Ethical Healthcare Policies in Ladipo Akinkugbe's *Footprints and Footnotes*

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Abstract

Footprints and Footnotes chronicles the life experiences of Ladipo Akinkugbe, an Emeritus Professor of Medicine, highlighting his dual contributions to medicine and education. This study examines the ethical and humanistic dimensions of medical practice through a literary lens, using non-fictional narratives grounded in personal experience and historical context. This research identifies the inadequate diffusion of medical resources and health policies as contributing to public unawareness of the impact of medical errors. It critiques the perception of medical caregiving as a favour rather than a duty, leading to systemic issues and medical errors affecting lives. This study advocates for a society that fosters healthy living and ethical policies as a fundamental right. Acknowledging the core principles of healthcare ethics, the research adopts Bankowski's Medical Ethics and Lejeune's Autobiographical Pact as a theoretical framework on the literariness of the autobiography and the physician's moral responsibilities, encompassing advocacy, technical expertise, citizenship, moral agency, and policy implementation. Overall, the study highlights the intersection of literature and medicine in advocating for holistic healthcare ethics and policies that promote societal well-being.

***Keywords**: Ethics, Ladipo Akinkugbe, Healthcare, Societal well-being*

Introduction

There is no gainsaying the fact that patients require more healing than fixing the biological body. Moreso, while technical skills are requisite in the professionalism of a doctor, certain codes, rules and ethics determine the regulation of a physician's practice, which ensures the safety of the patient. As Piemonte (2017) asserts, medicine is laden with existential questions that border on the meaning of life and death; ultimately, the human being is the one whom medicine serves. Given this, without people in need, medicine and healthcare would cease to exist. This aligns with the Hippocratic Oath, an official document that outlines the ethics of medicine as established by Hippocrates, the Greek physician and father of medicine (Omobowale, 2003; Kekeghe, 2022). Highlighting that human beings are the overall essence of medical practise, ethical principles become paramount and essential for a successful humanistic approach. Medical ethics are values and moral practices that govern the medical profession. They include beneficence, non-maleficence, patient autonomy, and justice (Beauchamp, 2013; Berdine, 2015). Omobowale (2006) analyses the impact of literature in promoting ethical standards that guide the professional

conduct of healthcare providers in medical practice. Using stories and narratives, he offers insights into the moral complexities of illness, care, and healing, which help practitioners develop empathy, integrity, and a deeper sense of responsibility, thereby upholding humane and patient-centred care. Here, narratives are more than just scribbled words; they serve as explicit and compelling vehicles through which meanings are attributed to experiences, allowing individuals to vicariously partake in the experiences of others. The enduring impact of encounters or experiences lingers within an individual's psyche until it is articulated in written or spoken form. These experiences transform into a repository of knowledge when recounted, as reflected in the prevalent Yoruba adage affirming that 'there is nothing new under the sun, underscoring the relatability of shared human experiences (Singer & Bluck, 2001; Ntinda, 2020). In this context, narratives articulate coherent, cohesive ideas deemed significant enough to warrant repeated expression.

Lejeune (1989) defines autobiography as “a retrospective prose narrative written by a real person concerning his or her own existence, focusing on his individual life and in particular on the development of his personality”. This underscores the reliability and verifiability of the autobiography as a genre in literature. Initially associated with public figures, autobiographical writings have evolved to include memoirs, historical accounts, and eyewitness narratives. This expansion emphasises the public significance of the author's account rather than the prominence of the author or writer. Notably, the genre has expanded to encompass medical narratives, in which physicians, patients, and caregivers share experiences that are profoundly important in medical practice and training. Non-fictional narratives such as Ulla-Carin Lindquist's "*Rowing Without Oars*" (2004) and Paul Kalanithi's "*When Breath Becomes Air*" (2016) provide insights into patients' struggles and physicians' experiences. These narratives contribute to medical education, offering valuable perspectives on ethical dilemmas and conflicts encountered in the field. Medical doctors' autobiographies further shed light on the challenges and experiences within the discipline. Scholarly works such as McLellan (1996), Jon (2001), Omobowale (2003), Kekeghe (2018), amongst many others have played significant roles and posited veritable and viable positions around the discourse of medical representations in literature such as the representation of physical and mental health conditions by writers in their fictional narratives, patient writers' portrayal of disease and psychological trauma and the psychiatric conditions in selected Nigerian literary texts, and ethical issues of Medicine. This research contributes to knowledge by deepening ethical representations in a medical autobiography. The primary selection criterion is that the

