

## THE POOR ATTITUDE OF SOME HEALTH PROFESSIONALS IN GHANA – HOW LONG MUST THIS GO ON?

A health care professional is a person who delivers proper health care in a systematic way professionally to any individual in need of health care services. They include physicians, dentists, physician assistants, nurses, midwives and support staff regulated and/or licensed to provide some type of health care.

In recent times however, serious concerns have been raised about the attitude of some health professionals in public health facilities. Several complains have been raised and reports made about patients abuse, neglect and negligence on the part of some doctors, nurses and midwives in our public health facilities across the country.

Even though a national study has not been undertaken on this subject, documentary evidence on micro studies undertaken revealed loss of lives, neglect and verbal abuse of patients in some public health facilities.

Findings of a confidential enquiry into maternal deaths conducted by Ghana Health service from January to July 2006 with a focus on delivery-related hospital maternal deaths in Central and Volta regions, and by a team of eight-member panel comprising specialists in obstetrics, midwifery, anesthesiology, internal medicine, pathology and public health, made some worrying revelations.

On general clinical management, the team found out the care provided by doctors was below expectation. In the estimation of the panel of experts, poor case management, bad decision making and unacceptable attitude of doctors was common.

Take for example the case of a patient who had a normal labour and delivery, followed by postpartum eclampsia: panel members were of the view that there was a delayed comprehensive response to this life threatening complication by the medical staff. And in a second case, the panel's inference from the case review was that the doctor's decision to discharge a patient upon the patient's request was inconsistent with good obstetric practice. They thought that the doctor did not appreciate the importance of clinical features such as fever, jaundice and hepatomegaly which were obvious during the patient's first admission and was commented on by the midwife.

The report also said the panel assessed midwifery care as superior to that of doctors, because there were many more examples of acceptable midwifery practice in terms of management and communication, initial diagnostic assessments, and recognition of specific danger signs and symptoms including jaundice, pyrexia and foetal wellbeing.

Admittedly, examples of substandard care by midwives were also identified; especially, poor monitoring of vital signs and fluid balance.

It is disturbing to know that some medical doctors do not do enough to resuscitate patients in critical conditions. Again, findings of the panel revealed that resuscitation was insufficiently aggressive and not competently managed. In one patient, there was a lack of recognition of the cause of the severe anaemia and shock, which the review panel deduced was most probably due to a retained placenta. There was, nonetheless, a delay in removal of the placenta which was not initiated on time before the patient's demise as well as inadequacy of the resuscitation process.

The attitude of some medical staff further came to light as two other cases reviewed were assessed by the panel as follows: “There was poor management at all stages of labour...poor initial and continuous monitoring...especially by the doctor...complications of bleeding, sepsis and PIH were poorly recognized and managed [including] unorthodox management of bleeding using ice packs...[and no administration of syntocinon].

According the team, the doctor did not make a tentative diagnosis and did not take charge of the management...” “She made poor progress in labor over the next 46 hrs but no definitive action was taken despite poor progress”. “Emergency CS was carried out presumably without adequate anaesthesia care and without proper anticipation of the possible complication of uterine rupture”. The team of panel also concluded that the surgeon did not appear to be sufficiently competent to handle the complication of uterine rupture encountered involving the left uterine artery with profuse bleeding. The patient died from haemorrhagic shock after the operation without adequate resuscitation measures and monitoring”

It also sad that some doctors in our public health facilities do not give the needed attention to people in critical condition. The confidential enquiry report cited above also revealed that doctors paid infrequent visits to their patients who had serious complications or had undergone surgical operative procedures. According to the report, of the 20 deaths, only 5 cases had a doctor attending (despite being informed) in the time leading up to, and during the final critical events prior to death.

Furthermore, hydrocortisone was administered parenterally as a last resort to save patients' life. “This was the most common example of unnecessary medical treatment” – the panel of expert said . Eleven (11) of the 20 cases were given hydrocortisone for the purposes of acute resuscitation without a specific indication.

A similar report on a study undertaken to investigate women's accounts of interactions with health care providers during labor and delivery and to assess the implications for acceptability and utilization of maternity services in Ghana revealed horrifying accounts of what some women go through at some public health facilities during labor. Excerpts of the accounts given by some women in the said study are quoted as follows:

"The services were not so good, the attendant ... refused when I needed to hold her while I was in pain. She said it won't change anything...even when I asked the ward assistant for water she brought me chilled water, when I said I preferred tap water, she became angry."

"One nurse refused to make a cup of tea for me. When I requested for it she insisted that I make it for myself although she knew I was in pain."

"... the attendants were angry with me when I was in labour. They were impatient with me."

"The nurse put my finger into my vagina and asked what I could feel. I said it was the baby's head and I asked her whether I should push. She retorted 'What are you lying there for?'"

"... nurse was so nasty and put fear in me and threatened that they would take me to the theatre if I dared push again. She said because of the pushing I had soiled my pad and so she ordered that I should go and dispose of it myself. In fact this was difficult, but I had to crawl to the disposal bin. When she came and realized the baby was out she asked me why I had not told her the baby was about to come. But I did not know. It is her job and should have known that the baby was coming. She was the one who had listened to the baby and had attended to me. How could I have known that the baby was about to come out?"

The report further showed that women who had appalling treatment expressed indignation. For some women, reliving their experiences caused much pain and they cried on recollection.

The Monday edition of the daily graphic, 1<sup>st</sup> June 2009,( p.9) also contains an article about the retrogressive conduct of some callous nurses at the ridge hospital who neglected a student who was rushed to the hospital when she collapsed during her exam. s

The above revelations and accounts are just a few of the numerous unheard of abuses, neglect and negligence on the part of some of our health personal in the nation's public health facilities.

Panelists at the dissemination of the State of the World's Children Report 2009 on Wednesday, April 1, 2009 agreed that sometimes the attitude of health staff contributed to deaths but noted that praise should be given to those who worked tirelessly to save lives (Accra, April 1, GNA).

This kind of attitude on the part of some health personnel has unfortunately sent so many people including pregnant women and children to their graves; scared some expecting mothers from health facilities and compelling them to deliver at home or prayer camps. Such inhuman treatment has also left terrible memories in the mind of victims never to be forgotten in their entire life.

Given the above accounts and the several unheard abuses and misconduct in our hospitals and clinics, it is worrying and indeed very sad that some health professionals, who by virtue of their education and training and whose presence at health facilities should be a source of hope and relief for every health seeker, tend to behave so awkwardly and in manner the keep people away from these facilities.

In concluding this piece, one unanswered question needs to be asked. To the Health Minister and all the Directors of Ghana Health service: How long must the ordinary man - the tax payer; from whose sweat all health workers are paid; suffer from the unprofessional conduct of some of the nations medical staff? How long must innocent children and women die in the hands of nurses and doctors who just don't care about what they do? How long? How long must we travel on this road?

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