practice in Nigeria remain part of the systems and practices that are bedeviled by corruption and malpractices. The Nigerian healthcare system is undoubtedly saturated with uncertified health care professionals and unethical practices. The resultant effects are lack of patient's dignity, premature death, and high clinical mortality rate. Lack of respect for the human person is ipso facto a threat to human life.

The healthcare system in Nigeria is indicative of the value of human life in Nigeria. The genesis of corrupt practices in healthcare is wholesome quest for money. The Nigerian environment is grossly saturated with desire for wealth. Many Nigerians have become

obsessed with the drive for money, and this has concomitant effect in lack of respect and value for the human person. Unfortunately, many Christians in Nigeria are caught in the web as well.

The aim of this paper is to identify the problems in healthcare system and practice in Nigeria, and how the Catholic faithful in the diocese of Auchi can play prophetic and pastoral roles in advancing the healthcare system and practice in Nigeria.

### **The Nature of Healthcare System in Nigeria**

The *pointe de depart* of this section is the description of the nature of healthcare system. The term healthcare system as used in this paper, refers to organization, management, financing, and method of healthcare delivery. The term system implies a network of functional parts. So, healthcare system refers to the network of healthcare management, structure, and practices. At the heart of healthcare system are structure, management practices, dynamics, strategies, plans, and policies that guide and regulate healthcare profession, services, and delivery. Healthcare architecture follows a pathway of healthcare ecosystem (society), system (organization), delivery operations (processes), clinical practices (people).<sup>1</sup> Structure and policy are vital to sound healthcare system, and they have impact on delivery and clinical practices. The goals of healthcare include the protection and preservation of life from disease, enhancement of the health and wellbeing of a patient, and the sustenance of the health of the populace.<sup>2</sup> To meet this aim, adequate financing, effective health policy, efficient regulation, and effective management system need to be established.

The healthcare system in Nigeria is managed by the three tiers of government, which are the Federal government, the State government, and the Local Government. The healthcare architecture follows a pathway of Primary Health Care which is managed by the Local Government, the Secondary Health Care, which is managed by the State Government, and Tertiary Health Care which is managed by the Federal Government.<sup>3</sup> There is also the Private Health Services which is owned by private providers. The healthcare system operation

is a triad delivery system that comprises conventional western medicine, complementary and alternative medicine, which refers to different forms of therapies outside of the conventional medicine, and traditional medicine.<sup>4</sup> Each of the tiers is autonomous in the management and financing of healthcare guided by national health policy.<sup>5</sup> At the head of the chain of commands is the Federal Government, whose agent is the Minister of health, followed by the State Government represented by the Commissioner for health, and the Local Government represented by the Medical Officer of health. The Federal ministry of health is the driving force of healthcare system in the country. It is the responsibility of the ministry to ensure safe, quality, affordable, adequate, equitable, and accessible healthcare services.<sup>6</sup> The Minister of health is the Chief Executive Office (CEO) of health and is assisted by the Commissioners for health in the thirty-six states of the Federation.<sup>7</sup> The relationship that exists among these sectors is crucial to the overall efficiency of health practices and services in the country. The administrative structure and policy of the Federal Ministry of health have impact on the efficiency of healthcare system and healthcare delivery in the country.

The Nigerian healthcare system is ranked among the lowest in the world because it is saturated with so many unethical practices and inadequate care.<sup>8</sup> The healthcare system in a country reflects the level of development of the country, culture, and social values.<sup>9</sup> Therefore, the Nigerian healthcare system reflects the Nigerian society. The problems in the Nigeria healthcare system are foregrounded in corruption, poor management, and lack of ethical standard.

**a. Corruption: The Bane of Nigerian HealthCare System**

The Nigerian healthcare system is underscored by corruption. Corruption is a form of behavior. Behavior is an outcome of the interaction between an organism and the environment. It also implies human activities or actions ranging from thinking, feeling, and communication.<sup>10</sup> Every behavior is either a response to a stimulus or a response to consequence, and it occurs within the context of an

environment.<sup>11</sup> Consequence can either be punishment or reward. Stimulus-response theorists believe that behavior is a response to stimulus. While operant condition theorists argue that behavior is a response to consequence.

It is insufficient to identify a problem. The identification of the cause of a problem is fundamental to the resolving the problem. It is impossible to resolve a problem whose cause is unknown. Therefore, it is insufficient to identify corruption as the bane of the challenges in the Nigerian healthcare system. It is important to identify the root of corruption in Nigerian and in the healthcare system. The nature of a system is determined by factors such as culture, religion, history of a country, and social values.<sup>12</sup> The corruption in the healthcare system is a product of the fundamental belief in the Nigerian ecosystem. The prevailing ideology in the Nigerian society is that *money rules the world*. So, money and wealth are governing factors in the Nigerian society. The implication is that the human person has no place value. One is only valuable and respected based on the capacity of one's wealth and riches. When money or wealth is given unwholesome value and made a determining factor in every endeavor, people are bound to develop irrational and insatiable drive for it. The resultant effect is lack of respect for the human person, especially those who do not possess it. Therefore, corruption and dishonesty become the norm.