autobiography expressively discusses ethical challenges in medical studies, which are foundational to medical practise. Moreover, the text engages salient issues that are central to this study. It investigates how humane or paternalistic the role of physicians is in contemporary society, the multiple roles of the physician in upholding humanistic tenets in medical practise, and it points out factors that might have contributed to the alarming rate of failure and the unempathetic state of the medical field in Nigeria.

Theoretical Framework

This research adopts an eclectic approach which combines Bankowski's Medical Ethics and Lejeune's Autobiographical Pact. This is to foreground the relationship between literature and medicine: this study is not merely a repository of medical experiences but a study of an autobiographical narrative that accounts for life writing and narration.

Autobiographical Pact

Autobiography, as a genre of literature, has been the subject of numerous discussions and postulations by scholars and has been assigned certain deliberative features. While some consider it to be a novel, others consider it an essay or a biography. Phillip Lejeune defined the genre of autobiography to clarify the intricacies. He described the autobiography as ″a retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality" (1989:4). This validates that works that do not appropriate these features are not qualified to be referred to as an autobiography. Jenny Fredman, in his essay, *Autobiography and the Theme of Otherness in J.M. Coetzee's Boyhood: Scenes from Provincial Life,* asserts that "All autobiography is storytelling, all writing is autobiography"(2007, i). This assertion might not be completely true, given Phillip Lejeune's definition above. While stories can be referred to as the biographies of the protagonist, that does not necessarily mean it's the biography of the narrator. Therefore, the narrator and the author may not be identical.

Philip Lejuene, the proponent of this theory, asserts that given the name autobiography, it must follow this equation: author = narrator = character. The character here also refers to the protagonist. Relationships with other characters and individuals will definitely arise. Still, the autobiography must be centred on the protagonist, who is also the author and narrator of the experiences in the text. In the case of a pseudonym in an autobiography, the author must be willing to provide a reason for the pseudonym, so it doesn't change identity or experiences. Only that the name

sometimes validates the recipient of the experience. While an autobiographical novel consists of both personal and impersonal narratives of the author, a memoir consists of a personal narrative of the author at a particular period of his time. The autobiography doesn't favour such features. Likewise, it is quite easy for a novel to imitate an autobiography, given the content and narratives. And every outstanding feature that the autobiography adopts can also be adapted by the novel. Still, the strong determining factor of the autobiography remains the author, who must also be the narrator and the protagonist. However, critics had stated that the author should be the one to decide what form or structure he wants his autobiography to be written in, as opposed to Lejuene's strict and rigid definition of 'prose narrative', affirming that if an author wants his life story to be written in lines and stanzas, it should be, regardless of the narratological structure.

Medical Ethics

Zbigniew Bankowski defines medical ethics as "the ethical principles that govern professional conduct in medicine". This implies the obligations of the physician toward the patient as well as some obligations towards other physicians, and he affirmed Bioethics "as a term used to distinguish traditional medical ethics from ethical issues that arise from recent progress in biology and medicine" (Bankowski, 1989). However, recent studies have not only acknowledged bioethics as a distinguishing factor between traditional medical ethics and modern progress in biology and medicine, but rather as a set of moral principles, beliefs, and values that guide us in making choices about medical care. Prominent among its features is the ability to guide the behaviour of healthcare professionals to always act in the patient's best interests. A nation's or community's health policy is a means of controlling the social uses of its medical knowledge and resources.