The human person in Nigeria today is defined in relation to riches. This erroneous mindset sets the stage for corruption and a downturn of values. There is a serious perversion of values in the Nigerian healthcare system. Experimental behavior analysts consider behavior as a function of environmental variables.<sup>13</sup> Environmental variables include cultural, religious, and belief systems. It implies that these variables in the environment are the sources of the stimulus and consequences that impact on behavior. The environment is the sum total of cultural and religious beliefs, which have impact on the human mind. It is easy to understand therefore, how an average Nigeria lacks integrity in relation to money. It is incomprehensible while each government agent is determined to satisfy his interest, rather than improve the health sector. The Covid-19 pandemic is a revelation of how

corrupt the ministry of health has become, and how ill-equipped and ill-prepared the Nigerian healthcare system is.

### **b. Poor Management: A Problem in Nigerian HealthCare System**

Poor management is a serious problem in the healthcare system in Nigeria. Poor management in Nigerian healthcare system is reflective in instability in health management practices and policy. The Nigerian healthcare system lack stability in structure and policy. There is lack of successive improvement in the health sector and health reforms. Every minister of health is always involved in restructuring the system without building on or improving on the positive initiative of the predecessor.<sup>14</sup> Instability implies chaos, lack of plan and direction. A chaotic system cannot lead to progress. When a system lacks plan, direction, and strategy; progress becomes a mirage.

The poor management is a derivative of poor leadership. The government lacks leadership capacity and qualities. Therefore, the appointment of ministers and commissioners of health in the country, is not merit based. Rather, it is often a reward to political allies. The Nigerian society is a fertile ground for the emergence of incompetent and corrupt ministers of health. Those who are appointed as ministers of health and commissioners for health in Nigeria are incompetent persons, who lack the requisite knowledge, skill, and virtues to manage the Nigerian healthcare system to attain global standard. To participate in global healthcare system, knowledge competency in healthcare administration and management as well as the knowledge of global healthcare practice are indispensable. Competency in knowledge refers to knowing *how*. Beside the knowledge of healthcare management, skill competency in healthcare administration is also required. Skill competency refers to *ability* to identify, analyze, and resolve problems in healthcare management. Competency in knowledge and skill competency are mutually inclusive qualities, which are acquired through studies, training, seminars, and workshops. The exclusion of any of these qualities will result in inefficiency in the health sector.

To resolve the challenges in the health sector and to increase health benefit to patients, competent drivers of healthcare system are needed. To be competent is to possess knowledge, skills, and requisite virtues in healthcare system management. Knowledge alone is insufficient to turn around the present situation in the Nigerian healthcare system. No matter how knowledgeable and skillful the minister of health and commissioners for health may be, without the requisite virtues, it will be impossible to resolve the challenges and corrupt practices in the healthcare sector. Similarly, no matter how virtuous the ministers and commissioners in charge of health may be, without the required knowledge and skills, no meaningful advancement can be attained in the healthcare sector. Knowledge and skills in healthcare management and delivery as well as the fundamental virtues in healthcare management, are inevitable qualities in responding to problems and challenges in healthcare administration and delivery. The fundamental virtues that are required in healthcare administration are the willingness and courage to do what is right.

In addition, the minister of health and the commissioners for health need appreciable level of awareness of the healthcare system in Nigeria and advanced nations, awareness of current global practices and standards in healthcare administration and delivery, as well as competency in creating a road map to revamp the healthcare system.

### **c. Lack of Ethical Standard in Nigerian healthcare System**

The healthcare system in Nigeria lacks ethical standard. The lack of ethical standard is evident in the prevalence of substandard hospitals and patent medicine stores, substandard and counterfeit medicines and medical devices, and unethical practices. These substandard operations in the system reflect the depth of corruption in the healthcare sector, and it implies that the healthcare system in Nigeria is not patient centered. The interest and wellbeing of patients are inconsequential to the government and its agents, as well as to healthcare providers and most healthcare professionals. Many healthcare professionals are in healthcare service because of economic motive, not patients' wellbeing. This is corruption, which is a pathway to unethical practices.