The core principles of healthcare ethics include autonomy, beneficence, competency, and power. Bankowski goes further to saddle the physician with levels of moral responsibility that physicians should exercise when making decisions and preferences essential to policy formation and operation. They include:

- The physician as the patient's advocate
- The physician as a technical expert
- The physician as a citizen
- The physician as a moral agent
- The physician implementing health policies

Accordingly, Bankowski identifies multiple ethical roles the physician must inhabit in the formulation, implementation, and evaluation of healthcare policies. These responsibilities underscore the physician's obligation to function not merely as a healthcare provider but as an active ethical agent within society.

Who is Ladipo Akinkugbe?

Oladipo Akinkugbe was a distinguished Nigerian physician, scholar, and administrator, widely regarded as a pioneer of hypertension and nephrology in Nigeria and across Africa. Born in Ondo, southwestern Nigeria, to Chief David and Chief Grace Akinkugbe, he was educated at Government College, Ibadan, before studying medicine at University College, Ibadan, and the London Hospital Medical School. He obtained his MB BS in 1958 and a Diploma in Tropical Medicine and Hygiene from the University of Liverpool in 1960. After his internship at King's College Hospital and further training in London, he earned a DPhil from the University of Oxford in 1964 for his seminal work on *Angiotensin and the kidney* under Sir George Pickering, later strengthening his expertise through a Rockefeller Foundation fellowship.

Akinkugbe became a professor at 35 and dean of the Faculty of Medicine, University of Ibadan, at 37. He was best known for translating laboratory and epidemiological research into clinical practice relevant to African populations, particularly recognising infections and hypertension as key contributors to renal disease in the developing world. He published over 100 peer-reviewed articles, edited journals, and contributed extensively to textbooks on medicine, nephrology, and administration. His influence on medical education was profound: he trained the first generation of indigenously trained Nigerian nephrologists, many of whom became leading figures nationally and internationally.

Beyond medicine, Akinkugbe played a pivotal role in higher education governance. He served as the foundation vice chancellor of the University of Ilorin, vice chancellor of Ahmadu Bello University, Zaria, pro chancellor of the University of Port Harcourt, chairman of the University College Hospital management board, and chairman of the planning committees for Ondo State and Abuja universities. He was also the foundation chairman of the Joint Admissions and Matriculation Board, shaping Nigeria's university admissions system.

He received numerous honours, including Nigeria's National Order of Merit, Commander of the Order of Niger, Commander of the Federal Republic, and Côte d'Ivoire's Officier de l'Ordre Nationale. A respected Christian, philanthropist, and cultural bridge-builder, he was devoted to

intellectual life, service, and humility, leaving an enduring legacy in African medicine and education. (Curled from https://history.rcp.ac.uk/inspiring-physicians/oladipo-olujimi-akinkugbe)

The Physician as the Patient's Advocate

The American Medical Association (AMA) endorsed a commitment in its Medicine's Social Contract in 2001, which states that physicians must 'advocate for the social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.' Similarly, the American Board of Internal Medicine (2002) called for 'commitment to the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician' in its charter on medical professionalism. Each of these commitments reflects that the role and interest physician's role and interest as an advocate should stem from a moral perspective and from the profession's responsibility. Given that the technical aspects of the profession are open to them and they are in the best position to relay the medical aspects of issues to patients, their trust is highly valued. As Akinkugbe points out:

> Sir Horace was a remarkable clinician, and the story of his choice as Queen's physician is instructive. In his younger days, the palace had been making a discreet search for a first-rate physician, and Horace Evans was one of many summoned to the bedside of Queen Mary. He was said to have insisted on a full examination of the chest in the normal way (which was to remove all clothing) while his other colleagues were content with examining with lingerie and other bed accoutrements in place. (55-56)

In line with Philippe Lejeune's concept of the autobiographical pact, the excerpt derives credibility from the implicit agreement that the author, narrator, and implied witness operate within the same identity framework. Akinkugbe's narration here serves as a testimonial narrative, even though he was not the protagonist; his testimony helps drive home the medical ethics of his professional experience. Lejeune's framework accommodates not only strictly personal memories but also professionally inherited narratives that shape the author's identity and ethical orientation. Ladipo Akinkugbe gave insight into the importance of the doctor earning the patient's trust as he narrated the exploits of Sir Horace Evan at the London Hospital. Ladipo was assigned to Sir Horace in his first medicine posting, and it was recounted that in his younger days, the palace had been on a discreet search for a first-rate physician, and Horace Evans was summoned alongside many other

doctors. However, he singled himself out by insisting on a full examination of the chest in the normal way (which was to remove all clothing), as opposed to his colleagues, who were content with the lingerie and other bed accoutrements in place. This audacity impressed the Queen most especially as his diagnosis was accurate and his treatment was highly effective. This, in itself, is a form of patient advocacy, specifically beating all odds in ascertaining accurate, precise diagnoses and prescribing fast-acting, beneficial treatment. Irrespective of one's status or calibre, everyone deserves the privilege of trusting the physician with their body to administer the right treatment.

Piemonte (2017) discusses extensively the role that a physician's competence, demeanour and approach played in his father's open-heart surgery. He mentioned that the physician was very competent, experienced and busy, a professional and an expert. However, the way the physician attentively listened and exuded confidence and humility while communicating with the family clearly expresses trust. Most importantly, showing that trust is not just earned because of the doctor's competence but also because of the physician's compassion and effective communication, which often puts the patients and family members at rest.

Corroborating the essence of the patient as an advocate, Zbigniew Bankowski (1989) remarks that the physician who offers to treat or help a sick person is especially bonded to the patient. He (or she) invites the patient's trust that he will be competent and will place that competence at the patient's disposal. However, we understand that advocacy is beyond this in our contemporary society. This advocacy was extensively discussed in the 'Two Seminal Symposia Spanning Two Decades' as written by Ladipo Akinkugbe in his text *Footprints and Footnotes*. Ladipo scribbled his experiences in his commitment to health standards in the nation. In alignment with Nigeria's Third National Development Plan in 1973, he planned a conference tagged 'Priorities in National Health Planning', where issues and matters relating to the health sector were greatly delved into. This validates the distinct and additional approach to the physician as the patient's advocate. Given the fact that the doctor is not just technically competent in discharging his duties but also sponsoring the alleviation of sickness and diseases in society, thereby merging discharging healthcare with a greater course.

The physician's advocacy is at the crux of alleviating suffering and threats to human health, thereby promoting social, economic, educational, and political changes. As argued by Gruen et al (2004), physicians ought to take a more civic role in championing better health care. Therefore, physicians must expand beyond the confines of their sphere of influence, which is mainly the day-to-day

practice of medicine, into the public space, not for power's sake but for the greater good of the community, of which the patient is a part. The result of this feat will be ridding the present patients of unnecessary mental and emotional suffering, coupled with the health challenges they already have, preventing future public health issues, and eventually, there will be a restoration of trust in the medical profession. This is because stereotypes and conventions are quick to emanate; these stereotypes only demand and require to be done for a certain period, and they become acculturated into the system, thereby becoming so intense that it will take a long time to break or change. It is also possible that physicians defy the previous order and raise a banner of activism and advocacy for the patient, whilst still discharging
their medical activities.

The Physician as a Technical Expert

The sanity of any society is largely dependent on how solid and reassuring its biomedical policies stand. Medical deficiencies wreak heightened havoc compared to any other deficiencies; this is because a medical deficiency or inadequacy has just two chances, which are either death or medical complications. Regrettably, neither of these chances comes at a low price. Given this, the formulation of health policies to equip and put medical personnel in check, to acquaint the public with their medical rights and privileges in relation to medical personnel, will be a great step in the right direction.