Healthcare providers and patent medicine dealers in Nigeria do not follow ethical standards for providing healthcare services. Most hospitals and patent medicine store do not measure up to modern standard of operation. Due to lack of standard and proper regulation of health services, it is so easy for a doctor to convert any apartment into a hospital. Most places that are regarded as hospitals are unhygienic and lack facilities, standard structure, and space that hospitals require. In short, they do not qualify for a clinic in a sane society. Similarly, many of the dealers in patent medicines are either uneducated or have no degree in pharmacy. Yet they are licensed to operate freely. Besides, it is unthinkable that individuals can purchase medicine at pharmaceutical stores without physician's prescription. Due to lack of regulation in the healthcare system, it is easy for anyone to purchase medicine without prescription. Hence many persons indulge in self-medication, without physician's prescription.

In a complementary advancement, substandard and counterfeit medicines are so prevalent in patent medicine stores and hospitals in Nigeria. The use of substandard medication began in the 1980s. The issuance of the importation license in the 1980s was influenced by corruption. Pharmacists and manufacturers of drugs were denied foreign exchange at the official rate, while people who had no experience in pharmaceutical products were issued license to import drugs. This experience frustrated manufacturers of drugs and pharmacists and paved the way for counterfeit drugs and substandard medical products to be imported into the country.<sup>15</sup> There have been many cases in which the Nigerian Custom officers and officials of the National Agency for Food and Drug Administration and Control (NAFDAC), confiscated and set ablaze substandard and counterfeit medicines and medical products. Counterfeit medications are imitation medicines, which are poorly created and are produced under unhygienic conditions. And police have discovered sites in some part of Nigeria, where counterfeit medicines are produced in unhealthy conditions. The perpetrators of these heinous acts persist because patent medicine shops and hospitals patronize them. This shows inefficient

regulation in the healthcare system and lack of monitoring of patent medicine dealers.

Furthermore, most health professionals are unethical in their practices. One of the unethical practices in the Nigerian healthcare system is the use of substandard and counterfeit medication in the treatment of patients. Most hospitals to gain patronage and maximize profit, offer cheap treatment, and then apply substandard medications and medical products in treatment. It is unethical for a physician or healthcare provider to recommend lower cost but less effective treatment for financial benefit.<sup>16</sup> Apart from the use of low-quality medication and medical consumables for treatment, which is linked to economic motive, other unprofessional practices are related to poor training. Many private healthcare providers engage poorly trained nurses because of cheap labor.

The Nigerian healthcare system is also characterized by poor funding. The financing of healthcare is the responsibility of the government. The government has the obligation to provide effective healthcare system. The effort of the government can be complemented by the private sector, while the citizens have the responsibility of paying for healthcare services that they receive. Unfortunately, the Nigeria government budget allocation for health signifies that health is not a priority to the government. Poor funding cannot guarantee effective healthcare system.

Other characteristic features of the Nigerian healthcare system are waste, insufficient health workers, poor infrastructure, poor equipment, poor treatment, and lack of respect for patients.<sup>17</sup>

### **Healthcare System in Nigeria: Effect on the Nigerian Citizens**

The efficiency of the healthcare system in a country is measured by the outcome and effects on the populace, which is the quality of care that the citizens receive. Unfortunately, the problems in the Nigerian healthcare system have deleterious effect on the citizens. The egregious effects are evident in the risks it poses to patient's dignity and life, the lives of the entire citizens, high medical mortality rate, and lack of trust

in the Nigerian healthcare system and practice, resulting in self-medication.

#### **a. Risk to Patient’s Dignity and Life**

The foremost effect of the healthcare system in Nigeria is that it poses risk to the dignity and life of patients, which is referred to as dehumanization of patients. The term risk implies vulnerability. Vulnerability is a characteristic feature of the human person. The human person is highly susceptible to harm, which could be emotional, psychological, physical, or spiritual harm. A little error can lead to serious injury, distress, or loss of life. Therefore, counterfeit, or substandard medications, as well as unethical practice in medical intervention is a grave threat to the dignity and life of a patient, and it is capable of leading to injury, distress, or loss of life. When a patient’s wellbeing is subordinated to financial benefit in healthcare, the dignity and life of the patient are undermined and subjected to serious risks.

The term dignity is derived from the Latin words *dignitas* which means “worth” and *dignus* meaning “worthy.” At the heart of human dignity is the worth of the human person. Human dignity is an essential attribute of every human being. It reflects the inherent value of every human being and humanity.<sup>18</sup> It also points to the spiritual dimension of the human person and relates to the truth that the humanness of the human person transcends the biological and genetic domain.<sup>19</sup> Human dignity is the basis of respect for every human being regardless of their condition and status. Every human being has an inherent worth, which is inviolable.<sup>20</sup>

#### **b. Risk to Citizen’s Lives**

The use of low-quality treatment and counterfeit medicines poses security risks to the health and lives of the citizens. It is a form of terrorism to health, safety, and the wellbeing of patients.<sup>21</sup> The harm from the use of these drugs outweighs the benefit, if at all there is any benefit. Substandard medicines are ineffective because, they lack Active Pharmaceutical Ingredients (API). Hence, they pose serious risks to patient’s health and safety.<sup>22</sup> Human life is highly vulnerable to

harm. It is immoral to endanger one's life or that of another person. Many Nigerians invariably resort to self-medication without physician's prescription. Therefore, to allow counterfeit or substandard drugs to be in circulation, is to put the lives of most Nigerians in danger of death. NAFDAC officials need to urgently embark on supervision of patent medicine stores to checkmate the activities of these patent medicine stores. As a matter of concern, in modern health practice, patent medicines should be abolished. Only standard pharmaceutical stores with certified pharmacists should be allowed to engage in pharmaceutical deals, to patient's who tender prescription from physicians. By doing this, it becomes easy to eradicate self-medication. NAFDAC is one of the parastatals in the Federal Ministry of Health. It was established by Decree No. 15 of 1993, to monitor and regulate the manufacture, importation and exportation of food and drugs in the country. It has a statutory responsibility of ensuring quality, safety, and efficacy of food, drugs, medical devices, and other regulated items such as drinks, and cosmetics, detergents.<sup>23</sup>

### **c. High Medical Mortality Rate and Lack of Trust in HealthCare System**

The effect of counterfeit medicines is in heart failures, liver damage, and kidney.<sup>24</sup> There is a high rate of organ failure in the country today, which may partly be attributed to the use of counterfeit or substandard drugs. Many Nigerians have lost their lives due to unethical practices, clinical errors arising from the hospitals, and the use of counterfeit or substandard medicine. It is impossible to state the statistics due to poor reporting and recording. In most case, witches and wizards are prime suspects for such deaths.<sup>25</sup> Low quality treatment and counterfeit medicines have been reported as the cause of death of many people around the world.<sup>26</sup> As a result of this many Nigerians have no trust in the Nigerian healthcare system. When patients are treated with substandard medication and medical consumables, they cannot achieve therapeutic benefit. When therapeutic benefit is unachieved, they lose trust in healthcare system,

health providers, and in health professionals when there is lack of therapeutic benefits.<sup>27</sup>

### **Health Promotion: The Roles of the Catholic Diocese of Auchi**

Promotion of health and prevention of disease is a collective responsibility that involves the government, private sectors, the community, individuals, and non-governmental agencies. The focus of this paper is the role of the Catholic faithful in the Catholic diocese of Auchi in healthcare. The Catholic Diocese of Auchi refers to the Catholic faithful in the ecclesiastical circumscription that make up the Catholic Diocese of Auchi. It comprises the bishop, priests, deacons, consecrated persons, and the lay faithful of the diocese. Individually and collectively, Christ's faithful in the Catholic Diocese of Auchi can play tremendous roles in improving the healthcare system and practice in Nigeria. The Catholic faithful of the diocese of Auchi have both prophetic and pastoral roles to play, to promote health intervention in Nigeria, especially within the state and local governments areas in the Catholic diocese of Auchi.

This paper discusses ways and methods the Catholic faithful in Auchi diocese can exercise these roles and advance health intervention within the geographical location of the diocese. These roles find resonance in promotion of health and prevention of disease, establishment of healthcare service, promoting respect for the dignity of patients, promoting compassionate healthcare, sensitization of the populace against counterfeit and substandard medicine.

#### **a. The Prophetic Role of the Catholic Diocese of Auchi in Healthcare Services in Nigeria**

The role of the prophet is to spread light and truth. Light and truth have transformative effect in the society that is beclouded with darkness and false ideologies, where the quest for money and perversion of values reigns supreme. The Catholic Diocese of Auchi has prophetic role to play in dealing with the challenges that affect the healthcare system in Nigeria. With the increasing loss of moral values, the reawakening of

conscience is imperative. The prophetic role entails condemnation of immoral and unethical practices in healthcare services, and advocating good practices in healthcare delivery, and respect for the dignity of patients.