> For a long time to come, the need to produce sufficient members of health personnel to meet their present and future needs necessitates stepping up the recruitment of trainees in all categories of health manpower. Such new recruitment (health auxiliaries) and the existing paramedical cadre will need to be given more relevant training than they receive under the present scheme to maximise their capacity and function. They should also be oriented concurrently towards rural and urban, preventive and curative approaches to health care delivery. (202)

The authority of the excerpt above anchors on life writing as described by Lejeune, as he asserts that clinician burnout, emotional detachment, and apathy are not merely individual failings but structural consequences of healthcare systems that prioritise technical output over the moral and existential realities of illness and death. Akinkugbe speaks not as an abstract commentator but as a physician administrator whose lived experience authorises his prescriptions for healthcare

reform. When medical training and practice neglect the emotional, ethical, and developmental needs of clinicians, physicians risk becoming technically proficient yet morally disengaged practitioners. Ethical healthcare policy, therefore, cannot be limited to improving patient–practitioner communication alone; it must also safeguard the physician's professional integrity, emotional resilience, and reflective capacity.

Within this ethical framework, the physician's role as a technical expert extends beyond diagnostic and procedural competence to include responsibility for shaping humane systems of care. The urgent need to expand the health workforce through increased recruitment of trainees, health auxiliaries, and paramedical staff must be accompanied by training models that emphasise ethical awareness, contextual responsiveness, and interdisciplinary collaboration. When health personnel are inadequately prepared or narrowly trained, the technical burden falls disproportionately on physicians, exacerbating burnout and undermining ethical practice. To this, Ladipo Akinkugbe argues that the neglect of the government in responding to imperatives by the Minister of Health at the time was indistinct. "*We convinced him that it was about time all stakeholders in health took a look at our efforts so far and see how best we could reorder our priorities to meet contemporary challenges*" (89).

This initiative resulted in the booklet *The Present Status of Medicine in Nigeria* and the 1973 conference *Priorities in National Health Planning*, underscoring the need for continuous professional self-evaluation as a core duty of physicians as technical experts. The medical profession must intentionally assess its progress, identify shortcomings, and set priorities that advance ethical healthcare policies and national development. Central to this responsibility is medical education, as the quality of student intake largely determines the calibre of physicians produced; admission processes must therefore be rigorous, transparent, and complemented by interviews to assess candidates' motivation and ethical disposition. Piemonte (2017) argues that the medical practise must break free from the fast-paced world and reorient caregivers and trainees back to the connection that makes genuine care possible.

This aligns with recent studies indicating that medical errors rank as the third leading cause of death in the United States, yet fewer than ten per cent of such errors are reported. When this is considered in relation to Nigeria, where robust and comprehensive medical data systems are largely absent, the scale of unreported errors is likely far greater and more alarming. Against this backdrop, Akinkugbe argues for closer scrutiny of the quality of student intake into medical

schools as a critical step toward reducing medication errors, diagnostic failures, and inappropriate radiology-laboratory investigation requests. These errors have persisted largely because perpetrators are rarely subjected to legal consequences, allowing the problem to flourish. While compensation, accountability, and retribution remain recognised legal responses to medical errors, Akinkugbe ultimately warns that contemporary health failures represent a troubling legacy that must not be permitted to persist into future generations.

Sustaining the physician as a technical expert within ethical healthcare systems requires policies that recognise medicine as both a scientific and moral practice. By aligning workforce expansion with ethical training, emotional support, and contextual competence, healthcare systems can protect clinicians from burnout while ensuring that technical expertise serves humane, equitable, and socially responsive care. This shows that autobiographical writings beyond personal anecdote can also influence policy articulation where the lived experiences is expressed through informed intervention in societal issues.

The Physician as a Citizen.

Medicine is a microcosm of human existence, encompassing birth, death, illness, suffering, isolation, fear, love, and care (Piemonte, 2017). Those engaged in medical practice are continually confronted with these dimensions of the human condition, reminding us of the fragility of health, our interdependence, and the possibility that life as we know it can unravel at any moment. Before being a physician, one is first a citizen, and medical practice operates within the broader fabric of society. It is this civic responsibility that exposes the physician to the dilemmas, limitations, and unrealised potential of the people, and it is this relationship, as a member of the community, that ultimately motivates and gives meaning to the physician's professional roles.