**i. Condemnation of Immoral And Unethical Practices in Healthcare Services**

The Church has primary obligation to proclaim the gospel. The proclamation of the gospel includes the duty to lead the human person on the path of salvation. The Church has a moral and prophetic obligations and function to teach all men the truth, to govern and direct them in the right direction.<sup>28</sup> She has a duty to announce moral principles, including those that relate to social order, and to pronounce judgement on human affairs, provided it is aimed at promoting the fundamental rights of the human person or the salvation of souls.<sup>29</sup> The Church's duty and concern for the issues that affect the human person have given rise to the development of social teachings to shape the society.<sup>30</sup> The Church is not unconcerned with the issues in the society, although her primary obligation is the proclamation of the kingdom.<sup>31</sup> Therefore, the diocese of Auchi, as a local Church, has moral imperative to condemn immoral and unethical practices in healthcare services within the diocese and the state. The structure of corruption that is deeply rooted in the healthcare system requires attitudinal and behavioral restructuring, to enhance improved healthcare delivery. Oftentimes, rather than alter the foundation of a problem, there is the tendency to focus on the aftermath. To alter the healthcare system, the mental framework in the Nigerian society needs to be altered to initiate a corresponding behavioral adjustment. In this regard, the Catholic diocese of Auchi has a serious obligation to constantly organize seminars, workshops on health and catechesis, the formation of individual consciences and the collective conscience, with the aim of altering the prevailing ideology that is responsible for corruption.

The prophetic intervention of the diocese in matters of health also require active engagement with the government to live up to its responsibilities. Public health and individual health are functional

responsibilities of the government. This implies that the government has a role in the prevention of disease and provision of healthcare system to guarantee individual health, in case of disease infection. The goal of healthcare system is the promotion of the health of the populace.<sup>32</sup> To guarantee public and individual health, government intervention in financing, regulating, and promoting health education is inevitable.<sup>33</sup>

Apart from engagement with the government, the diocese can also engage with private healthcare providers, healthcare professionals, and the public, through health seminars, workshops, press conferences, and publications, to shape the conscience of individuals and the public to discern the negative impact of corruption and unethical practices on human dignity and life, and the need to dismantle the network of corruption in the healthcare system in the diocese and in the state. The prophetic mission of the diocese includes conscientization of the populace to develop rational capacity to evaluate the impact of wrongdoing on the doer and humanity.

## **ii. Promoting Respect for the Dignity and Life of Patients**

The Church is the mother and teacher of all nations, and the “pillar and ground of truth.”<sup>34</sup> She teaches all nations through social teachings. The social teaching of the Church is the application of the gospel to social issues. It is an aspect of the prophetic mission of the Church. A fundamental principle in Catholic social teaching is respect for human dignity and life. Human dignity is also a fundamental principle in bioethics.

The foundation of human dignity is the sacredness of the human person. The Congregation for the Doctrine of the Faith establishes that “Human life is sacred because from its beginning it involves ‘the creative action of God.’”<sup>35</sup> Therefore, the human person needs to be regarded with utmost dignity and treated with respect. Whatever that is incompatible with human dignity is unacceptable. To subordinate human dignity to any other value or interest seriously detracts from the dignity of the human person, and therefore immoral. Morality is

essentially about the promotion of values, and human life is regarded as one of the highest values.<sup>36</sup>

The moral obligation, *do no harm*, implies unconditional respect for the life of a patient. Sickness or disease does not in any way detract from the sacredness of the human person. *The Physician's Pledge* contains the promise to respect the dignity of a patient and respect for human life.<sup>37</sup> Other professions within healthcare services, such as the Nursing and Pharmaceutical Professions, have ethical guidelines that promote human life.<sup>38</sup> Healthcare professionals are obliged by this obligation to refrain from detracting from the dignity of the human person, and to humanize their professions. Humanizing refers to the proclamation of the dignity of the human person, respect for his or her corporality, for his or her spirit and culture.<sup>39</sup>

The diocese of Auchi as a local Church, has obligation to promote respect for the dignity of every human person including patients. And to insist that healthcare providers and professionals respects the dignity of patients.

#### **b. The Pastoral Role of the Catholic Diocese of Auchi in Healthcare Services in Nigeria**

The pastoral role of the Catholic diocese of Auchi is care oriented. It entails provision of healthcare services, and health education to promote the health of the individuals and the public.

Provision of healthcare service has been part of the Church's ministry, in continuation of Jesus' healing ministry. Jesus' mission encompassed healing the sick, the afflicted, and those possessed by evil spirits. Jesus' healing transcends physical affliction. It encompasses mental, psychological, and spiritual wellbeing. He ministered to the sick at the deepest level of their being.<sup>40</sup> He also commissioned his apostles to heal the sick as they proclaimed the good news of salvation. And indeed, healing was integral to the ministry of the Apostles. Since the existence of the Church, care for the sick has constituted integral aspect of her ministry. Care for the sick is part of Christian obligation. Bishop Polycarp of Smyrna in the second century, instructed his clergy to care for the sick, orphans, and widows. Compassion for the sick led to the

emergence of Hospices in the fourth century, in the Roman Empire. In the 390s, Basil of Caesarea established a hospice, where physicians and nurses attended to patients.<sup>41</sup> Hospices gradually metamorphosed into hospitals in the eighteenth century. The hospitals in Europe developed from hospices, almshouse, and infirmaries or sick bays in monastic institutions, and leprosarium that were administered by monks and nuns in the fourth and fifth centuries and until the Middle Ages.<sup>42</sup>

So, healing is an integral component of the proclamation of good news. The early missionaries to Nigeria adopted the strategy of providing healthcare in their evangelization by building hospitals and clinics to care for the poor. The pastoral role of the Catholic diocese of Auchi includes promotion of health and prevention of disease, and establishment of healthcare services.

#### **i. Promotion of health and Prevention of Disease**

The foremost way that the Catholic faithful in the diocese of Auchi can advance healthcare system is through promotion of health and prevention of disease. This entails planned activities that are aimed at improving personal and public health, including strategies that are aimed at behavior change, health education, health enhancement, and health maintenance.<sup>43</sup> This includes care and protection of the environment. The human person is directly linked to the environment. Diseases that affect human person are environmentally generated. Exposure to pollutants in the environment cause a broad spectrum of health hazards, that affect mostly the poor.<sup>44</sup> Many diseases and genetic disorders arise from environmental disorder. The environment, for example, has been implicated in autism spectrum disorder. The interaction between the environment and genes as well as exposure to pollutants, can cause epigenetic processes like attachment and detachment to occur rapidly or less rapidly.<sup>45</sup>

Christ's faithful in the Catholic diocese of Auchi have obligation to constantly educate the populace within the diocese on the need of hygienic living and care for the environment. In a special manner, Catholic health professionals can be constituted into committees to constantly provide education on public and personal

health, as well as the need to care for the ecosystem. Care for the environment is vital in the promotion of health. Healthcare begins with prevention of disease and improving capacities for healthy living. It transcends diagnosis and treatment of patients, and it encompasses medical services, public health, and preventive services, such as immunization against disease, sanitization of the environment, improvement in environment, improved lifestyle, and early screening.<sup>46</sup>

The primary obligation of Christ's faithful is the proclamation of the kingdom. The proclamation of the kingdom of God has moral implication and ethical obligation. The moral implication of the reign of God is that good should be done, and evil should be avoided. The ethical obligation is do what is right and avoid what is wrong. So, care for the environment is both a moral obligation and ethical duty for Christians.

## **ii. Establishment of Healthcare Service**

The proclamation of the gospel entails healing ministry. So, the obligation to announce the Kingdom of God is an obligation to establish healthcare service. Providentially, the diocese of Auchi has functional hospitals and school of Nursing and Midwifery. However, the intentionality should not be investment or profit motive. Intention is vital in any moral action or intervention. The aim of establishing Catholic health institutions should be to continue the healing ministry of Jesus, which is linked to the mission of Jesus. Therefore, the core values such as compassionate healthcare service, respect for the dignity of patients, quality, safe, and effective healthcare services for all regardless of their religion and status should characterize the Catholic health institutions in the diocese of Auchi. The health institutions should aim at ethically and morally sound treatment decision-making and care service. Health intervention is beyond mere treatment. It encompasses care for patients.

An important aspect of healthcare service is the dignity of patients. Respect for the dignity of patients is a fundamental ethical principle in healthcare practice. The foundation for discussing the dignity of patients is respect for the life and dignity of the human

person, which is a fundamental principle in Catholic social teaching. Catholic healthcare has responsibility to treat patients in a way that respects their dignity and the eternal destiny of every human being.<sup>47</sup> The dignity of a patient is a fundamental criterium for measuring the effectiveness of treatment. Any healthcare service that is incompatible with the dignity of the human person, or violates the dignity of patient, regardless of the condition of a patient, is unacceptable. Sickness or disease does not in any way detract from the sacredness of the human person. *The Physician's Pledge* contains the promise to respect the dignity of a patient and respect for human life.<sup>48</sup>

## Conclusion

This paper identifies corruption, poor management, lack of ethical standards, and unethical practices as challenges in the Nigerian healthcare system. The paper traces the root of these challenges to prevailing mindset that is underscored by irrational desire for riches. The paper also discussed the impact these challenges exert on the human person. In the light of these challenges, the paper identifies the prophetic and pastoral roles that the Catholic faithful can play in resolving these challenges by promoting respect for life and the human person and advocating improved healthcare system for the nation.

In conclusion, the Catholic faithful in the diocese of Auchi have prophetic and pastoral roles to play in the improvement of healthcare system in Nigeria.

## End Notes

---

<sup>1</sup> William B. Rouse, and Nicoleta Serban. *Understanding and Managing the Complexity of Healthcare*. Engineering Systems. The MIT Press, 2014, 10. <https://search-ebshost-com.authenticate.library.duq.edu/login.aspx?direct=true&db=cat03556a&AN=duebr.EBC3339826&site=eds-live&scope=site>.