> Our main thrust was to define the conditions that come under the heading of Non-Communicable Disease, and these comprise: High Blood Pressure, Ischaemic Heart Disease leading to Heart Attacks, Diabetes Mellitus, Mental Illness, Asthma and Allied Respiratory Disorders, Epilepsy, Road Traffic Accidents (223)

Through the use of 'our' in the excerpt above, Akinkugbe consistently identifies himself as an author, narrator and participant, although extended into collaborative medical research here. The use of "our" does not break the autobiographical pact here; rather, it extends the use of "I" into a collective autobiographical subject. The research cited above was conducted by a multidisciplinary

team of clinicians, public health experts, epidemiologists, and experienced field and laboratory specialists to produce an accurate diagnosis of the population's health status. The findings revealed that one in ten Nigerians over the age of fifteen has hypertension, a condition that cuts across socio-economic class, affecting the very poor and the very rich alike. It was found to be more prevalent in urban than rural areas, and more common in both the arid northern regions and the southern rainforest belt than in the middle savannah zones. Alarmingly, fewer than one-third of affected individuals are aware of their condition, and of those who are aware, fewer than one-third receive adequate treatment. These findings provide a critical backdrop for understanding the physician's role as a citizen, enabling a grounded, evidence-based engagement with public health challenges while resisting the oversimplifications and generalisations often made by lay perspectives.

Although the physician often performs roles that align closely with the interests of the state, this does not negate or diminish his obligations as a citizen. Contributing to the well-being and progress of society does not absolve the physician of civic responsibility; rather, it reinforces the need to uphold ethically sound and morally grounded values alongside professional duties. The physician's role as a citizen is consistent with social contract theory, which provides a framework for harmonious social relations and has emerged as a philosophical foundation for communal responsibility in early societies. As Bankowski observes, "The duty to act as a technical witness in policy formation does not exempt the physician from obligations as a citizen. Thus, he must favour morally sound policies, and oppose those that are immoral" (1989:5). This underscores that the physician's responsibility extends beyond patient advocacy and policy formulation to include personal adherence to, and critical engagement with, societal policies, particularly where ethical considerations are at stake.

The Physician as a Moral Agent

The physician's moral agency extends beyond civic engagement into clinical practice, where the principles of autonomy, beneficence, nonmaleficence, and justice form the foundation of patient care. However, modern medical practice increasingly requires navigating ethical complexities that transcend these principles. Akinkugbe illustrates this with a conversation with the Nigerian president,

> Mr President, as a physician, a thought occasionally flashes through my mind, and it is this: 'Suppose you suddenly faint and slump back in your chair as we speak. I know you might say you are no longer in control of yourself, but in the

melee that follows, where would you like to be taken (240)

Within Lejeune's framework, the excerpt above does not necessarily claim verbatim accuracy; Lejeune identifies it as the autobiographer's commitment to truthfulness of meaning. Akinkugbe posed the question in the quotation above to the president, who was momentarily taken aback and finally answered, saying, '*I will not wish to be taken out of the country*' (241). Akinkugbe then answered him, '*In that case, President, you will be dead!*' This dumbfounded the president, and he went ahead to ask, 'What about UCH?' Akinkugbe continued and said UCH is now a shadow of itself. This question came from a patient-centred heart that needed a viable way of redirecting the attention of the government to the health sector of the country at the time. Such scenarios demonstrate that technical skill alone is insufficient; moral discernment, contextual insight, and professional courage are essential to protect patient well-being, especially in resource-constrained environments. In contemporary times, medical innovation, including IVF, genetic therapy, physician-assisted suicide, and organ transplantation, has further heightened the ethical responsibilities of the physician, emphasising the need for curricula that integrate moral, technical, and societal considerations rather than focusing solely on content acquisition.

Historically and philosophically, medicine has been regarded as both a science and a moral enterprise. Edmund Pellegrino emphasised that medicine is not merely a skill or an art but a vocation grounded in ethical responsibility, in which the physician's commitment to human flourishing guides clinical decision-making. Similarly, Erwin H. Ackerknecht underscored that medicine deals not merely with biological entities but with human beings endowed with free will and moral agency. These perspectives frame medical practice as inherently moral, demanding attention to both the technical and ethical dimensions of care.

Central to the physician's moral agency is the Hippocratic Oath, which has historically shaped medical accountability since its emergence around 400 BC. The oath emphasises selflessness, commitment to patient welfare, the ethical transmission of medical knowledge, and the rejection of exploitation, positioning moral integrity as inseparable from clinical expertise. Although contemporary ethical debates, such as those surrounding legalised abortion and physician-assisted suicide, challenge aspects of its traditional formulation, the Hippocratic Oath continues to function as a foundational ethical framework that anchors professional responsibility in patient-centred care. As Akinkugbe observes, earlier medical practice reinforced this ethical commitment through institutional discipline, punctuality, and rigorous professional standards; however, the erosion of

morale and infrastructural support in modern healthcare systems undermines these ethical obligations, revealing the interdependence of institutional structures, professional conduct, and moral accountability. It advocates for a holistic understanding of the patient's history, fears, and lived realities, without which medical authority risks becoming exploitative or detached. Consequently, technological advancement in medicine must remain ethically grounded to preserve the dignity, well-being, and humanity of the patient.

The Physician and the Implementation of Health Policies

Ladipo Akinkugbe highlights the concept of a "revisit" as a crucial tool for ensuring that health policies are properly followed by healthcare personnel, thereby promoting accountability. Twenty years later, in 1992, a Symposium Revisit was held at the same venue, the Conference Centre of the University of Ibadan. Over a hundred participants attended, including fifteen individuals who had been part of the 1973 symposium. The purpose was to assess progress made over the two decades in areas such as primary and secondary health care, health research, and funding of health, amongst many others. One significant outcome of this revisit was a publication documenting the extent of policy implementation, as well as areas still requiring attention. The book was titled *Nigeria's Health in the 90s: A Symposium Revisit*.

The implementation of health policies is essential to the effective delivery of a nation's healthcare system. A health system encompasses the organisations, institutions, and resources committed to ensuring the successful provision of healthcare, including financial frameworks, human resources, and physical infrastructure. Healthcare policy, meanwhile, extends beyond national law and can be understood as the strategic decisions and actions designed to achieve specific health objectives in society. Through effective policy implementation, existing inequities and inequalities in healthcare delivery can be addressed. Implementation involves the processes that follow the enactment of policy, ensuring that objectives move from theoretical goals to practical outcomes.

Conclusion

This study demonstrates that Ladipo Akinkugbe's *Footprints and Footnotes* operates at the intersection of literary expression and biomedical discourse, revealing that medical practice is not only a scientific endeavour but also a profoundly narrative and ethical one. While the application of Zbigniew Bankowski's medical ethics provides a useful framework for examining the roles and responsibilities of the physician, Lejeune's Autobiographical Pact further highlights that such

ethical concerns are meaningfully articulated through the form and structure of autobiographical narration, where it establishes authority through the convergence of the author, narrator and protagonist as one grounding the reflections in lived experience and reinforcing the reader's trust in referential truth. The study underscores that the life and career of a physician, exemplified through Ladipo Akinkugbe's experiences, illuminate the intricate interplay between medical expertise, moral responsibility, and civic duty. By examining the ethical complexities of clinical practice, the research highlights how physicians navigate the dual imperatives of advancing patient care and upholding societal values, demonstrating that technical proficiency alone is insufficient without moral discernment. The work further illustrates the vital connection between literature and medicine, showing how narratives can inform and shape ethical decision-making in healthcare. Ultimately, the study affirms that physicians operate not only as healers and technical experts but also as moral agents whose practice influences and reflects the ethical standards of society, calling for healthcare policies and education systems that consistently foster integrity, accountability, and compassion.

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