<sup>2</sup> Philip R. Lee, and Carol Emmott, “Health-Care System” in *Encyclopedia of Bioethics* Warren T. Reich, (ed), Vol 2 (New York: The Free Press, 1978), 610.

<sup>3</sup> Joseph Abiodun Balogun. *The Nigerian Healthcare System: Pathway to Universal and High-Quality Health Care*. Cham. Chicago State University, 2022, 93.  
<https://search-ebscohost-com.authenticate.library.duq.edu/login.aspx?direct=true&db=edsvle&AN=edsvle.AH39829189&site=eds-live&scope=site>.

<sup>4</sup>Balogun, *The Nigerian Healthcare System*, 94.

<sup>5</sup> Balogun, *The Nigerian Healthcare System*, 6.

<sup>6</sup> Balogun, *The Nigerian Healthcare System*, 88.

<sup>7</sup> Balogun. *The Nigerian Healthcare System*, 88.

<sup>8</sup> Abdullahi T. Amborode, Abdulhammed O. Babatunde, and Progress Agboola, “Training and Practices of Quack Nurses in Nigeria: A Public Health Concern.” *The International Journal of Health Planning and Management* 36, no. 3 (May 2021): 986, <https://www.doi.org/10.1002/hpm.3120>.

<sup>9</sup> L. Gregory Pawlson, and Jacqueline J. Glover, “Healthcare System” in *Encyclopedia of Bioethics*. Stephen G. Post (cd). Third Edition. Vol 2 (New York: Macmillan Reference, 2004), 1117.

<sup>10</sup> John O. Cooper, Timothy E. Heron, and William L. Heward, *Applied Behavior Analysis*, Third Edition (Hoboken, NJ: Pearson Education, Inc., 2020), 26.

<sup>11</sup>Cooper, et.al, *Applied Behavior Analysis*, 27.

<sup>12</sup> L. Gregory Pawlson, and Jacqueline J. Glover, “Healthcare System” in *Encyclopedia of Bioethics*. Stephen G. Post (ed). Third Edition. Vol 2 (New York: Macmillan Reference, 2004), 1117.

<sup>13</sup> Cooper, et.al, *Applied Behavior Analysis*, 41.

<sup>14</sup> Joseph Abiodun Balogun. *A Comparative Analysis of the Health System of Nigeria and Six Selected Nations Around the World*. Cham: Springer International Publishing, 2021, 3. [https://doi.org/10.1007/978-3-030-88863-3\\_10](https://doi.org/10.1007/978-3-030-88863-3_10).

<sup>15</sup> Dora Nkem Akunyili. *The War Against Counterfeit Medicine*. [Electronic Resource]: *My Story* (Rev.ed. Safari Books), 4 <https://search-ebshost-com.authenticate.library.duq.edu/login.aspx?direct=true&db=cat03556a&AN=duebr.EBC1352502&site=eds-live&scope=site>.

<sup>16</sup> Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine* (New York: McGraw Hill, 2022),200.

<sup>17</sup> Balogun. *The Nigerian Healthcare System*, 89.

<sup>18</sup>Henk A. M. J ten Have, and Michèle S. Jean (eds). *The UNESCO Universal Declaration on Bioethics and Human Rights: Background, Principles and Application* (Paris: United Nations Educational, Scientific and Cultural Organization, 2009), 93.

<sup>19</sup> Have, and. Jean (eds). *The UNESCO Universal Declaration on Bioethics and Human Rights*: 94.

<sup>20</sup> Alisson M. Jaggar, and Karsten J. Struhl, “Human Dignity” in *Encyclopedia of Bioethics* Stephen G. Post (ed). Third Edition. Vol 2 (New York: Macmillan Reference, 2004),1193.

<sup>21</sup> Akunyili. *The War Against Counterfeit Medicine*, 36.

<sup>22</sup> Rubie Mages, and Thomas T. Kubic. “Counterfeit Medicines: Threat to Patient Health and Safety.” *Pharmaceuticals Policy & Law*18, no. 1-4 (January 2016): 164. <https://doi.org/10.3233/PPL-160442>.

<sup>23</sup> Akunyili. *The War Against Counterfeit Medicine*, 36.

<sup>24</sup> Akunyili. *The War Against Counterfeit Medicine*, 36.

<sup>25</sup> Akunyili. *The War Against Counterfeit Medicine*, 27.

<sup>26</sup> Akunyili. *The War Against Counterfeit Medicine*, 26.

<sup>27</sup> Mages, and Kubic. “Counterfeit Medicines, 164.

<sup>28</sup>*Mediator Dei*, n.19. [https://www.vatican.va/content/pius-xii/en/encyclicals/documents/hf\\_p-xii\\_enc\\_20111947\\_mediator-dei.html](https://www.vatican.va/content/pius-xii/en/encyclicals/documents/hf_p-xii_enc_20111947_mediator-dei.html).

<sup>29</sup>*Dignitatis Humanae*, n.14.

[https://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decl\\_19651207\\_dignitatis-humanae\\_en.html](https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decl_19651207_dignitatis-humanae_en.html).

<sup>30</sup> Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* (Akure:Don Bosco Training Centre, 2004), 38.

<sup>31</sup>*Evangelii Nuntiandi*, n. 34. [https://www.vatican.va/content/paul-vi/en/apost\\_exhortations/documents/hf\\_p-vi\\_exh\\_19751208\\_evangelii-nuntiandi.html](https://www.vatican.va/content/paul-vi/en/apost_exhortations/documents/hf_p-vi_exh_19751208_evangelii-nuntiandi.html).

<sup>32</sup> L. Gregory Pawlson, and Jacqueline J. Glover, “Healthcare System” in *Encyclopedia of Bioethics*. Stephen G. Post (cd). Third Edition. Vol 2 (New York: Macmillan Reference, 2004), 1117.

<sup>33</sup> Lee, and Emmott, “Health-Care System,” 610.

<sup>34</sup>*Mater et Magistra*, n.1. [https://www.vatican.va/content/john-xxiii/en/encyclicals/documents/hf\\_j-xxiii\\_enc\\_15051961\\_mater.html](https://www.vatican.va/content/john-xxiii/en/encyclicals/documents/hf_j-xxiii_enc_15051961_mater.html)

<sup>35</sup>Congregation for the Doctrine of Faith, *Instruction on Respect for Human Life in its Origin*, n.5  
[https://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc19870222\\_respect-for-human-life\\_en.html/](https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc19870222_respect-for-human-life_en.html/).

<sup>36</sup> John Paul II (Pope) (1983) “Pope John Paul’s Address to the World Congress of Catholic Doctors,” *The Linacre Quarterly*: Vol.50: No. 1, Article 8.  
<https://cpublications.marquette.edu/lnq/Vol50/iss1/8/>

<sup>37</sup>World Medical Association. “Declaration of Geneva.” Adopted by the 2<sup>nd</sup> General Assembly of the World Medical Association, Geneva, Switzerland, September 1948, revised at the 173<sup>rd</sup> Council Session, Divonne-les-Bains, France, May 2006, and amended by the 68<sup>th</sup> WMA General Assembly, Chicago, United States, October 2017.  
<https://www.wma.net/policies-post/wma-declaration-of-geneva/> accessed March 22, 2021.

<sup>38</sup>Veatch, Robert M. et. al. *Case Studies in Biomedical Ethics* (New York: Oxford University Press, 2010), 71.

<sup>39</sup> Jacques Dupuis (ed)., *The Christian Faith in the Doctrinal Documents of the Catholic Church* (Bangalore: Theological Publications in India, 2004), n. 2237.

<sup>40</sup> United States Conference of Catholic Bishops, *Ethical Religious Directives for Catholic Health Care Services* (Washington, DC: Publication, 2018), 3.

<sup>41</sup> Timothy S. Miller, “Hospital, Medieval And Renaissance History of the” in *Encyclopedia of Bioethics*. Stephen G. Post (ed). 1184.

<sup>42</sup> Kenneth J. Williams, “Hospitals” in *Encyclopedia of Bioethics* Warren T. Reich, (ed), 677.

<sup>43</sup> Robert M. Huff, Michael V. Kline, & Darleen V. Peterson, “Culture, Health Promotion, and Cultural Competence” in Robert M. Huff, Michael V. Kline, & Darleen V. Peterson, Eds. *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students* (Los Angeles: Sage, 2015,), 5.

<sup>44</sup> Laudato Si, n. 20.

[http://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco\\_20150524\\_encyclical-laudato-si.html](http://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_encyclical-laudato-si.html)

<sup>45</sup> Richard C. Francis, *Epigenetics: How Environment Shapes Our Genes* (New York: W.W Norton & Company, 2012), xi.

<sup>46</sup> Lee, and Emmott, “Health-Care System,” 614.

<sup>47</sup> United States Conference of Catholic Bishops, *Ethical Religious Directives for Catholic Health Care Services*, 11.

<sup>48</sup> World Medical Association. “Declaration of Geneva.” Adopted by the 2<sup>nd</sup> General Assembly of the World Medical Association, Geneva, Switzerland, September 1948, revised at the 173<sup>rd</sup> Council Session, Divonne-les-Bains, France, May 2006, and amended by the 68<sup>th</sup> WMA General Assembly, Chicago, United States, October 2017.

<https://www.wma.net/policies-post/wma-declaration-of-geneva/> accessed March 22, 2021.